# Supporting Statement for Promoting Opportunity Demonstration (POD) OMB No. 0960-0809

## PART A: JUSTIFICATION

## A.1. Introduction and authoring laws and regulations

#### A.1.1. Overview

The Social Security Administration (SSA) is requesting clearance to collect data necessary to conduct a random assignment evaluation of volunteers in select sites who enroll in the Promoting Opportunity Demonstration (POD). The evaluation will provide empirical evidence on the impact of the intervention for the subjects who receive Social Security Disability Insurance (SSDI) benefits and their families in several critical areas: (1) increased employment, (2) increased number of employed beneficiaries who have substantive earnings, (3) reduced benefits, and (4) increased beneficiary income (earnings plus benefits).

Because they are volunteers, the POD subjects will self-select into the study. Upon entering the study, they will be randomly assigned to one of two treatment arms or one control arm. We refer to beneficiaries randomized into the demonstration as treatment and control subjects. Both treatment arms include a benefit offset of \$1 for every \$2 earned above the larger of the Trial Work Period (TWP) level (defined as \$840 in 2017) and the amount of the subject's Impairment-Related Work Expenses (IRWE). They differ in the way they administer policies involving cases that reach full benefit offset (that is, benefits reduced to zero). In both treatment arms, POD initially suspends benefits. However, in one arm the suspension has no time limit whereas in the other arm, POD terminates benefits after 12 consecutive months of suspension. Beneficiaries in the control arm receive services available under current law. Exhibit A.1 summarizes the services the two treatment groups and the control group receive.

Based on the early pilot period, SSA established a goal to enroll at least 9,000 SSDI beneficiaries and up to approximately 15,000 SSDI beneficiaries across the eight selected POD states (Wittenburg et al. 2018). During the design period, SSA made several changes to the recruitment strategy.

The eight states include Alabama, California, Connecticut, Maryland, Michigan, Nebraska, Texas, and Vermont. The POD implementation contractor, Abt Associates, chose these states according to substantive and practical criteria that relate to their capacity to carry out the demonstration. Part B of this package provides more information about how Abt chose these states.

## Exhibit A.1. POD study design

#### Evaluator will randomly assign volunteers (DI workers) who provide consent to one of three groups

#### **Control Group Treatment Groups** (2 arms - 5,000 each) (5,000)Benefits are offset \$1 for every \$2 earned each month above the greater of the Current DI program rules: TWP level (\$840 in 2017) or an itemized level of IRWEs No loss of earnings Auxiliaries are also subject to benefit suspension or termination during TWP and **Extended Period of** The TWP and Extended Period of Eligibility do not apply Eligibility Participants receive benefits counseling and can withdraw from POD at any Benefits cash cliff time Benefits counseling The POD benefit offset rules will continue to apply to all participants who through WIPA remain in the demonstration, including those who have their benefits terminated and re-enter the DI rolls Participant benefits suspended in months earnings would reduce benefits to \$0 T1 - Benefits will NOT T2 - Benefits will terminate if suspended for terminate if suspended for 12 continuous months 12 continuous months

WIPA = Work Incentives Planning and Assistance program.

The Social Security Administration is conducting the study and our recruitment contractor, Mathematica, is carrying out components of the evaluation on behalf of SSA. Hereinafter, this will be referred to as "the POD evaluation team" or, when clear from context "the evaluation team." The evaluation will include an assessment of the implementation of POD and its effectiveness for the subjects enrolled in the eight POD states. The conclusions drawn from the evaluation represent results only for the voluntary population of this study. SSA believes the study may yield useful insights on the potential effectiveness of the new work rules and future research on Administration programs. The POD evaluation team will base this assessment on analyses of data from the following sources:

- 1. **Recruitment materials and baseline survey**. The recruitment materials include a letter describing POD; baseline survey; consent form; and brochure. The letter and brochure provide background information about the demonstration. Beneficiaries who are interested in participating complete the baseline survey and the consent form to apply for the demonstration. The short survey provides information on a set of beneficiary characteristics that do not appear in SSA program data. These materials are in Appendix A.
- 2. Two **follow-up surveys.** The POD evaluation team will administer the Year 1 follow-up survey to treatment and control subjects 12 months after their study enrollment date. The POD evaluation team will conduct the Year 2 follow-up survey 24 months after

- enrollment. The two surveys have similar content and will collect information on important study outcomes, which the evaluation team cannot use program data to measure. The survey instruments and contact materials are in Appendix B.
- 3. Four rounds of qualitative data from POD implementation and operations staff. The POD evaluation team will conduct two rounds of in-person site visits and two rounds of "virtual" interviews (follow-up telephone calls) with field staff to assess the process of POD implementation. The evaluation team anticipates conducting in-person visits for the first and third rounds of data collection when key informants are working centrally on site at the vocational rehabilitation (VR) agency. However, in states that rely more on telecommuting staff, the evaluation team will collect information by telephone in these rounds to reduce the cost of interviewing geographically dispersed respondents. The first round of in-person site visits occurred early in the implementation period before the end of recruitment and the second round will occur in the middle of program operations. If feasible, the virtual interviews include videoconferences. In these interviews, the evaluation team uses semi-structured protocols to collect information from key respondents identified during the first round of in-person visits. The first round of virtual interviews occurred upon completion of random assignment and the second round will occur toward the end of the program implementation period. Interview topics for the in-person and virtual interviews are in Appendix C.
- 4. Two rounds of **semi-structured interviews with treatment group subjects**. The evaluation will use two rounds of semi-structured telephone interviews with subjects to obtain information about their perspective about implementation to supplement the data from the four rounds of process data collection noted above. The first round, which occurred at the same time as the virtual interviews at the end of recruitment noted above, focused on subjects' motivations for enrolling; their perceptions of the outreach, recruitment and enrollment processes; their employment goals; and their expectations of the demonstration. The second, which will occur at the same time as the in-person visits during program operations noted above, will capture their perspectives on services received, experiences with the offset, and work experiences. Interview topics for these semi-structured interviews are in Appendix D.
- 5. **POD Monthly Earnings and Impairment-Related Work Expenses (IRWE) Reporting.** The POD evaluation team collects monthly earnings and IRWE from participants whose monthly earnings exceed the POD threshold. Each month, participants use a form to provide their employers' names, along with their earnings from each employer and any IRWEs they claimed that month. Participants also submit documentation to the POD evaluation team, such as paystubs and receipts for IRWEs. This allows the POD evaluation team to evaluate the subset of POD participants whose earnings exceed the POD threshold.
- 6. **POD End of Year Reporting (EOYR).** The POD evaluation team collects pre-POD and post-POD earnings data through submission of paid wages documentation from before or after the POD participation period to prevent erroneous benefit payments. For the EOYR, we deduct earnings outside of the POD period from SSA's Master Earnings File records prior to recalculation of the offset. Pre-POD earnings documentation (step

one of our EOYR collection instrument) will help accurately calculate benefits for participants in POD in the month(s) in 2018 prior to when they were randomly assigned into a POD treatment group and post-POD earnings documentation (step 4 on the instrument) will help accurately calculate benefits in the month(s) after active participation in POD ends. This will allow the POD evaluation team to evaluate the subset of POD participants whose earnings exceed the POD threshold.

Exhibit A.2 summarizes the time frames over which SSA and its contractor anticipate using these materials to collect information.

Exhibit A.2. Timeline for data collection efforts

		20	17			20	18			20	19			20	20		2021
	Q 1	Q 2	Q 3	Q 4	Q1												
Recruitment materials and baseline survey					х	x	х	Х									
Follow-up surveys																	
Year 1 survey									Х	Х	Х	Х	Х				
Year 2 survey													Х	Х	Х	Х	Х
Qualitative data from POD implementation and operations staff					х			Х				х				Х	
Semi-structured interviews with treatment group subjects								Х				х					
POD Monthly Earnings and Impairment- Related Work Expenses (IRWE) Reporting					х	х	х	х	х	Х	х	х	Х	х	Х	х	
POD End of Year Reporting (EOYR)					х				х				Х				Х

## A.1.2. Background

Congress required SSA to implement and evaluate POD for voluntary subjects. As part of the Bipartisan Budget Act (BBA) of 2015 (Public Law 114-74), Section 823, policymakers required SSA to carry out POD to test a new benefit offset formula for SSDI beneficiaries who volunteer to be in the study. The new rules, which also simplify work incentives, aim to promote employment and reduce dependency on benefits.

Section A22 of Public Law 114-74 requires that participation in projects such as POD be voluntary and include informed consent. As will be discussed below, this feature of the law is important because it prescribes how SSA can implement the demonstration, which has implications for the interpretation of the evaluation findings. The degree of interest among potential volunteers and their decisions to participate are of policy interest, particularly because

some beneficiaries might not benefit from the proposed interventions. Consequently, an important component of the POD evaluation will be to assess the number and types of beneficiaries who come forward to participate in the demonstration.

In addition, Public Law 114-74 specifies that study volunteers assigned to a treatment group have the right to revert from the new POD rules to current SSDI rules at any point. Section B includes more discussion of this requirement and its implications for the evaluation.

POD is part of a broader effort by policymakers to identify new approaches to help beneficiaries and their families – many of whom are low income – increase their incomes and self-sufficiency through work. In addition to authorizing POD, the Bipartisan Budget Act extended the solvency of SSDI until 2023 and renewed SSA's demonstration authority (section 42 U.S.C. 434 of the United States Code). The renewed authority allows SSA to carry out experiments and demonstration projects promoting labor force attachment and identifying mechanisms that could result in savings to the SSDI trust funds. Hence, POD will be one of many possible demonstration projects SSA will conduct.

