



# Social Security Administration Disability Demonstration Projects

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## Summary

Since 1980, Congress has authorized the Social Security Administration (SSA) to conduct demonstration projects to test changes to the agency's Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs. The demonstration authority granted by Congress allows the SSA, on its own, to temporarily waive program rules, including rules regarding program eligibility and benefit administration, in order to test the impact these changes would have on the return to work rate of program beneficiaries and the size of the SSDI and SSI benefit rolls.

The most recent authorization for the SSA to conduct demonstration projects expired in 2005. At that time, the SSA was in the process of planning and administering seven disability demonstration projects. These projects cover a variety of disability program populations, including persons with mental illnesses, persons with HIV/AIDS, the homeless, and teenagers making the transition into the adult labor force. These demonstration projects test a variety of program rule changes including providing immediate Medicare benefits, disability navigator services, and a graduated offset of benefits for SSDI recipients who earn above the Substantial Gainful Activity (SGA) level.

In 2004, the Government Accountability Office (GAO) criticized the SSA for its administration of its disability demonstration projects. The GAO found that the SSA did not use the authority granted it by Congress to test a wide enough variety of program options and did not have in place a system to identify program changes and policy options that should be tested in demonstrations. In addition, the GAO criticized the SSA for the methodological limitations of some of its demonstration projects and found that the results of these projects were not properly shared within the agency, with Congress, or with the public. Because of this, the GAO concluded that SSA demonstration projects had little impact on the overall policy debate or on the ways that Congress and the agency could work to improve the historically low return to work rate of SSDI and SSI beneficiaries and reduce the rolls of these large disability benefit programs.

This report builds on the work of the GAO and presents a summary of the existing seven disability demonstration projects currently being administered and planned by the SSA. The objective of this information is to aid Congress in its ongoing discussions of the future of the SSA disability benefit programs and the decision to temporarily or permanently extend the demonstration authority of the agency.

This report will be updated to reflect any relevant legislative activity.

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## Social Security Disability Benefit Programs

The Social Security Administration (SSA) administers two programs, Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI), that provide income and benefits to persons unable to work because of serious disabling conditions.<sup>1</sup> In both programs disabled individuals must pass the same statutory test of disability as outlined in Titles II and XVI of the Social Security Act.<sup>2</sup>

### Social Security Disability Insurance (SSDI)

The SSDI program pays benefits to disabled individuals under the provisions of Title II of the Social Security Act. SSDI benefits are paid to those who meet the statutory test of disability and have completed a five-month waiting period from the onset of disability.<sup>3</sup> SSDI is an insured program and beneficiaries must have a sufficient work history in employment covered by Social Security to qualify for benefits.<sup>4</sup> Benefits and administrative costs are paid out of the Disability Insurance Trust Fund which is funded by a portion of the payroll taxes collected on earnings. The SSDI program pays monthly benefits based on past earnings and, after two years, participants are eligible to receive Medicare hospitalization insurance (Part A) and purchase Medicare supplemental insurance (Part B) or enroll in a Medicare Advantage Plan.<sup>5</sup>

At the end of June 2006, the SSDI program paid benefits to nearly 8.5 million people, including more than 6.6 million disabled workers, 155,000 of their spouses, and 1.6 million of their dependent children. That month, the SSDI program paid out more than \$6.7 billion in benefits with disabled workers each receiving an average monthly cash benefit of \$943.40.<sup>6</sup>

### Supplemental Security Income (SSI)

Under the provisions of Title XVI of the Social Security Act, disabled individuals are entitled to benefits from the SSI program if they meet the statutory test of disability and have income and assets that fall below program guidelines. SSI benefits are paid out of the general revenue of the

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<sup>1</sup> For more information on the SSDI and SSI programs, see CRS Report RL32279, *Primer on Disability Benefits: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI)*, by Scott Szymendera.

<sup>2</sup> 42 U.S.C. §§ 423(d)(1) and 1382c. A person is disabled under the terms of the statute if he or she is unable to engage in any substantial gainful activity (for 2006 earnings of \$860 per month for non-blind persons and \$1,450 per month for blind persons) because of a medically determinable physical or mental impairment. This impairment must be expected to result in the impaired person's death, or be expected to last at least 12 consecutive months. In addition, this impairment must prevent a person from engaging in his or her previous work or in any other work that exists in the national economy. The Supreme Court held in *Barnhart v. Thomas* 124 S. Ct. 376 (2003) that the previous work test does not require that an individual's prior job exist in the national economy.

<sup>3</sup> For more information on the five-month waiting period, see CRS Report RS22220, *Social Security Disability Insurance: The Five-Month Waiting Period for SSDI Benefits*, by Scott Szymendera.

<sup>4</sup> A detailed explanation of the insurance requirements can be found at <http://www.ssa.gov/dibplan/dqualify3.htm> and in CRS Report RL32279, *Primer on Disability Benefits: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI)*, by Scott Szymendera.

<sup>5</sup> For more information, see CRS Report RS22195, *Social Security Disability Insurance (SSDI) and Medicare: The 24-Month Waiting Period for SSDI Beneficiaries Under Age 65*, by Scott Szymendera.

<sup>6</sup> Social Security Administration, *OASDI Monthly Statistics, June 2006*, Table 5, available at [http://www.ssa.gov/policy/docs/statcomps/oasdi\\_monthly/2006-06/table05.pdf](http://www.ssa.gov/policy/docs/statcomps/oasdi_monthly/2006-06/table05.pdf).

United States and all participants receive the same basic monthly benefit.<sup>7</sup> In most states, adults who collect SSI are automatically entitled to coverage under the Medicaid health insurance program.<sup>8</sup>

At the end of June 2006, nearly 7.2 million people, including 593,359 disabled children, received SSI benefits. That month, these SSI beneficiaries each received an average federal cash benefit of \$454.30 and the program paid out a total of more than \$3.4 billion in SSI benefits.<sup>9</sup>

## **Legislative History of the SSA's Disability Demonstration Authority**

### **The Social Security Disability Amendments of 1980, P.L. 96-265**

Congress first granted the SSA the authority to conduct disability demonstration projects with the passage of the Social Security Disability Amendments of 1980, P.L. 96-265. The 1980 amendments conferred upon the SSA the authority to conduct SSDI demonstration projects for five years and permanent authority to conduct SSI demonstration projects. The 1980 amendments also outlined the type of demonstration projects that should be undertaken and the rules that should govern these projects.

The House version of the 1980 amendments, H.R. 3236, directed the SSA to conduct demonstration projects to test alternative ways to treat work within the SSDI program. Included in these demonstrations was to be a test of a graduated benefit offset that would allow SSDI recipients earning above the SGA level to keep some of their benefits. In its report on the bill, the House Committee on Ways and Means stated that “research findings in this area are urgently needed for enlightened policy determinations in dealing with SGA and related problems.”<sup>10</sup>

In addition to directing the agency to conduct certain SSDI demonstrations, the House bill granted the SSA the authority to waive program rules and conduct other SSDI demonstrations. The House bill required that these demonstrations be of sufficient size and scope to produce generalizable conclusions and mandated that the agency report to Congress on planned

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<sup>7</sup> The basic monthly federal benefit amount for 2006 is \$603 for a single person and \$904 for a couple. This amount is supplemented by 44 states and the District of Columbia. Arizona, Georgia, Kansas, Mississippi, the Commonwealth of the Northern Mariana Islands, Tennessee, and West Virginia do not offer a state supplement. A participant in the SSI program receives the federal benefit amount, plus any state supplement, minus any countable income. SSI benefits are not available to residents of Puerto Rico, Guam, or the United States Virgin Islands. Residents of these jurisdictions are eligible to receive federal benefits from their commonwealth or territorial government under provisions of Title XIV and Title XVI of the Social Security Act. These benefits are administered by the Department of Health and Human Services.

<sup>8</sup> Thirty-nine states, the District of Columbia, and the Commonwealth of the Northern Mariana Islands grant Medicaid eligibility to all adult SSI recipients, or have Medicaid eligibility rules that are the same as those of the SSI program. For more information, see <http://www.ssa.gov/work/ResourcesToolkit/Health/medicaid.html>.

<sup>9</sup> Social Security Administration, *SSI Monthly Statistics, June 2006*, Tables 1 and 6, available at [http://www.ssa.gov/policy/docs/statcomps/ssi\\_monthly/index.html](http://www.ssa.gov/policy/docs/statcomps/ssi_monthly/index.html).

<sup>10</sup> U.S. Congress, House Committee on Ways and Means, *Disability Insurance Amendments of 1979*, report to accompany H.R. 3236, 96<sup>th</sup> Cong. 1<sup>st</sup> sess., H.Rept. 96-100 (Washington: GPO, 1979), p. 7.

demonstrations 90 days before they were to begin. The demonstration authority granted to the SSA by the House bill would expire with a final report to Congress on January 1, 1983.

The Senate version of H.R. 3236 similarly directed the SSA to conduct SSDI demonstrations that would test various program alternatives. In addition, the Senate version granted the SSA the authority to waive SSDI program rules and conduct demonstrations, provided that these demonstrations were of sufficient size and scope to produce generalizable conclusions. As in the House bill, the Senate bill required the SSA to notify Congress 90 days before beginning any SSDI demonstration.

The Senate bill differed from the House version in three areas. First, the SSDI demonstration authority in the Senate bill would extend for five years after passage rather than three with only an interim report due on January 1, 1983. Second, the Senate bill allowed the SSA to waive some provisions of the existing human subjects protection rules found in Title II of the National Biomedical Research Fellowship, Traineeship, and Training Act, P.L. 93-348 and this provision was not included in the House version. Third, the Senate bill granted the SSA permanent authority to conduct SSI demonstration projects and pay for them out of the agency's annual SSI appropriation, a measure not found in the House version.

