



REPORT

FINAL REPORT

Promoting Opportunity Demonstration: Final Evaluation Report

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ACRONYMS

BLS	Bureau of Labor Statistics
BOND	Benefit Offset National Demonstration
BPQY	Benefits Planning Query
BS&A	benefits summary and analysis
CDR	Continuing Disability Review
CFIR	Consolidated Framework for Implementation Research
DBAD	Disabled Beneficiary and Dependent
EN	Employment Network
EOYR	end-of-year reconciliation
EPE	Extended Period of Eligibility
EXR	Expedited Reinstatement
FTE	full-time equivalent
I&R	information and referral
IDS	Implementation Data System
IRS	Internal Revenue Service
IRWE	Impairment-Related Work Expenses
OASDI	Old Age, Survivors, and Disability Insurance
OASI	Old-Age and Survivors Insurance
ORDES	Office of Research, Demonstration, and Employment Support
POD	Promoting Opportunity Demonstration
SGA	substantial gainful activity
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TTW	Ticket to Work
TWP	Trial Work Period
UI	Unemployment Insurance
VR	Vocational Rehabilitation
WIPA	Work Incentive Planning and Assistance

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The views expressed in this report are those of the authors and should not be attributed to SSA, nor does mention of trade names, commercial products, or organizations imply endorsement of same by the U.S. Government.

EXECUTIVE SUMMARY

The Promoting Opportunity Demonstration (POD) tests modifications to Social Security Disability Insurance (SSDI) program rules that promote the labor force attachment of SSDI beneficiaries. Under current rules, beneficiaries with earnings that exceed substantial gainful activity (SGA) limits can lose all of their benefits. In 2019, the monthly SGA amount for non-blind beneficiaries was \$1,220. POD replaced this sudden loss of benefits—often called the “cash cliff”—with a \$1 for \$2 benefit offset for earnings above either the POD threshold or the beneficiary’s impairment-related work expenses, whichever amount was higher. POD also included modifications for other current rule provisions, such as removing the Trial Work Period. With the elimination of these other provisions, the POD offset took effect immediately for any monthly earnings above the POD threshold. The benefit offset feature of POD was similar to a previous SSA demonstration called the Benefit Offset National Demonstration (BOND). Unlike BOND, POD had several features, including a focus on monthly reporting and the elimination of the Trial Work Period, to facilitate higher usage of the offset.

POD was a randomized controlled trial that included two treatments of a benefit offset. The two treatment groups had the same benefit offset but different termination rules. Treatment group 1 (T1) did not face termination, but treatment group 2 (T2) faced termination after 12 consecutive months of earnings above the full offset amount (the point at which benefits were reduced to zero). Control group members continued to receive benefits under current rules. SSA contracted separately with Abt Associates and Mathematica to lead the implementation and evaluation of POD, respectively.

The implementation team and SSA developed systems to process the offset quickly. The use of the offset in POD exceeded that in prior demonstrations.

There were limited impacts on primary outcomes two years after enrollment. We found no impacts on three of the four primary outcomes (earnings, SSDI benefits, and income). For the fourth primary outcome, which we measure as annualized SGA to capture substantive earnings, we found that POD did have an impact. POD increased the percentage of beneficiaries who earned above the annualized SGA amount by 1 percentage point, or 10 percent relative to the control group mean.

There were frequent improper payments because of the lower POD threshold and the challenges of reporting monthly earnings promptly. The issues with

Summary of findings

- **Impacts on primary outcomes were limited.** POD did not increase average earnings, SSDI benefits, or income. POD increased the percentage of beneficiaries who had substantive earnings above the annualized SGA amount by 1 percentage point.
- **No substantive differences in benefit offset usage or impacts between the two treatment groups.**
- **Offset usage was higher than BOND.** Approximately 30 percent of treatment group members used the POD benefit offset.
- **Earnings reporting challenges:** Treatment group members faced challenges reporting monthly earnings in a timely manner.
- **Over and underpayments were frequent.** More than 80 percent of offset users experienced a work-related overpayment or underpayment.
- **Understanding of current and POD rules was limited.** Treatment and control group members faced challenges answering questions about how earnings affect benefits under POD and current rules.

improper payments also exist for control group members who report earnings. The average size of overpayments was smaller under POD than it was under current rules for those who had overpayments. POD generated a net benefit to beneficiaries, though it was a net cost to SSA because the demonstration increased administrative and counseling costs.

A. Overview of the Evaluation

The POD evaluation followed the approach outlined in its design report by covering six research questions summarized below (Wittenburg et al. 2018). The period in the report included the start of program operations (January 2018) through the latest available information for this report (December 2020).

B. Findings by Research Question

1. What were the key features of POD implementation and enrollment?

The key features of POD implementation included benefits counseling services and support for processing earnings adjustments, led by the implementation team, and recruitment, led by the evaluation team. Abt Associates worked with partners to deliver counseling services and process earnings adjustments in the eight POD states (Alabama, California, Connecticut, Maryland, Michigan, Nebraska, Texas, and Vermont). Mathematica led the recruitment and random assignment efforts through a mailing that introduced POD to beneficiaries. From January 2018 to January 2019, the evaluation team recruited working-age SSDI beneficiaries (defined as those age 20 or older by September 2017 and younger than 62 by June 2021) in the same eight states. In total, 10,070 working-age SSDI beneficiaries voluntarily enrolled in POD. The characteristics of POD enrollees differed from those of other SSDI beneficiaries. POD enrollees had stronger connections to work relative to beneficiaries who did not volunteer for POD. For example, 15 percent of POD enrollees had earnings at or above the SGA amount since 2014—about 2.5 times the rate for non-volunteers. Most POD enrollees resided in California or Texas.

2. How were POD counseling services implemented?

Many POD enrollees responded to counselor outreach by engaging in POD counseling services. Nearly all treatment group members received POD counseling services, and about half received intensive individualized work incentive counseling. Treatment group members who expressed more interest in working at enrollment (“work oriented”) had the highest eventual use of individualized work incentive counseling services later in the demonstration. POD counselors provided a range of services for those receiving individualized work incentive counseling, including verifying earnings and benefits amounts and explaining how earnings might affect benefits under the new POD rules.

3. How were earnings reporting and the POD benefit offset implemented?

Treatment group members faced challenges reporting earnings on time. About half of earnings submissions were on time. Treatment group members noted that tracking and submitting earnings to SSA by the monthly due dates was challenging. However, the timeliness of the treatment group members’ earning submissions improved as enrollees and counselors adapted to the POD rules. After receiving earnings reports, SSA processed nearly all submissions using an automated system, facilitating timely adjustment. Qualitatively, several POD treatment group members noted being satisfied with the new earnings reporting processes.

4. How was the POD benefit offset used, and why did POD enrollees withdraw?

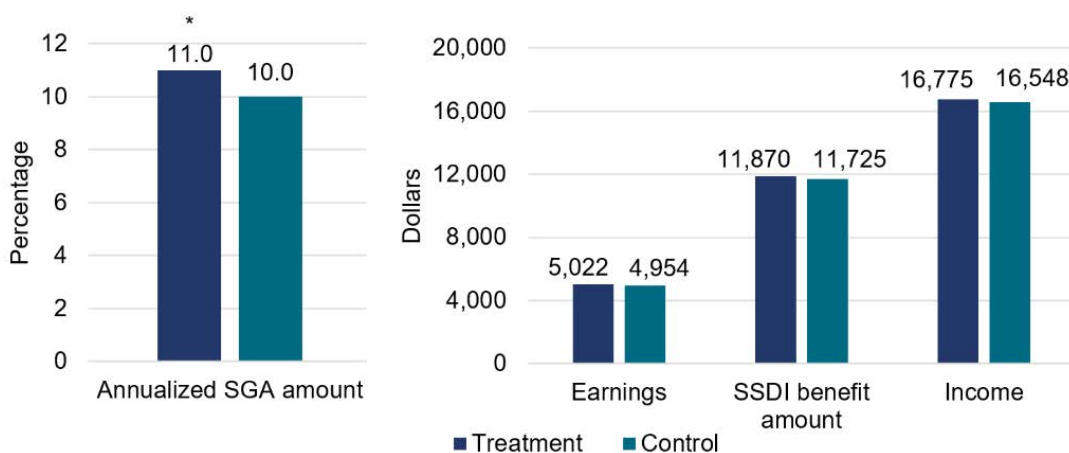
The issues noted above about reporting challenges directly affected benefit adjustments and subsequent overpayments and underpayments. Approximately 30 percent of treatment group members used the POD benefit offset, with a median monthly offset amount of \$351. More than 80 percent of offset users experienced a work-related overpayment or underpayment, requiring a retroactive adjustment to reconcile the difference. One challenge was that less than half of POD treatment members understood the POD rules. However, understanding the POD rules was higher among offset users than non-users. Control group members also struggled to understand current program rules, which underscores a challenge that both treatment and control groups members might not have fully understood incentives related to work.

Nearly 8 percent of POD treatment group members withdrew from POD. The most common reason for withdrawal was a preference for the work incentives under the current rules.

5. What were the impacts of POD?

We did not observe any statistically significant differences in outcomes between the two treatment groups for overall offset usage or the impact estimates for the primary outcomes. For example, 30 percent of both T1 and T2 group members used the offset. Given the lack of differences in experiences between T1 and T2 for most key measures, including all of the primary outcomes, we combined the two groups in highlighting the main findings.

There were limited statistically significant differences in observed outcomes for the POD treatment and control groups. There were impacts on one primary outcome (annualized SGA) and several other employment-related measures. For example, we found positive impacts on job search and use of Vocational Rehabilitation services, which might contribute to longer-term outcomes. These impacts were notable because they indicate that impacts could still emerge beyond the two-year evaluation window.



6. What were the benefits and costs of POD?

POD had positive net benefits for beneficiaries and net costs to SSA. The net benefits for beneficiaries were driven by increases in earnings and fringe benefits, and SSDI benefit amounts. The new costs were driven primarily by the increased benefit payments and costs for counseling services. To become cost neutral to SSA, counseling costs would need to return to levels under

current rules, and patterns of offset use would need to change such that SSDI payments would decrease.

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I. INTRODUCTION

Social Security Disability Insurance (SSDI) is the largest federal program that provides cash supports for qualifying people with disabilities. The Social Security Administration (SSA) administers the SSDI program by providing cash payments to those who meet eligibility requirements. State agencies (known as Disability Determination Services) make the eligibility determinations. The SSDI program covers disabled workers (people with disabilities who have a sufficient work history) and dependents who meet specific eligibility criteria. In 2019, there were over 11 million SSDI disabled workers and dependents (SSA 2019).

Prior evidence indicates SSDI programmatic rules are complex to administer and potentially discourage beneficiaries from working (Ruh and Staubli 2019; Gelber et al. 2017; Maestas et al. 2013; Weathers and Hemmeter 2011; Schimmel et al. 2011). Under the current rules, beneficiaries face the “cash cliff,” where they risk losing their entire SSDI benefit if their earnings exceed the substantial gainful activity (SGA) amount. Other provisions that allow beneficiaries to test work, such as a Trial Work Period (TWP) when benefits remain unchanged regardless of earnings, are difficult to track administratively and can confuse beneficiaries (Mamun et al. 2021).

As part of the Bipartisan Budget Act of 2015, Congress directed SSA to conduct the Promoting Opportunity Demonstration (POD). The demonstration was part of a larger interest by Congress to test intervention projects that might enhance the labor force attachment of SSDI beneficiaries and reduce dependency.¹ POD introduced a benefit offset and modified other program provisions intended to promote employment, reduce dependence on benefits, and lessen administrative complexity through two features. First, to replace the cash cliff, POD introduced an offset that reduced benefits by \$1 for every \$2 in earnings above a certain amount. This feature shared similarities with another demonstration, the Benefit Offset National Demonstration (BOND), that replaced the cash cliff with a benefit offset (Gubits et al. 2018). Second, POD modified other current rule provisions, such as removing the TWP (described below).

This final report summarizes findings from POD, using over two years of outcome data following enrollment based on a random assignment design. The demonstration enrolled 10,070 beneficiaries who voluntarily consented to participate. We organized the analyses around six research questions (shown in the text box), which we initially described in the evaluation design report (Wittenburg et al. 2018). The findings from this report inform SSA and broader disability

¹ Section 823 of the Bipartisan Budget Act of 2015 amended Section 234 of the Social Security Act to include POD. See <https://www.govinfo.gov/content/pkg/COMPS-11720/pdf/COMPS-11720.pdf> (accessed December 12, 2021). Section 234 gives SSA the authority “to carry out experiments and demonstration projects designed to promote attachment to the labor force and determine the advantages and disadvantages of alternative methods of treating the work activity of individuals entitled to disability insurance.” See https://www.ssa.gov/OP_Home/ssact/title02/0234.htm (accessed April 9, 2021). The SSA Program Operations Manual System (POMS) summarizes the intervention parameters and purpose of POD. See <https://secure.ssa.gov/poms.nsf/lnx/0460075005> (accessed December 12, 2021).

policy by (1) assessing how beneficiaries responded to the intervention, (2) identifying any implementation lessons, and (3) describing whether POD achieved its main policy objectives.

SSA contracted separately with Abt Associates and Mathematica to lead the implementation and evaluation of POD, respectively. The *implementation team* included Abt Associates, which led the overall implementation of the demonstration; Virginia Commonwealth University, which provided technical assistance; and eight partners (state Vocational Rehabilitation [VR] agencies and Work Incentive Planning and Assistance [WIPA] organizations), which provided benefits counseling and earnings reporting support to the POD treatment group members. The *evaluation team* included Mathematica and its partner Insight Policy Research.

Research questions

1. What were the key features of POD implementation and enrollment?
2. How were POD counseling services implemented?
3. How was the POD benefit offset implemented?
4. How was the POD benefit offset used, and why did POD enrollees withdraw?
5. What were the impacts of POD?
6. What were the benefits and costs of POD?

SSA, the implementation team, and the evaluation team supported POD enrollment and service activities starting in January 2018. From January 2018 to January 2019, the evaluation team recruited working-age SSDI beneficiaries (defined as those age 20 or older by September 2017 and younger than 62 by June 2021) in eight states (Alabama, California, Connecticut, Maryland, Michigan, Nebraska, Texas, and Vermont). The evaluation team randomly assigned enrollees into treatment and control groups and referred treatment group members directly to the implementation team for service delivery.

Prior reports and briefs from the POD evaluation offer context for this report (Exhibit I.1). The prior reports covered the evaluation design; recruitment and enrollment; and process, participation, and impact analyses through the first year after enrollment. Eight policy briefs covered specific topics, such as findings from recruitment experiments to boost enrollment, use of online surveys, service delivery, and beneficiary experiences. Each policy brief explored in depth an issue of special interest that could inform broad SSA policy objectives.

Exhibit I.1. POD evaluation reports

Title	Overview
Reports	
Design Report (Wittenburg et al. 2018)	<ul style="list-style-type: none"> • Purpose: This report summarizes the evaluation design for POD. It describes the plans for recruitment, random assignment, data use, and analyses throughout the demonstration.
Recruitment and Random Assignment Report (Hock et al. 2020a)	<ul style="list-style-type: none"> • Purpose: This report provides a comprehensive assessment of the recruitment effort to identify, solicit, and enroll volunteers for POD. It presents insights about who enrolled in POD and how they differed from non-volunteers, information about how enrollees were assigned to research groups that will be used to measure the impacts of POD, and an early assessment of withdrawals from POD. • Findings: POD recruitment efforts attracted 10,070 beneficiaries who enrolled in the demonstration, which represented 2.4 percent of those solicited through direct outreach. There were no substantive differences in the baseline characteristics of the treatment and control groups, which underscores the capacity of POD's random assignment design to produce rigorous impact estimates. A higher share of POD enrollees had recently engaged in work activities compared to non-volunteers. In addition to differing in recent work experience, POD enrollees differed from non-volunteers in their demographic, disability, and program characteristics.
Interim Evaluation Report (Mamun et al. 2021)	<ul style="list-style-type: none"> • Purpose: This report summarizes interim process, participation, and impact findings through the first year of POD's implementation. It describes beneficiary understanding of work rules; use of the benefit offset; and impacts on earnings, benefit receipt, and income. • Findings: Nearly one-quarter of treatment group members ever used the POD benefit offset at the time of the Interim Evaluation Report. POD had no impact on the four primary outcomes (annualized 2019 SGA amount, earnings, SSDI benefit amount, and total annual income). There were impacts on some secondary outcomes related to employment. Enrollees faced challenges understanding work incentives under POD and current rules. POD enrollees had higher benefit offset use than BOND.
Policy Briefs	
Lessons from Pilot Tests of Recruitment (Hock et al. 2019)	<ul style="list-style-type: none"> • Purpose: This brief summarizes findings from a rapid-cycle experiment conducted during the recruitment pilot, which included mailings to 31,296 beneficiaries. The experiment tested the effectiveness of follow-up postcards and telephone calls, an illustrative insert describing the implications of the new POD rules, and mail-back postcards to signal interest in the demonstration. • Findings: The evaluation team found that follow-up postcards and phone calls led to similar increases in the share of beneficiaries who volunteered for POD during the pilot, but postcards were more cost-effective. Illustrative benefit scenarios and mail-back postcards did not lead to any consistent changes in the volunteer rate. In response to a notable volume of returned non-consent responses, SSA and the evaluation team adjusted the recruitment materials to emphasize that beneficiaries only needed to respond if they wanted to enroll.

Title	Overview
Effectiveness of Reminder Messages for Recruitment (Hock et al. 2020b)	<ul style="list-style-type: none"> • Purpose: This brief summarizes findings from an experiment to assess messaging strategies for final reminder postcards sent to 146,548 beneficiaries. The experiment tested whether changing the components of the postcard affected enrollment. • Findings: The structure of the postcard affected enrollment rates; fold-over postcards increased enrollment compared to the open postcards. Framing the postcard to reflect time sensitivity did not affect final enrollment rates, but it might have affected the timing of enrollment. Exploratory results suggest that, overall, the final reminder postcard effort increased the share of beneficiaries who enrolled in POD.
POD BOND Comparison Report (Levere et al. 2020)	<ul style="list-style-type: none"> • Purpose: This brief contains a detailed comparison of POD and BOND. It compares the major features of both demonstrations, including the benefit offset rules, recruitment processes, and characteristics of beneficiaries who enrolled in the demonstrations and used services. • Findings: POD and BOND differed substantially in the benefit offset rules and their approaches to recruitment. The use of the benefit offset was more than three times as high in POD as in BOND during the first year after enrollment. By design, the structure of the POD offset rules will lead to greater usage of the benefit offset than would occur under BOND rules at similar levels of earnings.
Summary of Interim Findings (Mann et al. 2021a)	<ul style="list-style-type: none"> • Purpose: This brief summarizes interim findings through the first year of POD's implementation. • Findings: The findings are summarized above for the Interim Evaluation Report.
Using Web Surveys for People with Disabilities (Levere et al. forthcoming)	<ul style="list-style-type: none"> • Purpose: This brief summarizes statistics on POD enrollees' use of web and phone surveys. It provides insights into using web surveys for a large sample to inform other data collection efforts involving people with disabilities. • Findings: About two-thirds of POD respondents used the web to complete the surveys. More beneficiaries completed the survey online than over the phone in every demographic and impairment group studied. Web surveys, particularly short surveys, offer SSA a valuable option for research and operational data collection.
Description of Overpayments and Stakeholder Experiences (Farid et al. forthcoming)	<ul style="list-style-type: none"> • Purpose: This brief describes the prevalence and size of overpayments for POD. It presents the experiences of POD treatment group members and, when applicable, compares them to those of the control group. It draws on qualitative findings to summarize the beneficiary experience in responding to overpayments, as well as SSA's administrative experience in processing overpayments. • Findings: Overpayments were more prevalent but smaller for POD treatment group members than for control group members. Findings underscore that offset policy changes have competing effects on overpayments. Offsets will likely result in more overpayments because they require a higher precision of accuracy in earnings reporting. However, overpayments were smaller under the offset than under current rules because the cash cliff generates large overpayments.

Title	Overview
POD Rules and Administration: Treatment enrollees' perspectives on reporting earnings and using the POD benefit offset (Denny-Brown et al. forthcoming)	<ul style="list-style-type: none"> • Purpose: This brief examines the perspectives of treatment enrollees on the POD benefit offset rules. It focuses on the experiences of the treatment group members in reporting earnings and with the corresponding benefit adjustments under the POD rules. • Findings: More than half of interviewed treatment enrollees had a positive experience reporting their earnings to POD. Treatment enrollees appreciated the different options for reporting earnings (web, phone, fax, and mail) and used modes that best suited their personal circumstances. Nearly 90 percent of those who used the benefit offset received individualized counseling from a dedicated POD counselor, which helped them to manage changes in their benefit payment under the POD rules.
The COVID-19 Pandemic and POD (Mann et al. forthcoming)	<ul style="list-style-type: none"> • Purpose: This brief describes monthly trends in outcomes among treatment group members in 2019 and 2020—before and during the COVID-19 pandemic. It examines employment, earnings, partial and full use of the benefit offset, and deaths. • Findings: Around the start of major pandemic-related restrictions in April 2020, the treatment group experienced a sudden decrease in employment and average earnings. This decrease in earnings was sharpest among those who lost their jobs when most pandemic-related restrictions began. Treatment group members were also less likely to use the POD benefit offset after the pandemic began disrupting the labor market.

The rest of this chapter provides information about POD rules and the evaluation design. First, we briefly compare POD rules with current program rules. We then describe the key features of POD that relate directly to the evaluation design, including our decision to combine the presentation of the two treatment groups into a single group in summarizing findings. Finally, we conclude with a roadmap for the rest of the report. In Appendix A, we summarize key terminology used throughout the report to describe the design of POD, recruitment, and SSA program terms for reference.

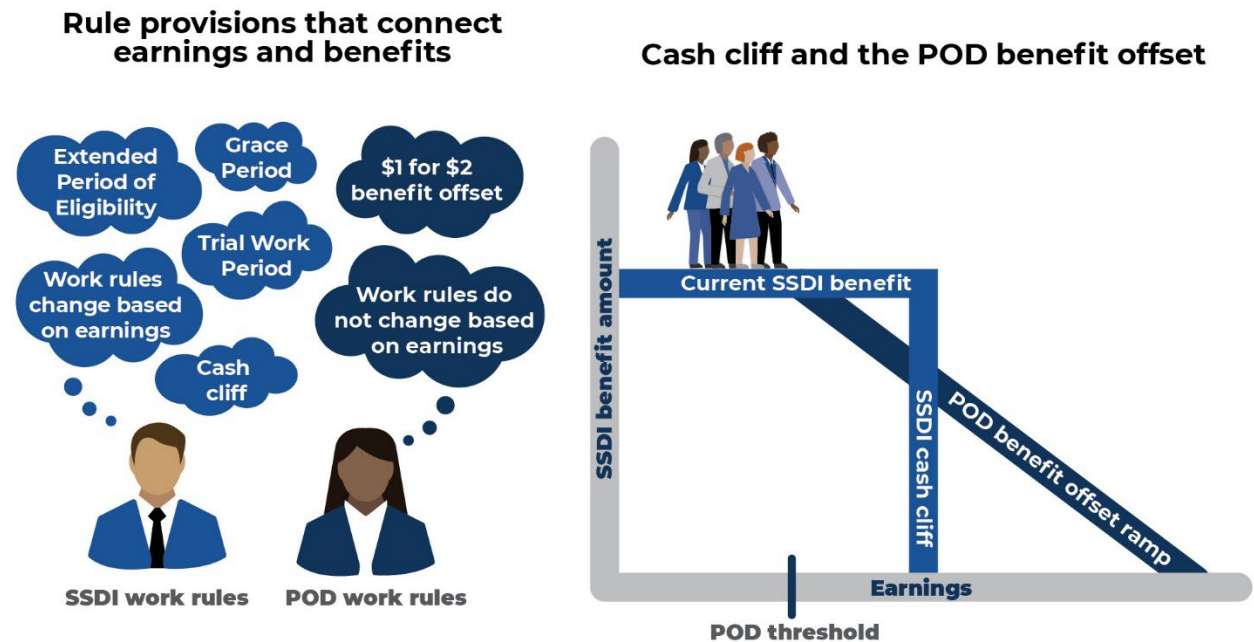
A. Overview of POD rules

The POD rules modified current SSA program rules in ways that built on lessons from BOND (described above). Below, we first describe how POD compares to current rules. We then describe how POD compared to BOND.

1. The POD rules included a benefit offset ramp and modified other current rule provisions

POD rules included a benefit offset that applied immediately to monthly earnings (Exhibit I.2). This offset reduced benefits by \$1 for every \$2 of monthly earnings higher than the POD threshold (equal to the TWP amount, which was \$940 in 2021).² As shown in Exhibit I.2, this

² POD also includes special provisions for beneficiaries who have Impairment-Related Work Expenses (IRWE). SSA deducts approved IRWE under current rules. This is described in more detail in Chapter II.

Exhibit I.2. Overview of current rules and POD rules for SSDI

This setup contrasts with current rules, where a benefit adjustment for the cash cliff depends on whether a person has completed their TWP and grace period. Under current rules, beneficiaries retain their benefits during the TWP regardless of their earnings amount. The TWP consists of nine months—not necessarily consecutive—with earnings above the TWP threshold in a rolling 60-month window. After the TWP, however, beneficiaries who earn more than the SGA amount after three grace-period months experience suspension or termination of their cash benefits. Provisions such as the TWP and grace period do not apply under POD rules.

POD also included modified termination and suspension rules in two separate tests. The first POD treatment group (T1) did not face termination due to excess earnings. The second POD treatment group (T2) did face termination if they had 12 consecutive months of earnings above the full offset amount. The full offset amount occurred when a treatment group member's earnings reached a point when benefits went to zero (that is, the very bottom of the ramp in Exhibit I.2).

Finally, the POD modifications also necessitated process changes. Under current rules, SSA must develop a work continuing disability review (CDR) to review earnings, determine the use of work incentives, and determine the appropriate benefit amount. Under POD, SSA collected earnings reports monthly and, in most cases, used an automated system to process benefit adjustments. There was an end-of-year adjustment if earnings were not reported during the year. Both the changes in program rules and the processing of earnings could affect the prevalence and size of overpayments and underpayments in POD relative to current rules.

2. Lessons from BOND informed POD design

The POD implementation and evaluation built on the lessons from BOND, which also featured a benefit offset for SSDI beneficiaries. BOND included a sample of volunteer SSDI beneficiaries, though it also included some participants who were required to participate in a different stage of the evaluation (Gubits et al. 2018). One important part of the design was that the benefit offset in BOND did not apply until after beneficiaries completed their TWP and grace period. In addition, the offset adjustments were based on annual earnings and started at a higher threshold relative to POD.³ In part because of the design, the usage of the offset was very low at the beginning of BOND.

POD had three important features that likely increased benefit offset usage relative to BOND (Levere et al. 2020). First, POD rules modified some current rule provisions (such as the TWP and grace period) that delayed the application of the offset under BOND. In contrast, the BOND benefit offset only applied after treatment group members completed their TWP and grace period. Second, POD focused on monthly earnings adjustments that started above the POD threshold (generally the TWP threshold); in contrast, BOND used an annual basis for earnings to apply the offset and started the benefit offset at a higher, annualized threshold (annualized SGA). Finally, POD included one treatment group that was not subject to termination and could work without the fear of losing eligibility as well as a second treatment group that could be terminated for work.

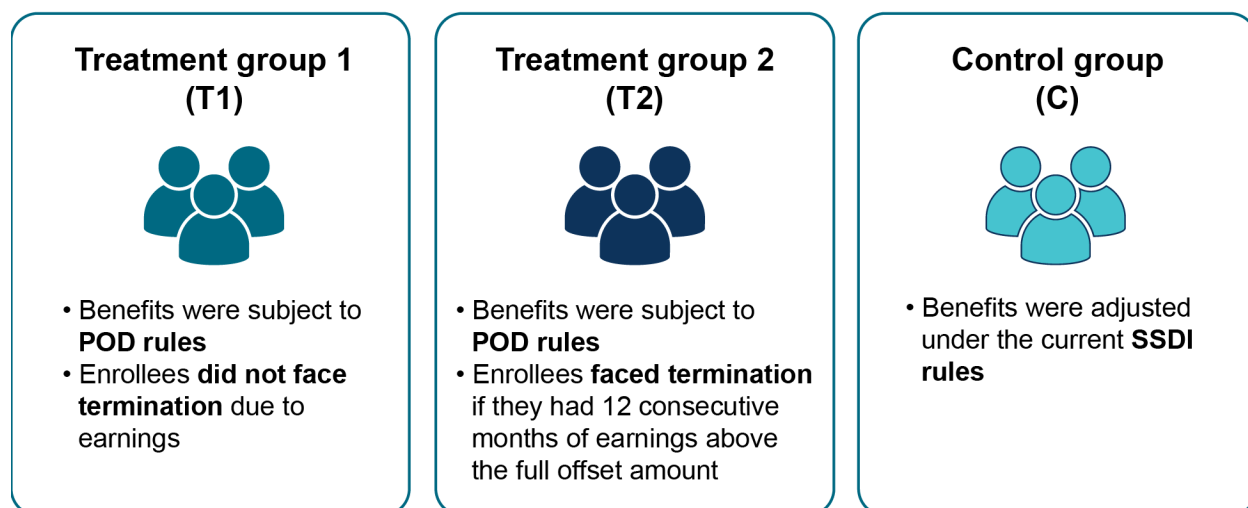
B. Features of the POD evaluation

The design of POD included several features that were central parts of the evaluation. It relied on a randomized controlled trial with two treatment groups and a control group. It also included provisions that were part of SSA's demonstration authority for conducting demonstrations to include volunteers and allow for withdrawals from services. Below, we summarize the central features of POD that influenced the ultimate evaluation design and interpretation of findings.

1. POD is a randomized controlled trial with two treatment groups

The POD evaluation used a randomized controlled trial to test two versions of POD rules (Exhibit I.3). The two treatment groups had the same offset provisions but differed in terms of the termination rules. As noted above, treatment group 1 (T1) did not face termination, whereas treatment group 2 (T2) faced termination after 12 consecutive months of earnings above the full offset amount. The added treatment group tests enabled the research team to assess whether the termination provisions influenced outcomes.

³ BOND treatment group members could use the offset if their annual earnings exceeded 12 times the SGA amount after completing the TWP and grace period. POD treatment group members could use the offset if their monthly earnings exceeded the TWP threshold (though Impairment-Related Work Expenses are considered if in total they are above the TWP threshold). See Chapter 2 for details on the POD thresholds.

Exhibit I.3. Randomly assigned groups in POD**2. POD was a voluntary demonstration**

SSA and the evaluation team needed to design a recruitment plan that would attract a sufficient sample to detect the effects of POD while also complying with demonstration requirements (Hock et al. 2020b). The evaluation team obtained written informed consent from volunteers before enrolling them in POD. The evaluation team worked with SSA to develop strategies to meet these objectives. The evaluation team also developed a process to verify informed consent. Ultimately, the evaluation team recruited the sample necessary for the evaluation.

Our earlier reports documented that the POD enrollee sample differed substantively from the national population of SSDI beneficiaries in ways that are important for interpreting evaluation results (Hock et al. 2020a). We found statistically significant differences between POD enrollees and non-volunteers across a range of baseline characteristics that may be related to their work-related outcomes. In general, enrollees had a much stronger attachment to work than other SSDI beneficiaries. They also differed in other ways, including their demographic characteristics, type of disability, and length of program participation.

The implication of these differences is that the evaluation findings are specific to the sample of POD enrollees. In other words, the findings described in this and other POD reports represent the impacts on the beneficiary population who decided to enroll and do not necessarily reflect the outcomes of a nationally representative population. Nonetheless, findings from POD are important for policy because the enrollees have a strong interest in working and have other

characteristics of interest. In the discussion of findings in the final chapter of this report, this context helps us interpret cross-cutting findings.

3. POD enrollees could withdraw at any time

A final notable requirement for the demonstration was that any POD enrollee could voluntarily withdraw to revert to current rules. The reasons for withdrawing might reflect that they were better off under current rules than the POD rules, or they did not like or understand other aspects of the POD rules (such as contact by counselors or earnings reporting). The incentive to revert to current rules was stronger for T2 enrollees because they could have their benefits terminated for excess earnings.

In the evaluation findings, we track how withdrawals from POD influenced outcomes. We present statistics on the number and timing of the withdrawals by treatment group.⁴ We also conducted sensitivity tests to assess whether the withdrawals influenced the impact estimates. These analyses reflect updates to earlier reports, where we showed that withdrawals were relatively modest (approximately 6 percent) one year after follow-up (Mamun et al. 2021).

C. Presentation of findings using one combined treatment group

For most of this report, we present findings for the combined treatment group followed by the T1 and T2 groups. This setup allows us to report comprehensive results using the three-group design while avoiding some repetition when the T1 and T2 group results were substantively similar.⁵ In a memo to SSA developed before performing any impact analyses, we identified conditions for prioritizing the presentation of results for the combined treatment group. The conditions required limited differences between T1 and T2 group members in offset use, impacts on primary outcomes, and withdrawals (see Appendix F for more details). The conditions in the memo were satisfied for both the interim and final analyses, so both reports lead with results for the combined treatment group.

D. Report road map

The next chapters (II through VIII) each answer a specific research question and focus on major outcomes, findings, and takeaways. Each of the first seven chapters also has an accompanying appendix with additional analytic details (Appendices A–G). Finally, Chapter IX summarizes the findings across research questions. We organize the rest of the report as follows:

- **Chapter II (POD description and analytic approach)** provides details on the comparison of current rules to new POD rules and our approach to the evaluation.

⁴ Though control group members could withdraw from POD, ending their participation in the follow-up surveys, only two did. Therefore, in subsequent discussions in this report on withdrawals, we do not include the control group withdrawals.

⁵ In places where there might be a divergence in T1 and T2 outcomes related to differences in termination rules, particularly in summarizing benefit offset usage, withdrawals, and impacts on outcomes, we present findings for the overall treatment group and by T1 and T2. In places where there were no differences in processes to serve T1 and T2 group members, such as the POD requirements for reporting of monthly earnings, we only report findings for the overall treatment group.

- **Chapter III (What were the key features of POD implementation and enrollment?)** describes the key features of POD, including the POD implementation areas, implementation partners, key POD processes, and characteristics of enrollees.
- **Chapter IV (How were POD counseling services implemented?)** discusses how POD counseling services were implemented, addressing how POD sites delivered counseling services, what counseling services POD treatment group members used, and the facilitators and barriers to implementing the POD counseling services.
- **Chapter V (How were earnings reporting and the POD benefit offset implemented?)** explores the implementation of the POD benefit offset, describing whether and why there were delays in adjusting benefits.
- **Chapter VI (How was the POD benefit offset used and why did POD enrollees withdraw?)** addresses how treatment group members used the POD benefit offset, their experience with overpayments, and why some POD enrollees withdrew from the demonstration.
- **Chapter VII (What were the impacts of POD?)** presents findings from the impact analysis of primary and secondary outcomes.
- **Chapter VIII (What were the net benefits of POD?)** assesses benefits and costs of POD from the perspective of enrollees, SSA, other governmental agencies and non-governmental entities, and all key stakeholders.
- **Chapter IX (Discussion)** summarizes and discusses key findings across research questions.

II. POD DESCRIPTION AND ANALYTIC APPROACH

This chapter provides context about the POD program rules and the approach to generating evaluation findings in the following chapters. As a starting point, we provide a comparison of current rules to the new POD rules. We then review the implications of how earnings affect benefits under current rules and the new POD rules. Specifically, we show how different beneficiary subgroups fare under both set of rules, which is important given that some beneficiary subgroups benefit more under POD relative to other subgroups. With this context, we then review the primary outcomes for the evaluation, which we specified in the original design report. Finally, we conclude with a summary of the methods we used to examine POD outcomes.

A. Comparison of current and POD rules

POD changed several aspects of current rules to promote work. POD replaced the cash cliff under the current SSDI rules with a benefit offset that depended only on the amount of a beneficiary's earnings in a given month. However, POD rules did not help all beneficiaries in all circumstances.⁶ The rest of this section contains additional details about the current SSDI and POD rules, and implications of the POD rules for beneficiaries.

1. Summary of current SSDI rules

To qualify for SSDI benefits, an individual must be unable to engage in work that constitutes SGA. Earnings above the SGA amount are typically considered evidence that the beneficiary does not have a work-limiting impairment and therefore is ineligible to receive SSDI benefits.

After 12 non-consecutive months in which SSDI beneficiaries may test the ability to work, the rules require suspension of their full cash benefit if their earnings reach or exceed the SGA level (the cash cliff). During the 12 months for testing work, which includes the 9-month TWP and a 3-month grace period, beneficiaries receive a full SSDI benefit check regardless of how much they earn. TWP months are counted within a 5-year rolling window. After completing the TWP, a beneficiary immediately enters the Extended Period of Eligibility (EPE). The EPE is a 36-month re-entitlement period, during which benefits are suspended for months in which earnings exceed the SGA amount (with the exception of the three-month grace period) and benefits are paid for months in which earnings fall below the SGA level. In making this SGA determination, SSA uses an adjusted measure of earnings that deducts SSA-approved IRWE and other noncountable income such as sick pay, vacation pay, and subsidies.

The rules require termination of benefits if earnings exceed the SGA level after the re-entitlement period (the EPE) ends and the beneficiary has used all grace-period months. Otherwise, benefit payments continue in full. If benefits are terminated due to SGA, beneficiaries can seek expedited reinstatement of benefits at any point during the 60 months following their notification by SSA of termination.

⁶ Prior to the start of the demonstration, Wiseman (2016) identified that POD rules would not always benefit all beneficiaries. Specifically, some beneficiary subgroups might be worse off under the POD rules than under current law. Wittenburg et al. (2018) cited this initial context from Wiseman (2016) with the specific design features in POD to show the specific potential effects on beneficiary subgroups.

Substantive earnings activity among SSDI beneficiaries can also affect their Medicare eligibility. SSDI beneficiaries become eligible for Medicare Part A benefits (and can pay a monthly premium to receive Medicare Part B benefits) 24 months after SSDI eligibility. However, beneficiaries with cash benefits terminated based on the performance of SGA generally lose their Medicare benefits 93 months after completion of the TWP.⁷

2. POD rules and associated services

POD modified existing rules in several ways (Exhibit II.1). The POD threshold was defined as the greater of the TWP threshold (\$940 in 2021) and a beneficiary's IRWE (up to a maximum of the SGA amount). The \$1-for-\$2 offset rule applied to earnings above the POD threshold until a beneficiary reached the full offset point—that is, the level of earnings where the offset rule reduced benefits to zero—at which point benefits were suspended or terminated, as discussed below. An important feature of the offset was that it started right away for earnings above the POD threshold. Specifically, the POD rules did not have provisions for TWP, the grace period, and the EPE. Hence, the same benefit offset rule applied to the same earnings thresholds over the whole demonstration period. Under POD rules, SSA reduced benefits by \$1 for each \$2 in earnings above a given threshold.

Treatment group members using the benefit offset could pay their Medicare Part B premiums out of pocket if the premium exceeded the remaining benefit amount. Beneficiaries subject to POD rules had the right to revert to current SSDI rules at any point.

The POD modifications also necessitated process changes for earnings reporting. Under current rules, SSA must develop a work CDR to review earnings, determine the use of work incentives, and determine the appropriate months for benefit payments. The time to complete a work CDR under current rule is generally linked to when SSA receives information on earnings. This timing can include beneficiary self-reports of earnings or discoveries of earnings through SSA's reviews of annual Internal Revenue Service (IRS) data or state quarterly wage reporting.

Under POD, SSA reviewed collected earnings reports monthly, and, in most cases, used an automated system to process benefit adjustments. There was an end-of-year adjustment if reported earnings were missed during the year. Both the changes in program rules and the processing of earnings could affect the prevalence and size of improper payments, which includes overpayments and underpayments, in POD relative to current rules. As we will show in Chapter VI, the implementation of an offset created more opportunities for benefit adjustments relative to current rules.

In addition, the processing of IRWEs differed under POD in both the amount used to determine countable monthly wages and the timing of the processing. In POD, SSA reviewed and calculated IRWEs monthly when monthly IRWEs exceeded the TWP amount. This process differed from current rules, where beneficiaries submitted IRWEs per the direction of SSA. Under current rules, SSA reviews and calculates benefit adjustments in conjunction with a work CDR to determine if IRWEs reduce countable earnings to below SGA.

⁷ Medicare continues indefinitely with Part B coverage as long as premiums are paid and earnings remain under SGA (if benefits are never terminated due to SGA).

POD tested two versions of these new rules (Exhibit II.1). Specifically:

- **Members of the T1 group did not face termination because of earnings for the duration of the demonstration.** Though benefits may have been reduced to zero because of earnings, SSDI entitlements continued for T1 group members. If earnings fell below the full offset amount, cash benefits and the POD offset resumed.
- **Members of the T2 group were terminated after 12 months of full offset.** If benefits were reduced to zero because of earnings for 12 consecutive months, the entitlement to SSDI was terminated for T2 group members. If their benefits were terminated, T2 group members were eligible for expedited reinstatement, as is the case under current rules. T2 group members also lost their SSDI-related Medicare extended eligibility 93 months after their benefits were terminated.

The implementation team provided treatment group members with benefits counseling and additional services. These services helped beneficiaries understand the POD rules and report earnings and IRWE to SSA in a timely fashion to support the administration of the benefit offset (Abt 2017). In addition, similar to the services that WIPA providers offer under current rules, POD counselors made referrals to other service providers—such as a Ticket to Work Employment Network (EN) or a VR agency—for employment supports or vocational training. Hence, the POD evaluation tested the POD rules (including the benefit offset), POD benefits counseling, and associated services. For shorthand, we refer to the overall evaluation as an evaluation of POD rules.

Exhibit II.1. Comparison between current SSDI rules and POD rules

Current rules	POD rules
<ul style="list-style-type: none"> • When SSDI beneficiaries work, they are required to report earnings to SSA. SSA also obtains evidence of earnings from the Internal Revenue Service and other sources. Given evidence of earnings, SSA conducts a work Continuing Disability Review (work CDR) to confirm beneficiaries' continued eligibility for benefit receipt. If the Work CDR indicates substantial earnings, SSA suspends benefits and eventually terminates benefits for sustained SGA level earnings (\$1,260 in 2020 for non-blind beneficiaries, \$2,110 for blind beneficiaries). If the work CDR verifies less than substantial earnings, disability benefits can continue. • SSDI beneficiaries are entitled to receive a full SSDI benefit check during a 9-month TWP, during which time they can earn any amount. The TWP is completed once a beneficiary has monthly earnings above the TWP threshold (\$910 in 2020) or works more than 80 hours a month in self-employment for 9 months over a rolling 5-year window. The 9 months need not be consecutive. • After completing the TWP, beneficiaries enter the Extended Period of Eligibility (EPE). In SSA's terminology, disability "ceases" for beneficiaries who engage in SGA during the EPE. <ul style="list-style-type: none"> – During the EPE, only work earnings are evaluated relative to the SGA amount. Sick pay and vacation pay are deducted because they are not considered countable earnings. Similarly, subsidies provided by an employer and the cost of IRWE are also deducted from earnings for SGA determinations. – Once the EPE begins, cash benefits may be suspended for earnings above the SGA amount (the cash cliff). During the re-entitlement period, which comprises the first 36 months of the EPE, beneficiaries have cash benefits suspended if they earn above the SGA amount but remain entitled to full benefits if their earnings are lower than that amount. 	<ul style="list-style-type: none"> • Beneficiaries who worked are required to report monthly earnings to SSA, but they are not subject to work CDRs during the demonstration. • POD includes two treatment arms, both of which use the same rules to calculate benefits. The rules eliminate the TWP and the grace period. These rules also replace the cash cliff with a benefit offset that reduces benefits by \$1 for every \$2 earned above the larger of the POD threshold (chosen to align with the TWP threshold) and the amount of the POD enrollee's IRWE (up to a maximum of the SGA amount). • The POD benefit offset applies to gross earnings—that is, without making deductions of the type made under current law for the purposes of SGA determinations. • POD initially suspends cash benefits when benefits are reduced to \$0 according to the \$1-for-\$2 offset, and the two treatment arms differed in their rules governing termination. In one treatment arm (T1), the suspensions were not time limited; that is, there was no termination because of work. However, in the other treatment arm (T2), cash benefits terminate after 12 consecutive months of suspension. • Beneficiaries in the T2 arm who are terminated because of work remain eligible for EXR, as specified for those terminated under current rules. <ul style="list-style-type: none"> – A beneficiary in the T2 arm who received an award of EXR can re-enter POD. However, the 24-month Initial Reinstatement Period was paused during POD participation for those with an award of EXR. Such a beneficiary could therefore immediately use the POD offset again. • Beneficiaries in both treatment arms could be terminated if their medical conditions substantially improved.

Exhibit II.1 (continued)

Current rules	POD rules
<ul style="list-style-type: none"> – After the re-entitlement period, cash benefits are terminated if a beneficiary earns above the SGA amount. – There is a three-month exception to these suspension and termination rules called the grace period, consisting of the month of disability cessation and the following two months. During this period, beneficiaries continue to receive a full benefit check irrespective of their earnings level. • If a medical Continuing Disability Review indicates that a beneficiary’s medical condition improved substantially, he or she will also be terminated from benefits. • Within 60 months of termination due to work, individuals can request that SSA reinstate their cash benefits through Expedited Reinstatement (EXR). The EXR application process is shorter than the full disability application process. During the EXR application process, beneficiaries might be eligible for provisional benefits for up to 6 months while SSA reviews their requests. Upon award of EXR, beneficiaries enter a 24-month Initial Reinstatement Period where earnings must remain below SGA. If earnings exceed SGA, the beneficiary is not due benefits and is not credited with the completion of an Initial Reinstatement Period month. Upon completing the Initial Reinstatement Period, the beneficiary is eligible for another TWP and EPE. 	
<ul style="list-style-type: none"> • SSDI-related Medicare Part A eligibility ends 93 months after the TWP. 	<ul style="list-style-type: none"> • Both T1 and T2 members in benefit offset have to pay their Medicare Part B premiums out of pocket if the premium exceeds the remaining benefit amount. T2 group members still lose their SSDI-related Medicare extended eligibility 93 months after their benefits are terminated.

Source: SSA 2021.

B. Implications of POD rules for beneficiaries

As outlined in the design report, some beneficiary subgroups would fare worse under POD rules relative to current rules. The differences between the two sets of rules could be important for understanding who enrolled in POD. We expected—and found—that beneficiaries who would likely be better off under POD rules than under current rules would also be more likely to enroll in POD (Hock et al. 2020a).

The POD rules were financially favorable under several conditions. The POD rules were advantageous when a beneficiary had earnings above the current SGA amount, had few or no IRWE, and had completed the TWP and grace period. Under current law, beneficiaries with earnings greater than the SGA amount following the grace period receive no cash benefits from the SSDI program. Conversely, under POD rules, these beneficiaries received reduced cash benefit amounts, with their benefits reduced by half of the difference between their monthly earnings level and the POD threshold.

POD rules resulted in a lower total income for treatment group members in the following three scenarios:

- **Beneficiaries who had not completed their TWP or Grace Period before POD enrollment.** Under POD, benefits were immediately reduced by \$1 for each \$2 above the POD threshold amount. Under current rules, beneficiaries do not lose any benefits if they have not completed the TWP and grace period. Thus, during the TWP and grace period, beneficiaries' total income is higher under current law than under POD rules.
- **Beneficiaries with earnings between the TWP threshold and the SGA amount during POD.** These beneficiaries are eligible for full benefits under current law, whereas under POD, their benefits were partially offset in all such months. This is most notable for treatment group members who are blind. While the TWP amount is the same for all SSDI beneficiaries, the SGA amount for those who are blind is considerably higher: \$2,110 for blind beneficiaries relative to \$1,260 per month for those nonblind beneficiaries in 2020.
- **Beneficiaries with IRWEs during POD.** Beneficiaries with IRWE could not use them under POD rules to reduce the amount of earnings that SSA counted in determining their benefits, except to the extent that the IRWE exceeded the TWP threshold.⁸

We highlight the first two scenarios described above for a non-blind beneficiary to illustrate how POD and current rules differ (Exhibit II.2). In scenario 1, the solid red line indicates that a beneficiary's total earnings were higher under current law during the TWP and grace period if earnings exceeded the SGA amount (\$1,260 in 2020). However, once the TWP and grace period were completed, total income under current rules (solid red line) would drop below total income under POD rules (solid blue line) for the remainder of the demonstration. This occurred because SSDI benefits would reduce to \$0 under current law but remain stable under POD (as indicated by the red and blue dashed lines, respectively). In scenario 2, the beneficiary's earnings fell between the TWP threshold (\$910 in 2020) and the SGA amount. Therefore, the beneficiary was

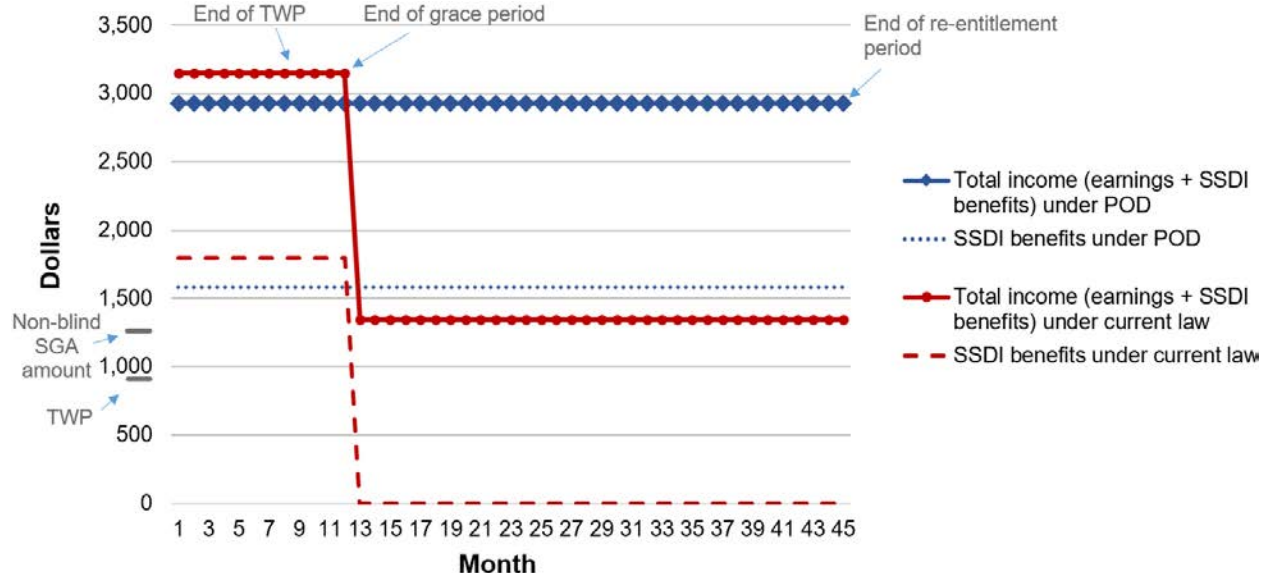
⁸ POD rules could also result in lower total incomes for beneficiaries who often rely on employer provided subsidies and special conditions to reduce their earnings to below SGA as neither applied under POD.

eligible to receive full SSDI benefits under current law (dashed red line). Benefits were partially offset under POD (dotted blue line), leading the beneficiary’s total income to be higher under current law (solid red line with circles) than under POD rules (solid blue line with diamonds).

Based on the design of the POD rules, we expected that interest in POD would vary based on a beneficiary’s characteristics. For example, as highlighted by Exhibit II.2, beneficiaries with earnings consistently above the SGA amount would have fared better under POD rules. We also expected beneficiaries who were already working to enroll in the demonstration at higher rates than those who were not working, because they would be better positioned to take advantage of the POD offset quickly.

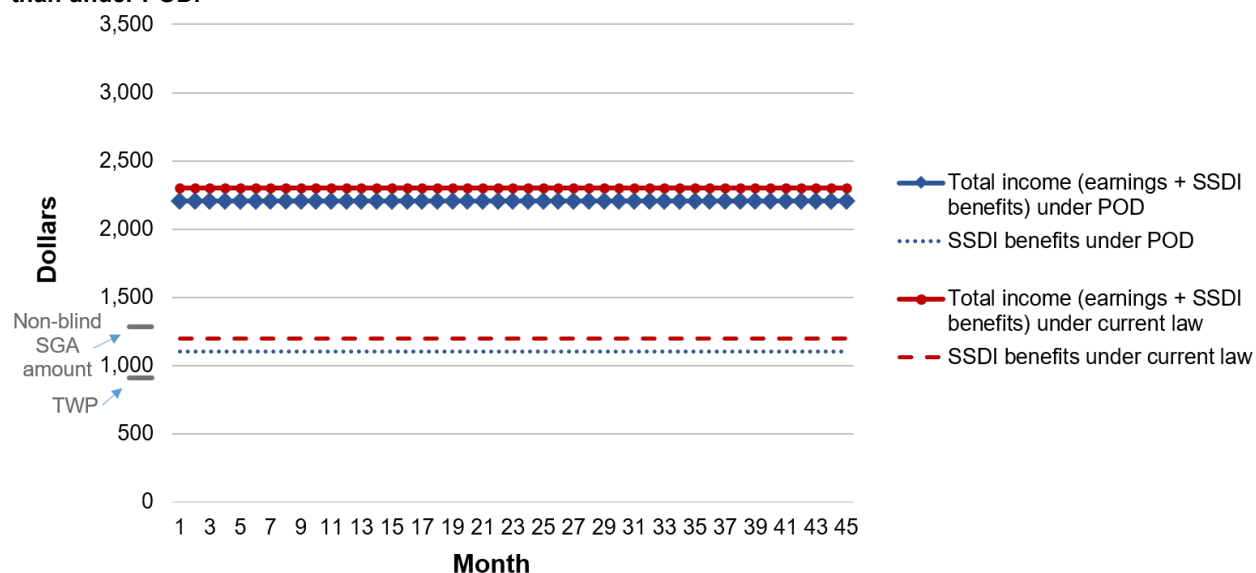
Exhibit II.2. Scenarios illustrating a beneficiary’s total income under current rules and POD rules

Example 1. Beneficiary’s monthly gross SSDI benefit amount under current law was \$1,800. Beneficiary earned \$1,350 per month, completed the TWP in month 9, and completed the grace period in month 12. Under POD, benefits were reduced in month 1. Therefore, total income was higher in the first calendar year assuming a January start under current law than under POD and was higher under POD than under current law thereafter.



Example 2. Beneficiary’s monthly gross SSDI benefit amount under current law is \$1,200. Beneficiary earns \$1,100 per month and completes the TWP in month 9, but never has benefits suspended or terminated

because earnings are less than the SGA amount. Therefore, total income is always higher under current law than under POD.



Note: Scenarios use the 2020 values for the TWP and non-blind SGA amounts (\$910 and \$1,260, respectively). These amounts, along with the benefit amounts, are assumed to remain constant for simplicity.

C. Data sources

Our evaluation relies on quantitative and qualitative data sources. Below, we provide additional detail on these data sources. In exhibits throughout the report, we include exhibit notes documenting use of data sources.

1. Quantitative data sources

Our quantitative data included information from SSA program records, earnings reported to the IRS, the POD recruitment and enrollment system, the POD Implementation Data System (IDS), and three POD surveys (Exhibit II.3). Together, these data enabled us to examine service delivery and offset use and identify characteristics that distinguish offset users from non-users. We also used these data to assess the treatment group members’ understanding of POD earnings rules, experiences with overpayments, and their reasons for withdrawing from the demonstration. Finally, we used these data to estimate program impacts on employment, benefit, and other outcomes.

Exhibit II.3. SSA program and POD data sources for the process, participation, and impact analysis

Program data source	Description
SSA and VR program data	These data include detailed information about beneficiary demographics, impairment, and program characteristics that support our assessment of POD participation and impacts on program participation and benefit receipt. Specifically, these data include information about gender, age, primary diagnosis, and program characteristics (e.g., duration on SSDI and receipt of VR services). We used these data to examine SSDI, Supplemental Security Income (SSI), and VR program outcomes, including impacts on SSDI primary outcomes.

Program data source	Description
Internal Revenue Service earnings data	These data include annual earnings information reported to the Internal Revenue Service that we use to estimate the impacts of POD on employment-related outcomes. We used these data to examine annual employment related outcomes, including primary impacts on earnings and annualized earnings above SGA.
POD recruitment and enrollment data	These data contain information including direct outreach (number of mailings sent), recruitment and enrollment (for example, completed recruitment packets), and random assignment status (treatment group T1 or T2, or control group). We use these data to summarize findings about withdrawals and other status changes.
POD Implementation Data System (IDS)	These data included information on POD related services, such as the provision of work incentive counseling, collection and submission of earnings and IRWE information to SSA, offset use, and transition back to program rules at the end of subjects' POD participation period. We used these data to examine participation in POD, including how POD states and the POD support units facilitated and managed monthly reporting of earnings and IRWE, and whether certain elements of the intervention were implemented as intended.
Three POD surveys: baseline, one-year follow-up, and two-year follow-up	The surveys included data from beneficiaries that are not available from SSA program data, such as interest in work, work challenges, health status, and understanding of work incentives. We used the baseline survey to summarize the characteristics of enrollees at baseline. We used the follow-up surveys to assess the understanding of POD earnings rules. We also estimated the secondary impacts of POD on measures not available in SSA program records, such as job characteristics and health status.

We worked with SSA to obtain SSA and VR program records, as well as earnings information reported to the IRS for POD enrollees. The SSA program data included information about enrollee characteristics at baseline, such as gender, age, primary diagnosis, and program characteristics (such as duration of SSDI receipt and recent earnings about the TWP amount). It also included information to track outcomes on monthly SSDI program participation, monthly Supplemental Security Income (SSI) receipt and information on SSA's Ticket to Work program. We used the SSA program data to report outcomes in this report from February 2018 to December 2020, which covered the full period of enrollment and outcomes for all enrollees.

The VR administrative data included information about POD enrollees' participation in VR.⁹ These data indicated whether the beneficiary applied for services, received services, or had a successful case closure with employment during that period. We used VR data from February 2018 to December 2020, which covered the 24 months following POD enrollment for all enrollees.

The administrative earnings data reported to SSA came from IRS data.¹⁰ Our employment and earnings program measures represented all earnings reported to the IRS. The annual earnings

⁹ The Rehabilitation Services Administration, which is part of the U.S. Department of Education, provides leadership and resources to states and other agencies in supporting the VR program services. See <https://rsa.ed.gov/about/programs/vocational-rehabilitation-state-grants/vr-program-reference-guide> for more details (accessed December 23, 2021).

¹⁰ Mathematica did not have direct access to the Master Earnings File. The evaluation team worked with SSA staff to analyze these data.

data covered 2019 and 2020, which encompassed the two calendar years after the year of enrollment.¹¹

The POD recruitment and enrollment data included information on recruitment and random assignment status. The data support our analysis of recruitment, enrollment, and withdrawals. The evaluation team updated the data continuously throughout the project.

We worked with Abt Associates to obtain information from the IDS. The IDS informs our analysis of benefits counseling, earnings reporting, and benefit offset usage. The data cover the full period of service delivery through December 2020.

Our survey data efforts included a baseline survey and two follow-up surveys. The baseline survey included a self-administered questionnaire that the evaluation team sent prospective enrollees during recruitment and was required for POD enrollment. The survey included two intake screening questions to confirm informed consent, as well as a variety of questions on demographic characteristics; current employment, past employment, and expectations about work in the coming year; perceived challenges related to work, SSDI benefits, and disability; health status and sources of insurance; and family income.

The two follow-up surveys included content on follow-up activities one and two years after random assignment. POD enrollees could either complete the surveys via web or over the phone. The evaluation team offered an extra \$10 to POD enrollees who completed it via the web.¹² Both surveys captured information about enrollees' employment, understanding of program rules, and attitudes about work, income, health and functional status, and health insurance.

More than 80 percent of surveyed beneficiaries completed the follow-up surveys. The first follow-up survey included a random sample of half of POD enrollees.¹³ The completion rate for the first follow-up survey was 84 percent.¹⁴ The second follow-up survey, which is the focus of this report, includes the full sample of POD enrollees. The completion rate for the second survey

¹¹ About 2 percent of beneficiaries were enrolled and randomly assigned in January 2019 (Hock et al. 2020a). However, because these beneficiaries had to submit their enrollment materials before December 31, 2018, outcomes measured in calendar years 2019 and 2020 are still a good proxy for their experience in the first two years after enrollment. To maintain consistency, we essentially treated December 2018 as the month of enrollment for beneficiaries who enrolled in January 2019.

¹² We offered a higher monetary incentive to complete the survey online—\$30 and \$35 to complete the Year 1 and Year 2 surveys online versus \$20 and \$25 by phone, respectively

¹³ We designed the random sampling procedure to guarantee that the characteristics of those who were selected to participate in the survey closely resembled the characteristics of all POD enrollees. The random selection plus similar characteristics of the survey sample means that the estimates from the survey data are representative of all POD enrollees.

¹⁴ Among the group of 5,044 enrollees randomly sampled to participate in the survey, 4,847 (or 96 percent) remained eligible for the survey at the time we fielded the survey. The primary reason beneficiaries were no longer eligible was that they had withdrawn from the demonstration and asked to no longer be contacted. We also excluded the deceased sample cases from the survey-eligible group. Among those eligible for the survey, 4,073 completed it (or 84 percent).

was 83 percent.¹⁵ Across both surveys, about two-thirds of POD respondents used the web (Levere et al. 2021). The median time to complete the two surveys was 19 minutes on the web and 27 minutes by phone. Finally, nearly all beneficiaries answered all questions in both the web and phone surveys. Hence, missing data was not an issue we needed to adjust for in our analyses below.

We measured outcomes over differing periods depending on the data source. Our goal was to measure outcomes for the 24 months after enrolling in POD. Because enrollment occurred on a rolling basis throughout 2018, the first 24 months after enrollment varied based on beneficiaries' date of enrollment. For most outcomes from program data, we constructed outcome measures for the first 24 months after enrollment. However, earnings and income from program records are only measured annually. We used 2019 and 2020 calendar-year data to measure earnings and income from program records because they were the first two calendar years after nearly all POD enrollments were complete. To avoid overlap with the one-year follow-up survey period, respondents to the two-year follow-up survey were asked about their experiences in the 12 months prior to the survey.

2. Qualitative data sources

We collected qualitative data through the demonstration to supplement our quantitative data collection. Our qualitative data collection focused on domains that overlap with the quantitative data, but with greater emphasis on understanding how SSA and Abt were implementing the offset, barriers and facilitators to implementation, and in-depth perspectives from beneficiaries. Specifically, we collected qualitative data from the following four groups of stakeholders:

- **Implementation team and site staff.** We conducted interviews with the implementation team, including Abt's implementation team and POD supervisors and counselors, to learn about how service delivery helped treatment group subjects use the new offset.
- **POD treatment group subjects.** We conducted interviews with POD treatment group subjects to learn about their perspectives using the new offset and POD-related services.
- **SSA staff.** We conducted interviews with SSA staff who oversaw the activities associated with administering the POD benefit offset.
- **Mathematica survey staff (recruitment).** We conducted interviews with Mathematica staff who were processing completed enrollment packets and responding to telephone calls from prospective enrollees.

As a starting point for qualitative data collection, we reviewed existing program documents and training materials (Exhibit II.4). These materials included the original implementation design report, which provided a blueprint for the project and training materials. The information provided important context that we used to develop our qualitative data collection instruments.

¹⁵ Among the 10,070 beneficiaries enrolled into POD, 9,454 (or 94 percent) were eligible for the survey at the time we fielded it. The primary reason beneficiaries were no longer eligible was that they had withdrawn from the demonstration and asked to no longer be contacted. We also excluded the deceased sample cases from the survey-eligible group. Among those eligible for the survey, 7,839 completed it (or 83 percent).

Exhibit II.4. POD program documents

Program document	Description
Abt’s implementation design report	This document provides the blueprint for POD implementation (as of April 2017). It includes an overview of POD implementation milestones and the schedule for meeting the milestones. It also describes the procedures and standard communications Abt expected to use to coordinate between demonstration partners and POD counseling providers to ensure that all states consistently deliver POD services. Finally, the document describes how Abt planned to train staff in each state to deliver the proper services to treatment members.
Abt’s training materials	These materials describe the initial training that Abt gave staff in preparation for POD’s go-live date and thereafter for new staff hired to provide or support the provision of POD services.

We conducted four rounds of data collection that included a mix of in-person interviews and focus groups, and telephone interviews (Exhibit II.5). Our first two rounds of data collection focused on recruitment and early service delivery for POD. In round 1 (early 2018), we gathered information about the program environment surrounding each VR agency/WIPA provider, including the local service setting, outreach and recruitment efforts, the POD program infrastructure, and early successes and challenges encountered during the pilot period of recruitment. In round 2 (late 2018), we focused on changes in the POD program infrastructure and early service delivery and conducted interviews with POD treatment group members. The next two rounds focused on the first and second years of service delivery. In early 2020, we conducted site visits that included in-person interviews with POD supervisors and counselors, and focus groups with the counselors. In the spring of 2020, we conducted telephone interviews to learn about services through year 1 of operations with Abt Associates’ implementation team, SSA staff, and POD treatment group members. In early 2021, we conducted telephone interviews with the same aforementioned groups noted in round 3, though our interview content focused on year 2 activities, including the effects of the pandemic.

Exhibit II.5. POD site visit and telephone interview activities

Description	
Round 1: Pilot period	
Telephone interviews with implementation and management staff, and Mathematica survey staff	In 2018, we interviewed Abt’s implementation and management staff about the program environment surrounding each VR agency/WIPA provider. We reviewed the local service setting, outreach and recruitment efforts, the POD program infrastructure, and early successes and challenges encountered during the pilot period of recruitment. We also interviewed survey staff to better understand the enrollment process.
Round 2: Full recruitment	
Telephone interviews with implementation and management staff, and Mathematica survey staff	In early 2019, we interviewed Abt’s implementation and management staff to learn about changes since the pilot period, especially to understand the early operations of POD. We also interviewed survey staff to better understand the enrollment process.

Exhibit II.5 (continued)

Description	
Telephone interviews with POD treatment group members	We interviewed treatment group members to learn about their experiences with enrollment, POD benefits counseling, monthly earnings reporting, and employment.
Round 3: First full year of services	
In-person interviews with POD supervisors and counselors	We interviewed supervisors and counselors to learn about their experiences delivering POD counseling services. We focused on their delivery of supports around the benefit offset. We also reviewed their perceptions of treatment group members' employment decisions and understanding of POD rules.
Focus groups with POD counselors	We convened focus groups with counselors in each POD state to learn about their strategies for supporting treatment group members' employment decisions and understanding of the POD rules. We also asked the counselors what factors might influence treatment group members' work behavior and ability to earn above the POD threshold.
Round 4: Second full year of services	
Telephone interviews with POD supervisors and counselors	We asked supervisors and counselors about their experiences delivering counseling services and supporting use of the benefit offset during the COVID-19 pandemic.
Telephone interviews with Abt's implementation team	We interviewed members of Abt's implementation team to learn about service delivery related to treatment group members' use of the benefit offset. We asked about collecting and processing monthly earnings and IRWE information and supporting the end-of-year reconciliation, and how these processes were affected by the COVID-19 pandemic.
Telephone interviews with SSA staff	We interviewed SSA staff who supervised the demonstration and SSA processing center staff. The goals of the interviews was to learn about how SSA administered the benefit offset and how the COVID-19 pandemic affected this process.
Telephone interviews with POD treatment group members	We interviewed treatment group members to learn about their experiences. We obtained information about their monthly earnings and IRWE reporting. We also reviewed their perceptions of benefit adjustments and work-related overpayments. Finally, we examined barriers and facilitators to work, including factors influencing their ability to work more, the effect of COVID-19 on work and earnings, and perception of the 12-month termination provision under POD rules.

D. Analytic approaches

This report covers six research questions that generally span the period from January 2018 to December 2020 (Exhibit II.6). This period included the start of program operations (January 2018) through the latest available information for this report (December 2020). We present all estimates in 2019 dollars.¹⁶ Our process and participation analysis addressed four questions related to implementation, benefits counseling services, and offset usage. Our impact analysis addressed the effects of POD on the primary and secondary outcomes of the demonstration by

¹⁶ We used the Gross Domestic Product deflator to adjust all descriptive and econometric estimates per our planned approach in the Design Report. We chose 2019 as the base year because it represents the first full year of POD implementation. Also, the estimates for 2019 in this report match those in our prior Interim Report (Mamun et al. 2021).

measuring differences between the treatment and control groups. Finally, the POD benefit-cost analysis addressed the overall benefits and costs of the demonstration to different stakeholders. Below, we summarize each of our approaches to these analyses for the research questions, which were initially outlined in our design report.

Exhibit II.6. POD evaluation overview: Analytic approaches and data sources by research question

Research questions	Analytic approach	Data sources
Process- and participation-related research questions		
1. What were the key features of POD implementation and enrollment?	<ul style="list-style-type: none"> Qualitative data analysis using the Consolidated Framework for Implementation Research to structure our coding and analysis Descriptive analysis of quantitative data 	<ul style="list-style-type: none"> In-depth interviews and focus groups with POD counselors and supervisors, implementation management staff, SSA staff, and POD treatment group members Program documents Abt Associates' Implementation Data System POD recruitment and enrollment data system SSA program records POD baseline, one-year follow-up, and two-year follow-up surveys
2. How were POD counseling services implemented?		
3. How was the POD benefit offset implemented?		
4. How was the POD benefit offset used, and why did POD enrollees withdraw?		
Impact-related research question		
5. What were the impacts of POD?	<ul style="list-style-type: none"> Regression-adjusted impact analysis under a randomized controlled trial design 	<ul style="list-style-type: none"> POD recruitment and enrollment data system SSA program records and IRS earnings data POD baseline, one-year follow-up, and two-year follow-up surveys
Benefit-cost research question		
6. What were the benefits and costs of POD?	<ul style="list-style-type: none"> Accounting framework that adds up benefit and cost components across four perspectives after assigning dollar values to the impact estimates 	<ul style="list-style-type: none"> POD recruitment and enrollment data system SSA program records and IRS earnings data POD baseline, one-year follow-up, and two-year follow-up surveys

1. Process and participation analysis: Qualitative analysis and descriptive statistics

The process and participation analysis centered on four research questions. These questions included topics related to implementation and enrollment, benefit offset use, overpayments, and enrollee withdrawal from the demonstration. The questions explored how SSA, Abt Associates, and the states implemented the demonstration (process); how treatment group members engaged with POD rules and POD counseling services (participation); and how treatment group members experienced the POD benefit offset (participation).

For qualitative data, we used the Consolidated Framework for Implementation Research to structure our analysis. We coded all interview transcripts and focus group notes using NVivo (qualitative data analysis software). The coded data enabled us to conduct cross-site analysis. We also used this framework to identify themes about POD implementation that captured the different perspectives of various respondents.

For quantitative data, we used descriptive methods to summarize the findings that covered the three years of program operations. The findings presented in this report are based on data reflecting the three years of POD implementation (January 2018 through December 2020). When relevant, we calculated statistical differences between groups at the 1-, 5-, and 10-percent levels.

2. Impact analysis: Regression-adjusted estimates using experimental design

We estimated the impacts of POD on primary and secondary outcomes. We differentiated primary outcomes originally in the design report to emphasize the measures that should receive the most policy focus in the ultimate evaluation of the benefit offset's efficacy.¹⁷ This designation was also a transparent way to avoid concerns about data mining when assessing impacts on the broad range of outcomes.

The evaluation team pre-specified four measures as primary outcomes (Wittenburg et al. 2018):

- Annual earnings
- Annual SGA amount (defined as earnings above annualized SGA in 2019 and 2020)¹⁸
- SSDI benefits
- Total annual income (defined as the sum of earnings, SSDI benefits, and SSI payments)

The predicted impacts of POD were ambiguous for all four primary outcomes. One factor driving this ambiguity is that the potential financial benefits of POD differ across beneficiaries (see Section II.B). As described in the design report, these different situations have important incentive effects that could drive eventual employment outcomes and, hence, adjustments to benefits.¹⁹

¹⁷ The SSA Program Operational Manual System that includes the POD parameters describes the purpose of POD as follows: "SSA is conducting the POD to see if modifying certain rules might help beneficiaries in their efforts to return to work." See [SSA - POMS: DI 60075.005 - Overview of the Promoting Opportunity Demonstration \(POD\) - 02/01/2018](#) (accessed December 13, 2021).

¹⁸ In 2019, the first year after POD enrollment, the SGA amount for non-blind beneficiaries was \$1,220 for non-blind beneficiaries and \$2,040 for blind beneficiaries. In 2020, the SGA amount for non-blind beneficiaries was \$1,260 for non-blind beneficiaries and \$2,110 for blind beneficiaries.

¹⁹ In addition to the examples above, POD rules might increase beneficiaries' willingness to work because they better understand the incentives they face. Under current law, benefit suspension or termination depends on current and previous earnings. In POD, the benefit offset was the same regardless of past earnings, so POD could increase beneficiaries' willingness to work by reducing unanticipated benefit reductions. This clarity on work incentives most likely affected beneficiaries earning below the SGA amount or not working, encouraging them to increase their hours worked and earnings. The effect of the simplified rules on outcomes was theoretically ambiguous, however, because we could not predict how this effect would interact with other incentives created by POD rules.

The analyses of secondary outcomes provided insight into potential other impacts of POD beyond those most directly related to the stated policy objectives. The secondary outcomes include other measures from the SSA program and earnings data (such as any positive earnings and months of SSDI benefit receipt), as well as measures from two follow-up surveys and from program data on VR participation. The secondary measures also include other employment, health, and well-being outcomes not included in program records.

We used regression adjustment to estimate the effects of POD rules on all treatment group members relative to all control group members (intent-to-treat estimates). The model specification was:

$$y_i = \beta T_i + \delta X_i + \mu_i \quad (1)$$

The regression model estimated the effect of assignment to the treatment group (T_i) on outcome of interest (y_i) while controlling for any chance differences in characteristics (X_i) among the treatment and control groups. Because of the demonstration's randomized design, the coefficient β represents the impact of POD on outcome y . The regression adjustment also improved the precision of the impact estimates so we could detect smaller impacts. More details about the impact analysis methods are available in Appendix F.²⁰

All impact estimates for the POD evaluation are intent-to-treat estimates. These estimates measure the effects of POD rules on treatment group members (relative to control group members), regardless of their post-enrollment behavior. In other words, we estimate the impacts of POD on all enrollees who had an opportunity to participate in POD, irrespective of whether they actively engaged with it.²¹

We do not adjust for withdrawals in the intent-to-treat estimates. In the POD evaluation design report, we suggested sensitivity tests to account for treatment group withdrawals. However, the share of treatment group members who withdrew is relatively low across the eight POD sites: about 8 percent as of December 2020. Further, as shown in Chapter VI, many people who withdrew from POD did so several months after enrollment and thus experienced POD rules for some period.

Though our main analysis presents impacts for all POD enrollees, we also report results for subgroups. We created subgroups based on enrollees' baseline employment status, work expectations, education level, age, and primary impairment.

²⁰ For all outcomes, we estimated impacts using an ordinary least-squares model with heteroskedasticity-robust standard errors that included several regressors. We organized these regressors into three categories: characteristics used to stratify random assignment, other enrollee demographic characteristics, and enrollee characteristics at baseline with statistically significant differences between study groups. We included survey nonresponse weights in the regression model when analyzing outcomes from the follow-up surveys to help ensure the impact estimates captured the effect of POD rules on all enrollees, not just survey respondents.

²¹ Because the treatment group members could take advantage of the POD rules even without directly and actively engaging with POD services, an often-applied approach to assessing program impacts on those who actually participated in the program (called *treatment-on-the-treated* impacts, or *local average treatment effect*) is not relevant for the POD impact analysis.

3. The benefit-cost analysis: Leveraged the impact estimates with data on administrative costs

We used an accounting framework to show benefits and costs to four groups: (1) beneficiaries, (2) SSA, (3) other governmental agencies and non-governmental entities, and (4) the three groups combined. We generated monetary values for the benefit and cost components of each perspective, creating a net benefit (or cost) of POD relative to current law conditions. We also identified the conditions under which it might be fiscally desirable to implement POD as a national program.

We used the impact estimates to identify the benefits and costs for most outcomes within our framework (Exhibit II.7). For example, we considered the impact estimate on SSDI benefit payments as a benefit for beneficiaries and a cost for SSA. From the perspective of all groups, the benefit to beneficiaries would be fully offset by the cost to SSA.

Exhibit II.7. Data sources for the benefit-cost analysis

Data source	Information provided
Impact estimates from POD	The effects of POD on outcomes such as beneficiary earnings, SSDI benefit amounts, SSI payment amounts, Ticket to Work payments, and income from other sources
Baseline survey and implementation data from POD	Percentage of control group members using counseling services; reconsideration-related data for treatment group members
Abt Associates	Counseling, outreach, and earnings collection and processing costs for treatment group members; counseling costs for control group members
SSA	Administrative cost information for control group members; overpayment and reconsideration information for all enrollees; administrative costs for SSI payments
External data (various sources)	Fringe benefits, DI and other payroll taxes, federal and state income taxes, sales taxes, work-related costs, administrative costs for other public supports, and non-market time

When impact estimates for POD did not capture the exact measures needed, we quantified benefits and costs by combining impact estimates with data from other sources. For example, we combined external data on the monetary value of fringe benefits with the impact estimates on fringe benefits to assign a dollar amount for the impact of POD on fringe benefits. We also collected data from SSA and the implementation team to construct per-person estimates of the counseling and earnings-processing costs under POD and current SSDI rules. These estimates are based primarily on estimates of the labor costs for the staff that processed earnings or provided counseling.

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III. WHAT WERE THE KEY FEATURES OF POD IMPLEMENTATION AND ENROLLMENT?

The POD implementation and evaluation teams supported implementation, recruitment, and enrollment. The implementation team worked with SSA to set up an infrastructure to support information about the new POD rules, obtain, check, and process monthly earnings reports to submit to SSA and provide benefits counseling services. The POD supports generally mirrored the supports available to beneficiaries under current rules. The main differences were that POD benefits counseling had more active outreach in comparison to WIPA services available for the control group. This more active outreach was necessary to support the monthly earnings requirements to process the POD offset. The implementation team also set up processes to obtain, check, and submit earnings to SSA to process the benefit offset.

The POD evaluation team recruited eligible beneficiaries into the demonstration. They mailed packets of information about POD directly to prospective enrollees. They also conducted outreach through webinars and mailings to inform key stakeholders about POD to build trust within communities.

The remainder of this chapter presents the key features of POD implementation and enrollment. We first provide an overview of the implementation areas and POD services. We then present the POD recruitment strategy and its results. Finally, we review how the pandemic affected POD programmatic processes and the economic environment in the POD states through December 2020. The findings in this chapter provide contextual information on factors that influence process, participation, and impact findings that we cover later in the report. In Appendix B, we provide supplemental exhibits about POD implementation and enrollment.

KEY FINDINGS

- The POD implementation areas spanned eight states.
- POD direct supports included beneficiary-driven counseling services and supports, delivered primarily remotely.
- POD indirect supports consisted of outreach to treatment group members to prompt timely reporting of earnings, collection of earnings information, and preparation of information that informed benefit adjustments under the POD rules.
- During the pandemic, SSA streamlined administrative processes and delayed actions that could adversely affect beneficiaries; these changes affected both the treatment and control groups.
- The total enrollment sample included 10,070 beneficiaries.
- The enrollees represented a select subset of SSDI beneficiaries with strong connections to work relative to other SSDI beneficiaries. POD treatment and control groups were balanced across key observable characteristics.

A. Where was POD implemented?

Abt Associates solicited proposals from state agencies to support implementation. The eight states ultimately included in the demonstration represented a geographic mix across regions.

While national in scope, these areas, some of which included substate regions, were not nationally representative. Below, we summarize the characteristics and features of the eight implementation areas, including the lead agencies in these states.

1. SSA and Abt Associates selected the eight POD implementation areas, which were led by a mix of VR and WIPA agencies

Abt Associates and SSA identified eight states to include in POD. To select POD implementation areas to include in the demonstration, Abt Associates used three criteria: (1) sufficient numbers of SSDI beneficiaries to meet POD's target enrollment levels, (2) a diverse range of beneficiary- and state-level characteristics, and (3) state VR or WIPA agencies willing and able to implement the demonstration design. Abt Associates engaged these VR and WIPA agencies (or, in some cases, VR regional offices, depending on the state's organizational structure) to identify implementation areas within the states.

The eight POD implementation areas included a mix of full and partial state areas (Exhibit III.1). Three states (Alabama, Connecticut, and Vermont) had statewide implementation. The remaining five states included select counties: California (three counties), Maryland (six counties and one city), Michigan (seven counties), Nebraska (six counties), and Texas (16 counties).²² In each state, a POD supervisor was responsible for directly overseeing counseling staff and monitoring the delivery of POD counseling services.

The lead agencies included either a state VR agency or a WIPA agency. In four states (Alabama, Connecticut, Maryland, and Vermont), the state VR agency led implementation. These four states differed in terms of whether they subcontracted with an outside organization to deliver the work incentives counseling services.²³ In the remaining four (California, Michigan, Nebraska, and Texas), the state WIPA agency led implementation.

The lead agencies also differed in the types of supports they were already providing to SSDI beneficiaries before POD.²⁴ Four of the lead agencies were Ticket-to-Work Employment Networks (California, Maryland, and Nebraska) or the state's main Employment Network for

²² The selected counties in the POD states are as follows: *California*: Los Angeles, Orange, and San Diego counties; *Maryland*: Anne Arundel, Baltimore, Harford, Howard, Montgomery, and Prince George's counties and Baltimore City; *Michigan*: Kent, Ionia, Clinton, Eaton, Shiawassee, Genesee, and Lapeer counties; *Nebraska*: Adams, Buffalo, Douglas, Hall, Lancaster, and Sarpy counties; *Texas*: Bexar, Dallas, and Tarrant counties. In June 2018, SSA expanded the POD implementation area in Texas to include 13 additional counties, making the total number 16, with the addition of Bell, Collin, Comal, Denton, Ellis, Harris, Hays, Johnson, Kaufman, Montgomery, Parker, Travis, and Williamson counties.

²³ In two states (Connecticut and Vermont), the state VR agencies led the delivery of work incentives counseling services. In the other two (Alabama and Maryland), the VR agencies subcontracted with outside organizations to deliver POD counseling services to treatment group members. In Alabama, the VR agency subcontracted with Easter Seals Central Alabama to employ and supervise POD counselors. In Maryland, the state VR agency subcontracted with the Office on Mental Health of Harford County to manage POD implementation; that office partnered with several independent contractors to deliver POD counseling services throughout the implementation area.

²⁴ As shown in [Appendix Exhibit B.1](#), lead agencies differed in the types of employment services and supports provided to people with disabilities.

SSDI beneficiaries (Vermont). California’s lead agency was also an American Job Center. Alabama and Connecticut’s lead agencies were the statewide WIPA providers (in addition to being VR agencies). Finally, Maryland’s Office of Mental Health provided supported employment services for clients of the state VR agency.

Exhibit III.1. Eight POD implementation areas



Note: Areas where POD was implemented are shaded. The entire states of Alabama, Connecticut, and Vermont are included, as are groups of counties and a city in five other states (California, Maryland, Michigan, Nebraska, and Texas).

All POD states hired new counseling staff to support the large caseloads of treatment group members (see Chapter IV for discussions of POD counselor staffing and caseload size). The type of lead agency influenced the characteristics of the counselors hired for these positions. In general, VR agencies tended to deploy counselors who were more experienced in delivering employment services. In contrast, WIPA agencies employed counselors with more benefit counseling experiences. For example, Alabama, which was led by a VR agency, had seasoned counselors with six or more years of experience providing employment counseling services to people with disabilities. In contrast, Texas, which was led by a WIPA agency, had a large team of experienced certified Community Work Incentive Coordinators.

2. POD implementation areas include diverse economic conditions

The eight POD implementation areas had distinct local economic and workforce characteristics. Local employment rates varied substantially across the POD states. In addition, the areas differed substantively in the characteristics of their workforce. Notably, the employment rates of people with disabilities varied across states, which underscored possible economic and policy factors that could influence cross-state outcomes.²⁵ Finally, POD counselors noted some qualitative

²⁵ As shown in [Appendix Exhibit B.2](#), the employment-to-population ratio (which captures the employment rate among working-age adults) for people with disabilities varied across states, ranging from 29 percent in Alabama to

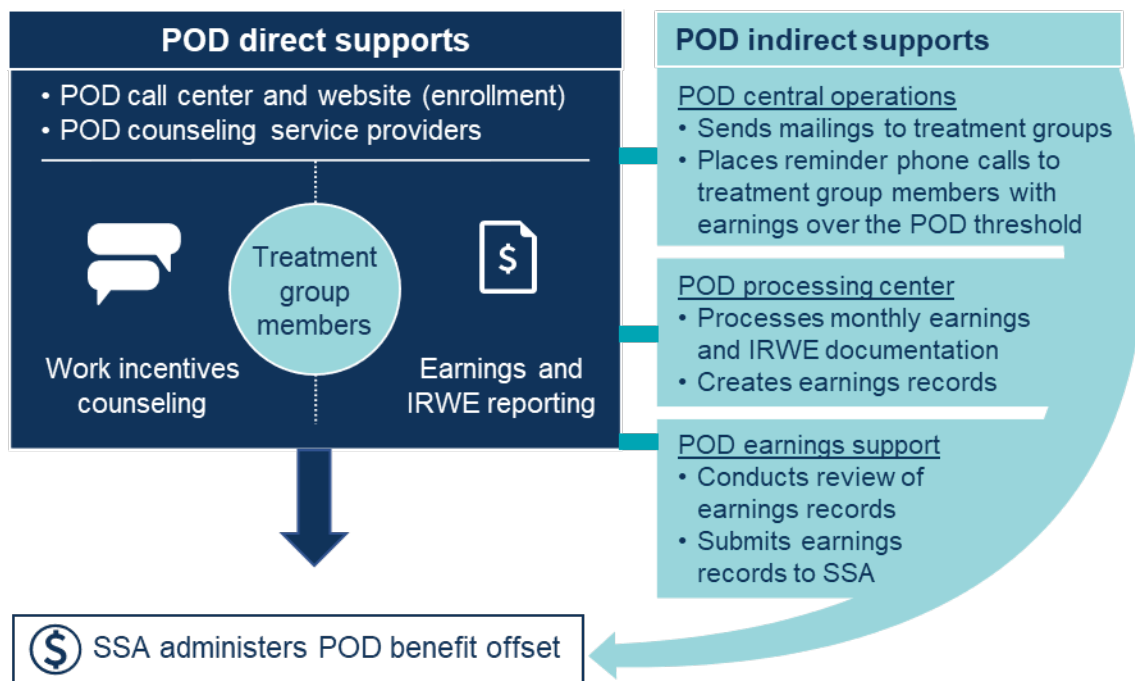
differences in the economic environments across areas that might play a role in treatment group members use of the POD benefit offset, particularly during the pandemic. For example, counselors mentioned difficulty navigating the employment support service system and lack of transportation as potential employment barriers. Some counselors also cited job opportunities and differential effects of the pandemic as a potential factor that could influence POD usage across areas.

These cross-state differences in economic conditions had the potential to affect POD's implementation and impacts. In our review of implementation findings in Chapter IV, we summarize state differences that did emerge, especially in the delivery of benefits counseling services. In Chapter VII, we also examine whether state differences influenced eventual impacts on primary outcomes

B. What were the key POD processes?

Abt Associates established centralized direct and indirect support units to implement POD processes (Exhibit III.2). These units coordinated to deliver counseling services and helped administer the POD rules. The direct support units, including POD counselors and the POD call center, engaged treatment group members in person or via telephone to provide counseling services or supports. The indirect support units, which included the POD central operations, the processing center, and earnings support, provided reminders to beneficiaries, processed earnings, and reviewed and submitted earnings to SSA. Abt Associates also worked with Virginia Commonwealth University to provide technical support to POD counseling service providers. This implementation team worked with SSA to design and deploy a POD data system to support coordination among entities and delivery of POD services.

50 percent in Nebraska in 2018; the national average was 38 percent. In addition, as shown in [Appendix Exhibit B.3](#), there were large variations in unemployment rates by state that followed similar patterns.

Exhibit III.2. Centralized support units for POD implementation**1. POD direct supports included work incentive counseling services and other telephonic services to support earnings reporting**

The POD counseling services included three types of services (see text box). The services included (1) informational contact, (2) information and referral, and (3) individualized work incentive counseling services beyond information and referral. POD counselors provided treatment group members information about the new POD rules during the informational contacts upon enrollment. Counselors provided referrals and more in-depth work incentive counseling based on the treatment group member's needs. In Chapter IV, we provide details on the use of each of these services by the treatment group.

POD counselors provided support primarily by phone. In six of the POD states, some POD counselors provided distance-based counseling to treatment group members from out of state. The agencies that offered POD counseling services in each state filled these counselor positions internally or contracted with local organizations (such as community rehabilitation programs) to provide the services.²⁶

Abt Associates established a POD call center in McAllen, Texas, to respond to calls from treatment group members, implementation partners, and SSA staff. The call center provided an additional level of support to all treatment group members, such as explaining information contained in SSA notices and calling those with earnings above the POD threshold to remind

²⁶ In two states (Alabama and Maryland), the VR agencies subcontracted with outside organizations to deliver POD counseling services to treatment group members. We present additional details about organizations involved in delivering POD counseling services in [Appendix Exhibit B.1](#).

them to report their monthly earnings by the deadline, which was the sixth of the following month.²⁷

Overview of POD counseling services

POD counselors in each state delivered the same services for treatment group members to understand POD rules and obtain any desired employment supports, including:



Informational contact

- Onboard newly enrolled treatment group members to POD and educate them about the benefit offset, available counseling services, and the earning reporting requirements for POD



Information and referral

- Provide information and referral services to inform treatment group members about the benefit offset rules and refer beneficiaries to other service providers (such as an employment network or VR agency) for employment supports or vocational training



Individualized work incentive counseling services beyond information and referral

- Educate treatment group members through individualized work incentives counseling about how their earnings would affect their SSDI benefits under POD rules
- Help treatment group members with their monthly earnings and IRWE reporting to SSA to facilitate timely adjustment of benefits
- Assist treatment group members with filing requests for appeals and requests for waivers of overpayments and explaining notices from SSA (related to changes in benefit payments, notices of missing earnings information, or other communications)
- Support treatment group members as they transition out of POD and return to current rules

Treatment group members also had access to a POD website (www.podssa.org). This website included information about POD rules and resources. One important feature was an interactive tool that showed treatment group members how different earnings levels would affect SSDI benefits under the new POD rules.