**POD** attempts to address complexities with the current law's work rules. A policy concern is that existing work rules for SSDI beneficiaries are complex and include provisions that result in a complete loss of SSDI benefits for sustained earnings above a certain level—commonly referred to as a *cash cliff*. (A literature review on the SSDI program and other disability benefits programs follows this section.) One complexity is that current rules change depending on the beneficiary's work history. For example, the current rules do not result in any reductions for earnings among beneficiaries who initially return to work and have relatively low earnings. Those who earn below a threshold amount have no subsequent changes to their benefits, and those with higher earnings enter what SSA refers to as the Trial Work Period (TWP). As of 2017, the TWP threshold was \$840 per month. However, the rules change following the TWP (Exhibit I.1). Ultimately, SSDI beneficiaries who work over longer periods and earn wages above the Substantial Gainful Activity (SGA) threshold, defined in 2017 as \$1,170 per month for non-blind beneficiaries and \$1,950 per month for blind beneficiaries, risk the complete loss of benefits. Researchers and administrators refer to this benefit loss as a cash cliff because beneficiaries lose all benefits for a single dollar of earnings in excess of SGA.

The complexity of the current rules creates challenges for beneficiaries and SSA staff. For beneficiaries, the complexity of the work rules creates concerns about returning to work (Wittenburg et al. 2013). For example, beneficiaries might fear returning to work because they could lose both their SSDI benefit and Medicare eligibility if their earnings exceed the SGA threshold (the cash cliff). In addition, beneficiaries who do not fully understand the current rules risk incurring overpayments, which they will have to pay back to SSA (see Hoffman et al. 2017 for more details). Administratively, SSA staff must record beneficiaries' earnings, which can be complicated if beneficiaries do not regularly report their earnings to SSA.

POD attempts to address these challenges by creating a simplified set of new work rules that replace the cash cliff with a ramp, which we refer to as a benefit offset (Exhibit I.1). Under POD, the rules do not change depending on the beneficiary's work history because it eliminates the TWP and Grace Period. The new offset formula reduces benefits by \$1 for every \$2 of earnings in excess of a TWP level (defined as \$840 in 2017).

Exhibit I.1. Snapshot comparison of current rules and the new POD rules

#### Current rules New POD rules

- SSDI beneficiaries can earn any amount during nine months of the TWP, which allows for monthly earnings in excess of a meaningful threshold—defined as \$840 in 2017.
- The Extended Period of Eligibility starts in the first month after the TWP in which the beneficiary earns above the SGA threshold. During this period, which lasts for 36 months, beneficiaries remain in the program even if their benefits are suspended due to excess earnings.
- During the Extended Period of Eligibility, there is a onetime exception—called the Grace Period—to benefit reductions for earnings above the SGA threshold.
   During this period, beneficiaries may continue to receive benefit payments in the first month in which earnings exceed the SGA threshold and the following two consecutive months.
- However, following the Grace Period, beneficiaries face termination of benefits if their earnings exceed the SGA threshold in any month.

- POD includes two treatment arms, both of which use the same new rules to calculate benefits for those with earnings above the TWP threshold. The new rules replace the SGA-level cash cliff with a benefit offset, which reduces benefits by \$1 for every \$2 earned above the larger of the TWP level and the amount of the POD subject's Impairment-Related Work Expenses.
- The treatment arms differ in their rules governing the termination of benefits for those who earn enough to reach full benefit offset (that is, have their benefits reduced to zero). In both treatment arms, POD initially suspends their benefits. However, in one arm the suspension is not time-limited, whereas, in the other arm, POD terminates benefits after 12 consecutive months of suspension.

**POD** adds distinctive information to what has been learned from previous SSA research on disability employment programs and policies. The largest evaluations of employment supports for people with disabilities emphasized approaches targeting people who receive SSDI and/or Supplemental Security Income (SSI). SSDI and SSI beneficiaries are a natural target population for services because they represent the largest federally funded cash transfer programs for people with disabilities.

In 1980, Congress authorized SSA to test SSDI demonstration projects over a five-year period and to test SSI demonstration projects permanently (Szymendera 2011). SSA could use this authority to temporarily waive certain program rules and allocate trust fund dollars and appropriated funds to finance demonstrations. The authority required that the demonstrations have sufficient scope and scale to facilitate a thorough evaluation of the program or policy change under consideration.

The Ticket to Work (TTW) and Work Incentives Improvement Act of 1999 (Ticket Act) developed a major return-to-work program to promote employment by beneficiaries. Specifically, the Ticket Act established the TTW program, which provides SSDI and SSI beneficiaries with a voucher, or ticket, to purchase public or private sector employment services. As noted in the Ticket Act, even a small increase in exit rates from SSDI and SSI could result in large programmatic savings. The reason for the large potential savings is because most SSDI and SSI participants receive benefits for several years and the most likely reasons for leaving the programs are either death or retirement. Annual exits from SSDI and SSI due to work have generally persisted at 0.5 percent for years, even in the face of numerous programmatic and economic changes (Berkowitz 2003; Newcomb et al. 2003). Following the passage of the Ticket Act, SSA launched several major employment demonstrations projects and programs. Several focused on providing employment supports, whereas others focused on the disability determination processes and providing health benefits (Wittenburg et al. 2013). In designing

these demonstration projects, SSA sought to test how the interventions influenced the multiple work barriers faced by the heterogeneous SSDI and SSI beneficiary populations. Consequently, some interventions targeted rehabilitation supports (for example, beneficiaries in the TTW program), whereas others attempted to provide enhanced work incentives and/or most customized supports to specific subgroups, such as those with psychiatric impairments and youth with disabilities.

The largest work incentive demonstration was SSA's Benefit Offset National Demonstration (BOND), which replaced the cash cliff with a different offset ramp than what is tested in POD; BOND also tested additional supports. BOND was a random assignment evaluation that tested whether replacing the SGA cash cliff with a \$1-for-\$2 offset ramp would increase work and reduce beneficiaries' reliance on SSDI benefits. BOND changed the accounting period from monthly to annually and replaced the cash cliff with a \$1-for-\$2 benefit offset that gradually reduced benefits when earnings surpass the annual equivalent of the SGA amount. This is unlike POD, which bases the offset ramp on monthly earnings and begins at the lower TWP amount. As discussed below, a later phase of BOND also included a treatment arm that tested the added effect of enhanced work incentives counseling to help beneficiaries better understand the demonstration's rules.

The BOND study featured two stages that both include random assignment evaluations. SSA randomly selected 10 Area Offices to conduct BOND. Stage 1 provided estimates of the impacts of the BOND offset on the national beneficiary population. Participation in BOND Stage 1 was mandatory, and the Stage 1 sample included a nationally representative sample of the SSDI beneficiary population who were younger than 60 at the start of BOND and older than 20. SSA designed Stage 2 of BOND to more carefully examine impacts among those beneficiaries who seem most likely to use the offset, using informed and recruited volunteers selected from a solicitation pool established from the Stage 1 sample. The study sample for Stage 2 comprised informed SSDI volunteers. Unlike POD, BOND Stage 2 included SSDI-only beneficiaries and excluded concurrent beneficiaries. The counseling enhancements provided to Stage 2 treatment group members went substantially beyond the standard counseling services provided under current law (including the BOND control groups) and to the Stage 1 treatment subjects, featuring proactive initial and follow-up outreach by the counselors and several enhancements to the counseling itself.

Early results suggest the BOND offset had limited impacts on earnings in the short term, and benefit payments increased in the short term (Wittenburg et al. 2015; Gubits et al. 2014). The evaluation findings also showed long administrative delays in adjusting benefits following

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<sup>&</sup>lt;sup>1</sup> SSA also previously conducted the Four-State Benefit Offset Pilot Demonstration with a sample of beneficiary volunteers in four states. The pilot used the same benefit offset formula but with some differences in the earnings to which the offset applied and in administrative details. Weathers and Hemmeter (2011) reported mixed findings of the impacts of the offset on earnings and benefit amounts. They found a significant increase in the percentage of treatment group subjects earning above annualized SGA. However, they found virtually no difference in mean earnings one year after random assignment and a modest difference in the second year (slightly less than \$1,000 per year) that was not statistically significant. They also found a significant increase in mean benefits of about \$500 in each of the first two years after random assignment. The authors pointed to shortcomings and delays with the processes used to report earnings, complete work Continuing Disability Reviews, adjust benefits, and reconcile benefits at the end of the year. The BOND evaluation built on these lessons, which is why we focus on BOND findings here.

changes in earnings. These latter findings underscore some of the complexities of BOND rules. Specifically, the BOND rules kept elements of the current law's rules (for example, the Extended Period of Eligibility) and included an annualized version of earnings (annual SGA) that potentially added to the delays given the complexity of these calculations.

The intervention for POD addresses the perception that BOND rules were complex using a more simplified set of administrative adjustments in implementing a \$2-for-\$1 offset. Specifically, the new POD rules eliminate the TWP and Grace Period, which effectively make the new POD offset rules consistent throughout the entire demonstration period for all beneficiaries unless their benefits are terminated. This change differs from current rules (and the rules under BOND) because beneficiaries experience different work incentive rules following the Grace Period. To expedite the processing of the new POD rules, the implementation contractor (Abt) is engaging with the state VR and Work Incentive Planning and Assistance agencies. In addition, the POD rules start the offset at the monthly TWP threshold, which will generally mean lower earnings than the annualized SGA amount used to trigger the offset under the BOND rules.

Similar to BOND, the POD evaluation is designed to produce internally valid impact estimates using random assignment, though POD's includes only volunteers and is being implemented under different conditions. The requirement to include volunteers makes POD more similar to the BOND Stage 2 sample. However, the purposive selection of the sites in POD differs from the random sampling that BOND used. In addition, the two demonstrations will be carried out under markedly different general economic conditions—BOND Stage 2 enrollment occurred during the slow recovery following the Great Recession. Finally, the recruitment of sample members in POD also differs in important ways from BOND.<sup>2</sup> All of these factors make direct comparisons of study subjects and volunteer rates challenging across demonstrations. Further, as already noted, POD implements a different set of work-incentive rules than BOND used. Hence, the POD evaluation will provide substantively new information that can help SSA meet the congressional mandate to assess voluntary participants in the study of a new set of rules and the impacts of those rules on study subjects.