The final version of the bill included all of the Senate provisions, with the exception of the provisions related to the protection of human subjects. To replace these, the conference committee used language from another House bill, the Supplemental Security Income Disability Amendments of 1979, H.R. 3464, that required that SSI demonstrations be conducted on voluntary test subjects and that no demonstration project participant lose benefits because of their involvement in a project.<sup>11</sup> The final bill then gave the SSA permanent SSI demonstration authority and temporary SSDI demonstration authority that would last until 1985.

## **Extensions of SSDI Demonstration Authority**

Although Congress granted the SSA permanent authority to conduct SSI demonstration in the 1980 amendments, the authority given the agency to conduct SSDI demonstrations was temporary and expired in 1985. Since 1985, Congress has passed five temporary extensions of the agency's SSDI demonstration authority, the most recent of which expired in 2005 leaving the SSA without the authority to begin any new SSDI demonstration projects.

Congress first extended the agency's SSDI demonstration authority in 1986 with the passage of the Consolidated Omnibus Budget Reconciliation Act of 1986, P.L. 99-272. Section 2101 of this act extended the SSDI demonstration authority of the SSA until 1990. Before this expiration date, Congress further extended the agency's SSDI demonstration authority with the passage of the Omnibus Budget Reconciliation Act of 1989, P.L. 101-239. Section 10103 of this act extended the agency's SSDI demonstration authority until 1993. This authority was further extended until 1995 by Section 315 of the Social Security Independence and Program Improvements Act of 1994, P.L. 103-296.

When the SSA's authority to conduct SSDI demonstrations expired in 1995, it was not renewed again until the passage of the Ticket to Work and Work Incentives Improvement Act of 1999, P.L.

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<sup>11</sup> H.R. 3464 included a variety of changes to the SSI program and passed the House but was not acted on by the Senate.

106-170, which granted the agency a five year extension of its demonstration authority. This authority was extended a final time in 2004 with the passage of the Social Security Protection Act of 2004, P.L. 108-203. Section 401 of this act granted a final extension of the agency's demonstration authority until December 2005. With the expiration of this provision last year, the SSA currently does not have the authority to begin any new SSDI demonstration projects but does have the authority to continue with projects that began before the expiration of the demonstration authority.

**Table I. Legislative History of SSA's SSDI Demonstration Authority**

<b>Public Law Number</b>	<b>Public Law Name</b>	<b>Expiration Date of Demonstration Authority</b>
P.L. 96-265	Social Security Disability Amendments of 1980	June 9, 1985
P.L. 99-272	Consolidated Omnibus Budget Reconciliation Act of 1985	June 19, 1990
P.L. 101-239	Omnibus Budget Reconciliation Act of 1989	June 10, 1993
P.L. 103-296	Social Security Independence and Program Improvements Act of 1994	June 10, 1996
P.L. 106-170	Ticket to Work and Work Incentives Improvement Act of 1999	December 18, 2004
P.L. 108-203	Social Security Protection Act of 2004	December 18, 2005

**Source:** The Congressional Research Service (CRS).

## **The Ticket to Work and Work Incentives Improvement Act of 1999, P.L. 106-170**

The Ticket to Work and Work Incentives Improvement Act of 1999, P.L. 106-170, made significant changes to the SSDI and SSI programs that were designed to assist beneficiaries in returning to the workforce and maintaining employment after the termination of benefits. The Ticket to Work Act established the Ticket to Work program which provides SSDI and SSI beneficiaries with a voucher, or ticket, that can be used to purchase public or private sector return to work services. This act also allows states to establish Medicaid buy-in programs that allow persons to maintain their medical coverage while working and extended Medicare coverage for working SSDI beneficiaries for an additional 54 months, giving them a total of 8.5 years of coverage. In addition, the act also extended the SSA's SSDI demonstration authority and mandated several types of demonstrations.

### **Demonstration Provisions**

Title III of the Ticket to Work Act extended the SSDI demonstration authority of the SSA for a period of five years. In addition, Title III directed the SSA to conduct demonstration projects designed to evaluate the following:

- various alternative methods of treating the work activity of disability benefit recipients including a reduction of benefits based on earnings;
- lengthening the Trial Work Period;



- altering the 24-month waiting period for Medicare benefits;
- altering the administration of the SSDI program;
- earlier referral of SSDI beneficiaries to vocational rehabilitation;
- greater use of employers to develop and implement new forms of vocational rehabilitation; and
- the implementation of a sliding scale of benefit offsets based on income.

Section 302 of the Ticket to Work Act further specified how the SSA should plan and administer sliding scale benefit offset demonstrations. Under the provisions of this section, the agency is required to plan and test demonstration projects that would evaluate the appropriateness and federal cost savings of a reduction of \$1 in SSDI benefits for every \$2 above SGA earned by a beneficiary. In addition, the evaluation of these demonstration projects is required to determine the effect of any induced entry or reduced exit from the SSDI program, the impact of the Ticket to Work program on the administration of the offset, and the savings to the federal government from the offset. This section, as well as Section 303 of the act, also mandates reports from the SSA and Government Accountability Office (GAO) to Congress on any demonstration projects as well as additional return to work issues.

## **GAO Evaluation of SSA's Use of Its Demonstration Authority**

Section 303(e) of the Ticket to Work and Work Incentives Improvement Act of 1999 directed the Comptroller General of the United States and the GAO to study the results of the SSA's disability demonstration projects. This report, entitled *Social Security Disability: Improved Processes for Planning and Conducting Demonstrations May Help SSA More Effectively Use its Demonstration Authority*, was released in November 2004. In this report, the GAO criticized the SSA for not testing a wide enough variety of policy alternatives in its demonstrations, for the methodological limitations of many past demonstrations, and for the SSA's lack of communication of the results of these demonstrations with the public, Congress, or within the agency.<sup>12</sup> The GAO report concluded that the SSA's disability demonstration projects had little impact on the overall efforts of the agency and Congress to improve the historically low return to work rate of SSDI and SSI program participants.

### **The Lack of Variety in Policy Options Examined by SSA Demonstrations**

The GAO criticized the SSA for the lack of variety in policy options examined by its disability demonstrations. In the 24 years between the SSA's first being awarded demonstration authority and the publishing of the GAO report, the GAO found that the SSA had completed only four disability demonstration projects and that these largely focused on traditional return to work efforts based on vocational rehabilitation. The limited range of policy options tested by these four

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<sup>12</sup> Government Accountability Office, *Social Security Disability: Improved Processes for Planning and Conducting Demonstrations May Help SSA More Effectively Use its Demonstration Authority*, GAO-05-19, 2004.

projects meant that, in the opinion of the GAO, the SSA had not properly tested the full range of return to work strategies and alternatives mandated by statute.

One area that the SSA did not properly test with a demonstration was the use of the private sector to provide rehabilitation services to SSDI and SSI recipients. This private sector model became the basis for the Ticket to Work program without having been tested by the agency despite having first been suggested to the SSA in 1989. The GAO also found that the SSA did not follow the directives of the Consolidated Omnibus Budget Reconciliation Act of 1990 which required the agency to test the advantages and disadvantages of allowing disability benefit recipients to choose from both public and private sector vocational rehabilitation providers.

The GAO did indicate that a greater variety of policy options and alternatives was scheduled to be tested by the SSA's planned disability demonstration projects. However, the GAO also found that the SSA had no clear research agenda and thus no way of ensuring that the agency would continue to focus on a wide variety of policy options in its demonstrations. The GAO was not alone in this finding as the Social Security Advisory Board and National Academy of Social Insurance both found that the SSA lacked a clear research agenda that would guide future demonstration projects.<sup>13</sup>

## **The Lack of Impact of SSA Demonstration Projects**

In its report, the GAO found that the four demonstration projects completed by the SSA had little impact on the types of policy changes to the SSDI program considered by Congress and the agency. Congress and the SSA did not rely on the results of the demonstration projects to guide them in their decisions on what changes should be made to the SSDI program. The GAO blamed much of this lack of impact on the limitations in research design, implementation, and evaluation of the SSA's demonstration projects.

The GAO found significant research design and methodological flaws with each of the SSA's completed demonstration projects. In one project, the GAO found that the sample size used was too small to produce any generalizable conclusions about the policy alternatives tested. This same project was also plagued by a lack of any evaluation plan. In two other projects, multiple versions of the same policy interventions were tested without properly taking into account the differences across sites. In one of these projects, the reliance on states to collect data was seen as problematic. Agency officials told the GAO that these methodological limitations in their past demonstrations resulted in these projects not yielding useful information for the agency or the policy community but emphasized a new commitment from the SSA to improve the design and evaluation of future demonstration projects.

## **The Lack of Communication of Demonstration Project Results**

The GAO faulted the SSA for the overall lack of communication of demonstration project results from the agency to Congress and the public. The GAO found that even within the SSA, there was no formal plan to properly disseminate demonstration project information or results. In addition,

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<sup>13</sup> Social Security Advisory Board, *Strengthening Social Security Research: The Responsibilities of the Social Security Administration* (Washington: GPO, 1998); and National Academy of Social Insurance, *The Environment of Disability Income Policy: Programs, People, History, and Context* (Washington: National Academy of Social Insurance, 1996).

changes in SSA leadership during projects have left some project results and conclusions not considered by the agency. The GAO also found that the SSA lacked any sort of formal record of evaluations that have been planned, implemented, and concluded and found that in some cases, documents relating to project design and implementation were lost and information on some past demonstrations was available only by personally talking to employees who worked on the projects.

The GAO also found that the SSA did not fulfill its statutory responsibility to inform Congress of the status and results of its demonstration projects. Despite statutory requirements that the agency submit to Congress reports on demonstration activities at the end of the authority periods in 1985, 1990, 1993, and 1996, the GAO found that the SSA only submitted the 1996 report. In addition, the GAO found that the SSA submitted required annual reports to Congress on demonstration activities in only seven of 16 required years. The GAO reviewed each of these reports and found that they often lacked information on policy implications, design limitations, and project costs.