Counselors offboarded all treatment group members at the end of the demonstration in 2021. The goal of the offboarding was to encourage a smooth transition back to current rules. As part of this process, counselors communicated how exiting POD would affect benefits and informed beneficiaries how to access work incentives and report earnings post-POD.

2. POD indirect units prompted, collected, and prepared earnings information that informed benefit adjustments

Abt Associates established indirect support units to facilitate informational outreach, the collection of earnings information, and benefit adjustments processing. These indirect support entities worked with other implementation partners to support the information sent to SSA by treatment group members.

²⁷ If treatment group members failed to report their earnings for a given month, the benefit offset was based on the most recent earnings reported, using an administrative process known as “last observation carried forward.”

Indirect support unit roles



The **POD central operations** unit coordinated all mailings to treatment group members. Each quarter, it mailed one of two items to all of them: (1) an earnings reporting packet to members whose earnings were recently above the POD threshold, or (2) a reminder letter about the reporting requirements to all other treatment group members. In addition, the unit sent annual outreach mailings to support the end-of-year reconciliation (EOYR) process. It also generated monitoring reports and data files from the IDS and managed the data transfers between Abt Associates, SSA, and Mathematica's evaluation team.



The **POD processing center** processed monthly reported earnings from treatment group members and any documentation that treatment group members submitted for the annual EOYR process. Treatment group members submitted their monthly earnings and IRWE to the POD processing center by mail, fax, or through the online earnings reporting portal. POD processing center staff conducted an initial review of all earnings and IRWE documentation to ensure the information was complete and accurate. They also worked with POD counselors to obtain more information from treatment group members, if necessary. The processing center created monthly earnings records that were captured in the IDS and transferred nightly to SSA for adjustment of benefits under the POD rules.



The **POD earnings support** unit reviewed a subset of monthly earnings records prepared by the POD processing center for quality assurance before the records were submitted to SSA. The unit prioritized reviewing records that contained claimed IRWEs, earnings from self-employment, annotated comments from the employed treatment group member, or had two or fewer reviews conducted on past submitted earnings records. The unit also provided technical assistance to POD counselors on treatment group members' earnings records, benefit adjustments, and overpayment situations, as well as on communications from SSA.

The indirect units included three entities (see text box). The POD central operations unit coordinated all outreach mailings, including reminder letters about earnings. The POD processing center processed the reported earnings by creating a record and conducting a review. The POD earnings support unit then formally reviewed a subset of the monthly earnings records for completeness and accuracy. If the earnings record was incorrect or incomplete, the POD earnings support unit created a referral in the POD Implementation Data System (IDS) (described below). The referral prompted the POD counselor or POD processing center staff to follow up and resolve the issue with the treatment group member. The POD earnings support unit then submitted complete and accurate records to SSA. SSA processed the records to adjust treatment group members' monthly SSDI benefit payments.

The indirect support units supported both the monthly processing of information and the annual end-of-year reconciliation (EOYR) process. After receiving earnings documentation from treatment group members, POD processing center staff took several steps each month to process the information before submitting it to SSA. First, staff date stamped the documentation and logged that it was received. Second, they scanned paper receipts to create electronic files and also uploaded electronic submissions sent by beneficiaries to the IDS. Third, they reviewed the documentation to ensure it was complete and accurate for the reporting month. Fourth, they created in the IDS a monthly earnings record that was securely submitted each night to SSA to apply the \$1-for-\$2 benefit adjustment. Finally, the submitted information informed the annual EOYR process when SSA assessed whether each treatment group member received too much or

too little in paid benefits under POD rules. Specifically, SSA used the POD automated data system to sum each treatment group member's monthly earnings reports submitted across all months in the year and compared them with the total annual gross earnings from Internal Revenue Service records. This allowed SSA to determine the SSDI benefits that should have been paid to each POD treatment group member during the previous calendar year and compare it to the actual amount of SSDI benefits paid; SSA then adjusted benefit payment amounts for the previous year.

3. The POD data systems facilitated coordination across implementation partners and helped administer the POD benefit offset

The POD data systems had three components that supported the implementation of POD counseling services and administration of the POD benefit offset (see text box). The three components included (1) the POD IDS (built and maintained by Abt Associates), (2) the online earnings reporting portal (a web-based form maintained by Abt Associates), and (3) the POD automated system (built and maintained by SSA). The POD data systems enabled POD counseling service providers and implementation partners to communicate securely, help treatment group members report earnings and IRWE, and monitor POD service delivery. In addition, POD treatment group members submitted their monthly earnings, which the IDS captured. POD earnings support staff reviewed and sent earnings records to SSA, and SSA staff administered the benefit offset.

POD data system components

- The **POD IDS** was a cloud-based system that allowed all implementation partners and the eight POD counseling providers to interact and share information securely. The IDS also tracked provision of benefits counseling and all communications between POD staff and treatment group members. The IDS supported the development of earnings records and flagged treatment group members whose earnings were over and under the POD threshold, which POD central operations and POD counselors used to inform their outreach efforts. Although the IDS contained comprehensive information about all treatment group members, users could access only information relevant to their role and site.
- Treatment group members used an **online earnings reporting portal**, a web-based form (portal.ssapod.org), to submit their monthly earnings and IRWEs. The POD website (podssa.org) contained a link to the reporting portal, information on how treatment group members could report their earnings and IRWEs, and an instructional video to guide users when submitting an earnings record.
- SSA maintained a **POD automated system**, a computer system that accepted IDS data files with earnings information necessary to administer the POD benefit offset. When the POD automated system received an earnings report from the IDS, it calculated the offset amount, retrieved information from SSA program records, and determined whether the case could be processed automatically on the basis of the beneficiary's monthly earnings, IRWE, and monthly benefit amount.

4. SSA implemented the benefit offset after receiving information from the POD implementation team

SSA adjusted monthly SSDI benefit amounts for POD treatment group members based on the monthly earnings records created by the POD processing center. SSA used the earnings records

to calculate and apply the POD benefit offset.²⁸ When the POD automated system received the earnings record from the IDS, the data system calculated the offset amount, retrieved information from SSA program records, and automatically adjusted the monthly benefit payment on the basis of the beneficiary's earnings IRWE and monthly benefit amount. Benefits were *partially* offset if their monthly benefit amount was greater than or equal to \$1 after the benefit adjustment was applied. In contrast, benefits were *fully* offset if their monthly benefit amount was reduced to \$0.

The timeliness of monthly earnings submission is an important issue we cover later in the report as it directly relates to benefit adjustments. As an example of this process, earnings documentation for a given reporting month (say, October) was due to be submitted to SSA by the sixth of the following month (November). The adjustment affected the benefit amount due for that month (November), which was then reflected in the subsequent month's benefit payment (December). SSA also adjusted benefits during the annual EOYR process in cases where beneficiaries were found to have received too little or too much in paid benefits under POD rules.

C. Who enrolled in POD?

In this section, we provide an overview of the SSDI beneficiaries who enrolled in POD. The information draws on the analysis and findings presented in the POD recruitment and random assignment report (Hock et al. 2020a). The number of beneficiaries who enrolled in POD was driven mainly by the size of the solicitation pool in each POD state. SSDI beneficiaries who volunteered to enroll in POD were more connected to work before enrollment compared with those who did not enroll. Among those enrolled in POD, treatment and control group members were, on average, equivalent in their characteristics at the time of enrollment, which laid the foundation for generating unbiased estimates of POD's impacts.

1. Recruitment efforts resulted in 10,070 POD enrollees

POD recruitment efforts relied on a combination of direct and indirect outreach to all eligible SSDI beneficiaries in the POD states. This outreach included mailing recruitment packets, maintaining a toll-free telephone line and website, and sharing information with organizations serving people with disabilities.

SSA established eligibility criteria before sending the initial mailings to beneficiaries (see text box). In general, beneficiaries who resided in POD states and were between the ages of 20 and 62 were eligible for a mailing.

The evaluation team sent enrollment materials (a consent form and a baseline survey) to eligible beneficiaries. Beneficiaries needed to send back the enrollment materials to be eligible for enrollment. Mathematica rechecked that the beneficiaries continued to meet the POD eligibility requirements (noted in the text box). If eligible, Mathematica's evaluation team enrolled

²⁸ Some special cases required manual adjustments. Cases that could not be processed automatically included those for dually entitled beneficiaries or those for enrollees whose benefits were currently suspended for a reason other than work. If the POD automated data system could not automatically process the case, the system generated a processing limitation, at which point staff within SSA's processing centers worked the case manually and updated the POD automated system with the offset determination.

beneficiaries and randomly assigned them to either one of two treatment groups or a control group. They then notified the Abt Associates implementation team about the new enrollee.

POD recruitment efforts resulted in 10,070 SSDI beneficiaries enrolling in the demonstration.²⁹ This number represented 2.4 percent of the 419,414 eligible beneficiaries in the POD implementation areas, which were included in POD direct outreach.

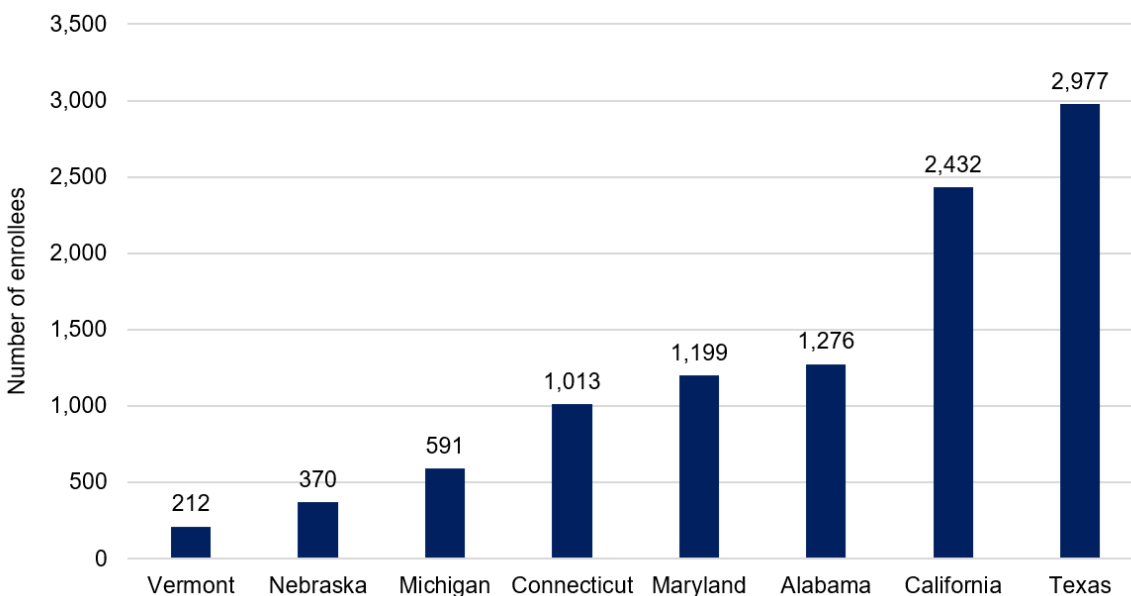
2. More than half of POD enrollees resided in California and Texas

Most POD enrollees resided in California or Texas. The share of POD enrollees in those two states was about 54 percent (Exhibit III.3). California and Texas produced the largest numbers of POD enrollees because they contained the largest numbers of beneficiaries in the POD solicitation pool. The large number of enrollees from California and Texas meant that results from these states had the potential to strongly influence overall findings.

Beneficiary eligibility criteria for POD enrollment

- Reside in a POD state or selected counties within a POD state
- Be in current pay status or have benefits suspended due to earnings
- Have an SSDI entitlement as a primary beneficiary (that is, as a disabled worker), with or without a concurrent SSI entitlement
- Do not have a second type of SSDI entitlement (for example, as a disabled adult child or disabled widow beneficiary)
- Be age 20 or older by September 2017 and younger than age 62 by June 2021
- Do not have any pending Work Continuing Disability Reviews
- Have low Work Smart ratings based on an SSA model that uses program data to prioritize future Work Continuing Disability Reviews according to the likelihood of beneficiaries receiving work-related overpayments
- Not be assigned to the SSA international payment center
- Have not participated in another SSA demonstration

²⁹ As described in Wittenburg et al. (2018), the initial enrollment target for the demonstration was 15,000. However, in response to lower-than-anticipated enrollment rates observed at the start of the demonstration, SSA refined the recruitment process and revised the target to 9,000 enrollees. The evaluation team continued recruitment efforts and, in later waves, added additional reminders to support recruitment (Hock et al. 2020b). Ultimately, the number of beneficiaries who enrolled in POD (10,070), exceeded the revised target.

Exhibit III.3. Number of POD enrollees by state

Source: Hock et al. (2020a) based on data from Mathematica’s POD recruitment and enrollment system.

POD enrollment rates varied slightly across the eight states. The state-level enrollment rates ranged from less than 2 percent in Alabama to just above 3 percent in Nebraska and Vermont.³⁰ In Hock et al. (2020a), we also found a particularly strong state-level correlation between POD enrollment rates and employment rates among people with disabilities. Thus, states that had more beneficiaries with interest in work had more beneficiaries interested in POD, underscoring the importance of local area economic factors.

3. POD enrollees represent a selected subset of SSDI beneficiaries with stronger connections to work

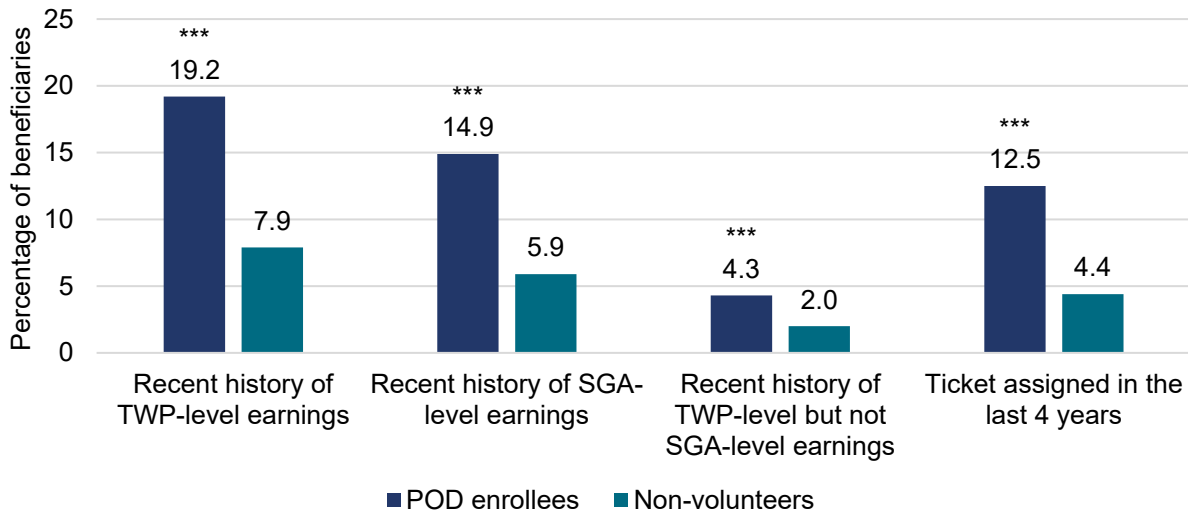
POD enrollees had stronger connections to work relative to beneficiaries who did not volunteer for POD (Exhibit III.4). For example, 15 percent of POD enrollees had earnings at or above the SGA amount since 2014, which was about 2.5 times the rate for non-volunteers. The POD enrollment rate was also disproportionately high for those who had earnings at or above the TWP amount since 2014. Similarly, we found that beneficiaries with TWP-level earnings and no SGA-level earnings since 2014 were overrepresented among POD enrollees. Finally, a higher share of the POD enrollees than non-volunteers had a ticket assigned under the Ticket-to-Work program in the last four years, which could signal preparations for or interest in returning to work.³¹ POD enrollees and non-volunteers also differed along other characteristics, though many of these

³⁰ We present the enrollment rates for each state in [Appendix Exhibit B.4](#)

³¹ The Ticket-to-Work program connects beneficiaries to free employment services to help them decide whether they want to return to work and help beneficiaries prepare for work, find a job, or maintain success while working. If beneficiaries choose to participate, they can assign a ticket to receive services such as career counseling, VR, and job placement and training from authorized Ticket-to-Work service providers, such as employment networks or their state’s VR agency (see www.ssa.gov/work/home.html).

differences may also stem from enrollees’ stronger connection to work.³² For example, POD enrollees were younger than non-volunteers, though work-oriented SSDI beneficiaries also tend to be younger (Livermore et al. 2011).

Exhibit III.4. Connection to work: POD enrollees versus non-volunteers



Source: Hock et al. (2020a) based on data from Mathematica’s POD recruitment and enrollment system.

Note: All connection-to-work indicators are measured at the time of POD enrollment. A “recent history of earnings” refers to any monthly earnings at the designated amount since 2014. [Appendix Exhibit B.7](#) provides more details about this analysis.

***/**/* indicate a statistically significant difference between POD enrollees and non-volunteers at the 1/5/10 percent level.

POD treatment and control groups were balanced along with the key observable characteristics (Exhibit III.5). The recruitment, enrollment, and random assignment processes for POD resulted in treatment and control groups that were fundamentally equivalent at enrollment, though slight differences were observed across a few measures. The equivalence underscores the potential for POD’s random assignment design to produce rigorous impact estimates. Specifically, POD enrollees randomly assigned to the control group are a good benchmark for how enrollees assigned to POD treatment groups might have fared under current SSDI rules. Hence, we interpret the differences in outcomes between treatment and control groups shown in Chapter VII as the causal impacts of POD.

³² [Appendix Exhibit B.5](#) provides a detailed comparison of POD enrollees and non-volunteers across a range of demographic, program, and employment characteristics.

Exhibit III.5. Characteristics of POD treatment and control groups at enrollment

Variable	Average for study group			p-value
	T1	T2	C	
Number of beneficiaries	3,343	3,357	3,370	
Gender and age				
Female	56.0	54.4	54.5	0.329
Mean age (years)	47.4	47.4	47.4	0.951
Primary diagnosis				
Neoplasms	2.9	2.9	2.9	0.884
Mental disorders	38.2	37.7	39.0	
Intellectual disabilities	2.5	2.6	2.7	
Back or musculoskeletal system	20.3	19.9	20.4	
Nervous system disorders	6.3	6.6	6.1	
Circulatory system disorders	5.2	6.1	6.0	
Genitourinary system disorders	4.0	4.6	4.1	
Injuries	3.8	3.9	3.8	
Respiratory	2.0	1.5	1.7	
Several visual impairments	2.3	2.4	2.3	
Digestive system	1.3	1.6	1.5	
Other impairments	11.1	10.4	9.5	
Beneficiary program characteristics				
Mean SSDI duration (months)	112.5	114.0	115.5	0.284
Monthly SSDI benefits (\$)	1,038	1,033	1,033	0.872
Has representative payee	6.8	6.4	7.4	0.283
Concurrent SSI receipt	17.7	19.0	17.8	0.271
Employment history				
Recent history of TWP-level earnings	18.5	19.5	19.5	0.404
Recent history of SGA-level earnings	14.3	15.2	15.3	0.345
Had a Ticket assigned in last four years	12.4	13.2	12.0	0.331
Work status at baseline				
Currently employed	24.6	23.3	25.1	0.215
Seeking work	24.3	23.5	23.5	
Neither employed nor seeking work	51.1	53.2	51.4	
Monthly earnings over \$1,000	12.9	13.2	13.0	0.954
Expects to work in the next year ^a	62.3	60.3	61.0	0.206
Agrees with statement:				
Difficult to work because fear losing disability cash benefits	59.3	56.2	57.4	0.033
Difficult to work because of a physical or mental condition	89.7	89.3	88.2	0.107
Difficult to work because of unreliable transportation	35.5	34.3	33.6	0.266
Difficult to work because caring for children	15.6	15.9	16.4	0.669
Difficult to work because don't have needed skills or training	32.1	31.5	32.2	0.809

Source: Authors' calculations using Mathematica's POD recruitment and enrollment system, SSA program records, Abt Associates' Implementation Data System, and the POD baseline survey.

Note: Unless otherwise noted, all table entries are percentages. The *p*-values in the final column of the table are based on joint tests for differences between the T1, T2, and C groups. These tests compare means for continuous variables, proportions for binary variables, and distributions for multi-valued categorical variables. [Appendix Exhibits B.6–B.9](#) provide more details about this analysis.

^a If beneficiaries' survey responses indicated that they were somewhat likely or very likely to work in the next 12 months, we categorized them as expecting to work in the next year. Otherwise, if beneficiaries' survey responses indicated that they were not very likely or not at all likely to work in the next 12 months, we categorized them as not expecting to work in the next year.

D. How did the pandemic influence POD implementation?

The pandemic affected POD in two important ways. First, it compelled SSA to make operational changes across all programs, including POD. The goal of these changes was to protect beneficiaries from any adverse effects to operations changes, including field office closures. The administrative changes affected both treatment and control group members, though not in ways that influenced the incentives (including the offset test) for the demonstration. Second, the pandemic affected the economic environment. The infection rates of the pandemic varied by state, though, as we show below, there was a substantial dip in aggregate employment in all states. Below, we summarize the key changes that SSA made in response to the pandemic and describe how the economic consequences of the pandemic might have affected POD enrollees.

1. SSA made administrative changes to requirements for reporting that affected the treatment and control group, but POD rules essentially remained the same

SSA took actions at the start of the pandemic in March 2020 that affected all of its programs. First, in mid-March 2020, SSA closed more than 1,200 local field offices to in-person service and reprioritized workloads to focus on those that were critical to the public.³³ Similarly, POD's implementation team made changes to allow remote work to serve treatment group members. Second, SSA issued an agency directive known as the interim final rule that added protections for benefit payments and eligibility for all SSDI beneficiaries (including POD treatment group members) during the early phase of the pandemic (Federal Register 2020). This directive aimed to stop actions that could have resulted in a reduction, suspension, or termination of benefits or payments under the SSI and SSDI programs. The final rule also ensured that beneficiaries were not adversely affected by SSA's actions during the period of the public health emergency: March 1, 2020, through September 30, 2020 (Federal Register 2020).







The implementation team also made changes to serve treatment group members. First, similar to SSA, the implementation team started to allow remote work.³⁴ In addition, POD counselors called all treatment group members in the early phase of the pandemic to offer support, connect them to area resources, and inquire about changes in their employment status.

³³ This closure lasted until August 31, 2020, when SSA resumed activities.

³⁴ Abt Associates reduced the number of staff working on-site in POD central operations and transitioned others to work remotely from home. Abt Associates closed the POD processing center and enabled employees to work remotely; supervisors were provided with equipment to facilitate secure earnings processing. In qualitative interviews, staff noted processing earnings took one or two days longer in the remote work environment.

To comply with the interim final rule directive, SSA and the implementation team implemented several changes to protect against any adverse effects in administrative processing (Exhibit III.6).³⁵ The general effect of these changes allowed beneficiaries in the control and treatment group more flexibility to report earnings (such as reporting over the phone). In addition, SSA postponed several features that could create overpayments or suspensions due to earnings delays (for example, delaying termination for the T2 group and delaying the work CDR process for the control group).

Exhibit III.6. Program changes implemented during the pandemic

	Allowed verbal reporting of monthly earnings (Ch. IV)	←	POD treatment group members	SSA and Abt Associates modified POD processes to allow treatment group members to report their earnings verbally for the current reporting month
	Withheld submission of monthly earnings records (Ch. IV)	←	POD treatment group members	Abt Associates withheld submitting monthly earnings records to SSA that would have resulted in an overpayment
	Postponed 2019 EOYR process to delay identification of overpayments (Ch. IV)	←	POD treatment group members	SSA postponed the 2019 EOYR process from August to October 2020 to delay identification of overpayments
	Delayed termination of T2 group members' benefits	←	T2 group members in full offset for 12 consecutive months	SSA delayed termination of T2 group members' benefits after 12 consecutive months in full offset
	Delayed work CDR processing and termination of benefits	←	SSDI beneficiaries	SSA delayed processing of work CDRs and termination of SSDI benefits resulting from medical improvement
	Used simplified waiver process (Ch. V)	←	SSI and SSDI beneficiaries	SSA used a simplified waiver process for beneficiaries who requested waiver of recovery of a qualifying overpayment debt

³⁵ The specific changes for the treatment group included (1) allowing beneficiaries to verbally report their earnings to the POD call center or their POD counselor and submit earnings documentation later to the project; (2) withholding submitted late earnings records to SSA (past the deadline of the sixth of the following month) that would have resulted in an overpayment, to avoid imposing a financial hardship on treatment group members; (3) postponing the 2019 EOYR process to delay identification of overpayments, allowing beneficiaries more time to gather and submit earnings documentation; and (4) delaying the termination of T2 group members' benefits after 12 consecutive months in full offset to avoid adversely affecting beneficiaries during the public health emergency.

Changes for all beneficiaries (including the control group) included (1) delaying the processing of selected workloads, such as work CDRs, and (2) suspending the collection of all overpayment debts incurred from March 1 to September 30, 2020, and for those who owed an overpayment, simplifying the process through which all SSI and SSDI beneficiaries could request a waiver. The simplified waiver process enabled SSA to process qualifying overpayments efficiently and provide relief to those beneficiaries who were affected by SSA's response to the pandemic (Federal Register 2020).

2. The pandemic substantially influenced the economic environment of POD enrollees

The pandemic had substantial adverse economic effects throughout the country. Numerous states shut down their economies, and the country entered a recession for the first time since 2009. The effect of the pandemic on the economy affected the job opportunities of workers with disabilities.

People with disabilities, including POD enrollees, were likely employed in industries most adversely affected by the recession, such as retail and food service.³⁶ These industries saw job losses early in the pandemic, but they experienced job gains as pandemic-related restrictions were lifted (BLS 2021b). For example, the leisure and hospitality industry (which includes accommodation and food services) had a 48.6 percent decline in employment between February and April 2020 and a 51.1 percent increase in employment between April and December 2020. Retail trade experienced a 15.2 percent decline in employment between February and April 2020 but switched to a 14.5 percent increase between April and December 2020 (BLS 2021a). Thus, in these industries, people with disabilities who lost their jobs in early 2020 may have found employment as the year progressed; the changing economic environment may have contributed to POD enrollees' mixed experiences in their earnings and employment outcomes (as described in Chapter VII).

During the pandemic, some people with disabilities who did not lose their jobs faced hurdles in remaining employed. Workers in customer-facing roles (who could not work remotely) were at increased risk of contracting COVID-19. Some people with disabilities had underlying medical conditions that put them at greater risk of contracting and experiencing complications from COVID-19, which may have led them to leave their jobs to avoid contracting the virus (Rabin 2020; Centers for Disease Control and Prevention 2021). Similarly, some workers with disabilities who lived in multi-family houses chose to leave their jobs to avoid spreading the virus to their housemates (Meyersohn 2020).

The economic environment in all POD states was affected by the pandemic, but some states were affected more severely than others. Unemployment rates in most POD states rose sharply during the early phase of the pandemic; this general trend mirrored the national unemployment rate, which peaked at 14.4 percent in April 2020.³⁷ However, the peak unemployment rate in April 2020 was higher than the national average in California, Michigan, and Vermont, but it was much lower than the national average in Connecticut, Maryland, and Nebraska. By December 2020, the unemployment rates in all POD states declined substantially, though they were still higher than the pre-recession levels of February 2020.

POD states also saw differences when the pandemic most severely affected their state. During the early phase of the pandemic in April 2020, the highest spikes in reported COVID-19 cases per 100,000 residents (7-day average) were observed in Connecticut (30.9) and Maryland

³⁶ [Appendix Exhibit B.2](#) presents the industries that were reported by POD supervisors to have employed people with disabilities in early 2020.

³⁷ [Appendix Exhibits B.2](#) and [B.3](#) show trends in unemployment rates in the United States and POD states from February through December 2020.

(16.1)—much higher than the national average of 9.6.³⁸ In December 2020, California (126.9), Nebraska (103.8), and Michigan (94.1) saw the highest spikes in average case counts, surpassing the national average (65.9). Finally, while POD states varied in the swiftness and scope of approaches to mitigate transmission of the virus, most POD states implemented measures to control the spread of the virus in March 2020, such as imposing a mandatory stay-at-home order; closing schools and non-essential businesses; and limiting capacity at bars, restaurants, and public spaces (Schulte 2020).

³⁸ [Appendix Exhibits B. 10](#) and [B.11](#) show the 7-day average COVID-19 cases and fatalities per 100,000 residents, respectively, in each POD state from March 2020 through December 2020.

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IV. HOW WERE POD COUNSELING SERVICES IMPLEMENTED?

Upon enrollment, POD counselors delivered services to help support treatment group members to understand POD rules and develop employment and earnings goals. They tailored the services based on the needs of individual treatment group members.

As described in Chapter III, POD counselors delivered three types of services. First, upon enrollment, POD counselors conducted an *informational contact*. They attempted to contact each treatment group member to provide an overview of the POD rules and collect demographic, health, and employment-related information. Second, POD counselors provided *information and referral (I&R)*. They referred treatment group members to employment services (for example, VR) and other programs (such as Medicaid). Finally, the most intensive services were *individualized work incentive counseling services beyond I&R*. As part of these services, POD counselors reached out to treatment group members to help them make choices about their employment and earnings. To those who responded, POD counselors provided information on the POD rules, the earnings reporting, and the benefit offset.

In this chapter, we describe the delivery of these POD counseling services using a mix of program data on service usage and qualitative data collected from two rounds of interviews with implementation stakeholders.³⁹ We first describe POD counselor staffing and then summarize treatment group members' engagement in the three types of POD counseling services for three years (from the month after first enrollment in February 2018 through December 2020). Finally, we identify factors (facilitators and barriers) that might have influenced service delivery. To identify these factors, we used the Consolidated Framework for Implementation Research to guide our analysis of qualitative interviews with implementation stakeholders. In Appendix C, we discuss how we used this framework and describe our approaches to analyzing qualitative and quantitative data.

KEY FINDINGS

- POD counselor staffing and caseloads were stable, though both varied across states.
- Over 80 percent of treatment group members received either I&R or individualized work incentive counseling services beyond I&R.
- Work-oriented treatment group members used more intensive services.
- POD counselors verified earnings and benefits amounts and explained how earnings might affect benefits under the new POD rules.
- The efficient delivery of counseling services was facilitated by POD counselors' increasing familiarity over time with POD rules and operations and with the needs and preferences of treatment group members.
- POD counselors faced challenges engaging with treatment group members who lacked interest in working or were skeptical of POD. Another barrier was delayed access to benefits documentation from implementation partners, which was a challenge to timely communication with treatment group members.

³⁹ [Appendix Exhibits C.1](#), [C.2](#), and [C.3](#) provide details on how we analyzed the data collected from the qualitative interviews with implementation stakeholders.

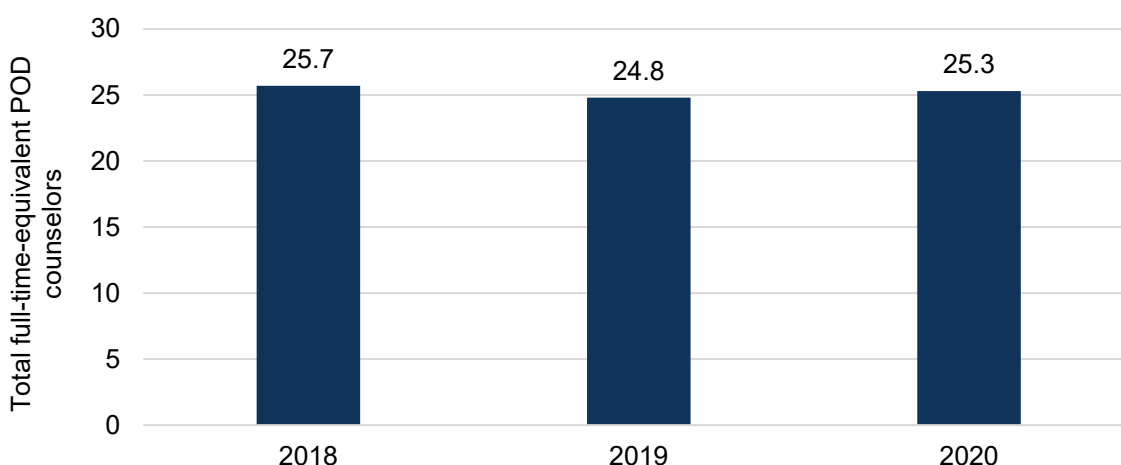
A. How did POD counselor staffing vary across POD states?

The implementation team recruited and trained POD counselors to deliver POD counseling services in each implementation state. The number of full-time equivalent (FTE) POD counselors varied, with larger states having more. There was some variation across states in the ratios of POD counselors to treatment group members. Below we provide more details on POD counselor staffing throughout the demonstration.

1. Staffing levels within each state remained relatively stable despite some turnover

The total number of FTE POD counselors remained stable throughout the demonstration (Exhibit IV.1): about 25 per year. The levels of FTEs varied across states, generally with caseload size. For example, across all years, Vermont, the state with the lowest enrollment, had just under one FTE, whereas Texas, the state with the highest enrollment, had about six.⁴⁰

Exhibit IV.1. Total number of full-time-equivalent POD counselors, by year



Source: Email correspondence with Sarah Gibson from Abt Associates dated May 6, 2021, communicating updated staffing levels as of December 2020.

POD counselors reported having to adapt to staff turnover, particularly at the beginning and end of the demonstration. During project start-up, some states experienced POD counselor turnover because counselors had not obtained POD counseling certification.⁴¹ In these cases,

“Yes, because I was given a whole slew of new ones [POD cases], plus the ones already in place.”
 —POD counselor responding to a question about whether they experienced delays reaching out to treatment group members after absorbing a departed counselor’s caseload

⁴⁰ [Appendix Exhibit C.4](#) presents the number of FTE POD counselors in each state in 2018, 2019, and 2020. The level of FTE POD counselors was lowest in Vermont (0.2, 0.7, and 0.9 in 2018, 2019, and 2020, respectively) and highest in Texas (5.8, 6.0, and 6.0 in 2018, 2019, and 2020, respectively).

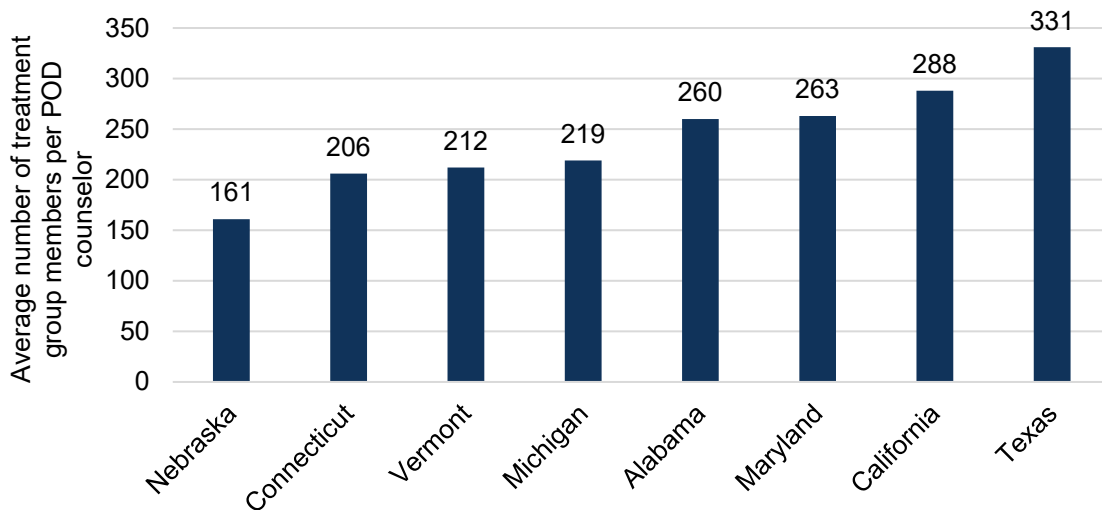
⁴¹ All POD counselors were required to be trained and certified in the SSA-approved community work incentives coordinator training program. The certification is administered by the SSA-supported National Training and Data Center at Virginia Commonwealth University. Some staff did not pass the required Community Work Incentives Coordinator certification following intensive training and therefore could not serve as POD counselors.

the states reassigned departing counselors’ caseloads to new counselors. POD counselors reported that the increase in their caseload and the time it took to establish rapport with reassigned treatment group members resulted in delays in reaching out to new treatment group members during enrollment.⁴² During the pandemic, a few states also experienced turnover toward the end of the demonstration. POD supervisors in these states noted that remaining counselors were able to absorb those counselors’ caseloads. In some cases, supervisors increased counselors’ hours. In others, they rebalanced workloads in response to the decreased need for counseling services.

2. The average caseload for each FTE POD counselor was over 200 treatment group members in all but one state

In most states, the average caseload across FTE POD counselors was over 200 treatment group members (Exhibit IV.2).⁴³ The two largest states (Texas and California) had the largest caseloads per FTE. These states had notably more enrollees than other states (see Chapter III), which contributed to the higher caseloads. Despite these state differences, POD counselors reported that their caseloads were manageable during times when there was not staff turnover.

Exhibit IV.2. Average caseload per full-time-equivalent POD counselor, by state



Source: Abt Associates’ Implementation Data System.

Note: States are sorted from lowest to highest average caseload per POD counselor.

⁴² POD counselors were required to make at least four attempts to reach newly enrolled treatment group members by phone, including two calls within the week after random assignment and two calls in the following two weeks, as described in the POD counselor role-based manual, Version 1.4, developed by Abt Associates and Virginia Commonwealth University (April 5, 2018).

⁴³ [Appendix Exhibit C.5](#) presents statistics for the average caseload per FTE POD counselor in each state in 2018, 2019, and 2020.

B. How did treatment group members engage in counseling services?

The level of engagement in POD counseling services varied with the needs of the treatment group members, especially those related to employment. In general, all treatment group members received an informational contact; they also received individualized work incentive counseling services beyond I&R if they were employed or interested in work.⁴⁴

1. Most treatment group members engaged in POD counseling services

The majority of treatment group members used POD counseling services (Exhibit IV.3). Almost all (over 99 percent) received at least one of the three types of POD counseling services. The median number of counseling contacts per treatment group member was 9.0, and the mean was 13.0.⁴⁵ This near-universal engagement represents an important structure of POD services: POD counselors provided treatment group members with an immediate informational contact upon enrollment and I&R services after intake for those who wanted it.

“If the person then says, ‘Well, I’m not going to work right now, so I’m not going to need your services.’ or, ‘I’m not interested in your counseling services.’ Then they would stay in I&R. . . They’re in I&R but they are not interested in pursuing work right now.”

—Technical assistance liaison

Nearly one in five (18 percent) treatment group members received only an informational contact (and did not receive I&R). Such contacts took place during initial onboarding when counselors introduced POD and collected demographic, health, and employment-related information. Based on this information, POD counselors assessed whether each treatment group member was likely to require I&R services only or individualized work incentive counseling services beyond I&R.⁴⁶

Over a third (35 percent) of treatment group members received both I&R services and an informational contact. The I&R services included the POD counselor providing an overview of the POD rules tailored to the treatment group member’s specific group (T1 or T2) and encouraging them to increase their earnings. The POD counselor also gathered information about the treatment group member’s employment status and other needs and used this information to refer them to employment services and supports in their area. Examples of these services and supports included Ticket to Work, Employment Networks, job centers, food banks, affordable housing services, and programs that aid in paying for utilities.

⁴⁴ [Appendix Exhibit C.6](#) describes each type of POD counseling service and identifies treatment group members likely to use it. [Appendix Exhibit C.7](#) presents statistics for the type of services these members use.

⁴⁵ [Appendix Exhibit C.8](#) presents the distribution of counseling contacts per treatment group member.

⁴⁶ The need for individualized work incentive counseling services beyond I&R depended on the treatment group members’ work status or interest in work. The counselor updated their assessment if there were changes in that area, as described in the POD counselor role-based manual, Version 1.4, developed by Abt Associates and Virginia Commonwealth University (April 5, 2018).

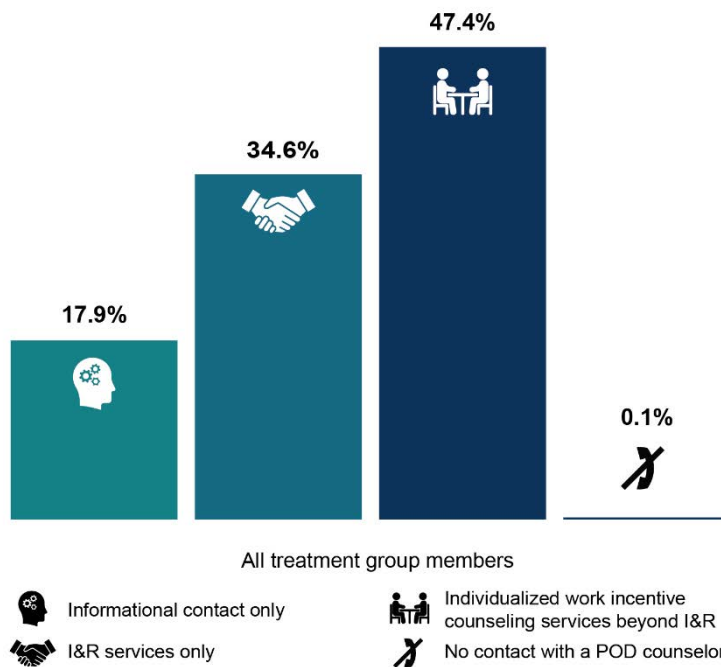
Nearly half (48 percent) of treatment group members received individualized work incentive counseling services beyond I&R. As a first step in customizing these services, POD counselors ordered a benefits summary and analysis (BS&A) report.⁴⁷ The POD counselor used the BS&A to explain what

“The number one need that beneficiaries present for I&R is a connection to employment services and supports. They want to work. They have a number of barriers to working, so they need the services from an agency to be able to set a career goal. Once they’ve determined a career goal, they might need support services in order to achieve it, so [POD counselors do] a good job of connecting people to employment services and supports.”

—Technical assistance liaison

happened to the benefits of treatment group members if they increased their earnings over the POD threshold. POD counselors also provided other services to treatment group members who were working, including help with earnings reporting, appeals in response to changes made to benefits payments, and navigating overpayment notices.

Exhibit IV.3. Types of POD counseling services used through December 2020



Source: Abt Associates’ Implementation Data System

⁴⁷ [Appendix Exhibit C.6](#) provides details about the BS&A, and Section III.C includes a detailed description of the process for completing a BS&A.

2. Treatment group member contacts with POD counselors were relatively stable

POD counselors contacted between 15 and 21 percent of treatment group members monthly (Exhibit IV.4).⁴⁸ In general, offset users had more contact with their counselor on an ongoing basis than other treatment group members.⁴⁹ POD counselors reported sending regular reminders about the importance of reporting their earnings on time to those working, especially to avoid an overpayment. POD counselors also noted that treatment group members' needs for counseling contacts cycled because their work status changed.

One factor that increased counseling contacts was the EOYR. The first EOYR occurred in August 2019. SSA required all EOYR documentation by July 31, 2019, which may explain the uptick in contacts in June and July 2019 (22 and 24 percent, respectively). POD counselors said that during this interval, they reached out to certain treatment group members for whom EOYR documentation was more complex, including those who were self-employed and those who had terminated or withdrawn from POD for medical reasons.⁵⁰

There was a more substantial spike in counseling contacts during the initial months of the pandemic (April and May 2020). POD counselors connected with 38 percent of treatment group members. During this outreach, counselors checked on the well-being of treatment group members. They also provided information about a range of available resources (such as unemployment benefits, food banks, and utility assistance).

POD counselors prioritized outreach to treatment group members whose employment or earnings status had changed during the early phase of the pandemic. For treatment group members who stopped working or reduced their hours, POD counselors provided information about eligibility for unemployment benefits and connected them to local resources. POD counselors also reported providing all treatment group members with information on a range of topics unrelated to POD rules, including the Supplemental Nutrition Assistance Program, Medicaid and Medicare, rental and housing subsidies, resources for paying utilities, and benefits for family members. They noted helping treatment group members navigate services delayed or closed by the pandemic, such as Ticket-to-Work service providers, Employment Networks, and job centers. A few POD counselors noted that they provided emotional support to treatment group members who were worried about contracting COVID-19 or who did contract it and were temporarily unable to work.

⁴⁸ A typical month in the demonstration occurs after the enrollment period (January 2018 through January 2019), when POD counselors were enrolling treatment group members into their caseloads and before the pandemic, which began in March 2020. [Appendix Exhibit C.9](#) presents the percentage of treatment group members who received a counseling contact each month, starting in January 2018.

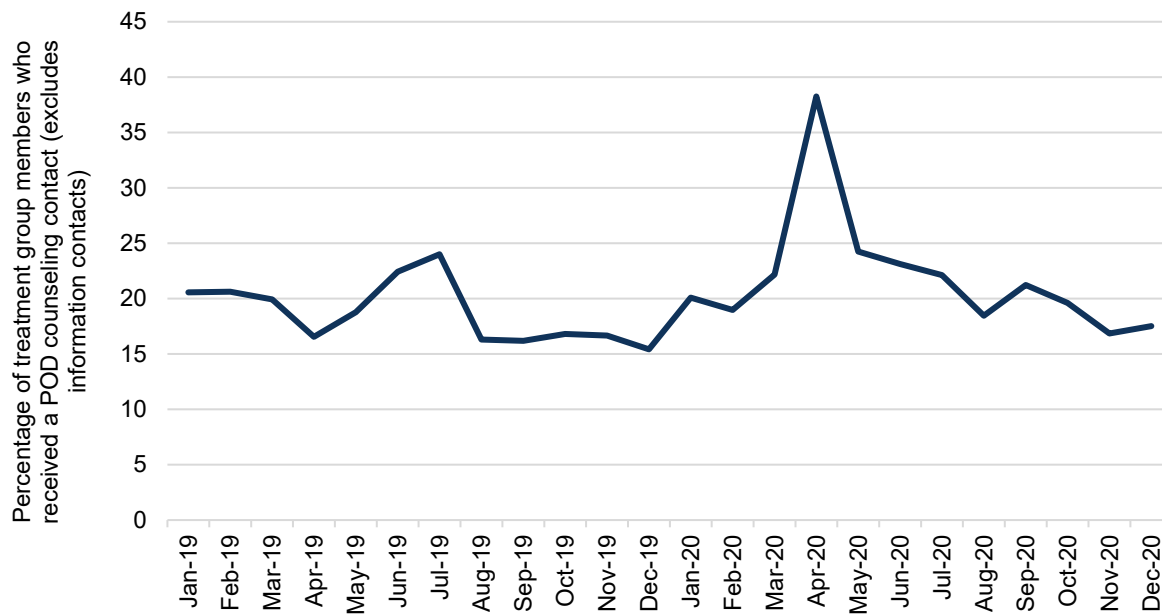
⁴⁹ [Appendix Exhibit C.10](#) presents perceptions of usefulness of POD counseling services among a sample of POD treatment group members.

⁵⁰ Abt Associates staff in the POD call center reached out to the other treatment group members who had not responded to mailings requesting documentation for the EOYR.

“... [because of the pandemic,] I do make more contact, because I need to see whether there are any problems. For example, those people who are working, sometimes I called them twice a month. If they say something they are afraid of or they might have transportation problems, things like that, I don’t leave them like that. I just call them again and again. I try to find a way of helping them, or [help them] help themselves. So, I have more calls during COVID.”

- POD counselor

Exhibit IV.4. Receipt of counseling contacts over time, January 2019 to December 2020



Source: Abt Associates’ Implementation Data System, May 2021.

Note: This exhibit includes only counseling contacts made after the enrollment period ended in January 2019.

3. Work-oriented treatment group members used more intensive services

Treatment group members who had some connection to work at enrollment (referred to as *work oriented*) used more services than other treatment group members (Exhibit IV.5). We define them as being work oriented at enrollment if they were working or looking for work at the time they enrolled in POD. Of the 46 percent who were work oriented at enrollment, more than half (58 percent) engaged in individualized work incentive counseling services beyond I&R. Of the 50 percent who were not work oriented at enrollment, a smaller share (38 percent) engaged in individualized work incentive counseling services beyond I&R.⁵¹ These differences were statistically significant.

⁵¹ Employment status at enrollment was missing for 4 percent of treatment group members.

We also find similar patterns of more intensive usage of services among eventual offset users.⁵² Specifically, we find statistically significantly higher use of more intensive services, such as being engaged in individualized work incentive counseling services beyond I&R.

Exhibit IV.5. POD counseling service use through December 2020, by work-orientation status at enrollment



Source: Abt Associates’ Implementation Data System and POD baseline survey.

Note: The “work-oriented at enrollment” group includes 3,059 sample members, and the “not working and not looking for work” group includes 3,337 members. The figure excludes the 304 sample members who were missing information on employment status at enrollment.

***/**/* indicate a statistically significant difference between offset users and non-users at the 1/5/10 percent level.

4. Treatment group members’ use of POD counseling services varied across states

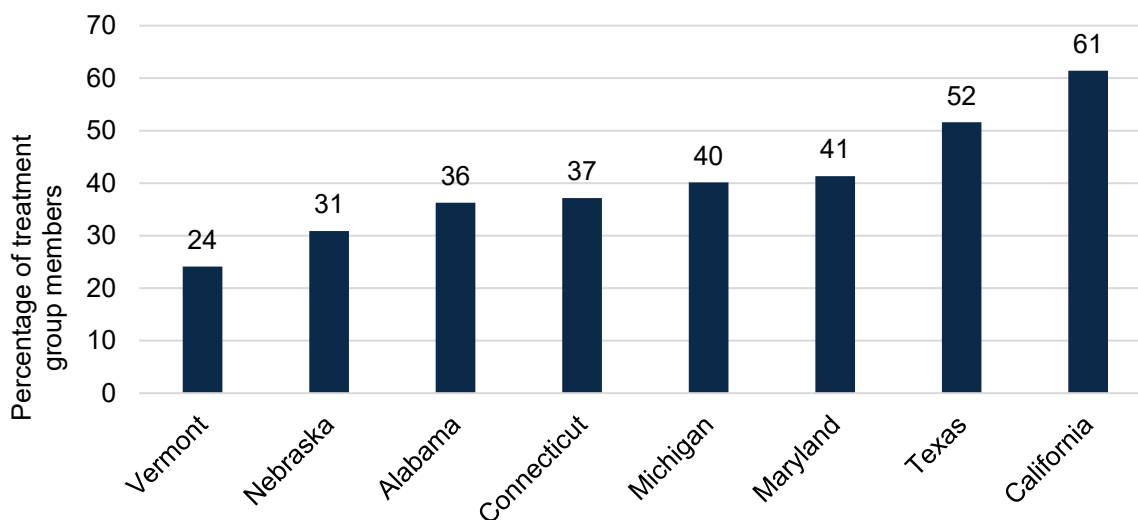
The use of POD counseling services by treatment group members varied by states (Exhibit IV.6).⁵³ California and Texas had the highest percentage of treatment group members who used individualized work incentive counseling beyond I&R (61 and 52 percent, respectively). Nebraska and Vermont had the lowest percentages of treatment group members who used individualized work incentive counseling beyond I&R (31 and 24 percent, respectively).

⁵² [Appendix Exhibit C.11](#) presents statistics for the type of services treatment group members used.

⁵³ [Appendix Exhibit C.12](#) presents statistics for the percentage of treatment group members who received each type of service in each state.

These differences persist after accounting for treatment group member characteristics, such as work orientation. The factors driving the differences could reflect differences in the state entities delivering services (such as differences between WIPA and VR agencies). They might also reflect differences within the states themselves outlined in Chapter III, such as state economic conditions or the availability of other supports within the state. In the impact analyses in Chapter VII, we assess whether any state differences, including these POD counseling differences, influenced eventual outcomes.

Exhibit IV.6. Treatment group members’ use of individualized work incentive counseling services beyond information and referral, by state



Source: Abt Associates’ Implementation Data System

Note: States are sorted from lowest to highest use of individualized work incentive counseling services beyond information and referral.

C. What facilitators and barriers did POD counselors face in their delivery of services?

For each of the services above, we identified facilitators and barriers to delivery. Below we describe findings from general service delivery and each of the three POD counseling service components (informational contact, I&R, and individualized work incentive counseling services beyond I&R). We use bolded text to identify themes from our qualitative findings.

1. POD counseling services overall

Treatment group members reported strong satisfaction with services. Most reported that their POD counselor was encouraging and easy to contact when they had questions. They described their counselors as informative, helpful, and supportive. For example, treatment group members said counselor assistance with earnings reporting helped them

“Can I just say that my POD counselor was fantastic? Anything that came up, I could call him. He would return my call, if not immediately, the next day.... He knew what he was doing, and he was extremely helpful. I just can’t say enough about how helpful and how good he was.”

—Treatment group member describing their POD counselor

build financial literacy, better manage their living expenses, and adjust to the POD rules. A few expressed appreciation for being assigned a specific counselor to contact for personalized support.

“The POD program has been an inspiration for me to try to push myself farther than what I thought I could do.”

—Treatment group member whose benefits were partially offset

“I think [POD] gives you a sense of self-worth. I really liked the POD program because it makes you feel good about yourself. You're doing something productive...”

—Treatment group member not using the benefit offset

Treatment group members reported that POD empowered them to work and increase their earnings. Those who used counseling services said POD motivated them to prove to themselves and others that they could work and earn more. Others noted that POD gave them the confidence to increase their earnings. Treatment group members in both T1 and T2 reported the benefit of the offset in allowing them to work without losing benefits.

POD counselors increased the efficiency with which they delivered counseling services. POD counselors reported two sources of efficiencies in

delivering services. The first came from increased familiarity with the POD rules. The second came from an increased awareness of treatment group members’ needs and preferences. For example, counselors reported that, over time, they became more efficient in sending reminders for earnings reporting. POD counselors attributed the relationships they developed with treatment group members and their enhanced understanding of POD rules as improving the EOYR processes between 2018 and 2019. Technical assistance liaisons reported similar experiences in improving processes in the later stages of the demonstration, as they received fewer questions from POD counselors over time. They noted that POD counselors were familiar with the EOYR process and comfortable supporting treatment group members with EOYR-related issues.

“I would say for the vast majority of counselors, 2020 was really, actually a year where kind of everybody got into a groove. Most of them had a system in place for monitoring the reporting of earnings and follow-up, calling people who weren't reporting or who were missing pay stubs and that sort of thing.”

—Technical assistance liaison

POD counselors reported being able to deliver services successfully during the pandemic.

Increasing the frequency of their contact with treatment group members during the pandemic made it easier to provide comprehensive support to them. In some cases, treatment group members were reportedly more open to discussing their needs (for example, help paying for food, housing, and utilities), many of which were hindering their ability to increase their work and earnings. POD counselors said that they tried to connect treatment group members with resources to address all their needs. The technical assistance liaisons also noted that POD counselors supported each other to keep service delivery running smoothly.

“[Increasing the frequency of counseling contacts during the pandemic] enabled me to be a better counselor and provide a holistic approach for those clients.... And it really allowed me to do a better job serving them, because I knew what services to refer them to, what to talk to them more about.”

—POD counselor

2. Informational contacts

POD counselors reported that making contacts with treatment group members and engaging them in services was challenging due to their lack of interest in working. Although those who enrolled in POD had a stronger work orientation than the average SSDI beneficiary, the majority (nearly three in four) were not working when they enrolled in POD (Hock et al. 2020a). In addition, POD counselors reported that many treatment group members did not appear to understand the demonstration at enrollment. Consequently, POD counselors continued to reach out to treatment group members to educate them about POD and persuaded many to remain enrolled. POD counselors noted that they had regularly left messages for some treatment group members over the course of the demonstration but never got a response.

POD counselors also faced challenges related to treatment group members' skepticism about POD, which stemmed from local SSA offices' lack of familiarity with the demonstration. POD counselors reported several instances of local SSA office staff not being familiar with POD. Hence, some treatment group members who had already enrolled in POD questioned its legitimacy. In some cases, local SSA office staff were under the misconception that they could not assist treatment group members because they were enrolled in POD. This lack of awareness of POD among some local SSA field office staff reportedly led to confusion and mistrust of POD among treatment group members, particularly when they had existing relationships with staff in local SSA offices. Consequently, POD counselors had to establish trust with some treatment group members before they could educate them about the POD rules. One POD counselor described trying to overcome this mistrust by directing treatment group members to search for POD on the official SSA website to confirm the legitimacy of the demonstration.

3. I&R services

POD counselors used different strategies to build rapport to engage treatment group members in I&R services. POD counselors believed they were most effective in delivering I&R services when they listened to each treatment group member's needs and preferences and focused on developing a trusting relationship. POD counselors also found that speaking informally with treatment group members in plain language increased the likelihood that the members engaged in recommended services. Finally, POD counselors said that building a strong rapport with treatment group members helped them identify the best time and method for making contact.

Treatment group members who did not use more intensive counseling services cited barriers to work. Treatment group members who did not use individualized work incentive counseling services beyond I&R reported that the POD rules did not affect how they thought about working and earning. Further, several members described common barriers to working, including issues related to their health and lack of career options, which are frequently cited by people with disabilities (BLS 2020).

4. Individualized work incentive counseling services beyond I&R

Many of the facilitators and barriers to work incentive counseling are related to the BS&A, a multistep process in which POD counselors obtain information from treatment group members,

verify it, and send it to the POD processing center (see text box).⁵⁴ A crucial part of this process was obtaining the SSA-3288 form, which gave the POD counselor consent to obtain information from the treatment group member and verify their benefits through a Benefits Planning Query (BPQY). Below we describe factors that facilitated or hindered the efforts of POD counselors to develop BS&As and provide individualized work incentive counseling services beyond I&R.⁵⁵

The BS&A facilitated communication between POD counselors and treatment group members.

Many POD counselors reported that the BS&As were helpful because they contained specific information to each treatment group member, including an individualized work incentive plan. Counselors could use this information to create a to-do list to support the needs of treatment group

“[The BS&A helped the treatment group member understand], because even though we had talked on the phone many times, she could just not comprehend what I was saying. But once she saw it in writing and very simple: ‘If you have this, then this happens.’ Then she thought, ‘Ah, okay.’”

—POD counselor

members. For example, counselors cited using these lists and the BS&A to guide conversations with treatment group members about their employment and earnings goals. POD counselors noted that the BS&A put in writing what they had explained to treatment group members orally. Hence, treatment members could use the BS&A as a reference document.

The complexity of BS&As made them difficult for treatment group members to interpret, but POD counselors developed workarounds to help members understand them. The BS&A was often long and complex, because it included work scenarios that drew on multiple sources of information that could affect the treatment group member’s countable income. Multiple POD counselors reported that the BS&As were overwhelming for treatment group members, particularly for those with lower reading levels. In response, some POD counselors

To develop a BS&A report, the POD counselor asks the POD processing center to send an SSA-3288 Consent for Release of Information form to the treatment group member. The member signs and returns the form to the POD processing center to be uploaded into the IDS. The processing center then sends the POD counselor a Benefits Planning Query (BPQY), which enables the counselor to begin verifying the treatment group member’s benefits. After verifying benefits, the counselor submits the completed BPQY and other benefits verification to the POD processing center to be uploaded to the IDS.

The POD counselor can then use the BS&A to help treatment group members understand (1) how their employment and earnings goals will affect their current benefits, (2) the work incentives for which the treatment group member is eligible, and (3) services available to achieve their employment and earnings goals. After reviewing the BS&A, a POD counselor and treatment group member may work together to develop a Work Incentives Plan, which describes the member’s action plan for using work incentives to achieve employment and earnings goals.

⁵⁴ The process, content and purpose and purpose of BS&As was the same under POD as under current rules, with one exception. On POD, the POD processing center transmitted and received SSA-3288 Consent for Release of Information forms and Benefits Planning Query (BPQY) documents on behalf of counselors. Under current law, individual beneficiaries or WIPA providers submit and receive these forms.

⁵⁵ [Appendix Exhibit C.13](#) shows the percentage of treatment group members in each state for whom a BPQY was generated and a BS&A was completed.

developed additional documents or scheduled separate conversations with treatment group members to discuss the BS&A. For example, one POD counselor mentioned including a letter written in plain language that offered a brief overview of the BS&A.

POD counselors in a few states described challenges coordinating with the POD processing center, which delayed the completion of BS&As and confused treatment group members.

The pandemic exacerbated these challenges.

POD counselors reported that the POD processing center was, in some cases, not sending the SSA-3288 forms to treatment group members and, in other cases, was not promptly uploading signed SSA-3288 forms into the IDS. The POD processing center was not alerting the POD counselor (by sending a BPQY) that the SSA-3288 form had been signed and returned.

In addition, POD counselors experienced long delays between when they submitted benefits information and when they received verification that it was uploaded to the IDS. These delays created challenges when the benefits information in the BS&A became outdated. A few POD counselors expressed concern that the related delays reflected poorly on them and worried that they appeared “disorganized” and “unprofessional” to treatment group members.

“[POD counselors] have to rely on [the SSA-3288 form] getting mailed in and getting uploaded, someone collecting the fax, putting documentation in IDS, hoping it doesn't get lost... It's just a lot of blind trust and reliance, and it leaves the counselors at a disadvantage because they just really don't know.”

—POD counselor

Finally, POD counselors in some states lacked direct access to the benefits information needed to develop BS&As.

Depending on the state, different regulations guided how POD counselors verified treatment group members' benefits. Counselors in some states had to communicate with several entities (such as housing assistance programs, Medicaid offices, and the U.S. Department of Veterans Affairs) to verify benefits. In these states, POD counselors had to rely on treatment group members to

“In some states, like California, [POD counselors] have easy access to state systems to verify [benefits] information, and... ..it's a simple process where they are just able to log in and gather and confirm information and then prepare the [BS&A] report. In other states for instance, Michigan I know really struggles with verification in some of their state benefits...”

—Abt Associates staff member

provide information about the benefits they were receiving. Those treatment group members did not know how to access their benefits information, and they could be difficult to contact. To help with this issue, some POD counselors held three-way calls with treatment group members and the entity that could verify their benefits. POD counselors noted that verifying Medicaid and Medicare benefits was especially difficult in three states (California, Nebraska, and Texas).⁵⁶

⁵⁶ Until fall 2019, counselors could access a treatment group member's Medicare benefits by entering the Medicare identification number into the Medicare.gov website. However, the re-design of this site in November 2019 required that treatment group members log in directly to access their benefits information, and they then had to submit the information to their POD counselor. In Connecticut, POD counselors verified treatment group members' Medicare and other state-administered benefits by accessing a centralized system that made the BS&A development process easier. In California, POD counselors used a similar system to verify state-administered benefits for recipients of Medi-Cal (the state Medicaid program).

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V. HOW WERE EARNINGS REPORTING AND POD OFFSET IMPLEMENTED?

POD treatment group members earning over the POD threshold had to submit their monthly earnings information to the implementation team. Upon enrollment, the implementation team mailed the person a welcome packet containing information about POD, including earnings reporting requirements. Treatment group members could submit documentation for earnings using one of four modes: (1) the online reporting portal, (2) mail (Abt Associates provided earnings reporting packets to treatment group members with postage-paid business reply envelopes), (3) fax, or (4) in-person/telephone. The implementation team processed the earnings reports and transmitted them to SSA to facilitate benefit adjustments. Once the implementation team had all of the information necessary for earnings, SSA calculated the offset amount and adjusted the benefit amount promptly. The POD automated system facilitated the adjustment process.

The implementation of the benefit offset depended on timely earnings reports and processing. Without timely reporting or processing, there was a risk of improper payments, which included overpayments and underpayments. An improper payment can occur any time SSA needs to adjust a beneficiary's benefit payment. This issue is especially important for POD because the timeline for submitting earnings is tight. SSA must receive all of the information timely from the beneficiary and the implementation team to apply the correct offset amount. For example, understated or delayed earnings will result in an overpayment. Conversely, overstated earnings will result in an underpayment.

We focus on four dimensions of benefit offset implementation: beneficiary reports of monthly earnings; the prompting of monthly earnings reports by counselors and support units; monthly earnings processes; and benefits adjustments, including during the EOYR process. For beneficiary reporting, we examined the processes that treatment group members used to report their monthly earnings to POD. To prompt these reports, we reviewed how POD counselors and indirect support units encouraged timely monthly reporting. We then assessed how the implementation team processed submitted earnings reports by reviewing them for accuracy before submitting them to SSA to administer the benefit offset. Finally, we explored benefit adjustments and the EOYR process. In Appendix D, we provide supplementary exhibits about the reporting mode treatment group members used to submit their monthly earnings, the timeliness of monthly earnings submissions, and earnings record processing.

We use the same quantitative and qualitative data sources as those from Chapter IV. We also used the same descriptive and qualitative approaches to analyzing the data. In Appendix D, we describe how we used the Consolidated Framework for Implementation Research framework to summarize qualitative findings and identify key factors that influenced the implementation of the benefit offset.⁵⁷

⁵⁷ [Appendix Exhibit D.1](#) provides a high-level summary of the barriers and facilitators that affected each dimension of offset implementation.

KEY FINDINGS

- About one in four treatment group members reported their earnings for at least one month from January 2018 to December 2020.
- Treatment group members most often used the online earnings reporting portal (for about half of earnings reports), but some used fax, mail, or telephone.
- Treatment group members experienced challenges organizing their earnings reports for timely submission. They submitted only about half their reports on time.
- POD counselors and support units encouraged treatment group members to submit earnings reports and refined their approach during the demonstration.
- POD support units improved their workflows for processing submitted earnings reports during the demonstration.
- SSA automatically processed most benefit adjustments from submitted monthly earnings reports.
- SSA identified one in five offset users each year for initial or further benefit adjustments during the annual EOYR process.

A. How did treatment group members report their monthly earnings to POD?

POD treatment group members earning over the POD threshold and those who transitioned from above to below threshold earnings had to report their earnings timely to have a correct benefit adjustment (and avoid an improper payment).⁵⁸ The expectations for earnings reporting and the processes for submitting earnings reports were the same for all treatment group members (T1 and T2). During the demonstration, treatment group members had to adjust to the new rules and navigate different options for reporting their earnings. Below, we summarize trends in earnings reporting, including the four different modes treatment group members used to submit information to the implementation team.

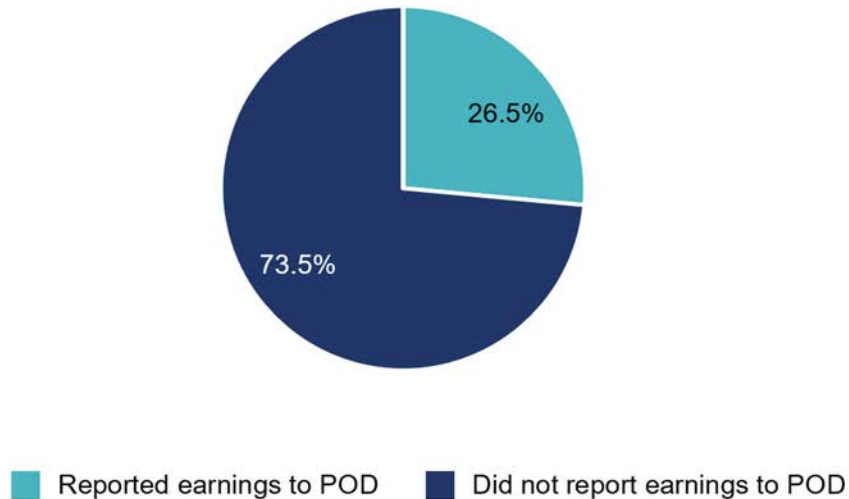
1. About one-fourth of treatment group members submitted earnings

Between January 2018 and December 2020, 27 percent of treatment group members submitted an earnings record for at least one month (Exhibit V.1). Across all months, treatment group members submitted a total of 23,788 monthly earnings records. Most submitted reports were for earnings above the POD threshold (72 percent), consistent with guidance to treatment group members to report their monthly earnings over the POD threshold.⁵⁹

⁵⁸ See Section VI.E. for a more detailed definition of improper payments, which include overpayments (when beneficiaries receive more benefits than they are entitled to) and underpayments (when beneficiaries receive less benefits than they are entitled to).

⁵⁹ After the evaluation team randomly assigned a beneficiary to a POD treatment group, the implementation team mailed the person a welcome packet including information on earnings reporting requirements.

Exhibit V.1. Percentage of treatment group members reporting earnings at least once, January 2018 to December 2020



Source: Abt Associates' Implementation Data System.

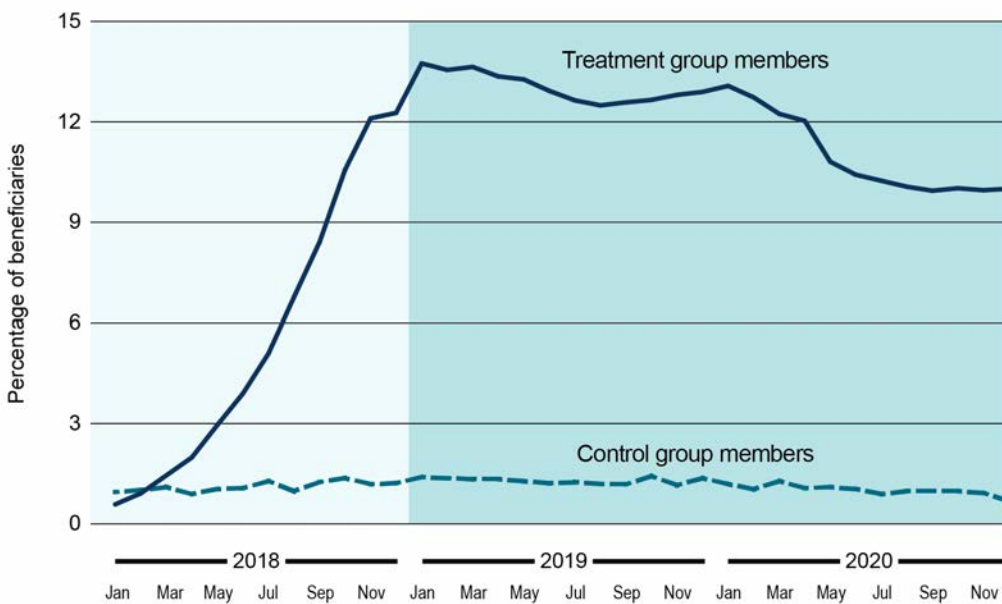
Note: Values are expressed as a percentage of treatment group members. The sample size was 6,700 combined treatment group members (T1 = 3,343; T2 = 3,357).

2. Treatment group members reported earnings at higher rates relative to the control group

Between January 2019 and February 2020, the monthly rate of earnings reporting for treatment group members was about 13 percent (Exhibit V.2).⁶⁰ We focus on this period because it is after the completion of enrollment so that both treatment and control group members had similar opportunities to report earnings. In addition, earnings reporting started to decline in April 2020, the beginning of the pandemic.

⁶⁰ The percentage of treatment group members who reported for each month is an undercount of offset users: it does not account for treatment group members who earned above the POD threshold in that month but did not report their earnings. When treatment group members did not report earnings for a given month, SSA used the last reported monthly earnings to calculate monthly SSDI benefits. Treatment group members who did not report monthly earnings each month could have had consistent earnings month to month (and hence, not need to update for an accurate monthly benefit payment). SSA outlined this idea of carrying forward earnings in documentation (frequently asked questions) to POD treatment group members.

Exhibit V.2. Monthly rate of earnings reporting among treatment and control group enrollees, January 2018 to December 2020



Source: Abt Associates' Implementation Data System for POD earnings reporting for treatment group members; SSA data from the Disability Control File representing self-reported earnings for control group members, January 2018 to December 2020.

Note: The enrollment period ended in January 2019, indicated by the darker shading. Of all earnings reports submitted through December 2020 by treatment group members, 72 percent (17,117) were over the POD threshold. Values are expressed as a percentage of treatment group members or control group members. The sample size was 6,700 combined treatment group members (T1 = 3,343; T2 = 3,357) and 3,370 control group members. The sharp drop in reporting in March 2020 was due to the COVID-19 pandemic.

The monthly rate of earnings reporting was substantially lower among control group members, with only about 1 percent reporting each month. This lower rate likely reflects a difference in program rules. Namely, control group members are not expected to report earnings on a monthly basis, which was the expectation for treatment group members under POD.⁶¹ Under current law, SSA instructs SSDI beneficiaries—including control group members—to report their earnings for any changes in work status.⁶² SSA continues to pay the same monthly benefit amount until

⁶¹ One exception was that SSA and the implementation team did not expect treatment group members to continue reporting their earnings each month if their earnings were consistent month to month and they did not have IRWEs over the POD threshold. As noted above, SSA calculated monthly SSDI benefits based on a treatment group member's last reported monthly earnings. The implementation team informed treatment group members of this approach in the written materials that outlined earnings reporting expectations.

⁶² SSDI beneficiaries can report their earnings online (via the My Social Security website, available in early 2018); by mail; by phone; or in person. (See <https://www.ssa.gov/pubs/EN-05-10095.pdf> and <https://choosework.ssa.gov/blog/2018-01-11-update-wage-reporting-for-people-who-receive-ssdi>; accessed August 16, 2021.)

SSA staff complete a work CDR to confirm whether a beneficiary continues to be eligible for benefits.⁶³

3. Treatment group members most often used the online portal to report their earnings

The treatment group submitted about 45 percent of monthly earnings reports using the online earnings reporting portal (Exhibit V.3).⁶⁴ They could submit information by photographing their reports (such as paystubs) and uploading the information. There was also a step-by-step instructional video on reporting.

The option to submit earnings using the online earnings portal made it easier for some treatment group members. Most treatment group members who participated in a semi-structured interview in 2021 reported using the online portal, and many who used it described it positively as “easy” or “simple.” However, some said they had an early adjustment period in which they learned how to use the online portal or needed hands-on support from a family member or POD counselor.

“I’m so impressed about submitting earnings [online].... I don’t know why I expected something that was longer and more drawn out, but it’s just such an easy process. Especially because you have to do it monthly...you start speeding up during that process, and it’s just easy to submit everything.”

—Full offset user

Despite more limited use, some treatment group members relied on reporting their earnings by mail, fax, or in-person/telephone (Exhibit V.3). Nearly one-third of earnings reports were by mail (29 percent), and close to one-fifth were by fax (18 percent). Fewer (7 percent) were submitted by phone or in person. The use of the phone increased temporarily during the pandemic period when treatment group members were allowed to report earnings over the phone (see Chapter V). The range of options facilitated reporting of earnings for all treatment group members regardless of preferences or access to relevant resources (such as a computer, the Internet, or a fax machine) or for those who described themselves as lacking the technical skills to report their earnings online.⁶⁵

“I faxed [my earnings]. I don’t have a computer at home...I’m not a computer person. I don’t know how to do that type of stuff.”

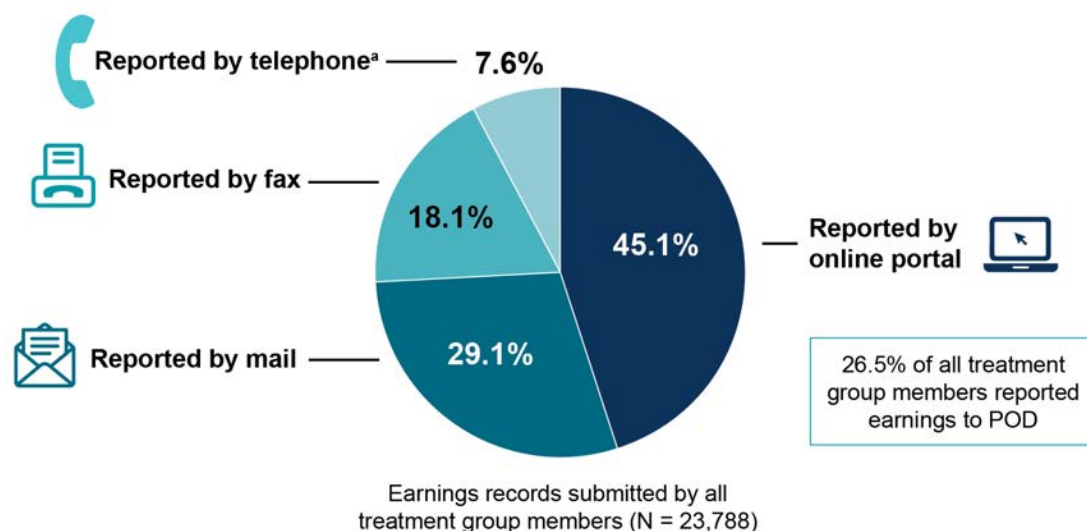
—Full offset user

⁶³ A beneficiary can also report information to initiate suspension of benefits. (See <https://secure.ssa.gov/apps10/poms.nsf/lrx/0413010160>.)

⁶⁴ Treatment group members’ use of the portal gradually increased over time, except for a brief drop at the start of the pandemic ([Appendix Exhibit D.2](#)).

⁶⁵ Treatment group members who reported earnings using the online portal differed from those who reported using other methods ([Appendix Exhibit D.3](#)). A larger share of those who used the online portal were younger than 45, non-Hispanic White, and had recent earnings above the SGA threshold or earned more than \$1,000 per month at the time of enrollment. Most online portal users used the method consistently: about two-thirds reported their earnings online for more than 75 percent of the months in which they reported earnings (not shown).

Exhibit V.3. Reporting mode treatment group members used to submit monthly earnings, January 2018 to December 2020



Source: Abt Associates' Implementation Data System for POD earnings reporting, January 2018 to December 2020.

Note: In cases where a treatment group member submitted multiple earnings records for a given month, this exhibit includes the most recent earnings report submitted for that month. Of all earnings reports submitted through December 2020, 72 percent (17,117) were over the POD threshold. Values are expressed as a percentage of all earnings records submitted.

^a Reporting earnings by telephone includes reports submitted in-person to a POD office (if open) or on the telephone to a counselor or the POD call center (including telephone reports allowed during the COVID-19 emergency period).

4. Monthly earning reporting was late nearly half of the time, though improved in the later stages of the demonstration

POD treatment group members had to report earnings documentation (for example, December) by the sixth of the following month (January) to receive a timely adjustment. If a treatment group member did not meet this timeframe, the implementation team could not process their earnings timely. In these cases, the treatment group member would face a potential improper payment as SSA had to adjust benefits based on the late reports.

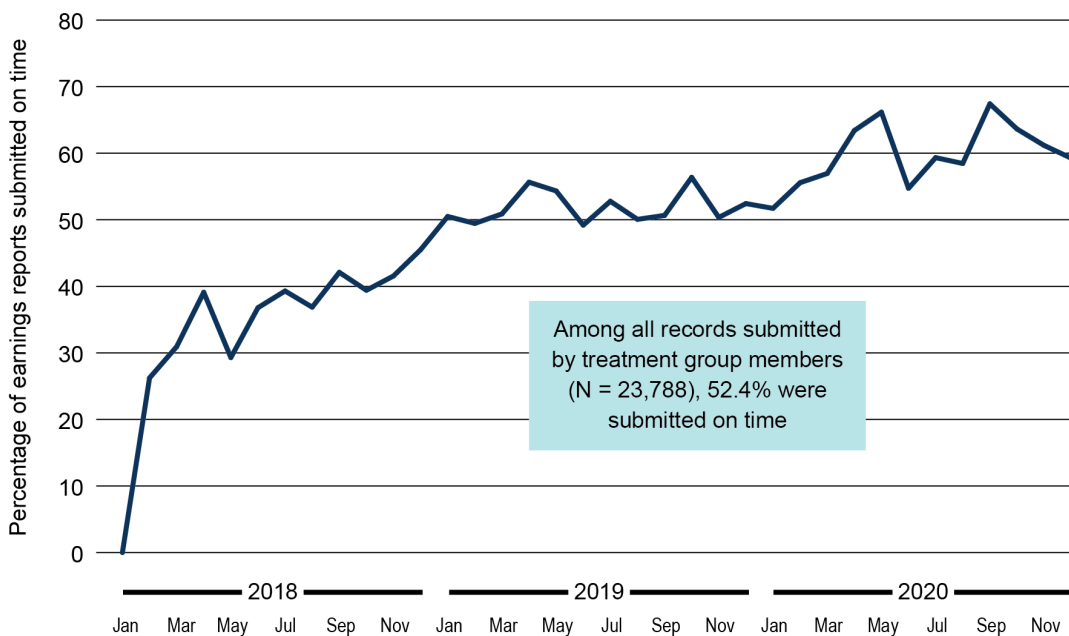
Nearly half of all earnings reports were submitted late during the demonstration, with much lower rates at start-up (Exhibit V.4).⁶⁶ Specifically, throughout the demonstration, 52 percent of the earnings reports were on time. The timeliness of earnings reports is shown by the gradual trend upward in earnings reporting shown in the exhibit. In the early stages of the demonstration, particularly prior to January 2019, less than half of the earnings report were timely. The lowest rate of timely earnings report was just after the start of the demonstration in February 2018 (26 percent). At that time, the POD enrollment processes were still ongoing, so the implementation

⁶⁶ Through December 2020, 53 percent of earnings reports submitted by treatment group members across all POD implementation areas were on time ([Appendix Exhibit D.4](#)). The percentage submitted on time was similar across the eight POD implementation areas, ranging from 50 percent in Maryland to 56 percent in Nebraska. Among earnings reporting methods, the majority of earnings reports submitted using the online portal were on time. Most reports submitted using other methods were late.

team had to balance both enrollment and support for earnings reporting. By the later stages of the demonstration, the rates of timely reporting increased substantially. For example, 70 percent of treatment group reports in September 2020 were timely.

The upward trajectory in the timing of earnings reports is notable to the implementation of timely benefit adjustments shown in later chapters. Our qualitative findings indicate that several factors improved the timely reporting of earnings, including treatment group members and implementation team members gaining more experience with POD. For example, treatment group members gained experience and learned from their counselors and POD indirect support units about reporting expectations and related processes. At the same time, counselors refined the approaches to reminding treatment group members to report their earnings (see Chapter V).

Exhibit V.4. Timeliness of monthly earnings reporting for January 2018 to December 2020, by month



Source: Abt Associates’ Implementation Data System (IDS), January 2018 to December 2020.

Note: In cases where a treatment group member submitted multiple earnings records for a given month, this exhibit includes the most recent earnings report submitted for that month. Earnings reports submitted by the deadline of the sixth of the following month are considered on time, and those submitted after the sixth of the following month are considered late. Values are expressed as a percentage of all earnings records submitted for that month.

5. Messaging about earnings reports was confusing to some treatment group members

Implementation staff and counselors reported that there was some confusion by treatment group members about reporting earnings above and below the POD threshold.⁶⁷ According to several counselors in one POD implementation area, the earnings of many treatment group members fluctuated around the POD threshold, which caused inconsistent reporting. One source of the confusion was for the need to modify earnings when a treatment group member's earnings went from above the threshold to below the threshold (that is, to stop benefit adjustments). Counseling staff in two POD implementation areas said they advised all employed treatment group members to report their earnings each month. They noted that monthly reporting improved consistency and supported the EOYR process later in the year.

"There have been times where I didn't make a lot or was out of work, and I didn't have the normal amount [of money on my] paystubs. I've [wondered] should I say I didn't make anything? So, there was a little bit of confusion and ambiguity on my part."

—Full offset user

During in-depth interviews in 2021, several respondents described ongoing challenges to monthly earnings reporting stemming from their difficulty organizing the submission of their earnings. These challenges were sometimes related to life stressors, such as managing health conditions. Interview respondents described difficulty remembering to report their earnings before the deadline, forgetting their log-in information or the web address to access the online portal, and losing the postage-paid envelopes to submit via mail.

"For a long time, it was difficult for me to get in the habit of [reporting monthly earnings] before it's too late. ...I put my life together again. I was pretty confused, I had all these things going on, it's hard to focus on one thing."

—Full offset user

B. How did counselors and POD support units encourage treatment group members to submit monthly earnings reports?

POD counselors and support unit staff used several methods to encourage timely reporting. Below, we summarize the main findings from these reminders.

1. Implementation staff and SSA used reminders to prompt timely earnings reporting

The POD call center conducted outreach calls and sent quarterly reminders to treatment group members. They targeted these efforts to treatment group members who previously had earnings above the POD threshold but had not yet reported earnings for the month. During interviews in 2019 and 2020, several POD counselors and support unit staff said these strategies reinforced the reporting requirements and improved timeliness.

SSA sent reminder notices to treatment group members who had not submitted their earnings in the past three months. The notice reminded treatment group members that they were still enrolled in POD and prompted them to submit their earnings. Each month, SSA used the POD

⁶⁷ The exceptions to the reporting guidelines occur when a treatment group member is in full offset, but their earnings drop below the POD threshold. In such a case, they are advised to report their monthly earnings to POD, because when they report a decrease in earnings, benefit payments would resume, as the treatment group member would no longer be in full offset.

automated system to review submitted earnings to identify treatment group members in the system who had not recently reported and sent notices.

POD counselors were also proactive in encouraging timely reporting. Counselors telephoned treatment group members who previously had earnings over the POD threshold to encourage them to report their earnings. Counselors also reminded them of expectations for reporting earnings during the delivery of ongoing counseling services. By the second full year of the demonstration, counselors in four POD implementation areas said they targeted reminder phone calls to late reporters. For example, one counselor described scheduling reminder calls to treatment group members flagged as having previous earnings above the POD threshold but forgetful about reporting on time in the past.

Despite these efforts, several counselors noted that some beneficiaries did not submit their earnings even after a reminder call. In cases where beneficiaries reported their earnings late, counselors prepared them for a possible overpayment. They explained the reasons for the overpayment and informed them of the estimated overpayment amount. They also provided tips to avoid future overpayments.

2. The additional outreach during the pandemic facilitated earnings reporting

POD counselors helped treatment group members learn new reporting methods during the pandemic. Some beneficiaries lost access to methods they had previously used to report earnings, such as a printer in their office, a fax machine at the local printing store, or the Internet at a public library. Others began receiving their earnings as a direct deposit instead of paper checks, which required a change to their usual submission process. POD counselors in all POD implementation areas helped treatment group members adapt their reporting plans and walked them through the steps to report earnings using the online earnings portal. For those who were not comfortable with the existing options, counselors collected earnings information directly and submitted it for processing.

“A few were going to their local fax places...and then those places closed...they couldn't quite get on the computer, so [collecting verbal reports] was just an instant solving of their problem.”

—POD counselor

The expanded options to report earnings orally over the phone during the pandemic were very helpful, according to counselors. Counselors in four POD implementation areas and multiple support unit staff noted that the ability to quickly collect and enter earnings reports over the phone helped to support timely earnings reporting and avoid overpayments. In addition, the supports were

helpful for treatment group members who were learning a new reporting method (such as switching to reporting their earnings using the online earnings portal) and for those paid late in the month with a short time before the submission deadline. In two implementation areas, counselors also used the oral reports as a timely backup to mail reports, which had relatively long transit times during the pandemic.

C. How did the implementation team process monthly earnings reports for submission to SSA?

The implementation team's indirect support units worked with SSA to process earnings for the benefit adjustments. The process involved multiple steps that provided insights into lessons for

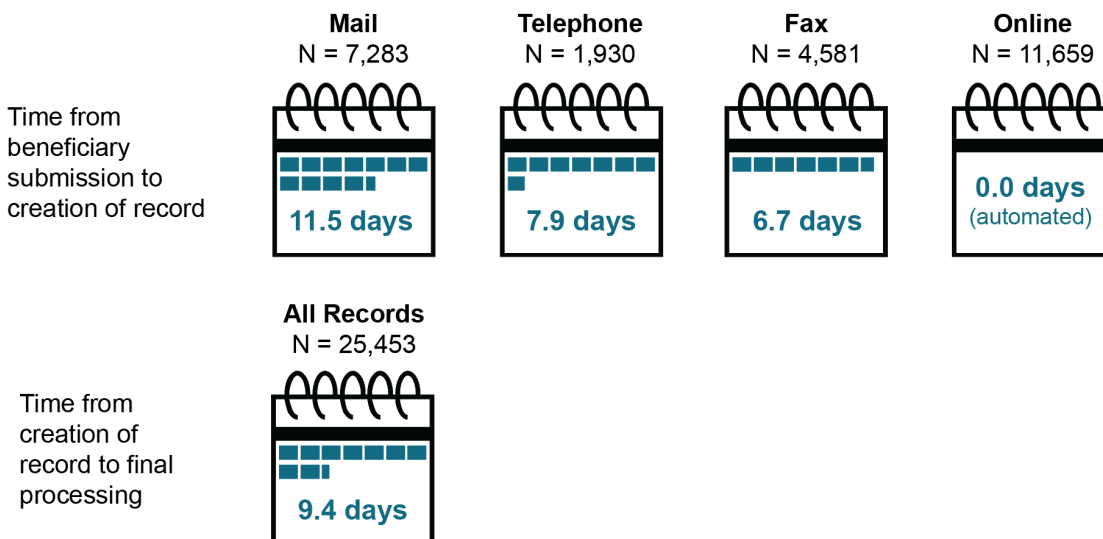
processing earnings and adjusting benefits. Below, we review facilitators and barriers to this processing process.

1. Monthly earnings reported by mail were longer to process than those automated online

There was a substantive difference in the time and effort involved to process monthly mail reports, especially in comparison to those submitted online (Exhibit V.5). It took roughly 12 days on average to create an earnings record by mail because of the transit time to the POD processing center. The time frames for fax and phone were seven and eight days, respectively. In contrast, earnings reports submitted through the online portal were automatic.

After record creation, the average time to process an earnings record was nine days.⁶⁸ This time frame included the time to create the record noted above.

Exhibit V.5. Average earnings record processing outcomes by reporting mode, January 2018 to December 2020



Source: Abt Associates’ Implementation Data System, January 2018 to December 2020.

Note: A total of 27 earnings records submitted during January 2018–December 2020 contained claimed IRWE. The processing time for these records is included in the processing times measures. The 9.4-day average processing time excludes monthly earnings reports that were submitted but ultimately not processed and sent to SSA because the earnings were less than the POD threshold and would not change the offset amount applied under the POD rules.

2. Most submitted earnings reports were complete and accurate

The majority of earnings reports that treatment group members submitted were complete. Approximately 90 percent passed the initial review without a need for additional processing.⁶⁹

⁶⁸ Processing times for earnings records trended downward during 2018–2020, but the change toward shorter processing was not continuous ([Appendix Exhibit D.5](#)), potentially reflecting operational issues described in Section V.C.3.

⁶⁹ We report data on the initial and quality review process in [Appendix Exhibit D.6](#).