**Overview of POD implementation and evaluation.** The POD implementation team, which includes Abt and its state VR and Work Incentive Planning and Assistance agencies, will collect and coordinate the subjects' earnings information and transmit the information to SSA for timely benefit adjustments. Given the usual workloads of these state partners, they will likely be the primary source for benefits counseling and employment services for subjects. It will be important to assess how the state implementation partners respond to this significant opportunity to enhance the services they provide to SSDI beneficiaries.

The evaluation will assess the effect of POD services on employment, earnings, and benefit payments. It will include the following four components (see Exhibit A.3):

POD includes a direct outreach effort that parallels BOND Stage 2 recruitment, but differs in potentially important ways through the use of indirect contacts and in the specifics of the direct outreach materials and methods.

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<sup>&</sup>lt;sup>2</sup> BOND Stage 2 recruitment was conducted in a series of waves from January 2011 to August 2012 with enrollment concluding in September 2012. For each wave, the intended approach was to include multiple contact attempts: a combination of an initial mailing, follow-up mailing(s), and telephone calls. As described in more detail below, POD includes a direct outreach effort that parallels BOND Stage 2 recruitment, but differs in potentially important

- 1. A **process analysis** will describe the components of POD's infrastructure and assess the functioning and implementation of each component. It will document the program environment, beneficiaries' perspectives on the POD offset, and the fidelity of program operation to the offset design. It will also seek to determine the extent of any problems the POD evaluation team might detect, and whether they will affect the impact estimates.
- 2. A **participation analysis** will examine recruitment, withdrawal, and use and nonuse of POD's services and the benefit offset. The first component of the analysis will compare the study subjects' characteristics with those of nonparticipants in the recruitment pool. The second component will compare treatment subjects who remain in their treatment arm with those who withdraw from it separately for the two treatment groups. The third component will examine how beneficiaries in the treatment groups use demonstration services and the offset, including the extent to which they report earnings each month, receive benefits counseling and earn enough to have benefits reduced or terminated under the offset.
- 3. An **impact analysis** will leverage the experimental design to provide internally valid quantitative estimates of the effects of the benefit offset and benefits counseling on the outcomes of subjects. Because the study is using random assignment, the treatment and control groups will have similar observed and unobserved characteristics, on average, when they enter the study. Hence, the evaluation's impact estimates will provide an unbiased assessment of whether the benefit offset can help SSDI beneficiaries who volunteer achieve greater economic self-sufficiency and other improvements in their lives. In addition, information from the process and participation analyses will inform understanding of POD's impacts, and the results from the impact evaluation will support the calculation of POD's costs and benefits.
- 4. A **cost-benefit analysis** will assess whether the impacts of the POD treatments on subjects' outcomes are large enough to justify the resources required to produce them. By placing a dollar value on each benefit and cost of an intervention, a cost-benefit analysis can summarize in one statistic all the intervention's diverse impacts and costs. The cost-benefit analysis for POD will produce cost-effectiveness results on altering the SSDI work rules for the set of volunteers who enroll as study subjects. These volunteers are presumably most likely to benefit from new rules, so the results might not generalize to a broader population, but the findings will still provide SSA with valuable information about the net costs of the demonstration.

There are four targeted outcomes for SSDI beneficiaries under POD: (1) increased employment and earnings above the SGA level; (2) decreased benefits payments; (3) increased total income; and (4) impacts on other related outcomes (for example, health status and quality of life). Four outcomes of interest for system changes include: (1) reduction in overpayments; (2) enhanced program integrity; (3) stronger culture of self-sufficiency; and (4) improved SSDI trust fund balance. To achieve these outcomes, SSA expects POD to make better use of existing resources by improving service coordination among multiple state and local agencies and programs.

Exhibit A.3. Analyses study will use to answer research questions

Research question	Process analysis	Participation analysis	Impact analysis	Cost- benefit analysis
What are the impacts of the two POD benefit designs on beneficiaries' earnings, SSDI benefits, total earnings, and income?			X	
Is POD attractive to beneficiaries, particularly those whose earnings and benefits the POD \$1-for-\$2 offset would most likely affect? Do they remain engaged over time?		X		
How were the POD offset policies implemented, and what operational, systemic, or contextual factors facilitated or posed challenges to administering the offset?	Х			
How successful were POD and SSA in making timely benefit adjustments, and what factors affected timeliness positively or negatively?	Х			
How do the impacts of the POD offset policies vary with beneficiaries' characteristics?		Х	Х	
What are the costs and benefits of the POD benefit designs relative to current law, and what are the implications for the SSDI trust fund?				Х
What are the implications of the POD findings for national policy proposals that would include a SSDI benefit offset?			Х	Х

Cautious interpretation of the evaluation findings based on a study sample of volunteers.

In developing the POD evaluation reports, we will develop a cohesive understanding of the types of SSDI beneficiaries who volunteer for the demonstration and how the POD benefit offset affects them. Our integrated approach will enable us to assess not only whether the POD benefit offset policies were effective in increasing income and self-sufficiency for this group, but for whom (which subgroups of beneficiaries) and where (in which implementation settings) the offset policies were more effective. The resulting findings will enable us to develop a broad understanding of potential replicability for a similar sample of volunteers and ways in which the POD benefit offset policies might be improved or better targeted for such a group.

Any broader implications drawn from the impacts found in the evaluation will be undertaken cautiously due to the Public Law 114-74 requirement that the demonstration include volunteers who provide informed consent. The evaluation team's detailed participation analysis will provide information about the types of SSDI beneficiaries who enrolled in POD and, therefore, to whom the results are applicable. It is likely that these informed volunteers constitute mainly those beneficiaries who believe that assignment to one of the treatment groups will benefit them—that over the course of the demonstration they will work and earn enough to be better off under the POD design than they would be under current law. Volunteers' expectations about future earnings could be wrong, and their understanding about the POD design could be less than complete, so at least some volunteers will ultimately not benefit from the POD design. Based on theoretical expectations, we anticipate the following beneficiary groups will likely have more incentive to volunteer relative to other beneficiaries: those with relatively higher benefit

amounts, more substantial earnings at baseline, and no receipt of SSI or other benefits (such as private disability insurance), as well as those who are near or past their Grace Period. The differences in volunteer rates by characteristics and, specifically, our inability to observe impacts for non-volunteers, are important for interpreting impact findings, especially in limiting the capacity to directly generalize results beyond the study sample. Hence, the evaluation findings will include a careful discussion of these issues stemming from the volunteer requirement of Public Law 114-74 and what they imply for external validity.

Literature review. The SSI and SSDI programs provide income support to those with significant disabilities who are unable to work at substantial levels. To qualify for either program, an applicant must demonstrate an inability to engage in SGA due to a medically determinable impairment expected to last at least 12 months or to result in death. SSDI eligibility also depends on having a sufficient number of recent and lifetime quarters of Social Security-covered employment. The SSDI benefit level is based on past earnings; individuals with higher lifetime earnings are eligible for higher SSDI benefits. SSI is a means-tested program, with eligibility subject to strict income and asset limits. The SSI payment is based on the individual's monthly income and living arrangement. Individuals may qualify for both programs if their incomes (including SSDI benefits) and assets are low enough to meet the SSI income limits.

Most SSDI and SSI beneficiaries qualify for Medicare and Medicaid, respectively. Although there are eligibility and health coverage differences between Medicare and Medicaid, both offset potentially expensive medical care costs and, therefore, can be extremely valuable to people with disabilities. SSI beneficiaries (in most states) are categorically eligible for Medicaid; SSDI beneficiaries become eligible for Medicare after a two-year waiting period following SSDI eligibility.

A major policy challenge is that the caseloads and expenditures of these programs have expanded substantially over the past several decades, with significant recent growth that has put stress on the SSDI and Medicare trust funds. SSI program expenditures, funded through general revenues, have also increased substantially. Federal expenditures to support working-age people with disabilities across all programs (estimated at \$357 billion in 2008, including about \$170 billion each on income maintenance and health care expenditures) account for a nontrivial and growing share of all federal expenditures. Those expenditures represented 12.0 percent of all federal outlays in fiscal year 2008, up from 11.3 percent just six years earlier (Livermore et al. 2011).

The number of disabled workers who receive SSDI more than tripled in the past three decades, from 2.9 million in 1980 to 9 million in 2014 (SSA 2015). There is disagreement on the causes of this growth. Some experts, including the chief actuary of SSA, argue, in the words of the latter, that the reasons have been "long anticipated and understood," and that this growth is almost entirely due to growth in the number of workers and the aging of the baby boom cohort (Goss 2014). Others claim that changes in the SSDI program, including reduction in the stringency of medical eligibility criteria, are the greatest contributors to the growth in SSDI because they have led to increases in award rates for mental disorders and musculoskeletal conditions such as back pain (see, for example Autor and Duggan 2006). Liebman (2015) decomposed the contribution of various factors to SSDI growth and concluded that rising

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incidence rates (that is, the number of new SSDI awards per the number of disability-insured individuals) accounted for about 50 percent of the growth from 1985 through 2007. He also found that rising incidence rates were predominantly a factor before 1993; population aging has been the predominant factor since then.

In response, policymakers have sought to develop interventions to promote employment and reduce reliance on program benefits, particularly among disability beneficiaries. The demonstrations noted above, including POD, represent efforts to increase employment and reduce reliance on program benefits.

## A.1.3. Legal authority

Since 1980, Congress continues to require SSA to conduct demonstration and research projects to test the effectiveness of possible program changes that could encourage people to work and decrease their dependence on disability benefits. In fostering work efforts, SSA intends for this research and the program changes it evaluates to produce Federal program savings and improve program administration. Section 234 of the Social Security Act authorizes SSA to conduct this research and evaluation project. Public Law 114-74 reauthorizes SSA's authority to conduct disability insurance demonstration projects, and section 823 of the BBA instructs SSA to carry out the POD. Public Law 114-74 also requires that participation in projects be voluntary and include informed consent. Hence, the subjects in POD must first volunteer and provide informed consent before they can participate in the demonstration. Because SSA only has the authority to conduct this study using a self-selected sample, the results of this study are not generalizable to SSA disability beneficiary population.