## **Overview of Current SSDI Demonstration Projects**

According to information provided by the SSA, the agency is currently conducting seven SSDI demonstration projects. Each of these projects is either currently serving a sample of beneficiaries or in the planning stage with enrollment to begin shortly. All of these projects officially began before the most recent extension of demonstration authority expired in December 2005. The following sections of this memorandum will present an overview of each project, with a focus on the purpose and theoretical justification of the demonstration, the research design and interventions that are being used or planned, and the evaluation that will be conducted. In addition, information on the private contractors hired to conduct each demonstration and the expected time line for the completion of the demonstration is provided.

## **Methodology**

There is little public information available about the SSA's ongoing disability demonstration projects and, as highlighted by the GAO, the SSA has historically not made available to the public or Congress information about the results of completed projects. In addition, discussions of planned, ongoing, or completed demonstration projects are rarely found in scholarly and professional journals.<sup>14</sup> Because of this, this memorandum relies almost entirely on information provided by the SSA and its breadth and depth are constrained by the limits of the information provided to the CRS by the agency.

The primary source of information on planned and existing disability demonstration projects comes from the SSA Office of Disability and Income Security Programs (ODISP). ODISP staff provided to the CRS a summary of each demonstration project and copies of the statement of work for each project. The statement of work is an agreement between the SSA and its contractor that outlines the contractor's responsibility in planning and administering a disability demonstration project. Included in each statement of work are sections on the background and

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<sup>14</sup> One example of a peer reviewed journal article discussing a planned demonstration project is Sophie Mitra and Debra Brucker, "The Early Intervention Project: An Innovative Initiative to Return Disability Applicants to Work," *Journal of Disability Policy Studies*, vol. 15, no. 3 (2004), pp. 159-167. (Hereafter cited as Mitra and Brucker, *The Early Intervention Project*).

goals of the project, research design and methodology, and any plans for an evaluation of the project. In addition to materials provided by the SSA, this report uses information from published reports from the SSA and its contractors as well as information made available to the public on the SSA's website.<sup>15</sup>

## **Accelerated Benefits Demonstration**

### **Purpose**

The purpose of the Accelerated Benefits demonstration project is to test the impact of providing immediate medical coverage on new SSDI beneficiaries. Under current program rules, these new beneficiaries are not eligible for Medicare coverage for a period of 24 months after receiving benefits.

Evidence shows that the lack of access to medical coverage during the 24-month Medicare waiting period has a negative impact on the health, disability status, and employment of SSDI beneficiaries. Published data on the experiences of new SSDI beneficiaries found that during the 24-month Medicare waiting period, only 2.1% experienced medical improvements sufficient to remove them from the disability rolls. In addition, 11.8% of these beneficiaries died during the waiting period and at the end of the first 24 months of receiving SSDI benefits, 86.1% of new beneficiaries were still on the program rolls.<sup>16</sup> Survey data of new SSDI beneficiaries supports similar conclusions and found that during the 24-month waiting period new SSDI recipients were likely to go without necessary medical care, see their medical conditions deteriorate, and find themselves medically unable to work.<sup>17</sup>

This demonstration project will target those new SSDI beneficiaries deemed most likely to improve medically in the hope that by providing them with immediate access to medical coverage the agency can increase their prospects for medical improvement and employment and decrease the amount of time they spend on the benefit rolls.

### **Research Design**

The Accelerated Benefits demonstration project uses an experimental design to study the effect of two medical benefit interventions on recent SSDI beneficiaries deemed likely to improve medically. The impact of the interventions on the health, disability program status, and employment of these beneficiaries will be evaluated.

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<sup>15</sup> The SSA provides information on demonstration projects on its website at <http://www.ssa.gov/disabilityresearch/demos.htm>.

<sup>16</sup> Gerald F. Riley, "The Cost of Eliminating the 24-Month Medicare Waiting Period for Social Security Disabled-Worker Beneficiaries," *Medical Care*, vol 42, no. 4 (Apr. 2004), pp. 387-394.

<sup>17</sup> Bob Williams, Adrienne Dulio, Henry Claypool, Michael J. Perry, and Barbara S. Cooper, *Waiting for Medicare: Experiences of Uninsured People With Disabilities in the Two-Year Waiting Period for Medicare* (New York: The Commonwealth Fund, 2004). (Hereafter cited as Williams et. al., *Waiting for Medicare*).

### ***Sample Selection***

The Accelerated Benefits demonstration project will enroll a random sample of new SSDI beneficiaries deemed likely to see improvement in their medical conditions. Each selected participant will be randomly placed into either one of two treatment groups or a control group. It is expected that total sample for the demonstration project will consist of 2,000 persons selected from 10 SSA offices with 750 participants placed into the control group and the remaining 1,250 distributed among the treatment groups.

### ***Interventions***

The selected participants will be randomly divided into two treatment groups and one control group. The first treatment group will be designated the AB Basic group and will receive immediate access to health insurance and written information about employment services and other SSDI benefits. The second treatment group will be designated the AB Plus group and will receive immediate access to health insurance and access to an employment specialist and benefits counselor. The employment specialist will work with the beneficiary to access employment services and the benefits counselor will provide case management services. The members of the control group will receive no interventions.

### ***Evaluation Plan***

The Accelerated Benefits demonstration includes an evaluation component that will examine the impact of the interventions on the health, program status, and employment of the participating beneficiaries. In addition, the program contractor is required to submit periodic reports on the implementation of the demonstration to the agency and is required to evaluate the costs of providing immediate medical insurance against the short and long term benefits to the Disability Insurance Trust Fund.

### ***Outcome Evaluation***

The evaluation of the Accelerated Benefits demonstration project will focus on the impact of providing immediate medical benefits on the health, disability status, and employment of new SSDI beneficiaries with conditions likely to improve. This evaluation will compare the participants in the two treatment groups with those in the control group to determine if access to medical benefits and employment counseling resulted in these beneficiaries experiencing the following:

- improved access to healthcare;
- medical improvement;
- increased earnings from employment;
- completion of the Trial Work Period;
- earnings above the SGA level;
- reduced dependence on benefits; and
- reduced rates of re-entry to the SSDI program after employment.

In addition, comparisons on these same variables will be made across various subgroups of the sample including different demographic, socioeconomic, medical, and work history groups.

### ***Cost-Benefit Analysis***

In addition to the outcome evaluation, the evaluation of the Accelerated Benefits demonstration will include a cost-benefit analysis. The costs of providing immediate medical coverage and employment and benefit counseling will be compared with the savings to the Disability Insurance Trust Fund that can be expected from the increased medical improvement and return to work rates of beneficiaries in the treatment groups.

### ***Data Collection***

Much of the evaluation of the Accelerated Benefits demonstration will utilize administrative data on program participation and earnings. In addition, demonstration participants will participate in a follow-up survey on their experiences and medical conditions 24 months after enrollment.

### **Timeline**

Enrollment in the Accelerated Benefits demonstration project is expected to begin in December 2006, and the project is expected to run for three years. A final evaluation report is expected from the contractor at the end of December 2010.

### **Contractors**

MDRC is the prime contractor for the design, implementation, and evaluation of the Accelerated Benefits demonstration project.<sup>18</sup> Mathematica Policy Research is the primary subcontractor and POMCO, a medical benefits administrator for self-insured companies, will design the health insurance interventions.

## **Benefit Offset Demonstrations**

The SSA is currently conducting and planning two Benefit Offset demonstrations. The first is a small four-state pilot demonstration that is currently enrolling and providing interventions to a small group of SSDI beneficiaries. The other will be a large national demonstration that will offer similar interventions at sites around the country starting later this year. Although technically separate demonstration projects, the goal of the four state pilot is to provide information that can be used to better implement the national project. Because both projects are similar in design, both will be discussed in this section.

### **Purpose**

The purpose of the Benefit Offset demonstrations is to determine the impact of a graduated benefit offset program on the employment of SSDI beneficiaries. Under this graduated benefit

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<sup>18</sup> MDRC was formerly known as Manpower Demonstration Research Corporation.

offset program, SSDI beneficiaries who work in a given month will have their benefits reduced at a rate of \$1 for every \$2 in earnings above the SGA level. This type of graduated benefit offset is already used in the SSI program. In addition to the graduated benefit offset, demonstration participants will be provided with packages of additional employment supports such as benefits counseling and the national demonstration will involve some form of early intervention to provide some benefits to SSDI applicants deemed likely to enter the disability rolls.

Congress mandated that the SSA test a graduated benefit offset system for SSDI recipients in both the Social Security Disability Amendments of 1980 and the Ticket to Work and Work Incentives Improvement Act of 1999. In the Ticket to Work Act, Congress added the requirement that a benefit offset demonstration also test if the graduated reduction of benefits after work above the SGA level resulted in an induced entry to or reduced exit from the SSDI program rolls.

The current SSDI and SSI programs differ in their treatment of the work activity and earnings of beneficiaries. Under SSI program rules, one half of all earned income in a month is counted by the SSA and used to reduce a beneficiary's monthly benefit payment, effectively allowing an SSI beneficiary to earn over twice as much as the maximum benefit rate and still collect some cash benefits.<sup>19</sup> Under SSDI program rules, any earnings above the SGA level in a given month, after the completion of the Trial Work Period, result in a loss of all cash benefits, a situation that is commonly referred to as the "cash cliff."<sup>20</sup>

This cash cliff is considered a significant barrier to the return to work efforts of many SSDI beneficiaries as it provides a financial disincentive to earning above the SGA level.<sup>21</sup> It is hoped that removing this cliff through a graduated benefit offset and providing a package of additional employment supports will encourage demonstration project participants to attempt to return to the workforce with the ultimate goal of full time work and independence from the disability rolls.