About two-thirds of monthly earnings records went through a formal quality control review, especially those with earnings from self-employment.⁷⁰

3. Earnings records that needed further information took approximately one month to verify

The implementation team had to recontact treatment group members for any records that required further review, which took approximately one month. Specifically, POD counselors took 29 days on average to contact the beneficiary, obtain necessary information, and upload the new information to the IDS. After submitting the revised record, the POD earnings support staff could submit the record to SSA.

According to POD earnings support unit staff, the most common reason for failing the formal review was idiosyncratic paystubs. Often there was incorrect or missing documentation. For example, some paystubs showed only net earnings (instead of the gross earnings needed for monthly earnings reporting). Relatedly, employers used different pay schedules (such as bimonthly or every two weeks) and included various types of income (such as travel). In these instances, POD earnings support unit staff spent additional time identifying the correct amount of monthly countable earnings to include in the record. In addition, implementation staff noted that treatment group members occasionally submitted paystubs based on pay periods in the month when POD required reporting based on pay dates in the reporting month. In these cases, the processing center corrected the information and followed up to remind them to report by pay date.

4. Operational challenges in the POD support units periodically created processing delays

Several temporary implementation bottlenecks contributed to delays in benefit adjustment for some treatment group members, especially those who reported by mail or fax. For example, POD counselors in four states reported encountering operational challenges in 2019 with POD processing center fax lines that were repeatedly down, creating delays for treatment group members who reported their monthly earnings via fax. As a result, POD processing center staff responded by sending two test faxes to each machine every day to ensure that the machines operated properly. Also, in the summer of 2019, unavoidable facility issues due to an environment issue within the POD processing center necessitated relocating operations to a different building for about six weeks. During that time, the POD processing center staff encountered logistical issues such as retrieving mail and faxes, which led to a backlog in processing POD earnings reports.

⁷⁰ Earnings documentation failed the initial quality control review if any of the following conditions were met: (1) the submitted pay stubs were not all paid during the reporting month, (2) pay information for the reporting month was incomplete, (3) claimed IRWE totaled less than the monthly POD threshold, and (4) supporting documentation (for IRWE or earnings from self-employment) was incomplete. In total, about 1 in 10 earnings records failed the initial review ([Appendix Exhibit D.6](#)).

The POD support units also experienced operational challenges in 2020 due to the pandemic. As noted in Chapter III, the implementation team developed an emergency disaster recovery plan that closed the POD processing center and shifted staff to work from home. In making these changes, they had to develop new processes for accessing mail and faxed earnings reports. The implementation staff described temporary processing delays due to this transition period. For example, counselors in two implementation areas said that processing delays associated with mailed and faxed earnings reports persisted through May 2020, which resulted in overpayments. Staff in one implementation area began taking earnings reports over the telephone from treatment group members before the practice became official in March 2020 (see Chapter III.D). This process helped treatment group members avoid improper payments.

“That [POD processing center closing] was a major issue. We worked through it, but we could have alleviated a lot of headaches if we had number one, been informed, and number two, been able to take the verbal earnings sooner.”

—POD counselor

5. There were processing efficiencies over time

POD processing center staff reported that following an established workflow and engaging in continuous learning helped them efficiently create and review earnings records. The processing center staff developed a list of standard checks they conducted before sending a record to the earnings support team for formal quality control review. POD processing center staff took steps when issues could be proactively resolved, such as by imputing missing information based on earnings for the year to date. For example, if a treatment group member was paid twice a week but submitted only one paycheck for a month, the processing center staff calculated the missing earnings and notified the counselor to remind the member to submit the earnings documentation. POD processing center staff left comments in treatment group member records to note when they made changes. The comments enabled earnings support staff to review the monthly report and avoid the need to review case notes.

POD earnings support staff said that they triaged issues across implementation partners to resolve issues during a formal review. The processing center staff, earnings support staff, counselors, and implementation team leadership communicated to resolve issues that arose during a formal review. Some records were sent back to the POD processing center to resolve with the participant. For issues they could not resolve, the implementation team consulted with SSA.

D. How did SSA administer the benefit offset and the EOYR process?

SSA used the POD automated data system to adjust SSDI benefits based on submitted monthly earnings reports. The system calculated the offset amount, retrieved information from the Master Beneficiary Record, and determined whether the case could be processed automatically. If so, the system adjusted the benefit payment; if not, then SSA staff within the Processing Centers worked the case manually and updated the system with the offset determination.

SSA also used the POD automated data system to run an annual EOYR process to determine the SSDI benefits that should have been paid to each POD treatment group member during the

previous calendar year. SSA ran the EOYR process in August 2019, October 2020,⁷¹ and August 2021. During each EOYR process, SSA compared the amount of SSDI benefits paid to each treatment group member in the previous year with the amount that should have been paid; SSA then adjusted benefit payment amounts for the previous year.⁷² In early 2019 and 2020, POD central operations sent a personalized letter to treatment group members known to be working at some point in the previous year to request they submit complete monthly earnings information for that year not already reported to the demonstration.

1. The SSA POD automated system facilitated more timely benefit adjustments

SSA's Office of Research, Demonstration, and Employment Support (ORDES) staff developed the POD automated system to adjust benefits efficiently based on submitted earnings records. In designing the system, ORDES staff anticipated scenarios it would need to handle. This planning minimized the number of cases that SSA staff had to process manually and streamlined the work for cases that did have to be processed manually. ORDES staff trained operations staff to run the system using straightforward steps and structured tools. The system functioned as designed throughout the demonstration.

We have had [cases that could not be processed automatically] where [SSA operations staff] had to take the offset that was calculated by the automated system and apply it to the record manually...It's not a lot [of work]..."

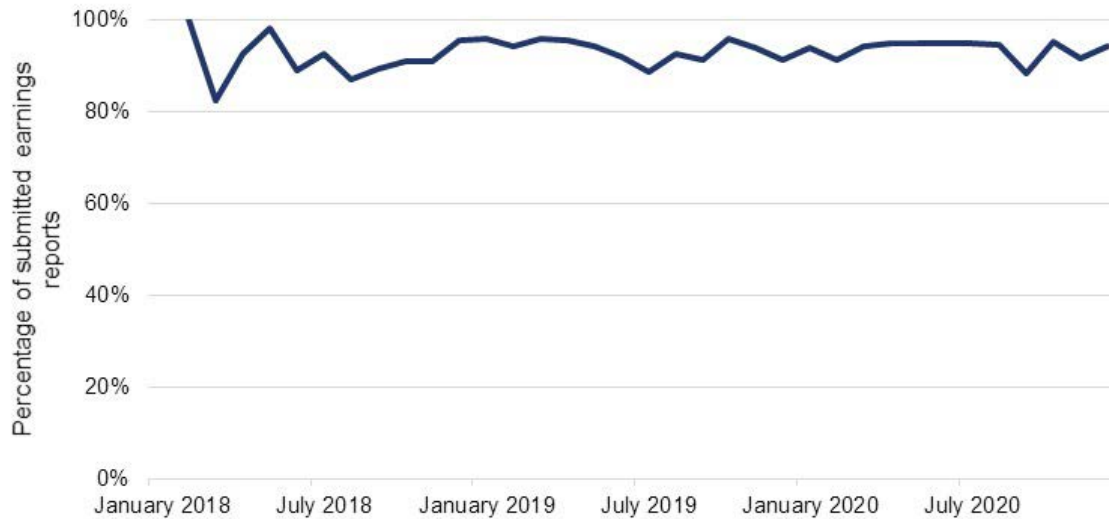
—ORDES staff

SSA processed 93 percent of monthly earnings reports using the POD automated system (Exhibit V.6). Automated processing allowed SSA to adjust benefits quickly based on newly submitted earnings information (for earnings reports submitted on time or submitted late for previous months). The monthly rate of automatic processing ranged from 82 to 100 percent. For the cases that the POD automated system could not process automatically (see Chapter III), the time to manually process the earnings information delayed the benefit adjustment by about one month, according to ORDES staff. This longer processing time could potentially lead to an overpayment or underpayment. According to implementation staff, the late reporting of monthly earnings and delays in processing the earnings reports were the primary causes of benefit adjustment delays, which also led to overpayments for some treatment group members.

⁷¹ To avoid processing overpayments during the COVID-19 emergency period (March–August 2020), SSA waited until the period ended to run the EOYR for 2019.

⁷² During the EOYR process, the SSA automated data system summed each treatment group member's monthly earnings reports submitted across all months in the year. The system compared the earnings submitted with the total annual gross earnings from Internal Revenue Service records. In cases where gross earnings were greater than the total amount reported (including monthly earnings that were carried forward), the system calculated the difference between the two amounts and divided by 12 to generate a per month amount. In cases where gross earnings were less than the total amount reported (including monthly earnings that were carried forward), the system calculated the difference applied to any month in which the benefit offset was carried forward. In cases where there were excess earnings, there was an overpayment if the applied earnings increased the monthly earnings amount to above the POD threshold (including in months the treatment group member did not work). An overpayment could also occur if the applied earnings further increased a monthly total above the threshold. If there was no difference, then there was no offset adjustment.

Exhibit V.6. Percentage of earnings reports processed automatically, February 2018 to December 2020



Source: Abt Associates' Implementation Data System (IDS) data on earnings record processing, February 2018 to December 2020.

Note: February 2018 was the first month treatment group members submitted earnings reports (documenting their earnings in January 2018).

2. During the pandemic, SSA waited to process earnings records that could lead to overpayments

SSA suspended the processing of overpayments during the pandemic emergency period (March 17–August 31, 2020). As a result, the implementation team withheld from submission to SSA any earnings reports received late from POD treatment group members, which could lead to an overpayment.⁷³ According to the implementation team, they withheld about 1,100 records from processing for about 320 separate treatment group members. The withheld records represented about 25 percent of all earnings records submitted for the March–August months. The implementation team submitted the withheld records to SSA in early September 2020. SSA then processed the records, adjusted benefits, and notified treatment group members of overpayments. Qualifying overpayments that accrued between March and September 2020 were eligible for a streamlined waiver (see Chapter III).

3. The EOYR process identified more than one in five offset users each year

Even though one-quarter of treatment group members reported monthly earnings, a substantive number of offset users were identified only during the annual EOYR process. About 30 percent of offset users in 2018 (324 treatment group members), 20 percent of offset users in 2019 (323 treatment group members), and 20 percent of offset users in 2020 (294 treatment group members) were identified as having earnings above the POD threshold through the EOYR

⁷³ Abt Associates continued to submit to SSA the earnings reports that treatment group members submitted on time, or earnings reports submitted late but which would *not* lead to an overpayment (for example, records below the POD threshold or documenting a lower monthly earnings amount than in previous months).

process. These beneficiaries did not report complete earnings but earned over the POD threshold in that year.

SSA identified improper payments after completing the EOYR process.⁷⁴ As under current rules, SSA overpayment notices for POD informed all treatment group members that they could request a reconsideration appeal for any overpayment. After receiving an overpayment notice from SSA, a very small subset of treatment members responded by requesting a reconsideration.⁷⁵ Reconsideration requests were less likely among treatment group members relative to control group members.⁷⁶ The EOYR processes for 2019 and 2020 earnings were simpler and required less effort than the first EOYR process for 2018 earnings, largely because these latter years did not include pre-POD earnings. In addition, counselors in four implementation areas said they developed an understanding of the process during the first EOYR, which helped them prompt treatment group members to submit needed documents. An earlier start to the 2019 EOYR process was also helpful to gathering needed documentation, along with outreach calls from the POD call center to treatment group members who were mailed EOYR letters, according to counselors in one implementation area. For each EOYR process, counselors encountered some challenges obtaining appropriate documentation from treatment group members. Tax documents (for self-employed beneficiaries) and missing pay stubs were the most difficult to obtain, and some treatment group members remained unresponsive to outreach. Counselors universally reported that not having all employed treatment group members report their monthly earnings when paid made documenting earnings for the EOYR process difficult.

⁷⁴ SSA also identified overpayments and underpayments during the monthly reporting process when treatment group members submitted earnings information late for past months (see Section V.A).

⁷⁵ According to SSA, treatment group members submitted about 50 requests for reconsiderations stemming from the EOYR process for 2018, and 17 requests for reconsiderations related to the EOYR process for 2019. Complete data were not yet available for reconsiderations related to the EOYR process for 2020 as of the time of writing this report. As of mid-November 2021, treatment group members had submitted 5 requests for reconsiderations. The deadline to request a reconciliation was February 2022. During the 2018 EOYR process, most requests for reconsideration were from beneficiaries who had been enrolled in POD for a portion of 2018, and the process did not account for the fact that some of their earnings were from before they enrolled in POD.

⁷⁶ As of mid-November 2021, 72 treatment group members (1.1 percent) had submitted reconsideration requests for 2018, 2019, or 2020. As of the end of July 2021, 188 control group members (5.6 percent) had submitted reconsideration requests for the same three years, according to counts generated by ORDES staff from the MBR.

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VI. HOW WAS THE POD OFFSET USED AND WHY DID POD ENROLLEES WITHDRAW?

The use of the benefit offset represented an important indicator of participation in POD services. Treatment group members with earnings above the POD threshold could become offset users by proactively reporting earnings or through retroactive benefit adjustments once earnings were verified, such as through the EOYR. An important input to adjusting benefits was the timing of earnings reporting, which could influence whether a beneficiary receives an overpayment. Overpayments reflected whether offset users had timely adjustments to their benefits in ways that made their income predictable. Overpayments could emerge because of beneficiary challenges in reporting earnings or because of delays in processing earnings. As noted in Chapter V, there were frequent delays in earnings reporting, particularly in the early stages of POD implementation.

This chapter summarizes treatment group members' use of the benefit offset, overpayments, and withdrawals from the demonstration. For offset use, we examine trends in use, characteristics of offset users, and factors that influenced offset use.⁷⁷ For overpayments, we examine the overall incidence of work-related payments. Finally, we conclude with a brief summary of withdrawals by treatment group members. In Appendix E, we provide supplementary exhibits related to benefit offset use, overpayments, and withdrawals.

We use a combination of programmatic, survey, and qualitative data throughout the chapter. For benefit usage and withdrawals, we report trends in enrollment through the first three years of program operations (specifically, from February 2018 to December 2020). For improper payments, we focus only on 2019, given the data for this year was complete at the time of the analysis.

A. How did treatment group members use the benefit offset?

In this section, we describe the overall rate of benefit offset use through December 2020 and examine monthly use from February 2018 to December 2020. The overall rate of offset use indicates general engagement with the new POD rules. The timing of offset use shows the immediacy of offset use and whether treatment group members used it continuously. We also present the average monthly offset amount, which reflects the intensity of benefit offset usage (the degree to which offset users' earnings exceeded the POD threshold). All statistics on POD offset use are dynamic in that SSA makes retroactive updates to benefits as it learns new earnings information. However, we expect minimal future adjustments.⁷⁸

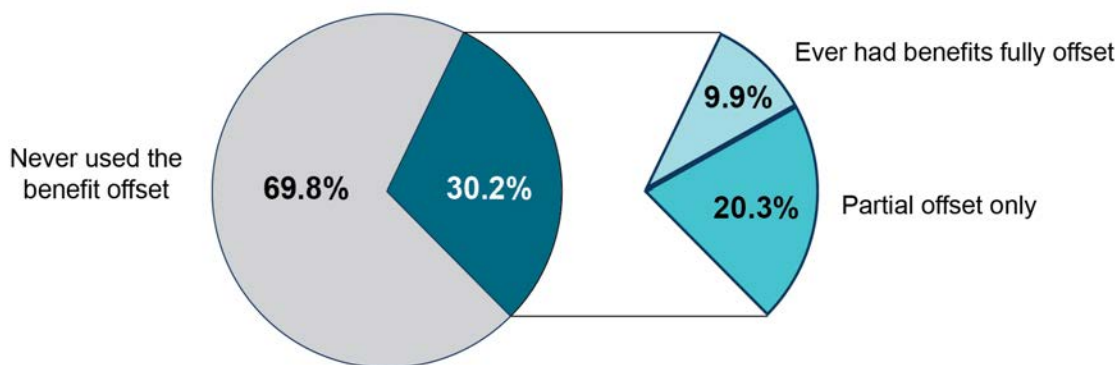
⁷⁷ For reasons described in Chapter I, unless otherwise noted, we pooled the two treatment groups for the statistics presented in this chapter.

⁷⁸ Our statistics on offset use are drawn from programmatic data provided by Abt Associates on August 5, 2021. The rate of offset use in a month reflects all known earnings information, including on-time or late earnings reporting. The data on offset use reflect all updates from the EOYR process for 2018 and 2019. The data also reflect the overwhelming majority of offset updates from the EOYR process for 2020. However, after we compiled the

1. Almost one-third of treatment group members ever used the offset

By December 2020, 30 percent of beneficiaries had ever used the POD benefit offset (Exhibit VI.1).⁷⁹ To be an offset user, a treatment group member had to earn above the POD threshold in at least one month after enrolling in POD. Offset users included those who had at least one month of either a partial or a full benefit offset. Partial offset users received a reduced SSDI benefit check, and full offset users received no benefit check because their earnings were such that benefits were offset to \$0. About one-third of offset users (10 percent of all treatment group members) ever had benefits fully offset to \$0.

Exhibit VI.1. Benefit offset use through December 2020



Source: Abt Associates' Implementation Data System.

Note: The sample size was 6,700 combined treatment group members (T1 = 3,343; T2 = 3,357).

2. Offset usage was similar between T1 and T2 groups, though the T1 group was more likely to use the offset for 12 continuous months

Patterns in offset use were similar across T1 and T2 groups (Exhibit VI.2). The two groups did not differ with respect to their rates of offset use overall or full offset use. One exception was that more T1 group members had benefits fully offset for at least 12 consecutive months than did T2 group members: 1.6 percent of T1 members and 1.0 percent of T2 members.⁸⁰ A potential

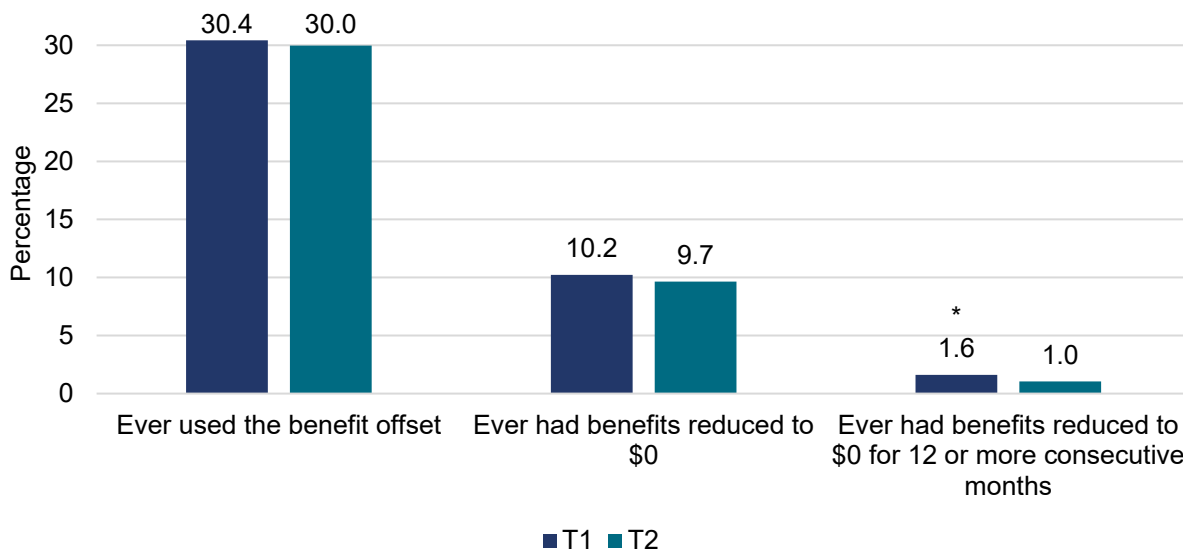
report, SSA identified an additional three offset users through manual EOYR processing. In addition, offset users had the opportunity to request a reconsideration until February 2022. As of mid-November 2021, five offset users submitted a reconsideration request which, if approved, could decrease the reported number of offset users. The appeals window for 2018 and 2019 has closed and we do not expect the counts of offset users to change for those years. We were unable to incorporate the three manual offset users nor wait for the window to submit 2020 reconsideration requests to close.

⁷⁹ [Appendix Exhibit E.1](#) presents state-level information on offset use.

⁸⁰ Although our statistics indicate that 35 of the 3,357 T2 members had 12 consecutive months of offset use, only 25 were reported to have been terminated for work under the POD rules as of July 2021. SSA may be processing terminations for these cases, or it is possible that some months of offset use will be overturned (for example, because of terminations for other reasons or due to beneficiary appeals). Because the window for reconciliation appeals closed after the deadline for this report, we were unable to include the results of 2020 reconciliation appeals.

reason for this difference was that T1 group members were more willing to earn above the POD threshold given they were not subject to benefit termination.

Exhibit VI.2 POD benefit offset use through December 2020, by T1 and T2 groups



Source: POD enrollment data and programmatic data provided by Abt Associates in August 2021.

Note: The sample size was T1 = 3,343, T2 = 3,357.

3. Though cumulative benefit offset use increased over the demonstration, monthly offset use declined modestly at the start of the pandemic

The percentage of treatment group members who ever used the benefit offset gradually increased over time. During the period where all treatment group members were eligible to use the offset (February 2019 to December 2020), the share who ever used the offset increased from 21 to 30 percent (Exhibit VI.3, solid line).⁸¹ The discrete increases in the cumulative share of offset users in February 2019 and February 2020 reflected beneficiaries newly identified to have used the offset as a result of the EOYR process (discussed in greater detail in Chapter VI). EOYR relies on annual data and, without additional information on earnings, will assign the first month of earnings to occur in January. Hence, this categorization explains the increases in offset usage in February 2019 and February 2020 shown in the graph.

The monthly rate of offset use increased during the post-enrollment period as expected, remained roughly steady during full demonstration operations in 2019, and then declined by 1 to 2 percentage points at the start of the pandemic (Exhibit VI.3, dashed line).⁸² The increase in offset

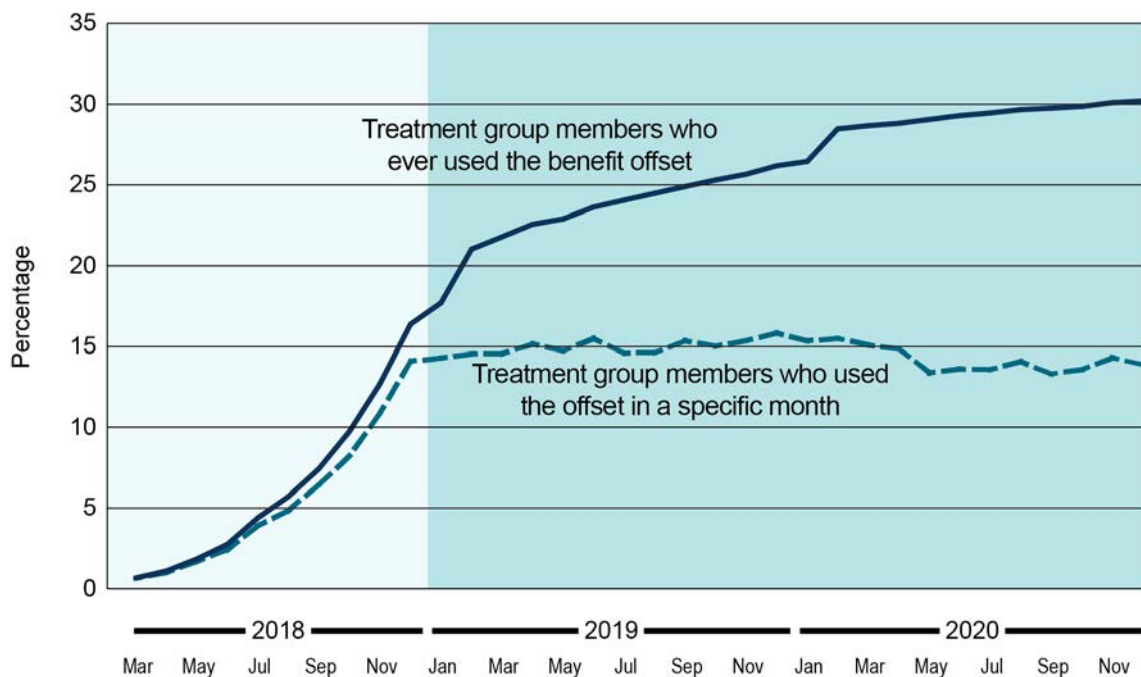
⁸¹ POD treatment group members were eligible to begin using the benefit offset in the first month after enrollment. The latest enrollees were randomly assigned in January 2019 and therefore were not eligible to use the benefit offset until February 2019.

⁸² Exhibit VI.3 presents offset use by month; offset use in a *given* month is based on earnings above the POD threshold in the *previous* month.

use observed in 2018 related to the timing of POD enrollment; nearly half of all offset users (13 percent of treatment group members) used the offset in the first month after enrollment. During 2019 (the first year when all treatment group members were eligible to use the benefit offset) and early 2020, about 15 percent of treatment group members used the offset each month. Around the onset of the pandemic in March 2020, offset use rates dropped slightly (to around 13 to 14 percent) and remained at that level through the end of 2020.

The share of treatment group members who used the offset in each month (Exhibit VI.3, dashed line) was smaller than the cumulative share who ever used the offset (Exhibit VI.3, solid line). This difference between cumulative and per-month use of the offset indicated that many offset users only used the offset sporadically. Further underscoring the sporadic offset use, about half of beneficiaries used the offset for less than a year.⁸³

Exhibit VI.3. Cumulative and per-month use of the POD benefit offset through December 2020



Source: Abt Associates' Implementation Data System.

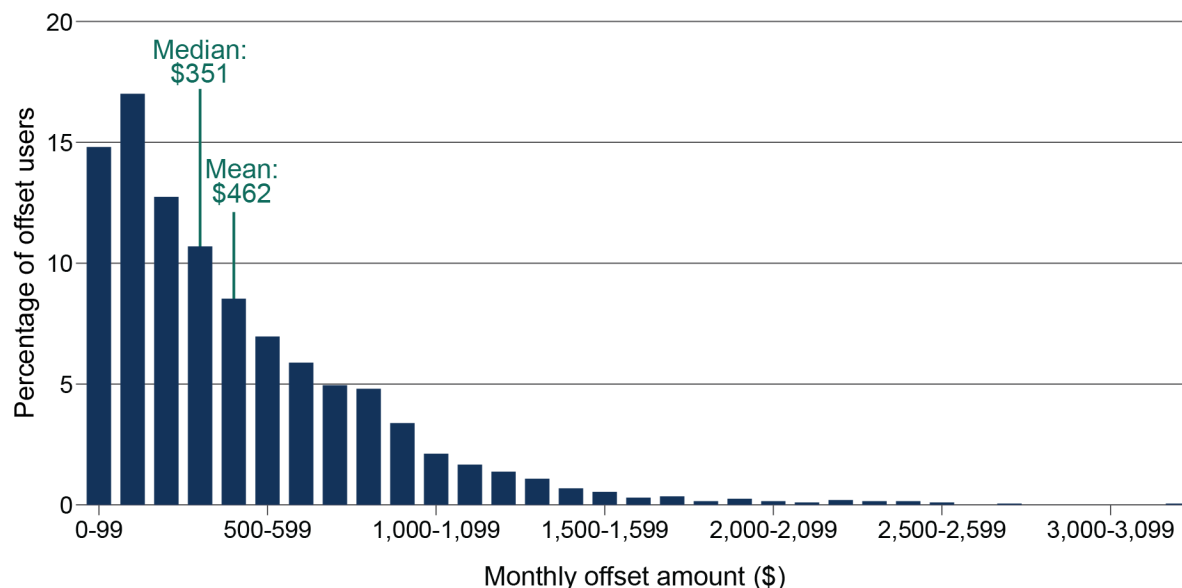
Note: The enrollment period, noted by the lighter shade in the figure, ended in January 2019. Offset use based on 2018 and 2019 earnings reflects the completed EOYR and appeal periods for those years, and offset use for 2020 includes offset months identified through EOYR but does not include the full window for appeals. The discrete increases in the cumulative share of offset users in February 2019 and February 2020 reflect beneficiaries newly identified to have used the offset as a result of the EOYR process. The sample size was 6,700 combined treatment group members (T1 = 3,343; T2 = 3,357).

⁸³ [Appendix Exhibit E.2](#) shows the distribution of months of offset use.

4. The median monthly offset amount was \$351

The average monthly offset amount across all benefit offset users from 2018 through 2020 was \$463, but the median was notably lower: \$351 (Exhibit VI.4).⁸⁴ Many offset users had small offset amounts, though a few had very high offset amounts. About 28 percent of offset users had offset amounts lower than \$175. This amount is notable because it is half the difference between the TWP and SGA amounts in 2020; beneficiaries in this group represent those who experienced reductions in total income relative to current rules. The median offset amount represents 33 percent of the average monthly SSDI benefit amount received at enrollment by treatment group members who went on to use the offset.

Exhibit VI.4. Distribution of monthly benefit offset amounts through December 2020



Source: Abt Associates' Implementation Data System.

Note: The sample size was 2,023 offset users. Offset amounts are in 2019 dollars.

B. How did offset users differ from non-users?

To understand who used the benefit offset, we compared the characteristics of offset users with those of non-users. We used programmatic data on offset use in combination with data from the baseline survey to compare employment, program, demographic, and disability characteristics.

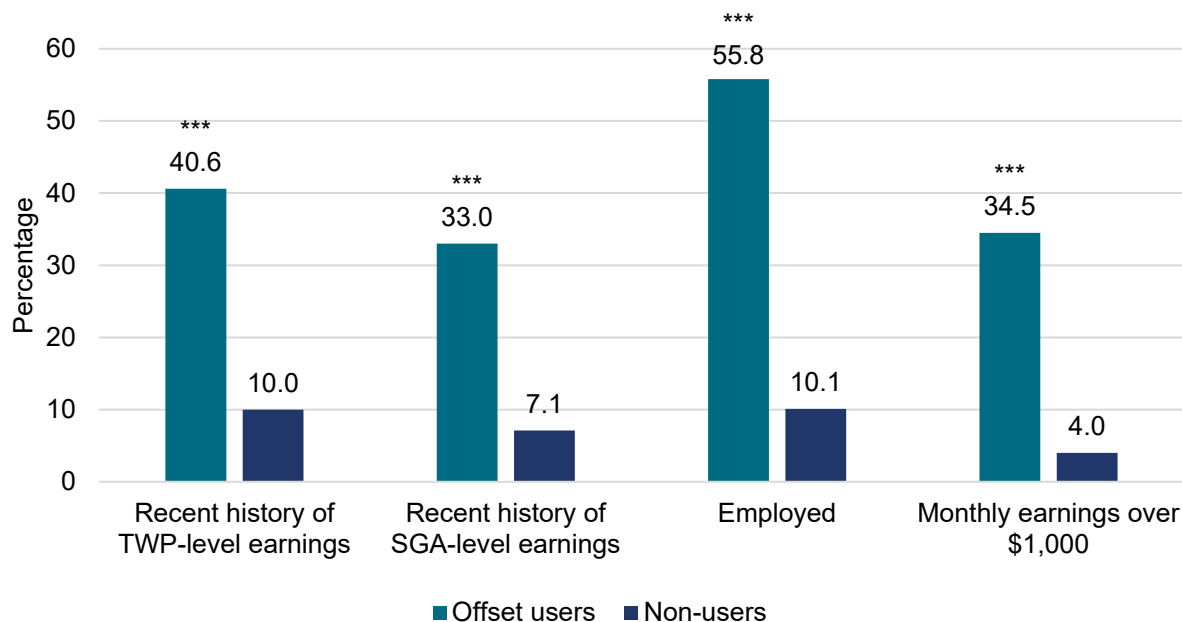
1. A larger share of offset users had a work history at enrollment compared to non-users

Relative to non-users, a larger share of offset users had recent earnings above key SSDI work incentives thresholds (the TWP and SGA amounts), were employed, or based on self-reports in the baseline survey, earned more than \$1,000 per month at the time of enrollment (Exhibit

⁸⁴ [Appendix Exhibit E.3](#) presents the average monthly offset amount by calendar year.

VI.5).⁸⁵ Four times as many offset users had earnings above the TWP amount between 2014 and enrollment as did non-users: 41 percent versus 10 percent. This pattern was similar for earnings above the SGA amount (33 percent of offset users relative to 7 percent of non-users) and working at baseline (56 percent of offset users relative to 10 percent of non-users).⁸⁶ Notably, 35 percent of offset users had monthly earnings higher than \$1,000 per month—more than eight times the share of non-users.

Exhibit VI.5. Employment characteristics of POD offset users and non-users



Source: SSA program records, Abt Associates’ Implementation Data System and POD baseline survey.

Note: POD offset users had earnings above the POD threshold in at least one month following their enrollment in POD through the end of December 2020. The sample size was 2,023 offset users and 4,677 non-users.

***/**/* indicate a statistically significant difference between offset users and non-users at the 1/5/10 percent level.

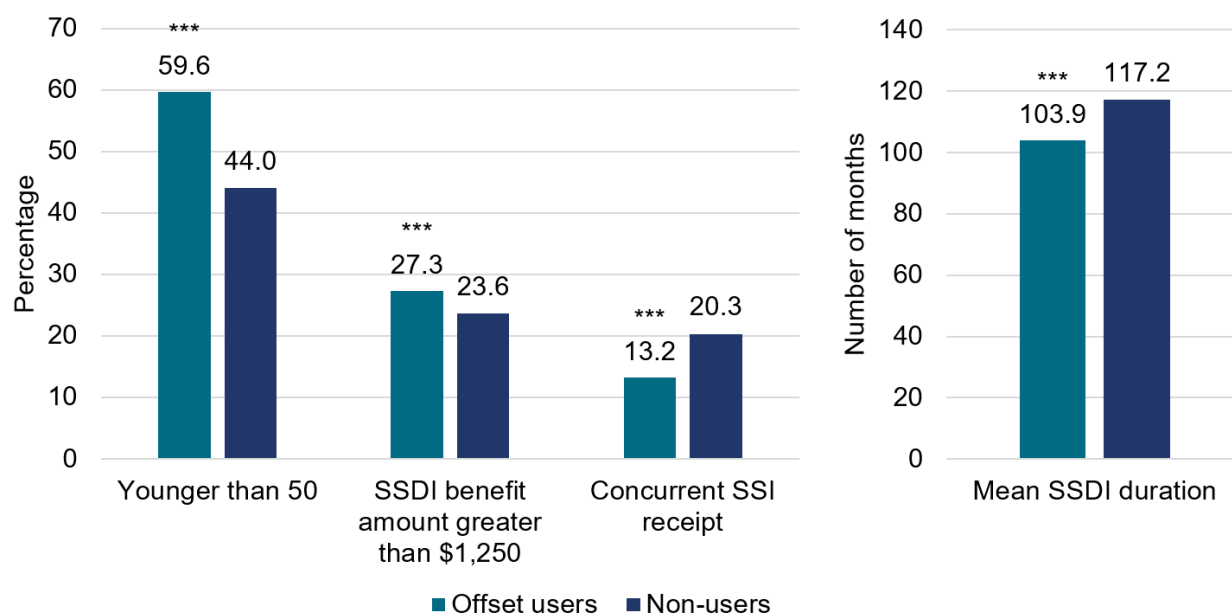
⁸⁵ Employment characteristics were based on data from SSA’s Disability Control File. The Disability Control File does not document all earnings, but there is no evidence that earnings are systematically missing for different subgroups. In the impact analysis, we used POD survey and comprehensive annual employment records from the Internal Revenue Service to estimate employment outcomes. However, because we need to use data available at baseline to characterize offset users and non-users, the Disability Control File data were the best option (POD survey data were not available pre-POD, and Internal Revenue Service employment records are available only annually and thus do not enable an assessment of monthly earnings above given amounts).

⁸⁶ Among POD treatment members employed during the demonstration, those who were employed at baseline had average annual earnings of over \$15,000 during calendar years 2019 and 2020, while those not employed at baseline had average annual earnings of less than \$8,000.

2. Offset users differed from non-users with respect to several demographic and program characteristics

Offset users’ and non-users’ demographic and program-related characteristics differed in ways that reflected varied employment histories (Exhibit VI.6).⁸⁷ Relative to non-users, a larger portion of offset users were younger than 50 (60 percent versus 44 percent). Previous research has shown that employment rates are generally higher among younger beneficiaries (for example, Ben-Shalom and Mamun 2015). Offset users also had greater benefit amounts relative to non-users: 27 percent of offset users had a monthly SSDI benefit amount of more than \$1,250 (approximately the average monthly SSDI benefit amount in 2019) relative to 24 percent of non-users; the higher benefit amount reflected higher lifetime earnings among offset users.⁸⁸ The share of offset users concurrently receiving SSI when they enrolled in POD was lower for offset users than non-offset users (13 percent versus 20 percent). SSI is a means-tested program, and participation requires lower income and assets, which is closely related to earnings history. Finally, at enrollment, offset users had been receiving SSDI benefits about 13 fewer months on average than non-users (104 versus 117 months). More recent awardees generally had more recent earnings (Mamun et al. 2011).

Exhibit VI.6. Characteristics of POD offset users and non-users



Source: SSA program records from the Master Beneficiary Record, POD baseline survey, and Abt Associates’ Implementation Data System.

Note: POD offset users had earnings above the POD threshold in at least one month following their enrollment in POD through the end of December 2020. The sample size was 2,023 offset users and 4,677 non-users.

***/**/* indicate a statistically significant difference between offset users and non-users at the 1/5/10 percent level.

⁸⁷ [Appendix Exhibit E.4](#) supports these findings and provides more detail on demographic and program characteristic differences between offset users and non-users.

⁸⁸ In 2019, the average monthly SSDI benefit payment was \$1,258 (SSA 2020a).

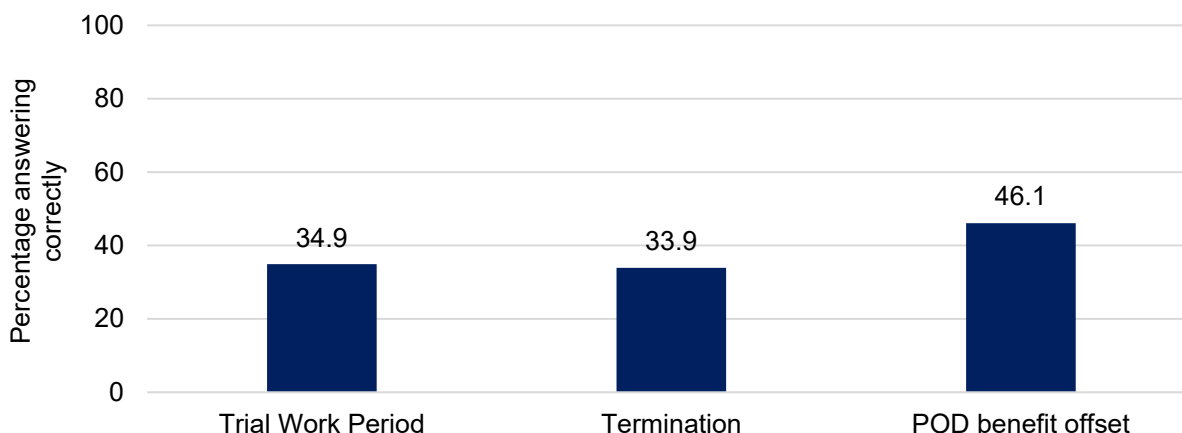
C. Did treatment and control group members understand program rules?

Treatment group members’ understanding of the benefit offset likely affected their offset use. Potential offset users who did not understand how the offset worked may have been hesitant to increase their earnings above the POD threshold. Conversely, treatment members who did not understand the POD rules may have sought employment without realizing that it would be coupled with a reduction in benefits. Given the importance of properly understanding POD rules, the implementation team provided treatment group members several opportunities to learn and ask questions about POD rules. These opportunities included explanations during enrollment, counseling services, mailings, and access to the POD website and toll-free number. In this section, we explore how well treatment group members understood the POD rules using the one-year and two-year follow-up surveys.

1. Less than half of treatment group members understood POD rules

Survey respondents’ understanding of POD rules was low (Exhibit VI.7). Both follow-up surveys assessed treatment group members’ understanding of three aspects of the POD rules: (1) that the TWP did not apply to them while enrolled in POD, (2) that benefits were reduced after their monthly earnings passed a specified threshold, and (3) whether benefits terminated if their earnings were too high. Two years after enrollment, 35 percent correctly identified that there was no TWP under POD, 34 percent correctly identified whether benefits could be terminated, and 46 percent correctly answered that monthly benefits were reduced under POD if monthly earnings were above a level set by SSA. These numbers were nearly identical to the percentage of respondents correctly answering each question one year after enrollment.⁸⁹

Exhibit VI.7. Treatment group members’ understanding of POD rules at 24 months after enrollment



Source: POD two-year follow-up survey.

Note: The following three questions assessed the understanding of treatment group members about POD rules: (1) Under POD, do you have a TWP where your benefits remain unchanged regardless of your earnings? (2) Under the POD rules, do your benefits ever terminate if your earnings are too high? (3) Under POD, are your benefits reduced at any time if your monthly earnings are above a level that SSA set for POD? The sample size was 5,054 treatment group members.

⁸⁹ In [Appendix Exhibit E.5](#), we present summaries of understanding of POD rules for the Year 1 and 2 surveys.

2. Understanding of POD rules was stronger among offset users

Offset users were more likely than those who never used the benefit offset to identify correctly whether benefits could be reduced and whether benefits could be terminated under POD. Not surprisingly, the proportion of offset users who correctly answered that benefits decreased if they earned above the POD threshold (65 percent) was substantially higher than the proportion of non-offset users (39 percent). Offset users and non-users had a similar understanding of whether the TWP applies to them under POD.

“Well, when they’re doing their calculations on how much you’re making, like based on...every \$2 you make, they take \$1, and when they’re doing their calculations and they send me that paperwork, I’m like, I don’t really get this, but I’ll go with the flow because they’re not cutting me off.”

—Full offset user

3. Less than half of control group members understood current SSDI rules

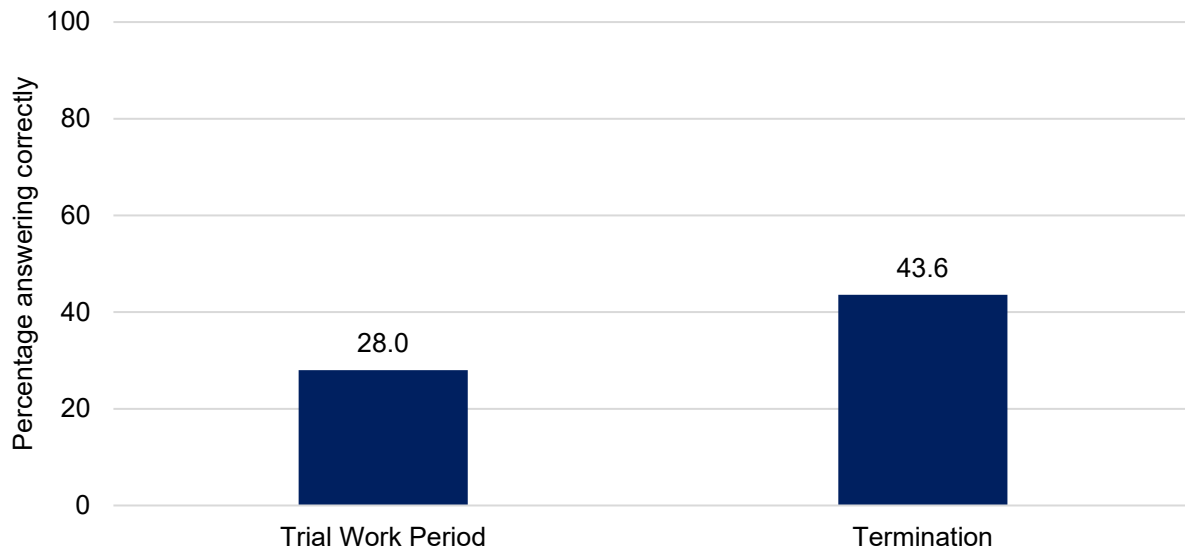
Control group members’ understanding of current SSDI rules was low (Exhibit VI.8). Fewer than half understood that benefits could terminate if earnings were too high (44 percent). Slightly more than one-fourth (28 percent) correctly answered that, under current rules, there was a TWP in which benefits were unchanged regardless of earnings. The percentage answering each question correctly was the same as it was one year after enrollment.

We did not directly compare or test levels of understanding across the treatment and control groups because of differences in rules. Treatment and control group members faced different rules and were only asked about the rules their group faced in our survey questions (shown in Exhibits VI.7 and VI.8, respectively).

These results highlight the confusion experienced by both treatment and control group members under POD and current rules, respectively. Both groups struggled to understand fundamental aspects of how earnings might influence benefit amounts. For treatment group members, there was the added complexity of switching from the current rules to the POD rules, a change that could further compromise overall understanding and response to work incentives.

There is also evidence that understanding of work rules was much stronger among those who used them. This finding is intuitive because understanding the work rules is most critical when the rules actively apply to the beneficiary. In the treatment group, there was evidence that beneficiary understanding was substantially higher among those who used the offset. We did not conduct similar assessments of the control group, though there is evidence that beneficiaries do change their employment behavior from the general SSDI population in response to the cash cliff (referred to as parking) (Schimmel, Stapleton, and Song 2011).

Exhibit VI.8. Control group members who understood current SSDI rules 24 months after enrollment



Source: POD two-year follow-up survey.

Note: The following two questions assessed the understanding of current SSDI rules by control group members: (1) Under current SSDI rules, do you have a Trial Work Period where your benefits remain unchanged regardless of your earnings? (2) Under current SSDI rules, do your benefits ever terminate if your earnings are too high? The sample size was 2,803 control group members.

D. What factors influenced the use of the benefit offset?

A combination of factors—both within and outside POD—affected treatment group members’ use of the benefit offset. In this section, we explore the factors that acted as facilitators or barriers to treatment group members’ use of the benefit offset. Unless otherwise noted, we used qualitative data to inform our findings below. These findings are based on data from semi-structured interviews with 73 current and former treatment group members in 2020 and 72 treatment group members in 2021, a survey of POD counselors and supervisors, and interviews with POD implementation staff.

1. Interviewees and counselors cited personal circumstances and POD as facilitators to increasing work

Treatment group members we interviewed who were earning over the POD threshold frequently named factors outside POD as facilitators to working and earning more. In interviews conducted in 2020 and 2021, treatment group members most frequently cited personal circumstances, such as their motivation and desire to work, as facilitators. Other commonly cited facilitators were their education, skills, and experience. Some treatment group members also mentioned employment circumstances, such as pay in their profession and employer accommodations, as factors that helped them to work and earn more.

Offset users had positive impressions of POD in facilitating their ability to earn above the POD threshold. A majority of interviewed offset users viewed POD as a factor that motivated them to work and earn more. Several interviewees also reported that POD was a motivator to work because it gave them the ability to keep partial benefits while working, and a few said they were motivated by the ability to retain Medicare coverage while in POD.⁹⁰ Interviews with POD staff supported this perspective: POD counselors and a Virginia Commonwealth University technical assistance liaison felt POD was effective in encouraging treatment group members to work and earn more, citing the ability to retain partial benefits in particular. Treatment group members also described POD counselors as facilitators to earning above the POD threshold (see Chapter IV).

“I looked at Social Security as an income trap because you’re trapped to a certain amount of income, and you get kind of stuck financially.” The POD invitation “gave me a way out of that income trap” and allowed the beneficiary to use POD “to work myself back into the workforce fully.”

—Former offset user

2. Interviewees cited several personal and health reasons that constrained their ability to work

Interviewed treatment group members identified several factors that prevented them from working and earning more. These factors included their health and disability status, fear of losing benefits, and not wanting to work more than they already were. POD supervisors across all sites also cited the fear of losing benefits as a barrier to employment. A few treatment group members reported that POD affected their thinking about work and earnings negatively. For example, some felt they needed to limit earnings to stay below the POD threshold, and others did not understand how their check would be reduced. Supervisors in most POD sites noted other barriers, including lack of suitable job opportunities and lack of necessary skills and education. Further, supervisors in several sites noted a few additional barriers, including discouragement from family members due to previous unsuccessful attempts at securing employment.⁹¹

3. Offset users with high earnings faced challenges with Medicare Part B premium payments similar to current rules

Benefit adjustments under POD disrupted Medicare Part B premiums for some treatment group members. Under current law, these premiums are typically deducted from SSDI benefit payments or, if benefits are suspended, beneficiaries pay a quarterly bill for Medicare premiums (which were \$144.60 per month in 2020). Several implementation team members described how the POD rules disrupted payment of beneficiaries’ Medicare premiums and emphasized that issues with Medicare premiums prompted some beneficiaries to question their confidence in POD or the counselors. In POD, beneficiaries with high offset amounts and those in full offset did not have enough remaining in their benefit to cover the Medicare premium. If this occurred,

⁹⁰ Current SSDI rules allow Medicare to continue during the 9-month TWP and for an additional 93 months after completion of the TWP, for a total of 8 years and 6 months. Hence, the fact that some POD treatment group members pointed to continued Medicare coverage as a motivator to work suggests that beneficiaries may be unaware of current rules. This confusion is consistent with the other issues in understanding current rules shown in Exhibit VI.7.

⁹¹ In [Appendix Exhibit E.6](#), we summarize findings from a pre-site visit questionnaire completed by POD supervisors of potential employment barriers.

SSA often withheld future months' benefits to cover the deduction. This situation was particularly challenging for treatment group members whose monthly earnings fluctuated, which could occur even for steady wage earners in months with an extra pay period (for example, those with five Fridays in one month). These challenges could also occur under current law.

Another challenge treatment group members faced was a two-month lag between earnings and benefit check adjustment, which some found "confusing" and "problematic." This lag obscured the relationship between benefit adjustments and earnings. Based on survey data presented above two years following enrollment, about one-third of beneficiaries who had used the offset (and therefore had their benefits adjusted) did not correctly indicate that benefits would decrease if they earned above the POD threshold. This difference between the earnings month and the benefit check adjustment also created hardship for some beneficiaries who experienced job loss during the pandemic because former offset users had to wait two months to receive a full benefit check.

The challenges related to lags noted above were likely also a factor for the control group. Under current rules, SSA must develop a work CDR to review earnings, determine use of work incentives, and determine the appropriate months for benefit payments. Namely, a beneficiary must submit their earnings and SSA must initiate and complete a process to check whether those earnings are within the TWP and EPE and, if not, whether they exceed SGA. In 2019, the average time to complete a work CDR was 92 days after receiving a direct earnings report (SSA 2021c). Under POD, SSA collected earnings reports monthly and, in most cases, used an automated process to complete the relevant review and benefit adjustment. We did not obtain qualitative data from the control group members on the extent of this issue, however, the program rules and processes suggest that lags between earnings and benefit adjustments for control group members could be comparable or longer than those for the treatment group.

E. What was the incidence and level of work-related overpayment and underpayment?

As was the case with beneficiaries who engaged in SGA after the TWP and grace period under current law, POD offset users were subject to work-related improper payments (overpayments and underpayments). Improper payments can occur due to (1) beneficiary delays in reporting earnings or inaccurate reports or (2) delays or processing errors by POD implementation staff or SSA. When SSA recognized that the beneficiary had an improper payment, the agency notified the beneficiary.

Improper payments could occur for a variety of reasons, but we focus on work-related overpayments and underpayments in this report and use the terms overpayments and underpayments for brevity. Overpayments occurred when SSA paid beneficiaries more in SSDI benefits than they were entitled to on the basis of work activity. Those with an overpayment had the right to appeal the determination; if unsuccessful in their appeals, overpaid beneficiaries needed to repay the debt to SSA. Underpayments occurred when SSA paid beneficiaries less than they were entitled based on work activity. When SSA recognized an underpayment, the agency issued the underpaid beneficiary a lump-sum check for the underpayment amount (assuming there were no outstanding beneficiary debts to SSA).

In this section, we present statistics on improper payments in 2019. We focus on 2019 to capture a full calendar year of exposure to the POD rules (in contrast to the ongoing enrollment during 2018) and because complete data on overpayments and underpayments in 2020 were not available at the time of writing.⁹²

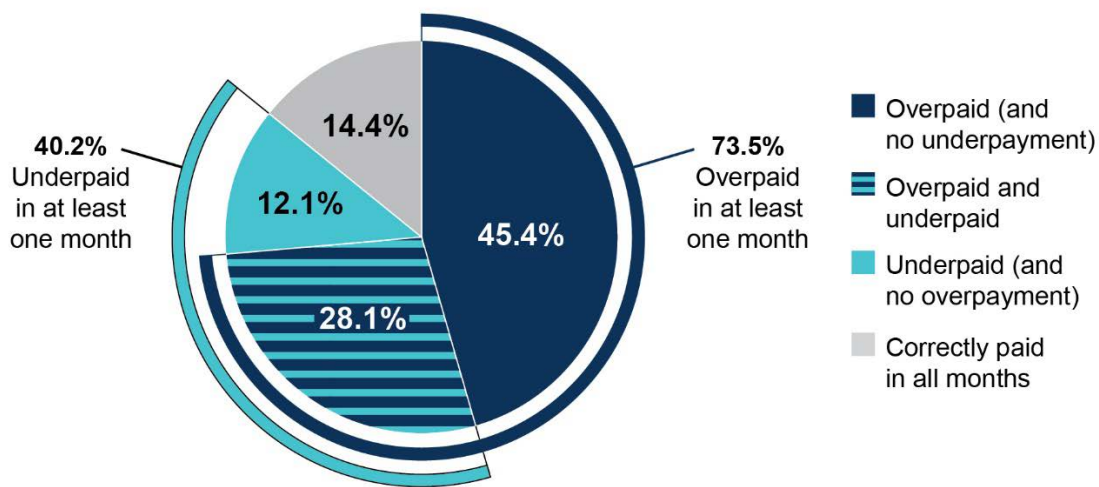
1. Most 2019 offset users had work-related overpayments or underpayments

Among those who used the offset in 2019, 86 percent had an improper payment (Exhibit VI.9).⁹³ The most common improper payment was overpayment: 74 percent of 2019 offset users had an overpayment. POD offset users had an overpayment in slightly less than half (46 percent) of offset months.⁹⁴ Approximately 40 percent of offset users had an underpayment.

One challenge was that most treatment group members did not expect an overpayment. The unexpected overpayments were potentially a reflection of a misunderstanding of the POD rules noted above. The unexpected overpayments in POD were also consistent with challenges faced under current rules. For example, qualitative evidence collected among current-law SSDI beneficiaries not participating in POD indicated that beneficiaries were generally unaware of pending overpayments (Kregel 2018).

“I wasn’t expecting the overpayment... I didn’t think I had worked for that much money or I wasn’t keeping track. I don’t know. But it was a surprise to me.”
—Full offset user

Exhibit VI.9. Incidence of overpayments and underpayments among offset users in 2019



⁹² Overpayment and underpayment data including the results of the 2020 EOYR process were not available until November 2021.

⁹³ In total, 17 percent of treatment group members were overpaid because of work and 10 percent were underpaid because of work in 2019 (see [Appendix Exhibit E.7](#)).

⁹⁴ [Appendix Exhibit E.8](#) presents a comparison of offset users’ characteristics by overpayment status.

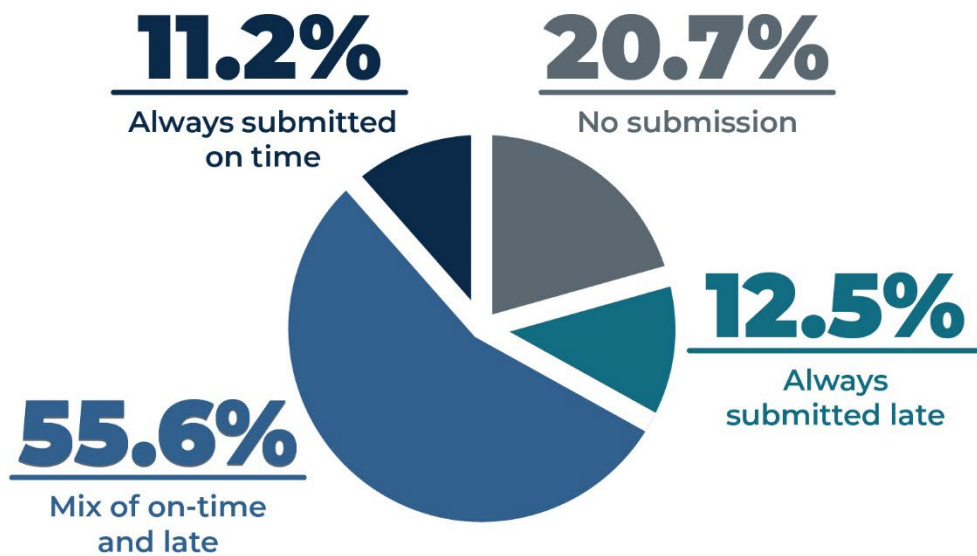
Source: Authors' calculations based on June 2021 Disabled Beneficiary and Dependent extracts from the Master Beneficiary Record.

Note: This exhibit focuses on benefit offset use, overpayments, and underpayments in 2019, but the rest of the chapter discusses benefit offset use through 2020. Data were not yet available to produce reliable 2020 overpayment and underpayment estimates. The sample size was 1,505 treatment group members who used the offset in 2019.

2. Late earnings reporting likely contributed to improper payments

A minority of offset users (11 percent) consistently submitted their earnings on time (Exhibit VI.10). This finding suggests a link between improper payments and earnings reporting challenges cited in Chapter V.⁹⁵ More than half of offset users submitted their earnings late for some months in which they had earnings above the POD threshold. Another 10 percent of offset users consistently submitted their earnings late for months with earnings above the threshold. The remaining 20 percent of offset users never reported their earnings and were identified only during the EOYR process. Many treatment group members attributed overpayments to their late or incomplete earnings reporting. They acknowledged challenges in organizing paystubs and other financial information related to their earnings.

Exhibit VI.10. Timeliness of earnings submission by POD offset users



Source: Abt Associates' Data Implementation System on POD earnings reporting, January 2018 to December 2020.

⁹⁵ Beneficiaries who submitted their earnings late or who did not submit them were at risk of receiving an erroneous payment. These individuals were “at risk” of an overpayment because for at least one month with earnings above the POD threshold, they did not report or reported late (after the sixth of the following month). Beneficiaries who transitioned from benefit offset to a smaller offset or no offset and did not report or reported late were at risk of an underpayment. In some cases, late or absent earnings reporting could still result in a timely and proper adjustment. For some earnings reports submitted late but soon after the sixth of the month, SSA was still able to process the report before the current operating month’s cutoff date. Similarly, when treatment group members reported earnings late that did not affect their offset amount, it did not lead to an erroneous payment. When they failed to report their earnings for a given month, an administrative process based the benefit offset on the most recent earnings reported was used.

Note: Earnings reports submitted by the deadline of the sixth of the following month were considered on time, and those submitted after the sixth of the following month were considered late. Values are expressed as a percentage of offset users and summarize their experience with timely reporting in months with earnings above the POD threshold.

3. The median monthly overpayment was \$194 and the median monthly underpayment amount was \$105 among offset users

The median monthly overpayment for treatment group members was \$194 (Exhibit VI.11, Panel A). This amount was, by definition, lower for partial offset months (\$176) than for full offset months (\$720). The overall median was closer to the median among partial offset months because 90 percent of all overpayment months were partial offset months. In contrast, because of the cash cliff, the monthly overpayment amount for any beneficiaries who were overpaid under current SSDI rules would equal their full benefit amount. Across all offset users who were overpaid, the median total overpayment amount in 2019 was \$482, and each offset user with overpayments experienced a median of 2.5 months of overpayments (not shown).

The median monthly underpayment amount among offset months was \$105 (Exhibit VI.11, Panel B).⁹⁶ Underpayments were smallest for months initially classified as partial offset (\$46) and larger for months initially classified as full offset (\$236).⁹⁷ Across all offset users who were underpaid, the median total underpayment amount in 2019 was \$375, and the median duration of underpayment was 3.6 months (not shown).

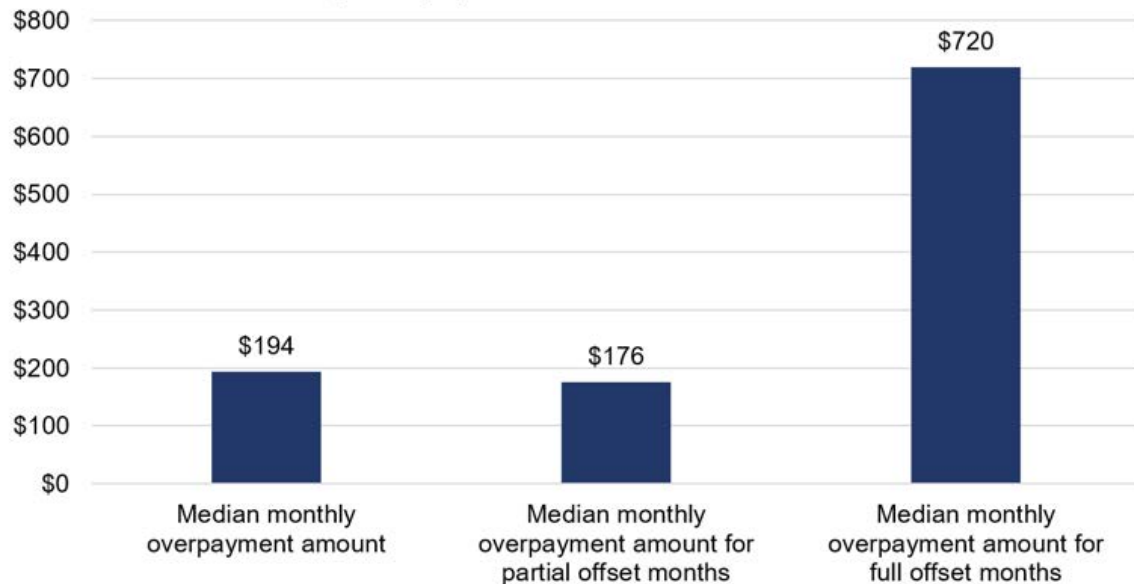
The size of the median over and underpayments was much higher for the (smaller sample) of control group members who had an over or underpayment. The median overpayment was \$1,089 for control group members with an overpayment; the median underpayment was \$1,033 for those with an underpayment. However, overpayments and underpayments were far less frequent in the control group relative to the treatment group. In Chapter VII, we examine the impacts of POD on overpayments and underpayments, which is influenced by both the frequency and size of the payment.

⁹⁶ Underpayments also occurred for beneficiaries who were initially thought to have used the offset but were later reclassified as non-offset users. The median underpayment amount for underpaid non-offset months was \$302. The median underpayment amount across all underpayment months (offset and non-offset) was \$164

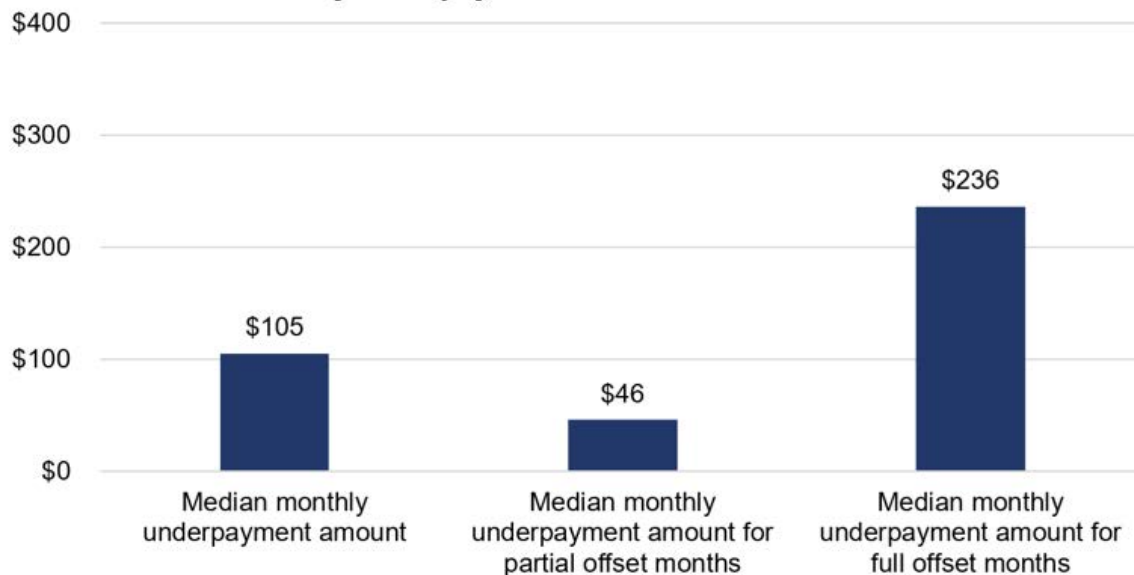
⁹⁷ A few (3) beneficiaries had months that were initially classified as terminated for work and later reclassified as non-terminated partial offset use. For those months, the median underpayment amount was \$498. There were also 45 beneficiaries initially classified as in full suspense under current law, who were reclassified as partial offset users. For these months, the median underpayment amount was \$564.

Exhibit VI.11. Median overpayment and underpayment amount among offset months in 2019

Panel A. Median monthly overpayment amounts



Panel B. Median monthly underpayment amounts



Source: Authors' calculations based on June 2021 Disabled Beneficiary and Dependent extracts from the Master Beneficiary Record.

Note: This exhibit focuses on benefit offset use and overpayments in 2019, but the rest of the chapter discusses benefit offset use through 2020. Data were not yet available to produce reliable 2020 overpayment estimates. The sample size was 1,107 combined treatment group members who were overpaid in 2019.

4. Overpayment resolution was challenging for treatment group members who did not receive SSA field office support or anticipate overpayments

The steps to resolve overpayments for POD treatment group members were the same as for SSDI beneficiaries under current law. Overpaid treatment group members could appeal the determination through a reconsideration or waiver. They could use reconsiderations to provide

additional evidence refuting the existence or amount of the overpayment. Alternatively, they could submit a waiver agreeing they had been overpaid but were not at fault for the overpayment and requesting that SSA forgive the overpayment debt. There was also a special pandemic waiver available for qualifying overpayments in 2020.⁹⁸ If appeals were unsuccessful, overpaid treatment group members had to repay the overpayment through a lump-sum payment, repayment plan, or benefit withholding.⁹⁹

Although local SSA field offices generally did not engage with treatment group members, the field office staff were expected to assist treatment group members with overpayment issues. The level of support provided to treatment group members, however, was inconsistent across field offices and SSA personnel. According to POD staff, some field staff were unaware of this responsibility. In addition, some treatment group members described challenges with contacting SSA to understand or resolve overpayments when field offices were closed during the pandemic.

Treatment group members and counselors also experienced challenges related to administrative changes following the pandemic in processing adjustments, including the waiver for overpayments (see Chapter III). POD counselors said that treatment group members were sometimes confused by the overpayment notices they received after the end of the pandemic emergency period, which combined all overpayment months. Counselors reviewed earnings reports and worked with other implementation staff (Virginia Commonwealth University technical assistance liaisons and indirect support unit staff) and SSA to identify the cause of overpayments, though it took time to find and provide explanations. In addition, Abt Associates leadership and POD counselors noted that local SSA offices gave treatment group members incorrect information about the pandemic waiver. Specifically, some local SSA offices incorrectly told treatment group members that they were not eligible for the streamlined waiver process because of POD. Hence, counselors had to take extra time to work with treatment group members to resolve the issues with SSA.

Overpayments resulted in challenges for some treatment beneficiaries that were similar to those often cited in the literature under current law (O'Day et al. 2016). Some counselors noted treatment group members were scared about their financial instability upon learning about overpayments. Some treatment group members reported that overpayments were a disincentive to work. Further, new overpayments could invalidate existing overpayment plans. For example, if a beneficiary had a portion of monthly benefits withheld to repay a previous overpayment, a new overpayment would cancel that arrangement. Hence, the beneficiary could have their entire check withheld. Finally, withholdings and repayment plans created additional complexities for treatment group members to understand how their earnings affect benefits in each month. However, one silver

“I find it very stressful. Even though I’m out and earning. The fact that now it’s just an overpayment, and they’re saying I have to pay them back.”

—Overpaid offset user

⁹⁸ Qualifying overpayments that accrued between March 1, 2020, and September 30, 2020, because SSA did not manually process certain actions and were identified by December 31, 2020, were eligible to be waived by SSA.

⁹⁹ In 2018 and 2019, 4.7 percent of control group members submitted a reconsideration request for an overpayment. In contrast, only 0.9 percent of treatment group members submitted a reconsideration request in those years.

lining to overpayments was that they encouraged some treatment group members who had not provided earning reports on time to do so.

Treatment group members who anticipated overpayments generally had better experiences. For example, some noted setting aside money to repay the overpayment and thus experienced little or no harm.

F. Why did treatment group members withdraw from POD?

Patterns of withdrawals for treatment group members are important for understanding the perception of the POD rules as well as potential implications for the impact analysis. Any POD treatment group member was permitted to withdraw from the demonstration at any time. We reviewed programmatic data on withdrawals through December 2020 to learn why beneficiaries withdrew, and we analyzed qualitative interviews with POD counselors and qualitative interviews with ten former treatment group members to learn whether they were satisfied with their decision to withdraw.

1. About 8 percent of treatment group members withdrew from POD

As of December 2020, about 8 percent of POD treatment group members withdrew from POD. POD counselors discussed withdrawal with about 11 percent of treatment group members, according to counselors' contact logs. POD counselors first worked to understand the treatment group member's reason for wanting to withdraw and then tailored their counseling to that reason, following guidance developed by Virginia Commonwealth University. Counselors also explained the consequences to treatment group members of withdrawing from POD.

Of those who discussed withdrawal with a counselor, 43 percent remained enrolled in POD. Counselors reported that they helped prevent withdrawals by explaining POD processes, addressing misconceptions and frustrations, and answering questions about POD. For example, one counselor said that many participants asked to withdraw because of a misconception that they must work to remain in POD. Other beneficiaries who discussed withdrawal were frustrated with POD mailings. Counselors reported that when beneficiaries expressed such frustrations, explaining the purpose of the mailings helped to lessen their concerns.

For those who still wished to withdraw, counselors emphasized the steps required to complete the process, including the importance of submitting an SSA-795 form to document the reason for withdrawal. Counselors said that some participants who expressed a desire to withdraw did not submit the required form.

2. T1 group withdrawal rates were 1 percentage point lower than T2 group members

T1 group members were slightly less likely to withdraw from POD relative to T2 group members (7 versus 8 percent).¹⁰⁰ This lower withdrawal rate was not unexpected given the protections T1 group members had from benefit termination. The relatively modest differences were also

¹⁰⁰ [Appendix E.9](#) shows that members of the T2 group were slightly more likely to withdraw from POD than members of the T1 group (8 percent versus 7 percent, $p = 0.04$). As we describe in Chapter I, members of the T2 group were subject to different benefit termination rules under POD than members of the T1 group.

consistent with findings below that most treatment group members cited other reasons for withdrawing from POD.

3. Reasons for withdrawals included being better off under current rules, lack of interest in working, fear of losing benefits, and limited understanding of POD rules

Treatment group members cited multiple reasons for withdrawal, according to programmatic data.¹⁰¹ The most common reason was a preference for the work incentives under the current rules (35 percent of those who withdrew). Counselors added more insight to the statistics, including that preference for current SSDI rules was particularly salient for blind beneficiaries. Specifically, relative to the POD rules, current law led to higher benefit amounts for those earning between the TWP and SGA amounts. The SGA amount was higher for blind than for non-blind beneficiaries (\$2,190 versus \$1,310 in 2021). Hence, people who were blind fared worse under POD rules than those who were not blind. Other common reasons for withdrawal were the inability to work because of a disability (18 percent), fear of benefit loss (10 percent), and lack of understanding about POD (8 percent).

Withdrawals were the largest in the earlier years of POD.¹⁰² As beneficiaries adjusted to POD rules, they became less likely to withdraw. In addition, the pandemic may have led fewer people to withdraw; one counselor reported that many treatment group members did not want to withdraw in 2020 because they did not want to make any big life changes during the pandemic.

Most former treatment group members we interviewed were content with or ambivalent about their decision to withdraw from POD, but some expressed regret. One former treatment group member feared that increased earnings in POD would jeopardize his eligibility for food stamps and other benefits. Another reported feeling pressured to return to work while in POD; however, this former treatment group member later regretted withdrawing from POD.

¹⁰¹ We present a summary of reasons why people withdrew based on their SSA-795 forms in [Appendix Exhibit E.10](#).

¹⁰² [Appendix Exhibit E.11](#) shows the percentage of treatment group members who withdrew in each month from February 2018 to December 2020.

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VII. WHAT WERE THE IMPACTS OF POD?

We summarize the impacts of POD over two full years of implementation. We assess impacts by comparing the outcomes of treatment group enrollees to control group enrollees. The comparison yields an unbiased estimate of the impact of POD.¹⁰³ The length of the follow-up period was chosen based on time requirements that Congress specified for POD: full evaluation results must be complete within five years of start-up. This five-year period included design (approximately one year), enrollment (approximately one year), and a service period (at least two years).

This chapter presents the main impact findings for primary outcomes identified in the design report. We used all POD enrollees to estimate these impacts. The primary outcomes capture measures of earnings, benefit outcomes, and income from SSA program records over a two-year period (presented as annual averages in 2019 dollars).¹⁰⁴ We also report annual versions of the primary outcome measures separately for each follow-up year to see whether trends emerged over time. The secondary outcomes included employment and benefit-related outcomes from SSA program records; employment, health insurance, and health-related outcomes from the POD one-year and two-year follow-up surveys; and VR application and service receipt from Rehabilitation Services Administration records.

KEY FINDINGS

- POD increased annualized SGA amount but had no impact on the other three primary outcomes (earnings, benefits, and income).
- Average beneficiary earnings did not change substantively during the pandemic, though some increased their earnings as essential workers and others stopped working.
- POD had positive impacts on earnings, annualized SGA amount, and income for beneficiaries not employed at baseline.
- POD had positive impacts on some secondary outcomes, including employment-related activities and duration of SSDI receipt. It did not affect other outcomes, such as health, health insurance, and receipt of other program benefits.

The descriptions of impacts include the magnitude and precision of each impact estimate. We indicate no impact on an outcome if the estimated impact was not statistically significant at the 10 percent level. To provide context for size, we report the magnitude of the estimated impact relative to the control group mean. Appendix F contains additional details about the presentation of impact estimates, including impact analysis methods, outcome descriptions, and supplementary exhibits with estimated impacts of POD.

¹⁰³ As we show in Chapter III, random assignment created experimental groups with similar observable baseline characteristics. Therefore, enrollees assigned to the control group provide a good benchmark for how treatment group members might have fared under current SSDI rules.

¹⁰⁴ Because earnings data were reported only for a complete calendar year, we report outcomes related to earnings and employment in 2019 and 2020 (the two full calendar years after completing POD enrollment efforts) instead of the 24 months after enrolling in POD. About 2 percent of enrollees were randomly assigned in January 2019 (Hock et al. 2020a). However, because these enrollees had to submit their enrollment materials before December 31, 2018, outcomes measured in calendar year 2019 approximate what happened in their first year after enrollment.

As noted in Chapter I, we focus on comparisons between the overall treatment group and the control group. We did so because there were few statistically significant differences in impacts between the T1 and T2 groups, particularly on primary outcomes. We describe below the few cases of differences between T1 and T2 groups for secondary outcomes. For completeness, we summarize these differences in a separate subsection and provide a full specification of all outcomes in Appendix F.

A. What were the impacts of POD on primary outcomes, overall, by year, and by subgroup?

We used data from SSA records to estimate the impact of POD across the four primary outcomes: (1) earnings, (2) annualized SGA amount (defined as annual earnings over both years above the annualized SGA amount), (3) SSDI benefit amounts, and (4) total income.

This section also reports some impacts linked closely to the primary outcomes. The measures themselves are the same, but the impacts were estimated for enrollee subgroups or time periods that are different from the primary analysis. To test whether impacts for the primary outcome measures were greater for one type of beneficiary than another (such as those who were employed at enrollment versus those who were not), we estimate impacts across subgroups. To explore whether POD had impacts that were significantly different from zero for a particular set of beneficiaries (such as those who were not employed at enrollment), we estimate impacts within subgroups. We also report stand-alone annual impacts for each primary outcome to provide insight into how the pandemic might have influenced the effects of POD.

Primary Outcome Measure Definitions

- **Average annual earnings (earnings reported to the IRS).** This continuous measure captures the total average annual earnings for the beneficiary as reported to the Internal Revenue Service (IRS) in calendar years 2019 and 2020.
- **Annualized SGA amount (earnings reported to the IRS).** This binary measure captures whether average earnings reported to the IRS in 2019 and 2020 is higher than the annualized SGA amount (\$14,791 in 2019 dollars).
- **Average annual SSDI benefit amount (SSA program records).** This continuous measure captures the total average annual SSDI benefit amount due to the beneficiary for the 24 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 24-month period is adjusted to include January 2019 to December 2020.
- **Average total annual income (SSA program records).** This continuous measure is taken as the average annual sum of earnings, total SSDI benefit amounts due, and total Supplemental Security Income (SSI) payments due in 2019 and 2020.

1. POD had no overall impact on earnings but did increase earnings by 1 percentage point for those who earned above the annualized SGA amount

We found that POD did not have an impact on earnings (Exhibit VII.1, Panel A). Average annual earnings in 2019 and 2020 for treatment group members was \$5,022, relative to \$4,954 for the control group.¹⁰⁵

¹⁰⁵ For earnings, the estimated difference represented about 1 percent of the control group mean, which implies no substantive change in outcomes. Also, we used the estimated standard errors associated with the impact estimate,

We did find that POD had a positive impact on annualized SGA amount (Exhibit VII.1, Panel A). The annualized SGA amount is a cutoff that our evaluation team chose to represent substantive earnings. We included this measure given the interest in POD would likely be the strongest for those who could earning above SGA on a continuous basis. We defined this outcome as having average annual earnings (over 2019 and 2020) above the annualized SGA amount for this same time period (\$14,791).¹⁰⁶ About 11 percent of the treatment group had such earnings, compared with 10 percent of the control group; the estimated difference of 1 percentage point represents a 10 percent increase relative to the control group mean.

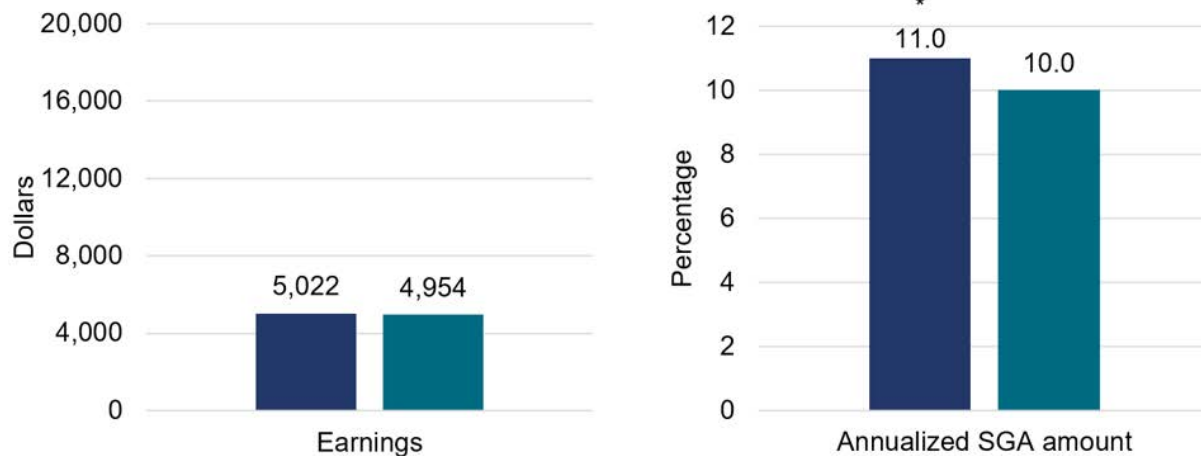
As explained in more detail below, treatment group members had mixed experiences with how POD affected their earnings. Hence, the substantive increases in earnings experienced by some were offset by job losses and decreases in earnings by others.

presented in [Appendix Exhibit F.1](#), to calculate a 95 percent confidence interval, which covers the range of a decrease in earnings of \$323 to an increase of \$460. This represents an effect size of no more than 0.04 standard deviations. Therefore, we can be confident that impacts could not be large.

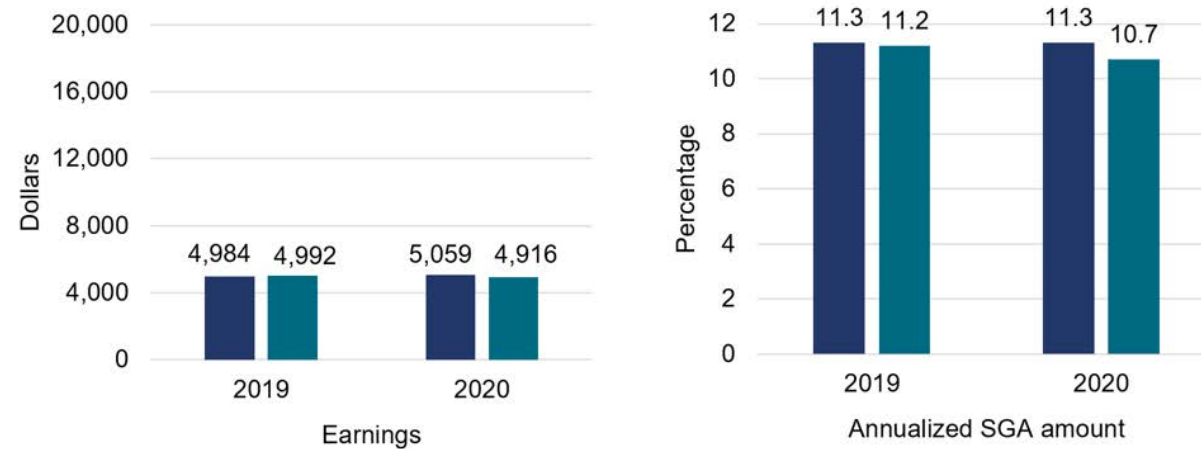
¹⁰⁶ The annualized SGA amounts in 2019 and 2020 were \$14,640 and \$14,941 (in 2019 dollars), respectively, so the annualized SGA over the two years was \$14,791. We also examined annual versions of this measure for 2019 and 2020 separately. Note that it is easier for a beneficiary's average annual earnings to exceed annualized SGA in one year than over the full two-year period.

Exhibit VII.1. Impacts of POD on earnings and annualized SGA amount

Panel A. Annual average



Panel B. Individual years



■ Treatment ■ Control

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data and SSA program records.

Note: The figure shows the unadjusted control group mean and the regression-adjusted treatment group mean, pooling together the two treatment groups. Annualized SGA amount is an indicator for having average annual earnings above the annualized SGA amount. In Panel A, earnings are expressed as an annual average for the calendar years 2019 and 2020 (in 2019 dollars); annualized SGA amount captures whether average earnings over 2019 and 2020 exceeded \$14,791. In Panel B, outcomes are measured for each calendar year separately. [Appendix Exhibit F.1](#) contains fuller details of this analysis.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

We found no differences in impacts by year (2019 or 2020). This finding was notable because the pandemic substantively lowered the average earnings of both the treatment and control groups. For example, among control group members, the percentage with an annualized SGA amount was 0.5 percentage points lower in 2020 than in 2019, which represents a decline of about 5 percent (Exhibit VII.1, Panel B). The share of control group members with any earnings

also fell by nearly 10 percent.¹⁰⁷ However, their average earnings were similar in both years. Therefore, some enrollees must have increased their earnings to balance out those who were no longer employed or were paid at lower levels.

Our qualitative findings underscore the mixed experiences of the pandemic on beneficiary earnings. Some people who experienced increased earnings noted that it was typically related to working longer hours or receiving higher pay (such as hazard pay or bonuses). People with decreased earnings during the pandemic noted some of their employers reduced their hours or closed. Some POD treatment group members also quit or reduced their hours out of concern for the pandemic or the need to quarantine. According to POD counselors, the employment effects of the pandemic varied across industries: the delivery, grocery store, health care, and contact tracing industries were more likely to see positive employment impacts, but industries such as food service, hospitality, entertainment, retail, and ride sharing were more likely to see negative employment impacts.

Several beneficiaries reported that “working...was great” for more hours, but several also noted the possibility of “dying for your job [due to the pandemic]...and decided they would rather stay home.”

—POD counselor

The economic conditions during the pandemic likely affected both the treatment and control groups. Qualitative reports about the changing nature of work for many beneficiaries were consistent with broader changes in the economy during 2020. POD counselors noted that treatment group members had mixed capabilities or support to work at home. A few treatment group members said they were able to work from home, but many reported that they were required to work in person. Others also lacked the equipment or resources (such as Internet access) required to find work remotely or obtain virtual work.

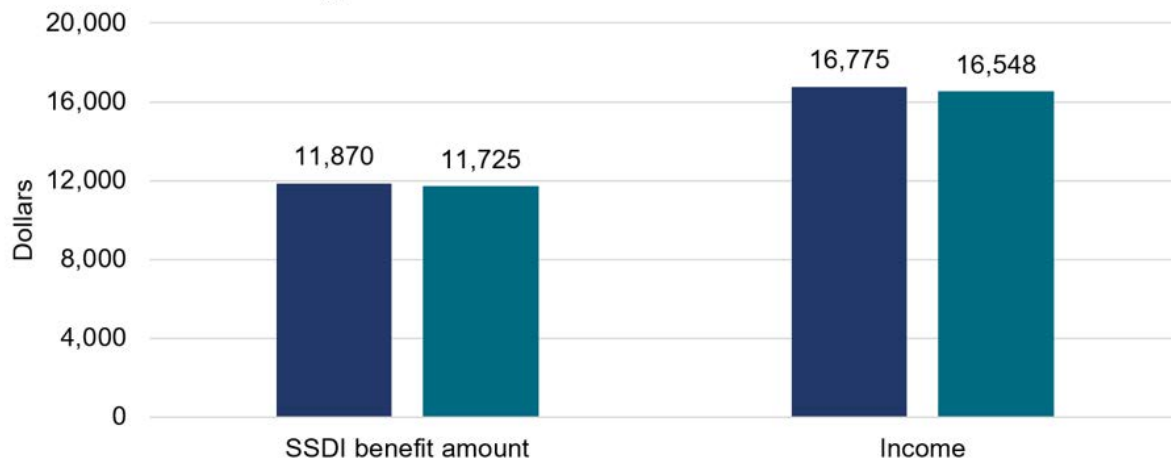
2. POD had no overall impact on benefits and income

We found no impacts for POD on SSDI benefit amount and income (Exhibit VII.2, Panel A). The average annual SSDI benefit amounts in the two years after enrolling in POD for the treatment group was \$11,870. Total income for treatment group members, which included total earnings plus SSDI benefit amounts and SSI payment amounts, was \$16,775. For both of these measures, the control group mean was within 2 percent of the treatment group mean, which further underscores the interpretation of no impact.

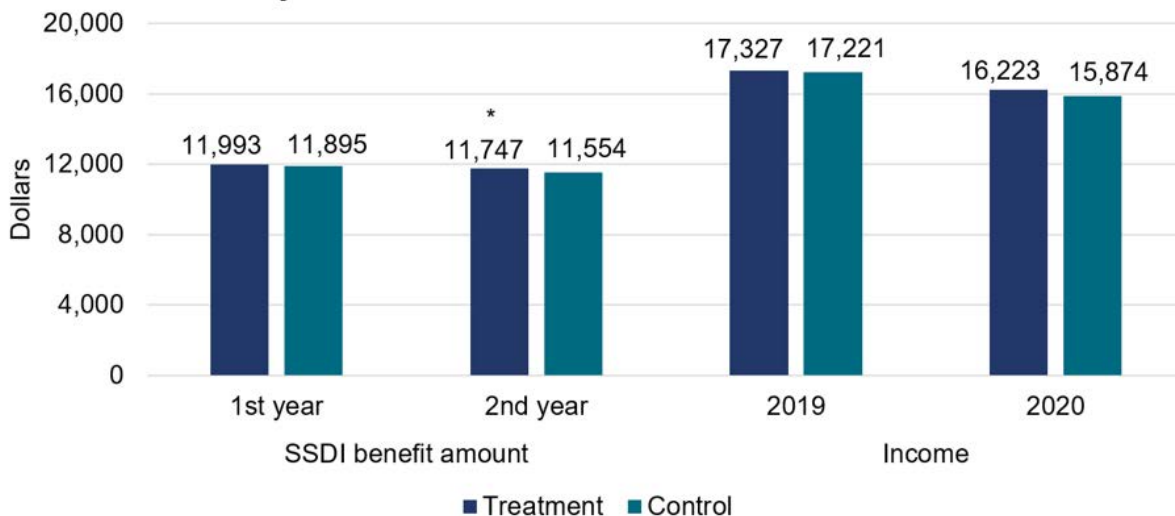
¹⁰⁷ The share of control group members with any earnings was 39.5 percent in 2019 and 36.1 percent in 2020. See [Appendix Exhibit F.7](#).

Exhibit VII.2. Impacts of POD on SSDI benefit amount and income

Panel A. Annual average



Panel B. Individual years



Source: Authors' calculations using Mathematica's POD recruitment and enrollment data and SSA program records.

Note: The figure shows the unadjusted control group mean and the regression-adjusted treatment group mean, pooling together the two treatment groups. In Panel A, the SSDI benefit amount is measured for the 24 months after POD enrollment (in 2019 dollars); income is measured for calendar years 2019 and 2020 (in 2019 dollars). Both outcomes are expressed as annual averages. [Appendix Exhibit F.1](#) contains fuller details of this analysis.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

The lack of impacts on benefit amounts is notable given that 30 percent of treatment group members used the offset (see Chapter VI). The POD rules would lead some treatment group members to experience increased benefit amounts without any changes in earnings behavior (such as those who had completed the TWP and had substantive earnings). However, the POD rules would also decrease the benefits of other treatment group members (for example, those in the TWP). We explore this finding in more detail below when describing subgroup impacts.

POD had an impact on SSDI benefits—but not on income—in Year 2 (Exhibit VII.2, Panel B). Relative to the control group, the treatment group’s average SSDI benefit amount in Year 2 was \$193 higher. We found evidence of declining benefit amounts in both treatment and control groups, though the decline was more substantial in the control group. The point estimates for average income, which included benefit amounts in the calculation, were higher for the treatment than the control group, but this finding was not statistically significant.