Although SSA is required to include volunteers in the demonstration, it is important to note that several agencies have conducted previous demonstrations that included volunteers. For example, most previous SSA demonstration projects have included volunteers, as have projects from the U.S. Department of Labor (such as the Individual Training Accounts Experiment) and the Centers for Medicare & Medicaid Services (such as the Medicare Coordinated Care Demonstrations). Often, including volunteers is a requirement because the relative effectiveness of a new program is unknown, so there is a potential ethical concern that mandatory enrollment (or mandatory random assignment) might cause harm to participants.

#### A.2. Description of collection

SSA will have oversight of all POD data collection activities. SSA and its evaluation and implementation contractors will be the primary users of the data for evaluation and implementation activities. SSA will produce a public use data set and supporting documentation for survey data with all personal identifiers removed. Other interested researchers can use this public use file to address issues regarding the health and employment-related activities of SSDI beneficiaries. The following sections describe, in turn: (1) the recruitment materials and baseline survey; (2) the follow-up surveys; (3) qualitative data from POD implementation and operations staff; and (4) semi-structured interviews with treatment group subjects.

## A.2.1. Recruitment materials and baseline survey

Recruitment for POD occurred over a 12-month period, from January 2018 through the end of 2018. POD recruitment gradually rolled out throughout the eight states. The study recruited

volunteers from a larger population of beneficiaries in each area. Based on lessons learned from past SSA evaluations, notably BOND, the POD evaluation team expected the study needed to send recruitment materials to 420,000 beneficiaries to enroll at least 9,000 subjects, and up to 15,000 eligible subjects (see Wittenburg et al. 2018 for more details). The evaluation team developed its recruitment approach based on experience with recruitment challenges that arose for the evaluations of BOND and the Ticket to Work program. Their design mimicked a national rollout strategy, similar in concept to the strategy SSA used for Ticket to Work, involving both indirect outreach to beneficiaries via many stakeholder organizations and direct outreach via mailings.

The first part of the recruitment approach was an indirect effort, which included an information dissemination campaign, a toll-free number, and an informational website. The evaluation team aimed for it to establish the legitimacy of POD in each area with stakeholders. This indirect outreach provided information about the nature of POD and the types of beneficiaries who may find it attractive. It began just before the start of recruitment in an area or state, and targeted stakeholder organizations serving beneficiaries in various ways. The POD evaluation team coordinated with the POD implementation team to ensure that key stakeholders did not receive any conflicting messages, as well as to identify synergies in the efforts.

The second part of the recruitment approach was the direct effort, which included mailings to beneficiaries. The mailings included a letter and brochure meant to educate potential subjects about POD. The letter described the key benefits and drawbacks of the POD offset; a monetary incentive available to those who return the enclosed baseline survey; and the informed consent form. The brochure complemented the letter by including further information about the POD intervention. The POD evaluation team wrote these materials in a way that entices beneficiaries who are likely to benefit from POD to participate in the demonstration by providing succinct but clear and complete information. Shortly after the packet mailing occurred, the evaluation team attempted to contact a subset of pilot beneficiaries (approximately 25 percent of the total sample) to: (1) verify they received a packet and reviewed the contents; (2) provide further explanations of POD; and (3) offer help completing the forms. Part B of this clearance package includes a discussion of how the POD evaluation team chose these beneficiaries.

The first three months of the recruiting period included a pilot phase to refine assumptions about the most effective outreach methods and identify which beneficiaries were most likely to enroll in POD. The last 9 months included the full rollout. The POD evaluation team modified the recruitment based on the lessons learned during the pilot phase to meet the recruitment goals. See Part B for additional details.

The process and participation analyses will use information from the pilot phase to develop an understanding of which types of beneficiaries are most likely to volunteer for the demonstration. To achieve this evaluation objective, the evaluation team will develop data on recruitment yields based on responses to the baseline survey (described in the next section), combined with SSA program data about beneficiaries whom the recruitment effort targeted.

**Baseline survey and consent form.** To participate in POD, beneficiaries must complete the 20-minute baseline survey and return it along with the signed consent form. The baseline survey

collects information for the evaluation that is not readily available in program data; the content of this survey is in Exhibit A.4.

These baseline survey measures provide descriptive information about the characteristics of the POD subject sample for use in the process and participation analysis. The POD evaluation team also uses this information in the impact analysis to form subgroups or adjust for baseline characteristics when estimating the impacts of POD.

#### Exhibit A.4. Baseline survey content

Currently working at job for pay
Date of last job (if not currently working)
Likelihood of working in next 12 months
Job training experience
Receipt of services from a benefit specialist or WIPA provider
Education—highest achieved
Overall health status and use of health insurance
Income—total household
Race and ethnicity

Marital status and living arrangement

The consent form includes information about the random assignment, benefit offset, and research. The consent form highlights the benefits and risks of participation, as required by law, to ensure that participants understand these issues. For simplicity and clarity, the form avoids using technical terms such as *substantial gainful activity* and *extended period of eligibility* but nonetheless provides accurate information.

The POD evaluation team anticipates that a portion of beneficiaries who return a consent form and baseline questionnaire will not enroll in the study. The most likely reason for not enrolling is that the beneficiaries decline to consent. However, beneficiaries may also not enroll if: (1) SSA finds they are ineligible after they return the mailing; (2) the baseline questionnaire is incomplete; or (3) the beneficiaries return the forms after recruitment ends. The evaluation team will need to collect approximately 16,500 baseline surveys and consent forms to obtain the target sample of up to 15,000 eligible subjects.

#### A.2.2. Follow-up surveys

The Year 1 and Year 2 follow-up surveys, in conjunction with an analysis of outcomes derived from SSA program data, will capture the experiences of treatment and control group members over a period of two years. Both surveys will collect information about employment-related activities; training and education; receipt of and satisfaction with POD services; understanding and attitudes toward work incentives; health and functioning; total income; and other contextual variables. A follow-up interval of this length is important to measure the impacts of POD, as the effects of the demonstration on individual behavior and well-being may take time to emerge. The content of the follow up surveys is in Exhibit A.5.

## Exhibit A.5. Follow-up survey content

Any jobs for pay in last 12 months

Details on current, main or last job

Job search activities and job training experience and education in last 12 months Impairment related work expenses

Work accommodations, job satisfaction, attitudes toward work and returning to work

Satisfaction with POD offset, rules and services, reasons for withdrawing from the POD offset

Understanding/attitudes toward the POD offset, termination of benefits

Physical and mental health status; hospitalization, current health insurance

Income—total household, including employment, housing assistance, SNAP, TANF, SSDI, workers' compensation, disability insurance, other income

The study will conduct the 30-minute follow-up surveys primarily via web and telephone over 27 months, from January 2019 to spring 2021. Study staff will conduct the Year 1 survey with a subsample of POD subjects (half of the POD subject pool from baseline). This will reduce burden on the full set of subjects, and is feasible because the evaluation team will have some outcome information from program data that they can use in the interim reports. They will conduct the Year 2 survey with the full sample of POD subjects.

## A.2.3. Qualitative data from POD implementation and operations staff

The POD evaluation team conducts qualitative data collection in each of the first four years of the evaluation. Key data collection activities include: (1) in-person site visits, including semi-structured interviews with key POD staff and partners such as VR staff, POD work incentives counselors, and technical assistance providers; direct observation of site operations; and collection of program documentation; and (2) "virtual" site visits consisting of semi-structured telephone interviews with program participants. As part of these visits, the evaluator interviews directors of select VR agencies, or other state partners, implementing POD in the selected states; program staff responsible for arranging and delivering POD services to subjects (such as POD work incentives counselors); and VR state agency staff, and other implementation partners, providing services to subjects. SSA's evaluation team anticipates that POD sites will vary in geographic location, organization, and staffing arrangements, so the specific number of interviews might vary across sites, although the POD evaluation team expects to interview an average of five program and partner staff during each in-person visit. If key program and partner staff telecommute from geographically dispersed locations, study staff may conduct semi-structured telephone interviews in lieu of in-person site visits. In addition, the POD evaluation team expects to conduct virtual site visits with an average of five key informants per site; the evaluation team identifies these individuals during the in-person visits. Topics for the site visit interviews are in Attachment C, which also includes a description of the evaluation team's approach for observing program staff interactions with subjects during the in-person visits to gain more insight into whether service providers are implementing POD as planned and whether providers need additional resources to support implementation. Site visitors observe activities such as benefits counseling sessions and phone calls between POD work incentives counselors and treatment subjects related to earnings reporting or benefit adjustment issues.

The goals of site visit data collection are to: (1) document the programs, their implementation environments, and the nature of the services they offer to POD subjects; (2) describe VR agency partnerships and other state partnerships developed to implement POD; and (3) assess the extent to which the programs adhere to their intended service delivery models.

The study uses this information in the process analysis to provide SSA with a detailed description of the POD programs: how they implement the demonstration; the contexts in which they operate; the program operations and their fidelity to design; and subjects' perspectives of POD. These detailed descriptions will assist in interpreting program impacts and identifying program features and conditions necessary for effective program replication or improvement. POD evaluation team members gather information using a range of techniques and data sources to describe the programs and activities completely. They use the Consolidated Framework for Implementation Research (Damschroder et al. 2009) to guide the collection, analysis, and interpretation of qualitative data. The Consolidated Framework for Implementation Research is a framework that offers systematic assessment of the multilevel and diverse contexts in intervention implementation and helps in understanding the myriad factors that might influence intervention implementation and effectiveness.

The POD evaluation team also conducts telephone interviews with SSA payment center staff who are responsible for administering the benefit offset to understand the process staff use to adjust benefit payments under POD better. In addition, the POD evaluation team conducts telephone interviews with key staff on the POD implementation team to gain insight into their successes and challenges, including recommendations for corrective action to improve service delivery and reasons for withdrawals. SSA is not seeking clearance for these activities because the first involves collecting data from federal employees in their official capacity and the each of the two efforts will involve interviewing nine or fewer people.