## Research Design

The Benefit Offset demonstrations will test the impact of the graduated benefit offset and other employment supports by comparing the ultimate employment activities and outcomes of SSDI

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<sup>19</sup> In addition, the first \$65 of earned income in a month is not counted. For more information, see CRS Report RS20294, *SSI Income and Resource Limits: A Fact Sheet*, by Scott Szymendera; and CRS Report RL32279, *Primer on Disability Benefits: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI)*, by Scott Szymendera.

<sup>20</sup> The Trial Work Period consists of 9 months within a rolling 60 month period. The nine months do not have to be consecutive. In addition, earnings spent on work expenses related to a disability are not counted. For more information on these work rules see Social Security Administration, *2005 Red Book: A Summary Guide to Employment Support for Individuals with Disabilities Under the Social Security Disability Insurance and Supplemental Security Income Programs* (Washington: GPO, 2005).

<sup>21</sup> See, for example, Monroe Berkowitz, "Improving the Return to Work of Social Security Disability Beneficiaries," in Jerry L. Mashaw, et. al., *Disability Work and Cash Benefits* (Kalamazoo, MI: W. E. Upjohn Institute for Employment Research, 1996); General Accounting Office, *Social Security: Disability Programs Lag in Promoting Return to Work*, GAO/HEHS-97-46, 1997; General Accounting Office, *Social Security Disability Insurance: Factors Affecting Beneficiaries' Return to Work*, GAO/T-HEHS-98-230; National Council on Disability, *The Social Security Administration's Efforts to Promote Employment for People with Disabilities: New Solutions for Old Problems* (Washington: GPO, 2005); Bonnie O'Day, "Policy Barriers for People with Disabilities Who Want to Work," *American Rehabilitation*, vol. 25, no. 1 (1999), pp. 8-15 (hereafter cited as O'Day, *Policy Barriers for People with Disabilities*); and Joann Simm, "Improving Return-to-Work Strategies in the United States Disability Programs, With Analysis of Program Practices in Germany and Sweden," *Social Security Bulletin*, vol. 59, no. 3 (1999), pp. 41-50.

participants randomly selected to be in treatment groups with beneficiaries randomly selected to be in control groups that will receive no interventions. The four-state pilot demonstration will test a limited package of supports on a small sample of SSI beneficiaries in four states while the national demonstration will test a wider array of supports, including supports based on an early intervention model, on SSDI beneficiaries across the nation.

***Sample Selection***

Both of the Benefit Offset demonstrations will randomly assign SSDI-only beneficiaries into either treatment or control groups. SSDI beneficiaries who also receive SSI benefits will not be eligible to participate in the demonstrations. The four-state pilot has currently enrolled 256 participants across the four states as shown in **Table 2** and enrollment remains open.

**Table 2. Participants in the Four-State Benefit Offset Demonstration**

State	Participants
Connecticut	24
Utah	81
Vermont	72
Wisconsin	79
<i>Total</i>	256

**Source:** Congressional Research Service (CRS) table created with data provided by the Social Security Administration Office of Disability and Income Security Programs.

**Note:** Enrollment figures as of February 21, 2006.

The SSA and its contractors are currently determining the size of the sample that will participate in the national Benefit Offset demonstration. This sample size will be based on the statutory requirement that the demonstration be of sufficient size to allow for generalizable conclusions on the impact of the tested interventions.

***Interventions***

The primary intervention that will be tested by both the four-state and national Benefit Offset demonstrations is the graduated benefit offset system. Under this system, SSDI recipients in the treatment groups will retain SSDI cash benefits if they work and earn above the SGA level. For each \$2 in earned income above SGA in a given month, these participants will have their cash benefit payments reduced by \$1.

In addition to the graduated benefit offset, treatment group members in both demonstrations will be given a package of employment supports. These supports are currently being developed and will differ by treatment group to determine their impact with the benefit offset on the employment activities and earnings of participants. In the national demonstration, at least one treatment group will receive an intervention based on the early intervention model that seeks to provide benefits to



program applicants deemed likely to enter the program rolls.<sup>22</sup> It is not yet determined what this intervention will consist of or how it will be administered.

## **Evaluation**

The four-state Benefit Offset demonstration will not have a large enough sample to produce any reliable outcome measures. Instead, the evaluation of this demonstration will focus on issues related to the process of implementation and participant recruitment and retention. The goal of this evaluation is to produce recommendations on process issues that can be used to guide the implementation of the national demonstration.

### ***Outcome Evaluation***

The national Benefit Offset demonstration will have an outcome evaluation component that will be designed and carried out by the same contractor that is designing the interventions. This evaluation will examine the impact of the graduated benefit offset and the other employment supports on the work activities and employment earnings of treatment group beneficiaries. The contractor will be required to submit to the SSA periodic reports as well as a final evaluation report and is required to examine the following variables:

- employment of beneficiaries;
- savings to the Disability Insurance Trust Fund;
- costs of the project;
- determinants of work activity; and
- induced entry and reduced exit due to increased benefit generosity.

### ***Induced Entry and Reduced Exit***

The Ticket to Work Act requires the SSA to test for any induced entry to or reduced exit from the SSDI benefit rolls resulting from the implementation of a graduated benefit offset. Researchers have predicted that the increased benefit generosity of the graduated benefit offset would entice some people to apply for SSDI benefits while discouraging others from leaving the program. In addition, because under the graduated benefit offset system a beneficiary can work above SGA and retain benefits, some persons that would otherwise lose benefits because of earnings may be retained in the program. However, one recent study predicts that the implementation of a national \$1 for \$2 benefit offset for SSDI would have only minimal induced entry or reduced exit effects with new applications to the program increasing by 2.2% and the mean length of time in the program increasing from 12.7 years to 13.0 years.<sup>23</sup> The evaluation of the national Benefit Offset

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<sup>22</sup> The SSA initially planned to test an early intervention pilot program in New Mexico, Vermont, and Wisconsin that would have given cash benefits to SSDI applicants who were determined to likely meet the statutory definition of disability. The SSA cancelled this pilot before enrollment and now plans to use a similar model of interventions in the national Benefit Offset demonstration. Additional information on the cancelled early intervention pilot can be found in Mitra and Brucker, *The Early Intervention Project* and on the website of the University of Illinois Disability Research Institute at <http://www.dri.uiuc.edu/research/p01-01c/default.htm>.

<sup>23</sup> Hugo Benitez-Silva, Moshe Buchinsky, and John Rust, "Induced Entry Effects of a \$1 for \$2 Offset in SSDI Benefits," available on the website of the University of California San Diego Department of Economics at (continued...)

demonstration will include a component that measures any induced entry to or reduced exit from the SSDI program rolls.

### ***Data Collection***

The evaluation of the national Benefit Offset demonstration will utilize both administrative and survey data to determine the impact of the benefit offset and employment supports on the treatment group members. Administrative data will track earnings and employment while information on work activities and implementation will come from a survey to be designed by the contractor.

### **Timeline**

The four-state Benefit Offset demonstration began in August 2005 and has currently enrolled more than 250 participants. This smaller demonstration is expected to last for a total of two years. The national Benefit Offset demonstration is still being designed and is expected to begin enrolling beneficiaries in December 2006 and last for at least five years.

### **Contractors**

The four-state Benefit Offset demonstration is being implemented and evaluated by the states of Connecticut, Utah, Vermont, and Wisconsin and each of these states acts as an SSA contractor. Abt Associates is the primary contractor for the national Benefit Offset demonstration and is responsible for project design, implementation, and evaluation.

## **Disability Program Navigator (DPN) Demonstration**

### **Purpose**

The Disability Program Navigator (DPN) demonstration project differs from other SSA demonstrations in that it does not involve any change to SSDI program rules or additional benefits to participants. Rather, the purpose of the DPN demonstration is to determine the impact on SSDI beneficiaries of placing trained benefit specialists in Department of Labor (DOL) One-Stop Career Centers. This demonstration is also unique in that it is jointly funded and administered by the SSA and the DOL, with the DOL having the responsibility for evaluating the demonstration.

A complicated set of rules governs work activity and employment within the SSDI program and misunderstanding of these rules by beneficiaries can lead to their failing to properly report changes in income and overpayments, which must be paid back to the SSA at a later date. Anecdotal evidence shows that the confusion over the SSDI work rules and the fear of overpayments serves as a barrier to the return to work efforts of some disability beneficiaries.<sup>24</sup> A DPN is an employee of a state or local workforce agency trained by the SSA to advise SSDI

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[http://www.econ.ucsd.edu/seminars/0506seminars/Buchinsky\\_SP06.pdf](http://www.econ.ucsd.edu/seminars/0506seminars/Buchinsky_SP06.pdf)

<sup>24</sup> See, for example, O'Day, *Policy Barriers for People with Disabilities*, and Williams, et. al., *Waiting for Medicare*.

beneficiaries on these program rules and assist them in returning to work by referring them to outside employment services.

One-Stop Career Centers are community based centers funded by the DOL that provide a wide variety of employment services in one location.<sup>25</sup> At a one-stop center, a person can find job listings, referrals to training, career counseling, and other services provided by government and nongovernmental agencies and organizations. One-Stop Career Centers were established under the provisions of Section 121 of the Workforce Investment Act of 1998, P.L. 105-220. There are currently 1,897 comprehensive one-stop centers and 1,556 affiliate centers in the United States.<sup>26</sup>

The DPN demonstration is a joint project of the SSA and Department of Labor that puts navigators into selected one-stop centers to provide benefit assistance and employment referral services to SSDI beneficiaries that want to work. It is hoped that these navigators will be able to assist SSDI beneficiaries understand the complicated SSDI work rules and refer them to employment services found within the one-stop centers.