3. There was evidence of POD impacts *within* subgroups, but not across subgroups

We estimated impacts on primary outcome measures separately for five sets of subgroups defined by beneficiary characteristics at enrollment. We identified these subgroups based on a variety of reasons where we might expect impacts to differ from all POD enrollees (see Appendix F for more details). The selected subgroups included: (1) work expectation at POD enrollment (in the next year, did or did not expect to work), (2) employment status at POD enrollment (employed versus not employed), (3) education level (more than high school versus high school or less), (4) age (younger than 50 versus 50 and older), and (5) diagnosis (mental disorder versus musculoskeletal disorder versus other diagnosis).

We found POD had positive impacts on earnings, annualized SGA amount, and income within the subgroup of beneficiaries not employed at baseline (Exhibit VII.3). The magnitude of these impact estimates was large in percentage terms relative to the control group mean. For earnings, the increase of \$298 represents a 14 percent increase for treatment group members relative to the control group mean (within the subgroup of beneficiaries not employed at baseline). For annualized SGA amount, the increase of 1.2 percentage points represents a 29 percent increase relative to the control group mean within this subgroup.

In qualitative interviews, we found that the benefit offset provided some beneficiaries who were not initially working with a sense of security that work activity would not affect benefits. Several beneficiaries who were not employed at baseline noted that the POD benefit offset encouraged them to return to work by easing their fear of losing benefits.

Despite positive earnings impacts, we found POD had no significant impact on benefit amounts for those who were not employed at baseline. This finding provides evidence that some beneficiaries may have increased their earnings but remained below the POD threshold.

POD had some impacts within other subgroups of beneficiaries. For example, within the subgroup of enrollees under age 50, treatment group members experienced increases in annualized SGA amount relative to the control group. For people with mental disorders, POD had a positive impact on annualized SGA amount, benefit amounts, and income.

“Before [POD], I was very concerned about losing my benefits, especially medical coverage, because I knew that my benefit check could potentially disappear.... It worried me that if I were to go out and find a job, and I wasn’t able to hold it, I could potentially have lost my benefits. But [in] POD..., it just gave me more peace of mind to look for a job and accept that position.”

—POD offset user who was not employed at baseline

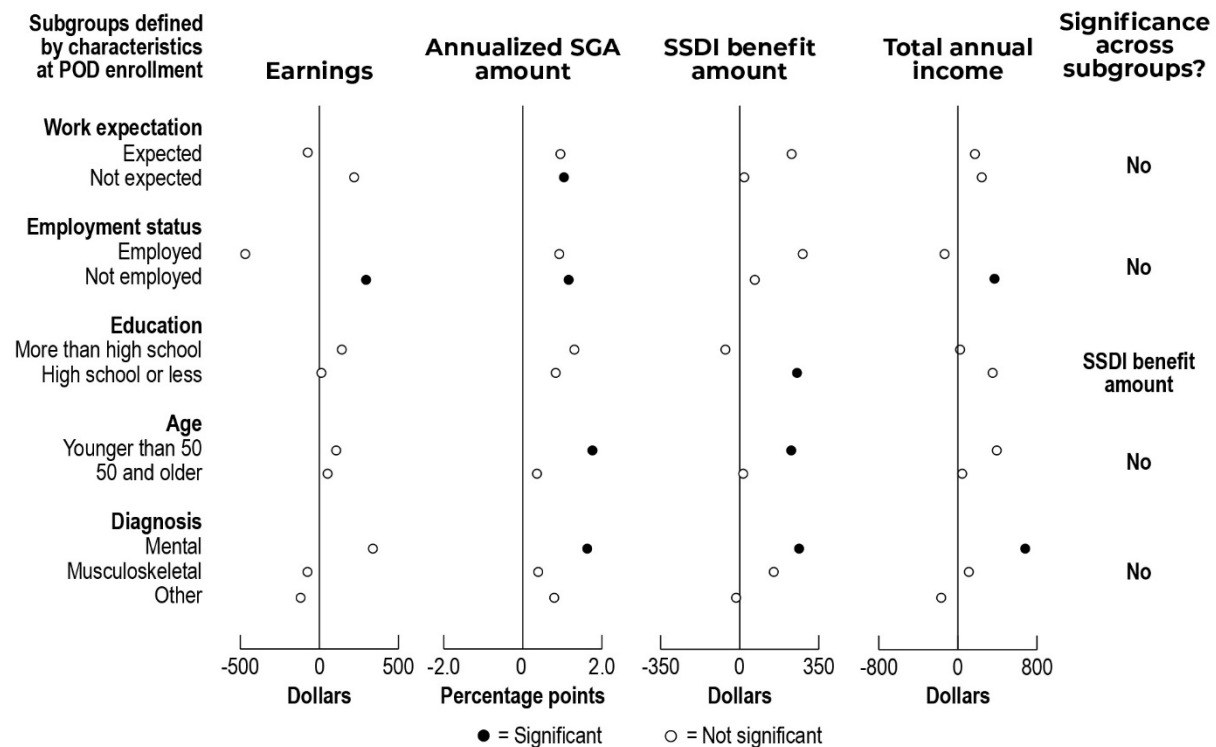
We found essentially no notable differential impacts *across* subgroups for our primary outcomes (Exhibit VII.3).¹⁰⁸ For example, while the impact estimate for earnings (\$298; Exhibit F.3) was statistically significant from zero among those who were not employed at baseline, this estimate was not significantly different from the impact estimate of -\$462 (Exhibit F.3) for those who were employed at baseline.

We examine impacts both within and across subgroups based on suggestions from lessons learned from other demonstrations (von Wachter 2022). Specifically, to test whether impacts for the primary outcome measures were greater for one type of beneficiary than another (such as those who were employed at enrollment vs. those who were not), we estimate impacts across subgroups. To explore whether POD had impacts that were significantly different from zero for a particular set of beneficiaries (such as those who were not employed at enrollment), we estimate impacts within subgroups.

The findings of impacts within subgroup effects indicate that POD had substantive impact on certain beneficiaries, especially those who were not employed at baseline. However, impacts for those not employed at baseline were not significantly different from impacts for those employed at baseline, indicating these results should be considered cautiously. The lack of consistent findings both within and across subgroups underscores that the overall effects were modest.

¹⁰⁸ The one exception was an impact on the education subgroups (that is, those who did and did not have more than a high school education). Because this was the only significant difference across 20 total tests (four outcomes for five subgroups), this result is potentially spurious.

Exhibit VII.3. Impacts of POD within and across subgroups



Source: Authors' calculations using Mathematica's POD recruitment and enrollment data, SSA program records, and the POD baseline survey.

Note: The dots show the estimated impact of assignment to the POD treatment group (that is, the T1 and T2 groups combined) relative to the control group for those with the given characteristic at POD enrollment. The dots for significance indicate whether the individual impact estimates for a single subgroup are different from zero, and the last column indicates whether the impact estimates across subgroups are different from each other for any of the four primary outcomes. Annualized SGA amount is an indicator for having average annual earnings above the average annualized SGA amount. All outcomes are measured for the calendar year 2019, except for SSDI benefit amounts, which are measured for the 12 months after POD enrollment. [Appendix Exhibits F.2 to F.6](#) contain fuller details of this analysis.

B. What were the impacts of POD on secondary outcomes?

We analyzed the impacts of POD on secondary outcomes related to employment, program participation (including termination), and measures of well-being. These secondary outcomes are from a combination of data sources, including Rehabilitation Services Administration data, SSA program benefits data, SSA earnings-related data, and survey data. The program data describe the two-year period after enrollment, whereas the survey data capture impacts measured at 24 months after enrollment, which reflects the most up-to-date and complete information. Findings from the one-year follow-up survey (presented in Appendix F) were generally similar to those from the two-year follow-up survey.¹⁰⁹

¹⁰⁹ The one-year follow-up survey included only half the beneficiaries, but the random sampling helps ensure that the findings from the one-year follow-up survey were representative of all POD enrollees.

Secondary Outcome Measure Definitions

Selected employment related measures

- **Any employment in past year (follow-up surveys).** Indicator for whether beneficiary reported working for pay in past year.
- **Employed or actively searching for a job (follow-up surveys).** Indicator for whether the beneficiary either worked at a job for pay or looked for paid work at any point during the time period.
- **Monthly earnings at most recent job above SGA amount (follow-up surveys).** Indicator for whether beneficiary's reported earnings at most recent job were above the SGA amount (e.g., \$1,260 in 2020).
- **Any benefits offered at most recent job (follow-up surveys).** Indicator for whether beneficiary received (1) health insurance, (2) dental benefits, (3) paid sick days, (4) paid vacation, (5) free or low-cost child care, (6) transportation benefits, (7) disability benefits, (8) pension or retirement benefits, or (9) flexible health or dependent care spending accounts during the time period.
- **Any positive earnings (earnings reported to the IRS).** Indicator for whether the total average annual beneficiary earnings, as reported to the IRS, were greater than zero during the time period.
- **Applied for Vocational Rehabilitation services (VR program records).** Indicator for whether the beneficiary applied for VR services during the time period.
- **Received VR services (VR program records).** Indicator for whether beneficiary received VR services during the time period.

Selected SSA disability benefit measures

- **Months SSDI suspended or terminated because of work (SSA program records).** Number of months the beneficiary had SSDI benefits suspended or terminated because of work after enrolling in POD.
- **SSDI benefit months (SSA program records).** Number of months the beneficiary had a positive SSDI benefit amount in the period after enrolling in POD.
- **SSI payment amount after enrolling in POD (SSA program records).** Total average annual SSI payments due to the beneficiary.
- **Any overpayment (SSA program records).** For treatment group members, indicator for any overpayments due to work under POD rules between enrollment and the end of December 2019. For control group members, indicator for any overpayments due to work under current SSDI rules between enrollment and the end of December 2019.
- **Overpayment amount (SSA program records).** Total amount a beneficiary was overpaid due to work.
- **Any overpayment (SSA program records).** For treatment group members, indicator for any underpayments due to work under POD rules between enrollment and the end of December 2019. For control group members, indicator for any underpayments due to work under current SSDI rules between enrollment and the end of December 2019.
- **Underpayment amount (SSA program records).** Total amount a beneficiary was underpaid due to work.

Selected other outcomes

- **Any health insurance coverage (follow-up surveys).** Indicator for whether the beneficiary had any health insurance coverage at the time of the survey.
- **Medicare coverage (follow-up surveys).** Indicator for whether the beneficiary had Medicare coverage at the time of the survey.
- **Private insurance coverage (follow-up surveys).** Indicator for whether the beneficiary had private insurance coverage (through one's own employer, through a spouse/partner/parent, or paid for by self or family, as well as a private disability insurance plan paid by self or family) at time of survey.
- **Received any income and specific income types from supplemental government sources (follow-up surveys).** Indicators for whether the beneficiary received any income from supplemental government sources in the month before the survey (see Appendix F more details).
- **Physical health aggregate score (follow-up surveys).** Continuous measure of beneficiary's physical health based on a set of questions that make up the 12-item Short Form Survey developed from the Medical Outcomes Study (Hays et al. 1995).
- **Mental health aggregate score (follow-up surveys).** Continuous measure captures a beneficiary's mental health based on a set of questions that make up the 12-item Short Form Survey developed from the Medical Outcomes Study (Hays et al. 1995).

Some significant impact estimates among the secondary outcomes could be spurious because of multiple comparisons. For example, based on chance, one of every ten impact estimates should be statistically significant at the 10 percent level of significance, even if all true impacts were zero. Consequently, we interpret the estimated impacts on secondary outcomes that were statistically significant with some caution given the potential spurious nature of the secondary outcomes.

1. POD had positive impacts on some employment activities

POD increased the share of enrollees with employment activity based on a composite measure (Exhibit VII.4, Panel A). The measure included whether the beneficiary had any employment or actively searched for a job in the year before the survey. In the POD two-year follow-up survey, we found a 3-percentage point increase in this measure for the treatment group relative to control (54 versus 51 percent). This impact represented a 5 percent increase relative to the control group mean.

We also found impacts on other employment-related variables. POD had a positive impact on monthly earnings above the SGA threshold. This finding was consistent with the positive impact on the primary outcome of annualized SGA amount shown above. POD also increased the share of beneficiaries with any fringe benefits offered at their most recent job.¹¹⁰ Despite the positive impact for the composite employment activity measure, we found no impact on employment itself in the year before survey response.

Finally, we found that POD had positive impacts on VR participation (Exhibit VII.4, Panel B).¹¹¹ Treatment group members were 1.3 percentage points more likely than control group members to apply for services (4.0 versus 2.8 percent). Though this difference is small in magnitude, it was large relative to the control group mean, representing an increase of nearly 50 percent. We also examined whether the aforementioned effects on VR varied based on whether a state VR agency was the lead implementation partner. We do not find any evidence of differential impacts on VR in states where the state VR agency was the lead.¹¹² We also estimated impact on whether the beneficiary used VR services (Exhibit VII.4, Panel B) was statistically significant. The treatment group mean of 4.8 percent represents an increase of almost 20 percent relative to the control group mean of 4.0 percent that received VR services.

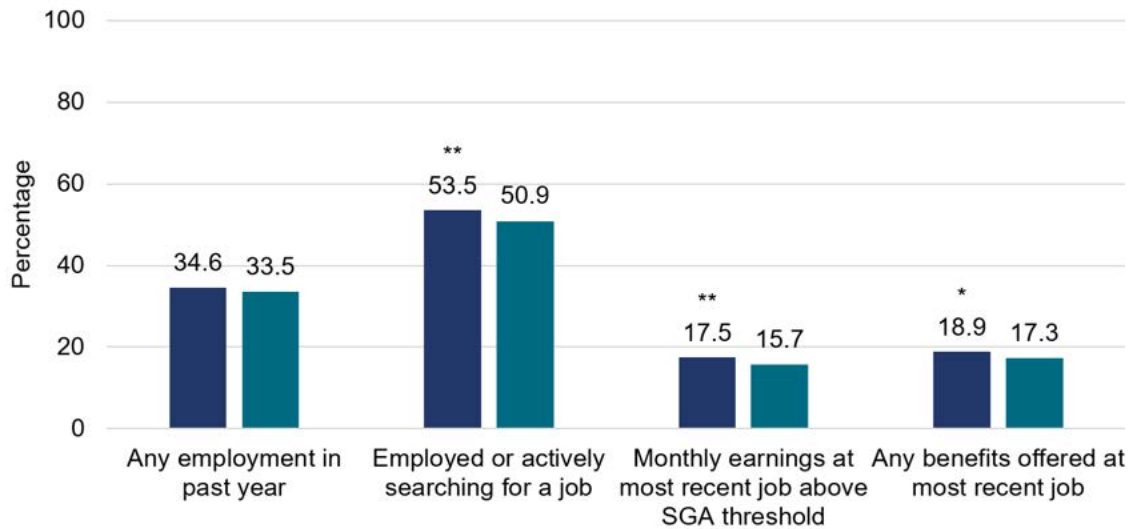
¹¹⁰ We also examined impacts on earnings at higher levels (both two and three times the annualized SGA amount) in program data and specific types of fringe benefits in survey data. We found no differences between the treatment and control groups for those outcomes (see [Appendix Exhibit F.7](#)).

¹¹¹ We also examined the impact of POD on whether the beneficiary had a Ticket assigned or triggered Ticket-to-Work payments. [Appendix Exhibit F.7](#) shows that POD had no impacts on either measure.

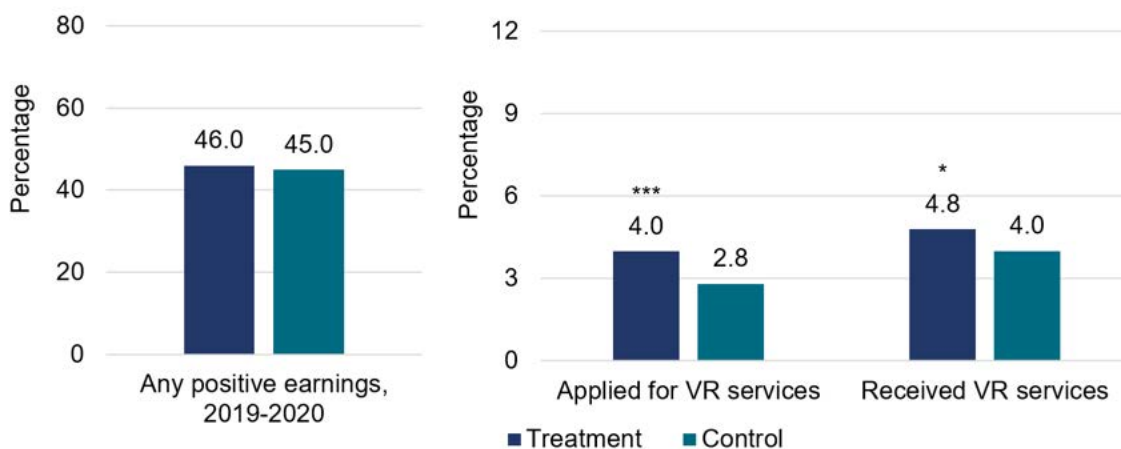
¹¹² VR applications and service receipt were not significantly different in the four the states where VR was the implementation partner relative to other states.

Exhibit VII.4. Impacts of POD on selected employment outcomes

Panel A. Survey-based measures



Panel B. Administrative measures



Source: Authors' calculations using Mathematica's POD recruitment and enrollment data, the POD two-year follow-up survey and VR program records.

Note: The figure shows the unadjusted control group mean and the regression-adjusted treatment group mean, pooling together those assigned to each of the two treatment groups. The estimated impact is the difference between the treatment and control group means. Survey-based measures are measured 24 months after POD enrollment. For administrative measures, any positive earnings are measured over the calendar years 2019–2020, and VR outcomes are measured over the 24 months after POD enrollment. [Appendix Exhibit F.7](#) contains fuller details of this analysis.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

2. POD reduced the number of months that SSDI benefits were suspended or terminated because of work

The POD benefit offset replaced the cash cliff, which results in benefit suspension or termination for those who go over it. We expected that the combined treatment groups would have fewer suspensions or terminations due to work than the control group, in part because the earnings for full offset for the treatment groups were substantially higher than the SGA amount for the

control group. We also turn to differences between the T1 and T2 group in suspension and termination outcomes, which we summarize separately below.

As anticipated, POD led to a decline in SSDI benefits suspensions or terminations (Exhibit VII.5, Panel A). During the first two years after enrollment, treatment group members had benefits suspended or terminated because of work less often than control group members (0.4 months and 1.6 months, respectively). Consistent with that reduction, POD also increased the number of months that enrollees received benefits. The average control group member received benefits for 21.6 months, and the average treatment group member received benefits for 22.6 months. The estimated difference was 1.0 months, which represents an increase in duration of 5 percent relative to the control group mean.¹¹³ This finding is notable given POD had no impact on total benefit amounts. One possible explanation is that higher earners in the treatment group experienced benefit increases stemming from the offset were counterbalanced by relatively lower treatment group earners who still used the offset but saw benefit amounts decline relative to what would have happened under current rules.¹¹⁴

We also examined the impact of POD on overpayments. Under POD processes, SSA likely identified overpayments much more quickly than under current rules. For current rules, SSA must develop a work CDR to determine whether someone has a work-related overpayment.¹¹⁵ POD did not conduct CDRs. Instead, SSA identified overpayments for POD soon after a beneficiary submitted an earnings report late for an earlier month or during the annual EOYR process. These process differences imply that impacts of POD on overpayments (reported below) represent an upper bound. To the extent that SSA identifies overpayments for the control group in the future, the size of these impacts will decrease over time. Nonetheless, the impact estimates we report provide a cross-sectional assessment during the two-year time frame for the demonstration.

POD increased the percentage of beneficiaries who experienced overpayments, though it reduced the average overpayment amount (Exhibit VII.5, Panel B). About 20 percent of treatment group members experienced an overpayment in 2018¹¹⁶ or 2019, but only about 7 percent of control group members did.¹¹⁷ Because many people in the treatment group experienced adjustments to

¹¹³ Benefit durations increased by about 0.5 months in both the first and the second year after enrollment; this is notable because control group members were still subject to the TWP and the grace period, which indicates, for those who had not started using these provisions, that benefit suspension would take at least one year.

¹¹⁴ [Appendix Exhibit F.8](#) contains additional impact estimates for suspension or termination due to work. Page F-4 in Appendix F reports the percentage of T2 members who were terminated because of 12 consecutive months in full benefit offset.

¹¹⁵ In 2019, the average time to complete a work CDR was 92 days after receiving a direct earnings report. The timeline was longer for unreported earnings: three or more months for SSA to identify unreported earnings, an unknown duration for SSA to initiate a work CDR, and an additional 194 days to complete (SSA 2021a).

¹¹⁶ Overpayments in 2018 include only overpayments that occurred in months after the beneficiary enrolled in POD.

¹¹⁷ Note that overpayment data for control group members for 2019 may underestimate overpayments. As SSA works through a backlog of work CDRs, it may identify additional control group members who were overpaid. Thus, the impact estimates on overpayments represent an upper bound for the impact on the frequency and amount of overpayments (as both measures could increase for control group members).

their benefit because of the offset, many more treatment group members than control group members were at risk of an overpayment. As noted in Chapter VI, more than three-fourths of treatment group members who used the offset had an overpayment. For control group members, slightly more than 60 percent of those who had their benefits suspended or terminated because of work experienced an overpayment. Overpayment amounts were significantly smaller for the average treatment group member (\$328) than for the average control group member (\$616). Because of the offset, treatment group members could experience a partial reduction in benefits and thus face smaller overpayments. In contrast, under current rules, any control group member who had an overpayment must have been overpaid by the full amount of their benefit check because of the cash cliff.

We also estimated the impacts of POD on underpayments. For similar reasons noted above, we are uncertain about the timeframe over which SSA identifies underpayments for beneficiaries subject to current law. For consistency, we estimated underpayments over the same timeframe as overpayments.

POD increased the percentage of beneficiaries who experienced underpayments and increased the underpayment amount (Exhibit VII.5, Panel C). More than 11 percent of treatment group members experienced an underpayment in 2018 or 2019 relative to about 2 percent of control group members.¹¹⁸ As with overpayments, treatment group members were relatively at more risk of receiving an underpayment. Among those at risk of underpayments, 57 percent of treatment group members had an underpayment relative to 29 percent of control group members. ORDES staff reported that underpayments were relatively infrequent under current law because the suspension of benefits suspense often comes after a thorough review of earnings as part of a work CDR.¹¹⁹ Largely because treatment group members were more likely to have an underpayment, we also find significant impacts on the average underpayment amount. In particular, the average underpayment amount that treatment group members received was \$157, considerably more than the corresponding average for control group members (\$70).

Finally, we found no impacts on SSI payments (Exhibit VII.5, Panel A). This result is not surprising because concurrent beneficiaries comprised a relatively small share of all treatment group enrollees. On average, annual SSI payments were about \$466 for both groups.¹²⁰

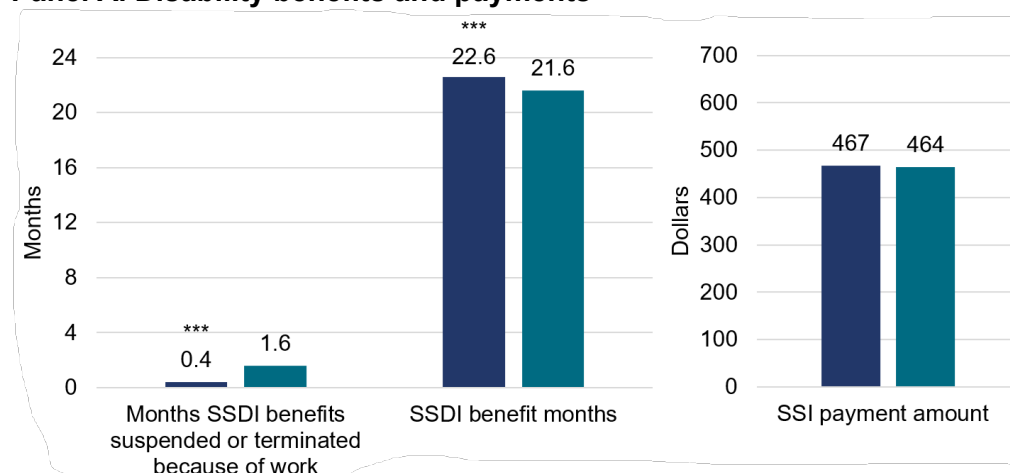
Exhibit VII.5. Impacts of POD on outcomes related to SSA disability benefits

¹¹⁸ Our measure of underpayments in 2018 only includes months after the beneficiary enrolled in POD.

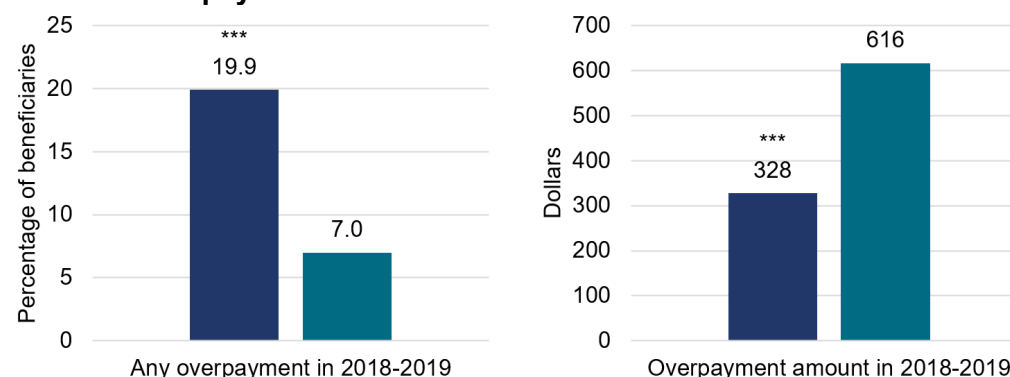
¹¹⁹ Underpayments could occur under several additional scenarios. For example, work-related underpayments can occur if a beneficiary who had engaged in SGA subsequently decreased earnings and SSA had not reinstated benefits. Beneficiaries have an incentive to report the change to SSA immediately, although this change generally requires SSA review and processing, which can be subject to delay.

¹²⁰ We also examined impacts on other SSI-related outcomes, including months with an SSI payment and months with benefits suspended or terminated because of work. We found no evidence of impacts (see [Appendix Exhibit F.8](#)).

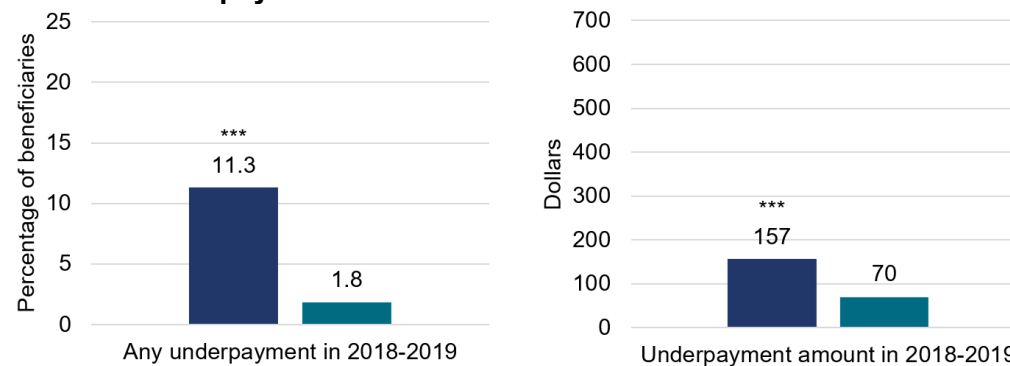
Panel A. Disability benefits and payments



Panel B. Overpayments



Panel C. Underpayments



■ Treatment ■ Control

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data and SSA program records.

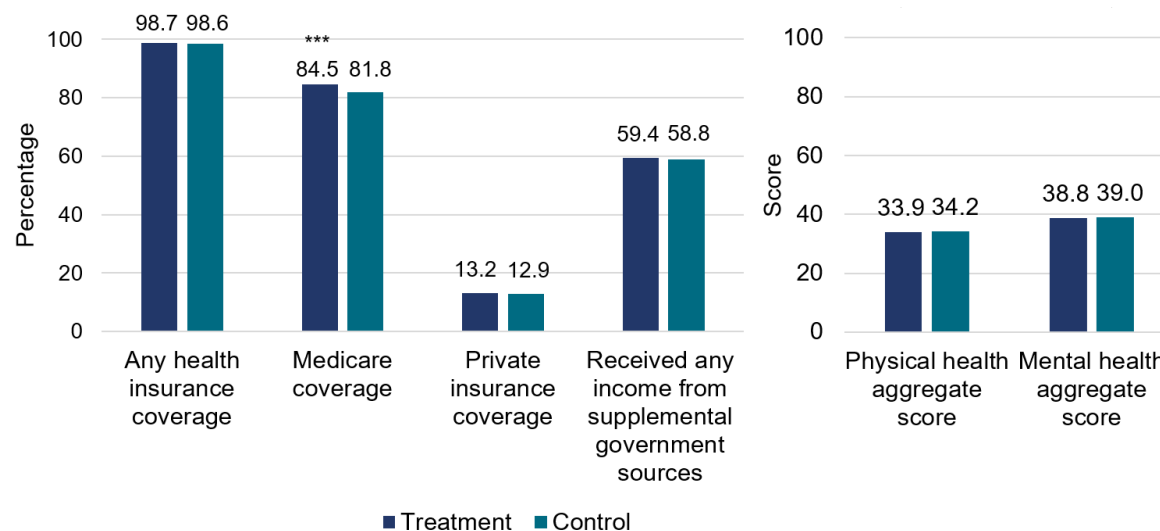
Note: The figure shows the unadjusted control group mean and the regression-adjusted treatment group mean, pooling together those assigned to each of the two treatment groups. The estimated impact is the difference between the treatment and control group means. All outcomes are measured for the 24 months after POD enrollment. SSI payment amount is expressed as an annual average in 2019 dollars. [Appendix Exhibit F.8](#) contains fuller details of this analysis.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

3. POD had limited impact outcomes related to health and health insurance

We found no impacts on most outcomes related to health and health insurance. For example, a similar share of treatment and control group members had health insurance coverage (about 99 percent) or income from supplemental governmental sources (nearly 60 percent; Exhibit VII.6). We also found no impact on aggregate measures of physical and mental health.¹²¹

Exhibit VII.6. Estimated impacts on selected other outcomes



Source: Authors' calculations using Mathematica's POD recruitment and enrollment data and the POD two-year follow-up survey.

Note: The figure shows the unadjusted control group mean and the regression-adjusted treatment group mean, pooling together those assigned to each of the two treatment groups. The estimated impact is the difference between the treatment and control group means. [Appendix Exhibit F.9](#) contains details of this analysis.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

The one exception was the positive impact on the share with Medicare coverage (Exhibit VII.6). On average, POD increased Medicare coverage by about 3 percentage points, from 82 percent coverage among control group members to 85 percent among treatment group members. This impact represents an increase of 3 percent relative to the control group mean. Because of the number of secondary outcomes examined in the impact analysis, this type of significant estimate could occur by chance alone.¹²²

¹²¹ These measures are constructed based on the Short-Form Survey (Hays et al. 1995). For a full definition, see [Appendix F](#).

¹²² In the one-year follow-up survey, POD increased the percentage of beneficiaries with health insurance coverage from a private source ([Appendix Exhibit F.9](#)), though it did not have an impact on this outcome as measured in the two-year follow-up survey (as shown in Exhibit VII.6).

C. Robustness checks

We conducted a series of robustness checks for the impact analysis related to primary outcomes.¹²³ Our first set of tests assessed the sensitivity of our state estimates. For example, because nearly half of POD enrollees reside in Texas and California, enrollees from these two states heavily influence the estimated impacts. To assess this issue, we tested whether impacts were different if we calculated impacts for the average state (rather than for the average person). This approach yielded similar impact estimates for all four primary outcomes. We also tested multiple specifications to generating impacts, including using logistic modeling to test binary measures and quantile regressions to test continuous outcomes. Other tests of alternative specifications revealed that modeling decisions did not meaningfully change the POD impact estimates. Finally, we examined whether impacts changed based on no regression adjustments and different weighting assumptions for the survey. As with our other tests, we consistently find evidence that POD had limited impacts on treatment group members during the evaluation period.

D. Were there differences in impacts between the T1 and T2 groups?

In this section, we summarize differences in impacts between the T1 and T2 groups. We summarize impacts for the primary and secondary outcomes and by data source. Appendix F provides impact estimates for all primary and secondary outcomes.

Key findings for T1 vs. T2 groups:

- **No differences in impacts on primary outcomes.** We found no statistically significant differences in impacts between the T1 and T2 groups for the four primary outcomes.
- **Limited differences in impacts on secondary outcomes.** We found no differences in impacts on most secondary outcomes. The exceptions were:
 - Months receiving SSDI benefits were lower for T1 vs. T2 (22.5 months vs. 22.7 months)
 - Suspension or termination months were higher for T1 vs. T2 (0.5 months vs. 0.4 months).
- **Descriptive data showed more extended full offset use in T1 group relative to T2 group.**

¹²³ The specific tests included 1) state sensitivity tests where we calculated the impact in each of the eight states and then averaging the eight impact estimates, 2) logistical model, where we tested the sensitivity of binary outcome findings to the ordinary least-squares model, 3) quantile regressions where we tested the sensitivity of our continuous variable findings to the ordinary least-squares model quantile regression model, 4) No regression adjustments, where we excluded control variables (except to adjust for the random assignment design) and 5) weight adjustments, where we tested whether the impact estimates for all enrollees and nonresponse weight-adjusted survey respondents were similar.

A summary of the findings for the robustness checks appears in [Appendix Exhibits F.10 through F.15](#)

1. Differences between the T1 and T2 groups emerged in secondary outcomes, but not in primary outcomes

We did find some differences between T1 and T2 outcomes in secondary outcomes, particularly related to SSDI benefits, but not for primary outcomes.¹²⁴ The T1 group received benefits for an average of 22.5 months, fewer than the 22.7 months received by the T2 group. This pattern is likely due to the T1 group using the full offset more continuously over a 12 monthly period relative to the T2 group (as described in Chapter VI). Consistent with this pattern, the T1 group had an average of 0.5 suspension or termination months whereas the T2 group only had 0.4 of these months.

2. The survey-based outcome measures were generally similar for the T1 and T2 groups

We did not find strong evidence of differences in impacts between the T1 and T2 groups for outcomes drawn from the survey. One exception was that the T1 group reported higher average family income than the T2 group (\$23,769 versus \$21,828) in the second follow-up survey, a difference that was statistically significant at the 10 percent level. However, we interpret this difference cautiously since there was not a statistically significant difference in the income measures (nor the related earnings and SSDI benefit amounts) that were drawn from administrative data.¹²⁵

¹²⁴ A summary of tables comparing impacts for all three groups is available in [Appendix Exhibits F.16 through F.19](#).

¹²⁵ The two income measures are defined differently: the administrative income measure is defined as the sum of the beneficiary's SSDI benefits amount, SSI payment amount, and earnings, whereas the survey measure is defined as the total family income from all sources.

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VIII. WHAT WERE THE BENEFITS AND COSTS OF POD?

In considering whether to implement POD more broadly, policymakers need to weigh the benefits and costs of implementing POD rules. To address this, we conducted a benefit-cost analysis to examine how the impacts of POD affected key stakeholder groups. The analysis used an accounting framework to help us understand the benefits and costs of POD from four different perspectives: (1) beneficiaries; (2) SSA; (3) other governmental agencies and non-governmental entities; and (4) all key stakeholders, which combines the benefits and costs across all three groups. These perspectives are useful because sometimes POD generated benefits for one group while imposing a cost on another. For example, increased payroll taxes from POD benefited SSA but were a cost to beneficiaries.

The previous chapters described processes, services, and benefits that included components that can be either costs or benefits, depending on the stakeholder. This chapter relies on our accounting framework to assess the net benefit of POD from the perspectives of four different stakeholders (described above). In particular, we used POD impact estimates, program records, follow-up survey data, and external data sources to estimate benefits and costs over the full demonstration period.¹²⁶

In this chapter, we begin by providing the net benefits and costs for each of the four perspectives. Then, we explore hypothetical scenarios under which POD rules might be cost-neutral to SSA. In Appendix G, we provide our accounting framework, a description of data sources and methods, and supplementary exhibits on treatment-control differences and results by treatment group.¹²⁷

KEY FINDINGS

- For beneficiaries, the benefits of POD outweighed the costs due to increases in earnings and SSDI benefits.
- For SSA, the costs of POD outweighed the benefits because of additional benefits payments, administrative costs, and counseling costs.
- Across all key stakeholder groups, the costs of POD outweighed the benefits.
- For POD to become cost neutral to SSA, counseling costs would need to return to levels under current rules, SSDI benefit payments would need to decrease, and administrative costs might also need to decrease.

¹²⁶ Because fixed costs that occurred at the start of the demonstration would presumably not reoccur if POD became a national program, we excluded them from the benefit-cost analysis.

¹²⁷ [Appendix Exhibits G.1 through G.10](#) provide information on the data sources and calculations for each cost component. [Appendix Exhibits G.11](#) and [G.12](#) contain results for the combined T1 and T2 groups, [Appendix Exhibits G.13](#) and [G.14](#) contain results for the T1 and T2 groups separately, and [Appendix Exhibit G.15](#) presents robustness checks.

A. What were the benefits and costs of POD for different groups?

In this section, we present the benefits and costs of POD from the perspectives of three groups: beneficiaries, SSA, and other government and non-government entities. We present findings in an annual per-beneficiary amount, with positive dollar amounts representing an overall benefit and negative amounts representing an overall cost.

We monetized the benefits and costs of POD using an accounting framework that drew from the findings in this report, cost data, and external data sources.¹²⁸ The impact analysis provided the benefit-cost analysis with information on earnings, SSDI benefit amounts, Ticket to Work payments, SSI payments, and unearned income.

The benefit-cost analysis used the impact estimates for POD without regard to standard errors. Consequently, it could find net benefits for outcome measures that had no statistical differences between treatment and control groups. We relied on cost data from the implementation team and SSA to identify the direct costs from the demonstration. Finally, data external to POD provided information that was not directly available in the impact findings or the direct cost measures. For example, we relied on external data to determine the percentage of earnings that go into payroll taxes, which are a cost to beneficiaries and a benefit to SSA and to other government agencies and non-government entities.

The value of each component in our framework was either a benefit or cost, depending on the perspective. For example, SSDI benefits are a source of income for beneficiaries, so the impact estimate is entered directly as a benefit for them. Conversely, SSDI benefits are an expenditure for SSA and therefore represent a cost to the agency.

We did not attempt to monetize all benefits and costs for all groups affected by POD. The analysis only considered groups directly affected by POD and not third parties, such as the employers of beneficiaries. Our analysis also did not attempt to monetize some outcomes that were difficult to quantify and unrelated to the primary outcomes of POD, such as psychological benefits or the value of having health insurance coverage.

Across all key stakeholder groups, the costs exceeded the benefits of POD (-\$120 per beneficiary annually) (Exhibit VIII.1). There were net benefits to beneficiaries (\$184 per beneficiary

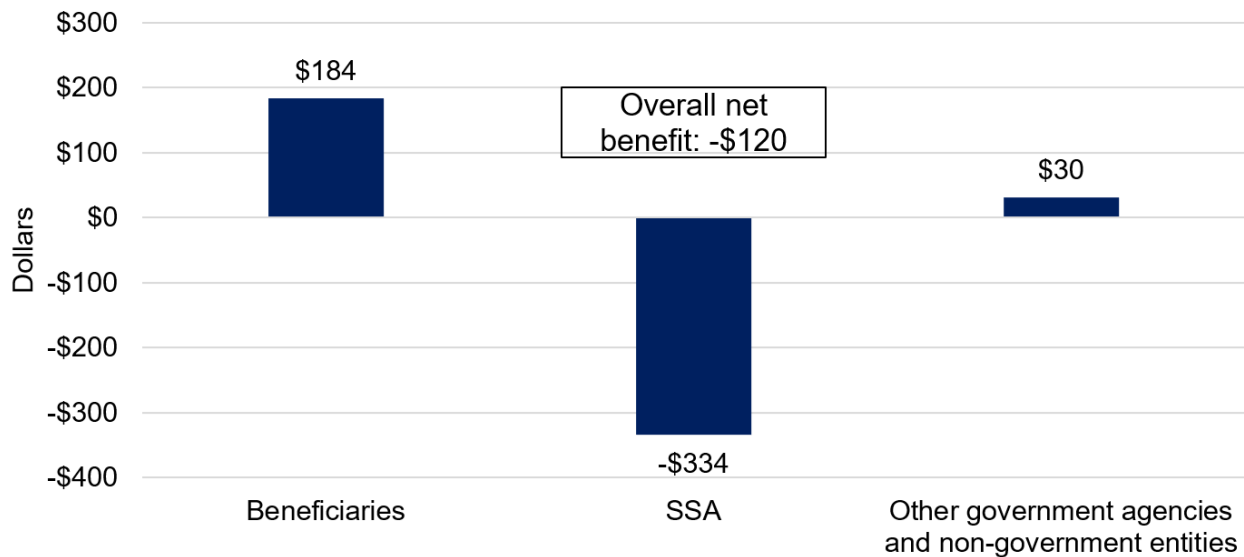
Benefit Cost Analysis Stakeholder Groups

- **Beneficiaries.** The intervention was intended to increase earnings and employment for treatment group members relative to control group members and, in turn, reduce SSDI benefits. Beneficiaries might also incur additional costs in terms of forgone benefits. In addition, high earnings result in higher taxes, but they also potentially include additional fringe benefits.
- **SSA.** We estimated benefits and costs for the Social Security Administration (SSA) separately from other government entities. Costs for SSA include SSI and SSDI benefits paid, Ticket-to-Work payments, and administrative and counseling costs. Benefits to SSA include the OASDI payroll taxes placed in the DI Trust Fund.
- **Other governmental agencies and non-governmental entities.** These other entities include federal and local governmental agencies, as well as providers of private disability insurance. Due to changes in earnings and income, beneficiaries might experience changes in benefits from a variety of programs, which changes program costs for these other governmental agencies. Increased earnings would lead to higher tax revenues through payroll, income, and sales taxes.

¹²⁸ We show the detailed components of the accounting framework in [Appendix Exhibit G.1](#).

annually) and other government agencies (\$30 per beneficiary annually). The costs to SSA exceeded these benefits (-\$334 per beneficiary annually). Below, we describe each stakeholder group in more detail.

Exhibit VIII.1. Annual net benefit of POD by stakeholder group

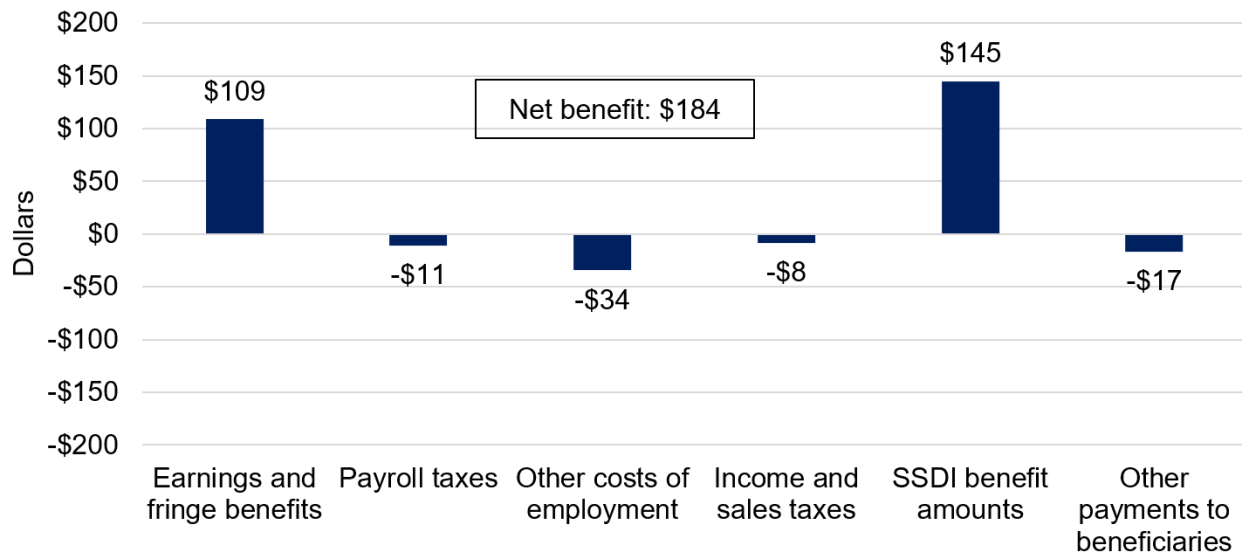


Source: Authors' calculations using Mathematica's POD recruitment and enrollment data, SSA program records, POD implementation records, POD two-year follow-up survey, and external data.

Note: The figure describes the net benefit of POD by stakeholder group. Net benefits are in 2019 dollars and are reported as per-beneficiary annual amounts. The inputs to the costs and benefits are the impact estimates themselves, multipliers (such as payroll tax rates) that are applied to the impact estimates, and administrative costs data provided by the implementation team and SSA. [Appendix Exhibits G.1 through G.10](#) explain the sources and methods for this analysis, and [Appendix Exhibit G.11](#) and [G.12](#) show the underlying numbers for this figure.

1. For beneficiaries, the benefits of POD outweighed the costs

For the average beneficiary, the benefits of POD exceeded the costs, with a per-beneficiary net benefit of \$184 annually (Exhibit VIII.2). The net benefit for beneficiaries was driven by increases in earnings and fringe benefits (\$109 per beneficiary annually) as well as SSDI benefit amounts (\$145 per beneficiary annually) and SSI amounts (\$3 per beneficiary annually). Cost drivers for beneficiaries included increased payroll taxes (\$11 per beneficiary annually), other costs of employment (\$34 per beneficiary annually), and increased income and sales taxes (\$8 per beneficiary annually). Beneficiaries also incurred a cost (\$20 per beneficiary annually) owing to a reduction in other payments per beneficiary—including payments from Veterans Affairs' benefits, public assistance, workers compensation, private disability insurance, unemployment compensation, pensions, and Supplemental Nutrition Assistance Program benefits—but this cost was small relative to increases in beneficiary earnings and SSDI benefit payments.

Exhibit VIII.2. Annual benefits and costs of POD for beneficiaries

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data, SSA program records, POD two-year follow-up survey, and external data.

Note: The figure describes the benefit or cost of POD for beneficiaries across six categories. Benefits and costs are in 2019 dollars and are reported in per-beneficiary annual amounts. "Other costs of employment" include work-related expenses and the loss of non-market (leisure) time. "Income and sales taxes" include estimated federal and state income taxes and estimated state and local sales taxes. "Other payments to beneficiaries" include income from Veterans Affairs benefits, public assistance, workers compensation, private disability insurance, unemployment compensation, pension payments, and Supplemental Nutrition Assistance Program benefits as reported on the two-year follow-up survey, as well as SSI payments reported in SSA records. [Appendix Exhibits G.1 through G.5](#) explain the sources and methods for this analysis, and [Appendix Exhibits G.11 and G.12](#) show the underlying numbers for this figure.

2. For SSA, the costs of POD outweighed the benefits

From the perspective of SSA, the net cost of POD was -\$334 per beneficiary annually (Exhibit VIII.3). The primary costs came from counseling (\$155 per beneficiary annually) and SSDI benefit payments (\$145 per beneficiary annually). The increase in POD counseling costs was the result of more treatment than control group members participating in benefits counseling (rather than an increase in counseling services for treatment group members). Specifically, 48 percent of treatment group members received individualized work-incentive benefits counseling beyond I&R compared to only about 12 percent of control group members. Despite not being large enough to generate a significant difference across experimental groups, the increase in SSDI benefit amounts was the second-largest driver in costs to SSA (see Chapter VII). Payments for Ticket to Work represent a cost to SSA (but this cost was \$3 less per treatment than control group beneficiary annually under POD). The payroll taxes represented a small net benefit to SSA (which generated \$1 more revenue per treatment than control group beneficiary).

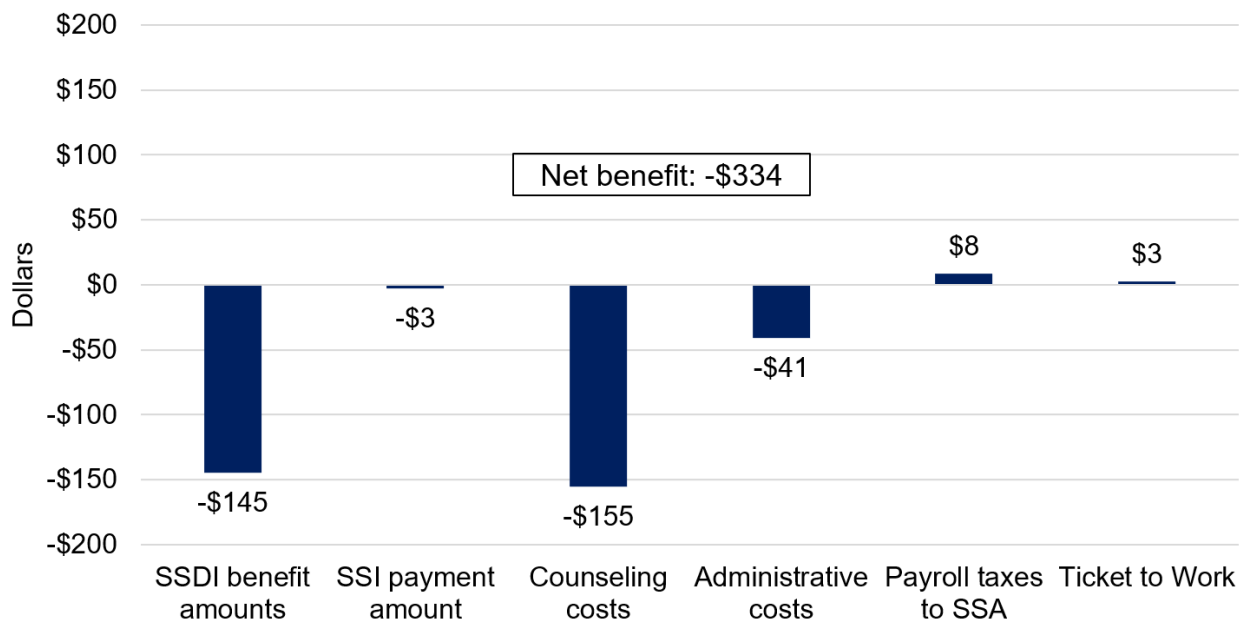
A big factor driving cost was the setup of the POD infrastructure, especially the processing of earnings and outreach for earnings (Exhibit VIII.4). The administrative cost of POD was \$122 per beneficiary annually, \$41 per beneficiary higher than the corresponding costs for the control group (Exhibit VIII.3 and VIII.4). The biggest subcomponent of administrative costs was earnings processing (including reconsiderations), which included processing monthly earnings for the treatment group and processing work CDRs for the control group. Though treatment

group members did not receive work CDRs, their earnings processing created additional administrative costs relative to the control group, because SSA processed treatment group earnings monthly (instead of annually in current rules). This substantive increase in the frequency of earnings processing and reconsiderations created annual costs of \$79, which translated to \$8 per beneficiary more for the treatment group relative to the control group. As discussed in Chapter V, some earnings records for treatment group members had to be processed manually, which resulted in a per-beneficiary annual cost of \$4.

There were also some administrative costs associated with the processing of more improper payments in POD. We estimate the average annual cost for processing improper payments was \$7 per beneficiary more for the treatment than for the control group. This higher cost is driven by the higher prevalence of improper payments in POD relative to current rules.

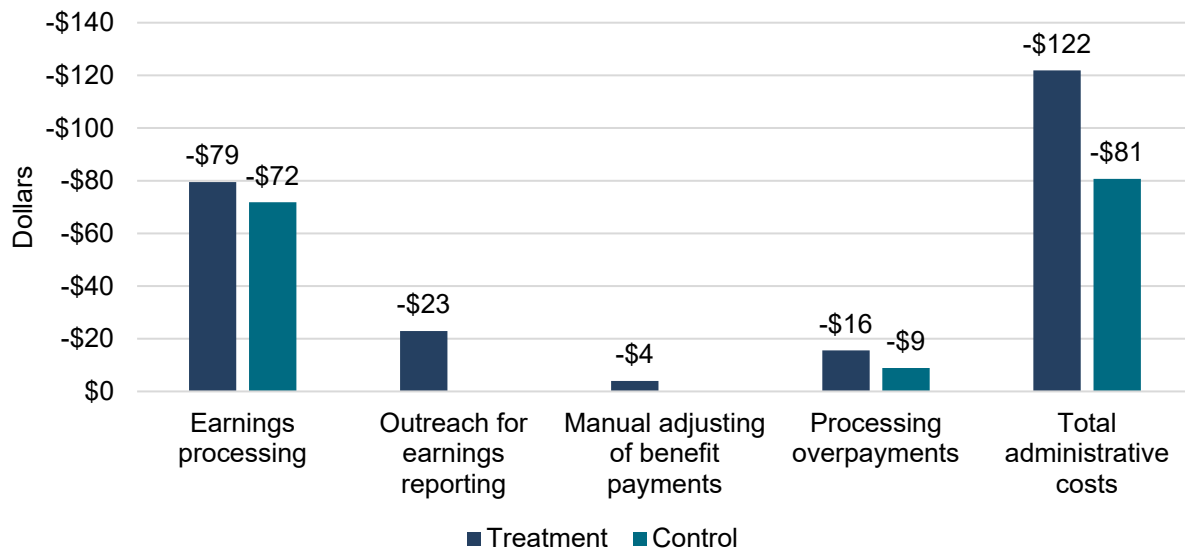
Finally, outreach costs for earnings reporting among treatment group members added \$23 per beneficiary to administrative costs. The implementation team incurred these costs during outreach to the treatment group through mailings and end-of-year phone calls. There were no analogous costs for the control group given the lack of outreach to this group under current rules.

Exhibit VIII.3. Benefits and costs of POD for SSA



Source: Authors' calculations using Mathematica's POD recruitment and enrollment data, SSA program records, and POD implementation records.

Note: The figure describes the benefit or cost of POD for SSA across six categories. Benefits and costs are in 2019 dollars and reported as per-beneficiary annual amounts. [Exhibit G.2](#) and [Exhibits G.6 through G.10](#) explain the sources and methods for this analysis; [Exhibits G.11 and G.12](#) show the underlying numbers for this figure.

Exhibit VIII.4. Administrative costs for POD for treatment and control groups

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data, SSA program records, POD implementation records, and external data.

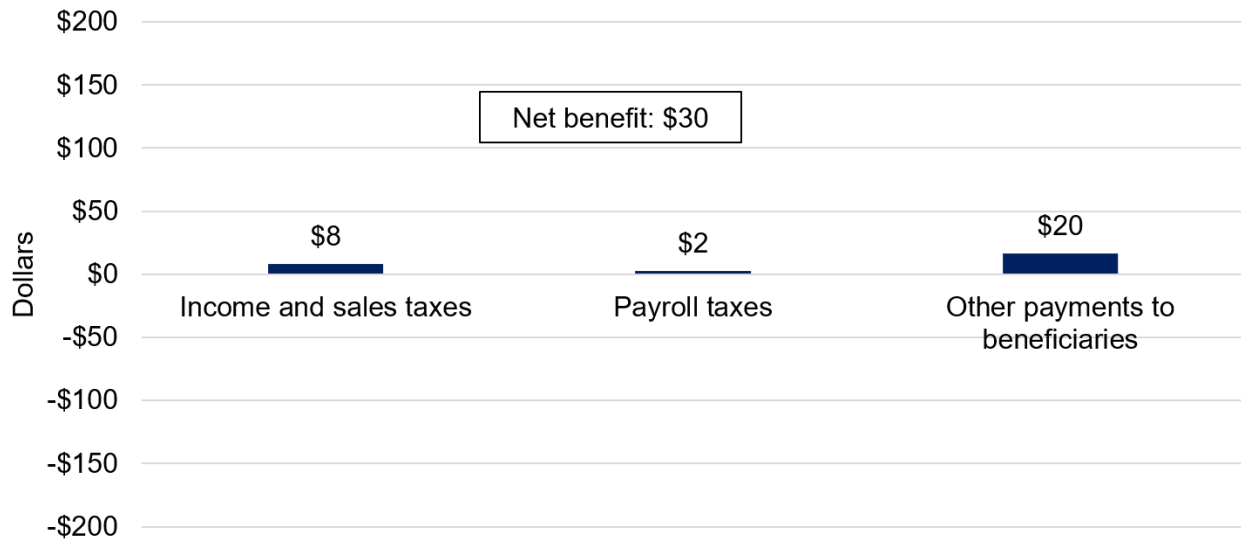
Note: The figure describes the administrative costs of POD for the treatment and control groups. Costs are in 2019 dollars and are reported as per-beneficiary annual amounts. Appendix [Exhibits G.6 through G.10](#) explain the sources and methods for this analysis, and [Appendix Exhibit G.11](#) shows the underlying numbers for this figure.

3. For other government agencies and non-government entities, the effect of POD was minimal

For other government agencies and non-government entities, such as private disability insurance, the net benefit of POD was \$30 per beneficiary annually (Exhibit VIII.5). The slightly higher earnings of POD beneficiaries increased tax revenues for other government agencies. The higher earnings also decreased the assistance beneficiaries received from other government agencies, which lowered those agencies' costs.¹²⁹ Similarly, because employment was slightly higher under POD rules, the costs for unemployment compensation were slightly lower for insurers.

¹²⁹ Decreased payments (for example, for governmental assistance) to beneficiaries under POD correspond to a benefit to the government agencies, which is why POD was a net benefit from the perspective of other government agencies and non-governmental entities (Exhibit VIII.5).

Exhibit VIII.5. Benefits and costs of POD for other government agencies and non-government entities



Source: Authors' calculations using Mathematica's POD recruitment and enrollment data, SSA program records, and POD two-year follow-up survey.

Note: The figure describes the benefit or cost of POD across three categories for other governmental agencies and non-governmental entities. Benefits and costs are in 2019 dollars and are reported as per-beneficiary annual amounts. "Income and sales taxes" includes estimated federal and state income taxes and estimated state and local sales taxes. "Payroll taxes" shown in this figure include payroll taxes that do not go to SSA (Medicare and unemployment taxes). "Other payments to beneficiaries" include income from Veterans Affairs benefits, public assistance, workers compensation, private disability insurance, unemployment compensation, pension, and Supplemental Nutrition Assistance Program benefits as reported on the two-year follow-up survey. [Appendix Exhibits G.1 through G.5](#) explain the sources and methods for this analysis, and [Appendix Exhibits G.11 and G.12](#) show the underlying numbers for this figure.

4. Across all key stakeholders, POD had a negative net benefit

From the perspective of all three stakeholders (beneficiaries, SSA, and government agencies and non-government entities), the net benefit of POD was -\$120 per beneficiary annually, which implies that the direct measurable costs of POD outweighed the benefits (Exhibit VIII.6). Some of the benefits and costs incurred under POD were transfers across stakeholder groups, such as beneficiaries receiving more SSDI benefit. The categories shown in Exhibit VIII.6 exclude such transfers because they would sum to zero. Increases in earnings and fringe benefits represented a benefit of \$109 per beneficiary because none of the stakeholders included in this analysis paid the earnings or fringe benefits as a cost. Though beneficiaries experienced increased earnings and fringe benefits, these did not outweigh demonstration costs incurred by SSA, such as counseling and administrative costs. Other costs of employment, such as work-related expenses and the lost non-market (leisure) time, increased by \$34 per beneficiary under POD.

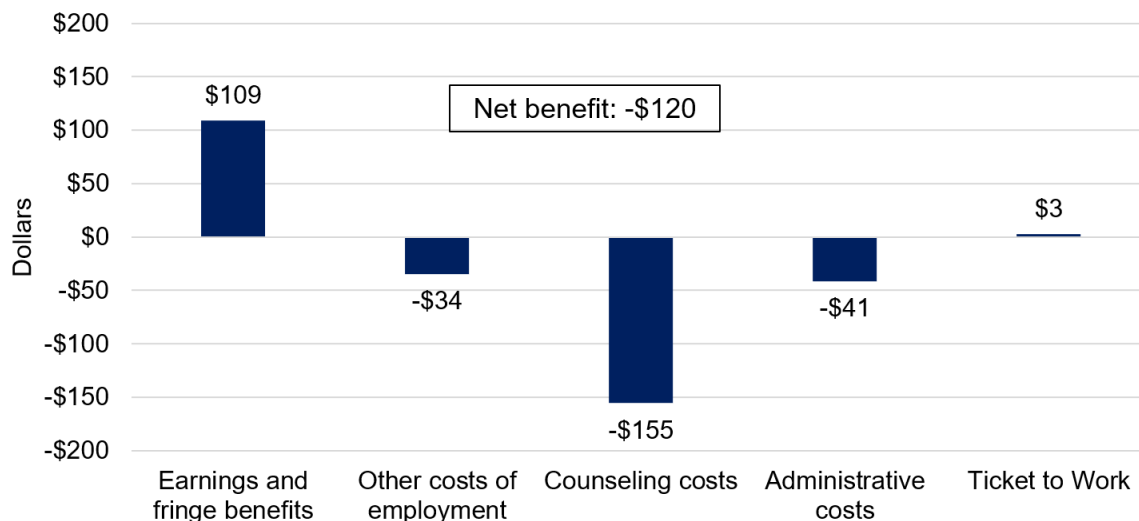
5. Caveats to the benefit-cost findings

An important caveat to the net-benefits calculations for beneficiaries and SSA is that the SSDI benefits that we analyzed represent the actual amount paid. In the future, the amount paid will change as SSA identifies and reconciles improper payments.

This caveat is important in considering the net effects of improper payments on benefits. Our findings indicate there were more overpayments than underpayments for both POD treatment groups. The net effect of improper payments is to overstate the value of benefit payments. This caveat is important in considering the net effects of improper payments on net benefits, which even out as SSA discovers more improper payments for the control group. Hence, the net effect of improper payments is to understate the total amount of total improper payments due during the demonstration period for the control group to the extent that they will pay back the benefits to SSA. It is difficult to precisely estimate the net effect because it is unclear how many improper payments SSA will discover and control group members will pay in the future. In addition, improper payments do not alter our estimate of the net benefit across all key stakeholders because SSDI payments are a transfer from SSA to the beneficiary.

Other important caveats apply to the benefit-cost analysis findings across key stakeholder groups. The accounting used to calculate these statistics ignored the potential benefits and costs experienced by groups external to the demonstration. For example, the analysis excluded the perspective of employers who incurred costs, such as additional salary payments and fringe benefits. However, employers also benefited from the goods and services produced by POD treatment group members as employees. Fully capturing all such benefits and costs would be challenging and likely not affect the net benefit results. Other POD-related benefits and costs were difficult to monetize (such as beneficiaries’ mental and physical well-being) because we did not have adequate information to derive monetary estimates. Finally, because the evaluation period spanned just two years, the analysis did not capture the longer-term benefits and costs of POD.

Exhibit VIII.6. Net benefits and costs of POD across all key stakeholder groups



Source: Authors’ calculations using Mathematica’s POD recruitment and enrollment data, SSA program records, POD implementation records, and external data.

Note: The figure describes the net benefit or cost of POD across stakeholder groups; taxes and benefit amounts are not included in the figure because they are direct transfers between beneficiaries and government agencies. Benefits and costs are in 2019 dollars and are reported as per-beneficiary annual amounts. “Other costs of employment” include work-related expenses and the loss of non-market (leisure) time. [Appendix Exhibits G.1 through G.10](#) explain the sources and methods for this analysis, and [Appendix Exhibit G.11 and G.12](#) show the underlying numbers for this figure.

B. Under what assumptions would POD be cost-neutral to SSA?

In this section, we explore hypothetical scenarios that could lead POD to be cost-neutral for SSA if implemented on a national scale. The benefit-cost analysis revealed that POD increased SSDI benefit amounts, counseling costs, and administrative costs to SSA. Here we examine how the net benefit to SSA changes if we alter these cost drivers in ways that might be consistent with POD existing as a national program. We are particularly interested in what combinations of changes to POD-related costs would achieve cost neutrality for SSA. These projections are helpful in understanding the circumstances under which POD could become cost-neutral beyond the two-year window of the evaluation.

Throughout these hypothetical scenarios, we do not assume a direct relationship between earnings, SSDI benefit amounts, and payroll taxes. When earnings were greater than the POD threshold but less than the beneficiary's full offset amount, the benefit offset decreased benefits by \$1 for every \$2 increase in earnings. However, not every \$2 increase in earnings resulted in a \$1 decrease in benefits. For example, beneficiaries with earnings below the POD threshold could increase their earnings without changing their benefit amounts. Examples like this illustrate that establishing a direct relationship between earnings and SSDI benefit amounts is challenging. In addition, the impact estimates for earnings and benefit amounts under POD were both positive (though not statistically significant) (see Chapter VII).

1. Reverting POD counseling costs to current law levels would not achieve cost neutrality for SSA

Even if counseling costs for POD decreased to current law levels, POD would still result in a negative net benefit to SSA. All POD treatment group members were contacted proactively for counseling to help ensure they understood POD rules. To implement POD at a sustained national level, factors such as proactive outreach would likely be scaled back. Consequently, counseling costs under POD rules would likely resemble costs for operating the WIPA program under current law. Reducing POD counseling costs in this way would eliminate a \$155 per beneficiary cost to SSA (Exhibit VIII.3). This, in turn, would boost the annual net benefit of POD to SSA from -\$334 to -\$179 per beneficiary—an increase of 46 percent. Hence, reducing counseling costs would move POD closer to cost neutrality for SSA, but substantive additional cost reductions would be necessary to achieve full cost neutrality.

2. Reductions in SSDI benefit amounts are necessary to achieve cost neutrality for SSA, with the required reductions depending on how administrative costs change

If counseling costs reverted to current law levels, POD could be cost-neutral to SSA if SSDI benefit amounts and administrative costs declined by a combined \$179 per beneficiary. Such a reduction would represent a 1.6 percent change relative to the average annual SSDI benefit of \$11,739 for control group members.¹³⁰

¹³⁰ Though we do not focus on standard errors in the benefit-cost analysis, the large confidence interval around the SSDI benefit amount impact estimate suggests that the large shifts in SSDI benefit needed to achieve cost neutrality are plausible. For example, the upper bound of the 95 percent confidence interval represents an impact of -\$61, which is a net decrease of \$206 from the point estimate. If that endpoint were the true estimate, POD would generate a \$23 per-person surplus to SSA after reducing counseling costs to current law levels.

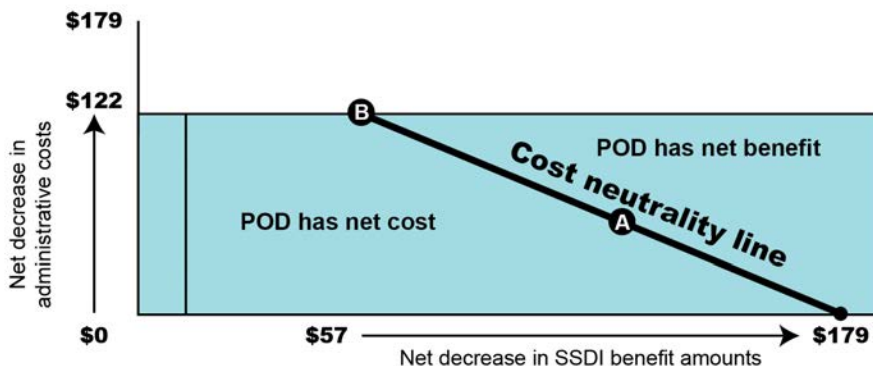
Though there are various ways to decrease SSDI benefit amounts and administrative costs by \$179 per beneficiary combined, a substantive proportion of that reduction would have to be from lower SSDI benefit amounts. The cost neutrality line in Exhibit VIII.7 shows the possible combinations of reductions in SSDI benefit amounts and administrative costs that could achieve cost neutrality for SSA. For example, reducing administrative costs for POD by \$41 per beneficiary—making them equivalent to administrative costs under current law—would require a \$138 per beneficiary reduction in SSDI benefits to achieve cost neutrality (Exhibit VIII.7, Point A). The exhibit illustrates that changes in administrative costs alone cannot achieve cost neutrality. Total administrative costs for POD were \$122 per beneficiary (Exhibit VIII.7, horizontal line), which means that the maximum possible decrease to administrative costs is \$122. If administrative costs decreased by the maximum, the SSDI benefit amount would have to decrease by \$57 per beneficiary to make POD cost-neutral to SSA (Exhibit VIII.7, Point B).

The SSDI benefit amount and administrative cost reductions described in Exhibit VIII.7 might occur if beneficiaries and SSA adjusted to POD rules as part of a national program. If the rules were better understood by beneficiaries under a national program, those who would otherwise receive full benefits might work and use the benefit offset instead. If this happened at substantive levels, SSDI benefit amounts might fall enough to achieve cost neutrality for SSA. However, additional education efforts could further exacerbate costs as more benefits counseling supports beneficiaries in an effort to promote understanding of the rules.

The administrative costs of POD were driven by earnings processing, outreach for earnings reporting, manual adjustments to benefits, and processing overpayments (Exhibit VIII.4). SSA would process earnings more efficiently on a larger scale under a national program, which would reduce processing costs (but probably not to zero) and reduce the need for manual adjustments. National adoption of POD rules could reduce the need for outreach about earnings reporting because beneficiaries might better understand their reporting responsibilities. Overpayments would also decrease if beneficiaries reported timely and accurate earnings better under a national program than for a demonstration.

The hypothetical scenarios examined in this section suggest that a national version of POD could be cost-neutral to SSA if key cost drivers decline in certain ways. Though not sufficient alone, reducing counseling costs for POD to current law levels would be critical for achieving cost neutrality. The total reductions in spending to be cost neutral (i.e., counseling costs, administrative costs, and SSDI benefit amounts) would need to be \$179 per beneficiary.

Exhibit VIII.7. Achieving cost neutrality for SSA



Key points on cost neutrality line
A = Administrative costs for POD reduced to current law levels
B = Administrative costs for POD reduced to \$0

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data, SSA program records, and POD implementation records.

Note: The figure shows all combinations of impacts on administrative cost and SSDI benefit amounts that would achieve cost neutrality for SSA, assuming counseling costs for POD would revert to counseling costs under current law. Benefits and costs are reported in dollars as per-beneficiary annual amounts. The cost neutrality line has a slope of -1, which implies that a \$1 increase in administrative costs would have to be accompanied by a \$1 decrease in SSDI benefit to maintain cost neutrality. Because total administrative costs for POD were \$122 per beneficiary, the cost neutrality line does not extend beyond a \$122 decrease, so no decrease greater than \$122 is possible. Appendix G contains more details about this analysis.

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IX. SUMMARY AND DISCUSSION

Congress authorized POD as part of a broader effort for SSA to conduct research and demonstration projects to test SSDI program changes aimed at encouraging disability beneficiaries to work (SSA 2020b).¹³¹ POD introduced a benefit offset and modified current SSDI work rules, including eliminating the TWP. Though POD had clear objectives, the theoretical impacts of the demonstration on important SSDI beneficiary outcomes—earnings, earnings above the annualized SGA amount, benefits, and total income—were ambiguous because the implications of POD rules for benefit adjustments differed across beneficiary subgroups (see Chapter II).

This chapter describes the findings from the report. To begin, we summarize the findings from each chapter. We then synthesize themes across the demonstration considering POD’s policy objectives. The findings show the effects of POD at the end of the demonstration period, revealing whether the demonstration achieved its goal to test the intervention. We also explore how POD might inform existing program operations and any future demonstrations.

A. Summary of evaluation findings

The usage of the benefit offset in the first two years following enrollment generated limited impacts on the primary outcomes (Exhibit IX.1). Use of the offset in POD exceeded that in prior demonstrations. However, there were no impacts on three of the four primary outcomes (earnings, SSDI benefits, and income). The other primary outcome—earnings above the annualized SGA amount—increased by 1 percentage point, or 10 percent relative to the control group mean. There were no impacts on most secondary outcomes. In addition, there were no statistically significant differences in outcomes between the two treatment groups. The implementation team and SSA developed systems to process the offset quickly, yet there were frequent improper payments because treatment group members experienced challenges reporting monthly earnings promptly. The implication was that improper payments were more frequent but relatively smaller for POD treatment group members relative to the control group. Finally, POD generated a net benefit to beneficiaries, though it was a net cost to SSA because the demonstration increased administrative and counseling costs.

¹³¹ For more details on the demonstration project authority, see https://www.ssa.gov/OP_Home/ssact/title02/0234.htm (accessed August 3, 2021).

Exhibit IX.1. Summary of final evaluation findings by research question

<p>What were the key features of POD implementation and enrollment?</p>	<ul style="list-style-type: none"> • POD implementation occurred in eight states: Alabama, California, Connecticut, Maryland, Michigan, Nebraska, Texas, and Vermont. • Characteristics of POD enrollees differed from those of other SSDI beneficiaries. POD enrollees were more likely to have a recent work history. 																		
<p>How were POD counseling services implemented?</p>	<ul style="list-style-type: none"> • Many enrollees used the proactive counseling services. Nearly all treatment group members received some POD counseling. About half had individualized work incentive counseling services. • Counseling service usage was higher among those more oriented toward work. Treatment group members who were looking for work or working at baseline had the highest use of benefits counseling. 																		
<p>How were earnings reporting and the POD benefit offset implemented?</p>	<ul style="list-style-type: none"> • Treatment group members faced substantive challenges reporting earnings in a timely manner. About one in four treatment group members reported monthly earnings. Treatment group enrollees noted that tracking and submitting earnings to meet monthly due dates was challenging. The timeliness of earnings reports improved throughout the demonstration. 																		
<p>How was the POD benefit offset used and why did POD enrollees withdraw?</p>	<ul style="list-style-type: none"> • Approximately 30 percent of treatment group members used the POD benefit offset. The median monthly offset amount among users was \$350. • Improper payments were frequent. More than 80 percent of offset users experienced a work-related overpayment or underpayment. • Treatment and control group members faced challenges understanding the program rules. Less than half of POD treatment group members understood the POD rules. The subgroup of the treatment group that used the offset had a better understanding of the rules. Control group members also struggled to understand existing rules. • Nearly 8 percent of POD treatment group members withdrew by December 2020. The most common reason was a preference for the work incentives under the current rules. 																		
<p>What were the impacts of POD?</p>	<ul style="list-style-type: none"> • Impacts on primary outcomes were limited. POD did not increase average earnings, SSDI benefits, or income. POD increased by 1 percentage point the proportion of treatment group members who had any annual earnings above the annualized SGA amount. <table border="1"> <caption>Annualized SGA amount</caption> <thead> <tr> <th>Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Treatment</td> <td>11.0</td> </tr> <tr> <td>Control</td> <td>10.0</td> </tr> </tbody> </table> <table border="1"> <caption>Dollars</caption> <thead> <tr> <th>Category</th> <th>Treatment</th> <th>Control</th> </tr> </thead> <tbody> <tr> <td>Earnings</td> <td>5,022</td> <td>4,954</td> </tr> <tr> <td>SSDI benefit amount</td> <td>11,870</td> <td>11,725</td> </tr> <tr> <td>Income</td> <td>16,775</td> <td>16,548</td> </tr> </tbody> </table>	Group	Percentage	Treatment	11.0	Control	10.0	Category	Treatment	Control	Earnings	5,022	4,954	SSDI benefit amount	11,870	11,725	Income	16,775	16,548
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Income	16,775	16,548																	
<p>What were the benefits and costs of POD?</p>	<ul style="list-style-type: none"> • POD had positive net benefits for beneficiaries and costs to SSA. POD had net overall costs for SSA, primarily because of increased benefit payments and costs for counseling services. POD had positive net benefits for beneficiaries. To become cost-neutral to SSA, counseling costs would need to return to levels under current rules, and SSDI payments would need to decrease. 																		

B. Discussion of evaluation findings

We examine cross-cutting findings that influence the usage of the benefit offset and eventual POD outcomes. POD enrolled beneficiary volunteers who expressed interest in participating and presumably had an interest in working. Usage of the benefit offset for POD was higher than in its predecessor, BOND. However, this higher use of the benefit offset did not translate into impacts on employment or benefit reductions within the two-year follow-up period.

1. No substantive difference in participation and impacts between the T1 and T2 groups

We consistently found few differences in key outcomes between the T1 and T2 groups. Use of the offset was similar between the two groups (approximately 30 percent). We also did not find any substantive differences in impacts for the primary outcomes. We did find that T1 group members were less likely to withdrawal and more likely to use the offset for 12 consecutive months relative to the T2, which were expected trends, though the differences were modest.

Several findings help explain the similarities in outcomes observed across T1 and T2 group members. First, our descriptive evidence indicates that treatment group members did not fully understand the termination rules. For example, two-thirds of treatment members did not understand the termination rules. Second, the termination rules were not binding to most treatment group members in the two-year follow-up window. For example, T2 group members faced termination if they reduced their benefits to zero because of earnings for 12 consecutive months. Our findings on offset usage indicate that only 1.0 percent of T2 group members (and 1.6 percent of T1 group members) had benefits fully offset for at least 12 consecutive months.

2. Employment did not substantively differ between treatment and control group members during the two-year window

We found few differences in employment between POD treatment and control group members. About 46 percent of treatment group members and 45 percent of control group members had positive earnings during the demonstration period. Further, employment and earnings outcomes for both groups were mostly stable during the early follow-up period and then fell during the pandemic. Not surprisingly, the similar employment outcomes and trends across experimental groups did not translate into statistically significant impacts on employment.

Limited understanding of the work incentives might have limited their use among the treatment group. Among treatment group members, this might have prevented broader use of the offset. Only about half of treatment group members correctly understood that monthly benefits were reduced under POD if monthly earnings exceeded a threshold level, though understanding was much stronger among those who used the offset. This finding is not surprising because work incentives are more germane to beneficiaries who use them. Additionally, there is the challenge of communicating POD rules to beneficiaries given the possible benefits of these rules varied depending on their specific circumstances (e.g., completion of the TWP).

Understanding work rules was also a challenge for control group members. About one-quarter of control group members correctly understood that the TWP offers an opportunity where benefits are unchanged regardless of earnings; fewer than half correctly understood their benefits would terminate if their earnings were too high. Beneficiaries' broad lack of understanding of work rules suggests the existence of more generous work incentives might not be enough to

substantively increase employment. However, improving beneficiary understanding of the current work rules to help them better understand future modifications of the rules would require a significant effort.

3. Impacts on secondary outcomes were limited, though some impacts were emerging for employment-related activities

In general, there were no substantive impacts on benefit or income-related outcomes. The lack of impacts on employment and earnings likely contributes to these findings. Specifically, given that there were no substantive earnings increases that could trigger an offset adjustment, we would not expect substantive changes in benefit outcomes. The one exception was in improper payments, which increased for reasons we discuss below.

We found some evidence of impacts on employment-related activities, such as job search and use of VR services, which might contribute to longer-term outcomes. These impacts were notable because they indicate that impacts could still emerge beyond the two-year evaluation window. The magnitudes of the impacts were modest in comparison to the size of the control group mean, which is also important in considering the potential size of future impacts on employment.

We also found that POD improved earnings, annualized SGA amount, and income for those who were not working at the time of enrollment.¹³² The magnitude of these impacts was large relative to the control group mean. For example, the \$298 increase in earnings experienced by the average treatment group member in this subgroup constituted a 14 percent improvement. These results are notable in part because this subgroup was large: 80 percent of POD enrollees did not work at baseline. Nevertheless, these subgroup impacts were not substantive enough to generate statistically significant impacts for the overall demonstration.

4. Offset users experienced challenges with timely reporting despite having multiple modes to report earnings

We found that POD treatment members struggled to report earnings on time. Unless a treatment group member submitted all their information accurately and within the monthly reporting window, they faced the prospect of an improper payment. Many treatment group members and POD counselors noted that beneficiaries struggled to organize financial information in such a way that it matched POD reporting needs. In general, there was a need for treatment group members to show repeated proof of their employment efforts in a very specific timeframe. Treatment group members faced barriers to producing this evidence in a regular and reliable way.

¹³² This result confirmed the theory-based expectation that responses to work incentives can vary by current work status (Wittenburg et al. 2018). For those not currently working, the benefit offset incentivized work by increasing total income and providing the reassurance that enrollees would remain entitled to benefits and their income would not substantially fluctuate if they had to stop working permanently or periodically. The elimination of the cash cliff may have also decreased the perceived risks of going back to work among treatment group members. For example, in qualitative reports, some treatment group members who understood the POD rules cited the benefit protections the rules offered as critical to their employment decisions.

This issue was particularly challenging at the beginning of the demonstration when beneficiaries and counselors were adjusting to the new rules. However, there was a substantial improvement in the timeliness of reporting earnings in the latter part of the demonstration. The improvement was due in part to both beneficiaries and counselors becoming more accustomed to POD rules and developing relationships with each other to facilitate earnings reporting.

The challenges in reporting earnings also exist under current rules. For example, in 2019, less than 15 percent of current law earnings reports were from beneficiary direct reporting to SSA.¹³³ Furthermore, the SSA Office of the Inspector General (OIG) found that 83 percent of beneficiaries with a work-related overpayment did not report their earnings (SSA 2018b).

5. Improper payments were more frequent—but smaller in size—for treatment group members relative to control group members

Improper payments were common under POD rules. About 20 percent of treatment group members received an overpayment, compared to 7 percent of control group members. In addition, about 11 percent of treatment group members received an underpayment, compared to 2 percent of control group members. The higher prevalence of improper payments among treatment group members reflects the design features of POD, including a lower threshold at which earnings affect benefits and increased importance on the accuracy of earnings reports. Lags in earnings reporting made improper payments a frequent occurrence for POD offset users. In 2019, 86 percent of treatment group members who used the offset had an overpayment or underpayment.

The size of improper payments was usually smaller in the treatment group relative to the control group. Among those overpaid, the median monthly overpayment for the treatment group was \$194. By comparison, our best estimates indicate the median monthly overpayment amount among control group members was \$1,089. Similarly, among those underpaid, the median underpayment amount for treatment group members was \$164 compared to \$1,033 for control group members. These large differences are not surprising given that the POD offset reduces benefit amounts at lower rates for excess earnings than under current rules, where benefits go to zero after the cash cliff.

Treatment group members said in qualitative reports that the overpayments were unexpected but it did not deter their interests in continuing to work. Among 36 treatment group members who discussed their overpayment experiences, 35 did not expect an overpayment. The respondents typically resolved the overpayments by making a single, direct payment to SSA. The repayment of the overpayment to SSA is notable given that many beneficiaries under current law struggle to make repayments. For example, based on findings for all beneficiaries under current law in the literature, SSA was able to recover less than half of the overpayments identified under current law a decade later (SSA 2015).

¹³³ In 2019, there were 292,000 direct reports, compared to 2,106,000 earnings enforcement alerts from annual IRS data and 2,257,000 alerts from quarterly earnings data (SSA 2021a). Because cases can be in multiple categories, we conservatively estimate that there were 2,257,000 total earnings alerts and that all direct reports were also flagged by quarterly earnings data.

An important caveat to these findings is that SSA will likely uncover more improper payments to control group members over time after conducting more work CDRs. Hence, the prevalence of improper payments will increase for the control group, which will reduce some of the gaps noted above in future years.

6. The two-year evaluation window may not have been enough time for impacts to emerge

One limitation of only using a two-year follow-up is that many control group members will not have had enough time to experience the cash cliff under current rules. This lack of experience is important given that one central feature of POD is to replace the cash cliff with a benefit offset. To illustrate the challenge, consider that the treatment group experiences the offset immediately under new rules for excess earnings above the POD threshold. By comparison, many in the control group will not face a potential benefit adjustment (that is, the cash cliff) until they have completed their TWP and extended period of eligibility. We found that the exposure to this cash cliff for the control group was relatively minimal, as only 5 percent had completed their TWP by the end of the demonstration period. There is evidence that beneficiaries who face the cash cliff will adjust their earnings as they near the cash cliff, also referred to as parking (Schimmel et al. 2011).

The impacts in POD could follow a similar long-term trajectory as BOND, which had impacts in the later years of the demonstration (Gubits et al. 2018). For example, there were not impacts on employment or earnings above the annualized SGA threshold used in BOND for the non-volunteer sample (Stage 1) until the fourth and fifth years of the demonstration.

This limitation of having a two-year follow-up period also affects the T1 and T2 comparisons above. The two-year follow-up period provided limited time to make comparisons between the two groups given the T2 termination provisions required having substantive earnings for 12 consecutive months.

In addition, the scope of the pandemic likely influenced the outcomes of the control and treatment groups. The pandemic had broad, negative effects on public health and labor markets (Kessler Foundation 2020). Though we cannot isolate the effects of the pandemic on POD, we observed declines in employment, earnings, and benefit offset utilization at the start of the pandemic among treatment group members, followed by a slow but gradual recovery (Mann and Musse 2021). We find similar patterns in employment recovery for the control group.

C. Future programmatic and evaluation considerations

Lessons from POD could inform future programmatic changes and demonstration projects. These lessons fall into two broad categories: programmatic considerations for earnings reporting and lessons potentially helpful to future demonstrations involving SSDI work rules.

1. Programmatic considerations for beneficiary earnings reporting

POD's earnings reporting practices could inform SSDI operations for collecting earnings information. Counselors for POD encouraged ongoing monthly reporting through multiple modes—including an online portal—to facilitate timely earnings. In addition, POD counselors and indirect support unit staff provided proactive education and prompts that facilitated earnings

reporting. Treatment group members suggested that improving methods of earnings reporting and allowing for longer suspension periods could promote income stability for beneficiaries who work while receiving benefits.

The POD findings suggest that SSA could consider educational outreach or prompts for reporting earnings to improve earnings reporting. One challenge under current rules is that SSA does not discover earnings until an annual review. For example, in 2019, SSA received 292,000 direct earnings reports compared to 2,106,000 reports based on annual earnings data from the IRS and 2,257,000 reports based on quarterly earnings data (SSA 2021a). Tests of more proactive prompting and the use of more options for earnings reporting could potentially support more timely reports of earnings. However, this type of reporting would also increase administrative costs to SSA, so it would be important to balance these extra costs with the benefits of increased outreach. Still, some lower cost efforts, such as automated reminders for work reports for those who completed a TWP could potentially be helpful in supporting timely reports.

Demonstration findings on benefits counseling might also inform current program operations. POD offered proactive benefit counseling services that treatment group members viewed positively. Such services could be informative to SSA's goal of enhancing customer services to beneficiaries (SSA 2018a). Treatment group members valued having an assigned counselor because the counselors answered questions in a timely manner and offered continuity as a trusted resource. In contrast, beneficiaries must seek out benefits counseling supports from WIPA counselors under current law. The positive counseling experience of treatment group members is consistent with SSA's strategic objectives in enhancing customer service.

A caveat in these potential intervention directions is that they must also balance cost considerations. For example, more proactive outreach and expanded reporting options might increase administrative costs to SSA in some areas. This issue is notable given that the POD counseling services were a key cost driver in the demonstration.

2. Lessons learned from POD for future work rule modifications

The length of the evaluation window is an important consideration for any evaluation involving a modification of work rules similar to POD. The evidence from both POD and BOND indicates that most beneficiaries need substantial time to adjust to new work rules, particularly if the beneficiaries were not working at enrollment into the demonstration.

In considering modifications to current law work rules, findings from POD and BOND suggest that benefit offsets have relatively modest effects on key outcomes. Neither demonstration had substantive impacts on primary outcomes related to employment and benefit amounts. Hence, replacing the cash cliff with a benefit offset for beneficiaries who are already exposed to current rules is unlikely to have more immediate employment impacts. In part, this reflects that it takes time for people to switch from some of the complications under the current rules to a set of new rules. It also takes time for rule changes to permeate through a complex system of other supports and providers (e.g., counselors, physicians, social workers, and family members) who might advise beneficiaries.

The POD evaluation findings also continued to underscore problems associated with current rules. Control group members reported substantial difficulties in understanding current rules. Additionally, for reasons noted above, the POD impacts could emerge in the future as control group members' outcomes change. Hence, there is still a need to find innovations to improve program rules in ways that can enhance understanding and open up other opportunities for beneficiaries, including expanded employment.

One important consideration in designing future modifications to SSDI work rules is testing their accessibility with beneficiaries. The experience from POD indicates it can take time for beneficiaries to adjust to new rules, particularly those that require timely earnings reporting. Not surprisingly, the understanding of the new work rules was strongest for beneficiaries who were actively using them. This finding underscores that more targeted interventions might have the potential to increase use of work incentives and therefore generate strong impacts. However, a more targeted intervention would also reduce the generalizability of the findings for policy purposes, so there are important tradeoffs. One option to consider is piloting different rules and their presentation to assess whether beneficiaries would opt into them. This type of exploratory work could set a stronger foundation for how beneficiaries might respond to incentives when offered at a larger scale.

In considering future reforms to program rules, it is important to identify options that ensure that beneficiaries understand any modifications. Results from POD and BOND both indicate that treatment group members struggled to understand components of the new benefit offset rules. The lack of understanding of the new POD rules and current rules underscores the challenges beneficiaries face in making employment decisions. Thus, the lessons here suggest that future attempts to modify program rules consider how the changes might affect beneficiary understanding and ultimately enhance employment.

One potential way to improve beneficiary understanding of modified work rules in future demonstrations is to include only newly awarded beneficiaries who have not been exposed to current rules. Including new awardees is one way to avoid potential confusion that some existing beneficiaries might face as they try to navigate from the existing rules to the new rules. The experience from POD indicates that it often takes time for demonstration participants to respond to the new rules, such as earnings reporting.