## A.2.4. Semi-structured interviews with treatment group subjects

In rounds 2 and 3, the POD evaluation team will conduct semi-structured telephone interviews with POD treatment subjects and with individuals who withdraw from the demonstration's treatment groups. The purpose is to gain an understanding of their direct experiences with POD and gather feedback on ways to improve the implementation of the demonstration. These interviews will inform the process analysis, participant analysis, and the impact study.

The subjects selected for this evaluation component will represent a purposively selected sample of POD treatment subjects. For each round of interviews, the POD evaluation team will complete nine interviews in each site, for total of 72 interviews per round (or 144 in total across the two rounds). They will include subjects from both treatment groups and from key subgroups of interest (for example, subjects who have requested to withdraw; low earning offset users; and high earning offset users). The two rounds of beneficiary interviews will focus on different topics. The first interview will include questions about subjects' motivations for enrolling in POD; their perspectives on the outreach, recruitment, and enrollment processes; and their understanding of POD offset rules. The second interview will capture subjects' perspectives of their participation in POD including work incentives counseling, earnings reporting, and benefit adjustment; their attitudes toward employment and work experiences; and POD areas in need of improvement. For subjects who have withdrawn from the demonstration, the interview will provide an opportunity to explore their decision. The interview topics for the beneficiary interviews are in Attachment D.

## A.2.5. Implementation Data Collection Instruments

The POD implementation data collection began in the fall of 2017 and will continue through the spring 2021. Implementation data collection follows the flow of study intake and random assignment and will be gradual throughout the eight states included in POD.

During POD's implementation period, SSA collects data from SSDI beneficiaries assigned to the two POD treatment groups whose monthly earnings exceed the POD threshold. The implementation team uses two data collection instruments to collect this information: (1) the POD Monthly Earnings and Impairment-Related Work Expenses (IRWE) Reporting Form; and (2) the POD End of Year Reporting (EOYR) Form. These two forms are in Attachments E and F, and we describe them below:

- POD Monthly Earnings and Impairment-Related Work Expenses (IRWE) Reporting Form. The implementation team uses this form to collect monthly earnings and IRWE information from POD participants whose monthly earnings exceed the POD threshold. The form collects the respondent's contact information and provides a table for respondents to list the name(s) of their employer(s) for that month along with their earnings from each employer and any IRWEs that they claimed. The implementation team also instructs respondents to submit documentation with the form such as paystubs and receipts for IRWEs. To facilitate online submission, the implementation team replicated this form in an electronic format.
- **POD End of Year Reporting (EOYR) Form.** Beginning in 2018, the implementation team sent POD participants this form in February in advance of the reconciliation process. The initial information we received did not help us in our study, so we have changed the EOYR process. Beginning in 2019, the POD evaluation team will collect pre-POD and post-POD earnings data through submission of paid wages documentation from before or after the POD participation period for years when participation in POD does not span the entire calendar year. We will no longer request confirmation from beneficiaries who earned less than the POD monthly threshold through a calendar year. In addition, we will no longer use a separate online EOYR form. We will streamline the process of electronically reporting this data using the existing Monthly Earnings and IRWE Reporting form. We believe these changes will prevent erroneous benefit payments. For the EOYR, we will deduct earnings outside of the POD period from SSA's Master Earnings File records prior to recalculation of the offset.

Respondents are SSDI beneficiaries, who provide written consent before agreeing to participate in the study and before we randomly assign them to one of the study treatment groups.

## A.3. Use of information technology to collect the information

This evaluation uses information technology to facilitate collection of the survey data in standardized and accurate ways that also accommodate the confidential collection of sensitive data, as well to maintain all demonstration data in a consistent manner. The POD evaluation team will also use information technology to assist with sample tracking and locating efforts for the follow-up surveys. The following subsections describe these uses of information technology in each of the main data collection efforts for the evaluation.

#### A.3.1. Recruitment materials and baseline survey

The recruitment outreach provided information to beneficiaries in several alternative formats. The materials included an informational website and a toll-free phone number. The POD evaluation team mailed the baseline survey and consent form as paper documents to respondents, and asked them to complete and return them via U.S. mail. If needed, subjects could call the toll-free line to complete the survey through a telephone interview with the assistance of a trained telephone interviewer. When collecting baseline surveys and consent forms, the POD evaluation team used an automated management information system to assess eligibility. This reduced burden by preventing staff from enrolling subjects who had not completed a baseline survey and provided written consent, or who might have previously enrolled.

## A.3.2. Follow-up surveys

The study will administer follow-up surveys primarily by web and computer-assisted telephone interviewing (CATI) technology. The web and CATI technology help to improve the quality of the survey data collected for the evaluation in several ways. First, web and CATI technology control the flow of the interview, which virtually eliminates any chance for missing data. Second, controlling the flow of the interview also ensures that the skip patterns work properly. Third, computer-assisted interviewing can build in checkpoints that allow the interviewer to confirm responses, thereby minimizing data entry errors. Fourth, automated survey administration can incorporate system checks for allowable ranges for quantity and range value questions, minimizing out-of-range or unallowable values. Finally, web and CATI technology also allow interviewers to record verbatim responses to open-ended questions more easily, supporting efficient survey management.

Although the web and CATI software enhance the quality of the survey data collected by the POD evaluation team and minimizes data entry errors, post-data-collection cleaning – using rigorous protocols – is necessary. First, researchers review frequency distributions to ensure that there are no outlying values, and to make sure that related data items are consistent. Second, analysts review the open-ended or verbatim responses; group like answers together; and assign a numeric value. The most important open-ended responses to require coding are the industry and occupation questions, and those that capture data about the respondent's knowledge of SSA rules and the demonstration. The automated nature of the survey data collection should reduce the extent of missing data at the item level. Third, in instances where data are missing, the evaluation team will recode the variables in question with standard default codes to indicate missing data. After completing the data cleaning protocols, they will construct appropriate weights required for analysis.

## A.3.3. Qualitative data from POD implementation and operations staff

For the process study, the POD evaluation team conducts the semi-structured interviews in person and via telephone with implementation and operations staff. The evaluation team audio-records the discussions to collect the information with consent from staff, ensure that meeting notes are accurate, and securely store and transcribe the audio files.

## A.3.4. Semi-structured interviews with treatment group subjects

The POD evaluation team conducts the semi-structured interviews with subjects via telephone. The evaluation team audio-records the discussions with consent from staff, and securely stores and transcribes the audio files.

## A.3.5. Implementation Data Collection Forms

The implementation team uses information technology to facilitate implementation data collection in standardized and accurate ways. We replicated the POD Monthly Earnings and Impairment-Related Work Expenses (IRWE) Reporting Form in an electronic format, and will also use it for the POD End of Year Reporting (EOYR). This provides respondents the option of submitting these forms and supporting documentation on paper or electronically, using an online process. In addition, we give respondents the option to request email reminders to submit their POD Monthly Earnings and IRWE Reporting Forms.

## A.4. Why the information collected will not duplicate existing information

The nature of the information SSA collects and the manner in which the POD evaluation and implementation teams collect it preclude duplication. SSA does not use another collection instrument to obtain similar data. The staff interviews, direct observations, program documents, and management information system data will provide information the evaluation and implementation teams cannot obtain through SSA's program records.

## A.4.1. Recruitment materials and baseline survey

The purpose of the baseline survey for the POD evaluation is to obtain current information on the status and well-being of people in the POD study sample. Information about these respondents' educational attainment, employment status, job skills development, overall health, and use of health insurance is not available through any other source. Further, as described in A.3, the evaluation uses program data in conjunction with survey data to avoid duplication of reporting (for example, disability benefits receipt of suspension). The POD evaluation team also avoids duplication in this study by using the centrally maintained SMS and RAPTER, which links all the data collected from random assignment with information gathered from program sources.

#### A.4.2. Follow-up surveys

The purpose of the follow-up surveys for the POD evaluation is to obtain information on the experience and well-being of people in the POD study sample. Information about these respondents' educational attainment, employment status, job skills development, overall health, and use of health insurance is not available through any other source. The survey data include information on several outcomes that do not appear in the program data, such as subjects' understanding of the POD offset, which are important for addressing the evaluation's research questions. Further, as described in Section A.3, the evaluation uses program data in conjunction with survey data to avoid duplication of reporting (for example, disability benefits or earnings).

## A.4.3. Qualitative data from POD implementation and operations staff

The interviews cover staff members' POD-related operations and experiences; the coordination between POD's state implementation partners and other agencies or programs; and the fidelity of POD program implementation. Direct observations focus on activities that the interviews with site program staff do not address specifically. Each site uses the POD implementation team's MIS to track information on service receipt specific to POD.

## A.4.4. Semi-structured interviews with treatment group subjects and Implementation Data Collection Forms

Interviews with treatment subjects provide information that the study cannot obtain through SSA's program records or interviews with program staff, such as subjects' personal experiences with POD. The semi-structured telephone interviews also provide more in-depth information than the surveys and focus on different topic areas, for example, motivation for volunteering for POD; the recruitment and enrollment process; initial contact with demonstration staff; and concerns about the demonstration and needs for improvement. The reporting forms collect earnings data and impairment-related work expenses for the purposes of the POD study only.

## A.5. Minimizing burden on small businesses or other small entities

Some of the service providers that the POD evaluation team interviews for the process analysis may be staff of small entities. The evaluation team's protocol imposes minimal burden on all organizations involved, and interviewers keep discussions to one hour or less. The POD evaluation team collects the minimum amount of information required for the intended use, and schedules interviews at times that are convenient to the respondents. In this way, the evaluation team minimizes the effect on small businesses and other small entities.

Some beneficiaries who have institutional representative payees may participate in the demonstration. The small institutions may support the beneficiaries in reviewing the informed consent and baseline survey. If the beneficiaries are interested in POD, they and the representative payee both must sign the document.