## **Research Design**

The DPN demonstration does not utilize an experimental research design and has no randomization or sample selection of beneficiaries and no control group. Instead, any SSDI beneficiary can take advantage of DPN services by going to one of the one-stop centers selected to participate in the program. The employment outcomes of these beneficiaries will be tracked as will service delivery issues related to the DPN such as frequency of visits and number of beneficiaries served. The DOL will conduct the overall evaluation of the DPN demonstration.

## **Site Selection**

DPNs can be found in one-stop centers located in states that have contracted with the DOL and SSA to provide services to SSDI beneficiaries. Each of these states is responsible for hiring and managing the DPNs and training is provided by the SSA and DOL. There are currently a total of 261 DPNs operating in 17 states with an additional 13 states and the District of Columbia selected to participate in June 2006 as shown in **Table 3**.

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<sup>25</sup> For more information, see CRS Report 97-536, *Job Training Under the Workforce Investment Act (WIA): An Overview*, by Ann Lordeman.

<sup>26</sup> Data taken from the website of the Department of Labor at <http://www.doleta.gov/disability/word/1-Stops%20Map%20&%20DPNs%20by%20State%20-06.doc>.

**Table 3. Disability Program Navigators (DPNs) by State**

State	Number of DPNs	State	Number of DPNs
Alaska	a	Missouri	a
Arizona	13	Nebraska	a
California	33	New Mexico	7
Colorado	20	New Jersey	a
Delaware	4	New York	48
District of Columbia	a	Oklahoma	12
Florida	14	Oregon	8
Hawaii	a	Rhode Island	a
Illinois	16	South Carolina	10
Indiana	a	Tennessee	a
Iowa	16	Texas	a
Maryland	13	Vermont	6
Massachusetts	17	Virginia	a
Michigan	a	West Virginia	a
Minnesota	a	Wisconsin	15
Mississippi	9	<i>Total</i>	261

**Source:** Congressional Research Service (CRS) table created with data from the website of the Department of Labor at <http://www.doleta.gov/disability/word/1-Stops%20Map%20&%20DPNs%20by%20State%202-06.doc> and the website of the Social Security Administration at <http://www.ssa.gov/disabilityresearch/navigator.htm>.

- a. State selected to participate in the demonstration in June 2006 and has not yet determined how many DPNs it will have.

### *Interventions*

The primary intervention tested by the DPN demonstration project is the provision of navigator services to SSDI beneficiaries in the environment of the one-stop center. Although the individual services provided to beneficiaries by navigators are unique to each particular case, in general the navigators are available to provide the following services to beneficiaries:

- help beneficiaries better understand the SSDI work rules and rules of other programs that may provide them with supports or benefits;
- work with employers to assist in job placement;
- partner with other service providers to provide integrated services to beneficiaries;
- assist beneficiaries who are transitioning out of school and into the labor force;
- conduct outreach with agencies that provide benefits and services to persons with disabilities;
- serve as a resources for information on other SSA programs, including other demonstration projects; and

- act as a resource for other federal, state, or local programs that help persons with disabilities enter the workforce.

## **Evaluation**

The evaluation of the DPN demonstration project will be conducted by the DOL. The employment activities and outcomes of SSDI beneficiaries who take advantage of DPN services will be tracked, as will the types of services provided by the DPNs. The recruitment and retention of DPNs and the marketing of the DPN program to SSDI beneficiaries will also be evaluated. The DOL will provide a final evaluation report at the end of the demonstration.

## **Timeline**

The DPN demonstration project began in November 2003 and was expected to last two years. However, in October, 2005, the demonstration was extended for an additional year and then extended again in June 2006 with the addition of 13 additional states and the District of Columbia. The DPN demonstration project is now scheduled to end in June, 2008.

## **Contractors**

Each state that is participating in the demonstration acts as a contractor for the SSA and DOL and is responsible for the implementation of the demonstration. The DOL is responsible for the evaluation of the demonstration and has contracted with the University of Iowa Law, Health Policy, and Disability Center to conduct the evaluation.

## **Homeless Outreach Projects and Evaluation (HOPE)**

### **Demonstration**

The purpose of the Homeless Outreach Projects and Evaluation (HOPE) demonstration is to determine the impact of providing personalized outreach and applicant assistance services to homeless persons on the quality of their applications for disability benefits. It is hoped that these services will result in higher quality applications for SSDI and SSI benefits that will allow more of these people to get the benefits they are entitled to while saving the agency administrative costs. This demonstration is unique in that the SSA is providing services, through local agencies and organizations, to people before they even apply for benefits.

Research has shown that the application process for the SSDI and SSI programs can be challenging, especially for homeless persons. Applicants are required to understand program rules and provide the agency with detailed information about their employment and medical histories. In addition, applicants can increase the speed with which their applications are processed and possibly improve the likelihood of their applications being accepted by providing additional information such as detailed medical records or by working with an attorney or other representative who is familiar with the process and what the agency is specifically looking for.

For persons who are homeless, or who are transitioning out of an institution, successfully navigating this process can be difficult as they may not have access to financial or medical records, may not have a primary care medical provider, and may not be aware of their options to get assistance with their applications. In addition, without access to a computer, or even a phone,

homeless persons are often not able to take advantage of the online application system or even schedule an appointment to meet with an SSA employee at a field office. An earlier SSI demonstration project conducted by the SSA found that homeless persons had difficulty applying for benefits on their own and often required the assistance of a caseworker or counselor and that providing such services to homeless persons with mental illnesses resulted in greater access to disability benefits.<sup>27</sup> These difficulties then result in an increase in the agency's administrative costs as the SSA is required to follow up on incomplete applications or schedule people for additional medical examinations. As part of this demonstration, local agencies and organization selected by the SSA will assist homeless persons with understanding and completing their disability applications.

The HOPE demonstration is part of President George W. Bush's initiative to end chronic homelessness within 10 years. Funding for this demonstration comes from \$8 million annual earmarked appropriation for services to the homeless included by Congress in the SSA's FY2003, FY2004, and FY2005 appropriations bills.<sup>28</sup> A portion of these funds were reserved by the agency to fund the evaluation of the HOPE demonstration.

## **Research Design**

The HOPE demonstration does not use a traditional experimental research design and does not utilize treatment or control groups. Rather, the SSA contracts with 41 community agencies and organizations to provide interventions to homeless people in their area. The disability applications of these homeless people are tracked using administrative records and data collected at the sites as well as through focus groups.

## **Site Selection**

The HOPE demonstration involves 41 sites across the country with a community or local agency at each site providing interventions to homeless persons who are seeking to apply for SSDI or SSI benefits. These agencies were selected through a competitive grant process administered by the SSA. Grantees include state and local social service agencies, non-profit organizations, and faith-based groups. A list of the 41 HOPE demonstration sites and agencies is provided in **Table 4**.

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<sup>27</sup> The SSI Outreach Demonstration ran from 1991 to 1997. Additional information on this demonstration can be found in the Social Security section of the 2003 Annual Report of the Interagency Council on Homelessness available on the SSA's website at [http://www.socialsecurity.gov/homelessness/SSA\\_Homelessness\\_Report\\_2003.htm](http://www.socialsecurity.gov/homelessness/SSA_Homelessness_Report_2003.htm).

<sup>28</sup> The conference reports that accompany the Consolidated Appropriations Resolution, 2003, P.L. 108-7; the Consolidated Appropriations Act, 2004, P.L. 108-99; and the Consolidated Appropriations Act, 2005, P.L. 108-447 direct the SSA to spend \$8 million of its annual SSI appropriation on "outreach efforts and assistance to homeless persons and other underserved populations."

**Table 4. HOPE Demonstration Sites and Agencies**

State	City	Agency or Organization
Arizona	Tucson	Dorothy Kret and Associates
California	Escondido	North County Interfaith Council
	Los Angeles	Special Service for Groups, Inc.
		Volunteers of America of Los Angeles
	Sacramento	Transitional Living and Community Support
	San Francisco	City and County of San Francisco
	Santa Cruz	Santa Cruz County Health Services Agency
	Santa Monica	Ocean Park Community Center
Tarzana	Tarzana Treatment Center	
Colorado	Denver	Colorado Coalition for the Homeless
Connecticut	Stamford	Shelter for the Homeless
District of Columbia	Washington	Lt. Joseph P. Kennedy Institute
Florida	Tampa	Volunteers of America of Florida
Hawaii	Honolulu	Mental Health Kokua
Indiana	Clark County	Haven House Services, Inc.
Kansas	Topeka	Kansas Legal Services, Inc.
Louisiana	New Orleans	Louisiana State University Health Sciences Center
		Unity for the Homeless
Massachusetts	Boston	SPAN, Inc.
	Hyannis	Florence and Mary E. Duffy Health Center
	Lowell	Middlesex North Resource Center
	Newton	Advocates, Inc.
Michigan	Wyandotte	Wayne-Metropolitan Community Action Agency
Minnesota	Bemidji	Beltrami Area Service Center
	Roseville	Salvation Army Northern Division
North Carolina	Durham	Urban Ministries of Durham, Inc.
Nevada	Las Vegas	Clark County Department of Social Service
New York	New York	The Fortune Society
		Piggy Back, Inc.
		Health Industry Resource Enterprises, Inc.
		Partnership Homeless Service Corporation
		Park Ridge Hospital/Unity Health System
Ohio	Cincinnati	Free Store/Food Bank, Inc.
Oregon	Eugene	White Bird Clinic
	Oak Grove	Clackamas County Social Services

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State	City	Agency or Organization
Texas	Beaumont	Southeast Texas Regional Planning Commission
	Longview	Sabine Valley Center
	San Antonio	American GI Forum National Outreach Program
Washington	Seattle	Salvation Army-Seattle
Wisconsin	Milwaukee	Health Care for the Homeless of Milwaukee
		Legal Action of Wisconsin

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**Source:** Congressional Research Service (CRS) table created with data taken from the website of the Social Security Administration at <http://www.socialsecurity.gov/homelessness/outreach.htm>.