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APPENDIX A: KEY TERMINOLOGY

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DESIGN OF POD

- Evaluation team: Mathematica and its partner, Insight Policy Research, who conducted the comprehensive evaluation of POD.
- Implementation team: Abt Associates and its partners who were implementing POD. Abt's partners included state Vocational Rehabilitation (VR) agencies in four of the eight POD states (Alabama, Connecticut, Maryland, and Vermont) and Work Incentives Planning and Assistance providers in the other four states (California, Michigan, Nebraska, and Texas). In addition, Virginia Commonwealth University provided technical support to the implementation partners.
- POD state: A state where POD was implemented, regardless of whether the entire state or a subset of counties are included in the implementation area.
- POD implementation areas: The geographic area in a POD state where the demonstration was implemented. In Alabama, Connecticut, and Vermont the POD implementation area was the entire state. In California, Maryland, Michigan, Nebraska, and Texas the POD implementation area is a subset of counties within the state.
- POD threshold: The threshold for monthly earnings used to define Trial Work Period months under current rules, as discussed below (\$910 per month in 2020).
- POD benefit offset: The component of the POD rules that reduced benefits by \$1 for every \$2 earned above the greater of the POD threshold and the amount of the treatment group member's Impairment-Related Work Expenses (IRWE).
- POD rules: The POD benefit offset, elimination of the Trial Work Period (TWP) and grace period, and additional services (such as benefits counseling) offered to POD treatment group members.
- POD enrollees: Eligible beneficiaries who volunteered for POD, provided informed consent, and enrolled in the demonstration. All enrollees were randomly assigned to one of the study groups (T1, T2, or C), as noted below.
 - T1 group members: Beneficiaries randomly assigned to the T1 study group who, therefore, are subject to POD rules but do not face termination due to work.
 - T2 group members: Beneficiaries randomly assigned to the T2 study group who, therefore, are subject to POD rules and face termination after 12 consecutive months of having benefits reduced to \$0 by the POD benefit offset.
 - Treatment group members: Beneficiaries randomly assigned to either the T1 or T2 study groups who, therefore, are subject to POD rules.
 - Control group members: Beneficiaries randomly assigned to the C study group who are subject to current SSDI rules.
- Offset users: Treatment group members qualifying for and earning over the POD threshold amount to be subject to the POD benefit offset.

- Full offset users: Treatment group members whose benefits were suspended when their earnings are far enough above the POD threshold that the offset reduces their benefit payment to zero.
- Partial offset users: Treatment group members who had a benefit adjustment but still receive some SSDI benefits.

II. RECRUITMENT AND INTAKE

- POD solicitation pool: All Social Security Disability Insurance (SSDI) beneficiaries who lived in a POD implementation area, were eligible for POD, and were sent a primary mailing as part of POD direct outreach.
- Direct outreach: Efforts by the evaluation team to contact members of the POD solicitation pool to provide information about the demonstration and offer the chance to enroll in POD.
 - Primary mailing: Recruitment packets containing printed information about POD and enrollment materials that the evaluation team mailed to all beneficiaries in the POD solicitation pool. These packets were the centerpiece of the direct outreach effort.
 - Supplemental outreach strategies: Additional informational materials, notifications, and reminders that the evaluation team provided to beneficiaries who were included in a primary mailing.
- Indirect outreach: Mechanisms for beneficiaries and local stakeholders to learn about POD, such as a toll-free line or website, and efforts by the Social Security Administration (SSA) and the evaluation team to raise awareness of POD through community organizations that serve SSDI beneficiaries.
- Non-volunteers: Beneficiaries in the solicitation pool who were sent primary mailings but did not enroll in POD.
- Respondent payment: A \$25 payment to all beneficiaries who returned enrollment materials. Beneficiaries received this payment even if they were no longer eligible for POD when they returned the enrollment materials, withheld consent, or failed the intake screener.

III. PROVISION OF POD SERVICES

- POD counseling providers: Broad term referring to state VR agencies, Work Incentive Planning and Assistance (WIPA) providers, and local community rehabilitation providers (contracting with a state VR agency or WIPA provider involved in POD) that deliver POD counseling services and supports to treatment group members.
- Counseling staff: POD supervisors and work incentives counselors (POD counselors) who provide POD counseling services and supports to treatment group members in each of the POD states.
- POD support unit staff: Abt Associates staff who work in the indirect and direct support units, which include the POD call-center, the POD processing center, POD central operations, and the POD earnings support unit.

- **Benefit Summary and Analysis (BS&A) Report:** An in-depth resource that POD counselors develop for those treatment group members who receive individualized work incentives counseling services. The BS&A helps treatment group members understand (1) how their employment and earnings goals will affect their current benefits, (2) the work incentives for which they are eligible, and (3) services available to achieve their employment and earnings goals.

IV. SSA TERMS AND DEFINITIONS RELATED TO CURRENT SSDI RULES

- **Impairment-Related Work Expenses (IRWE):** The cost of certain impairment-related items and services that a beneficiary needs to work because of their disability. Under current law, SSA deducts IRWE from gross earnings when deciding if work is a substantial gainful activity. Under POD, SSA considers monthly IRWE in the \$1 for \$2 benefit offset calculation only when the total IRWE is greater than the POD threshold. If the total monthly amount of IRWE is greater than the POD threshold, SSA uses the total monthly amount of itemized IRWE as the monthly POD threshold for the POD benefit offset.
- **Trial Work Period (TWP):** A nine-month period during which beneficiaries test their ability to work without any reductions in monthly cash benefits. The TWP is completed once a beneficiary has monthly earnings above the TWP threshold (\$910 in 2020) or works more than 80 hours a month in self-employment for nine months over a rolling 5-year window. The nine months need not be consecutive.
- **Substantial gainful activity (SGA) amount:** The threshold for earnings at which beneficiaries might lose cash benefits if the TWP and grace period have both ended. This threshold is defined in 2020 as \$1,260 for non-blind beneficiaries and \$2,110 for blind beneficiaries. Before being evaluated relative to the SGA amount, earnings are adjusted to remove sick pay, vacation pay, bonuses, and IRWE.
- **Extended Period of Eligibility (EPE):** The EPE begins the month after the TWP ends. The EPE is a 36 month re-entitlement period, during which beneficiaries may have cash benefits suspended if they earn above the SGA amount, but remain entitled to full benefits if their earnings are lower than that amount. If a beneficiary earns above the SGA amount after the re-entitlement period, cash benefits are terminated.
- **Grace period:** A three-month exception to the EPE's rules about payment of cash benefits when earnings exceed the SGA amount. The grace period consists of the first EPE month in which a beneficiary earns above the SGA amount, and the following two months. During these three months, beneficiaries receive a full SSDI benefit payment regardless of the level of earnings.

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APPENDIX B:

SUPPLEMENTAL EXHIBITS FOR CHAPTER III

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This appendix contains supplemental exhibits for Chapter III. These exhibits include information about POD supports, economic and COVID-19 indicators for POD implementation areas, and POD enrollment rates. The remaining exhibits provide characteristics of POD enrollees and POD treatment and control group members.

Exhibit B.1. Overview of organizations delivering POD counseling services

State	Implementing lead agency, type, and subcontractor	Lead agency characteristics
Alabama	Alabama Department of Rehabilitation Services (VR agency); subcontractor: Easter Seals Central Alabama	The Alabama Department of Rehabilitation Services administers state VR services and is also a WIPA provider. Easter Seals Central Alabama is the lower tier subcontractor, which employed Community Work Incentives Coordinator certified (CWIC-certified) POD counselors who work for the Department as contractors to provide counseling services to POD treatment group members.
California	Managed Career Solutions (WIPA); no lower-tier subcontractor	Managed Career Solutions is a WIPA provider serving SSDI beneficiaries in Los Angeles county since 2015. The organization is also a Ticket-to-Work Employment Network and American Job Center. Senior leadership are former VR counselors.
Connecticut	Connecticut Department of Rehabilitation Services (VR agency); no lower tier subcontractor	The Connecticut Department of Rehabilitation Services is the state VR agency and also (since 2007) the statewide WIPA provider. The Department also participated in the Benefit Offset Pilot.
Maryland	Maryland Division of Rehabilitation Services (VR agency); subcontractor: state mental health agency	The Division of Rehabilitation Services is the state VR agency and holds the contract to provide POD counseling services in Maryland. The Division of Rehabilitation Services subcontracted with the Office on Mental Health (OMH) of Harford County to manage implementation of POD. OMH provides Ticket-to-Work Employment Network services and supports employment services for clients of the Division of Rehabilitation Services. OMH subcontracted with independent counselors to provide POD counseling services.
Michigan	United Cerebral Palsy of Metropolitan Detroit (WIPA); no lower-tier subcontractor	The organization, a WIPA provider serving SSA disability beneficiaries in the Detroit metropolitan area, provided benefits counseling to beneficiaries participating in BOND. The organization focuses on employment, assistive technologies, and advocacy services for those with cerebral palsy and other disabilities.
Nebraska	Easter Seals (WIPA); no lower-tier subcontractor	Easter Seals is a nonprofit organization that provided POD counseling services to treatment group members. The organization is also a WIPA provider and Ticket-to-Work Employment Network.
Texas	Imagine Enterprises (WIPA); no lower-tier subcontractor	Imagine Enterprises is a WIPA provider that supplies Medicaid waiver services and benefits counseling to SSA disability beneficiaries. The organization also provided benefits counseling to beneficiaries participating in BOND.
Vermont	Vermont Division of Vocational Rehabilitation (VR agency); no lower-tier subcontractor	This state VR agency is a WIPA provider and the main Employment Network for SSDI beneficiaries. The organization provided benefits counseling to beneficiaries participating in BOND and in the earlier Benefit Offset Pilot.

Source: Abt Associates, 2017; questionnaires completed by POD supervisors in spring 2018 before site visits; and semi-structured interviews conducted with key respondents in spring 2018.

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Exhibit B.2. Economic and service indicators by POD state

State	Employment-population ratio for people with disabilities (Dec 2018)	Employment-population ratio for people without disabilities (Dec 2018)	VR operating under order of selection (December 2019)	Reported delays in accessing VR services (2019) ^b	Reported top industries employing people with disabilities ^d	Unemployment rate (Feb 2020)	Unemployment rate (Jun 2020)	Unemployment rate (Dec 2020)
Alabama	29.1	73.2	No	No	Food service Health care	2.8	8.0	3.5
California	38.2 ^a	76.0 ^a	No	No	Retail Clerical	3.6 ^e	14.9 ^e	9.2 ^e
Connecticut	38.9	79.4	Yes	No	Retail Food service	4.0	11.4	7.7
Maryland	43.6 ^a	81.0 ^a	Yes	No	Food service Clerical and retail ^c	3.3 ^e	8.6 ^e	6.6 ^e
Michigan	35.5	77.6	No	No	Manufacturing Light production	3.6 ^e	11.8 ^e	6.7 ^e
Nebraska	50.1	83.6	Yes	Yes	Food service Retail	3.1 ^e	7.0 ^e	3.3 ^e
Texas	43.7 ^a	77.7 ^a	No	No	Food service Retail	3.1 ^e	9.3 ^e	5.8 ^e
Vermont	42.4	81.4	No	No	Retail Food service	2.6	7.9	3.3
National	37.6	77.8	n.a.	n.a.	n.a.	3.8	11.2	6.5

Source: Data on the employment-population ratio are from the US Census Bureau, 2018. Accessed on August 13, 2021. Available at: <https://data.census.gov/cedsci/table?q=ACSST1Y2019.C18120&tid=ACSST1Y2018.C18120&hidePreview=true> Data on VR service use and reported top industries employing people with disabilities from pre-site visit questionnaire completed by POD supervisors in January 2020.

Data on unemployment rates are from the Bureau of Labor Statistics, 2020. Accessed on March 26, 2021. Available at <https://www.bls.gov/lau/tables.htm>.
 Note: ^a Reflects the employment population ratio averaged across the counties included in POD in December 2018 (weighted by county population). State level data is presented for Nebraska and Michigan, in lieu of county level data because county level data were not available for Nebraska and for one county in the POD service delivery area in Michigan.

^b POD supervisors were asked to indicate (Yes/No) whether VR agencies in the POD state had operated under an order of selection from January 2018 through January 2020. If the POD supervisor responded "Yes," they were asked if there currently were wait lists for clients with the most severe disabilities (Yes/No). For "Yes" responses, POD supervisors were asked to report how long, on average, clients had to wait to receive VR services.

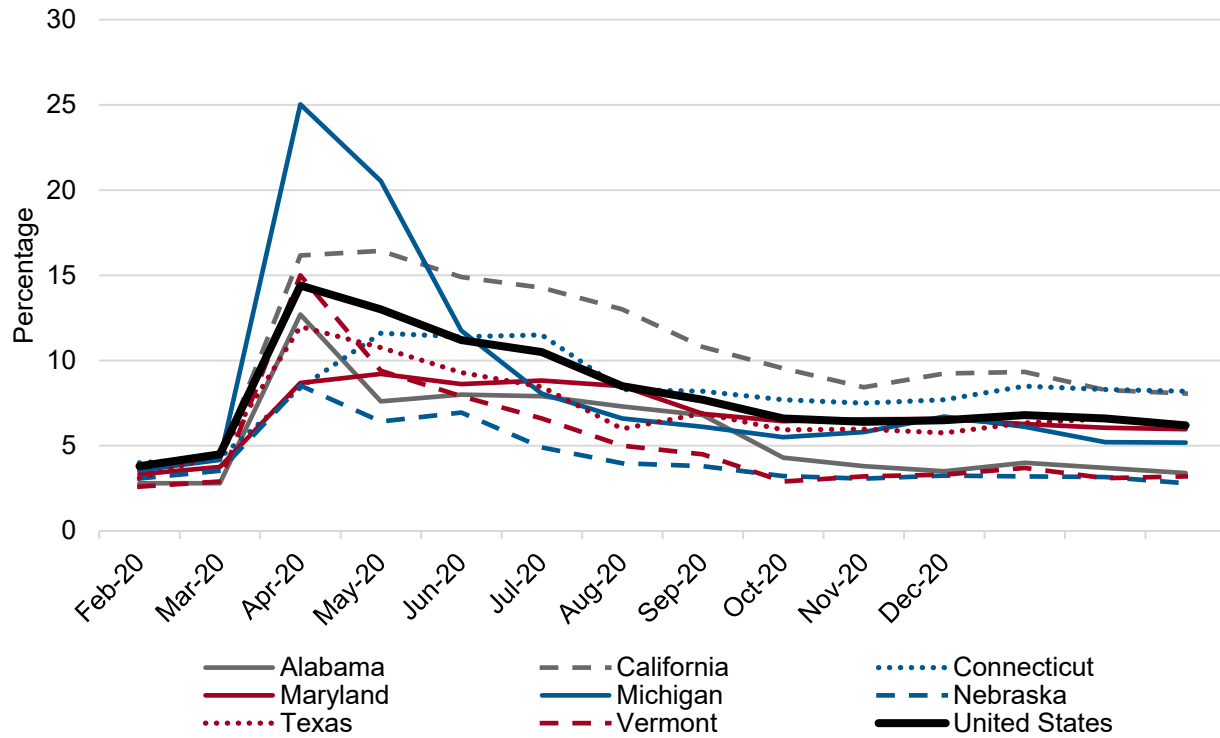
^c The POD supervisor in Maryland indicated a tie between clerical and retail industry as the second most popular industry for people for disabilities in their state.

^d POD supervisors received a list of 17 industries and an "other" category and were asked to rank the top five industries in their POD site that employed people with disabilities. We present the top two reported industries.

^e Reflects the unemployment rate averaged across the counties included in POD for the respective month in 2020 (weighted by county population). County, state, and national data are not seasonally adjusted.

n.a. = not applicable. [\[Return to text\]](#)

Exhibit B.3. Unemployment rates in the POD states, Feb 2020 through Dec 2020



Source: US Census Bureau, 2020. Accessed on May 11, 2021. Available at <https://www.bls.gov/lau/>.

Note: For the partial states, figures reflect averages across the counties included in POD service delivery, which we obtained by taking the average unemployment rate across the counties included in each POD site area (weighted by county population). County, state, and national data are not seasonally adjusted.

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Exhibit B.4. POD enrollment rates, by state

State	Size of POD solicitation pool	Number of enrolled beneficiaries	Enrollment rate (percent)	Share of POD enrollees (percent)
Alabama	69,925	1,276	1.8	12.7
California	100,640	2,432	2.4	24.2
Connecticut	38,777	1,013	2.6	10.1
Maryland	40,708	1,199	2.9	11.9
Michigan	22,361	591	2.6	5.9
Nebraska	12,104	370	3.1	3.7
Texas	128,315	2,977	2.3	29.6
Vermont	6,651	212	3.2	2.1
Overall	419,414	10,070	2.4	100.0

Source: Hock et al. (2020a) based on data from the POD recruitment and enrollment system.

Note: The enrollment rate for each state measures the number of beneficiaries in the state who enrolled divided by the number in the solicitation pool. The share of POD enrollees measures the proportion of all POD enrollees accounted for by the given state. All numbers in the table have been rounded; consequently, reported percentages might not sum across categories to exactly 100.

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Exhibit B.5. Baseline characteristics of POD enrollees compared with non-volunteers

Variable	Sample mean		Difference	
	POD enrollees	Non-volunteers	Enrollees vs. non-volunteers	p-value
Number of beneficiaries	10,070	409,344		
Gender				
Female	55.0	49.5	5.5	0.000
Age group				
20 to 29 years	4.9	3.9	1.0	0.000
30 to 39 years	17.6	14.9	2.6	
40 to 44 years	12.0	11.4	0.6	
45 to 49 years	17.7	18.0	-0.3	
50 to 54 years	28.2	30.2	-2.0	
55 to 59 years	19.6	21.4	-1.9	
Mean age (years)	46.5	47.3	-0.8	0.000
Primary diagnosis				
Neoplasms	2.9	3.3	-0.5	0.000
Mental disorders	38.4	33.1	5.3	
Intellectual disabilities	2.6	3.7	-1.1	
Back or other musculoskeletal	20.2	24.5	-4.2	
Nervous system disorders	6.3	7.4	-1.1	
Circulatory system disorders	5.8	6.5	-0.7	
Genitourinary system disorders	4.2	3.2	1.0	
Injuries	3.8	4.1	-0.3	
Respiratory	1.7	1.7	0.0	
Several visual impairments	2.3	2.7	-0.3	
Digestive system	1.5	1.8	-0.3	
Other impairments	10.3	8.2	2.1	
Program characteristics				
Duration category				
Less than two years	14.2	14.5	-0.3	0.016
Two to less than four years	13.8	14.9	-1.1	
Four to less than six years	14.6	14.8	-0.1	
Six to less than eight years	13.6	13.5	0.1	
Eight to less than 10 years	11.0	10.4	0.5	
Ten to less than 12 years	7.2	6.7	0.4	
Twelve or more years	25.6	25.1	0.5	
Mean SSDI duration (months)	103.9	102.1	1.8	0.031
Monthly SSDI benefits (\$)	1,035	1,129	-94	0.000
Has representative payee	6.9	12.9	-6.0	0.000
Concurrent SSI receipt	18.2	14.6	3.6	0.000

Exhibit B.5 (continued)

Variable	Sample mean		Difference	
	POD enrollees	Non-volunteers	Enrollees vs. non-volunteers	<i>p</i> -value
Employment history				
Completed TWP	16.5	8.9	7.6	0.000
Recent history of TWP-level earnings	19.2	7.9	11.2	0.000
Recent history of SGA-level earnings	14.9	5.9	9.0	0.000
No recent history of SGA-level earnings	4.3	2.0	2.2	0.000
Had a Ticket assigned in last four years	12.5	4.4	8.1	0.000

Source: Authors' calculations using SSA program records and Abt Associates Implementation Data System (IDS)

Note: Unless otherwise noted, all table entries are percentages (means) or percentage points (differences). Data are complete for every characteristic; there are no missing values. All numbers in the table have been rounded; consequently, (1) reported percentages might not sum across categories to exactly 100 and (2) reported differences in group means might not exactly equal the reported POD enrollee mean minus the reported mean for non-volunteers. We assessed differences between groups using regression models that accounted for the site-level sampling design. The table reports unadjusted means for POD enrollees, regression-adjusted means for non-volunteers, and differences between the two. The *p*-values in the final column are based on regression standard errors that are robust to heteroscedasticity.

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Exhibit B.6. Demographics and disability characteristics of POD treatment and control group members at enrollment

Variable	Average for study group			Standardized differences			p-value
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	
Number of beneficiaries	3,343	3,357	3,370				
Gender							
Female	56.0	54.4	54.5	0.031	-0.001	0.032	0.329
Age group							
20 to 29 years	3.8	4.3	3.9	-0.005	0.017	-0.022	0.822
30 to 39 years	17.0	16.2	16.4	0.014	-0.005	0.019	
40 to 44 years	10.8	11.4	11.4	-0.018	0.001	-0.019	
45 to 49 years	17.3	16.2	17.5	-0.004	-0.033	0.028	
50 to 54 years	25.6	25.3	25.9	-0.006	-0.013	0.006	
55 to 59 years	25.5	26.5	24.9	0.014	0.037	-0.023	
Mean age (years)	47.4	47.4	47.4	0.003	0.008	-0.004	0.951
Primary diagnosis							
Neoplasms	2.9	2.9	2.9	-0.001	-0.001	0.000	0.884
Mental disorders	38.2	37.7	39.0	-0.017	-0.029	0.013	
Intellectual disabilities	2.5	2.6	2.7	-0.013	-0.007	-0.005	
Back or musculoskeletal system	20.3	19.9	20.4	-0.005	-0.013	0.009	
Nervous system disorders	6.3	6.6	6.1	0.012	0.021	-0.009	
Circulatory system disorders	5.2	6.1	6.0	-0.032	0.006	-0.038	
Genitourinary system disorders	4.0	4.6	4.1	-0.007	0.026	-0.033	
Injuries	3.8	3.9	3.8	0.002	0.004	-0.002	
Respiratory	2.0	1.5	1.7	0.025	-0.013	0.037	
Several visual impairments	2.3	2.4	2.3	0.003	0.005	-0.001	
Digestive system	1.3	1.6	1.5	-0.022	0.001	-0.023	
Other impairments	11.1	10.4	9.5	0.053	0.028	0.025	
Preferred language is Spanish	2.3	2.5	3.1	-0.049	-0.036	-0.012	0.130

EXHIBIT B.6 (continued)

Variable	Average for study group			Standardized differences			p-value
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	
Race/ethnicity							
Hispanic or Latino	16.1	17.1	18.6	-0.070	-0.042	-0.028	0.119
Black, not Hispanic	35.2	34.9	34.6	0.014	0.008	0.007	
White, not Hispanic	40.9	39.6	38.6	0.048	0.021	0.026	
Other or multiple races, not Hispanic	7.8	8.4	8.2	-0.014	0.006	-0.020	
Living with a spouse/partner	28.3	29.0	28.1	0.005	0.020	-0.015	0.702
Living independently	93.2	92.9	93.3	-0.001	-0.016	0.015	0.763
Education							
8th grade or less	2.0	2.5	2.5	-0.030	0.001	-0.030	0.312
9th-11th grade	8.3	8.4	9.3	-0.037	-0.034	-0.003	
High school diploma or GED®	47.7	47.7	47.8	-0.001	-0.001	-0.000	
Some college but no degree	7.3	7.1	7.4	-0.004	-0.012	0.008	
2-year college degree or vocational diploma	17.0	15.3	15.6	0.038	-0.010	0.048	
Completed bachelor's degree or higher	15.3	17.1	15.5	-0.006	0.042	-0.048	
Other	2.3	2.0	1.9	0.032	0.008	0.024	

Source: Authors' calculations using SSA program records, the Abt Associates Implementation Data System, and the POD baseline survey.

Note: Unless otherwise noted, all table entries are percentages (means) or effect sizes (standardized differences). Summary statistics and estimates for each characteristic derived from the baseline survey are based on enrollees who answered the corresponding question(s) on the survey; summary statistics and estimates for characteristics derived from SSA program records are based on all enrollees. All numbers in the table have been rounded; consequently, reported percentages might not sum across categories to exactly 100. The *p*-values in the final column of the table are for joint tests of the differences between all three groups using regression standard errors that are robust to heteroscedasticity.

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Exhibit B.7. Program characteristics of POD treatment and control group members at enrollment

Variable	Average for study group			Standardized differences			p-value
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	
Number of beneficiaries	3,343	3,357	3,370				
SSDI duration prior to enrollment							
Less than two years	8.4	8.5	8.6	-0.009	-0.004	-0.004	0.797
Two to less than four years	13.7	13.0	13.2	0.016	-0.007	0.022	
Four to less than six years	15.5	14.6	14.2	0.037	0.013	0.024	
Six to less than eight years	13.9	14.5	14.9	-0.027	-0.010	-0.017	
Eight to less than 10 years	13.0	12.7	12.2	0.023	0.014	0.009	
Ten to less than 12 years	7.5	8.6	8.3	-0.031	0.010	-0.041	
Twelve or more years	28.0	28.1	28.6	-0.014	-0.012	-0.002	
Mean SSDI duration (months)	112.5	114.0	115.5	-0.039	-0.019	-0.020	0.284
Monthly SSDI benefits (\$)	1,038	1,033	1,033	0.012	0.002	0.010	0.872
Has representative payee	6.8	6.4	7.4	-0.025	-0.038	0.013	0.283
Concurrent SSI receipt	17.7	19.0	17.8	-0.001	0.034	-0.035	0.271

Source: Authors' calculations using SSA program records and the Abt Associates Implementation Data System.

Note: Unless otherwise noted, all table entries are percentages (means) or effect sizes (standardized differences). Data are complete for every characteristic; there are no missing values. All numbers in the table have been rounded; consequently, reported percentages might not sum across categories to exactly 100. The *p*-values in the final column of the table are for joint tests of the differences between all three groups using regression standard errors that are robust to heteroscedasticity.

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Exhibit B.8. Employment history of POD treatment and control group members

Variable	Average for study group			Standardized differences			p-value
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	
Number of beneficiaries	3,343	3,357	3,370				
Completed TWP	16.1	16.5	16.9	-0.022	-0.012	-0.010	0.656
Recent history of TWP-level earnings	18.5	19.5	19.5	-0.029	-0.000	-0.028	0.404
Recent history of SGA-level earnings	14.3	15.2	15.3	-0.033	-0.005	-0.028	0.345
No recent history of SGA-level earnings	4.2	4.3	4.2	0.002	0.007	-0.005	0.958
Had a Ticket assigned in last four years	12.4	13.2	12.0	0.013	0.036	-0.023	0.331
Work status at baseline							
Currently employed	24.6	23.3	25.1	-0.013	-0.048	0.035	0.215
Seeking work	24.3	23.5	23.5	0.020	-0.000	0.020	
Neither employed nor seeking work	51.1	53.2	51.4	-0.008	0.039	-0.046	
Monthly earnings over \$1,000	12.9	13.2	13.0	-0.003	0.004	-0.008	0.954
Expects to work in the next year ^a	62.3	60.3	61.0	0.028	-0.015	0.043	0.206
Received job training, job coaching, or support services	15.5	16.2	17.4	-0.054	-0.033	-0.021	0.089
Received services from a WIPA	12.2	12.6	11.8	0.015	0.026	-0.011	0.555
Agrees with statement:							
Difficult to work because fear losing disability cash benefits	59.3	56.2	57.4	0.038	-0.026	0.064	0.033
Difficult to work because fear losing insurance	53.9	50.8	52.0	0.038	-0.024	0.062	0.038
Difficult to work because of a physical or mental condition	89.7	89.3	88.2	0.051	0.036	0.015	0.107
Difficult to work because of unreliable transportation	35.5	34.3	33.6	0.039	0.015	0.024	0.266
Difficult to work because caring for children	15.6	15.9	16.4	-0.022	-0.013	-0.009	0.669
Difficult to work because finishing school or training	8.5	7.7	8.3	0.007	-0.024	0.031	0.404
Difficult to work because don't have needed skills or training	32.1	31.5	32.2	-0.002	-0.015	0.013	0.809

EXHIBIT B.8 (continued)

Variable	Average for study group			Standardized differences			p-value
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	
Many workplaces are not accessible	47.1	46.8	46.6	0.009	0.002	0.007	0.928
Difficult to receive SSDI if working	57.0	53.0	56.4	0.013	-0.068	0.081	0.002

Source: Authors' calculations using SSA program records, the Abt Associates Implementation Data System, and the POD baseline survey.

Note: Unless otherwise noted, all table entries are percentages (means) or effect sizes (standardized differences). Summary statistics and estimates for each characteristic derived from the baseline survey are based on enrollees who answered the corresponding question(s) on the survey; summary statistics and estimates for characteristics derived from SSA program records are based on all enrollees. All numbers in the table have been rounded; consequently, reported percentages might not sum across categories to exactly 100. We assessed differences between groups using regression models that, as explained in Appendix B, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and select impairments. Each regression pools data from the T1, T2, and C study groups, and standardized differences between groups are scaled by the root mean square error of the regression. The numbers in the table are based on unadjusted means for C group members and regression-adjusted means for T1 and T2 group members. The *p*-values in the final column of the table are for joint tests of the differences between all three groups using regression standard errors that are robust to heteroscedasticity.

^a If beneficiaries' survey responses indicated that they were somewhat likely or very likely to work in the next 12 months, we categorized them as expecting to work in the next year. Otherwise, if beneficiaries' survey responses indicated that they were not very likely or not at all likely to work in the next 12 months, we categorized them as not expecting to work in the next year.

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Exhibit B.9. Health characteristics and income of POD treatment and control group members

Variable	Average for study group			Standardized differences			p-value
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	
Number of beneficiaries	3,343	3,357	3,370				
Health status							
Excellent or very good	9.2	9.5	10.2	-0.034	-0.025	-0.009	0.412
Good	22.0	23.3	22.0	0.000	0.034	-0.033	
Fair	44.9	44.6	43.8	0.022	0.016	0.007	
Poor	23.9	22.6	24.0	-0.003	-0.034	0.031	
Has health insurance	93.3	93.2	94.1	-0.031	-0.037	0.006	0.251
Income category							
Less than \$10,000	30.9	32.4	32.8	-0.039	-0.009	-0.031	0.043
\$10,000 to less than \$20,000	37.8	35.7	33.8	0.082	0.039	0.043	
\$20,000 to less than \$30,000	11.8	13.3	13.9	-0.062	-0.016	-0.045	
\$30,000 to less than \$50,000	10.5	10.0	10.5	-0.000	-0.017	0.017	
\$50,000 or more	9.0	8.6	9.0	-0.002	-0.014	0.012	

Source: Authors' calculations using the POD baseline survey and the Abt Associates Implementation Data System.

Note: Unless otherwise noted, all table entries are percentages (means) or effect sizes (standardized differences). Summary statistics and estimates for each characteristic are based on enrollees who answered the corresponding question(s) on the survey. All numbers in the table have been rounded; consequently, reported percentages might not sum across categories to exactly 100. We assessed differences between groups using regression models that, as explained in Appendix B, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and select impairments. Each regression pools data from the T1, T2, and C study groups, and standardized differences between groups are scaled by the root mean square error of the regression. The numbers in the table are based on unadjusted means for C group members and regression-adjusted means for T1 and T2 group members. The p-values in the final column of the table are for joint tests of the differences between all three groups using regression standard errors that are robust to heteroscedasticity.

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Exhibit B.10. Trends in 7-day average COVID-19 cases per 100,000 residents, by POD state

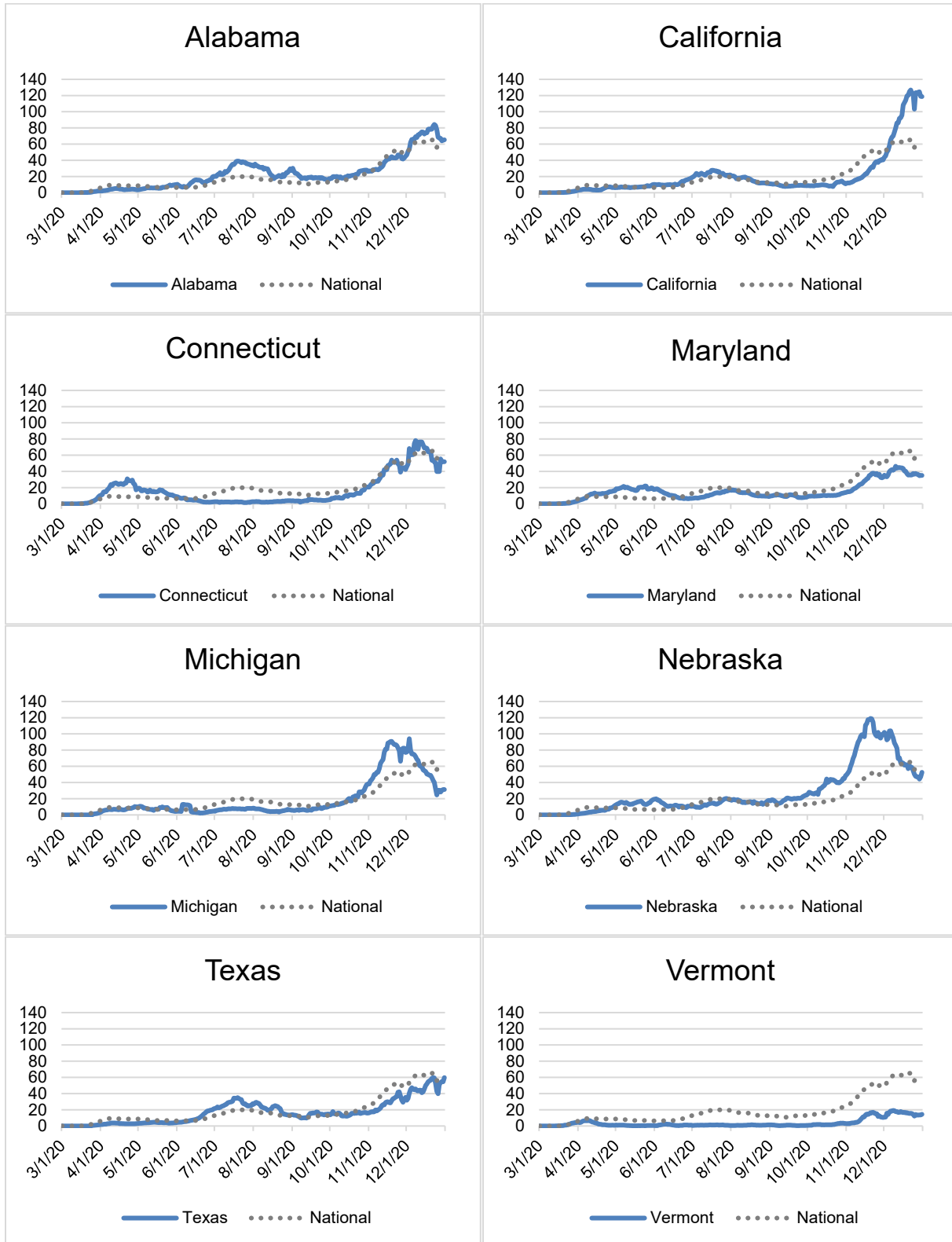


Exhibit B.10 (*continued*)

Source: 7-day weighted averages were calculated using these sources: (1) New York Times, <https://github.com/nytimes/covid-19-data/tree/master/rolling-averages>; county data from counties.csv file; state data from states.csv file; national data from us.csv file, and (2) state and county population data from US Census in the co-est2019-annres.xlsx file found here: <https://www2.census.gov/programs-surveys/popest/tables/2010-2019/counties/totals/>.

Note: For the partial states, rolling 7-day weighted averages per 100,000 residents were calculated for the counties in each POD site area by totaling the rolling average of cases for the counties in each POD site area, then dividing it by the totaled population of the counties in each POD site area, and multiplying this figure by 100,000.

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Exhibit B.11. Trends in 7-day average COVID-19 fatalities per 100,000 residents, by POD state

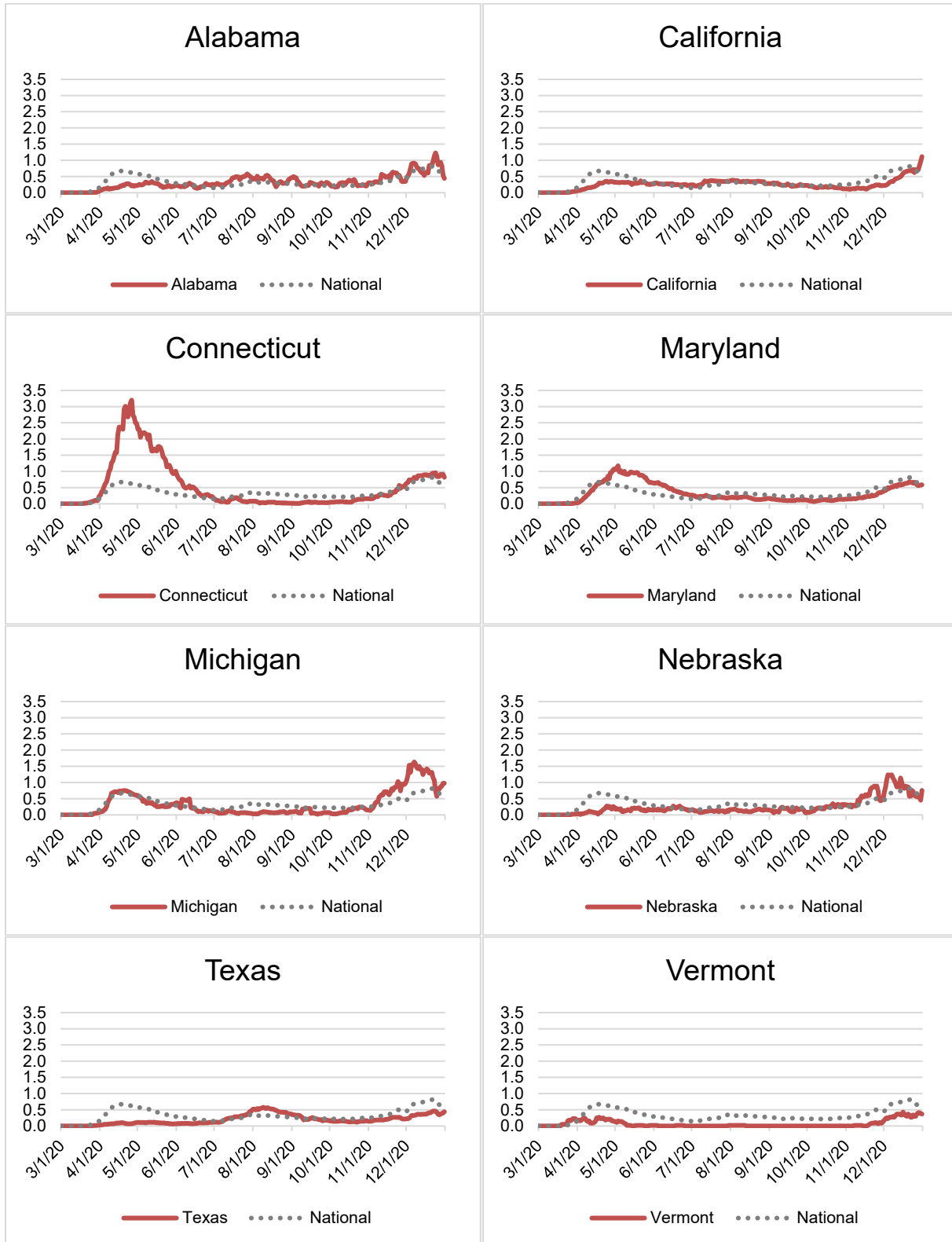


Exhibit B.11 (*continued*)

Source: 7-day weighted averages were calculated using these sources: (1) New York Times, <https://github.com/nytimes/covid-19-data/tree/master/rolling-averages>; county data from counties.csv file; state data from states.csv file; national data from us.csv file, and (2) state and county population data from US Census in the co-est2019-annres.xlsx file found here: <https://www2.census.gov/programs-surveys/popest/tables/2010-2019/counties/totals/>.

Note: For the partial states, rolling 7-day weighted averages per 100,000 residents were calculated for the counties in each POD site area by totaling the rolling average of deaths for the counties in each POD site area, then dividing it by the totaled population of the counties in each POD site area, and multiplying this figure by 100,000.

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APPENDIX C:

**PROCESS AND PARTICIPATION ANALYSIS METHODS AND SUPPLEMENTAL
EXHIBITS FOR CHAPTER IV**

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1. PROCESS AND PARTICIPATION ANALYSIS METHODS

The findings we present in Chapter IV are based on our analysis of quantitative and qualitative data. For our qualitative analysis, through site visits and telephone interviews, we collected data from a range of POD stakeholders—including implementation team members, POD counselors and supervisors, and current and former treatment group members. To facilitate the analysis of the data we collected, we used the Consolidated Framework for Implementation Research (CFIR) to support objective comparison of respondents’ experiences with delivering POD counseling services across states. The CFIR is a conceptual framework developed to guide systematic assessment of implementation to identify factors that may influence intervention implementation and effectiveness (Damschroder et al. 2009). For our quantitative analysis, we used a combination of program data to track the three types of services: informational contact, information and referral (I&R), and work incentives counseling beyond I&R.

This appendix describes our approaches to analyzing qualitative and quantitative data. We discuss the conceptual framework we used to guide our analysis of qualitative data, which supported several cross-cutting themes in Chapter IV. We then present supporting statistics that provide additional context to the exhibits and findings in the chapter.

A. Approach to analyzing qualitative data

We used the CFIR to structure our analysis of qualitative data collected from a range of implementation stakeholders (Exhibit C.1). The CFIR is a conceptual framework that was developed to guide systematic and transparent assessment of implementation in different settings to identify the myriad factors (facilitators and barriers) that might influence intervention implementation and effectiveness (Damschroder et al. 2009). The CFIR is intended to be flexible in application so that researchers can tailor the framework to the specific intervention design and context being studied.

Exhibit C.1. Description of POD stakeholder interviews

Timeframe	Interview Mode	Stakeholder(s)
Round 1		
Early 2020	Telephone	73 treatment group members stratified into five groups: (1) members whose benefits were completely offset, (2) members whose benefits were partially offset, (3) members who were not using the benefit offset and had expressed an interest in increasing their earnings, (4) members not using the benefit offset and had not expressed an interest in increasing their earnings, and (5) members who withdrew from POD
Early 2020	Face-to-face	POD counselors and supervisors at each site
Early 2020	Telephone	Implementation management team members, SSA staff, and technical assistance liaisons
Round 2		
Early 2021	Telephone	72 treatment group members, stratified into four groups: (1) members who benefits were completely offset for six to nine consecutive months, (2) members who benefits were completely offset in the most recent month on record before the interviews, (3) members who benefits were partially offset in the most recent month on record before the interviews, and (4) members not using the benefit offset
Early 2021	Telephone	POD counselors and supervisors in each POD site
Early 2021	Telephone	Implementation management team members, SSA staff, and technical assistance liaisons

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1. Five CFIR domains guided our analysis of qualitative data

We organized our data collection instruments around the CFIR construct (Exhibit C.2). The CFIR includes explanatory concepts that are not directly observable but can be inferred from data. The CFIR organizes these constructs into five domains, which we adapted to the context of POD implementation. Our domains included characteristics of POD, characteristics of individuals implementing POD, characteristics of entities delivering POD services, local context, and infrastructure and implementation processes supporting POD.

Exhibit C.2. CFIR domains that might influence POD implementation

CFIR domain	Description as it relates to POD implementation
1. Characteristics of POD	Perceived ease or difficulty delivering POD counseling services and implementing the POD benefit offset.
2. Characteristics of individuals implementing POD	Characteristics of POD counselors, such as professional background, competency, and interpersonal style, and POD support unit staff members involved in the administration of the POD benefit offset.
3. Characteristics of the entities delivering POD services	Features of the POD support unit or VR agency/WIPA provider delivering POD counseling services, such as organizational characteristics or communication among POD counselors.
4. Local context outside the entities delivering POD services	Features outside the POD support unit or VR agency/WIPA provider delivering POD counseling services, such as treatment group member characteristics or characteristics of the service environment or local economy.
5. Infrastructure and implementation processes supporting POD	POD processes and infrastructure, such as the Implementation Data System, fax machines, and online earnings report portal, that support POD counseling service delivery, earnings reporting, and POD operations.

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We designed our semi-structured interview guides to help interviewers collect relevant data. These guides, along with training, enabled interviewers to collect data related to respondents' experience with delivering POD counseling services.¹³⁴ Qualitative interviews sacrifice standardized questions for questions that can be tailored to generate a coherent narrative from each respondent's unique perspective. Our interview guides prompted respondents to discuss their experiences with each component of the POD intervention. Interviewers did not ask questions about specific CFIR constructs, rather they asked respondents questions about their experiences with each component and then probed to generate a detailed narrative about challenges they faced or supports that facilitated implementation.¹³⁵

We used a template analysis approach to code and organize the interview data for analysis. This approach involves using a codebook to balance the structure involved in using a framework such as CFIR to analyze data with the flexibility necessary to adapt the codebook to the study context. Before coding the data, we developed two codebooks relevant to our analysis of POD stakeholders' experience with the operational components that made up the POD intervention,

¹³⁴ We did not use CFIR to organize data collected during the treatment group member interviews.

¹³⁵ The interview guides used for the final round of qualitative data collection focused on how the COVID-19 pandemic impacted treatment group members' interest in working and job opportunities, monthly reporting of earnings, processing earnings information, adjusting benefits under the POD offset rules, end of year reconciliation, and overpayments.

including POD counseling, monthly earnings reporting, and benefit offset processing. In one codebook, we defined codes for each operational component of POD. Defining these operational codes enabled us to organize data for analysis around the distinct components of the POD intervention, as opposed to the POD intervention overall. For example, monthly reporting of earnings and impairment-related work expenses and annual automated end-of-year reconciliation (EOYR) were distinct codes for which barriers and facilitators emerged from our analysis. In the second codebook, we included 15 of the 39 CFIR constructs and their definitions as codes to capture facilitators and barriers that might influence the implementation of the POD operational components. For the last round of analysis, we added a COVID-19 code to the second codebook to capture the extent to which the COVID-19 pandemic affected POD implementation. These codes required the coder to interpret the data and decide whether they reflected a description of an operational component of POD or a facilitator of or barrier to implementing each operational component.

We trained coders to apply the fewest codes possible when interpreting data segments. Each data segment typically included an interview question and response. When coding the data, coders made three decisions for each data segment. First, the coder determined which component of the POD intervention was being discussed and assigned the appropriate operational code (e.g., annual EOYR). Second, the coder identified which one of the five CFIR domains reflected the implementation theme in the data (e.g., characteristics of the intervention). Third, the coder determined which CFIR code within that identified domain was reflected in the data segment and assigned the appropriate CFIR code. After coding the data, we summarized the coded data segments in matrices for cross-site analysis of patterns of facilitators and barriers related to each POD component.

The analytic matrices facilitated simultaneous assessment of a large volume of data. We used the analytic matrices to make between-site (or across site) comparisons and identify similarities, differences, and trends in POD implementation for each combination of POD operational component and CFIR code. This highly structured analysis process ensured that all team members followed the same steps and used the same research questions and definitions to guide their judgement when interpreting the data and identifying salient themes.

Some themes emerged outside our original research questions. Each CFIR construct presents a theoretical proposition of factors that may emerge in the data to influence implementation. With an exploratory approach, some themes may emerge organically during interviews. With CFIR providing a comprehensive evidence base of factors most likely to influence implementation, it allowed us to objectively capture and assess these emergent topics.

2. Key themes on facilitators and barriers to implementing POD counseling services

In this section, we describe the facilitators and barriers that influenced POD counseling services. We discuss their impacts on POD counseling services overall and on each of the three service types (Exhibit C.3).

POD counseling services overall. Several factors facilitated the implementation of POD counseling services overall. Treatment group members' positive perceptions of POD and their counselors and POD counselors' learning overtime facilitated the delivery of POD counseling services overall. Among the sample of current and former treatment group members we

interviewed about their experiences with POD, most reported that their POD counselor was “easy” or “very easy” to contact, and encouraging, informative, and supportive. Several attributed POD with encouraging them to work and earn more by increasing their motivation and confidence. Other POD stakeholders reported that POD counselors became more familiar with POD rules and treatment group members’ individual needs and preferences over the course of the demonstration.

Informational contacts. POD counselors faced barriers to engaging treatment group members during initial interactions. Many treatment group members were reportedly not working or not interested in working when they enrolled in POD and enrolled without understanding the demonstration. Several treatment group members reported that POD had no impact on how they thought about working. Staff in local SSA offices were reportedly not aware of POD, which created confusion among treatment group members and, in some cases, mistrust of POD. POD counselors spent time educating treatment group members, addressing their concerns, and persuading them to remain enrolled in POD. They continued to outreach to unresponsive treatment group members to explain how they would benefit from POD. In addition, at the beginning of the demonstration, three states noted challenges with POD counselor turnover due to one or more counselors not obtaining POD counseling certification, resulting in delays in reaching out to treatment group members during enrollment.

I&R services. POD counselors used different strategies to engage treatment group members in the counseling services. POD counselors believed their efforts to develop trust with treatment group members, focus on their individual needs, and speak to them in plain language increased the likelihood that they engaged counseling services. In a few cases, POD counselors took it upon themselves to develop materials to encourage enrollees to take advantage of I&R services.

Individualized work incentive counseling services beyond I&R. Treatment group members had varying levels of need for work incentive counseling services beyond I&R. These levels of need depended on their work status and changes to their work and health status, as well as a range of other factors. Treatment group members who were working may not have found individualized work incentive counseling relevant to their circumstances, and those who were not working or interested in working may not have engaged in services.

POD counselors found the benefits summary and analysis (BS&A) report helpful in some instances. POD counselors reported that the BS&A was helpful for guiding conversations with treatment group members and providing clear documentation to help them understand how to move toward achieving their work and earnings goals. However, POD counselors found completing the BS&A to be difficult due to challenges obtaining complete benefits information for treatment group members and coordinating with the POD processing center to complete the BS&A.¹³⁶

¹³⁶ As noted in Chapter IV, the process to develop BS&As and the content they contain was the same under POD and current law.

Exhibit C.3. Key facilitators and barriers to delivering POD counseling services, by CFIR domain

	POD counseling services overall	Informational contacts	Information & referral services	Work incentive counseling services beyond information & referral
Characteristics of POD				
Treatment group members attributed POD with encouraging them to work and earn more by increasing their motivation and confidence.	F			
The BS&A was a helpful tool for guiding conversations between POD counselors and treatment group members.				F
The BS&A was an important tool for providing treatment group members with clear documentation of the POD rules and the impact of increased earnings on their benefits.				F
The BS&A could be difficult for treatment group members to interpret				B
Characteristics of individuals implementing POD				
Treatment group members were satisfied with their counselor's member-centered approach to delivering services.	F			
POD counselors increased the efficiency with which they delivered counseling services over the course of the demonstration.	F			
POD counselors used different strategies to build rapport and develop relationships with treatment group members to engage them in the counseling services.		F		
Characteristics of the entities delivering POD services				
States had to absorb departing POD counselors' caseloads due to counselor turnover, resulting in delays reaching out to treatment group members during enrollment.		B		
Local context outside of entities delivering POD services				
Many treatment group members did not use POD counseling services.	B			
Treatment group members had lower-than-expected interest in working.		B		
Engaging treatment group members in understanding how they could benefit from POD was a major challenge POD counselors faced in delivering services.		B		
Staff in local SSA offices were not familiar with POD, which contributed to treatment group members' skepticism about POD.		B		
POD counselors faced challenges verifying benefits information needed to guide individualized counseling services (e.g., BS&A development).				B

EXHIBIT C.3 (continued)

	POD counseling services overall	Informational contacts	Information & referral services	Work incentive counseling services beyond information & referral
Treatment group members had varying levels of need for work incentive counseling services, which fluctuated based on numerous outside factors (e.g., job changes related to the COVID pandemic, changes in health status).				F/B
During the pandemic, treatment group members were open to discussing the full range of their needs with their POD counselor.				F
Infrastructure and implementation processes supporting POD				
POD counselors faced challenges coordinating with the POD processing center, including getting benefits information uploaded into the IDS, which delayed completion of the BS&As.				B

Note: For each POD component, F indicates facilitators and B indicates barriers, where applicable. No prominent facilitators or barriers were identified for the CFIR domain of “internal context of work incentive planning and assistance provider/state vocational rehabilitation agency”; hence, it is not reflected in the exhibit.

BS&A = benefits summary and analyses; CFIR = Consolidated Framework for Implementation Research; I&R = information and referral.

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B. Approach to analyzing quantitative data

Below, we present descriptive statistics derived from program records and surveys. These statistics describe the staffing structure supporting the delivery of the three types of POD counseling services and treatment group members’ use of these services.

1. Supplemental exhibits

The following exhibits show aspects of POD staffing, POD counseling services and delivery, and treatment group members’ perceptions of POD counseling service delivery.

Exhibit C.4. Number of full-time equivalent POD counselors, by state and year

State	Number of POD counselor FTEs		
	December 2018 ^a	December 2019	December 2020
Alabama	3.0	3.4	3.4
California	5.8	5.8	5.2
Connecticut	4.4	2.8	3.0
Maryland	3.2	2.9	2.9
Michigan	1.3	1.3	1.7
Nebraska	1.8	1.8	2.1
Texas	5.8	6.0	6.0
Vermont	0.2	0.7	0.9

Source: Abt Associates, email correspondence with Sarah Gibson dated May 6, 2021, communicating updated staffing levels as of December 2020.

FTE = full-time equivalent

EXHIBIT C.4 (*continued*)

^a FTE levels as of December 2018 reflect reduced staffing levels that correspond with reduced enrollment targets in each state and factor in the expanded catchment area in Texas.

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Exhibit C.5. Average caseload per full-time equivalent POD counselor, by state and year

State	Average number of POD treatment group members per POD counselor FTE		
	December 2018	December 2019	December 2020
All sites	257	270	265
Alabama	280	250	250
California	273	278	312
Connecticut	152	243	224
Maryland	244	272	274
Michigan	214	213	230
Nebraska	182	185	117
Texas	334	328	330
Vermont	626	217	157

Source: Programmatic data provided by Abt Associates, May 2021.

FTE = full-time equivalent

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Exhibit C.6. Description of POD counseling services

POD counseling service	Description	Treatment group members likely to use service
Informational contact	POD counselor's initial interactions with treatment group member involved onboarding during which the POD counselor introduced POD and collected demographic, health, and employment-related information from the treatment group member. The POD counselor used this information to assess whether the treatment group member would require information and referral (I&R) services only or individualized work incentive counseling services beyond I&R.	All treatment group members
Information & referral	POD counselor provided initial overview of the POD rules, tailored to the treatment group member's specific treatment group. I&R services involved the POD counselor gathering information about the treatment group member and their current employment and earnings status and referring them to appropriate employment services and supports.	All treatment group members
Individual work incentive counseling services beyond information & referral	During counseling contacts, POD counselors provided treatment group members with guidance on the POD rules, earnings reporting, and the benefit offset and helped them understand state-specific benefits. Individualized work incentive counseling services beyond I&R involved developing a Benefits summary and analysis (BS&A) report and Work Incentives Plan (WIP) for work-oriented treatment group members.	Work-oriented treatment group members
Benefits summary & analysis report	POD counselor developed a BS&A report that summarized treatment group member-specific information about their current federal and state benefits, past and current use of SSA work incentives, and current employment or earnings goal(s). POD counselor used the BS&A to help the treatment group member understand (1) how their employment and earnings goal(s) would affect their current benefits, (2) the work incentives for which they were eligible, and (3) employment services that could help them achieve their employment and earnings goal(s).	Work-oriented treatment group members
Work incentive plan	POD counselor developed the WIP in collaboration with the treatment group member after they reviewed the BS&A together. The WIP was a written document that described the treatment group member's action plan for using work incentives to achieve their employment and earnings goal(s).	Work-oriented treatment group members
Other POD counseling services		
Earnings reporting	POD counselor worked closely with the treatment group member if they were earning over the POD threshold. The counselor explained earnings reporting requirements, collected timely and accurate earnings and IRWE information, and answered related questions.	Treatment group members with earnings above the POD threshold
SSA notices, appeals, waivers of overpayments	POD counselor explained SSA notices to the treatment group member and assisted them with submitting appeals of SSA decisions and requests for waivers of overpayments.	Treatment group members requesting this service
Offboarding	POD counselor explained to the treatment group member the implications of withdrawal and the steps to complete the process.	Treatment group members requesting this service

Source: Abt Associates' POD counselor role-based manual, version 1.4, and site visit interviews.

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Exhibit C.7. POD counseling service receipt through December 2020, by treatment group

POD service outcome	Sample mean (percent) ^a		Difference	p-value
	T1 group members (n =3,343)	T2 group members (n =3,357)		
Received an informational contact	99.8	99.9	-0.1	0.32
Received I&R services	82.9	80.8	2.1**	0.03
Received I&R services only	33.0	36.2	-3.2***	0.00
Received counseling services beyond I&R	50.0	44.7	5.2***	0.00
Received a BPQY	37.8	38.0	-0.1	0.95
Services beyond I & R				
Received a BS&A	29.3	28.5	0.7	0.48
Received a work incentive plan	22.9	22.2	0.8	0.42
Received an employment service referral	32.8	27.8	0.8	0.42
Received an employment support referral	10.9	8.4	2.5***	0.00
Received an employment service or support referral	34.1	28.9	5.2***	0.00

Source: Programmatic data provided by Abt Associates, May 2021.

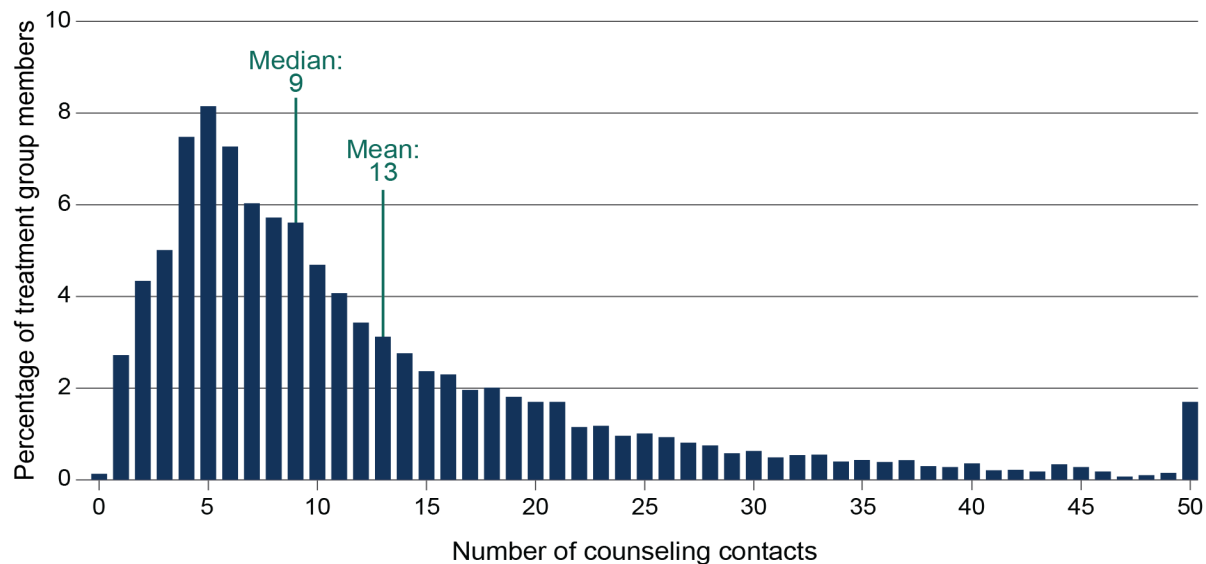
^a Percentages are unweighted.

***/**/* indicate a statistically significant difference between treatment group 1 (T1) and treatment group 2 (T2) members at the 1/5/10 percent level.

BS&A = benefits summary and analyses; BPQY = Benefits Planning Query; I&R = information and referral

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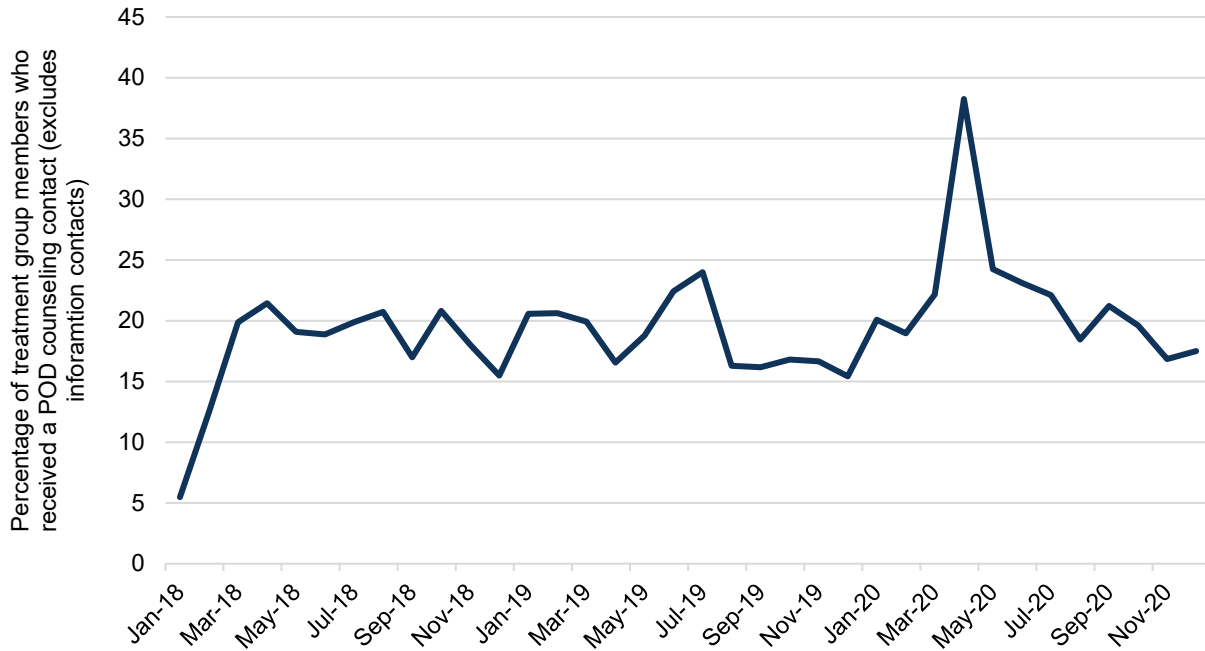
Exhibit C.8. Distribution of counseling contacts per treatment group member



Note: Counseling contact is defined as a unique date of counseling encounters

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Exhibit C.9. Receipt of counseling contacts by month, January 2018 to December 2020



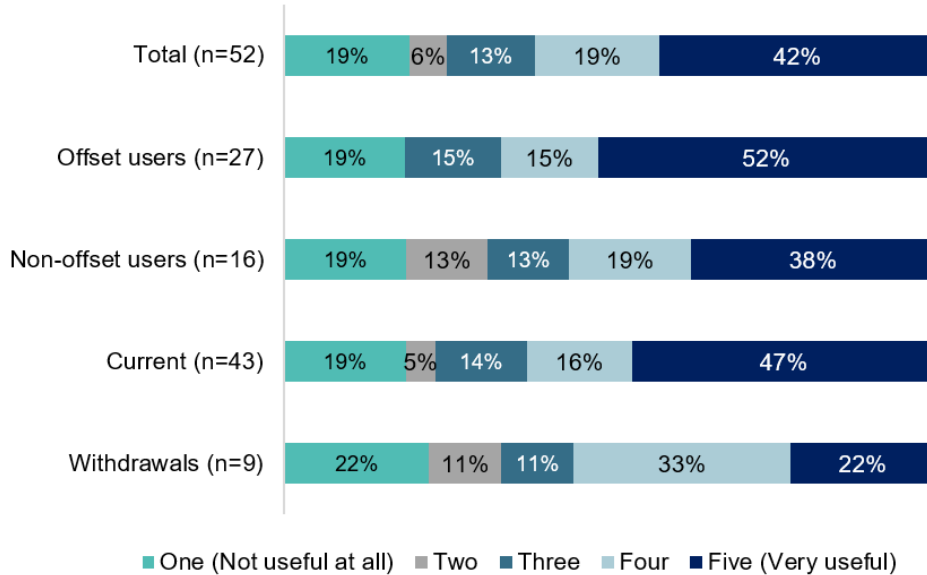
Source: Programmatic data provided by Abt Associates, May 2021.

Note: The figure reflects monthly counseling contacts January 2018 through December 2020.

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Exhibit C.10. Perception of usefulness of POD counseling services among treatment group members

On a scale of 1-5, how helpful are POD counseling services in helping you to work and earn more?



Source: Interviews with current and former POD treatment group members conducted in early 2020.

Note: The percentage numbers shown in the figure indicate the proportion of respondents who reported that they found POD counseling services “useful” or “very useful”. Offset users are those treatment group members whose earnings were over the POD threshold (\$850/month in 2018 for non-blind subjects), and, therefore, a benefit offset was applied to the difference between their earnings and the threshold (a \$1 reduction in benefits for every \$2 earned over \$850). The sample size was 52 current and former POD treatment group members. This sample is not representative of POD treatment group members.

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Exhibit C.11. POD counseling service receipt through December 2020, by treatment group member offset use

POD service outcome	Sample mean (percent) ^a		Difference	p-value
	Offset user (n = 1,921)	Non-user (n =4,779)		
Received an informational contact	100.0	99.8	0.1**	0.04
Received I&R services	91.4	77.8	13.6***	0.00
Received I&R services only	23.1	39.6	-16.4***	0.00
Received counseling services beyond I&R	68.4	38.3	30.1***	0.00
Received a BPQY	71.3	23.4	47.8***	0.00
Services beyond I&R				
Received a BS&A	59.1	15.8	43.3***	0.00
Received a work incentive plan	46.6	12.1	34.5***	0.00
Received an employment service referral	29.8	30.5	-0.7*	0.04
Received an employment support referral	10.7	9.2	1.5**	0.05
Received an employment service or support referral	31.8	31.4	0.5**	0.01

Source: Programmatic data provided by Abt Associates, May 2021.

^a Percentages are unweighted.

***/**/* indicate a statistically significant difference between treatment group 1 (T1) and treatment group 2 (T2) members at the 1/5/10 percent level.

BS&A = benefits summary and analyses; BPQY = Benefits Planning Query; I&R = information and referral

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Exhibit C.12. POD counseling service receipt through December 2020, by state

Type of service	(percentage of treatment group members)								
	AL	CA	CT	MD	MI	NE	TX	VT	All states
	(N = 849)	(N = 673)	(N = 1,623)	(N = 796)	(N = 391)	(N = 246)	(N = 1,981)	(N = 141)	(N = 6,700)
Informational contact only	27.6	14.9	24.7	16.3	35.5	17.5	10.4	27.0	17.9
Information & referral services only	35.9	23.5	38.0	42.0	24.0	51.6	38.0	48.9	34.6
Individualized work incentive counseling services beyond information & referral	36.3	61.4	37.1	41.3	40.2	30.9	51.6	24.1	47.4
No contact with a POD counselor	0.2	0.1	0.1	0.4	0.3	0.0	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Programmatic data provided by Abt Associates, May 2021.

Note: States are sorted from highest to lowest percentage of treatment group members receiving work incentive counseling services beyond I&R. The total sample size was 6,700 combined treatment group members

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Exhibit C.13. POD counseling service receipt through December 2020, by state

Type of service	AL	CA	CT	MD	MI	NE	TX	VT	All states
	(N = 849)	(N = 673)	(N = 1,623)	(N = 796)	(N = 391)	(N = 246)	(N = 1,981)	(N = 141)	(N = 6,700)
Individualized work incentive counseling beyond I&R (percentage)									
Benefits Planning Query	28.1	45.8	31.3	32.0	33.6	34.6	42.3	28.4	37.9
Benefits Summary and Analysis	22.0	39.5	22.2	23.2	19.2	21.5	31.4	17.7	28.9

Source: Programmatic data provided by Abt Associates, May 2021.

Note: The total sample size was 6,700 combined treatment group members.

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APPENDIX D:

SUPPLEMENTAL EXHIBITS FOR CHAPTER V

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The findings we present in Chapter V are based on our analysis of quantitative and qualitative data. For our qualitative analysis, we use data collected through site visits and telephone interviews with a range of POD stakeholders, including implementation team members, POD counselors, POD supervisors, and current and former treatment group members. To facilitate the analysis of the qualitative data we collected during interviews, we used the Consolidated Framework for Implementation Research (CFIR) to support objective comparison of respondents' experiences with the POD benefit offset across states. For our quantitative analysis, we used a combination of program data to track measures related earnings reporting.

This appendix describes how we used CFIR to summarize qualitative findings, as we used it to support several cross-cutting themes in Chapter V. We then present supporting descriptive statistics from our analysis of quantitative data.

1. APPROACH TO SUMMARIZING QUALITATIVE FINDINGS ON FACILITATORS AND BARRIERS FROM USING CFIR

We used CFIR to structure our analysis of qualitative data related to benefit offset processing (Exhibit D.1). The CFIR is a conceptual framework that was developed to guide systematic and transparent assessment of implementation in different settings. For details on how we used the CFIR coding structure to develop themes, see Appendix C, Section A.

This coding informed our assessment of facilitators and barriers that may have influenced earnings reporting. We found that facilitators and barriers emerged within most CFIR domains. This section describes the facilitators and barriers that emerged to influence the four dimensions of offset implementation: reporting of monthly earnings, prompting of monthly earnings reports; processing of monthly earnings, and the end-of-year reconciliation (EOYR) process.

- **Reporting of monthly earnings.** Treatment group members' confusion about when to report earnings, limited computer literacy, poor record keeping, and life stressors posed challenges to their reporting of monthly earnings. The online reporting portal facilitated treatment group members' timely reporting of earnings.
- **Collection of monthly earnings.** Treatment group members who did not engage or submit earnings following outreach from POD counselors posed a challenge to the collection of their monthly earnings reports. POD counselors' support and use of reporting prompts (such as outreach calls) facilitated treatment group members' timely reporting of earnings, as did reminders from the POD support units.
- **Processing of monthly earnings.** Logistical challenges at the POD processing center, including relocation of operations, a malfunctioning fax machine, and adapting processes in response to COVID-19 closures led to temporary backlogs in processing POD earnings reports, while mail slowdowns led to the slow arrival of some earnings reports. Missing and incomplete or incorrect information submitted by treatment group members posed challenges to processing monthly earnings. However, POD support unit staff developed workflows to resolve common issues that supported smooth processing.
- **Administration of the benefit offset and the EOYR process.** Inconsistencies in treatment group members' reporting of monthly earnings created challenges for the first EOYR

process. The support that POD counselors provided to treatment group members in documenting their monthly earnings facilitated the EOYR process. The POD automated system functioned as designed, which facilitated timely benefit adjustments.

2. APPROACH TO DESCRIPTIVE ANALYSIS OF QUANTITATIVE DATA

We used data from Abt Associates to describe the submission and processing of monthly earnings reports. We assessed the timeliness of monthly earnings submissions by reporting mode and POD state from January 2018 to December 2020 (Exhibit D.2). We also examined the quality control reviews of earnings reports. Specifically, we looked at the share of earnings reports that failed the initial and formal quality control reviews and the time it took to complete those reports (Exhibit D.3).

Exhibit D.1. Key facilitators and barriers to administration of the POD benefit offset rules, by CFIR domain

	Reporting of monthly earnings and IRWE	Collection of monthly earnings and IRWE	Processing of monthly earnings and IRWE	Benefit offset and end-of-year reconciliation
Characteristics of POD intervention	-	-	-	-
Treatment group members used multi-mode options available to report their earnings, with half using the online portal.	F	-	-	-
Characteristics of individuals implementing the POD intervention	-	-	-	-
POD counselors provided strong support to treatment group members, which facilitated monthly earnings reporting and the EOYR process.	-	-	F	F
Local context outside of POD	-	-	-	-
Myriad factors contributed to delayed reporting of earnings. ^a	B	-	-	-
Accurately capturing monthly earnings information was challenging.	-	-	B	-
Some treatment group members did not report earnings above the threshold, despite counselor outreach.	-	B	-	-
Internal context of POD counseling provider/POD support unit	-	-	-	-
Prompting of reporting and counselors' support throughout the reporting process facilitated timely reporting of earnings.	-	F	-	-
POD counselors provided strong support to treatment group members, which facilitated the EOYR process.	-	-	-	F
POD infrastructure and implementation processes	-	-	-	-
Messaging about earnings reporting created confusion among treatment group members and hindered proper reporting.	B	-	-	-
Operational challenges in the POD support units delayed processing of some earnings reports.	-	-	B	-
The POD automated system functioned as designed timely adjustment of benefits.	-	-	-	F

Note: For each POD component, F indicates facilitators and B indicates barriers, where applicable.

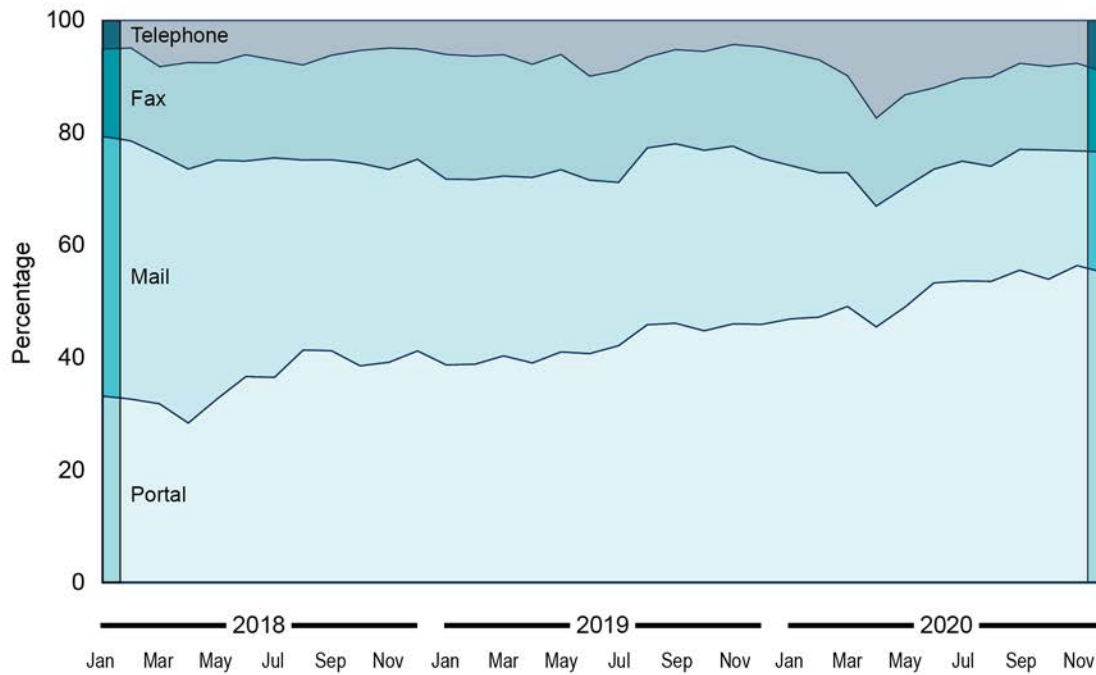
We used CFIR to structure our analysis of qualitative data on administration of POD benefit offset. The CFIR is a conceptual framework that was developed to guide systematic and transparent assessment of implementation in different settings to identify the barriers and facilitators that might influence intervention implementation and effectiveness (see Appendix C for an overview of the CFIR approach). The CFIR is intended to be flexible in application so that researchers can tailor the framework to the specific intervention design and context being studied. In assessing barriers and facilitators that may have influenced the benefit offset administration described in Chapter V, we found that barriers and facilitators emerged within all but one CFIR domains to influence offset implementation. No facilitators and barriers emerged related to the 'characteristics and attitudes of POD implementation staff' CFIR domain; hence, it is not included in the exhibit.

^a The myriad factors include beneficiaries' poor understanding of the POD rules, challenges with computer literacy, life stressors, and poor record keeping, as discussed in Chapter V, Sections A.3 and A.5

CFIR = Consolidated Framework for Implementation Research; EOYR = end-of-year reconciliation; IRWE = Impairment-Related Work Expenses.

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Exhibit D.2. Reporting mode treatment group members used to submit monthly earnings, January 2018 to December 2020, by month



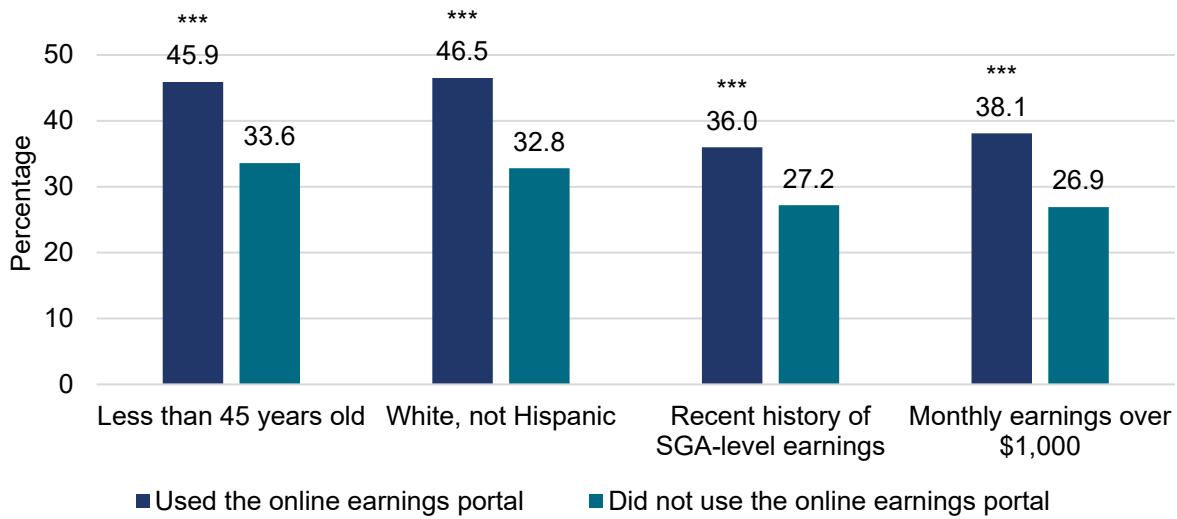
Source: Abt Associates data on POD earnings reporting, January 2018 to December 2020.

Note: In cases where a treatment group member submitted multiple earnings records for a given month, this exhibit includes the most recent earnings report submitted for that month. Of all earnings reports submitted through December 2020, 72 percent (17,117) were over the POD threshold. Values are expressed as a percentage of all earnings records submitted. The sample size was 23,788 submitted earnings records.

^a Reporting earnings by telephone includes reports submitted in person to a POD office (if open) or on the telephone to a counselor or the POD call center.

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Exhibit D.3. Online portal use by demographic characteristics, January 2018 to December 2020



Source: Abt Associates data on POD earnings reporting, SSA program records (information on age comes from the Master Beneficiary Record; recent history of SGA-level earnings comes from the Disability Control File) and the POD baseline survey.

Note: The sample size was 956 who used the online portal to report earnings to POD for at least one month and 821 who reported earnings to POD without ever using the online earnings portal.

***/**/* indicate a statistically significant difference between portal users and non-users at the 1/5/10 percent level.

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Exhibit D.4. Timeliness of monthly earnings submissions, by reporting mode and POD state, January 2018 to December 2020

Earnings reporting outcomes	POD states								
	AL	CA	CT	MD	MI	NE	TX	VT	All sites
Percentage of treatment group members who reported earnings for at least one month	19.8	24.3	24.5	28.9	25.6	30.9	29.6	40.4	26.5
Percentage of earnings reports submitted on time	49.6	52.9	55.4	49.5	49.6	55.8	53.5	51.1	52.4
Online portal	58.7	56.9	60.9	60.1	53.9	70.0	58.2	51.3	58.5
Mail	40.8	54.6	44.7	39.5	42.0	48.9	51.9	59.7	48.0
Fax	45.0	49.2	49.0	44.5	55.9	46.2	47.9	33.3	47.5
Telephone	54.6	40.3	57.1	47.1	52.7	31.4	44.0	36.0	45.2
Percentage of earnings reports submitted late	50.4	47.1	44.6	50.5	50.4	44.2	46.5	48.9	47.6
Online portal	41.3	43.1	39.1	39.9	46.1	30.0	41.8	48.7	41.5
Mail	59.2	45.4	55.3	60.5	58.0	51.1	48.1	40.3	52.0
Fax	55.0	50.8	51.0	55.5	44.1	53.8	52.1	66.7	52.5
Telephone ^a	45.4	59.7	42.9	52.9	47.3	68.6	56.0	64.0	54.8

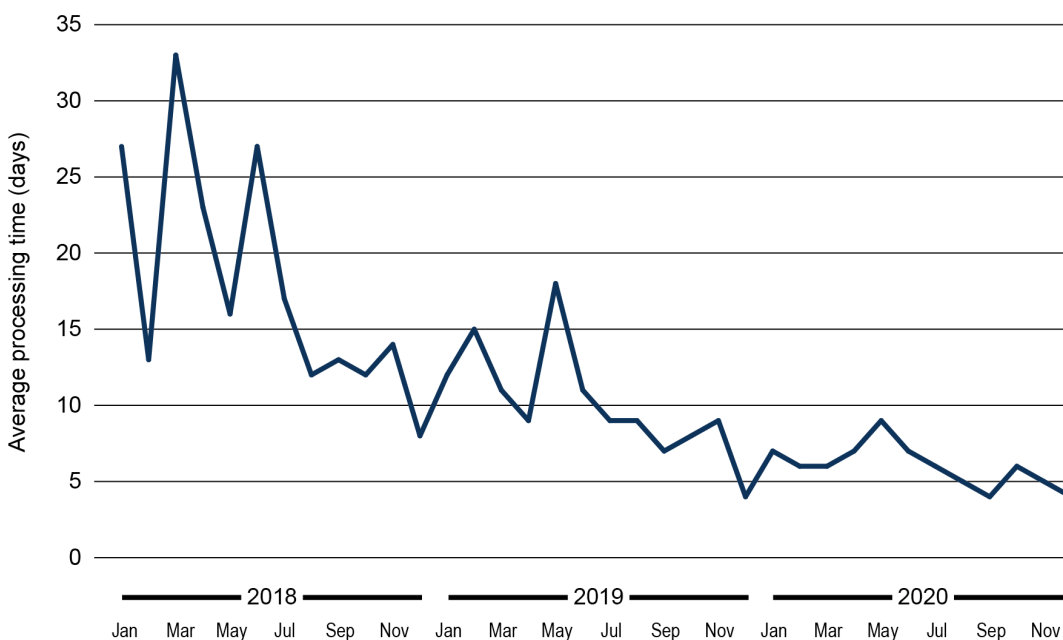
Source: Abt Associates data on POD earnings reporting, January 2018 through December 2020.

Note: In cases where a treatment group member submitted multiple earnings records for a given month, this exhibit includes the most recent earnings report submitted for that month. Values are expressed as a percentage of all earnings records submitted. Figures shown represent a lower bound of treatment group members who used the benefit offset in the analysis period. Treatment group members submitted a total of 23,788 earnings reports through December 2020; 72 percent (17,117) were over the POD threshold amount. Treatment group members who reported by the deadline of the 6th of the following month are included in the “on time” category, whereas those who submitted after the 6th of the following month but within two months are included in the “late” category. The sample size was 23,788 submitted earnings records.

^a Reporting earnings by telephone includes reports submitted in person to a POD office (if open) or on the phone to a counselor or the POD call center (including “verbal reports” allowed during the COVID-19 emergency period).

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Exhibit D.5. Average earnings record processing times by month, January 2018 - December 2020



Source: Abt Associates data on earnings record processing by indirect support units, January 2018 through December 2020. The sample size was 25,453 earnings records.

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Exhibit D.6. Earnings record quality reviews, January 2018 to December 2020

Earnings record review results	All sites
Percentage of records completed that failed the <i>initial</i> QC review (N =2,607)	10.2
Average days to complete records that failed initial QC review	28.5
Percentage of records completed that failed <i>formal</i> QC review (N = 239)	0.9
Average days to complete records that failed formal QC review	23.7

Source: Abt Associates data on earnings record processing by indirect support units, January 2018 through December 2020.

Note: During 2018-2020, POD indirect support units completed 25,453 earnings records and initially reviewed for quality control; 2,607 of these records failed the initial review. Not all submitted earnings records were processed because a subset was duplicative for a given reporting month or had earnings under the POD threshold amount. The POD earnings support unit formally reviewed 17,387 earnings records that exceeded the POD threshold for quality control; of these, 239 earnings records failed the review. A total of 27 earnings records contained claimed Impairment-Related Work Expenses. The processing time for these records are included in the processing times measures.

QC = quality control.

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APPENDIX E:

SUPPLEMENTAL EXHIBITS AND METHODS FOR CHAPTER VI

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1. SUPPLEMENTARY EXHIBITS ON OFFSET USE

This appendix presents supplementary exhibits related to benefit offset use, overpayments, and withdrawals. It also provides additional details about the methods used for the overpayment analysis. This material supports the information presented in Chapter VI.

Exhibit E.1. Benefit offset use through December 2020 by state

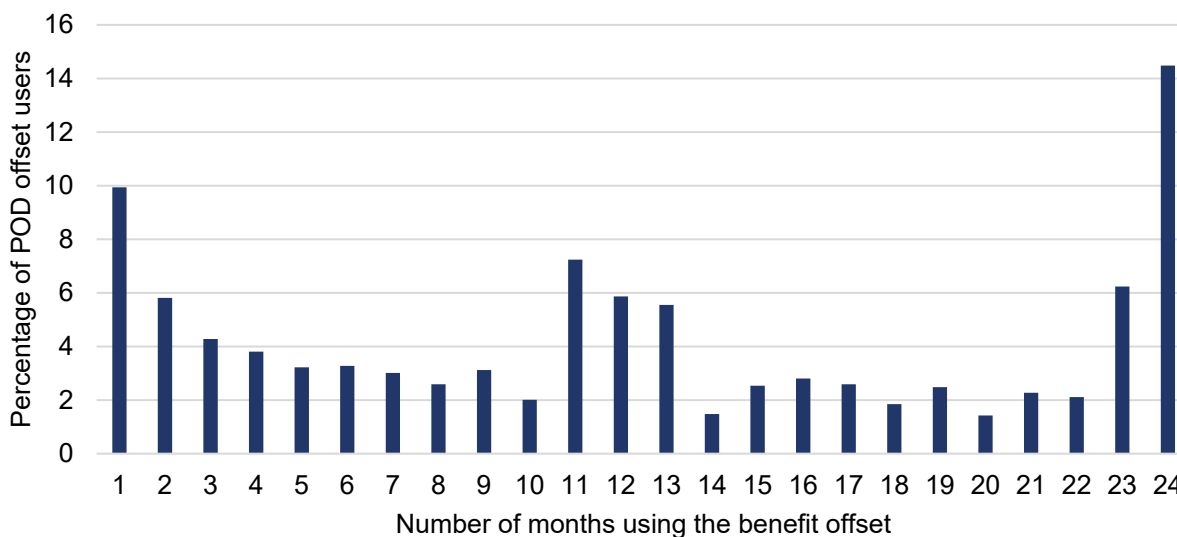
Outcome	Sample mean (percent)								
	AL	CA	CT	MD	MI	NE	TX	VT	Overall
	(N = 849)	(N = 673)	(N = 1,623)	(N = 796)	(N = 391)	(N = 246)	(N = 1,981)	(N = 141)	(N = 6,700)
Ever used the benefit offset	25.2	27.9	27.8	33.3	28.4	32.9	32.8	44.0	30.2
Ever had benefits reduced to \$0	7.8	10.1	8.0	11.2	8.7	11.4	10.4	17.7	9.9
Used the offset for 12 or more months	12.7	15.2	12.6	17.8	15.6	18.3	16.3	23.4	15.6

Source: POD enrollment data and programmatic data provided by Abt Associates in August 2021.

Note: The sample size was 6,700 combined treatment group members (T1 = 3,343; T2 = 3,357).

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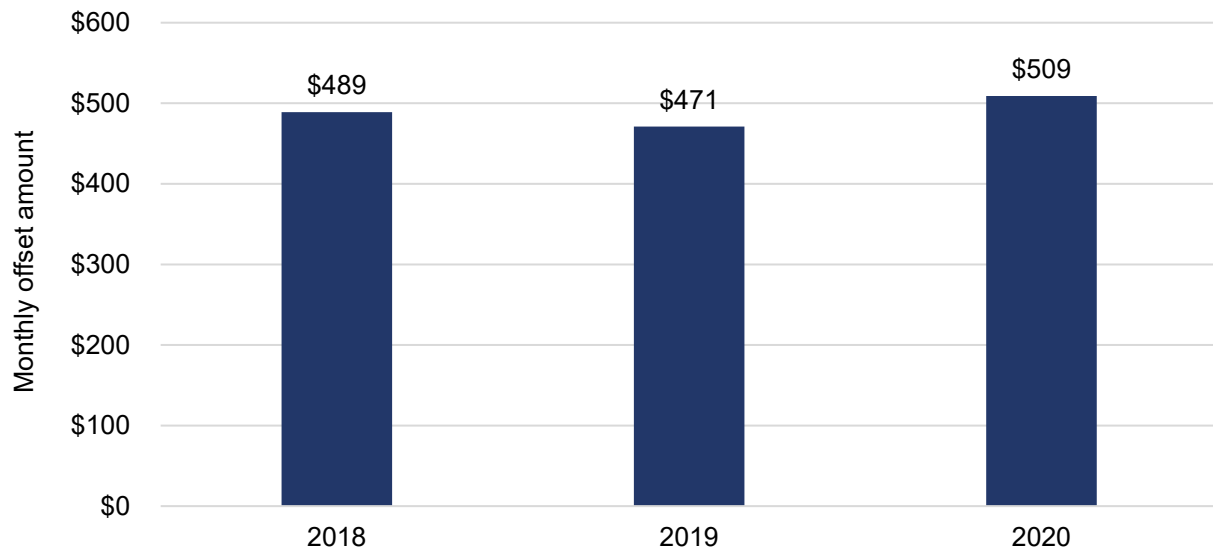
Exhibit E.2. Distribution of months of benefit offset use in 2019 and 2020



Source: POD enrollment data and programmatic data provided by Abt Associates in August 2021.

Note: The sample size was 1,892 combined treatment group members who used the offset in 2019 or 2020 (T1 = 949; T2 = 943).

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Exhibit E.3. Average monthly benefit offset amount by calendar year

Source: POD enrollment data and programmatic data provided by Abt Associates in August 2021.

Note: The sample size was 1,096 offset users in 2018, 1,610 offset users in 2019, and 1,490 offset users in 2021.