## A.6. Consequences of not collecting information or collecting it less frequently

## A.6.1. Recruitment and baseline survey

If SSA did not conduct the POD evaluation, it would be unable to address important issues regarding SSDI beneficiaries' success in finding, maintaining, and advancing in employment. The baseline survey is a one-time collection and is necessary to conduct a credible evaluation. The data the POD evaluation team collected are not available from other sources, and the survey collected a richer set of information than the evaluation team can gather from program records alone. For example, program records do not offer details on job training experience, likelihood of working in the next year, or job search activities. The study staff conducted the baseline survey only once, so they cannot conduct it less frequently.

#### A.6.2. Follow-up surveys

The follow-up surveys collect information that the POD evaluation team cannot obtain from SSA program records alone. For example, program records may include data on earnings from jobs, but do not offer details such as job training experience; likelihood of working in the next

year; or job search activities; as well as types of POD services received, satisfaction with those services, and reasons for withdrawing from POD. The evaluation team expects that collecting these data less frequency, for example by only fielding the second follow-up survey, could reduce the extent or quality of information obtained for the evaluation. This is because a longer recall period is likely to lower the reliability of the information that respondents provide about the period shortly after they enrolled as subjects in the study. Therefore, we cannot collect the data less frequently.

## A.6.3. Qualitative data from POD implementation and operations staff

To support the process analysis, the POD evaluation team conducts two rounds of in-person site visits with local program administrators, program supervisors, service delivery staff, and partner agencies, and two rounds of virtual visits (telephone interviews). The evaluation team anticipates conducting in-person visits for the first and third rounds of data collection when key informants are working centrally on site at the VR agency or state partners of the POD implementation team. However, in states that rely more on telecommuting staff, they collect information by telephone in these rounds to reduce the cost of interviewing geographically dispersed respondents. The first visit in early 2018 focused on start-up activities; outreach efforts; the projects' outstanding features; and key challenges encountered during early implementation. The second in-person site visit in late 2019 will focus on POD infrastructure; staff use of the MIS; benefits counseling; monthly reporting of earnings and IRWEs; processing of the offset; and successes and challenges. The virtual site visits, conducted in the interim years, enable the evaluation team to continue to document POD recruitment and enrollment; progress developing the POD infrastructure; adjustments made to correct issues identified; and in round 4, exiting POD and lessons learned in later rounds. All site visits are necessary to develop an understanding of the intervention and the steps taken to implement project services as well as to assess fidelity of the demonstration design.

Conducting fewer in-person and virtual visits would limit the POD evaluation team's ability to follow up on challenges observed early in the implementation period; this, in turn, could reduce their capacity to help implementation staff resolve or improve activities between visits. Fewer rounds of site visits would not allow SSA to assess how the projects evolve over time to address significant challenges and leverage successes. Interviewing fewer staff on each visit or interviewing staff less frequently would not allow SSA to capture the full range of experiences to document all features of the service environment. Therefore, the evaluation team cannot collect the range of information needed for this evaluation less frequently, or with fewer respondents.

## A.6.4. Semi-structured interviews with treatment group subjects

The POD evaluation team also conducts two rounds of semi-structured telephone interviews with program subjects. These interviews are necessary to help SSA assess whether there is interest in the program; whether subjects have a favorable impression of the demonstration; how this translates into take-up rates; and how participation in POD affected education or training decisions and subjects' quality of life.

The first interview provides an early assessment of subjects' perspectives so the evaluation can provide early feedback to states, the implementation contractor, and the VR agencies and the implementation team's other state partners serving POD subjects. The second interview will

provide more information about satisfaction with services received, employment, and the offset. The two rounds of beneficiary interviews focus on different topics. During the first interview, the protocol includes questions on the subjects' motivation for volunteering for POD; employment goals; the recruitment and enrollment process; initial contact with demonstration staff; services received; and any concerns about the demonstration. The second round of interviews will capture subjects' perspectives of the services received; their participation in POD; work experience; attitudes toward employment; and areas in need of improvement. For subjects who have withdrawn from the demonstration, the interview will provide an opportunity to explore their decision. Because not all subjects have a chance to use the benefit offset before the first round of interviews, particularly those that enroll in late 2018, a second round of interviews is necessary to assess the offset's effect on employment for these later enrollees.

## A.6.5. Implementation Data Collection Forms

The implementation data for POD, which we collect on the earnings collection forms, is essential for SSA to operate POD and are not available from other sources. Collecting the data less frequently would increase the risk of SSA calculating the participants' DI benefit incorrectly, which could in turn cause participants to experience overpayments and underpayments. Because we need to update the data monthly for the purposes of evaluating the POD data, we cannot collect this information less frequently.

## A.7. Special circumstances

The proposed data collection activities are consistent with the guidelines set forth in *5 CFR 1320.5* (Controlling Paperwork Burden on the Public, General Information Collection Guidelines). There are no circumstances that require deviation from these guidelines.

A.8. Solicitation of public comment and other consultation with the public

#### A.8.1. Federal Register

The 60-day advance Federal Register Notice published on October 22, 2018, at 83 FR 53352, and we received no public comments. The 30-day FRN published on December 26, 2018, at 83 FR 66330. If we receive any comments in response to this Notice, we will forward them to OMB.

#### A.8.2. Consultation with the public

SSA consulted with an interdisciplinary group of economists, disability policy researchers, survey researchers, and information systems professionals on the staff of Mathematica Policy Research and its subcontractor, Insight Policy Research, contributed to the design of the information collection effort for this evaluation. These people include:

- David Wittenburg, Ph.D., Mathematica
- Kenneth Fortson, Ph.D., Mathematica
- Noelle Denny-Brown, Mathematica
- Martha Kovac, Mathematica
- David Stapleton, Ph.D., Mathematica

- Heinrich Hock, Ph.D., Mathematica
- Debra Wright, Ph.D., Insight

SSA also consulted with the team from Abt Associates, as the prime contractor for the implementation of POD. In addition, Abt's subcontractor, VCU, assisted with the design for POD's implementation. SSA collaborated on the design of POD's implementation with the Abt study team to ensure the technical soundness and usefulness of the data collection instruments in carrying out the aims of POD's implementation. These people include:

- Sarah Gibson, Abt
- Eric Friedman, Abt
- Brian Sokol, Abt
- Susan O'Mara, VCU

## A.9. Payments or gifts to respondents

SSA believes that some compensation is important to engender a positive attitude about the study and reduce attrition in follow-up interviews. Research shows that incentives increase response rates without compromising data quality (Singer and Kulka 2000), and help increase response rates among people with relatively low educational levels (Berlin et al. 1992), among low-income and non-white populations (James and Bolstein 1990), and among unemployed workers (Jäckle and Lynn 2007). There is also evidence that incentives bolster participation among those with lower interest in the survey topic (Jäckle and Lynn 2007; Kay 2001; Schwartz, Goble, and English 2006), resulting in data that are more complete.

#### A.9.1. Recruitment and baseline survey

Incentive payments are a powerful tool for maintaining low attrition rates in longitudinal studies, especially for members of the control group who are not receiving any (other) program benefits or services. Using incentive payments for the POD baseline survey increased the attractiveness to participation in the demonstration. This helped the POD evaluation team efficiently recruit a sufficient sample size necessary to meet SSA's objectives of the evaluation.

The POD evaluation team paid survey respondents a modest sum to encourage response; facilitate cooperation; and demonstrate appreciation to subjects for their time and effort. Each POD subject who returned a completed baseline survey and consent form, regardless of whether they give consent for random assignment and further participation in the study, received a \$25 incentive.

#### A.9.2. Follow-up surveys

The POD evaluation team pays follow-up survey respondents a differential incentive based on the mode of response. POD subjects who complete a follow-up survey by web receive an incentive of \$30 for the 12-month survey and will receive \$35 for the 24-month survey. Subjects who complete a follow-up survey by telephone receive an incentive of \$20 for the 12-month and will receive \$25 for the 24-month survey. If subjects do not respond to either follow-up survey

despite multiple attempts, the study mails them a prepaid \$5 incentive and a short questionnaire that contains only critical items.

## A.9.3. Qualitative data from POD implementation and operations staff

The POD evaluation team does not offer program administrators, POD service provider staff, or their partners remuneration for completing the site visit interviews.

## A.9.4. Semi-structured interviews with treatment group subject

The POD evaluation team provides a \$25 gift card to respondents who participate in the semi-structured telephone interviews, to encourage participation and thank them for taking part. It is important to offer a reasonably high incentive to these subjects to ensure timely recruitment and completion of the interviews within the desired time frame.

## A.9.5. Implementation Data Collection Forms

SSA does not provide payments or gifts to POD participants for activities related to the implementation of POD.

#### A.10. Assurances of confidentiality

The subjects of this information collection and the nature of the information the team collects requires strict confidentiality procedures. SSA protects the information the POD evaluation team collects in accordance with 42 U.S.C. 1306, 20 CFR 401 and 402, 5 U.S.C. 552 (Freedom of Information Act), 5 U.S.C. 552a (Privacy Act of 1974), and OMB Circular No. A-130. Descriptions of the detailed plans for informed consent and data security procedures are in subsequent sections.

#### A.10.1. Informed consent

All potential POD subjects should be able to make a genuinely informed decision about participation in the demonstration. Vigorous outreach with a clear message and strong supporting materials helped to ensure that people applying to the demonstration understood the opportunities available and are likely to take advantage of the demonstration's benefits. The outreach materials clearly explained the risks to subjects by highlighting situations when SSDI beneficiaries' benefits would be higher or lower under the POD offset rules; the outreach materials also included a detailed comparison of the current SSDI rules and the new POD rules if the evaluation assigns subjects to one of the treatment groups.

The POD evaluation team obtained the informed consent of each sample member through a signed consent form (see Appendix A), which describes the demonstration; the process of random assignment; and the evaluation's information requirements. As shown in Attachment A of this submission, this form also indicates to applicants that participation is voluntary and that agreeing to participate means that they give permission for researchers to access information about them, such as their SSDI benefit status, from other sources.