### *Interventions*

The SSA trains each of the agencies and organizations selected to provide interventions to participants in the HOPE demonstration. Each of these selected organizations is required to provide the following interventions to homeless persons in their area seeking to apply for SSDI or SSI benefits:

- outreach services;
- support services; and
- assistance with applying for disability benefits.

In addition, selected organizations can design and provide a package of additional interventions. Examples of the type of additional interventions being provided as part of the HOPE demonstration include:

- presumptive disability screening for SSI applicants;
- pre-release assistance for persons transitioning out of institutions;
- representative payee services to assist homeless persons once they receive benefits;
- employment support to help homeless persons return to work; and
- assistance in the use of the SSA’s electronic disability application system.

### **Evaluation**

The evaluation component of the HOPE demonstration will include an assessment of the impact of the interventions on the applications of homeless persons for disability benefits and a process evaluation of the outreach efforts and implementation of the program at each of the 41 sites. The process evaluation will use data taken from focus groups to determine if homeless persons in a given area were aware of the services offered and able to properly access them.

The outcome evaluation will focus on the applications for disability benefits of homeless persons that received HOPE demonstration services. These applications will be studied to determine if the interventions provided as part of the demonstration resulted in more complete and higher quality applications. In addition, the disability status of persons served by the demonstration will be tracked to determine the outcomes of their disability applications and how quickly they were able



to apply for and receive SSDI or SSI benefits. Comparisons will be made across various subgroups based on demographic and socioeconomic factors as well as across groups made up of persons with differing disability types and homelessness situations. In addition, any savings to the administrative costs of the SSA that result from program participants submitting more complete applications that require less follow up from the agency will be tracked and evaluated against the cost of providing the interventions.

### ***Data Collection***

The process evaluation will be primarily based on focus groups conducted with homeless persons who received demonstration services and staff of the agencies and organizations that are providing the interventions. The outcome evaluation will utilize SSA administrative records on benefit applications, processing times, and awards as well as data collected at each site by the participating organizations.

### ***Preliminary Results***

As of October 31, 2005, 4,579 homeless persons had received services through the HOPE demonstration and applied for disability benefits. While many of these applications were still pending at that time, 1,046 demonstration participants, approximately 23% of the participants, had been awarded benefits.

### **Timeline**

The HOPE demonstration began in May 2004 in 34 selected sites. The demonstration in these sites is scheduled to run until the end of April 2007. In November 2004, an additional seven sites were added to the demonstration and these sites are expected to provide services until the end of October 2007. A final report on the HOPE demonstration is scheduled to be completed in October 2007.

### **Contractors**

Each of the 41 selected organizations serves as a contractor to the SSA and is responsible for providing interventions and collecting data. Westat is the prime contractor responsible for the evaluation of the HOPE demonstration.

## **Mental Health Treatment Study (MHTS) Demonstration**

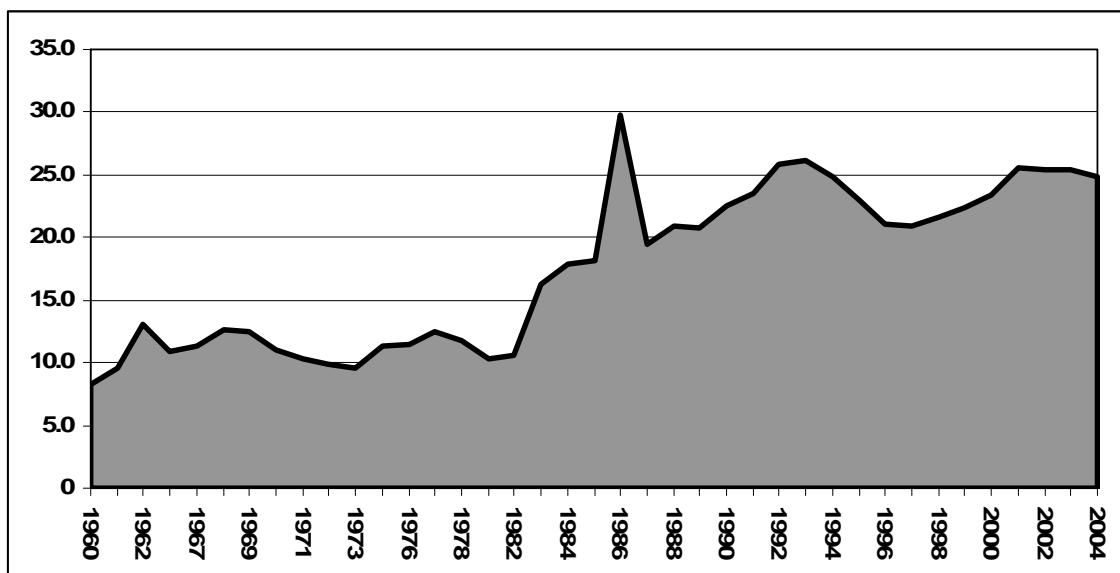
### **Purpose**

The purpose of the Mental Health Treatment Study (MHTS) demonstration is to determine the impact of treatment and rehabilitation services on the health and employment of SSDI recipients with mental disorders. This demonstration will provide services to 1,500 SSDI recipients diagnosed with either schizophrenia or affective disorder at 22 sites across the country. At each site health and rehabilitation services will be offered and the outcomes of participants will be tracked. It is hoped that the provision of medical and rehabilitation supports to SSDI recipients with mental disorders will result in these beneficiaries experiencing medical improvement,

increased functional capacity, and a greater likelihood of leaving the disability rolls through employment.

Mental disorders are a rapidly growing cause of new applications to the SSDI program and now make up nearly 25% of all new SSDI awards to disabled workers and constitute the second most common diagnosis among new beneficiaries. This increase in beneficiaries coupled with an increase in benefit duration of beneficiaries with mental disorders has resulted in mental disorders becoming the largest cause of disability among all SSDI beneficiaries. At the end of 2004, 36% of all program participants had a mental disorder as their primary diagnosis, including nearly 29% with a mental disorder other than retardation.<sup>29</sup> This is the population that is being targeted by the MHTS demonstration.

**Figure I. Mental Disorders as Percentage of All SSDI Disabled-Worker Benefit Awards, 1960-2004**



**Source:** Congressional Research Service (CRS) figure with data taken from Social Security Administration, *Annual Report on the Social Security Disability Insurance Program, 2005*, (Washington: GPO, 2005), Table 36.

This growth in the number of persons with mental disorders on the SSDI rolls is occurring despite the fact that many mental disorders are treatable. In addition, there is evidence that through a combination of medical and rehabilitation services, many persons with mental disorders can be fully integrated into society and can return to employment.<sup>30</sup> However, the episodic nature of many mental disorders requires persons with these conditions to have access to ongoing medical and employment supports and these types of supports are not readily available through the vocational rehabilitation or Ticket to Work systems that are offered to SSDI and SSI beneficiaries. In addition, the lack of health coverage during the first 24 months on the SSDI rolls as well as gaps in the provided Medicare coverage leave some SSDI recipients with mental disorders unable

<sup>29</sup> Social Security Administration, *Annual Statistical Report on the Social Security Disability Insurance Program, 2005* (Washington: GPO, 2005), Tables 33 and 36.

<sup>30</sup> For a review of this evidence, see Laudan Aron, Martha Burt, and David Wittenburg, *Recommendations to the Social Security Administration on the Design of the Mental Health Treatment Study (MHTS)* (Washington: The Urban Institute, 2005).

to access the care they need. This demonstration builds off the research in the field showing the success of medical and other supports and will provide selected beneficiaries with a personalized package of medical care and employment services.

## Research Design

The MHTS demonstration will utilize an experimental design with random selection of participants into a treatment or control group. Demonstration participants will be drawn from the 22 geographic areas selected for the project and will consist of adult SSDI recipients diagnosed with either schizophrenia or an affective disorder. The 22 demonstration sites were selected by the SSA and are listed in **Table 5**.

**Table 5. MHTS Demonstration Sites**

State	City	State	City
Colorado	Denver	Maryland	Bethesda
Connecticut	Bridgeport	Massachusetts	Framingham
	Norwich	Minnesota	Spring Lake Park
District of Columbia	Washington	New Hampshire	Manchester
Florida	Fort Lauderdale	New York	New York
	St. Petersburg	Ohio	Mentor
Georgia	Smyrna	Oregon	Grant's Pass
Illinois	Chicago		Portland
	Peoria	South Carolina	Aiken
Indiana	Indianapolis	Texas	San Antonio
Kansas	Kansas City	Washington	Vancouver

**Source:** Congressional Research Service (CRS) table with data taken from the website of the Social Security Administration at <http://www.ssa.gov/disabilityresearch/factsheets/mentalhealth.pdf>.

## Sample Selection

The MHTS demonstration will draw a random sample of participants from the 22 geographical areas selected for inclusion in the study. This sample will be drawn from a population of SSDI beneficiaries with the following characteristics:

- aged 18-55;
- primary diagnosis of either schizophrenia or affective disorder;
- not currently living in an institution or nursing home;
- not deemed legally incompetent; and
- have no life threatening condition or other condition that is severe enough to prohibit them from engaging in competitive work.

The total sample for the MHTS demonstration will consist of 3,000 beneficiaries with 1,500 being randomly assigned to the treatment group and 1,500 being randomly assigned to the control group.