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Exhibit E.4. Characteristics of POD benefit offset users and non-users

Variable	Sample mean		Difference	
	Offset users	Non-users	Offset users vs. non-users	p-value
Number of treatment group members	2,023	4,677		
Gender				
Female	56.3	54.9	-1.4	0.281
Age group				
20 to 29 years	7.9	2.4	-5.5	0.000
30 to 39 years	21.8	14.4	-7.4	
40 to 44 years	12.9	10.4	-2.5	
45 to 49 years	17.1	16.7	-0.4	
50 to 54 years	21.6	27.1	5.5	
55 to 59 years	18.8	29.0	10.2	
Mean age (years)	44.9	48.4	3.5	0.000
Primary diagnosis				
Neoplasms	3.3	2.7	-0.7	0.000
Mental disorders	40.5	37.3	-3.2	
Intellectual disabilities	3.3	2.2	-1.1	
Back or other musculoskeletal	17.0	21.0	4.1	
Nervous system disorders	6.0	6.6	0.6	
Circulatory system disorders	3.6	6.5	3.0	
Genitourinary system disorders	5.0	4.0	-1.0	
Injuries	4.0	3.8	-0.2	
Respiratory	1.4	1.9	0.6	
Several visual impairments	2.3	2.4	0.1	
Digestive system	1.6	1.3	-0.3	
Other impairments	12.1	10.2	-1.9	
Program characteristics				
Duration category				
Less than 2 years	9.3	8.2	-1.1	0.000
2 to less than 4 years	14.2	13.0	-1.2	
4 to less than 6 years	15.6	14.7	-0.8	
6 to less than 8 years	16.1	13.5	-2.6	
8 to less than 10 years	14.1	12.2	-1.9	
10 to less than 12 years	7.2	8.4	1.2	
12 or more years	23.5	30.0	6.6	
Mean SSDI duration (months)	103.9	117.2	13.4	0.000
Monthly SSDI benefits (\$)	1,070	1,022	-49	0.000
Has representative payee	8.4	5.9	-2.5	0.000
Concurrent SSI receipt	13.2	20.3	7.1	0.000
Employment history				
Completed TWP	28.3	11.4	-16.9	0.000
Recent history of TWP-level earnings	40.6	10.0	-30.6	0.000

Exhibit E.5 (continued)

Variable	Sample mean		Difference	
	Offset users	Non-users	Offset users vs. non-users	p-value
Recent history of SGA-level earnings	33.0	7.1	-25.9	0.000
No recent history of SGA-level earnings	7.7	2.9	-4.8	0.000
Had a Ticket assigned in last 4 years	20.8	9.7	-11.1	0.000
Work at baseline (baseline survey)				
Work status				
Employed	55.8	10.1	-45.7	0.000
Seeking work	24.5	23.7	-0.8	
Neither employed nor seeking work	19.7	66.3	46.5	
Monthly earnings over \$1,000	34.5	4.0	-30.5	0.000
Expects to work in the next year	87.2	50.5	-36.7	0.000
Self-reported health (baseline survey)				
Fair or poor	58.7	71.8	13.1	0.000

Source: SSA program records, the POD baseline survey, and POD Implementation Data System (IDS) from August 2021.

Note: Unless otherwise noted, all table entries are percentages. The row categories reflect information from SSA program records unless noted the row is from the baseline survey. We used POD Implementation Data System (IDS) to identify offset users. All numbers in the table have been rounded; consequently, reported percentages might not sum across categories to exactly 100.

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Exhibit E.5. Treatment group members' understanding of POD rules, by offset use

POD rule	All treatment group members		Non-users		Offset users		New offset users	
	T1	T2	T1	T2	T1	T2	T1	T2
Understanding one year after enrollment								
Trial Work Period ^a	34.0		33.9		34.3		n/a	
Termination ^b	34.7		32.4		39.9		n/a	
POD benefit offset ^c	49.0		41.1		66.1		n/a	
Understanding two years after enrollment								
Trial Work Period ^a	34.9		35.3		34.1		40.6	
Termination ^b	33.9		32.7		36.4		38.1	
POD benefit offset ^c	46.1		37.5		65.2		65.5	
Change in understanding between one- and two-years after enrollment								
POD benefit offset ^c								
Gained understanding	15.6		15.4		16.2		28.8	
Lost understanding	19.0		19.1		18.5		13.5	
POD rule	T1	T2	T1	T2	T1	T2	T1	T2
Understanding one year after enrollment								
Trial Work Period ^a	33.3	34.7	34.1	33.6	31.5	37.4	n/a	n/a
Termination ^b	32.6	36.8	31.1	33.6	35.8	44.4	n/a	n/a
POD benefit offset ^c	48.6	49.2	41.2	41.0	64.1	68.3	n/a	n/a
Understanding two years after enrollment								
Trial Work Period ^a	33.9	35.9	33.9	36.7	34.0	34.2	38.3	43.1
Termination ^b	31.9	35.8	30.9	34.5	34.3	38.6	37.4	38.9
POD benefit offset ^c	46.7	45.5	37.9	37.0	66.1	64.4	62.3	68.9
Change in understanding between one- and two-years after enrollment								
POD benefit offset ^c								
Gained understanding	16.3	15.0	15.9	14.9	17.1	15.1	26.0	31.8
Lost understanding	18.6	19.8	17.0	19.7	19.2	20.2	12.4	14.7

Source: POD one-year and two-year follow-up surveys.

Note: The one-year follow-up survey sample size was 2,635 treatment group members (1,991 non-offset users and 644 offset users). The two-year follow-up survey sample size was 5,054 treatment group members (3,715 non-offset users, 1,339 offset users, and 197 "new" offset users who used the offset between 12 and 24 months after enrollment). The survey sample who responded to both surveys and were included in the statistics on change in understanding was 2,348 treatment group members (1,720 non-offset users, 628 offset users, and 93 "new" offset users).

We measured gains and losses in understanding by comparing responses of 2,348 beneficiaries who responded to both the 12- and 24- month survey (1,720 non-offset users, 628 offset users, and 93 "new" offset users who used the offset between 12 and 24 months after enrollment).

^a Percent correctly answering the question, "Under POD, do you have a Trial Work Period where your benefits remain unchanged regardless of your earnings?"

^b Percent correctly answering the question, "Under the POD rules, do your benefits ever terminate if your earnings are too high?"

^c Percent correctly answering the question, "Under POD, are your benefits reduced at any time if your monthly earnings are above a level that SSA set for POD?"

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Exhibit E.6. Barriers to employment for people with disabilities, by POD state

	AL	CA	CT	MD	MI	NE	TX	VT
Fear of losing government benefits	X	X	X	X	X	X	X	X
Discouragement from previous unsuccessful attempts at securing employment	X		X	X	X	X	X	X
Lack of suitable job opportunities	X	X	X	X	X	X		
Lack of access to reliable and accessible transportation	X		X	X	X		X	
Discouragement from family members	X		X	X		X	X	
Lack of necessary skills, education, or experience to perform job duties	X		X	X	X	X		
Weak local job market	X	X	X				X	
Lack of job counseling or assistance finding a job			X			X	X	
Employers' unwillingness to hire people with disabilities						X		
State or local policies that have limited job opportunities				X				

Source: Pre-site visit questionnaire completed by the POD supervisor for each state in January 2020.

Note: An "X" indicates that the POD supervisor reported that the barrier applied to their state.

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2. WORK-RELATED OVERPAYMENT ANALYSIS: METHODS AND SUPPLEMENTAL EXHIBITS

A. Method for estimating work-related overpayments

Analyzing work-related overpayments (henceforth referred to simply as overpayments) requires several steps. We need to allow for a sufficient period for SSA to gather credible information on earnings, process that information, identify overpayments, and record these updates in program data. As reported in Chapter V, about 20 percent of POD offset users in 2019 were identified as having earnings above the POD threshold only at EOYR. An additional 28 percent of offset users underreported earnings to POD and this underreporting was identified through EOYR. This suggests that many overpayments were identified through EOYR. Because this report was drafted before the data used to generate overpayments were updated to include the results of the 2020 EOYR, the statistics on 2020 overpayments for treatment group members were too preliminary to be included.

Overpayment rates are subject to change as SSA receives and processes new information on work and earnings. We expect the aggregate overpayment rate for 2018 and 2019 to remain stable for treatment group members. SSA conducted EOYR for 2018 and 2019 earnings in August 2019 and October 2020, respectively, and processed reconsideration requests shortly thereafter. According to POD system logs, the last payment adjustment to 2018 benefits was made in February 2020 and the last adjustment to 2019 benefits in February 2021. We presume that additional adjustments are unlikely and would only occur in a very small number of cases.

Overpayment statistics for control group members are likely to be incomplete. While POD treatment group members' earnings are systematically reviewed during EOYR, the same timely review does not happen for control group members. For control group members, SSA must conduct a work CDR and this process can be subject to delays. Hence, it may take months or

years for SSA to identify overpayments for control group members. Because the speed of processing can vary by year, we are unable to estimate the extent to which control group overpayments are underestimated.

Our analysis of overpayments is based on monthly snapshots from the Master Beneficiary Record, known as the Disabled Beneficiary and Dependent (DBAD) files. The Master Beneficiary Record is an active database that is frequently updated to reflect SSA's most current information on beneficiaries, and the DBAD preserves historical point-in-time records that reflect SSA's information as of the monthly snapshot. This analysis is based on the June 2021 DBAD file, which was the most recent extract available at the time of analysis.

To identify overpayments, we first identified the POD treatment members who were at risk of work-related overpayments: benefit offset users. The remainder of our approach diverges by type of offset use.

- **Full offset users**, by definition, should not receive any cash benefit for the full offset month. Accordingly, for this group, we identified overpayment months as months in which a beneficiary was in full offset and received a cash benefit in that same month, according to the June 2021 DBAD. We estimated the amount of the overpayment to be equal to the monthly benefit due in the overpaid month based on the DBAD file for that month.
- For **partial offset users**, we combined the January through December 2018, January through December 2019, and June 2021 DBAD files. First, we identified whether a beneficiary was overpaid in each month. We identified overpayment months in which (1) a beneficiary was in partial offset according to the June 2021 DBAD, (2) they received a cash benefit in that month according to the June 2021 DBAD, and (3) the monthly benefit due in that month according to the 2018 or 2019 DBAD was greater than the monthly benefit due in that month according to the June 2021 DBAD. Then we calculated the overpayment amount for overpaid months. The overpayment amount is the difference between the monthly benefit due according to that month's DBAD and the June 2021 DBAD monthly benefit due amount for the overpaid month.

The approach we used to identify POD overpayments is the same approach we used in the evaluation of the BOND (Hoffman et al. 2017). POD and BOND used similar systems to update and record benefit offset adjustments. To validate its application to POD, a member of SSA's ORDES work unit conducted in-depth case reviews of SSA program records for treatment members. We randomly selected 10 treatment members for which our calculations indicate no overpayment occurred in 2018 and 20 treatment members we identified as having been overpaid in 2018. The SSA case reviews found no overpayments for nine out of the 10 treatment member cases. However, the SSA case reviews found a \$0.50 overpayment for the tenth case. The SSA-identified overpayment amount falls within an established current-law standard for determining whether an overpayment is large enough to warrant action. In cases with a manually computed overpayment of less than \$30 and SSA is not preparing a notice for a reason other than the overpayment, SSA will not pursue further action.¹³⁷

¹³⁷ [Program Operations Manual System GN 02201.013.](#)

The DBAD method of identifying overpayments was consistent with SSA calculations. All 20 treatment member cases for which the DBAD method indicated overpayments also had overpayments according to the SSA calculations, although the size of the overpayments varied across the two sources. In aggregate, the DBAD and SSA results are largely similar: the DBAD estimate is 1.8 percent lower than the SSA calculation (\$16,093 versus \$16,391).¹³⁸

The method we used to identify overpayments for control group members is identical to the method used in BOND. As part of the BOND evaluation, an ORDES work unit member conducted in-depth case reviews of SSA program records for 30 control group cases. The results showed general alignment between SSA case reviews and the overpayment algorithm (Hoffman et al. 2017).¹³⁹

B. Method for estimating work-related underpayments

Like our analysis of overpayments, our analysis of underpayments is based on monthly DBAD files. To identify underpayments, we first identified beneficiaries who were at risk of work-related underpayments: those who initially had benefits terminated, offset, or suspended according to the contemporaneous (e.g., 2018 or 2019) DBAD data. The remainder of our approach diverges by initial classification of benefit status.

- We identified underpayment months as months in which a beneficiary was initially classified as having benefits **terminated for work** (treatment or control), in **full offset** (treatment), or **suspended** (treatment or control) and later classified as not terminated for any reason and not using the offset or in partial offset (treatment) or not in suspension (control) for those months, according to an updated June 2021 DBAD. This is because the updated data indicates that beneficiaries were entitled to cash benefits for those months. We estimated the amount of the underpayment to be equal to the monthly benefit due for the underpaid month according to the updated June 2021 DBAD.
- Underpayments also occurred for months in which a treatment member was in **partial offset** according to both concurrent and updated DBAD data, but the monthly benefit due for that month according to the concurrent DBAD was less than the monthly benefit due for that month according to the updated June 2021 DBAD. That is, the partial offset user received a check, but the amount of the check was lower than the amount that should have been paid based on updated information available in June 2021. The underpayment amount is the

¹³⁸ The DBAD estimates matched the SSA overpayment calculations for 15 estimates and was within \$30 for an additional case. The SSA case reviews indicated an overpayment of a notably different size for four overpayments: \$66 per the SSA case reviews versus \$202 per the DBAD algorithm; \$267 versus \$432; \$2,150 versus \$1,957; and \$2,833 versus \$2,059. Two of these discrepancies were related to SSI overpayment recoveries, and a third was caused by a voluntary tax withholding—situations that our algorithm does not capture. It is important to note that our algorithm does not capture these differences because they do not affect the programmatic calculation of overpayment debt.

¹³⁹ Among 10 control group cases with no overpayment according to the overpayment algorithm, there was one record for which SSA identified an overpayment. However, it was a \$2 overpayment, which is below the established current-law standard for determining whether an overpayment is large enough to warrant action. Among 20 control group cases with an overpayment according to the overpayment algorithm, all 20 had an overpayment according to SSA case reviews. In aggregate, the 20 control group cases had an estimated overpayment amount that was just 0.3 percent smaller than the corresponding SSA estimate.

difference between the monthly benefit due according to the June 2021 DBAD and the concurrent DBAD for the underpaid month.

The underpayment amount that the algorithm identifies may differ from the dollar amount the beneficiary receives to reconcile an underpayment. The amount a beneficiary receives can be reduced due to recovery of existing overpayments, past due Medicaid payments, and for repayment of Critical Payment System payments, among other scenarios.

Similar to our analysis of overpayments, a member of the ORDES unit conducted in-depth case reviews of SSA program records. We checked the calculations of a random subset of 7 treatment group members for which our calculations indicate no underpayments and 18 treatment group members we identified as having been underpaid in 2019.

The SSA case reviews for treatment group members showed similar alignment with the underpayment algorithm. Of the 7 treatment group members we identified as not being underpaid, one case showed an underpayment (for \$67) according to the SSA review. This was a case that had an existing overpayment; the underpayment was used to pay off the overpayment debt and was not captured by our algorithm. Of the 18 treatment cases we had identified as underpaid, 16 were underpaid according to the SSA review. The cases that did not align were underpaid small amounts: \$15 and \$1 according to the SSA calculations. Of the 16 cases for which both sets of calculations indicated an underpayment, the underpayment amount matched exactly for 7 cases. An additional five cases were within 3 percent or \$50 of the SSA estimate; most of these differences are related to Medicare deductions. Four cases showed moderate differences between the underpayment algorithm and SSA calculations: (1) \$266 versus \$117, (2) \$901 versus \$806, (3) \$2,406 versus \$2,171, and (4) \$125 versus \$265. In aggregate, the calculations were largely similar. Collectively across all 18 cases we identified as underpaid, our DBAD underpayment estimate is 4.8 percent higher than the SSA calculation (\$8,545 versus \$8,153).

The SSA case reviews for the 10 control group members showed close alignment with the underpayment algorithm. We identified two cases as not being underpaid and the SSA reviews agreed. Among the eight cases we identified as not underpaid, the SSA reviews agreed for all cases. For those cases, our DBAD estimate is 0.2 percent higher than the SSA calculation (\$29,946 versus \$29,895).

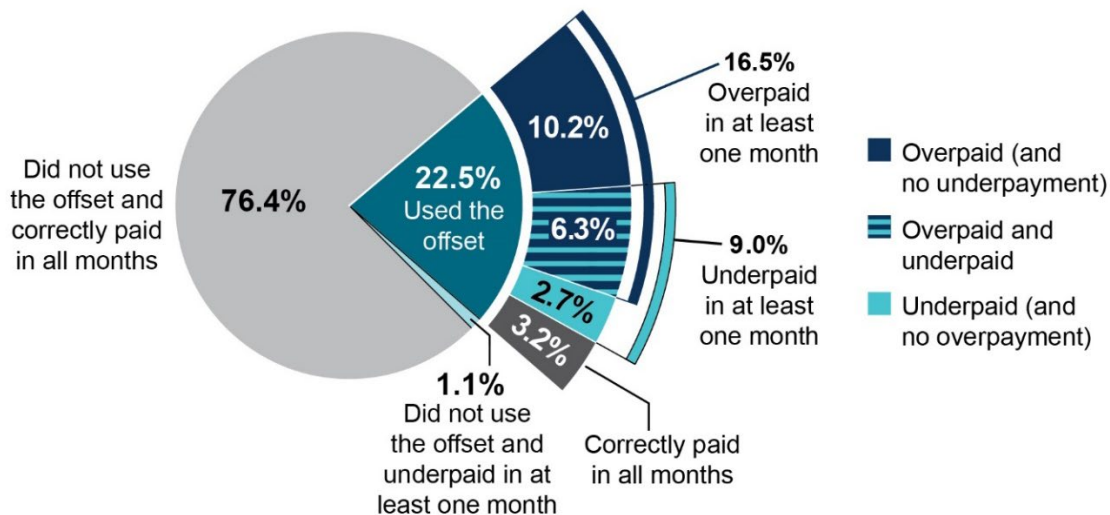
As mentioned above, the underpayment amount paid to beneficiaries can be less than the full underpayment amount for several reasons, including receipt of Critical Payment System payments. Many of the cases our control group algorithm identified as being underpaid had payments from the Critical Payment System: in a sample of 44 underpaid control members, 34 percent had critical payments. There were no such payments in the 18 underpaid treatment cases reviewed. The Critical Payment System may issue payments in special situations when regular MBR payments cannot be made. For example, if a beneficiary has benefits suspended for work but claims that earnings have declined and they are due benefits, they may request an emergency payment from the Critical Payment System. In such cases, the beneficiary may experience underpayments differently than those who do not receive emergency payments and are without SSDI benefit checks until SSA officially recognizes and resolves the underpayment.

C. Work-related overpayments and underpayments were uncommon among the universe of POD treatment members in 2019, reflecting relatively modest rates of offset use

Those at risk of an overpayment had a much higher overpayment rate compared to all POD treatment members. The overpayment rate among those at risk of an overpayment—those who used the benefit offset and could have received more benefits than they were entitled to because of work—was 74 percent. Conversely, the rate among the full sample of POD treatment members was notably lower, at 17 percent. This difference is because a minority of the sample (23 percent) used the offset and so were at risk of an overpayment in 2019 (Exhibit E.7).¹⁴⁰ The remaining 77 percent had the opportunity to use the offset in 2019 but did not and, hence, were not at risk of an overpayment.

Among all POD treatment members, 10.1 percent were underpaid (Exhibit E.7). This includes 9.0 percent of treatment members who used the offset and were underpaid as well as 1.1 percent who were underpaid for non-offset use months.

Exhibit E.7. Benefit offset use, overpayments, and underpayments among POD treatment group members



Source: Author calculations based on June 2021 DBAD extracts from the Master Beneficiary Record.

Note: This exhibit focuses on offset use and overpayments in 2019. Data were not yet available to produce reliable 2020 overpayment estimates. The sample size was 6,700 combined treatment group members.

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¹⁴⁰ The overpayment analysis uses the June 2021 DBAD as its source of offset use and overpayment statistics. This approach differs from the source used to produce offset statistics in Exhibit VI.1, for which we used POD programmatic data provided by Abt Associates in August 2021. The two sources produce different rates of offset use in 2018 and 2019. For example, the DBAD indicates that 22.5 percent of POD treatment group members used the offset in 2019, compared to 24.0 percent based on POD programmatic data (not shown). This discrepancy is largely because the POD programmatic data classify beneficiaries who used the offset but were retroactively terminated for those months as offset users. This classification allows the POD implementation team to retain payment information if the termination is overturned upon appeal.

D. Offset users who were overpaid were similar to those who were not overpaid, with some exceptions

Offset users who were overpaid shared many similarities with those who were not overpaid: demographic characteristics, primary impairment, health, employment history, and many program characteristics (Exhibit E.8). The two groups had a similar distribution of duration of SSDI benefit receipt, although the average months of SSDI receipt was longer (by about 13 months) among those who were overpaid. Overpaid offset users also had a lower monthly SSDI benefit amount relative to offset users who were not overpaid (\$1,074 versus \$1,120) and were less likely to have monthly earnings over \$1,000.

Exhibit E.8. Characteristics of POD benefit offset users who were overpaid and not overpaid in 2019

Variable	Sample mean		Difference	
	Overpaid offset users	Offset users not overpaid	Overpaid vs. not overpaid	p-value
Number of treatment group members	1,107	398		
Gender				
Female	56.4	53.8	-2.6	0.369
Age group				
20 to 29 years	7.4	9.6	2.2	0.592
30 to 39 years	21.0	23.3	2.4	
40 to 44 years	13.4	11.7	-1.7	
45 to 49 years	16.3	14.7	-1.5	
50 to 54 years	22.1	21.4	-0.7	
55 to 59 years	19.9	19.2	-0.7	
Mean age (years)	45.3	44.4	-0.9	0.108
Primary diagnosis				
Neoplasms	3.3	4.1	0.9	0.240
Mental disorders	40.3	38.3	-2.0	
Intellectual disabilities	3.2	3.2	0.1	
Back or other musculoskeletal	17.2	19.1	2.0	
Nervous system disorders	4.8	7.6	2.9	
Circulatory system disorders	3.6	3.2	-0.4	
Genitourinary system disorders	6.0	3.5	-2.4	
Injuries	4.0	5.1	1.2	
Respiratory	1.6	1.0	-0.6	
Several visual impairments	2.0	2.1	0.1	
Digestive system	1.4	2.2	0.9	
Other impairments	12.8	10.5	-2.3	
Program characteristics				
Duration category				
Less than 2 years	9.2	11.5	2.3	0.209
2 to less than 4 years	13.6	16.9	3.3	

Exhibit E.9 (continued)

Variable	Sample mean		Difference	
	Overpaid offset users	Offset users not overpaid	Overpaid vs. not overpaid	p-value
4 to less than 6 years	14.9	16.9	2.0	
6 to less than 8 years	16.5	16.0	-0.5	
8 to less than 10 years	14.6	12.1	-2.5	
10 to less than 12 years	6.8	6.6	-0.2	
12 or more years	24.4	20.0	-4.4	
Mean SSDI duration (months)	105.6	93.3	-12.3	0.002
Monthly SSDI benefits (\$)	1,074	1,120	45	0.102
Has representative payee	8.6	8.6	0.0	0.990
Concurrent SSI receipt	11.2	13.5	2.3	0.237
Employment history				
Completed TWP	30.1	27.7	-2.3	0.378
Recent history of TWP-level earnings	41.9	45.8	3.9	0.178
Recent history of SGA-level earnings	34.7	38.8	4.1	0.145
No recent history of SGA-level earnings	7.2	7.0	-0.2	0.888
Had a Ticket assigned in last 4 years	19.9	24.3	4.4	0.073
Work at baseline				
Work status				
Employed	59.1	59.3	0.2	0.836
Seeking work	23.8	22.6	-1.2	
Neither employed nor seeking work	17.1	18.1	1.0	
Monthly earnings over \$1,000	35.8	43.9	8.1	0.005
Expects to work in the next year	89.4	88.1	-1.4	0.471
Self-reported health				
Fair or poor	57.7	56.9	-0.8	0.788

Source: Author calculations based on June 2021 DBAD extracts from the Master Beneficiary Record.

Note: This exhibit focuses on offset use and overpayments in 2019. Data were not yet available to produce reliable 2020 overpayment estimates. The sample size was 1,505 combined treatment group members who used the offset in 2019, according to the DBAD extract.

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3. SUPPLEMENTARY EXHIBITS ON WITHDRAWAL

Exhibit E.9. Withdrawals from POD through December 2020, by treatment group

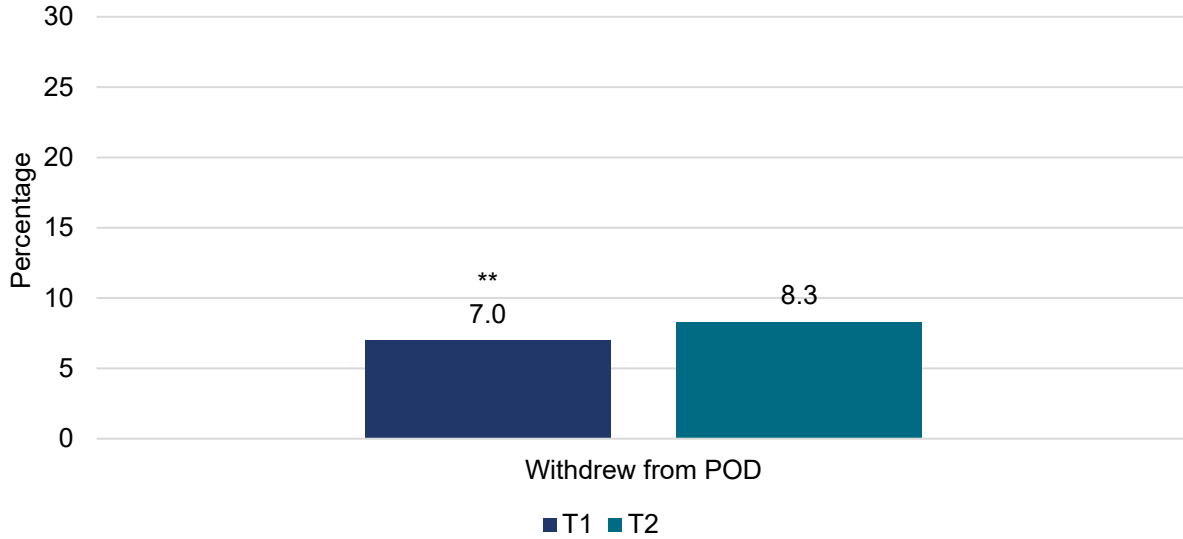


Exhibit E.10. Reasons for withdrawals from POD through December 2020

Reason reported for withdrawal from POD	Percent
Lack of interest in POD work incentives	
POD not beneficial due to earnings between TWP and SGA amounts	23.5
Prefer work incentives under current law	11.9
Unlikely to work	
Too disabled to work	18.2
Not interested in working	6.5
Other	
Fear of losing benefits	10.0
Lack of understanding about POD	7.6
Other	22.3

Source: Programmatic data summarizing SSA-795 withdrawal request forms, provided by Abt Associates in February 2021.

Note: The sample size was 511 former treatment group members who withdrew through December 2020. The only statistically significant differences by T1 vs T2 in reason for withdrawal is lack of understanding about POD (T1=6.0%, T2=9.0%, p=0.08).

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Exhibit E.11. Timing of withdrawals from POD through December 2020



Source: Programmatic data summarizing SSA-795 withdrawal request forms, provided by Abt Associates in February 2021.

Note: The sample size was 511 former treatment group members who withdrew through December 2020. [\[return to text\]](#)

APPENDIX F:

**IMPACT ANALYSIS METHODS, OUTCOME DESCRIPTIONS, AND
SUPPLEMENTAL EXHIBITS FOR CHAPTER VII**

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1. IMPACT ANALYSIS METHODS

For the POD impact findings presented in Chapter VII and Appendix F, we followed the methodological approach outlined in our evaluation design report (Wittenburg et al. 2018) with a few updates. Whereas the evaluation design report provided the foundation for the impact analysis, this appendix contains a more detailed description of the methods used. The methodological changes between this report and the evaluation design report were not made in response to preliminary impact estimates or findings. Instead, we updated the methods when doing so improved the impact analysis relative to the initial plan. Whenever we describe a methodological change, we explain why it improved the impact analysis. To provide transparency on our approach, we shared these updates with the Social Security Administration (SSA) before writing this report.¹⁴¹

This appendix describes impact analysis methods and outcomes. It also contains a series of exhibits that describe results for the impact analysis. We present the impact estimates from contrasting the combined treatment groups with the control group in Exhibits F.1–F.9. Exhibits F.10 through F.15 present robustness tests. We describe estimated impacts from pairwise contrasts of T1, T2, and control groups in Exhibits F.16–F.19.

A. Method for testing baseline balance between POD experimental groups

This report uses the same methodology as the recruitment and random assignment report (Hock et al. 2020a) to compare the baseline characteristics of members of three groups: POD treatment group 1 (T1), treatment group 2 (T2), and the control group (C).¹⁴² For context, we summarize their findings in this report. Except for three baseline characteristics, the groups showed balance in means across the study groups. We include the three less-balanced characteristics as control variables in the regression-adjusted impact analysis (see Section F.1.c for more details).

B. Estimating impacts

1. Pooled and pairwise specifications for estimating impacts

We report impact estimates in two ways: (1) a pairwise specification that compares outcomes for T1, T2, and C members separately, and (2) a pooled specification that combines all treatment

¹⁴¹ Establishing pre-specification of methods is important because analyses that are not pre-specified might be accused of data dredging: searching across different outcomes and analytic approaches to find impact estimates that researchers or policymakers prefer.

¹⁴² For each binary and continuous characteristic, Hock et al. (2020a) estimated a linear model that regresses the characteristic variable on each treatment group indicator and the variables used to stratify the POD enrollment material mailings. They then conducted a joint test to determine whether the coefficient estimates for the treatment indicators were both equal to zero. For each categorical characteristic, they estimated a seemingly unrelated regressions model and then tested whether the treatment indicator estimates across the seemingly unrelated regressions model were all equal to zero. Each equation in the seemingly unrelated regression model had as the dependent variable an indicator for a particular value of the categorical variable. When comparing differences across study groups in a characteristic used for stratification, the statistical model excluded fixed effects associated with that characteristic. In addition to assessing statistical significance, they used these statistical models to generate root-mean-squared errors of prediction that they then used as the denominators when calculating standardized differences in characteristics between pairs of study groups.

group members before comparing them to the control group members. The key decision for this report was which specification to include in the body and which to relegate to an appendix. Each specification has qualities that make it a candidate for the main specification. The pairwise specification (the one described in the evaluation design report) evaluates the effectiveness of each POD treatment arm separately, preserving differences in the rules governing the two arms. The pairwise specification also allows a comparison across the two treatment arms to assess whether the rules on termination differentially affected beneficiary behavior. However, if T1 and T2 members have no differences in offset usage and withdrawal rates, then the pooled specification might be preferred because it would allow the key evaluation findings to be described more concisely.

We focus on the combined specification because the evaluation meets the following pre-specified conditions in an analysis memo submitted to SSA prior to designing the tables for this report. We had a similar set of conditions prespecified for combining the T1 and T2 groups in the interim report (Mamun et al. 2021). Had any of these conditions not been met, we would have reverted to using the pairwise specification.

- **Fewer than 1 percent of T2 members had their benefits terminated after spending 12 consecutive months in full offset.** Through December 2020, 25 T2 members (or 0.7 percent of T2 members) had their benefits terminated after spending 12 consecutive months in full offset.
- **The percentage of T1 and T2 members ever using the benefit offset is within 5 percentage points.** We found that 30.4 percent of T1 members and 30.0 percent of T2 members ever used the POD benefit offset, a difference of 0.4 percentage points (Appendix Exhibit E.2).
- **The percentage of T1 and T2 members withdrawing from POD is within 5 percentage points.** As discussed in Chapter VI, 7 percent of T1 members and 8 percent of T2 members withdrew from the demonstration.
- **The percentage difference of T1 and T2 members ever with full offset is within 5 percentage points.** We found that 10.2 percent of T1 members and 9.7 percent of T2 members had benefits fully offset, a difference of 0.2 percentage points (Appendix Exhibit E.21).
- **The difference in estimated impacts between T1 and T2 groups on the primary outcomes is not statistically significant and has a magnitude less than 0.5 standard deviations.**¹⁴³ We present the estimated impacts for T1 and T2 on the primary outcomes in Exhibit F.16. None of the estimated impacts comparing T1 and T2 are statistically significant.

Results for the secondary outcomes using the pairwise specification are in Appendix Exhibits F.17–F.19.

¹⁴³ We convert the impact estimates to effect sizes before examining the differences between them. For continuous outcomes, we construct standardized mean differences, known as *Hedges' g* (Hedges 1981). For binary outcomes, we use the Cox index to create a measure comparable to Hedges' *g* (Cox 1970).

2. Addressing multiple comparisons

Our approach to reporting impacts minimizes concerns related to multiple comparisons. These comparisons can cause problems when a large number of statistical tests are performed. We assess each statistical test in this report relative to a Type 1 error rate threshold, that is, a *false positive* rate threshold indicated by the statistical significance level. When conducting multiple statistical tests, the likelihood of finding false positives across those tests is greater than the Type 1 error rate threshold used in each individual test (Schochet 2008).¹⁴⁴ Statistical procedures can address the multiple comparisons issue, such as by adjusting the *p*-values of the individual tests so that the Type 1 error rate across tests is lowered to the desired threshold. A potential cost of applying statistical procedures to adjust for multiple comparisons is that it can reduce our ability to avoid *false negatives*: the statistical power to avoid incorrectly inferring no impacts when true impacts exist (Schochet 2008).¹⁴⁵

For the POD evaluation, we address this issue by pre-specifying four primary outcomes (earnings, annualized SGA amount, benefit payments, and income) for the main assessment of POD's efficacy. By choosing these outcomes from among the dozens available, we reduce the likelihood of finding impacts by chance alone without significantly undermining the statistical power of the evaluation to detect true impacts. We operationalize this approach in the presentation of findings by placing greater emphasis on the interpretation of primary than of secondary outcomes. The approach balances the need for addressing the potential multiple comparisons

Outcomes for which we used multiple imputation

At most recent job:

- Earnings above TWP threshold allowed
- Earnings above SGA amount allowed
- Hours worked per week
- Any benefits offered
- Health insurance offered
- Dental benefits offered
- Paid sick days offered
- Paid vacation offered
- Free or low-cost childcare offered
- Transportation benefits offered
- Disability benefits offered
- Pension or retirement benefits offered
- Flexible health or dependent care accounts offered
- Accommodations made for physical or mental conditions

¹⁴⁴ As noted in the POD evaluation design report, assessing whether a statistically significant impact estimate is due to a true program effect rather than random chance requires more information than our estimated impact and *p*-value. A common mistake is to interpret the *p*-value as the probability that the true impact is zero, given what we observe in our data (or, equivalently, that the estimated impact is due to randomness alone). In 2016, the American Statistical Association issued a statement explaining the consequences of this misinterpretation of *p*-values. It can be thought of as a problem of multiple hypothesis testing: when it occurs within a study, the false discovery rate (that is, the proportion of statistically significant impacts that are due to random chance, not a true program effect) can be much greater than the level of significance (typically 5 or 10 percent) used in testing.

¹⁴⁵ The traditional statistical adjustment for addressing multiple comparisons is the Bonferroni method (Bonferroni 1935), which has been shown to be unnecessarily stringent for many practical situations. An alternative statistical adjustment is offered by the Benjamini-Hochberg method (Benjamini and Hochberg 1995); even though it is less conservative than the Bonferroni method, it still reduces statistical power.

issue without potentially reducing the ability of the evaluation to detect an effect through an additional statistical adjustment.

3. Dealing with missing data

For survey data outcomes, we exclude observations with missing values except when they are conditionally missing. Because such exclusion could bias our impact estimates, we impute missing data for survey outcomes that are observed conditional on the value of another outcome. For example, for benefits offered at work, which is asked conditional on employment, data can be missing only for those who had been employed, as those who are not employed are known not to have any benefits offered. Consequently, without imputing the conditionally missing values, we would potentially underestimate the extent of benefits offered at work, particularly among the treatment group.

For survey outcomes with conditionally missing values, we use multivariate imputation by chained equations to impute the missing values (Raghunathan et al. 2001; Van Buuren 2007) and predictive mean matching (Rubin 1986; Little 1988). The list of outcomes for which we conduct multiple imputation is in the text box; these outcomes are based on survey items that are asked only if a beneficiary reported being employed in the past year. For the imputation procedure, we first developed predicted values for the missing cases of each variable using a multivariate regression model and a random disturbance term. Then, using predictive mean matching, we matched each missing data point to the 10 non-missing cases with the closest predicted values. Next, we randomly selected one of the 10 matched cases to assign the value of that case to the missing data. We iterated this imputation procedure 10 times and created 10 imputed data sets; in other words, we estimated 10 replacement values for each missing case. After completing imputation, we estimated impacts separately on each of the 10 imputed data sets. We then combined the impact estimates using the approach described in Rubin (1987), which accounts for the uncertainty created by imputing data and adjusts the standard error of impacts appropriately.

For baseline characteristics described in the baseline survey, we also impute missing values that are used in the regression-adjusted impact analysis. We use mean imputation to fill in the missing values of explanatory variables constructed from baseline data.

C. Analysis models

1. Regression model for the main analysis

As outlined in Chapter II, we use regression models to estimate POD's impacts. When we account for variation across exogenous (baseline) characteristics, the regression-adjusted estimates are more precise than unadjusted impacts, which improves our ability to detect small but substantively meaningful impacts. Except for two robustness checks, all regression models estimated for this report are ordinary-least-squares with heteroskedastic-robust standard errors.¹⁴⁶ We use Stata 15.1 to estimate all regression models.

¹⁴⁶ The two robustness checks involve a logistic regression model for estimating impacts on annualized SGA amount and quantile regression models for estimating impacts on earnings, benefit amounts, and income (see Section 2.d of this appendix). These additional analyses allow us to assess the sensitivity of our results from ordinary-least-squares estimation.

The main regression model for the impact analysis is linear. The model specification is:

$$y_i = \beta T_i + \delta X_i + \mu_i \quad (1)$$

where y_i is the outcome of interest for individual i , T_i is an indicator variable for POD treatment group status, X_i is a vector of exogenous covariates and a constant, and μ_i is an error term. Because of the demonstration's randomized design, the coefficient β represents the impact of POD on outcome y . We estimate impacts for administrative data outcomes using all POD enrollees, whereas for survey outcomes, we estimate impacts using only survey respondents. We use linear regression models to estimate program impacts for both continuous and binary outcomes.

The exogenous covariates in vector X come from three sources. First, the vector contains variables we used to stratify random assignment. Second, we include in the vector those baseline characteristics (described in Exhibit VIII.2 of the evaluation design report) that we can measure and are not used in stratified random assignment. Third, the vector includes, in the recruitment and random assignment report (Hock et al. 2020a), three variables that had statistically significant differences in means between the experimental groups at the 5 percent significance level. Hence, the vector X includes a constant and the covariates measured at POD enrollment identified in the text box below.

Baseline covariates used for estimating regression-adjusted POD impacts	
Source	Variables
Characteristics used in stratified random assignment	State; age indicators (20–34, 35–44, 45 and older); SSDI benefit duration (1–18 months, 19–36 months, 37 or more months); diagnosis categories (neoplasms, injuries, severe visual impairments); earnings more than \$1,000 a month at enrollment; state indicator variables
Baseline characteristics described in the evaluation design report (Wittenburg et al. 2018)	Gender (male, female); concurrent SSI recipient; completed high school; race (white, nonwhite); health (poor, not poor); additional diagnoses (mental disorder, intellectual disability, back or musculoskeletal disorder, nervous system disorder, circulatory disorder, genitourinary disorder, respiratory disorder, digestive disorder, other impairment); recent TWP earnings indicator; monthly SSDI benefit amount; completed the TWP; received job training, job coaching, or support services in the past year; household income (less than \$10,000; \$10,000–\$19,999; \$20,000–\$29,999; \$30,000–\$39,999; \$40,000–\$49,999; \$50,000 or more, missing)
Variables from baseline survey with statistically significant differences between experimental groups	We added additional characteristics to the list above when we found statistical differences at baseline. The three variables included: whether it is difficult to work because of fear of losing disability cash benefits; whether it is difficult to work because of fear of losing health insurance; whether it will be difficult to receive SSDI in the future if one works

2. Analysis weights

All regressions estimating impacts on survey outcomes include analysis weights. We designed these weights to produce estimates that reflect the impact of POD rules on all POD enrollees. Analysis weights for outcomes from the one-year follow-up survey account for survey sampling and nonresponse. The weights are the product of two terms: sampling weights and the survey nonresponse weights. The sampling weight (the first term) is determined by the probability of being sampled for that survey. Because we randomly sampled half the POD enrollees for the

year-one follow-up survey, the sampling weight term in the overall weight is the same for all POD enrollees. To construct the survey nonresponse weight (the second term in the overall weight), we use a random forest algorithm. The algorithm uses observable baseline characteristics to predict the probability that each person responded to the survey. The nonresponse weight equals the inverse of the estimated response probability.¹⁴⁷ Because the two-year follow-up survey includes all enrollees, the analysis weights for outcomes from that survey account only for nonresponse.

Based on additional evidence, we made one modification from the evaluation design report: we do not create “balance weights” to address imbalance in baseline characteristics between treatment and control group members. As Exhibits V.1, D.9, D.10, D.11, and D.12 show in the recruitment and random assignment analysis report (Hock et al. 2020a), the POD experimental groups are well balanced across a range of covariates based on administrative and survey data at enrollment. Therefore, creating balance weights, though consistent with the evaluation design report, is unnecessary.

3. Subgroup analysis

We report impact estimates for several subgroups of interest to policymakers and other stakeholders. A subgroup analysis will have less power to detect impacts than for the full sample; for example, the minimum detectable effects (MDEs) are about 40 percent larger for a subgroup consisting of half the sample than the corresponding MDEs for the full sample and MDEs for states are between 2.2 and 5.5 times as large as the MDEs for the full sample (depending on the size of the state). However, even with less statistical power, the subgroup analysis is important because it allows for the opportunity to identify differential impacts. The POD evaluation design report (Wittenburg et al. 2018) underscored the importance of understanding heterogeneity in POD’s effects across subgroups. We selected a set of subgroups defined by six characteristics at enrollment. Our choice was informed by recent process findings from the POD evaluation as well as discussions with SSA. To lessen concerns about multiple comparisons, we limited the number of subgroups examined and focused exclusively on the primary outcomes. We present all subgroup impact estimates in Exhibits F.2–F.6.

We defined the subgroups based on individual characteristics at enrollment and state of residence. The text box below lists the variables that define the subgroups of interest along with a brief justification of why we select them for the analysis.

POD subgroup indicators and justification for studying the subgroups	
Subgroup indicator ^a	Justification
<ul style="list-style-type: none"> Work expectation at POD enrollment: expects (61 percent) vs. does not expect (39 percent) 	Even though this subgroup analysis was not noted in the evaluation design report, subsequent evidence from our recruitment and enrollment analysis shows that a greater share of POD enrollees expected to work than were found among SSDI beneficiaries who responded to national surveys (Hock et al. 2020a). Understanding

¹⁴⁷ Because no outlier values would adversely affect the optimization routine, we do not truncate any nonresponse weight values because there were no outlier values. The overall response rate of 83.5 percent for the POD year-one survey is high, so finding no outlier weight values is not surprising, as the nonresponse weights are the inverse of the propensity to respond to the survey.

POD subgroup indicators and justification for studying the subgroups	
Subgroup indicator ^a	Justification
	how the enrollees' future work expectations influence POD impacts might generate additional insights for interpreting evaluation findings for the broader population of SSDI beneficiaries.
<ul style="list-style-type: none"> • Employment status at POD enrollment: employed (23 percent) vs. not employed (77 percent) 	POD enrollees who were employed at baseline are potentially more likely than other enrollees to use the benefit offset (Gubits et al. 2018); subgroup noted in the evaluation design report.
<ul style="list-style-type: none"> • Level of education: more than high school (40 percent) vs. high school or less (60 percent) 	SSDI beneficiaries who completed more than a high school education may be somewhat more likely to obtain employment and use the offset; subgroup not identified in the evaluation design report but added owing to substantial policy interest.
<ul style="list-style-type: none"> • Age: younger than 50 (49 percent) vs. 50 or older (51 percent) 	SSDI program's eligibility determination criteria become more generous for applicants age 50 and older; subgroup analysis by age noted in the evaluation design report.
<ul style="list-style-type: none"> • Primary impairment: mental (38 percent), musculoskeletal (20 percent), all other (41 percent) 	We examine mental or musculoskeletal impairments relative to all other impairments because a substantial share of SSDI beneficiaries have these conditions (Mann et al. 2015); subgroup analysis by impairment type noted in the evaluation design report.
<ul style="list-style-type: none"> • State of residence: Alabama (13 percent), California (24 percent), Connecticut (10 percent), Maryland (12 percent), Michigan (6 percent), Nebraska (4 percent), Texas (30 percent), and Vermont (2 percent) 	Even though SSDI program rules are national, differences across states in population demographics, economic conditions, and local policy context could make obtaining or keeping a job easier in one state relative to another, potentially creating state-level variation in POD impacts. In addition, varying state-level responses to the pandemic may influence outcome patterns in 2020. Better understanding of these state-level differences and their effects could help policymakers adjust future benefit offset interventions for specific context.

^a The entries in parentheses show the percentage of all POD enrollees in the corresponding parts of each subgroup.

The impact analysis for subgroups defined by individual characteristics at enrollment slightly modifies the main regression model. The regression model is linear—similar to Equation (1)—but includes additional terms. We estimate a regression of the following form:

$$y_i = \beta T_i + \theta S_{gi} + \gamma S_{gi} T_i + \delta X_i + \mu_i \quad (2)$$

where S_g is a binary indicator for having the given subgroup characteristic, and the coefficient γ represents the subgroup impact of POD on outcome y . For primary impairments, we use the same approach but add additional subgroup category indicators. As with the main regression model, we estimate Equation (2) using all POD enrollees. After estimating the model, we use Stata's margins command to approximate the mean impact of POD rules for each subgroup.

To create state-specific estimates of POD impacts, we estimate eight state-specific regressions. These are of the form specified in Equation (1) but estimated only for the enrollees in that state. We present the state-specific impact estimates in Appendix Exhibit F.10.

Finally, in one notable deviation from the evaluation design report, we do not estimate subgroup impacts by SSDI benefit duration status or concurrent beneficiary status. The evaluation design report noted these subgroups mainly to facilitate comparison with subgroup findings from the

BOND evaluation.¹⁴⁸ POD did not oversample these subgroups. Findings from Hock et al. (2020a) indicate the sample size for both of these subgroups creates a challenge for impact estimation, given that one arm of each subgroup pair is relatively small.¹⁴⁹

4. Presentation of estimated impacts

All impact estimates described in this report are accompanied by key statistics. We report outcome means for the experimental groups from which each impact is estimated. We report regression adjusted impact estimates. We report a heteroscedasticity-robust standard error with each impact estimate. To help readers identify whether an impact estimate is statistically significant, we report *p*-values from statistical tests. Each test is two-tailed, examining the null hypothesis that POD rules had no effect—neither positive nor negative—on an outcome. We used a threshold of 0.10 for considering statistical significance.

D. Robustness checks

We conducted five sensitivity analyses to examine the robustness of the POD impact results on primary outcomes. Four sensitivity analyses examine the robustness of the primary outcome impact estimates: (1) those for the average state (that is, each state equally weighted); (2) a logistic model for estimating impacts on a binary outcome; (3) quantile regression models for estimating impacts on earnings, benefit amounts, and income; and (4) those without regression adjustment. We also conduct a fifth robustness check that assesses the role of survey nonresponse bias in some of our secondary outcome measures by comparing the unweighted impact analysis on primary outcomes to the survey-weighted impact analysis of these same measures.

1. Impact estimates for the average state

We report estimated impacts on the primary outcomes for the average state (Exhibit F.11). This allows us to explore the sensitivity of the main impact estimates to state-level variation in POD enrollment. For all administrative data outcomes, the main regression model gives each POD enrollee the same analytical weight. However, POD enrollment varied by state, with some (such as California and Texas) having more POD enrollees than other, relatively smaller states. This state-level variation in POD enrollment might be important if the effects of POD rules varied substantively by state. The average-state impact estimates give each state the same analytical weight and, in the process, produce impact estimates that are not dominated by states with large POD enrollment. We generate the average-state impacts by using an alternative set of weights that treat each enrollee within a state equally and give that set of enrollees the same aggregate weight as the enrollees in any other state. In other words, we generate these impacts by re-

¹⁴⁸ The BOND evaluation used a 36-month threshold for defining subgroups based on duration of SSDI benefits (Bell et al. 2011).

¹⁴⁹ Specifically, if we use the same threshold for defining subgroups by duration of SSDI benefits, then only about 15 percent of POD enrollees had a duration less than 36 months. Similarly, concurrent beneficiaries constitute about 20 percent of POD enrollees. The somewhat small sample sizes in these subgroups may limit our ability to detect program impacts with precision.

estimating Equation (1) for each of the eight POD states and then average across those eight impact estimates.

2. Logistic model for estimating impact on a binary outcome

We estimate the impact of POD on annualized SGA amount (the only binary primary outcome measure) using a logistic regression model (Exhibit F.12). This regression, which uses the same covariates as the main linear regression specification, has properties that are desirable (relative to a linear regression model) when analyzing binary outcomes. We rely on Stata's margins command to approximate (from the estimated logistic regressions) the impact of POD.

3. Quantile regression analysis for estimating impacts on earnings, benefit amounts, and income

The effects of POD are unlikely to be uniform for enrollees with different levels of earnings, benefit amount, and income. Better understanding of the heterogeneity of impacts across the distribution might inform future policy that accounts for the variation in behavioral response. Because the main regression model estimates impacts only at the (conditional) mean of the outcome variable, we need a different approach if we wish to examine variation in impacts across the earnings, benefit amount, and income distributions.

We use quantile regression analysis (Koenker 2005) to estimate a family of quantile functions (Exhibit F.13). This analysis portrays a fuller picture of POD impacts on earnings, benefit amount, and income. Least-squares estimation is a convenient method for estimating impacts on the conditional mean of the outcome; quantile regression provides a similar convenient method for estimating impacts on the conditional quantile functions. As with least-square estimation, quantile regression uses all observations to arrive at its estimates, but instead of minimizing the sum of squared errors in a linear regression model, a quantile regression minimizes the sum of quantile-weighted absolute error values. With quantile regression, we can choose the point in the outcome distribution to estimate impacts, which we do at four quantiles and the median, that is, at the 20th, 40th, 50th, 60th, and 80th percentiles of the outcome distribution. We chose these quantiles because together they describe impacts across a wide swath of the distribution for each outcome. The quantile regressions use the same baseline covariates (in the same additive structure) as our main regression model. We estimate each quantile regression using all POD enrollees.

4. Impacts estimated without regression-adjustments

We report both simple (that is, non-regression-adjusted) and regression-adjusted differences in means for the primary outcomes (Exhibit F.14). Because of the randomized controlled design, the simple differences in means still constitute unbiased estimates of POD's impact, though they can be less precise. The simple difference in means also reveals whether any statistically significant findings from the main impact estimation are sensitive to regression adjustment.

5. Unweighted impact analysis to assess survey nonresponse bias

We took measures to investigate whether the survey nonresponse weights successfully rescale the survey respondents so that they reflect all POD enrollees. To do this, we rely on the primary

outcomes constructed using administrative data to test whether the impact estimates for all enrollees and nonresponse weight-adjusted survey respondents are similar. If they are similar, we can conclude that the survey nonresponse weights are successful in accomplishing their intended goal. The test statistic for each outcome is derived from the ratio of the difference in estimated impacts from the analyses involving all enrollees and survey-respondent enrollees to a combined standard error, a sample size-weighted combination of the standard errors of the two estimated impacts:

$$SE_{12} = \sqrt{([N_1/[N_1+N_2]] SE_1^2 + [N_2/[N_1+N_2]] SE_2^2)} \quad (3)$$

The estimated impacts are not significantly different when comparing the core impact estimate for all POD enrollees to the impact for the weighted survey sample (Exhibit F.19). Therefore, we can be confident that the impact estimates for secondary outcomes using survey data, which include only a subset of enrollees because of random sampling and survey nonresponse, are representative of the overall population of POD enrollees.

2. OUTCOME DESCRIPTIONS

In this section, we briefly describe each primary and secondary outcome we analyzed as part of the impact analysis. We expand on the summary of selected variables presented in Chapter VII. Here we present the full summary of variables for completeness, many of which overlap with the variables presented in the main text. We note the data source for each outcome in parentheses.

In Section 3 of Appendix F, we report the main impact estimates across various follow-up periods. These estimates appear in Exhibit F.1 and Exhibits F.7–F.9. We used the Gross Domestic Product deflator to adjust all monetary measures per our planned approach in the Design Report.

A. Primary outcomes

- **Average annual earnings (earnings reported to the IRS).** This continuous measure captures the total average annual earnings for the beneficiary as reported to the Internal Revenue Service (IRS) in calendar years 2019 and 2020.
- **Annualized SGA amount (earnings reported to the IRS).** This binary measure is captures whether average earnings reported to the IRS in 2019 and 2020 is higher than the annualized SGA amount (\$14,791 in 2019 dollars).¹⁵⁰
- **Average annual SSDI benefit amount (SSA program records).** This continuous measure captures the total average annual SSDI benefit amount due to the beneficiary for the 24 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 24-month period is adjusted to include January 2019 to December 2020.
- **Average total annual income (SSA program records).** This continuous measure is taken as the average annual sum of earnings, total SSDI benefit amounts due, and total Supplemental Security Income (SSI) payments due in 2019 and 2020.

B. Secondary outcomes

1. Annual versions of the primary outcomes

- **Earnings by calendar year (SSA program records).** These two continuous measures capture the total annual earnings for the beneficiary as reported to the IRS in calendar years 2019 and 2020.
- **Annualized SGA amount by calendar year (SSA program records).** These two binary measures indicate whether the beneficiary had total annual earnings (based on earnings reported to the IRS) above the annualized SGA amount in calendar years 2019 and 2020.

¹⁵⁰ The monthly non-blind SGA amount times 12 was \$14,640 in 2019 and \$14,941 in 2020 (after adjusting the 2020 threshold to 2019 dollars), so the two-year average was \$14,791 in 2019 dollars.

- **SSDI benefit amount by calendar year (SSA program records).** These two continuous measures capture the total annual SSDI benefit amount (in 2019 dollars) due to the beneficiary for 12 months and 13 to 24 months after enrollment in POD.
- **Total annual income by calendar year (SSA program records).** These two continuous measures are the sum of earnings, total SSDI benefit amounts due, and total SSI payments due in calendar years 2019 and 2020.

2. Employment-related outcomes

- **Any employment in past year (POD one- and two-year follow-up survey).** This binary measure indicates whether the beneficiary worked at a job for pay at any point in the 24 months after enrolling in POD. For the one-year follow-up survey, the binary measures work 1 to 12 months following enrollment. For the two-year follow-up survey, the binary measures work 13 to 24 months following enrollment.
- **Employed or actively searching for a job (POD one- and two-year follow-up survey).** This binary measure indicates whether the beneficiary either worked at a job for pay or looked for paid work at any point in the 24 months after enrolling in POD. For the one-year follow-up survey, the binary measures work 1 to 12 months following enrollment. For the two-year follow-up survey, the binary measures work 13 to 24 months following enrollment.
- **Any positive earnings (SSA program records).** These three binary measures indicate whether the total average annual beneficiary earnings, as reported to the IRS, for calendar year 2019, calendar year 2020, and calendar years 2019 and 2020 combined were more than \$0.
- **Monthly earnings at most recent job above the Trial Work Period (TWP) threshold (POD one- and two-year follow-up survey).** This binary measure indicates whether the beneficiary's reported earnings were above the TWP threshold: \$910 a month in 2020. For the one-year follow-up survey, beneficiaries reported their typical earnings at their most recent job in months 1 to 12 following enrollment, as well as the frequency with which they were paid. For the two-year follow-up survey, beneficiaries reported their typical earnings at their most recent job in months 13 to 24 following enrollment, as well as the frequency with which they were paid. We calculated an estimated monthly earnings amount based on the frequency with which the beneficiary was paid. For those paid hourly, we multiplied the hourly earnings by the number of hours typically worked in a week and the 4.33 weeks in an average month. For those paid daily, we multiplied the daily earnings by 5 days per week and the 4.33 weeks in an average month. For those paid weekly, we multiplied weekly earnings by the 4.33 weeks in an average month. For those paid biweekly, we divided by two to get weekly earnings then multiplied by the 4.33 weeks in an average month. For those paid bi-monthly, we multiplied bi-monthly earnings by two. For those paid monthly, we kept the monthly earnings as reported. For those paid annually, we divided annual earnings by 12. For those paid at another, unspecified frequency, we treated the information as missing because it could not be readily converted to a monthly number. For the one-year follow-up survey, earnings were compared as follows: For those who completed surveys on or after July 1, 2019, for whom the majority of the 12-month lookback period includes

2019, we compared earnings against the 2019 TWP threshold (\$880). For those who completed surveys before July 1, 2019, for whom the majority of the 12-month lookback period includes 2018, we compared earnings against the 2018 TWP threshold (\$850). For the two-year follow-up survey, earnings were compared as follows: For those who completed surveys on or after July 1, 2020, and for whom the majority of the 12-month lookback period includes 2020, we compared earnings against the 2020 TWP threshold (\$910). For those who completed surveys before July 1, 2020, and for whom the majority of the 12-month lookback period includes 2019, we compared earnings against the 2019 TWP threshold (\$880). If the beneficiary reported being employed but had missing information to calculate total earnings, we used multiple imputation to fill in their earnings when constructing this measure, subsequently comparing imputed earnings to the TWP threshold.

- **Monthly earnings at most recent job above SGA amount (POD one- and two-year follow-up survey).** This binary measure indicates whether the beneficiary's reported earnings were above the SGA amount (\$1,260 in 2020). For the one-year follow-up survey, beneficiaries reported their typical earnings at their most recent job in months 1 to 12 following enrollment, as well as the frequency with which they were paid. For the two-year follow-up survey, beneficiaries reported their typical earnings as their most recent job in months 13 to 24 following enrollment, as well as the frequency with which they were paid. We calculated an estimated monthly earnings amount based on the frequency with which the beneficiary was paid. For those paid hourly, we multiplied the hourly earnings by the number of hours typically worked in a week and the 4.33 weeks in an average month. For those paid daily, we multiplied the daily earnings by 5 days per week and the 4.33 weeks in an average month. For those paid weekly, we multiplied weekly earnings by the 4.33 weeks in an average month. For those paid bi-weekly, we divided by two to get weekly earnings then multiplied by the 4.33 weeks in an average month. For those paid bi-monthly, we multiplied bi-monthly earnings by two. For those paid monthly, we kept the monthly earnings as reported. For those paid annually, we divided annual earnings by 12. For those paid at another, unspecified frequency, we treated the information as missing because it could not be readily converted to a monthly number. If the beneficiary reported being employed but had missing information to calculate their total earnings, we used multiple imputation to fill in their earnings when constructing this measure, subsequently comparing imputed earnings to the SGA amount. For the one-year follow-up survey, earnings were compared as follows: For those who completed surveys on or after July 1, 2019, for whom the majority of the 12-month lookback period includes 2019, we compared earnings against the 2019 SGA amount (\$1,220). For those who completed surveys before July 1, 2019, for whom the majority of the 12-month lookback period includes 2018, we compared earnings against the 2018 SGA amount (\$1,180). For the two-year follow-up survey, earnings were compared as follows: For those who completed surveys on or after July 1, 2020, and for whom the majority of the 12-month lookback period includes 2020, we compared earnings against the 2020 SGA amount (\$1,260). For those who completed surveys before July 1, 2020, and for whom the majority of the 12-month lookback period includes 2019, we compared earnings against the 2019 SGA amount (\$1,220).

- **Annual earnings above more than two times the annualized SGA amount (earnings reported to the IRS).** These three binary measures indicate whether the beneficiary had total average annual earnings in calendar year 2019, calendar year 2020, and calendar years 2019 and 2020 combined above two times the annualized SGA amount. In all years, this was the monthly non-blind SGA amount times 12: \$14,640 in 2019 and \$14,941 in 2020, so that two times the average annualized SGA amount is \$29,581. This measure is based on earnings reported to the IRS in 2019 and 2020.
- **Annual earnings above more than three times the annualized SGA amount (earnings reported to the IRS).** These three binary measures indicate whether the beneficiary had total average annual earnings in calendar year 2019, calendar year 2020, and calendar years 2019 and 2020 combined above three times the annualized SGA amount. In all years, this was the monthly non-blind SGA amount times 12: \$14,640 in 2019 and \$14,941 in 2020, so that three times the average annualized SGA amount is \$44,372. This measure is based on earnings reported to the IRS in 2019 and 2020.
- **Hours worked per week at most recent job (POD one- and two-year follow-up survey).** This continuous measure captures the beneficiary's average hours worked per week at the most recent job. For the one-year follow-up survey, the continuous measures work 1 to 12 months following enrollment. For the two-year follow-up survey, the continuous measures work 13 to 24 months following enrollment. If the beneficiary reported being employed but did not report hours, we used multiple imputation to fill in the missing hours information when constructing this measure.
- **Any benefits offered at most recent job and specific benefits offered at most recent job (POD one- and two-year follow-up survey).** This binary measure indicates whether the beneficiary was offered any fringe benefits at his or her most recent job. For the one-year follow-up survey, the binary measures work 1 to 12 months following enrollment. For the two-year follow-up survey, the binary measures work 13 to 24 months following enrollment. The survey included nine types of fringe benefits: (1) health insurance, (2) dental benefits, (3) paid sick days, (4) paid vacation, (5) free or low-cost child care, (6) transportation benefits, (7) disability benefits, (8) pension or retirement benefits, and (9) flexible health or dependent care spending accounts. If the beneficiary reported being employed but did not report information on fringe benefits, we used multiple imputation to estimate whether they were offered each benefit type before aggregating across all benefit types to fill in this missing information. We use the same approach to create indicators for each specific type of fringe benefits.
- **Most recent employer made accommodations for physical or mental conditions (POD one- and two-year follow-up survey).** This binary measure indicates whether the beneficiary's most recent employer made accommodations for physical or mental conditions. For the one-year follow-up survey, the binary measures work 1 to 12 months following enrollment. For the two-year follow-up survey, the binary measures work 13 to 24 months following enrollment. If the beneficiary reported being employed but did not report information on recent accommodations, we used multiple imputation to fill in the missing information when constructing this measure.
- **Applied for Vocational Rehabilitation (VR) services (VR program records).** These three binary measures indicate whether the beneficiary applied for VR services in the 12

months, 13 to 24 months, and 24 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 24-month period is adjusted to include January 2019 to December 2020.

- **Received VR services (VR program records).** These three binary measures indicate whether the beneficiary received VR services in the 12 months, 13 to 24 months, and 24 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 24-month period is adjusted to include January 2019 to December 2020. Beneficiaries are considered to have received VR services if they had a signed individualized plan of employment after enrolling in POD.
- **Had successful VR closure with employment (VR program records).** These three binary measures indicate whether the beneficiary had a successful VR closure with employment in the 12 months, 13 to 24 months, and 24 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 24-month period is adjusted to include January 2019 to December 2020.
- **Assigned ticket to any Employment Network (EN) service (SSA program records).** These three binary measures indicate whether the beneficiary had a ticket assigned to any EN in the 12 months, 13 to 24 months, and 24 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 24-month period is adjusted to include January 2019 to December 2020.
- **Amount of payments under Ticket-to-Work (TTW) payment systems (SSA program records).** These three continuous measures capture the average annual total dollar amount of payments made under TTW payment systems in the 12 months, 13 to 24 months, and 24 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 24-month period is adjusted to include January 2019 to December 2020. This measure includes payments made under both milestone and outcome payments to ENs as well as total payments made to state VR agencies under the VR reimbursement management system.

3. Disability-benefit-related outcomes

- **SSDI benefit months (SSA program records).** We created three count measures of the number of months the beneficiary had a positive SSDI benefit amount due following enrollment in POD. The measures describe the 12 months, 13 to 24 months, and 24 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 24-month period is adjusted to include January 2019 to December 2020.
- **SSDI suspension or termination months (SSA program records).** We created three count measures of the number of months the beneficiary had SSDI benefits suspended or terminated because of work following enrollment in POD. The measures describe the 12 months, 13 to 24 months, and 24 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in POD in January 2019, the 24-month period is adjusted to include January 2019 to December 2020. For treatment group members, the measures capture the number of months that a beneficiary had benefits fully offset to \$0. For control group members, the measures capture whether benefits were suspended or terminated because of work.

- **SSDI benefit amount in 2019 and 2020 (SSA program records).** These three continuous measures capture the average annual total SSDI benefit amount (in 2019 dollars) due to the beneficiary in calendar year 2019, calendar year 2020, and calendar years 2019 and 2020 combined. These measures are used as inputs to the primary outcome for total annual income.
- **SSDI overpayment amount (SSA program records).** This measure describes the average monthly benefit amount a beneficiary was overpaid for work. Positive values indicate that the beneficiary was overpaid, whereas values of \$0 indicate no overpayments. This variable is an average across all months from the month after POD enrollment until either December 2019 or the month the beneficiary withdrew from POD, whichever occurred first.
- **Any overpayment (SSA program records).** This measure captures whether a beneficiary was overpaid due to work. For treatment group members, this variable captures any overpayments under POD rules from the time of enrollment to the end of December 2019. For control group members, this variable captures any overpayments under current SSDI rules from the time of enrollment to the end of December 2019. About 0.5 percent of treatment group members withdrew from POD and were not overpaid while enrolled in POD but subsequently had an overpayment while subject to current rules. Such beneficiaries were not considered overpaid under POD rules.
- **Overpayment amount (SSA program records).** This measure captures the total amount a beneficiary was overpaid due to work. For treatment group members, this variable captures total overpayments under POD rules from the time of enrollment to the end of December 2019. For control group members, this variable captures total overpayments under current SSDI rules from the time of enrollment to the end of December 2019. About 0.5 percent of treatment group members withdrew from POD and were not overpaid while enrolled in POD but subsequently had an overpayment while subject to current rules. Post-withdraw overpayments were not included in the overpayment amount.
- **Underpayment amount (SSA program records).** This measure captures the total amount a beneficiary was underpaid due to work. For treatment group members, this variable captures total underpayments under POD rules from the time of enrollment to the end of December 2019. For control group members, this variable captures total underpayments under current SSDI rules from the time of enrollment to the end of December 2019. Post-withdraw underpayments were not included in the underpayment amount.
- **SSI payment months (SSA program records).** We created three count measures of the number of months the beneficiary had a positive SSI payment due following enrollment in POD. The measures describe the 12 months, 13 to 24 months, and 24 months just after enrollment. For about 2 percent of beneficiaries who enrolled in January 2019, the 24-month period is adjusted to include January 2019 to December 2020.
- **SSI suspension or termination months (SSA program records).** We created three count measures of the number of months the beneficiary had their SSI payments suspended or terminated because of work following enrollment in POD. The measures

describe the 12 months, 13 to 24 months, and 24 months just after enrollment. For about 2 percent of beneficiaries who enrolled in January 2019, the 24-month period is adjusted to include January 2019 to December 2020.

- **SSI payment amount after enrolling in POD (SSA program records).** These three continuous measures capture the total average annual SSI payments (in 2019 dollars) due to the beneficiary for the 12 months, 13 to 24 months, and 24 months just after enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 24-month period is adjusted to include January 2019 to December 2020.
- **SSI payment amount in 2019 and 2020 (SSA program records).** These three continuous measures capture the total average annual SSI payments (in 2019 dollars) due to the beneficiary in calendar year 2019, calendar year 2020, and calendar years 2019 and 2020 combined. These measures are used as inputs to the primary outcome for total annual income.

4. Other outcomes

- **Physical health aggregate score (POD one- and two-year follow-up survey).** This continuous measure captures a beneficiary's physical health based on a set of questions that make up the 12-item Short Form Survey developed from the Medical Outcomes Study (Hays et al. 1995). To create the score, we first constructed standardized z-scores for a variety of subscales that combine several of the measures, then use weighting measures to create an aggregate score for physical health. In doing this calculation, we followed the scoring process, including using weights and general population means and standard deviations, described by researchers at UCLA.¹⁵¹
- **Mental health aggregate score (POD one- and two-year follow-up survey).** This continuous measure captures a beneficiary's mental health based on a set of questions that make up the 12-item Short Form Survey developed from the Medical Outcomes Study (Hays et al. 1995). To create the score, we first constructed standardized z-scores for a variety of subscales that combine several of the measures, then use weighting measures to create an aggregate score for mental health. In doing this calculation, we followed the scoring process, including using weights and general population means and standard deviations, described by researchers at UCLA.¹¹
- **Beneficiary has any health insurance coverage (POD one- and two-year follow-up survey).** This binary measure indicates whether the beneficiary had any health insurance coverage at the time of the POD two-year follow-up survey. The survey did not include an option to check that the beneficiary had no coverage. Therefore, we treated those who did not answer the question at all as not having health insurance, because this would be the only way to convey accurately that the beneficiary had none.
- **Beneficiary has Medicare coverage (POD one- and two-year follow-up survey).** This binary measure indicates whether the beneficiary had Medicare coverage at the time of the POD two-year follow-up survey.

¹⁵¹ The scoring process is at <https://labs.dgsom.ucla.edu/hays/files/view/docs/programs-utilities/sf12v2-1.sas.txt>.

- **Beneficiary has Medicaid coverage (POD one- and two-year follow-up survey).** This binary measure indicates whether the beneficiary had Medicaid coverage at the time of the POD two-year follow-up survey.
- **Beneficiary has private insurance coverage (POD one- and two-year follow-up survey).** This binary measure indicates whether the beneficiary had private insurance coverage at the time of the POD two-year follow-up survey. The types of private insurance coverage explicitly considered include private insurance through one's own employer or through a spouse/partner/parent or paid for by self or family, as well as a private disability insurance plan paid by self or family.
- **Beneficiary has any other insurance coverage (POD one- and two-year follow-up survey).** This binary measure indicates whether the beneficiary had any other insurance coverage at the time of the POD two-year follow-up survey. The types of other insurance coverage explicitly considered include Tricare, Indian Health Service, a state program other than Medicaid, and any other plan specified by the respondent.
- **Total family income (POD one- and two-year follow-up survey).** This continuous measure captures the combined total income of all members of the household during the last calendar year. If beneficiaries could not provide a specific dollar estimate, they were asked to provide a rough range in \$10,000 increments (if less than \$50,000) or to indicate if total income was \$50,000 or more. If beneficiaries did provide these ranges, we used the midpoint of the range as the estimated total income (for example, if the response indicated income less than \$10,000, then we used \$5,000 for total income). If beneficiaries answered \$50,000 or more, we used \$55,000 as the income estimate.
- **Beneficiary received any income and specific income types from supplemental government sources (POD one- and two-year follow-up survey).** This binary measure indicates whether the beneficiary received any income from supplemental government sources in the month before the POD two-year follow-up survey. The survey included 10 types of supplemental government sources: (1) veterans' benefits, (2) public assistance or welfare payments, (3) workers' compensation, (4) employer-provided or other disability insurance, (5) unemployment benefits, (6) government employee or private pensions, (7) disability insurance for a disabled adult child, (8) Supplemental Nutrition Assistance Program benefits, (9) housing assistance, or (10) other government assistance. We created indicators for each specific type of income.

3. TABLES WITH ESTIMATED IMPACTS OF POD

All estimated impacts of POD are in the exhibits below. We present the impact estimates from contrasting the combined treatment groups with the control group in Exhibits F.1–F.14. Exhibit F.1 describes impacts for the primary outcomes and annual versions of the primary outcomes. Exhibits F.2–F.6 report subgroup-level impacts for the primary outcomes. We show the remaining secondary outcomes in Exhibits F.7–F.9. Exhibits F.10 and F.11 contain impact estimates for specific states and an equal weighting of states, respectively. Exhibits F.12–F.15 describe the results of three additional robustness checks we conducted to confirm the main results. We present estimated impacts from pairwise contrasts of T1, T2, and control groups in Exhibits F.16–F.19.

Exhibit F.1. Impacts of POD on the primary outcomes and annual versions of the primary outcomes

	Mean for study group		Impact estimate	Sample sizes	
	T	C	T vs. C	T	C
Average earnings					
Average annual earnings, 2019-2020 (\$)	5,022	4,954	68 (198)	6,700	3,370
Annual earnings, 2019 (\$)	4,984	4,992	-8 (197)	6,700	3,370
Annual earnings, 2020 (\$)	5,059	4,916	143 (225)	6,700	3,370
Annualized SGA amount					
Annualized SGA amount, 2019-2020	11.0	10.0	1.0* (0.6)	6,700	3,370
Annualized SGA amount, 2019	11.3	11.2	0.1 (0.6)	6,700	3,370
Annualized SGA amount, 2020	11.3	10.7	0.6	6,700	3,370
SSDI benefit amount					
Average annual SSDI benefit amount, first two years after enrolling in POD (\$)	11,870	11,725	145 (105)	6,700	3,370
Annual SSDI benefit amount, first year after enrolling in POD (\$)	11,993	11,895	98 (102)	6,700	3,370
Annual SSDI benefit amount, second year after enrolling in POD (\$)	11,747	11,554	192* (114)	6,700	3,370
Annual income					
Average annual income, 2019-2020 (\$)	16,775	16,548	228 (195)	6,700	3,370
Annual income, 2019 (\$)	17,327	17,221	106 (193)	6,700	3,370
Annual income, 2020 (\$)	16,223	15,874	349 (221)	6,700	3,370

Exhibit F.1 (continued)

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data and SSA program records.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. Members of the T1 and T2 groups are combined into one treatment group. The impact estimate is the difference between means for the treatment and control groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars. Annualized SGA amount is an indicator for having total earnings above the annualized SGA amount. For 2019 and 2020, the measure reflects whether the beneficiary exceeded the annualized SGA amounts in that year. For the combination of 2019 and 2020, the measure captures whether the beneficiaries' average earnings over 2019 and 2020 exceeds the annualized SGA amount over the full two-year period. All outcomes are measured using calendar years. The exception is that SSDI benefit amounts are measured using years after POD enrollment.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

[\[Return to Exhibit VII.1\]](#)

[\[Return to Exhibit VII.2\]](#)

Exhibit F.2. Impacts of POD on the primary outcomes, by work expectation at POD enrollment

	Expected to work at POD enrollment			Did not expect to work at POD enrollment			<i>p</i> -value of difference
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate	
Sample size	4,133	2,062		2,567	1,308		
Annual earnings (\$)	7,268	7,328	-60 (306)	1,437	1,211	226 (158)	0.408
Annualized SGA amount	16.3	15.4	1.0 (0.9)	2.6	1.6	1.0** (0.5)	0.945
Annual SSDI benefit amount (\$)	11,587	11,356	230 (141)	12,319	12,305	14 (155)	0.302
Annual income (\$)	18,706	18,514	191 (290)	13,693	13,448	245 (204)	0.880

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data, SSA program records, the POD baseline survey.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. Members of the T1 and T2 groups are combined into one treatment group. POD enrollees are divided into two subgroups based on their work expectation at POD enrollment. Those with missing employment status (91 people) are assumed to expect to work as that was the more common response. The impact estimate is the difference between means for the treatment and control groups among those with that characteristic. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars. The *p*-value of difference come from a test of whether the impact estimate for those who expected to work at POD enrollment is equal to the impact estimate for those who did not expect to work at POD enrollment. Annualized SGA amount captures whether the beneficiaries' average earnings over 2019 and 2020 exceeds the annualized SGA amount over the full two-year period. All outcomes are measured using calendar years. The exception is that SSDI benefit amounts are measured using years after POD enrollment.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

[\[Return to Exhibit VII.3\]](#)

Exhibit F.3. Impacts of POD on the primary outcomes, by employment status at POD enrollment

	Employed at POD enrollment			Not employed at POD enrollment			<i>p</i> -value of difference
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate	
Sample size	1,531	810		5,169	2,560		
Annual earnings (\$)	13,120	13,581	-462 (647)	2,523	2,224	298* (156)	0.253
Annualized SGA amount	29.9	29.0	0.9 (1.8)	5.2	4.0	1.2** (0.5)	0.892
Annual SSDI benefit amount (\$)	10,668	10,337	330 (266)	12,239	12,164	75 (110)	0.375
Annual income (\$)	23,507	23,608	-101 (596)	14,697	14,314	383** (171)	0.436

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data, SSA program records and the POD baseline survey.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. Members of the T1 and T2 groups are combined into one treatment group. POD enrollees are divided into two subgroups based on their employment status at POD enrollment. Those with missing employment status (95 people) are assumed to be not employed at POD enrollment as that was the more common response. The impact estimate is the difference between means for the treatment and control groups among those with that characteristic. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars. The *p*-value of difference come from a test of whether the impact estimate for those who were employed at POD enrollment is equal to the impact estimate for those who were not employed at POD enrollment. Annualized SGA amount captures whether the beneficiaries' average earnings over 2019 and 2020 exceeds the annualized SGA amount over the full two-year period. All outcomes are measured using calendar years. The exception is that SSDI benefit amounts are measured using years after POD enrollment. SSDI benefit amounts are expressed as an annual average across the first two years after POD enrollment.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

[\[Return to Exhibit VII.3\]](#)

Exhibit F.4. Impacts of POD on the primary outcomes, by level of education at POD enrollment

	More than high school			Completed high school or less			<i>p</i> -value of difference
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate	
Sample size	2,631	1,287		4,069	2,083		
Annual earnings (\$)	6,298	6,153	145 (392)	4,225	4,213	12 (210)	0.765
Annualized SGA amount	13.9	12.6	1.3 (1.0)	9.3	8.4	0.8 (0.7)	0.708
Annual SSDI benefit amount (\$)	13,096	13,191	-94 (195)	11,114	10,819	295** (118)	0.088
Annual income (\$)	19,005	18,971	34 (380)	15,390	15,051	340 (208)	0.482

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data, SSA program records, and the POD baseline survey.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. Members of the T1 and T2 groups are combined into one treatment group. POD enrollees are divided into two subgroups based on their educational attainment at POD enrollment. Those with missing educational attainment (290 people) are assumed to have completed high school or less as that was the more common response. The impact estimate is the difference between means for the treatment and control groups among those with that characteristic. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars. The *p*-value of difference come from a test of whether the impact estimate for those who completed more than high school is equal to the impact estimate for those who completed high school or less. Annualized SGA amount captures whether the beneficiaries' average earnings over 2019 and 2020 exceeds the annualized SGA amount over the full two-year period. All monetary values are in 2019 dollars. Annual earnings and income are averages across the calendar years 2019 and 2020. SSDI benefit amounts are expressed as an annual average across the first two years after POD enrollment.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

[\[Return to Exhibit VII.3\]](#)

Exhibit F.5. Impacts of POD on the primary outcomes, by age at POD enrollment

	Age less than 50			Age 50 and older			<i>p</i> -value of difference
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate	
Sample size	3,255	1,660		3,445	1,710		
Annual earnings (\$)	6,294	6,186	108 (307)	3,814	3,758	56 (252)	0.896
Annualized SGA amount	14.5	12.7	1.8* (0.9)	7.8	7.4	0.4 (0.7)	0.229
Annual SSDI benefit amount (\$)	10,915	10,656	259* (143)	12,773	12,762	11 (155)	0.241
Annual income (\$)	17,158	16,756	401 (293)	16,403	16,345	58 (259)	0.380

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data and SSA program records.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. Members of the T1 and T2 groups are combined into one treatment group. POD enrollees are divided into two subgroups based on their age at POD enrollment. The impact estimate is the difference between means for the treatment and control groups among those with that characteristic. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as several additional control variables. We did not include a control for age because it would be collinear with the subgroup characteristic. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars. The *p*-value of difference come from a test of whether the impact estimate for those aged less than 50 is equal to the impact estimate for those aged 50 and older. Annualized SGA amount captures whether the beneficiaries' average earnings over 2019 and 2020 exceeds the annualized SGA amount over the full two-year period. Annual earnings and income are averages across the calendar years 2019 and 2020. SSDI benefit amounts are expressed as an annual average across the first two years after POD enrollment.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

[\[Return to Exhibit VII.3\]](#)

Exhibit F.6. Impacts of POD on the primary outcomes, by primary impairment

	Mental			Musculoskeletal			Other			<i>p</i> -value of difference
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate	
Sample size	2,547	1,315		1,346	689		2,807	1,366		
Annual earnings (\$)	4,944	4,596	348 (285)	4,540	4,605	-64 (437)	5,362	5,475	-112 (340)	0.525
Annualized SGA amount	11.0	9.4	1.6* (0.9)	9.1	8.7	0.4 (1.1)	12.2	11.3	0.8 (1.0)	0.671
Annual SSDI benefit amount (\$)	11,192	10,893	299* (157)	12,713	12,538	175 (237)	12,096	12,115	-19 (174)	0.398
Annual income (\$)	16,246	15,548	697** (283)	17,013	16,897	116 (421)	17,186	17,334	-147 (335)	0.139

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data and SSA program records.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. Members of the T1 and T2 groups are combined into one treatment group. POD enrollees are divided into three subgroups based on their primary impairment at POD enrollment. The impact estimate is the difference between means for the treatment and control groups among those with that characteristic. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, and reported earnings over \$1,000 in the baseline survey, as well as several additional control variables. We did not include a control for selected impairments because it would be collinear with the subgroup characteristic. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars. The *p*-value of difference come from a test of whether the impact estimate for those mental, musculoskeletal, or other impairments are jointly equal. Annualized SGA amount captures whether the beneficiaries' average earnings over 2019 and 2020 exceeds the annualized SGA amount over the full two-year period. Annual earnings and income are averages across the calendar years 2019 and 2020. SSDI benefit amounts are expressed as an annual average across the first two years after POD enrollment.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

[\[Return to Exhibit VII.3\]](#)

Exhibit F.7. Impacts of POD on employment-related secondary outcomes

	Mean for study group		Impact estimate	Sample sizes	
	T	C	T vs. C	T	C
Employment related outcomes					
Any employment in past year, Y1 survey	36.6	34.1	2.5* (1.4)	2,626	1,430
Any employment in past year, Y2 survey	34.5	33.5	1.0 (1.0)	5,043	2,799
Employed or actively searching for a job, Y1 survey	57.8	54.0	3.8** (1.5)	2,635	1,437
Employed or actively searching for a job, Y2 survey	53.5	50.9	2.6** (1.1)	5,061	2,806
Earnings related outcomes					
Any positive earnings, 2019-2020 (SSA program records)	46.0	45.0	1.0 (0.9)	6,700	3,370
Any positive earnings, 2019 (SSA program records)	40.9	39.5	1.4 (0.9)	6,700	3,370
Any positive earnings, 2020 (SSA program records)	36.8	36.1	0.7 (0.9)	6,700	3,370
Earnings at most recent job above TWP threshold, Y1 survey ^a	22.1	21.5	0.5 (1.2)	2,626	1,430
Earnings at most recent job above TWP threshold, Y2 survey ^a	22.1	21.1	1.0 (0.9)	5,043	2,799
Earnings at most recent job above SGA threshold, Y1 survey ^a	15.5	14.1	1.4 (1.1)	2,626	1,430
Earnings at most recent job above SGA threshold, Y2 survey ^a	17.2	15.5	1.7** (0.8)	5,043	2,799
Average annual earnings more than two times the annualized SGA amount, 2019-2020 (SSA program records)	3.8	4.2	-0.3 (0.4)	6,700	3,370

Exhibit F.7 (continued)

	Mean for study group		Impact estimate	Sample sizes	
	T	C	T vs. C	T	C
Annual earnings more than two times the annualized SGA amount, 2019 (SSA program records)	4.0	3.9	0.1 (0.4)	6,700	3,370
Annual earnings more than two times the annualized SGA amount, 2020 (SSA program records)	4.9	4.8	0.0 (0.4)	6,700	3,370
Average annual earnings more than three times the annualized SGA amount, 2019-2020 (SSA program records)	1.4	1.5	-0.0 (0.2)	6,700	3,370
Annual earnings more than three times the annualized SGA amount, 2019 (SSA program records)	1.3	1.6	-0.3 (0.2)	6,700	3,370
Annual earnings more than three times the annualized SGA amount, 2020 (SSA program records)	1.9	1.9	-0.0 (0.3)	6,700	3,370
Hours and other work-related outcomes					
Hours worked per week at most recent job, Y1 survey ^a	8.8	8.2	0.5 (0.4)	2,626	1,430
Hours worked per week at most recent job, Y2 survey ^a	8.4	8.0	0.4 (0.3)	5,043	2,799
Any benefits offered at most recent job, Y1 survey ^a	17.9	18.2	-0.3 (1.1)	2,626	1,430
Any benefits offered at most recent job, Y2 survey ^a	18.9	17.4	1.5* (0.8)	5,043	2,799
Health insurance, Y1 survey ^a	11.4	11.1	0.3 (1.0)	2,626	1,430
Health insurance, Y2 survey ^a	12.3	11.7	0.6 (0.7)	5,043	2,799
Dental benefits, Y1 survey ^a	9.5	9.8	-0.3 (0.9)	2,626	1,430
Dental benefits, Y2 survey ^a	10.4	9.6	0.8 (0.7)	5,043	2,799
Paid sick days, Y1 survey ^a	6.9	7.7	-0.8	2,584	1,404

Exhibit F.7 (continued)

	Mean for study group		Impact estimate	Sample sizes	
	T	C	T vs. C	T	C
			(0.8)		
Paid sick days, Y2 survey ^a	7.8	7.8	0.0 (0.6)	5,043	2,799
Paid vacation, Y1 survey ^a	10.2	10.6	-0.4 (0.9)	2,626	1,430
Paid vacation, Y2 survey ^a	11.1	9.7	1.4** (0.7)	5,043	2,799
Free or low-cost childcare, Y1 survey ^a	1.0	0.9	0.1 (0.3)	2,626	1,430
Free or low-cost childcare, Y2 survey ^a	1.2	1.5	-0.2 (0.3)	5,043	2,799
Transportation benefits, Y1 survey ^a	2.4	2.9	-0.6 (0.6)	2,626	1,430
Transportation benefits, Y2 survey ^a	3.2	2.9	0.3 (0.4)	5,043	2,799
Disability benefits, Y1 survey ^a	7.7	8.5	-0.8 (0.8)	2,626	1,430
Disability benefits, Y2 survey ^a	8.5	8.2	0.3 (0.6)	5,043	2,799
Pension or retirement benefits, Y1 survey ^a	9.0	9.2	-0.1 (0.9)	2,626	1,430
Pension or retirement benefits, Y2 survey ^a	9.7	8.8	0.8 (0.7)	5,043	2,799
Flexible health or dependent care spending accounts, Y1 survey ^a	4.6	4.7	-0.2 (0.7)	2,626	1,430
Flexible health or dependent care spending accounts, Y2 survey ^a	4.7	4.9	-0.2 (0.5)	5,043	2,799
Most recent employer made accommodations for physical or mental conditions, Y1 survey ^a	11.2	11.0	0.2 (1.0)	2,626	1,430

Exhibit F.7 (continued)

	Mean for study group		Impact estimate	Sample sizes	
	T	C	T vs. C	T	C
Most recent employer made accommodations for physical or mental conditions, Y2 survey ^a	11.2	12.0	-0.9 (0.7)	5,043	2,799
Vocational Rehabilitation-related outcomes					
Applied for VR services, first two years after enrolling in POD (VR program records)	4.0	2.8	1.3*** (0.4)	6,700	3,370
Applied for VR services, first year after enrolling in POD (VR program records)	3.3	2.3	1.1*** (0.3)	6,700	3,370
Applied for VR services, second year after enrolling in POD (VR program records)	0.8	0.6	0.2 (0.2)	6,700	3,370
Received VR services, first two years after enrolling in POD (VR program records)	4.8	4.0	0.7* (0.4)	6,700	3,370
Received VR services, first year after enrolling in POD (VR program records)	3.8	3.3	0.6 (0.4)	6,700	3,370
Received VR services, second year after enrolling in POD (VR program records)	1.0	0.9	0.1 (0.2)	6,700	3,370
Had successful VR closure with employment, first two years after enrolling in POD (VR program records)	1.8	1.4	0.4 (0.3)	6,700	3,370
Had successful VR closure with employment, first year after enrolling in POD (VR program records)	1.3	1.0	0.2 (0.2)	6,700	3,370
Had successful VR closure with employment, second year after enrolling in POD (VR program records)	0.5	0.4	0.2 (0.1)	6,700	3,370
Ticket to Work-related outcomes					
Assigned ticket to any EN service, first two years after enrolling in POD (SSA program records)	15.8	15.3	0.5 (0.7)	6,700	3,370
Assigned ticket to any EN service, first year after enrolling in POD (SSA program records)	13.7	12.8	0.9 (0.7)	6,700	3,370
Assigned ticket to any EN service, second year after enrolling in POD (SSA program records)	12.4	12.6	-0.2 (0.7)	6,700	3,370

Exhibit F.7 (continued)

	Mean for study group		Impact estimate	Sample sizes	
	T	C	T vs. C	T	C
Average amount of payments under TTW payment systems, first two years after enrolling in POD (SSA program records)	53	55	-3 (10)	6,700	3,370
Amount of payments under TTW payment systems, first year after enrolling in POD (SSA program records)	52	60	-8 (11)	6,700	3,370
Amount of payments under TTW payment systems, second year after enrolling in POD (SSA program records)	54	50	3 (12)	6,700	3,370

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data, SSA program records and the POD one- and two-year follow-up surveys.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Unless otherwise noted, all data are from the POD one- and two-year follow-up surveys. Data are complete for every outcome from SSA program records. Data from the POD follow-up surveys can be missing owing to item-level non-response. Data from the POD follow-up surveys are therefore weighted using survey non-response weights. Members of the T1 and T2 groups are combined into one treatment group. The impact estimate is the difference between means for the treatment and control groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

^a Comes from a model that uses multiple imputation to impute outcomes values for those who had missing information conditional on reporting any employment in the past year. As discussed in Section F.1.b of this appendix, without multiple imputation, these estimates would be biased.