In addition, the baseline survey contains two questions to confirm the beneficiaries' understanding of POD. The study uses the questions to screen out beneficiaries who provide

answers that demonstrate they do not understand the voluntary nature and general purpose of POD.

When the POD evaluation team recruits program subjects for the qualitative, semi-structured interviews via phone, they assure subjects that the evaluation will keep their information confidential, unless required by law, and not use it in any way that would affect their program eligibility or payments, if applicable. At the time of the interview, the evaluation team again advises subjects of the purpose of the interview. They also provide the subjects with a toll-free telephone number to call if they have questions about the study.

## A.10.2. Data confidentiality protections

The POD evaluation team clearly states the assurances and limits of confidentiality in all advance materials it sends to recruit potential subjects, and restates them at the beginning of each interview. For the baseline surveys, the advance letter to SSDI beneficiaries made clear the assurances and limits of confidentiality. The Paperwork Reduction and Privacy Act statements appear on the advance letter and on the baseline questionnaire (Attachment A).

The POD enrollment database contains the contact information the evaluator uses to invite subjects to complete the interviews. The evaluation team will not disclose the identity of the group subjects to anyone outside of the POD evaluation and implementation teams. Public documents from the evaluation will summarize information the subjects provide, but will not attribute it to specific people.

The implementation team will use strict procedures for maintaining the privacy, security, and integrity of data. The Paperwork Reduction and Privacy Act statements appear on the POD Monthly Earnings and IRWE Reporting Form and the POD EOYR Form. In addition, the informed consent process conducted by the evaluation team during the POD random assignment process assured participants that participation in POD is voluntary; that all information will remain confidential; and that we will only report respondents' information in aggregate form.

#### A.10.3. Data storage and handling of survey data

SSA and its POD evaluation team contractors have procedures in place to ensure we appropriately safeguard data from unauthorized use and disclosure, including the use of passwords and encrypted identifiers. It uses several mechanisms to secure data, including obtaining suitability determinations for designated staff; training staff to recognize and handle sensitive data; protecting computer systems from access by staff without favorable suitability determinations; limiting the use of personally identifiable information in data; limiting access to secure data on a need-to-know basis and to staff with favorable suitability determinations; and creating data extract files that exclude identifying information.

In addition, the POD Implementation Data System (IDS) stores and handles POD implementation data in compliance with SSA's guidelines. SSA staff and study team members will access the POD IDS via a secure, cloud-based virtual desktop infrastructure from their own workstations that allows remote desktop connections to access all systems resources securely. This is a password-protected site with secured socket layer (SSL) protocols for data transmissions over the internet. This ensures that we properly protect and guard participant data.

We integrate data collected through the online portal into the POD IDS database via automated data scripts. We also enter Data collected via mail into an earnings record created in the POD IDS and the implementation team scans, uploads, and attaches any supporting documentation. Once the implementation team scans the documentation, the team securely disposes of all hard copy participant PII.

The implementation team also developed and maintains a system security plan (SSP) for the POD IDS. The POD SSP provides an overview of the security requirements of the system and describes the controls for meeting those requirements. The SSP also describes responsibilities and expected behavior of all individuals who access the various system components and data. The implementation team updates the SSP as we add new functions to the system and new risks emerge. The SSP complies with all applicable federal and SSA guidelines and regulations and includes a series of guidelines covering all aspects of administrative, physical, and technical security areas.

## A.11. Justification for sensitive questions

## A.11.1. Recruitment materials and baseline survey

The baseline survey includes questions about household income that some subjects might feel are private or sensitive, but it does not ask about spending on personal items. The survey also includes a question about physical health that some subjects might feel is private or sensitive. These items are necessary to evaluate the effects of POD on subjects' financial well-being and physical health. The survey includes questions about race and ethnicity, which the POD evaluation team uses for certain subgroup analyses. The survey does not collect data the evaluation team can obtain directly from other sources (for example, the evaluation team obtains information about receipt of disability benefits directly from SSA program records). The baseline questionnaire is self-administered and respondents can decline to respond to any questions that they deem too private or sensitive. However, to encourage candid responses, the introduction to the questionnaire reminds respondents that the study will keep their responses private.

#### A.11.2. Follow-up surveys

The follow-up surveys include questions about household income that some subjects might feel is private or sensitive, but they do not ask about spending on personal items. The surveys also include questions about physical and mental health that some subjects might feel are private or sensitive. These items are necessary to evaluate the effects of POD on subjects' financial well-being and health. The surveys will not collect data the POD evaluation team can obtain directly from other sources (for example, the evaluation team will obtain information about receipt of disability benefits directly from SSA program records). The study will administer the follow-up questionnaires via the web or by telephone. Respondents can leave blank or refuse to answer any questions that they deem too private or sensitive. However, to encourage candid responses, the introduction to the questionnaire will remind respondents that the study will keep their responses private.

## A.11.3. Qualitative data from POD implementation and operations staff

The instruments associated with the process data collection have no sensitive questions. Most focus on the experiences of program staff with their jobs delivering program services.

## A.11.4. Semi-structured interviews with treatment group subjects

The instruments that the study uses to collect qualitative data from subjects have no sensitive questions. Most questions focus on the subject's direct experiences participating in the program. For example, the first interview asks subjects about their motivations for enrolling in POD; their perspectives on the outreach, recruitment, and enrollment processes; and their understanding of POD offset rules. The second interview will capture subjects' perspectives of their participation in POD including work incentives counseling, earnings reporting, and benefit adjustment; their attitudes toward employment and work experiences; and POD areas in need of improvement.

## A.11.5. Implementation Data Collection Forms

The POD Monthly Earnings and IRWE Reporting Form and the POD EOYR Form include questions about household earnings that we do not deem sensitive. These forms also include questions about financial costs of impairment-related work expenses that respondents might consider private. However, this information is necessary for SSA to calculate respondents' DI benefits accurately, and for SSA to determine the effects of POD. Strict security policies protect all data, and implementation team members use the data only for the purposes of implementing POD.

## A.12. Estimates of public reporting burden

## A.12.1. Recruitment and baseline survey

At the outset of the demonstration, the POD evaluation team planned to receive completed baseline surveys and consent forms from 16,500 beneficiaries. (As explained previously, of these 16,500 beneficiaries, the evaluation team expected up to 15,000 beneficiaries to consent to random assignment and further participation in the study.) Exhibit A.6 shows the total estimated respondent burden for the baseline survey and consent form. It shows the average estimated time for demonstration subjects to complete each of the enrollment pieces. Using the average times, the total burden of POD data collection for baseline survey respondents is 2,750 hours for the consent form and 5,500 hours for the baseline survey (or 8,250 hours in total) over a period of 12 months in 2018.

#### A.12.2. Follow-up surveys

The Year 1 follow-up survey data collection will begin in early 2019. The POD evaluation team will sample half of the study subjects (up to 7,500) for the Year 1 survey and expects to complete surveys with up to 6,000 subjects or 80 percent of them. The Year 2 follow-up survey data collection will begin in early 2020. The evaluation team expects to complete surveys with 80 percent of up to 15,000 study subjects, or 12,000 subjects. Exhibit A.6 shows the total estimated respondent burden for the follow-up surveys. It shows the average time estimated for study subjects to complete each of the surveys (32 minutes for the Year 1 survey and 27 minutes for the Year 2 survey). Using the average times, the total burden of POD follow-up data

collection for subjects is 3,200 for the Year 1 survey and 5,400 for the Year 2 survey (or 7,400 hours in total); we will incur this burden over a period of 30 months from early 2019 to spring 2021. The burden will be lower if less than 15,000 subjects are enrolled in the demonstration.

#### A.12.3. Qualitative data from POD implementation and operations staff

Exhibit A.6 shows the expected number of subjects in all four rounds of qualitative data collection (two in-person site visit rounds and two telephone interview rounds). Exhibit A.6 also presents: the number of interviews; hours per response; and the annualized response burden; as well as the expected number of case files that the study will audit, number of rounds, the hours per response, and total response burden overall and by year.

The POD evaluation team expects to conduct a total of 160 in-person staff and partner interviews (five interviews per site across eight sites, for four rounds) during the in-person and virtual site visits. Per staff member burden estimates for these interviews include time for setting up the interview appointment by phone or email (6 minutes) and participating in the interview (60 minutes). Per staff member burden estimates also include assistance with the on-site audits of case files during the site visits (20 minutes), assuming one staff person in each site will generate a report for use in auditing case files during the site visit. Thus, the total burden for site staff and community partners for all four rounds of qualitative data collection is 176 hours for semi-structured interviews (40 staff members participating in four rounds of interviews lasting 1.1 hours each) and 5 hours for onsite audits of case files (or 181 hours in total across both activities).

## A.12.4. Semi-structured interviews with treatment group subjects

The POD evaluation team expects to conduct 144 telephone interviews with subjects (nine interviews per site across eight sites in each round) during the second and third rounds of qualitative data collection. The subjects selected for this evaluation component represent a purposively selected sample of POD treatment and control subjects. For each round of interviews, the POD evaluation team interviews subjects from both treatment groups and from key subgroups of interest (for example, subjects who have requested to withdraw, low earning offset users, high earning offset users, and control group members). The evaluation team expects that these interviews take approximately one hour to complete, resulting in an hour burden of 144.

#### A.12.5. Implementation Data Collection Forms

Data collection for POD's implementation takes place over a five-year period and includes two data collection activities: (1) POD Monthly Earnings and IRWE Reporting Form; and (2) POD EOYR Form. All of the estimates here assume up to 15,000 enrollees and up to 10,000 POD treatment group subjects. Of the 10,000 POD treatment subjects, SSA estimates we request earnings and IRWEs from 40 percent (approximately 4,000) of the POD participants. Of these 4,000 participants, we expect 65 percent (approximately 2,600) to report earnings and IRWEs. As indicated on Exhibit A.6, of these 2,600 POD participants, we expect 1,820 to complete the POD Monthly Earnings and IRWE Reporting Form by paper and 780 to complete the form online. In addition, we expect 2,615 POD participants to complete the POD EOYR.