### ***Interventions***

Participants selected for the control group will receive no interventions, but will be exempted from having the SSA perform a Continuing Disability Review (CDR) of their status while they are participating in the demonstration. Members of the treatment group will receive the same protection from CDRs as well as a customized set of medical and employment supports provided by private sector providers who will be reimbursed for their services by the SSA. The SSA had hoped to have a third party administrator under contract to provide medical services to this and other demonstrations, however, the agency now reports that they were unable to secure such services. These medical services will be based on the individual needs of the beneficiaries and may consist of both outpatient pharmaceutical and psychotherapeutic treatments and will be coupled with other traditional employment supports.

### **Evaluation**

The evaluation of the MHTS demonstration will seek to determine the impact of providing a combination of medical and employment supports to SSDI beneficiaries with mental disorders on their health, functional capacity, employment, and disability program status. The outcomes of treatment and control group participants will be tracked by the SSA and its contractors to allow for comparisons across these samples. In addition, the evaluation will seek to determine which types of medical and employment supports were most effective in improving the health, functional capacity, and employment level of beneficiaries and which resulted in a greater likelihood of a beneficiary leaving the SSDI rolls because of work. Comparisons will also be made across demographic, socioeconomic, and diagnostic groups to determine how different types of beneficiaries respond to medical and employment supports.

### ***Data Collection***

At the beginning of the MHTS demonstration, the SSA and its contractors will collect extensive baseline data on each participant assigned to the treatment and control groups. This data will include measures on the following types of variables:

- demographics;
- socioeconomics;
- access to health care outside of the demonstration;
- medical history;
- history of substance abuse;
- level of disability and functional limitation; and
- overall health.

Each of these variables will be measured on a quarterly basis for all demonstration participants with final measures taken at the end of the demonstration. In addition, this data will be matched

with the SSA's administrative data on benefit levels, earnings, and SSDI program status. Data will also be collected on the type and frequency of medical and employment supports given to the participant. Participants who drop out of the demonstration before its conclusion will be surveyed to determine the reasons for their withdrawal.

The SSA and its contractors will also track the exact amount of money spent on providing services to each participant. These costs will be evaluated against the overall savings to the Disability Insurance Trust Fund resulting from the benefit savings of returning beneficiaries to work and removing them from the SSDI rolls.

## **Timeline**

The MHTS demonstration is scheduled to begin participant recruitment and enrollment in the Summer of 2006 with enrollment to end in the summer of 2007. The demonstration is scheduled to last for nearly three years beyond that date with a final report expected in March 2010.

## **Contractors**

The SSA will contract with various private sector providers to deliver medical services and employment supports. The primary contractor responsible for administering the demonstration and conducting the evaluation is Westat. Westat has partnered with a team of subcontractors from the following organizations:

- Dartmouth College,
- Indiana University-Purdue University Indianapolis,
- the University of Maryland Baltimore County,
- the University of Texas at San Antonio, and
- Value Options.

## **Ongoing Medical Benefits - HIV/Auto Immune Deficiency Demonstration (AI)**

### **Purpose**

The purpose of the Ongoing Medical Benefits - HIV/Auto Immune Deficiency (AI) demonstration is to determine the impact of providing a package of health insurance and employment supports to SSDI recipients diagnosed with HIV/AIDS or other auto immune disorders upon the employment of these beneficiaries. In addition, the AI demonstration seeks to determine if such support packages can be provided in a cost-effective manner relative to the potential savings to the Disability Insurance Trust Fund that would arise from reducing this population's benefit duration.

Before designing the AI demonstration, the SSA held two forums on ways to better provide health and employment supports to SSDI recipients with HIV/AIDS or other auto immune disorders. These forums, held in Philadelphia and San Francisco, were attended by medical professionals, advocates, and persons with HIV/AIDS and other auto immune disorders. From these forums as

well as supporting research in the field, the SSA was able to make several conclusions about the needs of this population that guided the design of this demonstration.<sup>31</sup>

The SSA determined that individuals with HIV/AIDS or other auto immune disorders were more likely to develop additional auto-immune disorders. These multiple disorders can result in fatigue and other symptoms that can make keeping a regular work schedule difficult. Ongoing employment supports are often necessary to assist people with multiple immune disorders to return to work.

The SSA also found that many general practitioner physicians were unaware of the rapidly changing treatment options available for this population. While specialist care can overcome this, the research also found that such care is unavailable for many in this population because of a lack of awareness of options, geographic limitations, or a lack of adequate health coverage.

The research also found that many in this population want to return to work. However, their conditions are such that returning to their previous jobs, or similar jobs, is impossible due to their inability to handle the physical demands of these occupations. As a result, retraining is often needed to prepare these people for new opportunities in the workforce. However, even when rehabilitation and retraining is available, many in this population may not access these services because their long absences from the labor force have left them confused about how to return to work or find the help they need.

The goal of the AI demonstration is to determine if providing medical insurance and employment supports can overcome some of these obstacles to employment and result in a greater likelihood that SSDI recipients with HIV/AIDS or other auto immune disorders will return to work and leave the benefit rolls because of employment.

## **Research Design**

### *Sample Selection*

The AI demonstration will use an experimental research design with selected participants being randomly assigned to either a control or treatment group. A total of 1,600 SSDI beneficiaries will participate in the demonstration with 800 being randomly assigned to a treatment group that will receive health insurance and employment supports and 800 being assigned to a control group that will receive no interventions but that may receive up to \$100 to ensure their continued participation. The 1,600 participants will be drawn from four counties in California according to the breakdown outlined in **Table 6**.

The sample of demonstration participants will be drawn from all SSDI recipients in a given county that have been diagnosed with either HIV/AIDS or another auto immune disorder by the SSA. Preference will be given to those who have worked in at least one of the last 10 years.

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<sup>31</sup> The conclusions drawn from these forums are presented in the statement of work for the AI demonstration.

**Table 6.AI Demonstration Sites and Participants**

State	County	Number of Participants
California	Alameda	300
	Los Angeles	600
	San Diego	300
	San Francisco	400
<i>Total</i>		<i>1,600</i>

**Source:** Congressional Research Service (CRS) table with data provided by the Social Security Administration Office of Disability and Income Security Programs.

### *Interventions*

Participants selected for the control group will receive protection from Continuing Disability Reviews (CDRs), health insurance, employment supports, and the assistance of an Expert Medical Unit (EMU). It is expected that there will be only one treatment group, however, the SSA is open to using additional treatment groups if the selected contractor can demonstrate the ability to generate statistically significant results with more than one treatment group and 1,600 total participants.

Members of the treatment group will be provided health insurance that will be designed to specifically address the medical needs of the HIV/AIDS and auto immune disorder populations. This health insurance will not be comprehensive but rather will be designed to cover treatments not covered by the Medicare or Medi-Cal programs.<sup>32</sup> Coverage will be based on a fee for service model and total coverage will be limited to \$15,000 per participant, per year. The SSA had hoped to have a third party administrator under contract to provide medical services to this and other demonstrations, however, the agency now reports that they were unable to secure such services and it will be the responsibility of the contractor to arrange for the health insurance component of the AI demonstration.

The treatment group will also be provided with customized employment supports. These supports will be provided under a contract with the California Department of Rehabilitation (DOR). For each participant, the DOR will develop an Individualized Plan for Employment (IEP) that will specify employment goals and specific services to be provided. The IEP will guide the provision of employment support services to the participant.

Treatment group members will be able to take advantage of the services of an Expert Medical Unit (EMU). The EMU will consist of medical professionals knowledgeable about the needs of the HIV/AIDS and auto immune disorder populations and will serve as a resource to guide the healthcare and employment decisions of participants. In addition, while participating in the demonstration, each member of the treatment group will be protected from having the SSA perform a CDR to review his or her disability status.

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<sup>32</sup> Medi-Cal is the name given to Medicaid coverage in California.

## **Evaluation**

The contractor selected to design and administer the AI demonstration will also be responsible for conducting the evaluation component of the project. This evaluation will consist of a process evaluation that will focus on participant recruitment and service delivery, an outcome evaluation that will assess the overall impact of the interventions on the employment of participants, and a cost-benefit analysis that will determine if the interventions were provided in a cost effective manner.

### ***Process Evaluation***

The process evaluation will be designed to determine if there were any problems in the recruitment of demonstration participants or in the provision of the interventions. Special attention will be paid to issues surrounding the coordination between the contractor, the EMU, the health insurance provider, and the DOR. In addition, the relationship of the EMU and the DOR will be evaluated to determine if the use of the EMU resulted in better planning and coordination of the employment support component of the intervention.

### ***Outcome Evaluation***

The outcome evaluation of the AI demonstration will assess the impact of the interventions on the employment outcomes of the control group. The health insurance and employment support components of the intervention will be assessed separately to determine their role in assisting treatment group members return to work and also together to determine the overall impact of the demonstration. In addition, the employment support component will be further examined to determine if certain types of supports provided by the DOR had a greater impact on the return to work efforts of beneficiaries.

### ***Cost-Benefit Analysis***

A cost-benefit analysis will be performed as part of the evaluation component to determine if the provision of health insurance and employment supports to beneficiaries with HIV/AIDS or other auto immune disorders can be done in a cost effective manner. The costs of the services provided will be compared against the potential benefit savings from participants leaving the SSDI rolls because of employment to determine if a policy of providing health insurance and employment supports to SSDI beneficiaries with HIV/AIDS or other auto immune disorders would result in an overall savings to the Disability Insurance Trust Fund.

### ***Data Collection***

The contractor will be responsible for designing a data collection system and collecting data for the process and outcome evaluations and the cost-benefit analysis. It is expected that the services provided to treatment group members will be tracked and that the employment activities and outcomes of the treatment and control groups will be compared. The cost of these services will also be collected as will any changes to the benefit status of participants. A survey of participants may also be used to gather data on their experiences in the demonstration.