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Exhibit F.8. Impacts of POD on SSA disability benefit-related secondary outcomes

	Mean for study group		Impact estimate	Sample sizes	
	T	C	T vs. C	T	C
SSDI related outcomes					
Benefit months, first two years after enrolling in POD	22.6	21.6	1.0*** (0.1)	6,700	3,370
Benefit months, first year after enrolling in POD	11.5	11.0	0.5*** (0.1)	6,700	3,370
Benefit months, second year after enrolling in POD	11.1	10.6	0.5*** (0.1)	6,700	3,370
Suspension or termination months, first two years after enrolling in POD	0.4	1.6	-1.1*** (0.1)	6,700	3,370
Suspension or termination months, first year after enrolling in POD	0.2	0.7	-0.5*** (0.0)	6,700	3,370
Suspension or termination months, second year after enrolling in POD	0.2	0.8	-0.6*** (0.0)	6,700	3,370
Average annual benefit amount, 2019-2020 (\$)	11,297	11,155	143 (104)	6,700	3,370
Annual benefit amount, 2019 (\$)	11,860	11,763	97 (106)	6,700	3,370
Annual benefit amount, 2020 (\$)	10,734	10,546	188* (107)	6,700	3,370
Any overpayment, 2018-2019	19.9	7.0	12.8*** (0.6)	6,700	3,370
Overpayment amount, 2018-2019 (\$)	328	616	-288*** (50)	6,700	3,370
Any underpayment, 2018-2019	11.3	1.8	9.5*** (0.4)	6,700	3,370
Underpayment amount, 2018-2019 (\$)	157	70	87*** (16)	6,700	3,370

	Mean for study group		Impact estimate	Sample sizes	
	T	C	T vs. C	T	C
SSI related outcomes					
Payment months, first two years after enrolling in POD	3.8	3.8	0.0 (0.1)	6,700	3,370
Payment months, first year after enrolling in POD	2.0	1.9	0.0 (0.0)	6,700	3,370
Payment months, second year after enrolling in POD	1.9	1.9	0.0 (0.1)	6,700	3,370
Suspension or termination months, first two years after enrolling in POD	0.5	0.4	0.1 (0.1)	6,700	3,370
Suspension or termination months, first year after enrolling in POD	0.2	0.2	0.0 (0.0)	6,700	3,370
Suspension or termination months, second year after enrolling in POD	0.2	0.2	0.0 (0.0)	6,700	3,370
Average payment amount, first two years after enrolling in POD (\$) ^a	467	464	2 (20)	6,700	3,370
Payment amount, first year after enrolling in POD (\$) ^a	472	472	1 (20)	6,700	3,370
Payment amount, second year after enrolling in POD (\$) ^a	461	457	4 (21)	6,700	3,370
Average annual payment amount, 2019-2020 (\$)	442	439	3 (19)	6,700	3,370
Annual payment amount, 2019 (\$)	470	466	4 (20)	6,700	3,370
Annual payment amount, 2020 (\$)	415	412	2 (19)	6,700	3,370

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data and SSA program records.

Note: Data are complete for every outcome; there are no missing values. Members of the T1 and T2 groups are combined into one treatment group. The impact estimate is the difference between means for the treatment and control groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as

several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

^a The analogous outcome for SSDI benefits in the year after enrolling in POD is presented as a primary outcome (see Appendix Exhibit F.1).

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Exhibit F.9. Impacts of POD on other secondary outcomes

	Mean for study group		Impact estimate	Sample sizes	
	T	C	T vs. C	T	C
Physical health aggregate score, Y1 survey ^a	33.9	34.2	-0.3 (0.4)	2,356	1,270
Physical health aggregate score, Y2 survey ^a	34.0	33.9	0.0 (0.3)	4,480	2,491
Mental health aggregate score, Y1 survey ^a	38.8	39.0	-0.2 (0.4)	2,356	1,270
Mental health aggregate score, Y2 survey ^a	39.3	39.3	-0.0 (0.3)	4,480	2,491
Has any health insurance coverage, Y1 survey ^b	98.4	98.0	0.3 (0.5)	2,606	1,422
Has any health insurance coverage, Y2 survey ^b	98.8	98.5	0.2 (0.3)	4,972	2,760
Medicare coverage, Y1 survey	85.2	83.0	2.2* (1.2)	2,606	1,422
Medicare coverage, Y2 survey	84.5	81.8	2.7*** (0.9)	4,972	2,760
Medicaid coverage, Y1 survey	48.2	50.2	-2.0 (1.4)	2,606	1,422
Medicaid coverage, Y2 survey	48.7	49.5	-0.9 (1.0)	4,972	2,760
Private insurance coverage, Y1 survey	14.1	12.3	1.8* (1.0)	2,606	1,422
Private insurance coverage, Y2 survey	13.3	12.9	0.3 (0.7)	4,972	2,760
Any other coverage, Y1 survey	12.4	12.7	-0.3 (1.1)	2,606	1,422
Any other coverage, Y2 survey	16.1	14.9	1.2 (0.8)	4,972	2,760

Exhibit F.9 (continued)

	Mean for study group		Impact estimate	Sample sizes	
	T	C	T vs. C	T	C
Total family income, Y1 survey (\$)	20,957	21,237	-280 (932)	2,532	1,391
Total family income, Y2 survey (\$)	22,801	21,854	947 (752)	4,896	2,715
Received any income from supplemental government sources, Y1 survey	54.6	53.4	1.1 (1.5)	2,632	1,437
Received any income from supplemental government sources, Y2 survey	59.4	58.8	0.6 (1.1)	5,061	2,802
Veterans' benefits, Y1 survey	4.0	3.7	0.4 (0.6)	2,586	1,408
Veterans' benefits, Y2 survey	3.7	3.5	0.2 (0.4)	4,976	2,760
Public assistance or welfare payments, Y1 survey	6.7	6.7	0.0 (0.8)	2,583	1,414
Public assistance or welfare payments, Y2 survey	7.5	7.7	-0.2 (0.6)	4,990	2,749
Workers' compensation, Y1 survey	0.2	0.6	-0.3 (0.2)	2,594	1,419
Workers' compensation, Y2 survey	0.3	0.3	0.0 (0.1)	4,968	2,754
Employer-provided or other disability insurance, Y1 survey	2.1	1.9	0.3 (0.5)	2,595	1,418
Employer-provided or other disability insurance, Y2 survey	2.0	2.3	-0.3 (0.3)	4,978	2,759
Unemployment benefits, Y1 survey	0.8	1.2	-0.3 (0.3)	2,591	1,413
Unemployment benefits, Y2 survey	6.3	5.9	0.3 (0.6)	4,975	2,740

Exhibit F.9 (continued)

	Mean for study group		Impact estimate	Sample sizes	
	T	C	T vs. C	T	C
Government employee or private pensions, Y1 survey	2.3	1.8	0.5 (0.4)	2,588	1,411
Government employee or private pensions, Y2 survey	1.8	1.9	-0.1 (0.3)	4,986	2,745
Disability insurance for disabled adult child, Y1 survey	1.8	2.3	-0.5 (0.5)	2,596	1,419
Disability insurance for disabled adult child, Y2 survey	2.3	2.0	0.3 (0.3)	4,974	2,756
SNAP benefits, Y1 survey	38.9	39.6	-0.7 (1.4)	2,589	1,399
SNAP benefits, Y2 survey	43.4	43.6	-0.2 (1.0)	4,958	2,742
Housing assistance, Y1 survey	16.7	14.4	2.3** (1.1)	2,589	1,408
Housing assistance, Y2 survey	17.4	15.3	2.2*** (0.8)	4,949	2,742
Other government assistance, Y1 survey	7.0	6.9	0.2 (0.8)	2,590	1,416
Other government assistance, Y2 survey	6.7	6.4	0.3 (0.6)	4,966	2,753

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data and the POD one- and two-year follow-up surveys.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. All data are from the POD one- and two-year follow-up surveys. Data from the POD follow-up surveys can be missing owing to item-level non-response. Data from the POD follow-up surveys are therefore weighted using survey non-response weights. Members of the T1 and T2 groups are combined into one treatment group. The impact estimate is the difference between means for the treatment and control groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars. The response rate for the one-year follow-up survey was 84 percent. The response rate for the two-year follow-up survey was 83 percent.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

Exhibit F.9 (*continued*)

^a Physical and mental health aggregate scores are calculated from the 12-item Short Form Survey (SF-12).

^b The entries across the sub-rows indicating particular insurance types do not add up to the total for having any insurance because people can have more than one source of coverage.

SNAP = Supplemental Nutrition Assistance Program.

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Exhibit F.10. Impacts of POD on the primary outcomes, by POD state

Variable	Value for study group		Impact estimate
	T	C	T vs. C
Alabama			
Sample size	849	427	
Annual earnings (\$)	4,326	3,578	749 (469)
Annualized SGA amount	9.3	6.3	3.0** (1.4)
Annual SSDI benefit amount (\$)	11,664	11,466	199 (275)
Annual income (\$)	15,776	14,867	908** (450)
California			
Sample size	1,623	809	
Annual earnings (\$)	5,197	5,297	-100 (489)
Annualized SGA amount	10.8	10.8	-0.0 (1.2)
Annual SSDI benefit amount (\$)	12,035	12,075	-40 (226)
Annual income (\$)	17,322	17,456	-134 (484)
Connecticut			
Sample size	673	340	
Annual earnings (\$)	3,725	3,784	-59 (508)
Annualized SGA amount	7.9	6.5	1.4 (1.6)
Annual SSDI benefit amount (\$)	12,098	11,367	731** (315)
Annual income (\$)	15,706	15,136	570 (486)
Maryland			
Sample size	796	403	
Annual earnings (\$)	5,868	5,639	229 (621)
Annualized SGA amount	13.8	12.2	1.6 (1.9)
Annual SSDI benefit amount (\$)	11,525	11,802	-277 (323)
Annual income (\$)	17,104	17,139	-35 (602)

Exhibit F.10 (continued)

Variable	Value for study group		Impact estimate
	T	C	T vs. C
Michigan			
Sample size	391	200	
Annual earnings (\$)	4,524	4,149	374 (657)
Annualized SGA amount	10.0	8.5	1.5 (2.2)
Annual SSDI benefit amount (\$)	11,194	11,183	11 (375)
Annual income (\$)	15,643	15,295	348 (665)
Nebraska			
Sample size	246	124	
Annual earnings (\$)	5,232	5,822	-590 (899)
Annualized SGA amount	12.0	12.9	-0.9 (3.4)
Annual SSDI benefit amount (\$)	11,480	11,036	444 (506)
Annual income (\$)	16,566	16,751	-185 (854)
Texas			
Sample size	1,981	996	
Annual earnings (\$)	5,321	5,226	95 (348)
Annualized SGA amount	11.7	10.8	0.8 (1.1)
Annual SSDI benefit amount (\$)	12,015	11,860	155 (199)
Annual income (\$)	17,095	16,821	274 (346)
Vermont			
Sample size	141	71	
Annual earnings (\$)	6,172	7,972	-1,800 (1,499)
Annualized SGA amount	19.2	16.9	2.3 (5.9)
Annual SSDI benefit amount (\$)	12,572	11,406	1,166 (857)
Annual income (\$)	18,320	19,050	-729 (1,328)

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data and SSA program records.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. Members of the T1 and T2 groups are combined into one treatment group. POD enrollees are divided by the state they lived in at POD enrollment. The impact estimate is the difference between means for the treatment and control groups

Exhibit F.10 (continued)

among those in that state. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars. Annualized SGA amount captures whether the beneficiaries' average earnings over 2019 and 2020 exceeds the annualized SGA amount over the full two-year period. Annual earnings and income are averages across the calendar years 2019 and 2020. SSDI benefit amounts are expressed as an annual average across the first two years after POD enrollment.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

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Exhibit F.11. Impacts of POD on the primary outcomes, by weighting for the average person or the average state

	Core impact estimate (impact for the average person)			Alternate weighting scheme (impact for the average state)			p-value of difference
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate	
Sample size	6,700	3,370		6,700	3,370		
Annual earnings (\$)	5,022	4,954	68 (198)	5,060	5,182	-122 (261)	0.413
Annualized SGA amount	11.0	10.0	1.0* (0.6)	11.7	10.6	1.1 (0.9)	0.923
Annual SSDI benefit amount (\$)	11,870	11,725	145 (105)	11,822	11,524	298** (141)	0.218
Annual income (\$)	16,775	16,548	228 (195)	16,725	16,562	163 (245)	0.772

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data and SSA program records.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. By average person, we mean equally weighted POD enrollees; therefore, the values in these columns mirror the values in Appendix Exhibit F.1. By average state, we mean equally weighted POD states, which estimates impacts for the average person within each of the eight POD states and then averages across those eight impact estimates. Members of the T1 and T2 groups are combined into one treatment group. The impact estimate is the difference between means for the treatment and control groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars. The p-value of difference come from a test of whether the impact estimate for the average person is significantly different from the impact estimate for the average state. Annualized SGA amount captures whether the beneficiaries' average earnings over 2019 and 2020 exceeds the annualized SGA amount over the full two-year period. Annual earnings and income are averages across the calendar years 2019 and 2020. SSDI benefit amounts are expressed as an annual average across the first two years after POD enrollment.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

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Exhibit F.12. Impacts of POD on the primary outcomes, using ordinary least squares and a logistic regression model

	Primary impact estimate			Estimate with logistic model		
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate
Sample size	6,700	3,370		6,700	3,370	
Annualized SGA amount	11.0	10.0	1.0* (0.6)	11.1	10.0	1.1* (0.6)

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data and SSA program records.

Note: All table entries are in percentage points for impact estimates. Data are complete for every outcome; there are no missing values. The primary impact estimate mirrors the values in Appendix Exhibit F.1. The estimate with logistic model uses a logistic regression rather than ordinary least squares model to estimate impacts. Because a logistic regression only applies to binary outcomes, these tests exclude continuous outcomes. Members of the T1 and T2 groups are combined into one treatment group. The impact estimate is the difference between means for the treatment and control groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. Annualized SGA amount captures whether the beneficiaries' average earnings over 2019 and 2020 exceeds the annualized SGA amount over the full two-year period.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

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Exhibit F.13. Impacts of POD on the primary outcomes, using a quantile regression model

Variable	Percentile	Value for study group		Impact estimate
		T	C	T vs. C
Sample size		6,700	3,370	
Annual earnings (\$)	20th	n.a.	n.a.	n.a.
	40th	n.a.	n.a.	n.a.
	50th	n.a.	n.a.	n.a.
	60th	468	468	0 (98)
	80th	8,048	7,879	169 (206)
Annual SSDI benefit amount (\$)	20th	7,403	7,150	253** (104)
	40th	10,314	10,315	-0 (79)
	50th	11,284	11,296	-12 (80)
	60th	12,443	12,490	-46 (89)
	80th	15,930	15,990	-60 (118)
Annual income (\$)	20th	9,773	9,636	136** (56)
	40th	12,047	11,959	88 (78)
	50th	13,625	13,532	93 (97)
	60th	15,820	15,581	239** (102)
	80th	21,864	21,660	204 (205)

Source: Authors' calculations using Mathematica's POD recruitment and enrollment data and SSA program records.

Note: All table entries are measured in dollars. Data are complete for every outcome; there are no missing values. The estimates come from a quantile regression model at the 20th, 40th, 50th, 60th, and 80th percentiles of the distribution. Members of the T1 and T2 groups are combined into one treatment group. The impact estimate is the difference between the treatment and control groups at that percentile. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group percentiles. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted percentiles for control group members and regression-adjusted percentiles for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars. Annual earnings and

Exhibit F.13 (*continued*)

income are averages across the calendar years 2019 and 2020. SSDI benefit amounts are expressed as an annual average across the first two years after POD enrollment.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

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Exhibit F.14. Impacts of POD on the primary outcomes, with and without regression adjustment

	Primary impact estimate			Estimate without regression adjustment		
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate
Sample size	6,700	3,370		6,700	3,370	
Annual earnings (\$)	5,022	4,954	68 (198)	4,972	4,954	18 (206)
Annualized SGA amount	11.0	10.0	1.0* (0.6)	11.0	10.0	0.9 (0.6)
Annual SSDI benefit amount (\$)	11,870	11,725	145 (105)	11,860	11,725	136 (120)
Annual income (\$)	16,775	16,548	228 (195)	16,709	16,548	161 (208)

Source: Authors' calculations using SSA program records.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. The primary impact estimate mirrors the values in Appendix Exhibit F.1. The estimate without regression adjustment omits the additional control variables but accounts for the stratified random assignment design, as discussed below. Members of the T1 and T2 groups are combined into one treatment group. The impact estimate is the difference between means for the treatment and control groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment. The primary impact estimate also controls for several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars. Annualized SGA amount is an indicator for having total earnings above the total annualized SGA amount across 2019 and 2020. Annual earnings and income are averages across the calendar years 2019 and 2020. SSDI benefit amounts are expressed as an annual average across the first two years after POD enrollment.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

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Exhibit F.15. Impacts of POD on the primary outcomes, using all POD enrollees and the weighted survey sample

	Core impact estimate (impact for all POD enrollees)			Alternate weighting scheme (impact for the weighted survey sample)			p-value of difference
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate	
Sample size	6,700	3,370		5,067	2,808		
Annual earnings (\$)	5,022	4,954	68 (198)	4,874	4,865	9 (219)	0.779
Annualized SGA amount	11.0	10.0	1.0* (0.6)	10.9	9.3	1.5** (0.6)	0.405
Annual SSDI benefit amount (\$)	11,870	11,725	145 (105)	12,108	12,057	51 (114)	0.389
Annual income (\$)	16,775	16,548	228 (195)	16,908	16,838	71 (210)	0.437

Source: Authors' calculations using SSA program records and the POD two-year follow-up survey.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. The values for all POD enrollees mirror the values in Appendix Exhibit F.1. The values for the weighted survey sample use the survey weights to estimate the weighted impact estimate among the group of POD enrollees that completed the two-year follow-up survey. Members of the T1 and T2 groups are combined into one treatment group. The impact estimate is the difference between means for the treatment and control groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars. The p-value of difference come from a test of whether the impact estimate for all POD enrollees is significantly different from the impact estimate for the weighted survey sample. Annualized SGA amount is an indicator for having total earnings above the total annualized SGA amount across 2019 and 2020. Annual earnings and income are averages across the calendar years 2019 and 2020. SSDI benefit amounts are expressed as an annual average across the first two years after POD enrollment.

***/**/* indicate a statistically significant difference between treatment and control group members at the 1/5/10 percent level.

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**Exhibit F.16. Impacts of POD on the primary outcomes and annual versions of the primary outcomes:
Pairwise comparison of T1, T2, and C groups**

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
Average earnings									
Average annual earnings, 2019-2020 (\$)	5,096	4,948	4,954	142 (234)	-6 (226)	148 (232)	3,343	3,357	3,370
Annual earnings, 2019 (\$)	5,051	4,919	4,992	58 (229)	-74 (225)	132 (226)	3,343	3,357	3,370
Annual earnings, 2020 (\$)	5,141	4,977	4,916	225 (267)	62 (257)	164 (268)	3,343	3,357	3,370
Annualized SGA amount									
Annualized SGA amount, 2019-2020	11.4	10.7	10.0	1.3* (0.7)	0.7 (0.7)	0.6 (0.7)	3,343	3,357	3,370
Annualized SGA amount, 2019	11.3	11.3	11.2	0.1 (0.7)	0.1 (0.7)	0.0 (0.7)	3,343	3,357	3,370
Annualized SGA amount, 2020	11.6	11.1	10.7	0.8 (0.7)	0.3 (0.7)	0.5 (0.7)	3,343	3,357	3,370
SSDI benefit amount									
Average annual SSDI benefit amount, first two years after enrolling in POD (\$)	11,814	11,925	11,725	89 (119)	200* (119)	-111 (113)	3,343	3,357	3,370
Annual SSDI benefit amount, first year after enrolling in POD (\$)	11,923	12,062	11,895	27 (116)	167 (116)	-140 (111)	3,343	3,357	3,370
Annual SSDI benefit amount, second year after enrolling in POD (\$)	11,705	11,788	11,554	151 (130)	233* (130)	-83 (123)	3,343	3,357	3,370
Annual income									
Average annual income, 2019-2020 (\$)	16,787	16,764	16,548	239 (230)	216 (221)	23 (226)	3,343	3,357	3,370
Annual income, 2019 (\$)	17,309	17,346	17,221	87 (224)	124 (219)	-37 (217)	3,343	3,357	3,370

Exhibit F.16 (continued)

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
Annual income, 2020 (\$)	16,265	16,182	15,874	391 (262)	308 (252)	84 (261)	3,343	3,357	3,370

Source: Authors' calculations using SSA program records.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. The impact estimate is the difference between means for the relevant study groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between study group means for the relevant comparison. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members (C) and regression-adjusted means for treatment group members (T1 and T2). Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars. Annualized SGA amount is an indicator for having total earnings above the annualized SGA amount. For 2019 and 2020, these estimates reflect the annualized SGA amounts in each year. For the combination of 2019 and 2020, these estimates reflect the total annualized SGA amount across those two years. All outcomes are measured using calendar years. The only exception is SSDI benefit amounts, which are measured using the years after POD enrollment.

***/**/* indicate a statistically significant difference at the 1/5/10 percent level.

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Exhibit F.17. Impacts of POD on employment-related secondary outcomes: Pairwise comparison of T1, T2, and C groups

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
Any employment in past year, Y1 survey	37.2	36.0	34.1	3.1* (1.7)	1.9 (1.6)	1.2 (1.7)	1,324	1,302	1,430
Any employment in past year, Y2 survey	34.9	34.2	33.5	1.4 (1.2)	0.7 (1.2)	0.7 (1.2)	2,524	2,519	2,799
Employed or actively searching for a job, Y1 survey	58.1	57.6	54.0	4.0** (1.8)	3.6** (1.8)	0.5 (1.8)	1,332	1,303	1,437
Employed or actively searching for a job, Y2 survey	54.0	53.0	50.9	3.1** (1.3)	2.1* (1.3)	1.0 (1.3)	2,533	2,528	2,806
Any positive earnings, 2019-2020 (SSA program records)	46.3	45.7	45.0	1.3 (1.1)	0.7 (1.1)	0.6 (1.1)	3,343	3,357	3,370
Any positive earnings, 2019 (SSA program records)	41.3	40.6	39.5	1.8* (1.1)	1.1 (1.0)	0.7 (1.1)	3,343	3,357	3,370
Any positive earnings, 2020 (SSA program records)	36.4	37.2	36.1	0.3 (1.1)	1.1 (1.1)	-0.7 (1.1)	3,343	3,357	3,370
Earnings at most recent job above TWP threshold, Y1 survey ^a	22.7	21.5	21.5	1.1 (1.5)	-0.0 (1.4)	1.1 (1.5)	1,324	1,302	1,430
Earnings at most recent job above TWP threshold, Y2 survey ^a	21.6	22.6	21.1	0.5 (1.0)	1.6 (1.0)	-1.1 (1.1)	2,524	2,519	2,799
Earnings at most recent job above SGA amount, Y1 survey ^a	15.7	15.3	14.1	1.5 (1.3)	1.2 (1.3)	0.3 (1.3)	1,324	1,302	1,430
Earnings at most recent job above SGA amount, Y2 survey ^a	16.7	17.8	15.5	1.2 (1.0)	2.3** (1.0)	-1.1 (1.0)	2,524	2,519	2,799
Average annual earnings more than two times the annualized SGA amount, 2019-2020 (SSA program records)	4.0	3.7	4.2	-0.2 (0.5)	-0.5 (0.4)	0.3 (0.4)	3,343	3,357	3,370

Exhibit F.17 (continued)

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
Annual earnings more than two times the annualized SGA amount, 2019 (SSA program records)	4.3	3.7	3.9	0.4 (0.4)	-0.2 (0.4)	0.6 (0.4)	3,343	3,357	3,370
Annual earnings more than two times the annualized SGA amount, 2020 (SSA program records)	5.2	4.5	4.8	0.3 (0.5)	-0.3 (0.5)	0.6 (0.5)	3,343	3,357	3,370
Average annual earnings more than three times the annualized SGA amount, 2019-2020 (SSA program records)	1.4	1.4	1.5	-0.0 (0.3)	-0.0 (0.3)	0.0 (0.3)	3,343	3,357	3,370
Annual earnings more than three times the annualized SGA amount, 2019 (SSA program records)	1.3	1.3	1.6	-0.3 (0.3)	-0.3 (0.3)	-0.0 (0.3)	3,343	3,357	3,370
Annual earnings more than three times the annualized SGA amount, 2020 (SSA program records)	2.0	1.9	1.9	0.1 (0.3)	-0.1 (0.3)	0.1 (0.3)	3,343	3,357	3,370
Hours worked per week at most recent job, Y1 survey ^a	8.9	8.6	8.2	0.6 (0.5)	0.4 (0.5)	0.2 (0.5)	1,317	1,294	1,430
Hours worked per week at most recent job, Y2 survey ^a	8.5	8.4	8.0	0.4 (0.3)	0.4 (0.3)	0.1 (0.4)	2,515	2,503	2,799
Any benefits offered at most recent job, Y1 survey ^a	17.7	18.2	18.2	-0.5 (1.3)	0.0 (1.3)	-0.5 (1.3)	1,324	1,302	1,430
Any benefits offered at most recent job, Y2 survey ^a	18.9	18.9	17.4	1.5 (1.0)	1.5 (1.0)	-0.0 (1.0)	2,524	2,519	2,799
Health insurance, Y1 survey ^a	11.5	11.4	11.1	0.3 (1.1)	0.2 (1.1)	0.1 (1.1)	1,313	1,290	1,430
Health insurance, Y2 survey ^a	12.6	12.1	11.7	0.9 (0.9)	0.4 (0.8)	0.5 (0.9)	2,507	2,496	2,799
Dental benefits, Y1 survey ^a	9.4	9.7	9.8	-0.4 (1.1)	-0.1 (1.1)	-0.4 (1.1)	1,310	1,289	1,430
Dental benefits, Y2 survey ^a	10.7	10.1	9.6	1.1 (0.8)	0.6 (0.8)	0.5 (0.8)	2,487	2,489	2,799

Exhibit F.17 (continued)

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
Paid sick days, Y1 survey ^a	7.2	6.7	7.7	-0.5 (1.0)	-1.0 (0.9)	0.5 (0.9)	1,301	1,283	1,404
Paid sick days, Y2 survey ^a	7.6	8.0	7.8	-0.2 (0.7)	0.3 (0.7)	-0.4 (0.7)	2,487	2,481	2,799
Paid vacation, Y1 survey ^a	10.0	10.4	10.6	-0.6 (1.1)	-0.3 (1.1)	-0.3 (1.1)	1,318	1,285	1,430
Paid vacation, Y2 survey ^a	11.1	11.1	9.7	1.4* (0.8)	1.4* (0.8)	-0.0 (0.8)	2,502	2,506	2,799
Free or low-cost childcare, Y1 survey ^a	1.0	1.0	0.9	0.1 (0.4)	0.1 (0.4)	-0.0 (0.4)	1,312	1,289	1,430
Free or low-cost childcare, Y2 survey ^a	1.0	1.5	1.5	-0.5 (0.3)	0.0 (0.4)	-0.5 (0.3)	2,494	2,478	2,799
Transportation benefits, Y1 survey ^a	2.3	2.4	2.9	-0.6 (0.6)	-0.5 (0.6)	-0.0 (0.6)	1,313	1,296	1,430
Transportation benefits, Y2 survey ^a	3.4	3.1	2.9	0.5 (0.5)	0.2 (0.5)	0.3 (0.5)	2,495	2,490	2,799
Disability benefits, Y1 survey ^a	8.1	7.2	8.5	-0.4 (1.0)	-1.2 (1.0)	0.9 (1.0)	1,324	1,302	1,430
Disability benefits, Y2 survey ^a	8.3	8.7	8.2	0.1 (0.7)	0.6 (0.7)	-0.5 (0.8)	2,524	2,519	2,799
Pension or retirement benefits, Y1 survey ^a	9.1	9.0	9.2	-0.1 (1.0)	-0.2 (1.0)	0.1 (1.0)	1,307	1,286	1,430
Pension or retirement benefits, Y2 survey ^a	9.2	10.1	8.8	0.4 (0.8)	1.3* (0.8)	-0.8 (0.8)	2,487	2,490	2,799
Flexible health or dependent care spending accounts, Y1 survey ^a	4.7	4.4	4.7	0.0 (0.8)	-0.3 (0.8)	0.4 (0.8)	1,301	1,292	1,430
Flexible health or dependent care spending accounts, Y2 survey ^a	4.7	4.8	4.9	-0.2 (0.6)	-0.1 (0.6)	-0.1 (0.6)	2,494	2,480	2,799

Exhibit F.17 (continued)

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
Most recent employer made accommodations for physical or mental conditions, Y1 survey ^a	12.0	10.3	11.0	1.0 (1.2)	-0.7 (1.2)	1.7 (1.2)	1,311	1,292	1,430
Most recent employer made accommodations for physical or mental conditions, Y2 survey ^a	11.7	10.6	12.0	-0.3 (0.9)	-1.4 (0.8)	1.0 (0.9)	2,503	2,501	2,799
Applied for VR services, first two years after enrolling in POD (VR program records)	3.8	4.3	2.8	1.0** (0.4)	1.5*** (0.5)	-0.5 (0.5)	3,343	3,357	3,370
Applied for VR services, first year after enrolling in POD (VR program records)	3.1	3.6	2.3	0.9** (0.4)	1.3*** (0.4)	-0.4 (0.4)	3,343	3,357	3,370
Applied for VR services, second year after enrolling in POD (VR program records)	0.7	0.8	0.6	0.2 (0.2)	0.2 (0.2)	-0.0 (0.2)	3,343	3,357	3,370
Received VR services, first two years after enrolling in POD (VR program records)	4.4	5.1	4.0	0.4 (0.5)	1.1** (0.5)	-0.7 (0.5)	3,343	3,357	3,370
Received VR services, first year after enrolling in POD (VR program records)	3.5	4.2	3.3	0.2 (0.4)	0.9* (0.5)	-0.7 (0.5)	3,343	3,357	3,370
Received VR services, second year after enrolling in POD (VR program records)	1.0	1.1	0.9	0.1 (0.2)	0.1 (0.2)	-0.0 (0.2)	3,343	3,357	3,370
Had successful VR closure with employment, first two years after enrolling in POD (VR program records)	1.7	1.8	1.4	0.3 (0.3)	0.4 (0.3)	-0.1 (0.3)	3,343	3,357	3,370
Had successful VR closure with employment, first year after enrolling in POD (VR program records)	1.3	1.2	1.0	0.2 (0.3)	0.2 (0.3)	0.1 (0.3)	3,343	3,357	3,370

Exhibit F.17 (continued)

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
Had successful VR closure with employment, second year after enrolling in POD (VR program records)	0.4	0.6	0.4	0.1 (0.2)	0.2 (0.2)	-0.2 (0.2)	3,343	3,357	3,370
Assigned ticket to any EN service, first two years after enrolling in POD (SSA program records)	15.4	16.2	15.3	0.1 (0.8)	0.9 (0.9)	-0.8 (0.8)	3,343	3,357	3,370
Assigned ticket to any EN service, first year after enrolling in POD (SSA program records)	13.2	14.2	12.8	0.4 (0.8)	1.4* (0.8)	-1.0 (0.8)	3,343	3,357	3,370
Assigned ticket to any EN service, second year after enrolling in POD (SSA program records)	12.3	12.6	12.6	-0.3 (0.8)	-0.1 (0.8)	-0.3 (0.8)	3,343	3,357	3,370
Average amount of payments under TTW payment systems, first two years after enrolling in POD (SSA program records)	60	46	55	5 (12)	-10 (11)	15 (12)	3,343	3,357	3,370
Amount of payments under TTW payment systems, first year after enrolling in POD (SSA program records)	60	44	60	-1 (13)	-16 (12)	16 (11)	3,343	3,357	3,370
Amount of payments under TTW payment systems, second year after enrolling in POD (SSA program records)	61	47	50	10 (14)	-3 (13)	14 (15)	3,343	3,357	3,370

Source: Authors' calculations using SSA program records and the POD one- and two-year follow-up surveys.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Unless otherwise noted, all data are from the POD one- and two-year follow-up surveys. Data are complete for every outcome from SSA program records. Data from the POD follow-up surveys can be missing owing to item-level non-response. Data from the POD follow-up surveys are therefore weighted using survey non-response weights. The impact estimate is the difference between means for the relevant study groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between study group means for the relevant comparison. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members (C) and regression-adjusted means for treatment group members (T1 and T2). Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars.

Exhibit F.17 (continued)

***/**/* indicate a statistically significant difference at the 1/5/10 percent level.

^a Comes from a model that uses multiple imputation to impute outcomes values for those who had missing information conditional on reporting any employment in the past year. As discussed in Section F.1.b of this appendix, without multiple imputation, these estimates would be biased.

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Exhibit F.18. Impacts of POD on SSA disability program related secondary outcomes: Pairwise comparison of T1, T2, and C group

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
SSDI related outcomes									
Benefit months, first two years after enrolling in POD	22.5	22.7	21.6	0.9*** (0.1)	1.1*** (0.1)	-0.2** (0.1)	3,343	3,357	3,370
Benefit months, first year after enrolling in POD	11.4	11.5	11.0	0.4*** (0.1)	0.5*** (0.1)	-0.1*** (0.0)	3,343	3,357	3,370
Benefit months, second year after enrolling in POD	11.1	11.2	10.6	0.5*** (0.1)	0.6*** (0.1)	-0.1* (0.1)	3,343	3,357	3,370
Suspension or termination months, first two years after enrolling in POD	0.5	0.4	1.6	-1.0*** (0.1)	-1.2*** (0.1)	0.2*** (0.1)	3,343	3,357	3,370
Suspension or termination months, first year after enrolling in POD	0.3	0.2	0.7	-0.5*** (0.0)	-0.5*** (0.0)	0.1** (0.0)	3,343	3,357	3,370
Suspension or termination months, second year after enrolling in POD	0.3	0.2	0.8	-0.6*** (0.1)	-0.7*** (0.0)	0.1*** (0.0)	3,343	3,357	3,370
Average annual benefit amount, 2019-2020 (\$)	11,247	11,347	11,155	92 (118)	192 (118)	-100 (112)	3,343	3,357	3,370
Annual benefit amount, 2019 (\$)	11,790	11,929	11,763	27 (122)	166 (121)	-139 (116)	3,343	3,357	3,370
Annual benefit amount, 2020 (\$)	10,704	10,765	10,546	158 (122)	219* (121)	-61 (116)	3,343	3,357	3,370
Any overpayment, 2018-2019	20.2	19.5	7.0	13.1*** (0.8)	12.5*** (0.8)	0.7 (0.9)	3,343	3,357	3,370
Overpayment amount, 2018-2019 (\$)	349	307	616	-267*** (54)	-308*** (51)	41 (32)	3,343	3,357	3,370
Any underpayment, 2018-2019	11.6	10.9	1.8	9.8*** (0.6)	9.1*** (0.6)	0.7 (0.7)	3,343	3,357	3,370

Exhibit F.18 (continued)

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
Underpayment amount, 2018-2019 (\$)	148	167	70	77*** (19)	96*** (20)	-19 (22)	3,343	3,357	3,370
SSI related outcomes									
Payment months, first two years after enrolling in POD	3.8	3.9	3.8	0.0 (0.1)	0.1 (0.1)	-0.1 (0.1)	3,343	3,357	3,370
Payment months, first year after enrolling in POD	1.9	2.0	1.9	0.0 (0.1)	0.0 (0.1)	-0.0 (0.1)	3,343	3,357	3,370
Payment months, second year after enrolling in POD	1.8	1.9	1.9	-0.0 (0.1)	0.0 (0.1)	-0.0 (0.1)	3,343	3,357	3,370
Suspension or termination months, first two years after enrolling in POD	0.5	0.4	0.4	0.1* (0.1)	0.0 (0.1)	0.1 (0.1)	3,343	3,357	3,370
Suspension or termination months, first year after enrolling in POD	0.3	0.2	0.2	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	3,343	3,357	3,370
Suspension or termination months, second year after enrolling in POD	0.2	0.2	0.2	0.1** (0.0)	0.0 (0.0)	0.1* (0.0)	3,343	3,357	3,370
Average payment amount, first two years after enrolling in POD (\$) ^a	455	478	464	-9 (23)	14 (23)	-23 (23)	3,343	3,357	3,370
Payment amount, first year after enrolling in POD (\$) ^a	460	485	472	-12 (23)	13 (23)	-25 (24)	3,343	3,357	3,370
Payment amount, second year after enrolling in POD (\$) ^a	450	471	457	-6 (24)	15 (24)	-21 (25)	3,343	3,357	3,370
Average annual payment amount, 2019-2020 (\$)	431	454	439	-8 (22)	14 (22)	-22 (23)	3,343	3,357	3,370
Annual payment amount, 2019 (\$)	456	484	466	-10 (23)	18 (24)	-28 (24)	3,343	3,357	3,370
Annual payment amount, 2020 (\$)	406	423	412	-6 (22)	11 (22)	-17 (23)	3,343	3,357	3,370

Source: Authors' calculations using SSA program records.

Exhibit F.18 (continued)

Note: Data are complete for every outcome; there are no missing values. The impact estimate is the difference between means for the relevant study groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between study group means for the relevant comparison. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members (C) and regression-adjusted means for treatment group members (T1 and T2). Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars.

***/**/* indicate a statistically significant difference at the 1/5/10 percent level.

^a The analogous outcomes for SSDI payments in the first two years after enrolling in POD are in the table on primary outcomes (see Appendix Exhibit F.15).

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Exhibit F.19. Impacts of POD on other secondary outcomes: Pairwise comparison of T1, T2, and C groups

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
Physical health aggregate score, Y1 survey ^a	33.8	34.0	34.2	-0.4 (0.4)	-0.2 (0.4)	-0.3 (0.4)	1,174	1,182	1,270
Physical health aggregate score, Y2 survey ^a	34.2	33.8	33.9	0.2 (0.3)	-0.1 (0.3)	0.3 (0.3)	2,232	2,248	2,491
Mental health aggregate score, Y1 survey ^a	39.0	38.6	39.0	0.1 (0.5)	-0.4 (0.5)	0.4 (0.5)	1,174	1,182	1,270
Mental health aggregate score, Y2 survey ^a	39.1	39.4	39.3	-0.2 (0.4)	0.2 (0.4)	-0.4 (0.4)	2,232	2,248	2,491
Has any health insurance coverage, Y1 survey ^b	98.4	98.3	98.0	0.4 (0.5)	0.3 (0.5)	0.1 (0.5)	1,316	1,290	1,422
Has any health insurance coverage, Y2 survey ^b	98.8	98.7	98.5	0.3 (0.3)	0.1 (0.3)	0.2 (0.3)	2,486	2,486	2,760
Medicare coverage, Y1 survey	86.1	84.4	83.0	3.1** (1.3)	1.4 (1.4)	1.7 (1.3)	1,316	1,290	1,422
Medicare coverage, Y2 survey	85.1	84.0	81.8	3.3*** (1.0)	2.1** (1.0)	1.1 (1.0)	2,486	2,486	2,760
Medicaid coverage, Y1 survey	47.4	49.1	50.2	-2.9* (1.6)	-1.1 (1.6)	-1.8 (1.7)	1,316	1,290	1,422
Medicaid coverage, Y2 survey	49.4	48.0	49.5	-0.2 (1.2)	-1.5 (1.2)	1.3 (1.2)	2,486	2,486	2,760
Private insurance coverage, Y1 survey	13.8	14.4	12.3	1.5 (1.2)	2.1* (1.2)	-0.6 (1.2)	1,316	1,290	1,422
Private insurance coverage, Y2 survey	13.7	12.8	12.9	0.8 (0.9)	-0.1 (0.8)	0.9 (0.9)	2,486	2,486	2,760
Any other coverage, Y1 survey	12.0	12.8	12.7	-0.7 (1.2)	0.1 (1.3)	-0.7 (1.3)	1,316	1,290	1,422
Any other coverage, Y2 survey	14.6	17.7	14.9	-0.4 (1.0)	2.8*** (1.0)	-3.1*** (1.0)	2,486	2,486	2,760

Exhibit F.19 (continued)

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
Total family income, Y1 survey (\$)	21,463	20,442	21,237	226 (994)	-795 (1,051)	1,021 (838)	1,276	1,256	1,391
Total family income, Y2 survey (\$)	23,769	21,829	21,854	1,914* (1,013)	-26 (788)	1,940* (1,016)	2,448	2,448	2,715
Received any income from supplemental government sources, Y1 survey	55.2	53.9	53.4	1.8 (1.8)	0.5 (1.8)	1.3 (1.8)	1,329	1,303	1,437
Received any income from supplemental government sources, Y2 survey	59.8	59.0	58.8	1.0 (1.3)	0.2 (1.3)	0.8 (1.3)	2,534	2,527	2,802
Veterans' benefits, Y1 survey	4.3	3.8	3.7	0.6 (0.7)	0.1 (0.7)	0.5 (0.7)	1,303	1,283	1,408
Veterans' benefits, Y2 survey	3.4	4.0	3.5	-0.0 (0.5)	0.5 (0.5)	-0.5 (0.5)	2,498	2,478	2,760
Public assistance or welfare payments, Y1 survey	6.9	6.5	6.7	0.2 (1.0)	-0.2 (1.0)	0.4 (1.0)	1,307	1,276	1,414
Public assistance or welfare payments, Y2 survey	7.5	7.5	7.7	-0.2 (0.7)	-0.2 (0.7)	0.0 (0.7)	2,494	2,496	2,749
Workers' compensation, Y1 survey	0.2	0.2	0.6	-0.3 (0.2)	-0.4 (0.2)	0.1 (0.2)	1,307	1,287	1,419
Workers' compensation, Y2 survey	0.4	0.3	0.3	0.0 (0.2)	-0.0 (0.2)	0.0 (0.2)	2,490	2,478	2,754
Employer-provided or other disability insurance, Y1 survey	2.4	1.8	1.9	0.6 (0.5)	-0.0 (0.5)	0.6 (0.6)	1,311	1,284	1,418
Employer-provided or other disability insurance, Y2 survey	2.3	1.6	2.3	0.0 (0.4)	-0.7* (0.4)	0.7* (0.4)	2,481	2,497	2,759
Unemployment benefits, Y1 survey	1.0	0.7	1.2	-0.1 (0.4)	-0.5 (0.4)	0.4 (0.4)	1,310	1,281	1,413
Unemployment benefits, Y2 survey	6.6	5.9	5.9	0.7 (0.7)	-0.1 (0.6)	0.8 (0.7)	2,491	2,484	2,740

Exhibit F.19 (continued)

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
Government employee or private pensions, Y1 survey	2.6	2.0	1.8	0.8 (0.5)	0.2 (0.5)	0.6 (0.6)	1,305	1,283	1,411
Government employee or private pensions, Y2 survey	1.9	1.7	1.9	-0.0 (0.4)	-0.2 (0.4)	0.1 (0.4)	2,499	2,487	2,745
Disability insurance for disabled adult child, Y1 survey	1.7	1.9	2.3	-0.6 (0.5)	-0.4 (0.6)	-0.2 (0.5)	1,307	1,289	1,419
Disability insurance for disabled adult child, Y2 survey	2.5	2.1	2.0	0.5 (0.4)	0.1 (0.4)	0.3 (0.4)	2,495	2,479	2,756
SNAP benefits, Y1 survey	38.4	39.5	39.6	-1.2 (1.7)	-0.1 (1.7)	-1.1 (1.7)	1,310	1,279	1,399
SNAP benefits, Y2 survey	43.6	43.1	43.6	0.0 (1.2)	-0.5 (1.2)	0.5 (1.3)	2,475	2,483	2,742
Housing assistance, Y1 survey	16.3	17.0	14.4	1.9 (1.3)	2.7** (1.3)	-0.8 (1.4)	1,310	1,279	1,408
Housing assistance, Y2 survey	16.7	18.2	15.3	1.4 (1.0)	2.9*** (1.0)	-1.5 (1.0)	2,478	2,471	2,742
Other government assistance, Y1 survey	6.9	7.2	6.9	0.0 (1.0)	0.3 (1.0)	-0.3 (1.0)	1,304	1,286	1,416
Other government assistance, Y2 survey	6.6	6.9	6.4	0.2 (0.7)	0.5 (0.7)	-0.3 (0.7)	2,475	2,491	2,753

Source: Authors' calculations using the POD one- and two-year follow-up surveys.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. All data are from the POD one- and two-year follow-up surveys. Data from the POD follow-up surveys can be missing owing to item-level non-response. Data from the POD follow-up surveys are therefore weighted using survey non-response weights. The impact estimate is the difference between means for the relevant study groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between study group means for the relevant comparison. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, reported earnings over \$1,000 in the baseline survey, and selected impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members (C) and regression-adjusted means for treatment group members (T1 and T2). Standard errors, reported in parentheses, are robust to heteroscedasticity. All monetary values are in 2019 dollars.

***/**/* indicate a statistically significant difference at the 1/5/10 percent level.

^a Physical and mental health aggregate scores are calculated from the 12-item Short Form Survey (SF-12).

Exhibit F.19 (*continued*)

^b The entries across the sub-rows indicating particular insurance types do not add up to the total for having any insurance because people can have more than one source of coverage.

SNAP = Supplemental Nutrition Assistance Program.

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APPENDIX G:

METHODS AND DATA SOURCES FOR BENEFIT-COST ANALYSIS

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The benefit-cost analysis used an accounting framework to estimate the benefits and costs of operating POD. Our goal was to estimate what would occur in a “steady state.” Therefore, we ignored start-up costs and included only those that we would expect to incur in an ongoing program. This appendix begins with a discussion of our accounting framework. We then describe the data sources and methods used to construct each component of benefits and costs. At the end of the appendix, we provide additional tables to supplement the findings in the main text with our complete results.

1. ACCOUNTING FRAMEWORK

Our accounting framework includes only costs that can be easily monetized (Exhibit G.1). For example, POD might have affected whether (1) enrollees have health insurance, (2) received Vocational Rehabilitation services, or (3) improved their physical and mental well-being, but because these are difficult to monetize, we do not include them in this analysis.

Exhibit G.1. Benefits and costs, by accounting perspective

	Beneficiaries (A)	SSA (B)	Other governmental agencies and non- governmental entities (C)	All key stakeholders (A+B+C)
Earnings	+	0	0	+
Fringe benefits	+	0	0	+
Work-related expenses	-	0	0	-
Value of non-market time	-	0	0	-
Payroll taxes to SSA	-	+	0	0
Payroll taxes to Medicare and Unemployment Insurance	-	0	+	0
State income taxes	-	0	+	0
Federal income taxes	-	0	+	0
Sales taxes	-	0	+	0
SSDI benefit amounts and SSI benefit payments	+	-	0	0
Other payments to beneficiaries	+	0	-	0
Ticket-to-Work payments	0	-	0	-
Counseling services	0	-	0	-
SSDI/POD administrative costs	0	-	0	-

Notes: For components with a “+”, we enter the value of the impact estimate (or the multiplier times the impact estimate) into our accounting framework, and for components with a “-”, we enter the negative value of the impact (or the multiplier times the impact estimate) into our accounting framework.

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2. DATA SOURCES AND METHODS

We used two sources to construct each component of the benefit-cost analysis: (1) the impact estimates themselves (for some measures), and (2) imputation methods to combine the impact estimates with data from external sources (for other measures). This section provides information on the measures that we entered directly from the impact estimates and the measures that we imputed. It also describes the methods we used for imputation.

A. Costs and benefits directly derived from impact analysis

Where possible, we used impact estimates that captured the average change over the two-year implementation period (reported in Chapter VII and in Appendix F) to construct our estimates of benefits and costs (Exhibit G.2). Specifically, we derived benefits and costs directly from the impact estimates for earnings, SSDI benefit amounts, SSI payment amounts, Ticket-to-Work payments, and income from other sources (veterans’ benefits, public assistance or welfare payments, workers’ compensation, the Supplemental Nutrition Assistance Program, pensions, unemployment, and private disability insurance). Following guidance in Boardman et al. (2018), we used the point-estimates as our measure of the benefit or cost, even if the point estimate was not statistically significant, because it still represents our “best guess” of the benefit or cost;

using only statistically significant estimates would result in biased predictions.¹⁵² We did not incorporate the standard error of the impact estimates to account for uncertainty; rather, the estimates represent the best evidence available to measure the likely magnitude of the cost or benefit.

Exhibit G.2. Summary of definition of components drawn directly from impact estimates

Measures	Definition	Source
Monetary cost/benefits		
Earnings	Earnings impact estimate (2-year average)	Exhibit F.1; Exhibit G.11
SSDI benefit amount	SSDI benefit amount impact estimate (2-year average)	Exhibit F.1; Exhibit G.11
Ticket-to-Work payments	Ticket-to-Work payment impact estimate (2-year average)	Exhibit F.7
Federal income taxes	Impact on estimated taxes, ^a where taxes were estimated by applying the appropriate federal marginal tax rates to each beneficiary's taxable income (defined as their earnings plus a percentage of their SSDI benefit amounts minus the standard deduction that would apply depending on whether they lived alone or with family)	Exhibit G.11
Other payments to beneficiaries	Impact on income from (drawn from beneficiary two-year follow up survey data) for each type of public support (VA, public assistance, the Supplemental Nutrition Assistance Program, workers' compensation, private disability insurance, disability payments for disabled adult child, unemployment, pension), ^a and impact on SSI payments (2-year average, drawn from administrative data)	Exhibit G.11

^a These measures were not specified as primary or secondary outcomes for the impact analysis so are not shown in the impact analysis in Chapter VII or Appendix F.

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B. Costs imputed by applying multipliers or values to impact estimate

Some cost components were not measured directly in our impact analysis. For such outcomes, we imputed cost components by applying a multiplier to the impact estimate, assigning a dollar amount to the impact estimate, or calculating an estimate of the difference between treatment and control group members using other sources of data as summarized in Exhibit G.3 and explained in more detail below. We applied the multiplier to the impacts estimates that captured the average change over the two-year implementation period (reported in Chapter VII and in Appendix F).

¹⁵² Boardman et al (2018) recommends “we should use the estimated value of the coefficient, even if it is not statistically significant from zero at conventional levels. Although we may not be very confident that the true value of the coefficient is not zero, the estimated coefficient may be our best estimate of the true value.... If we were to use only the statistically significant coefficients from an estimated model, we would bias our prediction and potentially underestimate the variance of our estimate of net benefits.”

Exhibit G.3. Summary of approach to imputing costs and benefits

Measures	Approach for constructing estimate	Notes on external sources
Monetary cost/benefits		
Fringe benefits	Survey-based impacts estimates on receipt of each type of fringe benefit multiplied by its estimated value	Value of health benefits from Kaiser Health Benefits survey (Claxton 2019); value of other fringe benefits imputed based on BLS compensation survey (BLS 2019b)
Work-related costs	10.96 percent multiplier on two-year earnings impact estimate	The Survey of Income and Program Participation used to separately estimate child-care and non-child-care expenses. Child-care expenses assumed to only affect 3.36 percent of SSDI beneficiaries (those with young children)
Non-market time	Earnings impact estimate times multiplier	Multiplier of 0.40 based on lower end of range reported in literature (Greenberg 1997; Greenberg and Robins 2008; Judkins et al. 2021; Mas and Pallais 2019)
Payroll tax to SSA	12.4 percent multiplier on two-year earnings impact estimate	Multiplier uses the OASDI tax rate of 12.4 percent (6.2 percent employer plus 6.2 percent employee share)
Payroll taxes to UI and Medicare	3.5 percent multiplier (sum of 2.9 percent Medicare plus 0.6 percent unemployment) on two-year earnings impact estimate	Multiplier is based on a 2.9 percent Medicare tax plus 0.6 percent unemployment tax
State income taxes	1.4 percent multiplier on two-year earnings impact estimate	Average 2019 tax rate according to the Tax Foundation (Loughead, and Wei 2019) for states in sample (using lowest tax rate in states with progressive tax structure)
Sales taxes	2.79 percent multiplier applied to impact on estimates of net income (income minus taxes)	2.79 percent multiplier constructed by taking average state and local sales tax rates of states in sample (7.7 percent) (Cammenga 2019) multiplied by 36 percent, under the assumption that all net income is spent, and 36 percent of spending is subject to sales tax (Walczak 2019)

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1. Fringe benefits

We estimated the impact of POD on whether the employer offered various types of fringe benefits (according to the beneficiary survey). However, this impact estimate did not capture the value of the fringe benefits or whether the beneficiary actually received the benefit. We therefore first imputed the monetary value of each type of fringe benefit. The estimate varied depending on whether the fringe benefit was a percentage of earnings (pensions, paid leave, disability) or a fixed dollar amount (health, dental insurance). Next, we estimated the proportion of beneficiaries that actually received the benefit by multiplying POD's estimated impact on the percentage of beneficiaries that were offered the fringe benefit (according to the POD two-year follow-up survey) by the average take-up rate of fringe benefits (nationally). Finally, we multiplied the proportion of the sample that received each fringe benefit by its monetary value to arrive at the value of the fringe benefits that the average beneficiary received.

Step 1: Imputing the value of fringe benefits per beneficiary

For **pensions, paid leave, and disability**, we imputed the value of fringe benefits per recipient using a multi-step process (Exhibit G.4). We started by using BLS data on the average cost per hour that employers paid nationally for fringe benefits for all employees (Column 1) and the percentage of employees receiving each type of fringe benefit (Column 2). Next, we divided Column 1 by Column 2 to get the cost of fringe benefits per *recipient* per hour (Column 3). We then divided the cost per hour per recipient by the average hourly wage nationally (\$25.12) to calculate the value of the fringe benefit as a percentage of hourly wages. Finally, we used the following formula to calculate the value of the fringe benefit per T (treatment) or C (control) beneficiary.

Value of benefit per T (or C) recipient = value of fringe benefits as percentage of national wage * T (or C) earnings.

Exhibit G.4. Value of selected fringe benefits for those receiving fringe benefit

Benefit type	National estimates				Imputed value for POD Sample	
	Fringe cost per hour among all employees ^a	Percentage of employees receiving fringe benefit ^b	Cost of fringe benefit per hour per recipient	Fringe benefit value as percentage of national average wage	Annual value per treatment recipient	Annual value per control recipient
	(1)	(2)	(3)	(4)	(5)	(6)
Calculation	n.a.	n.a.	Column 1/ Column 2	Column 3/ \$25.12	Column 4* annual earnings of treatment group ^c	Column 4* annual earnings of control group ^c
Paid leave	2.66	78	3.41	13.6	682	673
Pension	1.98	71	2.79	11.1	557	550
Disability	0.06	40	0.15	0.6	30	30

Notes: The value of fringe benefits is estimated from published sources. The final values included in the benefit-cost analysis combine the value of the benefit with the percentage of beneficiaries that report being offered the benefit on the survey (shown in Exhibit G.5).

^a BLS 2019a. https://www.bls.gov/news.release/archives/ecec_06182019.pdf

^b BLS National Compensation Survey 2019, as reported in Pizella and Beach (2019) <https://www.bls.gov/ncs/ebs/benefits/2019/ownership/civilian/table09a.pdf>

^c Mean annual earnings (\$5,022 for treatment group and \$4,954 for control group) drawn from Appendix Exhibit F.1. [\[return to text\]](#)

Health insurance. We used national data to estimate directly the value of health insurance per beneficiary provided by employers. The annual Kaiser Family Foundation Health Benefits survey reported that the average annual premium for single coverage has a value of \$7,188 and that the average employee share was 18 percent (Claxton et al. 2019). To estimate the value of health insurance provided by the employer, we multiplied \$7,188 by 82 percent (the employer share) to arrive at a value of \$5,894 (as shown the first column of Exhibit 4).

Dental insurance. To estimate the value of dental insurance per beneficiary, we multiplied the overall health insurance value (\$5,894) by 3.77 percent (the percentage of national health care spending on dental care, Martin et al. 2020). Thus, the value of dental insurance was \$222 (as shown in the first column of Exhibit 4).

Step 2: Estimating the value of each fringe benefit per sample member

To estimate the value of each fringe benefit per sample member, we used the following method: we took the value of the fringe benefit nationally per recipient and multiplied by the percentage of people in the treatment and control groups reporting on the POD final survey that their employer offered the benefit (columns 3 and 4, Exhibit G.5). We then multiplied by the national take-up rate (as a proxy for the take-up rate in our sample) to compute the value of the benefit per sample member (columns 5 and 6, Exhibit G.5). Finally, we added up the value of all the fringe benefits received by sample members to estimate that the average treatment group member receives \$714 worth of fringe benefits annually and the average control group member receives \$673. The difference between the two estimates (\$41) was entered into our accounting framework.

Exhibit G.5. Imputing the value of health insurance per sample member

	Value per recipient (\$)		Percentage offered ^d		Take-up rate (percent) ^e	Value per sample member (\$)		T-C Difference
	Treatment	Control	Treatment	Control	All sample members	Treatment ^f	Control ^g	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Calculation						Product of columns 1, 3, and 5	Product of columns 2, 4, and 5	Column 6 minus column 7
Health ^a	5,894	5,894	12.13	11.61	81	579	554	25
Dental ^b	222	222	10.00	9.36	78	17	16	1
Paid leave ^c	682	673	10.92	9.44	100	74	63	11
Pension ^c	557	550	9.32	8.58	79	41	37	4
Disability ^c	30	30	7.45	7.32	98	2	2	0
Sum	N/A	N/A	N/A	N/A	N/A	714	673	41

Note: Fringe benefit calculations combine the estimated value of the fringe benefit based on public sources with the percentage of respondents to the beneficiary survey that report being offered it.

^a Value per recipient based on annual Kaiser Family Foundation Health Benefits survey for 2019. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.01026>

^b Value per recipient imputed as 3.7 percent of health insurance.

^c Value per recipient imputed based from BLS (2019b) https://www.bls.gov/news.release/archives/ecec_06182019.pdf

^d Percentage offered based on impact estimates drawn from beneficiary survey, as reported in Chapter VII.

^e Take-up rates are based on national estimates from the BLS national compensation survey, March 2019, as reported in Pizella and Beach (2019) <https://www.bls.gov/ncs/ebs/benefits/2019/employee-benefits-in-the-united-states-march-2019.pdf>

^f Product of columns 1, 3 and 5.

^g Product of columns 2, 4, and 5.

N/A = not applicable

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2. Taxes

Because we did not collect individual level data on income taxes, we imputed them. Specifically,

- We estimated **payroll taxes** based on the sum of the employer and employee payroll tax rates used in current tax law: 12.4 percent for Old Age Survivor and Disability Insurance (OASDI), 2.9 percent for Medicare and 0.6 percent for unemployment.¹⁵³ Also, we assume that SSA receives 85 percent of the OASDI employee and employer share of payroll taxes and that other governmental entities receive the rest (Center on Budget Policy and Priorities 2020).
- For **state income taxes**, we first calculated the average tax rate across states in our sample, weighting by the number of beneficiaries in each state. We used state income tax rates from the Tax Foundation (Loughead and Wei 2019).¹⁵⁴ (Where the state tax rate varied by income level, we used the state tax rate associated with the lowest income level. For example, Alabama's state tax rate ranged from 2 percent to 5 percent, so we used a 2 percent tax rate for Alabama.) The weighted average tax rate across states was 1.4 percent. We then multiplied this tax rate by the impact on earnings to calculate the estimated net taxes paid by beneficiaries.¹⁵⁵
- For **sales taxes**, we followed an approach similar to the one for state taxes. We calculated the weighted average sales tax of 7.78 percent across states in our sample using state and local sales tax rates from the Tax Foundation (Cammenga 2019). Based on Walczak et al. (2019), we estimated that 39 percent of purchases were subject to the sales tax. We multiplied the sales tax rate by the share of purchases subject to the sales tax to get a multiplier of 2.79 percent. Finally, we calculated the estimated taxes paid by multiplying this by the impact estimate on income (earnings plus SSDI and SSI benefits) less the impact estimate on other taxes (payroll taxes and income taxes).

3. Work-related expenses

Because we did not ask POD enrollees directly about their work-related expenses, we imputed them by using data from external sources. We arrived at an overall work-related expenses multiplier of 10.96 percent by adding a child care multiplier (0.36 percent) and non-child-care expenses (10.6 percent), as explained below. We then applied this multiplier of 10.96 percent by the impact on earnings to come up with the estimated net work-related expenses paid by beneficiaries.

¹⁵³ Although payroll taxes are split between the employer and employee, for the purpose of this analysis, we assume the cost is borne by the employee since the tax incidence literature suggests that workers pay these costs largely through reduced wages (Hamermesh 1993). For the breakdown of payroll taxes, see <https://www.ssa.gov/news/press/factsheets/colafacts2021.pdf>.

¹⁵⁴ Where the state tax rate varied by income level, we used the state tax rate associated with the lowest income level. For example, Alabama's state tax rate ranged from 2 percent to 5 percent, so we used a 2 percent tax rate for Alabama.

¹⁵⁵ Most states do not tax SSDI benefits, so we do not include SSDI income taxable at the state level. Because the standard deduction is typically low in most states, we simplify by not assuming any deduction.

- **Expenses other than child care.** According to the Survey of Income and Program Participation panel (Mohanty et al. 2017), average weekly work-related expenses were \$84.60 in 2015 (not including child care). We then divided \$84.60 by median weekly earnings (\$801 in the second quarter of 2015, BLS 2015) to determine that 10.6 percent of earnings are spent on work-related non-child-care expenses.
- **Child care.** To construct a child care expense multiplier, we first estimated the fraction of earnings spent on child care among families with young children. According to the 2014 Survey of Income and Program Participation panel, families with children under 5 spend about 10 percent of their income on child care (Malik 2019). We then multiplied this 10 percent by 3.36 percent, the estimated percentage of SSDI beneficiaries who had young children,¹⁵⁶ to arrive at a multiplier for child care of 0.36 percent.

4. Non-market time

Beneficiaries lose the value of leisure, or non-market, time when they work. Here, we assumed that the value of leisure time is 40 percent of their pre-tax earnings. This is likely a lower bound of the estimate of the value of non-market time, as it corresponds to the lower bound that Judkins et al. (2021) used in their evaluation of the Pathways for Advancing Careers and Education evaluation.¹⁵⁷

C. Administrative costs and counseling costs collected from SSA and Abt

We used data provided by SSA and the implementation contractor to estimate administrative costs and counseling costs for the treatment and control groups (Exhibit G.6). Some costs applied to both the treatment and the control groups, while others were unique to one or the other. Our cost calculations represent annual average costs, generally over the two-year implementation period; however, for some costs, we based our annual estimates on 2019 data alone because 2020 data were incomplete. All costs were inflation-adjusted to 2019 dollars using the gross domestic product price deflator. Most of our calculations involve multiplying the number of cases by the hours required for a task (per case) and the average hourly cost of the employees who conduct the task. We determined loaded hourly salaries by multiplying annual salaries by SSA's loading factor (2.411)¹⁵⁸ and dividing by the number of working hours per year (2,080).

¹⁵⁶ About 18 percent of SSDI beneficiaries have children, and only 18.65 percent of those with children have children that are not yet in elementary school (Livermore and Bardos 2016). Thus, multiplying these two numbers yields our estimate of 3.36 percent of SSDI beneficiaries with young children.

¹⁵⁷ Experimental evidence from Mas and Pallais (2019) suggests that the value of non-market time could be as high as 60 percent of the pre-tax wages for unemployed persons, so the Pathways for Advancing Careers and Education evaluation used a multiplier ranging from 40 to 60 percent of pre-tax earnings to estimate the value of non-market time (Judkins et al. 2021). Note that our multiplier of 40 percent on *pre-tax earnings* (without fringe benefits) is equivalent to the 25 percent multiplier applied to *earnings plus fringe benefits* used in the BOND evaluation (Gubits et al. 2018).

¹⁵⁸ SSA's loading factor accounts for the cost of employee benefits and administrative costs.

Exhibit G.6. Summary of data sources for administrative and counseling costs

Cost component	Treatment data source	Control data source
Administrative costs		
Earnings processing	Abt data for all costs related to collecting and processing earnings	CDR time per case (based on BOND) and SSA data on number of CDRs multiplied by the loaded hourly wage of appropriate staff by the number of cases in the POD control group; also includes costs for reconsiderations
Outreach for earnings reporting	Abt data on costs of mailing and phone calls	Not applicable to control group
Manual adjusting of benefit payments	SSA data on number of manual adjustment cases and estimated labor cost per case	Not applicable to control group
Processing improper payments	SSA data on number of POD overpayment and underpayment cases (for 2019) and estimated labor cost per case	SSA data on number of POD overpayment and underpayment cases and estimated labor cost per case
Counseling costs		
Counseling costs	Abt data	Estimated using WIPA cost per case multiplied by 12.2 percent (percentage of control group reporting counseling use at baseline service according to baseline survey).

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Outreach for earnings reporting. Abt provided cost data on various components of outreach costs for 2019 and 2020 (Exhibit G.7). The table reports both the number of efforts (for example, the number of calls or number of packets mailed), as well as the costs. We adjusted 2020 costs for inflation to 2019 dollars; then we divided the total costs by the 6,700 treatment group members to arrive at an annual average costs of \$21.53 in 2019 and \$24.24 in 2020, for an average of \$22.91 across the two years.

Exhibit G.7. Administrative costs related to outreach to POD treatment group members

	Number per period (2019)	Cost per year (2019)	Number per period (2020)	Cost per year (2020)
Monthly reminder and EOYR follow-up calls	1,320 per month	\$75,618.18	1,310 per month	\$103,613.15
Monthly earnings receipts	958 receipts each month	\$20,351.76	865 receipts each month	\$18,171.81
Quarterly earnings packets	462 packets each quarter	\$8,221.00	440 packets each quarter	\$6,847.55
Quarterly earnings reminder letters	5,499 reminder letters each quarter	\$25,619.32	5,110 reminder letters each quarter	\$20,386.63
EOYR mailings	3,301 initial letters and 3,136 follow-up letters sent in 2019	\$14,454.76	2,786 initial and 2,271 follow-up letters sent in 2020	\$13,702.37
Total		\$144,265 (or \$21.53 per sample member)		\$162,721.52 or (\$24.29 per sample member)

Source: Abt's Implementation Data System, staff hourly rates and mailing vendor costs.

Notes: We inflation-adjusted 2020 costs to 2019 dollars.

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Earnings processing. For treatment group members, we collected data from the implementation team on the costs to collect and process monthly earnings (including any costs for reconsiderations). To generate an estimated total cost for each task, we multiplied the average hours per records by the number of new records, and the average hourly wage (including SSA's loading factor of 2.411) of the staff that conducted this task (Exhibit G.8). We then summed the total cost for each task to calculate aggregate costs for collecting and processing earnings over 2019 and 2020 (after inflation-adjusting costs in 2020 to 2019 dollars). Finally, we divided the aggregate costs by two to get the average annual costs, and then divided the average annual costs by the number of treatment group members to calculate the average annual cost per treatment group member.

Exhibit G.8. Cost incurred (by the implementation team) for collecting and processing earnings by year

Type of costs	Estimated average hours per new record (1)	Number of new records (2019) (2)	Average loaded hourly wage for task (2019) (3)	Number of new records (2020) (4)	Average loaded hourly wage of staff used for this task (2020) (5)	Total cost (product of columns 1, 2, & 3 plus the product of columns 1, 4 & 5)
Collecting and processing monthly earnings						
Submitted via postage mail	0.30	3,682	\$45.83	2,775	\$46.64	\$89,456
Submitted via phone	0.14	823	\$68.76	780	\$69.22	\$15,482
Submitted via fax	0.20	2,218	\$55.09	1,943	\$55.76	\$46,109
Submitted via online portal	0.12	6,442	\$74.52	6,529	\$74.92	\$116,305
Submitted verbally (in effect since March 2020)	0.18	0	-	313	\$96.71	\$5,449
Counselor time spent on notice support or appeal/waiver requests ^a	0.50	784	\$85.25	597	\$87.68	\$59,593
POD Earnings Support referrals ^b	1.50	2,053	\$143.94	1334	\$144.52	\$732,438
Aggregate for collecting and processing earnings						\$1,064,831
Annual aggregate cost						\$532,415 ^c
Annual cost per treatment group member						\$79.46 ^d

Source: Abt's Implementation Data System and staff hourly rates (inflation-adjusted to 2019 dollars).

Notes: Wage rates provided by Abt Associates were loaded using SSA's standard loading factor (2.411).

^a Count of participants with a Participant Support Referral or outreach record for notice support or appeal/waiver support each year.

^b Count of participants receiving assistance through an "Earnings Support" Participant Support Referral each year.

^c Calculated by dividing aggregate total costs by two (the number of years).

^d Calculated by dividing the annual aggregate cost (\$532,415) by the number of treatment group members (6,700 years).

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For control group members, the costs of processing earnings data come from conducting work CDRs plus the costs for reconsiderations. Because complete 2020 data were still not available, costs were based on 2019 data.

- Based on data SSA provided, 675 work CDRs were conducted in 2019 plus 20 work CDR reconsiderations. According to the BOND evaluation's labor cost estimates (Gubits et al. 2018),¹⁵⁹ the average time spent per work CDR was 4.615 hours (the weighted average of 6.05 hours for a new work CDR and 3.02 hours for a subsequent work CDR), and work CDRs were generally performed by a General Schedule 11 step 6 employee with an average hourly loaded wage of \$72.76.¹⁶⁰ Thus, the average cost per work CDR was \$335.45. We therefore calculated that the aggregate cost for work CDRs during 2019 was \$225,652 by multiplying the number of work CDRs (675 regular work CDRs+20 work CDR reconsiderations) by the cost per work CDR (\$335.45), which translated to a cost of \$68 per control group member.
- The costs for overpayment reconsiderations were estimated to be \$141.37 per case, assuming that each case took two hours for a Claims Specialist, grade 11, step 5 to complete. SSA reported that there were 61 cases in 2019, which translates to a total cost of \$8,624, or \$2.56 per control group member.

Improper payments. We calculated the costs associated with improper payments by taking the product of the number of improper payments in 2019, the number of hours needed to process an improper payment, and the loaded hourly SSA staff wage rate for the employee conducting the work (Exhibit G.9). We focused only on improper payments in 2019, because additional data for 2020 were likely incomplete as improper payments might still be uncovered for control group members (see additional discussion in Appendix E). On average, the net cost per beneficiary was \$6.67 higher for treatment than for control group members. It took twice as long to process an improper payment for control group members, but because so many more treatment group members experienced an improper payment, there as a net administrative cost for improper payments under POD.

Exhibit G.9. Cost calculations for improper payments

	Number of cases		Hours		Loaded hourly wage	Aggregate costs		Per-beneficiary costs		Net cost
	T	C	T	C		T	C	T	C	
2019 total	1,787	257	1,787	514	\$58.42	104,345	30,027	15.58	8.91	6.67

Notes: Aggregate costs are the product of (number of cases)*(hours)*(loaded hourly wage). Per-beneficiary costs are aggregate costs divided by the number of treatment (6,700) or control (3,370) group members. Net cost is the treatment group mean minus the control group mean.

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Manual adjusting of benefit payments. Some records required that SSA manually adjust benefit payments. Therefore, we estimated the costs of these manual adjustments separately. Based on data SSA provided for 2019 and 2020, an average of 567 cases annually required

¹⁵⁹ SSA recommended that we use the BOND evaluation's estimates for the time and staff used to conduct work CDRs, as the process for conducting work CDRs had not changed since the BOND evaluation.

¹⁶⁰ We used the salaries reported on the General Schedule Payscale table for 2019 as reported on FederalPay.org (Federal Pay 2019). The average salary for a General Schedule-11 step 6 was \$62,755. We divided by 2,080 hours per year to calculate the average hourly wage. We subsequently multiplied this by SSA's loading factor of 2.411.

manual processing. Chapter V explains some of the reasons for this, such as if a beneficiary was dually entitled. Based on interviews with SSA, each case required about 0.8 hours. (One person can do about 10 cases a day, so 8 hours day/10 cases per day = 0.8). This task was typically done by a General Schedule 9 step 5 employee, who had a 2019 salary of \$50,399, which translated to a loaded hourly wage of \$58.42. Thus, the cost for manual adjustments per POD treatment group member was \$3.95 (567 cases*0.8 hours*58.42/6,700 treatment group members).

Counseling Costs

For the treatment group, Abt Associates reported estimated counseling costs for 2019 and 2020 (Exhibit G.10). In each year, we calculated total costs for those receiving only information and referral (I&R) and those receiving beyond I&R by multiplying the number of people in that category by the cost per counseling recipient. We then summed the costs across these two types of counseling services to get total counseling costs and divided by the 6,700 treatment group members. On average, the cost per treatment group beneficiary for counseling was \$267 in 2019 and \$179 in 2020, averaging \$223 over the two years.

Exhibit G.10. Counseling costs per treatment participant

	Treatment participants 2019	Treatment participants 2020
Number who received I&R services only ^a	1,230 for the 2019 calendar year	1,252 for the 2020 calendar year
Number who received counseling services beyond I&R ^b	1,221 for the 2019 calendar year (including 1,215 with a BS&A completed in period and 949 with a Work Incentives Plan [WIP])	587 for the 2020 calendar year (including 526 with a BS&A completed in period and 407 with a WIP)
Cost per counseling recipient for those receiving only I&R	\$182, annual cost per participant receiving I&R only	\$192, annual cost per treatment group participant receiving I&R only
Cost per counseling recipient for services beyond I&R	\$1,284, annual cost per participant receiving counseling beyond I&R	\$1,629, annual cost per treatment group participant receiving counseling beyond I&R ^c
Total costs for those receiving I&R only	\$223,860	\$239,973
Total costs for services for those receiving services beyond I&R	\$1,567,764	\$956,347
Total counseling costs	\$1,791,624 overall \$267.41 per treatment group member	\$1,196,321 \$178.56 per treatment group member

Source: Abt's Implementation Data System, staff hourly rates and POD counseling provider costs. All costs were inflation-adjusted to 2019 dollars. To determine the cost of counseling services provided by the POD counseling providers, Abt Associates assumed that 80 percent of the providers' total costs were incurred for direct counseling services (including earnings reporting), with the rest of the costs used for supervision, support staff, and other direct costs. Abt also assumed that in 2019, 10 percent of counselor time was spent on I&R and 70 percent was spent on services beyond I&R. In 2020, Abt assumed that 10 percent of counselor time was spent on I&R and 40 percent was spent on services beyond I&R. The percentage of counselor time spent on services beyond I&R declined in 2020 relative to 2019 because the POD counseling providers completed more BS&As in 2019 (1,215) compared to 2020 (526), so less time overall was spent on services beyond I&R in 2020 compared to 2019.

^a Count of participants with an I&R assessment record created (not updated) within the period or an outreach that references an I&R discussion within the period.

EXHIBIT G.10 (continued)

^b Count of participants with a BS&A or a WIP completed within the period. This aligns with the definition of “Full Benefits Counseling” used in the monthly Evaluation team reports prepared by Abt Associates, counting participants with BS&As or WIPs completed in a given period.

^c The cost per counseling recipient for services beyond I&R in 2020 (\$1,629) is greater than in 2019 (\$1,284) because of an increase in real labor costs and because the participants receiving BS&As/WIPs later in the project were often more difficult to reach and/or more complicated cases requiring more counselor time.

I&R = Information and referral

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For the control group, we divided the 2020 annual grant cost for WIPA counseling costs \$19,583,031 by the 35,000 beneficiaries per year served by WIPA (according to the Office of Employment of Support). Thus, the cost per counseling case was \$560. Note that this falls in between the cost per case of those who received only I&R services and those who received services beyond I&R in the treatment group. To get the cost per control group member, we then multiplied the \$560 by 12.2 percent (the percentage of people in the baseline survey who indicated receiving services from a WIPA) to get an estimated cost of counseling of \$68.32, which translated to \$67.5 in 2019 dollars.

3. RESULTS

The benefit-cost accounting framework is based on the estimated difference between the treatment and control group mean for each component (Exhibit G.11). Exhibit G.11 shows the sub-components of cost categories, along with the total (in bold) for each category. The treatment-control differences shown in bold fold into the figures presented in Chapter VIII. Exhibit G.12 shows how each cost component feeds into the appropriate perspective in our accounting framework for our primary analysis (that used the T1 and T2 combined sample and is the basis for the figures and analysis described in Chapter VIII). Exhibits G.13 and G.14 show the benefit-cost calculations for the T1 and T2 samples separately. Exhibit G.15 presents robustness checks where we insert the upper and lower bound of the 95th confidence interval for the impact estimates (in place of the impact estimates themselves) for earnings and SSDI benefit amounts.

Exhibit G.11. Summary of treatment-control differences that feed into benefit-cost analysis

	Treatment	Control	Treatment-Control Difference
Earning and fringe benefits			
Earnings	5,022	4,954	68
Fringe benefits	714	673	41
Total earnings and fringe benefits	5,736	5,627	109
SSDI benefit amount			
Total SSDI benefit amount	11,870	11,725	145
Ticket to work payments			
Total Ticket-to-Work payments	53	55	-2
Other costs of employment			
Work-related expenses	550	543	7
Costs of non-market time	2,009	1,982	27
Total other costs of employment	2,559	2,525	34

EXHIBIT G.11 (continued)

	Treatment	Control	Treatment-Control Difference
Payroll taxes			
Payroll taxes to OASDI	623	614	8
Payroll taxes to Medicare/Unemployment Insurance	176	173	2
All payroll taxes	798	788	11
Income and sales taxes			
State income taxes	73	72	1
Federal income taxes	206	204	2
Sales taxes	496	490	5
Total income and sales taxes	775	767	8
Other payments to beneficiaries			
VA benefits	69	75	-6
Public assistance/welfare	19	21	-2
Workers' compensation	2	3	-1
Private disability insurance	18	27	-9
Unemployment	51	54	-4
Pension	22	23	-1
Disability insurance for disabled adult child	16	13	2
Supplemental Nutrition Assistance Program	183	181	2
SSI payments	467	464	2
Total other payments to beneficiaries	856	872	-17
Administrative Costs for SSDI/POD			
Earnings processing	79	72	8
Manual adjustments	4	N/A	4
Outreach for earnings reporting	23	N/A	23
Processing improper payments	16	9	7
Total administrative costs for SSDI/POD	122	81	41
Counseling costs			
Total counseling costs	223	68	155

Notes: Benefits and costs are in 2019 dollars and are reported in per-beneficiary annual amounts. Administrative and counseling costs were supplied by SSA and Abt Associates. All other treatment-control differences are based on estimates from the impact analysis or the multipliers applied to the impact estimates. Because of rounding, sums of components might not add exactly to the total. The treatment-control differences in italicized rows feed into Exhibits VIII.1, VIII.2, VIII.3, VIII.5 and VIII.6. Administrative cost components for the treatment and control group feed into Exhibit VIII.4.

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Exhibit G.12. Annual benefits and costs per enrollee, T1 and T2 combined sample, by accounting perspective

	Beneficiaries (A)	SSA (B)	Other governmental agencies and non- governmental entities (C)	All key stakeholders (A+B+C)
Earnings and fringe benefits				
Earnings	68			68
Fringe benefits	41			41
Other costs of employment				
Work-related expenses	-7			-7
Value of non-market time	-27			-27
Payroll taxes				
Payroll taxes to SSA	-8	8		
Payroll taxes to Medicare/Unemployment Insurance	-2		2	
Income and sales taxes				
State taxes	-1		1	
Federal income taxes	-2		2	
Sales taxes	-5		5	
SSDI benefit amounts				
SSDI benefit amounts	145	-145		
Other payments to beneficiaries				
VA benefits	-6		6	
Public assistance/welfare	-2		2	
Workers' compensation	-1		1	
Private disability insurance	-9		9	
Unemployment	-4		4	
Pension	-1		1	
Disability insurance for disabled adult child	2		-2	
Supplemental Nutrition Assistance Program	2		-2	
SSI payments	3	-3		
Ticket to work				
Ticket-to-Work payments		3		3
Counseling				
Counseling services		-155		-155
POD/SSDI administrative costs				
Processing costs for POD (or work CDRs for control group)		-8		-8
Outreach		-23		-23
Manual Adjustments for 1 for 2		-4		-4
Processing improper payments		-7		-7

EXHIBIT G.12 (continued)

	Beneficiaries (A)	SSA (B)	Other governmental agencies and non- governmental entities (C)	All key stakeholders (A+B+C)
Net benefits	184	-334	30	-120

Notes: Benefits and costs are in 2019 dollars and are reported in per-beneficiary annual amounts. To construct each component of the benefit-cost analysis, we used either (1) the impact estimates themselves (regardless of whether they were statistically significant), or (2) imputation methods to combine the impact estimates with data from external sources. To construct administrative and counseling costs related to administering SSDI benefits, we used data provided by the implementation contractor (Abt Associates) and SSA. Because of rounding, the sum of all the costs and benefits shown on this table may not add up exactly to the net benefits.

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Exhibit G.13. Annual benefits and costs per enrollee, T1 sample only, by accounting perspective

	Beneficiaries (A)	SSA(B)	Other governmental agencies and non- governmental entities (C)	All key stakeholders (A+B+C)
Earnings and fringe benefits				
Earnings	142			142
Fringe benefits	57			57
Other costs of employment				
Work-related expenses	-16			-16
Value of non-market time	-57			-57
Payroll taxes				
Payroll taxes to SSA	-18	18		
Payroll taxes to Medicare/Unemployment	-5		5	
Income and sales taxes				
State taxes	-2		2	
Federal income taxes	-8		8	
Sales taxes	-5		5	
SSDI benefit amounts				
SSDI benefit amounts	89	-89		
Other payments to beneficiaries				
VA benefits	-8		8	
Public assistance/welfare	-4		4	
Workers' compensation	-1		1	
Private disability insurance	-9		9	
Unemployment	4		-4	
Pension	-3		3	
Disability insurance for disabled adult child	2		-2	
Supplemental Nutrition Assistance Program	5		-5	
SSI payments	-9	9		
Ticket-to-Work payments				
Ticket-to-Work payments		-5		-5
Counseling				
Counseling services		-155		-155
POD/SSDI administrative costs				
Processing costs for POD (or work CDR for control group)		-8		-8
Outreach		-23		-23
Manual Adjustments for 1 for 2		-4		-4
Processing improper payments		-7		-7
Net benefits	155	-264	34	-75

Notes: Benefits and costs are in 2019 dollars and are reported in per-beneficiary annual amounts. To construct each component of the benefit-cost analysis, we used either (1) the impact estimates themselves (regardless of whether they were statistically significant), or (2) imputation methods to combine the impact estimates with data from external sources. To construct administrative and counseling costs related to administering SSDI payments, we used data provided by the implementation contractor (Abt Associates) and SSA. Because of rounding, the sum of all the costs and benefits shown on this table may not add up exactly to the net benefits.

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Exhibit G.14. Annual benefits and costs per enrollee, T2 sample only, by accounting perspective

	Beneficiaries (A)	SSA (B)	Other governmental agencies and non- governmental entities (C)	All key stakeholders (A+B+C)
Earnings and fringe benefits				
Earnings	-6			-6
Fringe benefits ^a	35			35
Other costs of employment				
Work-related expenses	1			1
Value of non-market time	2			2
Payroll taxes				
Payroll taxes to SSA	1	-1		0
Payroll taxes to OASDI/UI	0		0	0
Income and sales taxes				
State taxes	0		0	0
Federal income taxes	4		-4	0
Sales taxes	-5		5	0
SSDI benefit amounts				
SSDI benefit amounts	200	-200		0
Income from other sources				
VA benefits	-4		4	0
Public assistance/welfare	0		0	0
Workers' compensation	-1		1	0
Private disability insurance	-9		9	0
Unemployment	-12		12	0
Pension	0		0	0
Disability insurance for disabled adult child	2		-2	0
Supplemental Nutrition Assistance Program	-1		1	0
SSI payments	14	-14		0
Ticket to Work				
Ticket-to-Work payments		10		10
Counseling				
Counseling services		-155		-155
POD/SSDI administrative costs				
Processing costs for POD (or work CDR for control group)		-8		-8
Outreach		-23		-23
Manual adjustments for 1 for 2		-4		-4
Processing improper payments		-7		-7
Net benefits	221	-402	27	-155

EXHIBIT G.14 (*continued*)

Notes: Benefits and costs are in 2019 dollars and are reported in per-beneficiary annual amounts. To construct each component of the benefit-cost analysis, we used either (1) the impact estimates themselves (regardless of whether they were statistically significant), or (2) imputation methods to combine the impact estimates with data from external sources. To construct administrative and counseling costs related to administering SSDI payments, we used data provided by the implementation contractor (Abt Associates) and SSA. Because of rounding, the sum of all the costs and benefits shown on this table may not add up exactly to the net benefits.

^a The T2 group was more likely than the control group to work at a job where fringe benefits were offered.

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Exhibit G.15. Robustness tests for annual benefits and costs per enrollees, T1 and T2 combined sample

	Beneficiaries (A)	SSA (B)	Other governmental agencies and non- governmental entities (C)	All key stakeholders (A+B+C)
Primary analysis	184	-334	30	-120
Robustness tests				
Uses upper bound of 95% confidence interval for earnings	297	-269	60	71
Uses lower bound of 95% confidence interval for earnings	71	-393	0	-310
Uses upper bound of 95% confidence interval for SSDI payment amount	384	-537	36	-120
Uses lower bound of 95% confidence interval for SSDI payment amount	-17	-125	25	-120

Notes: Benefits and costs are in 2019 dollars and are reported in per-beneficiary annual amounts. In the robustness tests reported on this table, we calculated benefits and costs in the same way as the primary analysis reported in Exhibit G.12, except that we replaced the impact estimate with the upper or lower bound of the 95 percent confidence interval for the impact estimate.

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APPENDIX H:
QUESTIONNAIRES

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Promoting Opportunity Demonstration (POD) Baseline Questionnaire



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 unless we display a valid Office of Management and Budget control number. The OMB control number for this information collection is 0960-0809, expiring 11/30/2020. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. You may send comments about our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

Mathematica Policy Research is conducting a study for the Social Security Administration (SSA). As part of this study, we will interview thousands of people who currently receive Social Security Disability Benefits.

The study is about a new program that SSA is administering called the Promoting Opportunity Demonstration or POD. Thank you for volunteering to participate in this program. We are asking all who volunteer to complete this survey. Participation in the survey is voluntary but very important.

We will send you a \$25 check in appreciation for completing and returning the survey. The survey takes about 20 minutes to complete. You may skip any question you do not wish to answer. Your responses will be kept private and used only for research purposes. Your responses will be combined and reported with other responses in total; no individual names or responses will be reported

Thank you for taking the time to complete this survey!

If you have any questions about the survey or would like to complete it by telephone, please contact the POD Call Center at 1-888-771-9188 (this is a toll-free call).

When you finish the survey, please mail it back with the last two pages of the consent form filled out (page 3 with the checkboxes and page 4 with your name and signature) in the envelope provided. Just insert the completed form and consent form pages into the envelope, seal it, and put it in the mail. No postage is necessary. The form is preprinted with Mathematica's mailing address:

**POD Study Team
Mathematica Policy Research
P.O. Box 2393
Princeton, NJ 08543**

INSTRUCTIONS FOR FILLING OUT THE SURVEY

You may complete this form using a blue or black pen or a pencil. Please provide only one answer to each question unless the question asks for more than one answer. Start at the top of the next page with the first item –Question 1. After you read the question, pick the answer that best applies to you. Continue on to each question that follows.

Please answer questions by clearly writing your answer in the space provided or by marking the box that best matches your answer as shown in the examples below.

Write your answers like this:

1. Very satisfied
 2. Somewhat satisfied

Not like this:

1. Very satisfied
 2. Somewhat satisfied

For figures or amounts:

Write your answers like this:

\$			2	5	0	0	.		
----	--	--	---	---	---	---	---	--	--

Not like this:

	2	5	0	0			.		
--	---	---	---	---	--	--	---	--	--

If you want to change your response, circle the correct answer and draw a line through the incorrect answer:

1. Very satisfied
 ~~2. Somewhat satisfied~~

Some questions you will not need to answer. For these questions, there will be instructions to tell you which question to “skip” to next.

1. Do you ever eat chocolate?

1. Yes
 2. No → **SKIP TO QUESTION 3**

2. In the last seven (7) days, how many chocolate bars have you eaten?

		BARS
--	--	------

Before we begin, please identify who is filling out this survey.

1. Who is completing this form?

- ₁ I am completing it myself or with help → **SKIP TO QUESTION 6 ON NEXT PAGE**
- ₀ Someone is completing it for me - on my behalf

2. How is this person related to you?

MARK ONE ONLY

- ₁ Spouse/Partner
- ₂ Parent
- ₃ Legal guardian
- ₄ Friend
- ₅ Other relative or some other relationship - *specify* ↗

3. What is this person's name?

FIRST NAME

LAST NAME

4. Is the person who is completing this form the most knowledgeable about the person receiving Social Security Disability Insurance (SSDI) benefits and his or her day-to-day activities? This includes knowledge of services or supports that he or she may have received.

- ₁ Yes
- ₀ No → **This form should be completed by the person who is most knowledgeable about the individual receiving SSDI. Please have that person complete this form or have him/her call Mathematica at 888-771-9188 to complete the survey by telephone. Thank you!**

5. Do you live with the person filling out the form?

- ₁ Yes
- ₀ No

The first questions are about the Promoting Opportunity Demonstration (POD).

6. Enrolling in POD is voluntary. This means that...

MARK ONE ONLY

- ₁ You have no choice and must enroll in POD
- ₂ You can choose whether or not you want to enroll in POD

7. A primary goal of POD is to help you...

MARK ONE ONLY

- ₁ Increase work and earnings
- ₂ Go back to school
- ₃ Get health insurance

The next questions are about employment.

8. Are you currently working at a job or business for pay or profit? This includes work you may do for a business that you own. By 'working at a job for pay or profit' we mean at a job where you get paid money for the work you do.

- ₁ Yes → **SKIP TO QUESTION 11**
- ₀ No

9. When did you last work for pay? Your best guess is fine.

YEAR

10. Think about the last four weeks. Have you been looking for work during the last four weeks?

By looking for work, we mean looking for a job, either full-time or part-time, for which you will be paid.

- ₁ Yes
- ₀ No

11. In the last 12 months, did you work at a job that paid you more than \$1,000 a month (before taxes and deductions)?

- ₁ Yes
- ₀ No

11a. During the next 12 months, how likely do you think it is that you will be working at a job for pay? Do you think it is ...

MARK ONE ONLY

- ₁ Very likely
₂ Somewhat likely
₃ Not very likely
₄ Not at all likely

12. For each of the statements below, please mark whether you strongly agree, agree, disagree, or strongly disagree.

MARK ONE PER ROW

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. It is difficult for me to work because I am afraid I will lose my disability cash benefits.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
b. It is difficult for me to work because I am afraid I will lose my health insurance.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
c. I am limited in my ability to work because of a physical or mental condition.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
d. I am limited in my ability to work because I do not have reliable transportation to and from work.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
e. I am limited in my ability to work because I am caring for children or others.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
f. I am limited in my ability to work because I am finishing a school or training program.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
g. I don't have the skills or training I need to return to work.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
h. Many workplaces are not accessible to people with my disability.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
i. It will be difficult to receive Social Security disability benefits in the future if I work.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄

13. Did you receive any on the job training, job coaching, or support services in the past year?

MARK ONE ONLY

- ₁ Yes
- ₂ No → SKIP TO QUESTION 15
- ₃ Not needed/Not used

14. Where did you go to receive on the job training, job coaching, or support services in the past year?

MARK ONE OR MORE BOXES

- ₁ A vocational rehabilitation agency
- ₂ A welfare agency
- ₃ A mental health agency
- ₄ A state agency
- ₅ A workforce center or unemployment office
- ₆ An employer
- ₇ Some other place - *specify* ↘

15. Have you ever spoken with or received services from a benefit specialist or Work Incentive Planning Assistance (WIPA) program provider? These are programs funded by Social Security to provide information to beneficiaries about how their earnings from work affect their benefits.

- ₁ Yes
- ₂ No

The next questions are about your health.

16. In general, would you say your health is...

MARK ONE ONLY

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

17. Do you have health insurance coverage now?

That is, are you covered by a plan that someone else in your family has, or through a health plan your employer provides, or Medicare, Medicaid, or a plan you bought on your own?

- 1 Yes
- 0 No → SKIP TO QUESTION 19

18. What kinds of health coverage do you have?

MARK ONE OR MORE BOXES

- 1 Medicare
- 2 Medicaid also known as {FILL STATE SPECIFIC NAME}
- 7 Private insurance through own employer
- 8 Private insurance through spouse/partner/parent
- 9 Private insurance paid by self/family
- 11 Other plan - *specify* ↓

The next questions are about your background, education and earnings.

19. What is your ethnic background? Are you...

- ₁ Hispanic or Latino
- ₂ Not Hispanic or Latino

20. What is your race? Do you think of yourself as...

MARK ONE OR MORE BOXES

- ₁ Alaska Native or American Indian
- ₂ Asian
- ₃ Black or African/American
- ₄ Native Hawaiian or other Pacific Islander
- ₅ White
- ₆ Other - *specify* ↴

21. Are you currently living with a spouse or with someone who is like a spouse to you?

- ₁ Yes
- ₀ No

22. This question is about your current living situation. Thinking about the place you live, would you say that this place is a...

MARK ONE ONLY

- ₁ Single family home, mobile home, or regular apartment
- ₂ Other situation, such as a group home, personal care or something else?

23. What is the highest year or grade in school that you have completed?

MARK ONE ONLY

| GRADE (1-12)

- ₁ High school diploma, GED or certificate of completion
- ₂ 2-year college degree
- ₃ 4-year college degree (bachelor's degree)
- ₄ Other - *specify* ↴

24. In the last 12 months, what was the total income of all members of your household from all sources before taxes and other deductions? Please include any money from jobs, public assistance programs, or any other source.

Household means people who live in your house on a permanent basis and contribute to the household financially. Please include your own income and the income of everyone living with you. Do not include income from people who live in your household temporarily. If you live in a group home, please include only your own income.

MARK ONE ONLY

- ₁ Less than \$10,000
- ₂ \$10,000 to less than \$20,000
- ₃ \$20,000 to less than \$30,000
- ₄ \$30,000 to less than \$40,000
- ₅ \$40,000 to less than \$50,000
- ₆ \$50,000 or more

We would like to send you \$25 in appreciation for completing and returning the survey. Please write your mailing address below so that we can send you \$25. We will also reach out to you in a year for your second survey.

25. What is your mailing address?

STREET

COMPLEX/BUILDING/APARTMENT NUMBER

CITY

STATE

ZIP CODE

26. What is the best telephone number to call to reach you?

()					-				
---	--	--	---	--	--	--	--	---	--	--	--	--

AREA CODE

NUMBER

27. Is this number a ...

MARK ONE ONLY

- 1 Cell phone
 2 Landline
 3 Work/office

28. What is another telephone number to call to reach you?

()					-				
---	--	--	---	--	--	--	--	---	--	--	--	--

AREA CODE

NUMBER

29. Is this number a ...

MARK ONE ONLY

- 1 Cell phone
 2 Landline
 3 Work/office

30. When we contact you for the next survey in about a year, may we send you a text message on your cell phone? Depending on your service plan, standard text message rates may apply.

- 1 Yes
 2 No

- 30a.** What is the best e-mail address where we may send you study-related information? Study information may include sending an email to verify your address and telephone number, an invitation to complete a survey, or a reminder about the survey.

EMAIL ADDRESS

To help us to get back in touch with you in a year for your second survey, please provide the name, address and telephone number of two people who will always know how to reach you. This information will be kept private and will only be used if we are unable to reach you.

FIRST PERSON

- 31.** Please provide the name of someone who lives with you and will always know how to contact you. If you live alone, please provide the name of someone who will always know how to contact you.

FIRST NAME

LAST NAME

- 32.** What is this person's street address if he/she does not live with you?

STREET

COMPLEX/BUILDING/APARTMENT NUMBER

CITY

STATE

ZIP CODE

33. What is the best telephone number to reach this person?

()				-			
AREA CODE						NUMBER				

34. Is this number a ...

MARK ONE ONLY

- ₁ Cell phone
- ₂ Landline
- ₃ Work/office

35. What is this person's relationship to you?

MARK ONE ONLY

- ₁ Spouse/Partner
- ₂ Parent
- ₃ Legal guardian
- ₄ Friend
- ₅ Other relative or some other relationship - *specify* ↴

SECOND PERSON

36. Please provide the name of someone who does not live with you and will always know how to contact you.

FIRST NAME

LAST NAME

37. What is this person's street address?

STREET

COMPLEX/BUILDING/APARTMENT NUMBER

CITY

STATE

ZIP CODE

38. What is the best telephone number to reach this person?

()					-				
---	--	--	---	--	--	--	--	---	--	--	--	--

AREA CODE

NUMBER

39. Is this number a ...

MARK ONE ONLY

- ₁ Cell phone
- ₂ Landline
- ₃ Work/office

40. What is this person's relationship to you?

MARK ONE ONLY

- ₁ Spouse/Partner
- ₂ Parent
- ₃ Legal guardian
- ₄ Friend
- ₅ Other relative or some other relationship - *specify* ↘

Thank you for completing this survey!

Please return the completed survey and last two pages of the consent form (checkboxes and signature pages) in the self-addressed, postage-paid envelope provided or mail to:

**POD Survey Team
Mathematica Policy Research
P.O. Box 2393
Princeton, NJ 08543**

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OMB Control No.: 0960-0809
Expiration Date: 04/30/2022

MATHEMATICA
Policy Research

PROMOTING OPPORTUNITY DEMONSTRATION

12- and 24-Month Follow-up Survey Instrument

June 6, 2017(UPDATED 12/2020)

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 unless we display a valid Office of Management and Budget control number. We estimate that it will take about 30 minutes to read the instructions and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address.**

Declaración de la Ley de Reducción de Trámites - Esta recopilación de información cumple con los requisitos de 44 U.S.C. § 3507, según enmendado por la sección 2 de la Ley de Reducción de Trámites de 1995. Usted no necesita contestar estas preguntas a menos que exhibamos un número de control válido de la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés). Estimamos que tardará unos 30 minutos en leer las instrucciones, y responder a las preguntas de la encuesta. Usted puede enviar comentarios sobre nuestra estimación de tiempo a: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Envíe solamente comentarios relacionados con nuestra estimación de tiempo a esta dirección.**

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- A. RESPONDENT SCREENER AND INTRODUCTION
- B. EDUCATION AND TRAINING
- C. EMPLOYMENT AND EARNINGS
- D. EMPLOYMENT GOALS AND SSDI / POD UNDERSTANDING
- E. INCOME
- F. HEALTH AND FUNCTIONAL STATUS
- G. HEALTH INSURANCE

SECTION A: RESPONDENT SCREENER AND INTRODUCTION

CATI ALL

“20” IF Y1; “25” IF Y2

A1. I am calling from Mathematica Policy Research on behalf of the Social Security Administration or SSA. We are conducting a study for the Social Security Administration to find out more about the experiences of people receiving Social Security Disability Benefits.

The purpose of this interview is to learn more about [your/[FIRST NAME's] experiences over the past year, including job experience, job training, school and other things.

The survey takes about 30 minutes to complete. At the end of the interview, we will mail you a check for \$[20/25] to thank you for your time.

We recently mailed you a letter about completing a survey for the Promoting Opportunity Demonstration or POD.

Estoy llamando de Mathematica Policy Research de parte de la Administración del Seguro Social o SSA por sus siglas en inglés. Estamos llevando a cabo un estudio para la Administración del Seguro Social para aprender más acerca de las experiencias de las personas que están recibiendo Beneficios del Seguro Social por Incapacidad.

El propósito de esta entrevista es aprender más acerca de las experiencias que pueden tener personas como [usted/[FIRST NAME]], incluyendo experiencia laboral, capacitación en el trabajo, educación y otras cosas.

Completar la encuesta lleva unos 30 minutos. Al final de la entrevista, le enviaremos un cheque por \$[20/25] por correo para agradecerle por su tiempo.

Recientemente le enviamos una carta acerca de completar una encuesta para la Demostración Promoviendo Oportunidades o POD por sus siglas en inglés.

CODE ONE ONLY

- BEGIN INTERVIEW 1
- DID NOT RECEIVE/DOES NOT RECALL LETTER.....2
- NOT A GOOD TIME.....3
- REFUSEDr

CATI ALL

- A2.** [Your/[FIRST NAME's]] participation in this study is completely voluntary. It will in no way affect [your/[FIRST NAME's]] current or future receipt of benefits. [You/(He/She)] can stop the interview at any time. If any question makes [you/(him/her)] feel uncomfortable, [you/(he/she)] can refuse to answer that question.

If you get tired or need a break at any time, please tell me and we can take a break or I will call back later to finish the interview.

Let's start the interview now.

[Su participación/La participación de [FIRST NAME]] en este estudio es completamente voluntaria. No afectará en ninguna forma los beneficios actuales o futuros que reciba [usted/[FIRST NAME]]. [Usted/(Él/Ella)] puede parar la entrevista en cualquier momento. Si alguna pregunta le hace sentir incómodo(a), [usted/(él/ella)] puede negarse a contestar esa pregunta.

Si se cansa o necesita un descanso en algún momento, por favor dígame y podemos parar o le llamaré más tarde para terminar la entrevista.

CODE ONE ONLY

CONTINUE1



PROMOTING OPPORTUNITY DEMONSTRATION

Follow-up Survey (Phone)

Login ID:

Password:

Log In (Button)

How to Complete the Survey *Cómo completar la encuesta*

Thank you for your cooperation in completing the survey. *Gracias por su cooperación al completar la encuesta.*

- There are no right or wrong answers. *No hay respuestas correctas ni incorrectas.*
- To answer a question, click the box to choose your response. *Para contestar una pregunta, haga clic en la casilla para elegir su respuesta.*
- For most questions in the survey, you may answer by simply clicking a box or entering a number in the appropriate box. *La mayoría de las preguntas en la encuesta pueden ser contestadas simplemente haciendo clic en una casilla o entrando un número en la casilla apropiada.*
- For some questions, you will be asked to type a number or a brief text response. *Para algunas preguntas, se le pedirá que escriba un número o una breve respuesta de texto.*
- If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank. *Si no está seguro(a) de cómo responder una pregunta, por favor dé la mejor respuesta que pueda en lugar de dejarla en blanco.*
- To continue to the next page, press the "Next" button. *Para continuar a la página siguiente, presione el botón "Adelante".*
- To go back to the previous page, click the "Back" link at the bottom of each page. *Para volver a la página anterior, haga clic en el enlace "Back/Volver" en la parte inferior de cada página.*
- Use the buttons and links on each page to move through the survey. Clicking "Enter" or your browser's "Back" function may cause errors. *Use los botones y enlaces en cada página para avanzar en la encuesta. Hacer clic en "Enter" o la función "Back/Volver" de su navegador puede causar errores.*
- If you need to stop before you have finished, you may exit the survey by simply closing the tab or your internet browser. The data you provide prior to exiting the survey will be securely stored. *Si necesita detenerse antes de terminar, puede salir de la encuesta simplemente cerrando la pestaña o su navegador de Internet. Los datos que proporcione antes de salir de la encuesta se almacenarán de forma segura.*
- To continue the survey, log in again by using your login ID and password found in your study letter. You will return to the point where you left off.
- If you have any questions regarding this survey, please call our study team at 1-833-832-0470. *Para continuar la encuesta, inicie sesión de nuevo use su nombre de usuario y contraseña que se encuentran en su carta de estudio. Volverás al punto donde dejó. Si tiene alguna pregunta acerca de esta encuesta, por favor llame a nuestro equipo de estudio al 1-833-832-0470.*

Please click "Next" below to continue. *Haga clic en "Adelante" abajo para continuar.*

ALL WEB

AA1. Who is completing this survey?

¿Quién está completando esta encuesta?

[FULL BENEFICIARY NAME]..... 1

Someone else on behalf of [FULL BENEFICIARY NAME]/ **Alguien más en nombre de [FULL BENEFICIARY NAME]**.....2

HARD CHECK IF AA1 = MISSING; Please provide a response in order to proceed. If you do not wish to complete the survey, please exit your Internet browser now.

Por favor provea una respuesta para continuar. Si no desea completar la encuesta, por favor salga de su navegador de Internet ahora.

PROGRAMMER: USE AA1 TO DETERMINE FIRST PERSON/THIRD PERSON FILLS

WEB AND IF AA1 = 2

AA2. Please enter your full name and your relationship to [FULL BENEFICIARY NAME].

Por favor escriba su nombre completo y su relación con [FULL BENEFICIARY NAME].

FIRST NAME **NOMBRE**

MIDDLE INITIAL/NAME **INICIAL DEL SEGUNDO NOMBRE**

LAST NAME **APELLIDO**

RELATIONSHIP TO RESPONDENT **RELACIÓN/PARENTESCO CON ENCUESTADO**

SOFT CHECK: IF AA2=d, r, missing; Please try to provide an answer to this question, or proceed to the next question. *Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.*

ALL WEB
"30" IF Y1; "35" IF Y2

A1. We are conducting a study for the Social Security Administration to find out more about the experiences of people receiving Social Security Disability Benefits.

The purpose of this survey is to learn more about [your/[FIRST NAME's] experiences over the past year, including job experience, job training, school and other things.

The survey takes about 30 minutes to complete. At the end of the survey, we will mail you a check for \$[30/35] to thank you for your time.

Estamos llevando a cabo un estudio para la Administración del Seguro Social para aprender más acerca de las experiencias de las personas que están recibiendo Beneficios del Seguro Social por Incapacidad.

El propósito de esta encuesta es aprender más acerca de las experiencias que pueden tener personas como [usted/[FIRSTNAME]], incluyendo experiencia laboral, capacitación en el trabajo, educación y otras cosas.

Completar la encuesta lleva unos 30 minutos. Al final de la encuesta, le enviaremos un cheque por \$[30/35] por correo para agradecerle por su tiempo.

Please click "Next" button to continue.

Por favor haga clic en el botón "Adelante" para continuar.

(NEXT button)

WEB A1=1

<p>PROGRAMMER</p> <p>CHECK BOX TO PROCEDE TEXT</p>
--

A2. [Your/[FIRST NAME's] participation in this study is completely voluntary. It will in no way affect [your/[FIRST NAME's] current or future receipt of benefits. [You/(He/She)] can quit the survey at any time. If any question makes [you/(him/her)] feel uncomfortable, [you/(he/she)] can refuse to answer that question.

[Su participación/La participación de [FIRST NAME]] en este estudio es completamente voluntaria. No afectará en ninguna forma los beneficios actuales o futuros que reciba [usted/[FIRST NAME]]. [Usted/(Él/Ella)] puede abandonar la encuesta en cualquier momento. Si alguna pregunta le hace sentir incómodo(a), [usted/(él/ella)] puede negarse a contestar esa pregunta.

Please click "Next" button to continue.

Por favor haga clic en el botón "Adelante" para continuar.

CONTINUE 1

SECTION B: EDUCATION AND TRAINING

RETURN TO WORK ACTIVITIES—EDUCATION AND TRAINING

ALL

- B1.** The first few questions are about [your/[FIRST NAME]'s] education and training experiences. [Are you /Is (he/she)] *currently* enrolled in school or taking any classes?

Las primeras preguntas son acerca de las experiencias de educación y capacitación de [usted/FIRST NAME]. ¿Está [usted/(él/ella)] actualmente matriculado(a) en la escuela o tomando alguna clase?

YES **SÍ** 1
 NO 0
 DON'T KNOW d
 REFUSED r

B1=1

- B2.** [Are you/Is (he/she)] a full-time or part-time student?

¿Es [usted/(él/ella)] estudiante a tiempo completo o parcial?

CODE ONE ONLY

FULL-TIME **TIEMPO COMPLETO** 1
 PART-TIME **TIEMPO PARCIAL** 2
 DON'T KNOW d
 REFUSED r

ALL

- B3.** The next questions are about any training [you/[FIRST NAME]] may have had in the past 12 months.

In the past 12 months, [have you/has (he/she)] participated in any training program that lasted at least two weeks and that was designed to help [you/him/her] find a job, improve [your/(his/her)] job skills, or learn a new job?

Las siguientes preguntas son acerca de cualquier capacitación que [usted/[FIRST NAME]] pueda haber recibido en los últimos 12 meses.

En los últimos 12 meses, ¿ha participado [usted/(él/ella)] en algún programa de capacitación que durara por lo menos dos semanas y fuera designado a ayudarle a [usted/(él/ella)] a encontrar un trabajo, mejorar sus habilidades laborales, o aprender un nuevo trabajo?

YES **SÍ** 1
 NO 0
 DON'T KNOW d
 REFUSED r

B3=1

B4. What kind of training was that? Please include all kinds of training programs [you/[FIRST NAME]] participated in the past 12 months.

[IF WEB: Please select all that apply.]

¿Qué tipo de capacitación fue esa? Por favor incluya todos los tipos de programas de capacitación en el que [usted/[FIRST NAME]] participó en los últimos 12 meses.

[IF WEB: Por favor marque todas las que aplican.]

CODE ALL THAT APPLY

- Vocational rehabilitation **Rehabilitación vocacional**..... 1
- Job search assistance, job finding, orientation to the world of work
Ayuda en búsqueda de trabajo, en encontrar empleo, orientación al mundo del trabajo 2
- Vocational education apart from college (business or technical schools, employer or union-provided training, and military training in vocational but not military skills). **Educación vocacional no universitaria (escuelas de negocios o técnicas, capacitación proporcionada por empleador o por gremio, y capacitación militar vocacional, no en habilidades militares)** 3
- Non-vocational adult education not directed toward a degree (basic education, literacy training, English as a second language). **Educación para adultos no vocacional no enfocada en un título (educación básica, alfabetización, Inglés como segundo idioma)** 4
- Other (specify) **Otra (especifique)** 99
- (STRING 200)
- DON'T KNOW D
- REFUSED r

IF OTHER SPECIFY (99): **What other kind of training was this? ¿Qué otro tipo de capacitación fue esa?**

B3=1
[TRAINING PROGRAM IN B4] FILL FULL ANSWER CHOICE FROM B4
PROGRAMMER: REPEAT QUESTION FOR EACH TYPE OF TRAINING RECEIVED IN B4.

B5. In the past 12 months, how many weeks or months [have you/has he/she] attended [TRAINING PROGRAM IN B4]?

[PROBE:] Please include any time that [you/he/she] attended the training program during the past 12 months.

En los últimos 12 meses, ¿por cuántas semanas o meses ha ido [usted/(él/ella)] a capacitaciones de [TRAINING PROGRAM IN B4]?

[PROBE:] Por favor incluya cualquier ocasión en que [usted/él/ella] asistió al programa de capacitación en los últimos 12 meses.

INTERVIEWER: RECORD NUMBER ON THIS SCREEN, THEN WEEKS OR MONTHS ON NEXT SCREEN.

[[.]] NUMBER
(0-99.9)

WEB: DISPLAY ON SAME PAGE AFTER B5 IS ANSWERED
--

B5_per. Is that weeks or months?

¿Es eso semanas o meses?

- WEEKS SEMANAS..... 1
- MONTHS MESES 2
- DON'T KNOW d
- REFUSED r

<p>SOFT CHECK: B5>52 and B5_per=1; You indicated that you have received this training for more than 52 weeks. You can change your answer or proceed to the next question.</p> <p>Usted indicó que ha recibido esta capacitación por más de 52 semanas. Puede cambiar su respuesta o continuar a la siguiente pregunta.</p> <p>SOFT CHECK: B5 >12 and B5_per=2; You indicated that you have received this training for more than 12 months. You can change your answer or proceed to the next question.</p> <p>Usted indicó que ha recibido esta capacitación por más de 12 meses. Puede cambiar su respuesta o continuar a la siguiente pregunta.</p>

SECTION C: CURRENT EMPLOYMENT STATUS

ALL
FILL "IF NEEDED READ:" IF CATI

The next questions are about [your/[FIRST NAME]'s] work activities.

Las siguientes preguntas son acerca de actividades laborales [suyas/de [FIRST NAME]].

C1. In the past 12 months, [have/has] [you/[FIRST NAME]] worked at a job, organization, or business for pay or profit? This includes work [you/(he/she)] may do for a business that [you own/(he/she) owns].

[IF NEEDED READ:] **By 'working at a job for pay or profit' we mean at a job where [you get/(he/she) gets] paid money for the work [you do/(he/she) does].**

En los últimos 12 meses, ¿ha trabajado [usted/[FIRST NAME]] en un empleo, organización, o negocio por pago o por ganancias? Esto incluye trabajo que [usted/(él/ella)] pueda hacer para un negocio del cual [usted/(él/ella)] es dueño(a).

[IF NEEDED READ:] *Quando decimos 'trabajando en un empleo por pago o por ganancias' queremos decir en un empleo donde le pagan dinero a [usted/(él/ella)] por el trabajo que [usted/(él/ella)] hace.*

[INTERVIEWER: IF R IS SELF-EMPLOYED, CODE RESPONSE AS YES]

- YES **SÍ**..... 1
- NO..... 0
- DON'T KNOW d
- REFUSED r

SOFT CHECK: IF C1=d, r, missing; Please try to provide an answer to this question, or proceed to the next question. Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.
--

C1=0, D, R, MISSING

C2. In the past 12 months, [have/has] [you/(he/she)] done any volunteer work for an organization?

En los últimos 12 meses, ¿ha hecho [usted/(él/ella)] algún trabajo voluntario para una organización?

- YES **SÍ**..... 1
- NO..... 0
- DON'T KNOW d
- REFUSED r

ALL

C3. In the past 12 months, [have/has] [you/[FIRST NAME]] been looking for paid work, either full-time or part-time work?

En los últimos 12 meses, ¿ha estado [usted/[FIRST NAME]] buscando trabajo pago, ya sea a tiempo completo o parcial?

YES *Sí*.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

SOFT CHECK: IF C3=d, r, missing; Please try to provide an answer to this question, or proceed to the next question. Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.

IF C1=0, D, R, MISSING (NOT EMPLOYED), SKIP TO SECTION D

C1=1
FILL "do" IF SELF-RESPONSE; FILL "does" IF PROXY
FILL "own" IF SELF-RESPONSE; FILL "owns" IF PROXY

NBS
Modified

C4. Now please think about all the jobs [you have/[FIRST NAME] has] had in the past 12 months. When answering these questions, please include both part-time and full-time jobs, but only include jobs [you/(he/she)] worked at for pay or profit. This could be work [you/(he/she)] [do/does] for a business that [you/(he/she)] [own/owns].

How many jobs for pay or profit [have/has] [you/(he/she)] had in the past 12 months?

[PROBE:] Please include any job that [you/(he/she)] worked at in the past 12 months for a week or more. Count a job that [you/(he/she)] started, stopped and started again as separate jobs.

Ahora por favor piense en todos los trabajos que [usted/[FIRST NAME]] ha tenido en los últimos 12 meses. Al contestar estas preguntas, por favor incluya trabajos a tiempo parcial y tiempo completo, pero sólo incluya empleos en los que [usted/(él/ella)] trabajó por pago o ganancias. Esto podría ser trabajo que [usted/(él/ella)] hace para un negocio del que [usted/(él/ella)] es dueño(a).

¿Cuántos trabajos por pago o ganancias ha tenido [usted/(él/ella)] en los últimos 12 meses?

[PROBE:] Por favor incluya cualquier empleo en el que [usted/(él/ella)] trabajó por una semana o más en los últimos 12 meses. Cuente trabajos que [usted/(él/ella)] empezó, dejó y volvió a empezar como distintos trabajos.

[] NUMBER OF JOBS

(1-99)

DON'T KNOWd

REFUSEDr

FILL NUMBER OF JOBS FROM C4
SOFT CHECK: IF C4>20; You indicated that you have had [fill number of jobs from C4] in the past 12 months. You can change your answer or proceed to the next question. <i>Usted indicó que ha tenido [fill number of jobs from C4] en los últimos 12 meses. Puede cambiar su respuesta o continuar a la siguiente pregunta.</i>

C1=1

C5. [Are you/Is (he/she)] currently working at a job for pay or profit?

¿Está [usted/(él/ella)] trabajando actualmente en un empleo por pago o por ganancias?

YES **SÍ**1

NO0

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF C5=d, r, missing; **Please try to provide an answer to this question, or proceed to the next question. Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.**

C1=1
IF C5=1 and C4=1, FILL "current"; IF C5=1 AND C4>1, FILL "main"; IF C5=0, FILL "last"
IF C5=1 AND C4>1, FILL "[Your/(His/Her)] main job is the job where [you/(he/she)] [work/works] the most hours."
IF C5=1, FILL "is"; IF C5=0, FILL "was"
IF C5=1, FILL "do"; IF C5=0, FILL "did"
IF C5=1, FILL "work"; IF C5=0, FILL "worked"
IF C5=1, FILL "actual." IF C5=1 AND C4>1, FILL "principal" AND ", IF C5=0, FILL "último"
IF C4>1, FILL "Su trabajo principal es el empleo en donde trabaja más horas."
IF C5=1, FILL "es". IF C5=0, FILL "era"
IF C5=1, FILL "hacen". IF C5=0, FILL "hicieron"
IF C5=1, FILL "trabaja". IF C5=0, FILL "trabajó"

CPS/MTO
Modified

C6. The next questions are about [your/(his/her)] [current/main/last] job. [[Your/(His/Her)] main job is the job where [you/(he/she)] [work/works] the most hours.] What kind of business or industry [is/was] this? That is, what [do/did] they make or do where [you/(he/she)] [work/worked]?

Las siguientes preguntas son acerca del trabajo [actual/principal/último] [suyo/de (él/ella)]. [Su trabajo principal es el empleo en donde [usted/(él/ella)] trabaja más horas.] ¿Qué tipo de negocio o industria [es/era] esta? Es decir, ¿qué [hacen/hicieron] donde [usted/(él/ella)] [trabaja/trabajó]?

RECORD VERBATIM

_____ (STRING 100)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF C6=d, r, missing; **Please try to provide an answer to this question, or proceed to the next question. Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.**

C1=1
IF C5=1 AND SELF RESPONSE, FILL “do”; IF C5=1 AND PROXY, FILL “does”; IF C5=0, FILL “did”
IF C5=1, FILL “hace”. IF C5=0, FILL “hizo” IF C5=1, FILL “es”. IF C5=0, FILL “era”
FILL “PROBE:” IF CATI LANGUAGE IN PROBE IS CONDITIONAL ON GENDER OR RESPONDENT. MALES SHOULD HAVE “PROGRAMADOR, CONSERJE, CAJERO. FEMALES SHOULD HAVE PROGRAMADORA, CONSERJE, CAJERA

C7. What kind of work [do/does/did] [you/(he/she)] do? That is, what [is/was] [your/(his/her)] occupation? For example, programmer, janitor, cashier.

CPS/MTO
Modified

RECORD VERBATIM

[PROBE:] Different kinds of work can include duties such as: typing, keeping account books, filing, selling cars, operating printing press, or laying brick.

¿Qué tipo de trabajo [hace/hizo] [usted/(él/ella)]? Es decir, ¿cuál [es/era] su ocupación? Por ejemplo, programador(a), conserje, cajero(o/a).

RECORD VERBATIM

[PROBE:] Diferentes tipos de trabajo pueden incluir tareas como mecanografía, llevar libros contables, archivar, vender autos, operar una impresora, o colocar ladrillos.

_____ (STRING 100)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF C7=d, r, missing; Please try to provide an answer to this question, or proceed to the next question. Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.
--

C1=1
FILL "Were" IF SELF RESPONSE AND C5=0; FILL "Are" IF SELF RESPONSE AND C5=1; FILL "Was" IF PROXY AND C5=0; FILL "Is" IF PROXY AND C5=1.
FILL "work" IF SELF RESPONSE AND C5=1; FILL "works" IF PROXY AND C5=1; FILL "worked" IF C5=0
FILL "own" IF SELF RESPONSE AND C5=1; FILL "owns" IF PROXY AND C5=1; FILL "owned" IF C5=0
FILL "fue" IF C5=0; FILL "es" IF C5=1 TRABAJADOR(A) IS GENDER SPECIFIC. IF MALE RESPONDENT THEN SAY TRABAJADOR. IF FEMALE THEN SAY TRABAJADORA.
IF C5=1, FILL "trabaja". IF C5=0, FILL "trabajó"
FILL "si" IF PROXY; FILL "uste" IF SELF RESPONSE
FILL "misma" IF PROXY; FILL "mismo" IF SELF RESPONSE
FILL "PROBE:" IF CATI

C8. [Are/Were/Is/Was] [you/(he/she)] self-employed at this job?

NBS

[PROBE:] Self-employed means that [you/(he/she)] [work/worked/works] for [you/(him/her)]self or [own/owned/owns] [your(his/her)] own business.

¿[Es/fue] [usted/(él/ella)] trabajador(a) por cuenta propia en este trabajo?

[PROBE:] *Trabajador por cuenta propia quiere decir que [usted/(él/ella)] [trabaja/trabajó] para [usted/si] [mismo/misma] o [es/fue] dueño(a) de su propio negocio.*

- YES **SÍ** 1
- NO 0
- DON'T KNOW d
- REFUSED r

SOFT CHECK: IF C8=d, r, missing; **Please try to provide an answer to this question, or proceed to the next question. *Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.***

C1=1
FILL [PROBE:] IF CATI

C9. [Is/Was] this job a temporary or seasonal job?

New

[PROBE:] A *Temporary job* is one in which a person is hired to meet the short-term and/or project needs of an employer. Temporary help has come to be used across a broad range of skills and occupations to substitute for employees on leave, on vacation, or in emergencies, or to provide supplemental support where there are temporary skills shortages or specific projects or peak load needs.

[PROBE:] A *seasonal job* is one in which a person is hired to support existing staff during a busy season—such as holiday help or summer work.

¿[Es/fue] este un trabajo temporal o estacional?

[PROBE:] *Un trabajo temporal es uno en el que una persona es contratada para satisfacer las necesidades a corto plazo y/o de proyecto de un empleador. La ayuda temporal ha llegado a ser utilizada en una amplia gama de habilidades y ocupaciones para sustituir a empleados con licencias, de vacaciones, o durante emergencias, o para proporcionar apoyo suplementario cuando hay escasez temporal de habilidades o proyectos específicos o necesidades de carga máxima.*

[PROBE:] *Un trabajo estacional es uno en el que una persona es contratada para apoyar personal existente durante una época ocupada – como ayuda durante las fiestas o trabajo de verano.*

- YES **SÍ**.....1
- NO.....0
- DON'T KNOWd
- REFUSED.....r

C1=1
IF C5=1 AND SELF RESPONSE, FILL “do”; IF C5=1 AND PROXY, FILL “does”; IF C5=0, FILL “did”
IF C5=1, FILL “trabaja”. IF C5=0, FILL “trabajó”

C10. How many hours per week [do/did/does] [you(he/she)] typically work at this job?

¿Cuántas horas por semana [trabaja/trabajó] [usted/(él/ella)] típicamente en este trabajo?

||| HOURS PER WEEK/ HORAS POR SEMANA
(0-99)

- DON'T KNOW.....d
- REFUSED.....r

SOFT CHECK: IF C10>40; You indicated that you worked more than 40 hours a week at this job. You can change your answer or proceed to the next question. *Usted indicó que trabajó más de 40 horas por semana en este trabajo. Puede cambiar su respuesta o continuar a la siguiente pregunta.*

C1=1
IF C5=1 AND SELF RESPONSE, FILL "do"; IF C5=1 AND PROXY, FILL "does"; IF C5=0, FILL "did"
IF C5=1, FILL "gana". IF C5=0, FILL "ganó"
FILL "PROBE:" IF CATI

C11. How much [do/does/did] [you/(he/she)] typically earn, before taxes or other deductions, on this job? Please include tips and bonuses.

[PROBE:] Your best estimate is fine.

¿Cuánto [gana/ganó] [usted/(él/ella)] típicamente antes de impuestos u otras deducciones, en este trabajo? Por favor incluya propinas y bonos.

[PROBE:] Su mejor estimación está bien.

\$ |_|_|_| , |_|_|_| . |_|_|_|
(\$0-999,999.99)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF C11=d, r, missing; Please try to provide an answer to this question, or proceed to the next question. Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.

C1=1
FILL "were" IF SELF RESPONSE AND C5=0; FILL "are" IF SELF RESPONSE AND C5=1; FILL "was" IF PROXY AND C5=0; FILL "is" IF PROXY AND C5=1.
IF C5=1, FILL "pagan". IF C5=0, FILL "pagaron"
FILL "fue" IF C5=0; FILL "es" IF C5=1
FILL RESPONSE FROM C11

C12. [Is/Was] that hourly, daily, weekly, bi-weekly, twice a month, monthly, or annually?

¿[Es/fue] eso por hora, día, semana, quincenal, dos veces por mes, mensualmente, o anualmente?

[PROBE:] Your response from the previous question is [FILL C11].

[PROBE:] Su respuesta a la pregunta anterior es [FILL C11].

CODE ONE ONLY

HOURLY HORA.....	1
DAILY DIA.....	2
WEEKLY SEMANA.....	3
BI-WEEKLY OR EVERY OTHER WEEK QUINCENAL O CUALQUIER OTRA SEMANA.....	4
TWICE A MONTH DOS VECES POR MES.....	5
MONTHLY MENSUAL.....	6
ANNUALLY ANUALMENTE.....	7
PER UNIT OR PIECE POR ARTICULO O PIEZA.....	9
OTHER (SPECIFY).....	99
_____ (STRING 100)	
DON'T KNOW.....	d
REFUSED.....	r

FILL C11 RESPONSE. IF C12=1, FILL "HOURLY", IF C12=2, FILL "DAILY".
SOFT CHECK: IF C11>\$1000 and C12=1 or 2; You answered [FILL C11 RESPONSE] [hourly/daily]. You can change your answer or proceed to the next question. <i>Usted contestó [FILL C11 RESPONSE] por [hora/día]. Puede cambiar su respuesta o continuar a la siguiente pregunta.</i>

C1=1 DISPLAY ONE ROW PER SCREEN
IF C5=1, FILL "current"; IF C5=1 AND C4>1, FILL "main"; IF C5=0, FILL "last"
IF C5=1, FILL "offers"; IF C5=0 FILL "offered"
IF C5=1, FILL "Does"; IF C5=0 FILL "Did"
IF SELF RESPONSE, FILL "are"; IF PROXY, FILL "is"
IF SELF RESPONSE AND C5=1, FILL "are"; IF PROXY AND C5=1, FILL "is"; IF SELF RESPONSE AND C5=0, FILL "were"; IF PROXY AND C5=0, FILL "was"
IF C5=1, FILL "actual." IF C5=1 AND C4>1, FILL "principal" AND ", IF C5=0, FILL "último"
IF C5=1, FILL <i>ofrece</i> , if C5=0, FILL <i>ofrecía</i>

C13. Here are benefits some employers offer their employees. Please indicate if [your/(his/her)] [current/main/last] employer [offers/offered] [you(him/her)] any of these benefits.

NBS
Modified

Please answer 'yes' if [you/(he/she)] [were/was] eligible for the benefit even if [you/(he/she)] did not receive it.

[Did/Does] [your/(his/her)] employer offer [you/(him/her)] ...

Los siguientes son beneficios que algunos empleadores ofrecen a sus empleados. Por favor dígame si el empleador [principal/actual/último] [suyo/de (él/ella)] le [ofrece/ofrecía] a [usted/(él/ella)] alguno de estos beneficios.

Por favor responda 'sí' si [usted/(él/ella)] [es/era] elegible para el beneficio incluso si [usted/(él/ella)] aún no lo recibió.

¿Le [ofrece/ofrecía] su empleador a [usted/(él/ella)]...

CODE ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Health care insurance? (Such as medical and/or hospital) <i>Seguro de cuidado de salud? (como médico y/o de hospital)</i>	1	0	d	r
b. Dental benefits? <i>Beneficios dentales?</i>	1	0	d	r
c. Sick days with pay? <i>Días libres por enfermedad pagas?</i>	1	0	d	r
d. Paid vacation? <i>Vacaciones pagas?</i>	1	0	d	r
e. Free or low-cost childcare? <i>Cuidado de niños gratis o de bajo costo?</i>	1	0	d	r
f. Transportation, a transportation allowance, or transportation discounts? <i>Transporte, un subsidio de transporte, o descuentos para transporte?</i>	1	0	d	r
g. Long-term disability benefits? <i>Beneficios por incapacidad a largo plazo?</i>	1	0	d	r

CODE ONE PER ROW

YES	NO	DON'T KNOW	REFUSED
-----	----	------------	---------

h. Pension or retirement benefits? <i>Beneficios de pensión o jubilación?</i>	1	0	d	r
i. Short-term disability benefits? <i>Beneficios por incapacidad a corto plazo?</i>	1	0	d	r
j. Flexible health or dependent care spending accounts? <i>Cuentas flexibles para gastos de salud o dependientes?</i>	1	0	d	r

C1=1
IF C5=1, FILL "current"; IF C5=1 AND C4>1, FILL "main"; IF C5=0, FILL "last"
IF C5=1, FILL "Has"; IF C5=0, FILL "Did"
IF C5=1, FILL "made"; IF C5=0, FILL "make"
IF SELF RESPONSE AND C5=1, FILL "have"; IF PROXY AND C5=1, FILL "has"; IF C5=0, FILL "had"
IF C5=1, FILL "Ha hecho" IF C5=0, FILL "Hizo"
IF C5=1, FILL "actual." IF C5=1 AND C4>1, FILL "principal" AND ", IF C5=0, FILL "último"
IF C5=1, FILL "debe" IF C5=0, FILL "debía"

C14. [Has/Did] [your/[FIRST NAME]'s] [main/current/last] employer [made/make] any accommodations because of [your/(his/her)] physical or mental condition. For example, provided [you/(him/her)] with any special equipment or assistive technology or kept [your/(his/her)] job available to [you/(him/her)], even though [you/(he/she)] [have/has/had] to go out on disability from time to time.

¿[Ha hecho/Hizo] algún arreglo el [principal/actual/último] empleador [suyo/de [FIRST NAME]] debido a alguna condición física o mental [suya/ de (él/ella)]? Por ejemplo, proporcionarle a [usted/(él/ella)] algún equipo especial o tecnología asistida o mantener el trabajo disponible para [usted/ (él/ella)], a pesar de que [usted/ (él/ella)] [debe/debía/debió] salir por incapacidad de vez en cuando.

- YES Sí..... 1
- NO..... 0
- DON'T KNOW d
- REFUSED r

C1=1
“were” IF SELF RESPONSE and IF C5=0; “are” IF SELF RESPONSE and IF C5=1; “was” IF SELF RESPONSE and IF C5=0
IF C5=1, FILL “current”; IF C5=1 AND C4>1, FILL “main”; IF C5=0, FILL “last”
IF SELF RESPONSE, FILL “have”; IF PROXY, FILL “has”
IF C5=1, FILL “actual.” IF C5=1 AND C4>1, FILL “principal” AND “, IF C5=0, FILL “último”
IF SELF RESPONSE, FILL “su [principal/actual/último] trabajo”; IF PROXY, FILL “el [principal/actual/último trabajo] de (él/ella)”
FILL <i>está</i> IF SELF RESPONSE and IF C5=0; FILL <i>estaba</i> IF SELF RESPONSE and IF C5=1

C15. Taking all things into account, how satisfied [are/is/were/was] [you/[FIRST NAME]] with [your/(his/her)] [main/current/last] job? (CATI ONLY: Would you say [you/(he/she)] [are/is/were/was]:)

Tomando todo en consideración, ¿qué tan satisfecho(a) [está/estaba] [usted/[FIRST NAME]] con [su [principal/actual/último] trabajo/el [principal/actual/último trabajo] de (él/ella)]? (CATI ONLY: ¿Diría que [usted/(él/ella)] [está/estaba]:)

CODE ONE ONLY

- Very satisfied *Muy satisfecho(a)* 1**
- Somewhat satisfied *Algo satisfecho(a)* 2**
- Not very satisfied *No muy satisfecho(a)* 3**
- Not at all satisfied *Para nada satisfecho(a)* 4**
- DON'T KNOW d
- REFUSED r

C5=1 (CURRENTLY WORKING)

DISPLAY ONE ROW PER SCREEN

C16. The next questions are about any expenses [you/[FIRST NAME]] may have had for services or other support related to [your/(his/her)] condition that [you need/(he/she) needs] in order to work.

In the past month, did [you/[FIRST NAME]] have any of the following expenses related to [your/(his/her)] condition that help [you/(him/her)] to work?

[PROBE:] Please think about any expenses [you/[FIRST NAME]] paid out of pocket.

Las siguientes preguntas son sobre cualquier gasto que [usted / [FIRST NAME]] haya tenido para servicios u otro apoyo relacionado con su condición que [usted / (él / ella)] necesita para poder trabajar.

En el último mes, ¿tuvo [usted / [FIRST NAME]] alguno de los siguientes gastos relacionados con su condición que le ayuda a [usted/(él /ella)] a trabajar?

[PROBE:] *Por favor piense en cualquier gasto que [usted / [FIRST NAME]] haya pagado de su bolsillo.*

CODE ONE PER ROW

	YES	NO	DK	R
a. Transportation costs, such as vehicle modifications or paratransit <i>Costos de transporte, como modificaciones de vehículos o paratransito</i>	1	0	d	r
b. Attendant care costs, such as services performed to help prepare for work <i>Costos de cuidado de asistente, como servicios realizados para ayudar a prepararse para el trabajo</i>	1	0	d	r
c. Medical exam or prescription drug costs <i>Costos de exámenes médicos o medicamentos recetados</i>	1	0	d	r
d. Physical device costs, such as wheelchairs, dialysis equipment, or pacemakers <i>Costos de dispositivo físico, como sillas de ruedas, equipos de diálisis o marcapasos</i>	1	0	d	r
e. Residential modification costs, such as exterior ramps, railings, pathways, or enlarging a doorway <i>Costos de modificación residencial, como rampas exteriores, barandas, senderos o ampliación de una puerta</i>	1	0	d	r
f. Other costs <i>Otros costos</i>	1	0	d	r

IF C16A, C16B, C16C, C16D, C16E, OR C16F = 1
 REPEAT FOR EACH YES AT C16

C17. In the past month, how much did [you/[FIRST NAME]] spend on expenses for [FILL SERVICE FROM C16]?

En el ultimo mes, ¿cuánto gastó [usted/[FIRST NAME]] en gastos para [FILL SERVICE FROM C16]?

\$ | | , | | | | . | | | AMOUNT MONTO
 (0-9,999.99)

DON'T KNOWd

REFUSEDr

GO TO C17 FOR NEXT EXPENSE OR D1 IF NO OTHER EXPENSES

IF CANNOT PROVIDE AN AMOUNT AT C17, ASK FOR EACH

C18. Was it ...¿Fue ...

Less than \$100? *Menos de \$100?* 1

Between \$100 and \$199? *Entre \$100 y \$199?* 2

Between \$200 and \$299? *Entre \$200 y \$299?* 3

\$300 or more? *\$300 o más?* 4

Don't know *No sabe* d

REFUSED r

SECTION D: UNDERSTANDING AND ATTITUDES TOWARDS WORK AND WORK INCENTIVES

ALL
IF C1=0, FILL "getting a job," "obtener un trabajo," ELSE DO NOT FILL
IF SELF RESPONSE, FILL "sus objetivos personales"; IF PROXY, FILL "los objetivos personales de (él/ella)"

D1. Do [your/(his/her)] personal goals include [getting a job,] moving up in a job or learning new job skills?

¿Incluyen [sus objetivos personales/los objetivos personales de (él/ella)] [obtener un trabajo,] avanzar en un trabajo o aprender nuevas habilidades laborales?

- YES **SÍ** 1
- NO 0
- DON'T KNOW d
- REFUSED r

ALL
IF C1=0, FILL "SOMEDAY WORKING AND" "trabajar algún día y" ELSE DO NOT FILL
IF SELF RESPONSE, FILL "sus objetivos personales"; IF PROXY, FILL "los objetivos personales de (él/ella)"

D2. Do [your/(his/her)] personal goals include [someday working and] earning enough to stop receiving Social Security disability benefits?

¿Incluyen [sus objetivos personales/los objetivos personales de (él/ella)] [trabajar algún día y] ganar lo suficiente para dejar de recibir beneficios del Seguro Social por Incapacidad?

- YES **SÍ** 1
- NO 0
- NOT CURRENTLY RECEIVING SSDI BENEFITS **NO RECIBE BENEFICIOS SSDI EN ESTE MOMENTO** 2
- DON'T KNOW d
- REFUSED r

AWARENESS OF FEATURES OF POD PROGRAM

RANDOM ASSIGNMENT = 1 OR 2 (OR SAMPGROUP = T)

D3. Before today, had [you/(he/she)] ever heard of the Promoting Opportunity Demonstration, or the POD program?

Antes de hoy, ¿alguna vez había oído hablar [usted/(él/ella)] de la Demostración Promoviendo Oportunidades, o del programa POD?

- YES **SÍ**.....1
- NO.....0
- DON'T KNOWd
- REFUSEDr

ALL
IF TREATMENT, FILL “This refers to the rules SSA uses for those enrolled in POD.” IF CONTROL, FILL “This refers to the current Social Security Disability Insurance (SSDI) rules.”
IF TREATMENT, FILL “POD”. IF CONTROL FILL, “CURRENT SSDI RULES” <i>“reglas actuales de SSDI”</i>
IF TREATMENT, FILL <i>“Esto se refiere a las reglas que usa SSA para aquellos registrados en POD.”</i> IF CONTROL, FILL <i>“Esto se refiere a las reglas actuales del Seguro Social por Incapacidad (SSDI, por sus siglas en inglés).”</i>
IF SELF RESPONSE, FILL <i>“sus beneficios”</i> ; IF PROXY, FILL <i>“los beneficios de (él/ella)”</i>
IF SELF RESPONSE, FILL <i>“sus ingresos”</i> ; IF PROXY, FILL <i>“los ingresos de (él/ella)”</i>
WEB: DISPLAY “DON'T KNOW” ANSWER

D4. The next questions are about [your/(his/her)] understanding of the rules SSA uses to calculate [your/(his/her)] benefit check.

[This refers to the rules SSA uses for those enrolled in POD./This refers to the current Social Security Disability Insurance (SSDI) rules.]

Under [POD/Current SSDI rules], [do/does] [you/(he/she)] have a Trial Work Period where [your/(his/her)] benefits remain unchanged regardless of [your/(his/her)] earnings?

Las siguientes preguntas son acerca de [su comprensión/la comprensión de (él/ella)] de las reglas que usa SSA para calcular su cheque de beneficios.

[Esto se refiere a las reglas que usa SSA para aquellos registrados en POD. Esto se refiere a las reglas actuales del Seguro Social por Incapacidad (SSDI, por sus siglas en inglés).]

Bajo [POD/reglas actuales de SSDI], ¿tiene [usted/(él/ella)] un Período de Prueba Laboral cuando [sus beneficios/los beneficios de (él/ella)] permanecen sin cambios sin importar [sus ingresos/los ingresos de (él/ella)]?

- YES **SÍ**.....1
- NO.....0
- DON'T KNOW **NO SABE**.....d
- REFUSEDr

RANDOM ASSIGNMENT = 3 (OR SAMPGROUP = C)
IF CATI FILL "PROBE:"
IF SELF RESPONSE, FILL "sus beneficios"; IF PROXY, FILL "los beneficios de (él/ella)"
WEB: DISPLAY "DON'T KNOW" ANSWER

D5. Under current SSDI rules, are [your/(his/her)] benefits reduced at any time if [your/(his/her)] earnings are above SSA’s definition of substantial gainful activity (SGA)?

[PROBE:] The SGA amount is about \$1,310 a month for a person who is not blind or \$2,190 a month for a person who is blind.

Bajo las reglas actuales de SSDI, ¿disminuyen en algún momento [sus beneficios/ los beneficios de (él/ella)] si [sus ingresos/los ingresos de (él/ella)] están por encima de la definición de SSA de actividad lucrativa sustancial (SGA, por sus siglas en inglés)?

[PROBE:] El monto mensual de SGA para una persona que no es ciega es unos \$1,310, o \$2,190 al mes para una persona ciega.

- YES **SÍ**..... 1
- NO 0
- DON'T KNOW **NO SABE** d
- REFUSED r

RANDOM ASSIGNMENT = 1 OR 2 (OR SAMPGROUP = T)
IF SELF RESPONSE, FILL "sus beneficios"; IF PROXY, FILL "los beneficios de (él/ella)"

D6. Under POD, are [your/(his/her)] benefits reduced at any time if [your/(his/her)] monthly earnings are above a level that SSA set for POD?

[PROBE:] The monthly earnings level that SSA set for POD is the higher of the following: (1) \$940 in 2021 called the POD earnings threshold, or (2) your total monthly itemized Impairment-Related Work Expenses (IRWEs) if that amount is greater than \$940.

Bajo POD, ¿se reducen [sus beneficios/los beneficios de (él/ella)] en algún momento si [sus ganancias mensuales/ las ganancias mensuales de él/ella] están por encima del nivel que establece SSA para POD?

[PROBE:] El nivel de ingreso mensual que SSA establece para POD es el mayor de lo siguiente: (1) \$940 en 2021 llamado el umbral de ganancias POD, o (2) su total mensual desglosado por Gastos de Trabajo Relacionados con la Incapacidad (IRWE por sus siglas en inglés) si ese monto es mayor que \$940.

- YES **SÍ**..... 1
- NO 0
- Don't know **No sabe** d
- REFUSED r

ALL
IF TREATMENT, FILL “the POD rules that apply to you”; IF CONTROL FILL, “current SSDI rules”
IF TREATMENT, FILL “ <i>las reglas de POD que aplican a usted</i> ” IF CONTROL, FILL “ <i>las reglas actuales de SSDI</i> ”
IF SELF RESPONSE, FILL “ <i>sus beneficios</i> ”; IF PROXY, FILL “ <i>los beneficios de (él/ella)</i> ”
IF SELF RESPONSE, FILL “ <i>sus ingresos</i> ”; IF PROXY, FILL “ <i>los ingresos de (él/ella)</i> ”

D7. Under [the POD rules / current SSDI rules], do [your/(his/her)] benefits ever terminate if [your/(his/her)] earnings are too high?

Bajo [las reglas de POD /las reglas actuales de SSDI], ¿alguna vez terminan [sus beneficios/los beneficios de (él/ella)] si [sus ingresos/los ingresos de (él/ella)] son muy altos?

- YES **SÍ**..... 1
- NO 0
- DON'T KNOW **NO SABE** d
- REFUSED r

RANDOM ASSIGNMENT = 1 OR 2 (OR SAMPGROUP = T)

D8. How satisfied [are/is] [you/(he/she)] with the POD offset and rules? (CATI ONLY: Are you...)

¿Qué tan satisfecho(a) está [usted/(él/ella)] con las compensaciones y reglas de POD?

(CATI ONLY: ¿Está usted...)

- Very satisfied **Muy satisfecho(a)** 1
- Somewhat satisfied **Algo satisfecho(a)** 2
- Not very satisfied **No muy satisfecho(a)** 3
- Not at all satisfied **Para nada satisfecho(a)** 4
- DON'T KNOW d
- REFUSED r

RANDOM ASSIGNMENT = 1 OR 2 (OR SAMPGROUP = T)

- D9. How satisfied [are/is] [you/(he/she)] with the POD services [you have/(he/she) has] received? For example, benefits counseling. (CATI ONLY: [Are/Is] [you/(he/she)]...)
- ¿Qué tan satisfecho(a) está [usted/(él/ella)] con los servicios que ha recibido de POD? Por ejemplo, el asesoramiento de beneficios. (CATI ONLY: ¿Está [usted/(él/ella)]...)*
- Very satisfied *Muy satisfecho(a)* 1
- Somewhat satisfied *Algo satisfecho(a)* 2
- Not very satisfied *No muy satisfecho(a)* 3
- Not at all satisfied *Para nada satisfecho(a)* 4
- Haven't received any POD services *No ha recibido ningún servicio POD* ... 0
- DON'T KNOW d
- REFUSED r

T1 OR T2 AND WITHDREW FROM OFFSET

- D10. I understand that [you/[FIRST NAME]] no longer use(s) the POD benefit offset. Why did [you/[FIRST NAME]] choose to withdraw from POD?
- Entiendo que [usted/[FIRST NAME]] ya no usa el beneficio de compensación POD. ¿Por qué eligió [usted/[FIRST NAME]] salir de POD?*
- Benefits went down with POD *Los beneficios disminuyeron con POD* 1
- New POD rules were confusing *Las nuevas reglas POD eran confusas* 2
- Benefit payment issue *Problemas con pago de beneficios* 3
- Didn't like benefit counseling services *No le gustaron los servicios de consejería* 4
- Reporting earnings too often *Reporte de ganancias muy seguido* 5
- Other (specify) *Otro (especifique)* 99
- _____ (STRING 500)
- Didn't withdraw from POD *No salió de POD* 0
- DON'T KNOW d
- REFUSED r

SECTION E: INCOME

ALL
FILL PREVIOUS MONTH, CURRENT YEAR

E_intro.

The following questions are about income that [you/[FIRST NAME]] personally received last month, that is, in [INSERT LAST MONTH, THIS YEAR]. This includes income and benefits from different programs. When answering these questions, please include only [your/(his/her)] own earnings and benefits, and don't include earnings or benefits that other family members may have received.

Las siguientes preguntas son acerca de ingreso que [usted/[FIRST NAME]] recibió personalmente el mes pasado, es decir en [INSERT LAST MONTH, THIS YEAR]. Esto incluye ingreso y beneficios de diferentes programas. Al contestar estas preguntas, por favor incluya solamente los ingresos y beneficios [suyos/de (él/ella)], y no incluya ingresos ni beneficios que puedan haber recibido otros miembros de la familia.

[IF WEB: Please click "Next" button to continue.

Por favor haga clic en el botón "Adelante" para continuar.]

ALL
DISPLAY ONE ROW PER SCREEN

E1. Last month, did [you/(she/he)] receive any income from...

El mes pasado, ¿recibió [usted/(él/ella)] algún ingreso de...

CODE ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Veterans' benefits? <i>Beneficios para Veteranos?</i>	1	0	d	r
b. Public assistance or welfare payments? <i>Asistencia pública o pagos de asistencia social?</i>	1	0	d	r
c. Workers' compensation? <i>Compensación de trabajadores?</i>	1	0	d	r
d. Employer-provided or other private disability insurance for [you/(him/her)]? <i>Seguro proporcionado por empleador u otro seguro privado por incapacidad para [usted/(él/ella)]?</i>	1	0	d	r
e. Unemployment benefits? <i>Beneficios por desempleo?</i>	1	0	d	r
f. Private pensions or government employee pensions? <i>Pensiones privadas o de empleados públicos?</i>	1	0	d	r
g. Disability insurance for a disabled adult child? <i>Seguro por incapacidad para un niño adulto discapacitado?</i>	1	0	d	r
h. Other sources on a regular basis but not from jobs or Social Security? <i>Otras fuentes de forma regular, pero no de trabajos o del Seguro Social?</i> _____ (STRING 100)	1	0	d	r
i. Other sources <u>not</u> on a regular basis? (SPECIFY) <i>Otras fuentes pero <u>no</u> de forma regular?</i> (ESPECIFIQUE) _____ (STRING 100)	1	0	d	r

IF OTHER SPECIFY: What other sources of income were received? <i>¿Qué otras fuentes de ingreso fueron recibidas?</i>
--

_____ (STRING 100)

E1A, E1B, E1C, E1D, E1E, E1F, E1G, E1H, **OR** E1I=1.
 FILL WITH INCOME SOURCE FROM E1 (FOR E1I, FILL VERBATIM RESPONSE)
 E2[1] SHOULD CORRELATE TO E1A; E2[2] SHOULD CORRELATE TO E1B , ETC.

E2. How much income did [you/(she/he)] receive last month from [SOURCE FROM E1]?

¿Cuánto ingreso recibió [usted/(él/ella)] el mes pasado de [SOURCE FROM E1]?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$ [] , [] [] [] . [] [] AMOUNT MONTO SKIP TO E4
 (0-9,999.99)

DON'T KNOWd

REFUSEDr

GO TO E2 FOR NEXT INCOME SOURCE OR E4 IF NO OTHER SOURCES OF INCOME

IF CANNOT PROVIDE AN AMOUNT AT E2, ASK FOR EACH
 WEB: DISPLAY IF E2=d, r, missing

E3. About how much was it...

¿Fue aproximadamente ...

Less than \$150 **Menos de \$150**1

\$150 to less than \$300 **A menos de \$300**2

\$300 to less than \$500 **A menos de \$500**3

\$500 or more **\$500 o más**4

Don't know **No sabe**d

REFUSEDr

ALL
 IF PROXY: *del hogar de él* IF SAMPMEMBSEX = MALE; *del hogar de ella* IF SAMPMEMBSEX = FEMALE; *del hogar de él o ella* IF SAMPMEMBSEX = UNKNOW;
su hogar IF SELF RESPONSE
 FILL "IF NECESSARY:" IF CATI

E4. Did [you/(she/he)] or any member of [your/(his/her)] household receive SNAP benefits or food stamps last month?

[IF NECESSARY:] SNAP stands for the Supplemental Nutrition Assistance Program.

¿Recibió [usted/(él/ella)] u cualquier otro miembro de [su hogar/del hogar de (él/ella)] beneficios SNAP o estampillas para alimentos el mes pasado?

[IF NECESSARY:] SNAP quiere decir Programa de Asistencia Nutricional Suplementaria.

YES **SÍ**1

NO0

DON'T KNOWd

REFUSEDr

E4=1

E5. What was the dollar value of the SNAP benefit (Supplemental Nutrition Assistance Program) or food stamps [you/(she/he)] received last month?

¿Cuál fue el valor en dólares del beneficio SNAP (Programa de Asistencia Nutricional Suplementaria) o de estampillas de alimentos que recibió [usted/(él/ella)] el mes pasado?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$, . AMOUNT
(0-9,999.99)

DON'T KNOWd

REFUSEDr

ALL

IF SELF RESPONSE, FILL "Do"; IF PROXY, FILL "Does"

E6.1. [Do/Does] [you/(she/he)] currently receive any governmental housing assistance in paying rent, such as through public housing or Section 8 or a Housing Choice Voucher?

HOPE VI,
MTO

¿Recibe [usted/(él/ella)] actualmente algún tipo de asistencia gubernamental para la vivienda en pagos de alquiler, como por medio de vivienda pública o Sección 8 o un Cupón de Opción de Vivienda?

YES **SÍ**1

NO0

DON'T KNOWd

REFUSEDr

ALL

E6. Did [you/(she/he)] or any member of [your/his/her] household receive assistance from any other government source? For example: energy assistance or child care assistance.

¿Recibió [usted/(él/ella)] o cualquier miembro de su hogar asistencia de alguna otra fuente gubernamental? Por ejemplo: asistencia con energía o para el cuidado de niños.

YES **SÍ**1

NO0

DON'T KNOWd

REFUSEDr

E6=1

E7. What type of other assistance did [you/(she/he)] receive?

¿Qué otro tipo de asistencia recibió [usted/(él/ella)]?

_____ (STRING 100)

DON'T KNOWd

REFUSEDr

E6=1
FILL "PROBE:" IF CATI
FILL RESPONSE FROM E7

E8. How much income did [you/(she/he)] receive last month from this other assistance?

INTERVIEWER: INCLUDE INCOME FROM ALL OTHER SOURCES LISTED IN E7

[PROBE:] Other assistance received: [FILL VERBATIM FROM E7]

¿Cuánto ingreso recibió [usted/(él/ella)] el mes pasado de esta otra asistencia?

INTERVIEWER: INCLUDE INCOME FROM ALL OTHER SOURCES LISTED IN E7

[PROBE:] Otra asistencia recibida: [FILL VERBATIM FROM E7]

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$, . AMOUNT
(0-99,999.99)

DON'T KNOWd

REFUSEDr

ALL
FILL "del hogar de [FIRST NAME]" IF PROXY; "de su hogar", IF SELF RESPONSE
Fill [LAST CALENDAR YEAR]

The next question is about the income of all members in [your/[FIRST NAME]'s] household.

E10. What was the total combined income of all members of this household during [LAST CALENDAR YEAR]? Please include money from jobs, work on the side, welfare, SSDI, help from [your/(his/her)] family and friends, and any other money income received by [you/(him/her)] or any other household member.

Your best estimate is fine.

La siguiente pregunta es acerca del ingreso de todos los miembros [de su hogar/del hogar de [FIRST NAME]].

¿Cuál fue el ingreso total combinado de todos los miembros del hogar durante [LAST CALENDAR YEAR]? Por favor incluya dinero de trabajos, trabajo extra, asistencia social, SSDI, ayuda de su familia y amigos, y cualquier otro ingreso monetario recibido por [usted/(él/ella)] o cualquier otro miembro del hogar.

Su mejor estimación está bien.

\$, . AMOUNT
(\$0-999,999)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF E10=d, r, missing; Please try to provide an answer to this question, or proceed to the next question. Por favor trate de dar una respuesta a esta pregunta, o continúe a la siguiente pregunta.

Effects of
Housing
Choice
Vouchers on
Welfare
Families

E10=D
FILL “del hogar de [FIRSTNAME]” IF PROXY; “de su hogar”, IF SELF RESPONSE
FILL [LAST CALENDAR YEAR]

E11. What was the total combined income of all members of [your/[FIRST NAME]'S] household during [LAST CALENDAR YEAR]?

¿Cuál fue el ingreso total combinado de todos los miembros [de su hogar/del hogar de [FIRST NAME]] durante [LAST CALENDAR YEAR]?

CODE ONE ONLY

- Less than \$10,000 **Menos de \$10,000** 1
- \$10,000 to less than \$20,000 **\$10,000 a menos de \$20,000** 2
- \$20,000 to less than \$30,000 **\$20,000 a menos de \$30,000** 3
- \$30,000 to less than \$40,000 **\$30,000 a menos de \$40,000** 4
- \$40,000 to less than \$50,000 **\$40,000 a menos de \$50,000** 5
- \$50,000 or more **\$50,000 o más** 6
- DON'T KNOW d
- REFUSED r

SECTION F: HEALTH AND FUNCTIONAL STATUS

ALL

FILL “de [FIRSTNAME]” IF PROXY; “suya” IF SELF RESPONSE

F_intro.

The next few questions ask about [your/[FIRST NAME]’s] health and how well [you/(he/she)] [are/is] able to do [your/(his/her)] usual activities.

Las siguientes preguntas son acerca de la salud [suya/ de [FIRST NAME]] y qué tan bien puede [usted/(él/ella)] hacer sus actividades usuales.

[IF WEB: Please click “Next” button to continue.

Por favor haga clic en el botón “Next/Siguiente” para continuar.]

ALL

F1. In general, how would you rate [your/(his/her)] health?

En general, ¿cómo diría que es [su salud / la salud de (él/ella)]?

CODE ONE ONLY

Excellent Excelente	1
Very good Muy buena	2
Good Buena	3
Fair Regular	4
Poor Mala	5
DON'T KNOW.....	d
REFUSED.....	r

ALL

F2. Does [your/(his/her)] health now limit [you/(him/her)] in moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

¿Le limita a [usted/(él/ella)] su salud ahora en actividades moderadas como mover una mesa, empujar una aspiradora, jugar a los bolos, o jugar al golf?

CODE ONE ONLY

A lot Mucho	1
A little Un poco	2
Not at all Para nada	3
DON'T KNOW.....	d
REFUSED.....	r

ALL

F3. Does [your/(his/her)] health now limit [you/(him/her)] in climbing several flights of stairs?

¿Le limita a [usted/(él/ ella)] su salud ahora al subir varios pisos por escaleras?

CODE ONE ONLY

A lot **Mucho** 1

A little **Un poco** 2

Not at all **Para nada** 3

DON'T KNOW d

REFUSED r

ALL

IF PROXY: *la salud física de él* IF SAMPMEMBSEX = MALE; *la salud física de ella* IF SAMPMEMBSEX = FEMALE;
su salud física IF SELF RESPONSE

F4. The next two questions ask about [your/[FIRST NAME]'S] physical health and [your/(his/her)] daily activities. During the past 4 weeks, how much of the time [have/has] [you/(he/she)] accomplished less than [you/(he/she)] would have liked to as a result of [your/(his/her)] physical health?

Las siguientes dos preguntas son acerca [su salud física / la salud física de [FIRST NAME]] y sus actividades diarias. Durante las últimas 4 semanas, ¿por cuánto tiempo ha [usted/(él/ella)] logrado menos de lo que le hubiera gustado como resultado de [su salud física/ la salud física de (él/ella)]?

CODE ONE ONLY

All of the time **Todo el tiempo** 1

Most of the time **La mayor parte del tiempo** 2

Some of the time **Parte del tiempo** 3

A little of the time **Poco tiempo** 4

None of the time **Nunca** 5

DON'T KNOW d

REFUSED r

ALL
IF PROXY, FILL “was”; IF SELF RESPONSE, FILL “were”
IF PROXY, FILL “does”; IF SELF RESPONSE, FILL “do”

- F5. During the past 4 weeks, how much of the time [were/was] [you/(he/she)] limited in the kind of work or other regular daily activities [you/(he/she)] [do/does] as a result of [your/(his/her)] physical health?

Durante las últimas 4 semanas, ¿por cuánto tiempo estuvo [usted/(él/ella)] limitado(a) en el tipo de trabajo u otras actividades diarias que hace [usted/(él/ella)] como resultado de su salud física?

CODE ONE ONLY

- All of the time **Todo el tiempo** 1
 Most of the time **La mayor parte del tiempo** 2
 Some of the time **Parte del tiempo** 3
 A little of the time **Poco tiempo** 4
 None of the time **Nunca** 5
 DON'T KNOW d
 REFUSED r

ALL

- F6. During the past 4 weeks, how much of the time [have/has] [you/(he/she)] accomplished less than [you/(he/she)] would have liked to as a result of any emotional problems, such as feeling depressed or anxious?

Durante las últimas 4 semanas, ¿por cuánto tiempo ha logrado [usted/(él/ella)] menos de lo que le hubiera gustado como resultado de algún problema emocional, como sentirse deprimido(a) o ansioso(a)?

CODE ONE ONLY

- All of the time **Todo el tiempo** 1
 Most of the time **La mayor parte del tiempo** 2
 Some of the time **Parte del tiempo** 3
 A little of the time **Poco tiempo** 4
 None of the time **Nunca** 5
 DON'T KNOW d
 REFUSED r

ALL

- F7. During the past 4 weeks, how much of the time did [you/(he/she)] not do work or other activities as carefully as usual as a result of any *emotional problems*, such as feeling depressed or anxious?

Durante las últimas 4 semanas, ¿por cuánto tiempo [usted/(él/ella)] no trabajó ni hizo otras actividades tan cuidadosamente como de costumbre como resultado de algún problema emocional, como sentirse deprimido(a) o ansioso(a)?

CODE ONE ONLY

All of the time **Todo el tiempo** 1
 Most of the time **La mayor parte del tiempo** 2
 Some of the time **Parte del tiempo** 3
 A little of the time **Poco tiempo** 4
 None of the time **Nunca** 5
 DON'T KNOW d
 REFUSED r

ALL

IF SELF RESPONSE, FILL “su trabajo normal”; IF PROXY, FILL “el trabajo normal de (él/ella)”

- F8. During the past 4 weeks, how much did pain interfere with [your/(his/her)] normal work, including both work outside the home and housework?

Durante las últimas 4 semanas, ¿cuánto ha interferido el dolor con [su trabajo normal/el trabajo normal de (él/ella)], incluyendo trabajo fuera de casa y trabajo doméstico?

CODE ONE ONLY

All of the time **Todo el tiempo** 1
 Most of the time **La mayor parte del tiempo** 2
 Some of the time **Parte del tiempo** 3
 A little of the time **Poco tiempo** 4
 None of the time **Nunca** 5
 DON'T KNOW d
 REFUSED r

ALL

IF SELF RESPONSE FILL "feel"; IF PROXY FILL "feels"

- F9. These next questions are about how [you/(he/she)] [feel/feels] and how things have been with [you/(him/her)] during the past 4 weeks. For each question, please provide an answer that comes closest to the way [you/(he/she)] [have/has] been feeling.

During the past 4 weeks, how much of the time [have/has] [you/(he/she)] felt calm and peaceful?

Las siguientes preguntas son acerca de cómo se siente [usted/(él/ella)] y cómo han estado las cosas durante las últimas 4 semanas. Para cada pregunta, por favor provea la respuesta que más se acerca a cómo se ha estado sintiendo [usted/(él/ella)].

Durante las últimas 4 semanas, ¿por cuánto tiempo se ha sentido [usted/(él/ella)] calmado(a) y en paz?

CODE ONE ONLY

All of the time **Todo el tiempo** 1
 Most of the time **La mayor parte del tiempo** 2
 Some of the time **Parte del tiempo** 3
 A little of the time **Poco tiempo** 4
 None of the time **Nunca** 5
 DON'T KNOW d
 REFUSED r

ALL

- F10. During the past 4 weeks, how much of the time did [you/(he/she)] have a lot of energy?

Durante las últimas 4 semanas, ¿por cuánto tiempo ha tenido [usted/(él/ella)] mucha energía?

CODE ONE ONLY

All of the time **Todo el tiempo** 1
 Most of the time **La mayor parte del tiempo** 2
 Some of the time **Parte del tiempo** 3
 A little of the time **Poco tiempo** 4
 None of the time **Nunca** 5
 DON'T KNOW d
 REFUSED r

ALL

F11. During the past 4 weeks, how much of the time [have/has] [you/(he/she)] felt downhearted and depressed?

Durante las últimas 4 semanas, ¿cuánto tiempo se ha sentido [usted/(él/ella)] desanimado(a) y deprimido(a)?

CODE ONE ONLY

- All of the time **Todo el tiempo** 1
- Most of the time **La mayor parte del tiempo** 2
- Some of the time **Parte del tiempo** 3
- A little of the time **Poco tiempo** 4
- None of the time **Nunca** 5
- DON'T KNOW d
- REFUSED r

ALL

IF SELF RESPONSE, FILL “su salud física o problemas emocionales con sus actividades sociales”; IF PROXY, FILL “la salud física o problemas emocionales con las actividades sociales de (él/ella)”

F12. During the past 4 weeks, how much of the time has [your/(his/her)] physical health or emotional problems interfered with [your/(his/her)] social activities, like visiting with friends or relatives?

Durante las últimas 4 semanas, ¿por cuánto tiempo han interferido [su salud física o problemas emocionales con sus actividades sociales/la salud física o problemas emocionales con las actividades sociales de (él/ella)], como visitar a amigos o parientes?

CODE ONE ONLY

- All of the time **Todo el tiempo** 1
- Most of the time **La mayor parte del tiempo** 2
- Some of the time **Parte del tiempo** 3
- A little of the time **Poco tiempo** 4
- None of the time **Nunca** 5
- DON'T KNOW d
- REFUSED r

ALL

FILL CURRENT MONTH AND LAST YEAR (MONTH, YEAR).

Now think about the past 12 months, that is since [CURRENT MONTH; LAST YEAR].

F13. During the past 12 months, [have/has] [you/[FIRST NAME]] stayed overnight in a hospital?

HCC **Ahora piense en los últimos 12 meses, es decir desde [CURRENT MONTH; LAST YEAR].**

Durante los últimos 12 meses, ¿ha [usted/[FIRST NAME]] pasado la noche en un hospital?

YES **SÍ**.....1

NO.....0

DON'T KNOWd

REFUSED.....r

SECTION G: HEALTH INSURANCE

ALL

The next question is about different types of health insurance coverage [you/[FIRST NAME]] might have.

La siguiente pregunta es acerca de los diferentes tipos de cobertura de seguro de salud que [usted/[FIRST NAME]] podría tener.

[IF WEB: Please click “Next” button to continue.

Por favor haga clic en el botón “Next/Siguiente” para continuar.]

ALL	
FILL “do” IF SELF-RESPONSE; FILL “does” IF PROXY	
FILL “pay” IF SELF-RESPONSE; FILL “pays” IF PROXY	
FILL “PROBE” CATI ONLY	
FILL “PROBE: “Is this a plan...” CATI ONLY	
FILL MEDICAID NAME BY SAMPMEMB STATE:	
POD STATE	STATE MEDICAID NAME(S)
Alabama	Alabama Medicaid
California	Medi-Cal
Connecticut	Connecticut Medicaid, CT Medicaid, or HUSKY Health
Maryland	Maryland Medicaid or Maryland Medical Assistance Program
Michigan	Michigan Medicaid or Michigan Department of Health and Human Service
Nebraska	Nebraska Medicaid
Texas	Texas Medicaid or State of Texas Access Reform (STAR+PLUS)
Vermont	Vermont Medicaid or Vermont Health Access Plan (DVHA)
SPANISH:	
Alabama	Alabama Medicaid
California	Medi-Cal
Connecticut	Connecticut Medicaid, CT Medicaid, o HUSKY Health
Maryland	Maryland Medicaid o Maryland Medical Assistance Program
Michigan	Michigan Medicaid o Departamento de Salud y Servicios Humanos de Michigan
Nebraska	Nebraska Medicaid
Texas	Texas Medicaid o State of Texas Access Reform (STAR+PLUS por sus siglas en inglés)
Vermont	Vermont Medicaid o Vermont Health Access Plan (DVHA por sus siglas en inglés)

G1. What kinds of health coverage [do/does] [you/(he/she)] have?

[IF WEB: Please select all that apply.]

[PROBE:] Any other kind?

[PROBE:] **Medicare** is health insurance coverage provided nationally to certain disabled people under age 65, including Social Security Disability Insurance beneficiaries that have been receiving benefits for more than 24 months.

INTERVIEWER: IF RESPONDENT SAYS “OBAMACARE” “AFFORDABLE CARE ACT” OR HEALTH INSURANCE NAME LIKE “BLUE CROSS” OR AETNA PROBE:

[PROBE:] “Is this a plan [you/(he/she)] [pay/pays] for on [your/(his/her)] own? (IF YES, CODE AS PRIVATE INSURANCE PAID BY SELF/FAMILY). (IF NO), “Is this provided through Medicaid?” (IF YES, CODE AS MEDICAID)]

[PROBE:] **Medicaid** is state medical assistance program that serves low-income people and Social Security Income recipients with disabilities.

[PROBE:] **TRICoCARE** is a managed health care program for active duty and retired members of the uniformed services, their families and survivors. **CHAMPUS** is a health care program for dependents of active or retired military personnel. **CHAMP-VA** is health insurance for dependents or survivors of disabled veterans

¿Qué tipos de cobertura de salud tiene [usted/(él/ella)]?

[IF WEB: Por favor marque todas las que aplican.]

[PROBE:] ¿Algún otro tipo?

[PROBE:] **Medicare** es una cobertura de seguro de salud provista a nivel nacional a cierto tipo de personas incapacitadas menores de 65, incluyendo a beneficiarios del Seguro Social por Incapacidad que han estado recibiendo beneficios por más de 24 meses.

INTERVIEWER: IF RESPONDENT SAYS “OBAMACARE” “AFFORDABLE CARE ACT” OR HEALTH INSURANCE NAME LIKE “BLUE CROSS” OR AETNA PROBE:

[PROBE:] **¿Es este un plan que [usted/(él/ella)] paga por [usted/(él/ella)] mismo(a)?** (IF YES, CODE AS PRIVATE INSURANCE PAID BY SELF/FAMILY). (IF NO), **¿Es provisto por Medicaid?** (IF YES, CODE AS MEDICAID)

[PROBE:] **Medicaid** es un programa de asistencia médica estatal para personas de bajos ingresos y beneficiarios del Seguro Social con incapacidades.

[PROBE:] **TRICARE** es un programa administrado de atención médica para miembros activos y retirados de los servicios uniformados, sus familias y sobrevivientes. **CHAMPUS** es un programa de cuidado de salud para dependientes de personal militar activo o retirado. **CHAMP-VA** es un seguro de salud para dependientes mproo sobrevivientes de veteranos incapacitados.

CODE ALL THAT APPLY

Has no health insurance coverage No tiene cobertura de seguro de salud	0
Medicare	1
Medicaid/[State Medicaid Name]	2
Champus/Champ-Va, Tricare, VA, Other Military Champus/Champ-Va, Tricare, VA, Otro programa militar	3
Indian Health Service Servicio de Salud Indígena	4

State Program Programa estatal6

Private Insurance Through Own Employer Seguro privado del empleador7

Private Insurance Through Spouse/ Partner/ Parent Seguro privado del esposo/pareja/padres8

Private Insurance Paid By Self/Family Seguro privado pago por sí mismo/familia9

Private Disability Insurance Paid By Self/Family Seguro privado por incapacidad pago por sí mismo/familia10

Other Plan (Specify) Otro plan.....99

_____ (STRING 100)

DON'T KNOWd

REFUSEDr

IF OTHER SPECIFY (99): **What other kind of health coverage is that? :¿Qué otro tipo de cobertura de salud es esa?**



PROMOTING OPPORTUNITY DEMONSTRATION

Follow-up Survey (Web)¹⁶¹

¹⁶¹ Screenshots are included for the two treatment groups for when questions were answered “yes.” Due to skip patterns, screenshots for all questions are not included.

How to Complete the Survey

Thank you for your cooperation in completing the survey.

- There are no right or wrong answers.
- To answer a question, click the box to choose your response.
- For most questions in the survey, you may answer by simply clicking a box or entering a number in the appropriate box.
- For some questions, you will be asked to type a number or a brief text response.
- If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank.
- To continue to the next page, press the "Next" button.
- To go back to the previous page, click the "Back" link at the bottom of each page.
- Use the buttons and links on each page to move through the survey. Clicking "Enter" or your browser's "Back" function may cause errors.
- If you need to stop before you have finished, you may exit the survey by simply closing the tab or your internet browser. The data you provide prior to exiting the survey will be securely stored.
- To continue the survey, log in again by using your login ID and password found in your study letter. You will return to the point where you left off.
- If you have any questions regarding this survey, please call our study team at 1-833-832-0470.

Please click 'Next' below to continue.



A1

We are conducting a study for the Social Security Administration to find out more about the experiences of people receiving Social Security Disability Benefits.

The purpose of this survey is to learn more about your experiences over the past year, including job experience, job training, school and other things.

The survey takes about 30 minutes to complete. At the end of the survey, we will mail you a check for \$35 to thank you for your time.

Please click 'Next' button to continue.

<< BACK

NEXT >>



A2

Your participation in this study is completely voluntary. It will in no way affect your current or future receipt of benefits.

You can quit the survey at any time. If any question makes you feel uncomfortable, you can refuse to answer that question.

Please click "Next" button to continue.

<< BACK

NEXT >>

**B1**

The first few questions are about your education and training experiences. Are you *currently* enrolled in school or taking any classes?

- Yes
 No

<< BACK

NEXT >>

**B2**

Are you a full-time or part-time student?

- Full-time
 Part-time

<< BACK

NEXT >>

**B3**

The next questions are about any training you may have had in the past 12 months.

In the past 12 months, have you participated in any training program that lasted at least two weeks and that was designed to help you find a job, improve your job skills, or learn a new job?

- Yes
 No

<< BACK

NEXT >>



B4

What kind of training was that? Please include all kinds of training programs you participated in the past 12 months.

Please select all that apply.

- Vocational rehabilitation
- Job search assistance, job finding, orientation to the world of work
- Vocational education apart from college (business or technical schools, employer or union-provided training, and military training in vocational but not military skills).
- Non-vocational adult education not directed toward a degree (basic education, literacy training, English as a second language).

Other (specify)

<< BACK

NEXT >>



B5

In the past 12 months, how many weeks or months have you attended *vocational rehabilitation*?

Please include any time that you attended the training program during the past 12 months.

Is that weeks or months?

- Weeks
- Months

<< BACK

NEXT >>

**C1**

The next questions are about your work activities.

In the past 12 months, have you worked at a job, organization, or business for pay or profit? This includes work you may do for a business that you own.

By 'working at a job for pay or profit' we mean at a job where you get paid money for the work you do.

Yes

No

<< BACK

NEXT >>

**C2**

In the past 12 months, have you done any volunteer work for an organization?

Yes

No

<< BACK

NEXT >>

**C3**

In the past 12 months, have you been looking for paid work, either full-time or part-time?

Yes

No

<< BACK

NEXT >>

**C4**

Now please think about all the jobs you have had in the past 12 months. When answering these questions, please include both part-time and full-time jobs, only include jobs you worked at for pay or profit. This could be work you do for a business that you own.

How many jobs for pay or profit have you had in the past 12 months?

Please include any job that you worked at in the past 12 months for a week or more. Count a job that you started, stopped and started again as separate jobs.

<< BACK

NEXT >>

**C5**

Are you currently working at a job for pay or profit?

- Yes
 No

<< BACK

NEXT >>

**C6**

The next questions are about your current job. What kind of business or industry is this? That is, what do they make or do where you work?

<< BACK

NEXT >>

**C7**

What kind of work do you do? That is, what is your occupation? For example, programmer, janitor, cashier.

Different kinds of work can include duties such as: typing, keeping account books, filing, selling cars, operating printing press, or laying brick.

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**C8**

Are you self-employed at this job?

Self-employed means that you work for yourself or own your own business.

- Yes
 No

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C9

Is this job a temporary or seasonal job?

A *Temporary job* is one in which a person is hired to meet the short-term and/or project needs of an employer. Temporary help has come to be used across a broad range of skills and occupations to substitute for employees on leave, on vacation, or in emergencies, or to provide supplemental support where there are temporary skills shortages or specific projects or peak load needs.

A *seasonal job* is one in which a person is hired to support existing staff during a busy season—such as holiday help or summer work.

- Yes
- No

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C10

How many hours per week do you typically work at this job?

Hours per week

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C11

How much do you typically earn, before taxes or other deductions, on this job? Please include tips and bonuses.

Your best estimate is fine.

\$

Is that hourly, daily, weekly, bi-weekly, twice a month, monthly, or annually?

- Hourly
- Daily
- Weekly
- Bi-weekly or every other week
- Twice a month
- Monthly
- Annually
- Per unit or piece

Other (Specify)

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C13

Here are benefits some employers offer their employees. Please indicate if your *NO RESPONSE* employer offered you any of these benefits.

Please answer 'yes' if you were eligible for the benefit even if you did not receive it.

Did your employer offer you...

	Yes	No
Health care insurance? (Such as medical and/or hospital)	<input type="radio"/>	<input type="radio"/>
Dental benefits?	<input type="radio"/>	<input type="radio"/>
Sick days with pay?	<input type="radio"/>	<input type="radio"/>
Paid vacation?	<input type="radio"/>	<input type="radio"/>
Free or low-cost childcare?	<input type="radio"/>	<input type="radio"/>
Transportation, a transportation allowance, or transportation discounts?	<input type="radio"/>	<input type="radio"/>
Long-term disability benefits?	<input type="radio"/>	<input type="radio"/>
Pension or retirement benefits?	<input type="radio"/>	<input type="radio"/>
Short-term disability benefits?	<input type="radio"/>	<input type="radio"/>
Flexible health or dependent care spending accounts?	<input type="radio"/>	<input type="radio"/>



C14

Has your current employer made any accommodations because of your physical or mental condition? For example, provided you with any special equipment or assistive technology or kept your job available to you, even though you have to go out on disability from time to time.

- Yes
- No

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C15

Taking all things into account, how satisfied are you with your current job?

- Very satisfied
- Somewhat satisfied
- Not very satisfied
- Not at all satisfied

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C16

The next questions are about any expenses you may have had for services or other support related to your condition that you need in order to work.

In the past month, did you have any of the following expenses related to your condition that help you to work?

Please think about any expenses you paid out of pocket.

	Yes	No
Transportation costs, such as vehicle modifications or paratransit	<input type="radio"/>	<input type="radio"/>
Attendant care costs, such as services performed to help prepare for work	<input type="radio"/>	<input type="radio"/>
Medical exam or prescription drug costs	<input type="radio"/>	<input type="radio"/>
Physical device costs, such as wheelchairs, dialysis equipment, or pacemakers	<input type="radio"/>	<input type="radio"/>
Residential modification costs, such as exterior ramps, railings, pathways, or enlarging a doorway	<input type="radio"/>	<input type="radio"/>
Other costs	<input type="radio"/>	<input type="radio"/>

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C17

In the past month, how much did you spend on expenses for transportation costs, such as vehicle modifications or paratransit?

\$ Amount

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D1

Do your personal goals include moving up in a job or learning new job skills?

Yes

No

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D2

Do your personal goals include earning enough to stop receiving Social Security disability benefits?

Yes

No

Not currently receiving SSDI benefits

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**D3**

Before today, had you ever heard of the Promoting Opportunity Demonstration, or the POD program?

- Yes
- No

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The next questions are about your understanding of the rules SSA uses to calculate your benefit check.

This refers to the rules SSA uses for those enrolled in POD.

Under POD, do you have a Trial Work Period where your benefits remain unchanged regardless of your earnings?

- Yes
- No
- Don't Know

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D6

Under POD, are benefits reduced at any time if monthly earnings are above a level that SSA set for POD?

The monthly earnings level that SSA set for POD is the higher of the following: (1) \$910 in 2020 called the POD earnings threshold, or (2) your total month itemized Impairment-Related Work Expenses (IRWEs) if that amount is greater than \$910.

- Yes
- No
- Don't Know

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D7

Under the POD rules, do your benefits ever terminate if your earnings are too high?

- Yes
- No
- Don't Know

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D8

How satisfied are you with the POD offset and rules?

- Very satisfied
- Somewhat satisfied
- Not very satisfied
- Not at all satisfied

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D9

How satisfied are you with the POD services you have received? For example, benefits counseling.

- Very satisfied
- Somewhat satisfied
- Not very satisfied
- Not at all satisfied
- Haven't received any POD services

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E_Intro

The following questions are about income that you personally received last month, that is, in October 2021. This includes income and benefits from different programs. When answering these questions, please include only your own earnings and benefits, and don't include earnings or benefits that other family members may have received.

Please click 'Next' button to continue.

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E1

Last month, did you receive any income from...

	Yes	No
Veterans' benefits?	<input type="radio"/>	<input type="radio"/>
Public assistance or welfare payments?	<input type="radio"/>	<input type="radio"/>
Workers' compensation?	<input type="radio"/>	<input type="radio"/>
Employer-provided or other private disability insurance for you?	<input type="radio"/>	<input type="radio"/>
Unemployment benefits?	<input type="radio"/>	<input type="radio"/>
Private pensions or government employee pensions?	<input type="radio"/>	<input type="radio"/>
Disability insurance for a disabled adult child?	<input type="radio"/>	<input type="radio"/>
Other sources on a regular basis but not from jobs or Social Security? <input type="text"/>	<input type="radio"/>	<input type="radio"/>
Other sources <i>not</i> on a regular basis? <input type="text"/>	<input type="radio"/>	<input type="radio"/>

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E2

How much income did you receive *last month* from veterans' benefits?

\$

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E4

Did you or any member of your household receive SNAP benefits or food stamps last month?

SNAP stands for the Supplemental Nutrition Assistance Program.

- Yes
- No

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E5

What was the dollar value of the SNAP benefit (Supplemental Nutrition Assistance Program) or food stamps you received last month?

\$

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E6_1

Do you currently receive any governmental housing assistance in paying rent, such as through public housing or Section 8 or a Housing Choice Voucher?

Yes

No

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E6

Did you or any member of your household receive assistance from any other government source? For example: energy assistance or child care assistance.

Yes

No

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**E7**

What type of other assistance did you receive?

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**E8**How much income did you receive *last month* from this other assistance?

Other assistance received:

\$

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**E10**

The next question is about the income of all members in your household.

What was the total combined income of all members of this household during 2020? Please include money from jobs, work on the side, welfare, SSDI, help from your family and friends, and any other money income received by you or any other household member.

Your best estimate is fine.

\$

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E11

What was the total combined income of all members of your household during 2020?

- Less than \$10,000
- \$10,000 to less than \$20,000
- \$20,000 to less than \$30,000
- \$30,000 to less than \$40,000
- \$40,000 to less than \$50,000
- \$50,000 or more

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F_Intro

The next few questions ask about your health and how well you are able to do your usual activities.

Please click "Next" button to continue.

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**F1**

In general, how would you rate your health?

- Excellent
- Very good
- Good
- Fair
- Poor

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Does your health now limit you in moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

- A lot
- A little
- Not at all

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Does your health now limit you in climbing several flights of stairs?

- A lot
- A little
- Not at all

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**F4**

The next two questions ask about your physical health and your daily activities. During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of your physical health?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

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**F5**

During the past 4 weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

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**F6**

During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of any emotional problems, such as feeling depressed or anxious?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

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**F7**

During the past 4 weeks, how much of the time did you not do work or other activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

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**F8**

During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

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**F9**

These next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please provide an answer that comes closest to the way you have been feeling.

During the past 4 weeks, how much of the time have you felt calm and peaceful?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

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During the past 4 weeks, how much of the time did you have a lot of energy?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

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During the past 4 weeks, how much of the time have you felt downhearted and depressed?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

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**F12**

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, like visiting with friends or relatives?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

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Now think about the past 12 months, that is since November 2020.

During the past 12 months, have you stayed overnight in a hospital?

- Yes
- No

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G1

What kinds of health coverage do you have?

Medicare is health insurance coverage provided nationally to certain disabled people under age 65, including Social Security Disability Insurance beneficiaries that have been receiving benefits for more than 24 months.

Medicaid is state medical assistance program that serves low-income people and Social Security Income recipients with disabilities.

TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families and survivors. *CHAMPUS* is a health care program for dependents of active or retired military personnel. *CHAMP-VA* is health insurance for dependents or survivors of disabled veterans

Please select all that apply.

Has no health insurance coverage

Medicare

Medicaid/Texas Medicaid or State of Texas Access Reform (STAR+PLUS)

Champus/Champ-Va, Tricare, VA, Other Military

Indian Health Service

State Program

Private Insurance Through Own Employer

Private Insurance Through Spouse/ Partner/ Parent

Private Insurance Paid By Self/Family

Private Disability Insurance Paid By Self/Family

Other Plan (Specify)

Test Navigator

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