## **Timeline**

On June 29, 2006, the SSA awarded the contract for the AI demonstration. Enrollment is expected to begin in the summer of 2007 and the demonstration is expected to last a total of five years.

## **Contractor**

Mathematica Policy Research is the primary contractor for the AI demonstration.

## **Youth Transition Demonstration (YTD)**

### **Purpose**

The purpose of the Youth Transition Demonstration (YTD) is to determine if waiving SSI income and asset rules and providing coordinated employment support services to younger SSI and SSDI beneficiaries will ease the transition of these beneficiaries into adulthood and result in an increased likelihood that they will leave the benefit rolls because of work. The YTD demonstration is being conducted at seven sites in six states and will provide services to disability beneficiaries between the ages of 14 and 25.

At the end of 2004, there were 1,262,373 SSI beneficiaries under the age of 21. Included in this group were 269,246 beneficiaries aged 18-21.<sup>33</sup> In addition, at the end of 2004 there were 128,925 disabled beneficiaries in the insured programs under the age of 25, including 56,628 disabled workers in the SSDI program and 72,297 disabled adults with disabilities that began when they were children.<sup>34</sup> As these beneficiaries prepare to enter adulthood, they are faced with additional challenges including the possible loss of benefits, the loss of school-based supports, and the prospect of entering independent living as adults without any savings or accumulated assets to fall back on.

The YTD demonstration builds upon an earlier SSI demonstration project, the Youth Continuing Disability Review Project, that focused on SSI beneficiaries aged 15 and 16 in Florida and Maryland.<sup>35</sup> The evaluation of this demonstration found that many of these teenaged beneficiaries were not prepared to enter adulthood and independent living. Significant numbers of the beneficiaries tracked in this demonstration had contact with the criminal justice system including 16.5% of the beneficiaries studied that had at least one previous arrest. In addition, this demonstration found that often these SSI beneficiaries nearing transition-age were not able to get the coordinated educational, benefit counseling, and employment supports they needed. The results of this demonstration were consistent with other research findings that show children with disabilities have worse post-education outcomes than their non-disabled peers and that vocational

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<sup>33</sup> Social Security Administration, *SSI Annual Statistical Report, 2004* (Washington: GPO, 2005), Table 25.

<sup>34</sup> Social Security Administration, *Annual Statistical Report on the SSDI Program, 2004* (Washington: GPO, 2005), Table 4. These figures include dual beneficiaries receiving both SSDI and SSI benefits.

<sup>35</sup> The Youth Continuing Disability Review Project and other relevant research are summarized in David Wittenburg and Pamela Loprest, *Policy Options for Assisting Child SSI Recipients in Transition*. Available on the website of the Ticket to Work and Work Incentives Advisory Panel at [http://www.ssa.gov/work/panel/panel\\_documents/pdf\\_versions/SSI%20Kids-Final.pdf](http://www.ssa.gov/work/panel/panel_documents/pdf_versions/SSI%20Kids-Final.pdf).

education and transition services provided during high school are positively correlated with improved post-education outcomes for children with disabilities.

The YTD demonstration seeks to expand on earlier work by the SSA to determine the impact of providing coordinated benefits planning and transition services as well as SSI program waivers that allow beneficiaries to build savings on the post-education employment activities of transition-aged disability beneficiaries.

## Research Design

### *Sample Selection*

The YTD demonstration uses an experimental design to test the impact of a series of interventions on transition-age disability beneficiaries. The SSA selected seven sites in six states to conduct the demonstration and at each site, a local or state agency or organization under contract with the SSA, will design and provide a package of coordinated benefit and employment supports. The selected sites, and the contracting agencies and organizations are listed in **Table 7**.

**Table 7. YTD Demonstration Sites and Agencies**

State	Sites	Contracted Agency	Project Title
California	1) Riverside County Office of Education 2) Whittier Union High School 3) Vallejo City Unified School District 4) Capistrano Unified School District/Saddleback Valley Unified School District Consortium 5) Irvine Unified School District/Newport/Mesas Unified School District Consortium	California Department of Rehabilitation	Bridges to Youth Self-Sufficiency Project
Colorado	1) Larimer County 2) El Paso/Teller Counties 3) Pueblo County	University of Colorado Health Sciences Center	Colorado Youth Work Incentive Network of Supports (WINS)
Iowa	1) Mason City 2) Story County	University of Iowa Center for Disability and Development	Smart Start
Maryland	1) Maryland Schools for the Blind 2) Baltimore County 3) Wicomico County	Maryland Department of Education	Maryland Department of Education Youth Demonstration

State	Sites	Contracted Agency	Project Title
Mississippi	1) Gulfport City Schools	Mississippi Department of Rehabilitation Services	Mississippi Youth Transitions Project (MYTI)
	2) Harrison County Schools		
	3) Durant Public Schools		
New York	Erie County	Erie Board of Cooperative Educational Services with New York Department of Education	Transition WORKS
	Bronx County	City University of New York (CUNY)	CUNY Youth Transition Demonstration Project

**Source:** Congressional Research Service (CRS) table with data taken from Megan O’Neil, “Opportunities for Change: Asset Building Demonstration Projects,” *World Institute on Disability Equity e-newsletter*, (December 2004). Available on the website of the World Institute of Disability at <http://www.wid.org/publications/?page=equity&sub=200412&topic=fa>.

Within each site, a sample of 800 people will be selected for the demonstration with 400 randomly assigned to a control group and 400 randomly assigned to a treatment group. The sample will be drawn from all disability beneficiaries aged 14-25 in the geographic area of the site as well as from youth deemed to be at risk of entering the disability rolls as adults. This group consists of youth with progressive disabilities and prognoses of decreased function as well as youth who would be eligible for the SSI program except for the income or resources of their parents. An additional nationwide random sample of 400 people will be drawn from across all of the sites and will receive a waiver from SSI program rules but no other treatments.

### *Interventions*

Demonstration participants will be randomly assigned to either a control group, a site-specific treatment group or the national treatment group. Members of the control group will receive no interventions. All members of the seven site specific treatment groups, and the national treatment group, receive the following five SSI rule waivers:

- Continued SSI benefits even if a CDR finds the participant is no longer disabled;
- Eligibility for the student earned income exclusion for all students regardless of their marital status or age;<sup>36</sup>
- An earned income exclusion of the first \$65 in a month and 75% of any additional earnings;<sup>37</sup>
- Eligibility to place money in an Individual Development Account and have that money exempted from SSI resource rules;
- Liberalized Plan for Achieving Self-Sufficiency (PASS) account rules that allow for career exploration or post-secondary education to serve as employment goals.<sup>38</sup>

<sup>36</sup> Under Section 1612(b)(1) of the Social Security Act (42 U.S.C. § 1382a(b)(1)) and 20 C.F.R. § 416.1866, the student earned income exclusion is not available to persons over the age of 21, persons who are married, or persons who serve as the head of a household.

<sup>37</sup> The SSI earned income exclusion, as specified in Section 1612(b)(4) of the Social Security Act (42 U.S.C. § 1382a(b)(4)) is the first \$65 in a month plus one half of any additional earnings.

These five SSI waivers are designed to allow transition-age beneficiaries to increase their earnings and savings in preparation for leaving school and entering adulthood and independence.

In addition to the SSI waivers, each of the seven sites has established a set of additional interventions for members of their treatment groups. These interventions seek to provide better coordinated employment, educational, and benefit planning supports to beneficiaries.

## **Evaluation**

The evaluation component of the YTD demonstration is designed to assess the impact of the SSI rule waivers and the other interventions on the employment activities of the beneficiaries selected for the treatment group. The evaluation will consist of a process evaluation, outcome evaluation and cost-benefit analysis and the evaluation will be the responsibility of a national contractor and not the individual sites.

### ***Process Evaluation***

The process evaluation will examine the implementation of the SSI waivers by the SSA as well as the provision of additional services at each site. The recruitment of participants by the contracted agencies at each site will be examined as will the types of services and supports delivered to participants. The opinions of participants on the provision of services will also be included in the process evaluation.

### ***Outcome Evaluation***

The outcome evaluation will measure the impact of the interventions on the employment outcomes of the treatment group participants. Each participant's employment activities will be tracked by the national contractor and this data will be matched with SSA administrative data to determine if the interventions led to a reduction in the benefit rolls because of employment. The outcomes of the treatment group members will be compared with the control group. In addition, comparisons will be made across treatment groups to determine how different types of supports affected beneficiaries with different demographic, socioeconomic, and disability characteristics.

### ***Cost-Benefit Analysis***

The cost of providing the interventions to the treatment groups, including costs borne by the federal, state, and local governments will be tracked and compared against any possible reductions in public spending brought on by the increased employment of treatment group members. In addition to savings to federal funds because of changes to benefit status because of employment, the cost-benefit analysis will estimate any savings to other state or local support programs that would otherwise be providing benefits to program participants.

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(...continued)

<sup>38</sup> Section 1633(d) of the Social Security Act (42 U.S.C. § 1383b(d)) requires that an employment goal be part of a PASS account.

### ***Data Collection***

The national contractor will collect baseline and ongoing data on all members of the treatment and control groups. Included in this data will be benefit data and work activity. In addition, the contractor will conduct a follow-up survey of participants to gain their opinions on the implementation of the interventions.

### **Timeline**

The YTD demonstration began in 2003 and enrollment is expected to continue until 2011. As of Spring 2006, 650 beneficiaries had enrolled across the seven sites. A report on the implementation of the SSI waivers and supports is expected in 2011 and a final report is expected in 2014.

### **Contractors**

At each site, a local or state agency or organization has contracted with the SSA to provide support services. The national contractor responsible for implementation and evaluation is Mathematica Policy Research with MDRC and Cornell University serving as subcontractors. Virginia Commonwealth University is also contracted with the SSA to provide technical support during the YTD demonstration.

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