Exhibit A.6. Annual burden estimates by respondent type

Modality of completion and respondent type	Number of respondents	Frequenc y	Number of responses	Average burden per response (in minutes)	Total annual burden (in hours)
Informed Consent Form	16,500	1	16,500	10	2,750
Baseline Survey	16,500	1	16,500	20	5,500
Year 1 Follow-up Survey	6,000	1	6,000	32	3,200
Year 2 Follow-up Survey	12,000	1	12,000	27	5,400
Staff interviews with site staff	40	4	160	66	176
Onsite audit of sample of case files in MIS	8	2	16	20	5
Semi-structured interviews with treatment group subjects	144	1	144	60	144
POD Monthly Earnings and Impairment- related work Expenses (IRWE) Reporting Form by paper	1,820	12	21,840	10	3,640
POD Monthly Earnings and Impairment- related work Expenses (IRWE) Reporting Form online	780	12	9,360	5	780
POD End of Year reporting (EOYR) Documentation	2,615	1	2,615	8	349
Totals	56,407		85,135		21,944

## A.13. Annual cost to the respondents (other)

There are no direct costs to respondents for any of the surveys, forms, or semi-structured interviews other than their time to participate in the study as described in section A.12. The POD evaluation team will not ask respondents to maintain any new records. The evaluation team will collect and maintain all survey data, and is responsible for all costs associated with data collection, storage, processing, and other functions related to these data. The implementation team will collect and maintain all data from the implementation data collection forms, and is responsible for all costs associated with the form data collection, storage, processing, and other functions related to these data. Section A.14 summarizes these costs, which are costs to the federal government under an SSA contract.

## A.14. Annualized cost to federal government

Exhibit A.7 shows the costs for the major data collection components: (1) qualitative data collection costs, including startup and ongoing costs; (2) costs for each survey, including startup and ongoing costs; (3) costs for setting up SMS and RAPTER; and (4) costs for the two POD implementation data collection activities: (1) POD Monthly Earnings and IRWE Reporting Form; and (2) POD EOYR Form. The POD evaluation team budgeted the labor costs by estimating the number of hours for required staff at the various wage levels, multiplying by the applicable wage rates, and multiplying the resulting subtotals by factors to cover fringe benefits and burden expense. The basis for estimating other direct costs varies with the type of cost. The evaluation team summed the total of labor costs and other direct costs, multiplied them by a factor to cover general and program expenses, and included the fee. The POD implementation team budgeted labor costs for their services as well as for data collection activities associated with this submission, including developing the forms and estimated costs for data collection activities.

Exhibit A.7. Annual data collection costs to the federal government **Exhibit A.7.1. POD Evaluation Team Costs** 

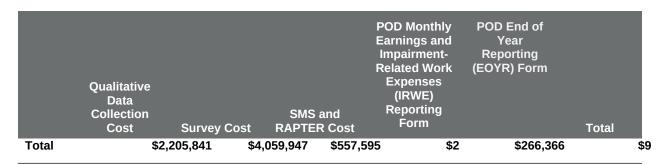
Fiscal Year	Qualitative Data Collection Cost	Survey Cost	SMS and RAPTER Cost	Total
2017	\$326,194	\$165,793	\$415,833	\$907,820
2018	\$737,422	\$824,464	\$30,335	\$1,592,221
2019	\$664,313	\$870,154	\$55,356	\$1,589,823
2020	\$477,912	\$1,886,647	\$56,071	\$2,420,630
2021	\$0	\$312,889	\$0	\$312,889
Total	\$2,205,841	\$4,059,947	\$557,595	\$6,823,383

**Exhibit A.7.2. POD Implementation Team Costs** 

Fiscal Year POD Monthly POD End of Year Total	
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	Earnings and Impairment-Related Work Expenses (IRWE) Reporting Form	Reporting (EOYR) Form	
2017	\$205,278	\$22,809	\$228,087
2018	\$508,743	\$56,527	\$565,270
2019	\$659,072	\$73,230	\$732,302
2020	\$674,129	\$74,903	\$749,032
2021	\$350,076	\$38,897	\$388,973
Total	\$2,397,298	\$266,366	\$2,663,664

**Exhibit A.7.3. Grand Total for Annual Data Collection Costs** 



## A.15. Program changes or adjustments to the information collection request

The increase in burden for the POD evaluation stems from an increase in burden for the two follow-up surveys, as we are asking three additional questions (which increases the burden per response by a small amount). In addition, we are also changing the way we use our End of Year Reporting form to include both pre- and post-POD earnings, as well as end of year reporting. This changes both the number of respondents using the form annually, as well as the estimated burden per response, which created an overall increase in the burden for this form. Please see the attached Addendum for more information on these revisions.

## A.16. Plans for public information collection results

The POD evaluation will analyze, tabulate, and report the data collected for the POD evaluation. We may publicize these findings may after SSA reviews them.

#### A.16.1. Time schedule for analysis and reporting

As documented in Wittenburg et al. (2018), and shown in Exhibit A16.1, we developed a reporting schedule to align with the data collection activities. Each report will cover a set of outcomes over the same period, which is notable given the administrative file updates on outcomes, particularly for the primary benefit and earnings outcomes.

Exhibit A16.1. Deliverable schedule for evaluation reports

Deliverable	Data content	Outcome time frame	Draft due date
Draft Early Assessment Report	SSA program data RAPTER data Abt's Implementation Data System data Round 1 qualitative data	SSA program outcomes/program processes: January 2018–April 2018	10/31/2018
Draft Recruitment and Random Assignment Analysis Report	SSA program data RAPTER data Abt's Implementation Data System data Round 2 qualitative data	SSA program outcomes/program processes: January–December 2018	6/30/2019
Draft Interim Impact Evaluation Report	SSA program data RAPTER data Abt's Implementation Data System data Round 3 qualitative data VR program data IRS earnings data Baseline and available Year 1 survey	SSA program and VR outcomes/program processes: January 2018–December 2019 Earnings data: January- December 2018 Survey outcomes: through Year 1 (January 2020)	6/30/2020
Draft Final Impact Report	SSA program data RAPTER data Abt's Implementation Data System data Round 4 qualitative data VR program data IRS earnings data Year 2 survey	SSA program and VR outcomes/program processes: January 2018–December 2020 Earnings data: January 2018-December 2019¹ Survey outcomes: through Year 2 (January 2021)	6/30/2021
Draft Special Topics Briefs <b>(8)</b>	TBD	TBD	TBD

## A.16.2. Analytic techniques, tabulations, and reporting

With the POD evaluation findings, SSA will be able to advise federal policymakers and state administrators on changes to existing SSDI program rules and simplification of work incentives that could encourage people to work and decrease their dependence on disability and other public benefits. In fostering work efforts, the goal is to implement program changes, which produce savings to the federal government and improve program administration. The impact evaluation reports will include information about all the demonstration's impacts and integrated findings from the process, participation, and, in the final report, cost-benefit analysis. In developing the reports, the POD evaluation team will synthesize information across the process, participation, and impact analyses to develop a cohesive understanding of how the POD benefit offset affected subjects.

**Interim reports.** Mathematica will produce three interim reports to keep SSA and its stakeholders informed of results from the demonstration: (1) an early assessment report; (2) a recruitment and random assignment report; and (3) a report on interim impacts. In both of the first two reports, the POD evaluation team will present key findings from the process and participation analyses. The evaluation team will use the early assessment report to understand

POD's implementation successes and challenges early in the demonstration period, making recommendations for corrective action to improve service delivery. They will develop the recruitment and random assignment analysis report to include a more summative assessment of recruiting activities; the characteristics of participants and nonparticipants; and information about early participation patterns that can further inform service delivery and provide potential insights into the trajectory of early impact findings. The POD evaluation team will write the report on interim impacts to present early findings on the quantitative effects of the treatment offered through POD. In the initial assessment of POD, Mathematica focused on impacts for outcomes measured during the first year after random assignment (Year 1 impacts), integrating findings from the process and participation analysis to understand the emerging findings better.

**Policy briefs.** The POD evaluation team will develop eight policy briefs on special topics related to the POD study and issues that emerge during the implementation period. They will develop the briefs to keep SSA's stakeholders appraised of emerging findings from the evaluation; summarize information from the interim and final reports in a more succinct fashion, and provide results from exploratory analyses that go beyond the main reports. Potential topics these briefs could cover include innovative program practices identified through the implementation study; lessons learned from conducting recruitment or other components of the evaluation; and differential effects of the benefit-offset policies across beneficiary subpopulations. The evaluation team will refine the list of topics for the policy briefs as findings from the evaluation emerge.

**Final report.** The POD evaluation team will write the final report to provide a summative evaluation of all demonstration activities, including whether POD met its ultimate objectives. Their analysis for this report will include both Year 1 impacts and impacts on outcomes measured during the second year after random assignment (Year 2 impacts). They will also provide a synthesis of contextual and administrative factors that inhibited or facilitated implementation of the offset and benefits counseling services. This information will help inform the discussion of potential system changes, for example, in benefit-processing operations, overpayment identification, and interactions with state agencies and beneficiaries, to consider if the SSA were to implement the POD offset at scale. In addition, the POD evaluation team will include a final summary of the participation rates of all benefits counseling activities and in the offset. Furthermore, they will include in the report a consideration of how and why the demonstration produced its particular impacts based on differences identified in participation and processes across states, sites, and subgroups. For this report, the evaluation team will also include an assessment of the potential effects of a broader implementation of the POD treatments. Finally, they will develop for this report a systematic understanding of the perceived value of the POD offset from the perspectives of administrators, beneficiaries, and other SSA stakeholders. This information will provide important context for the cost-benefit analysis, which will provide estimates of POD's costs and benefits from the perspectives of multiple stakeholders, with a particular focus on outcomes for beneficiaries and the SSDI trust fund.

**Analytic techniques.** Given the random assignment design, the impact analysis will focus on differences in the outcomes of subjects between the two treatment groups and the control group using a regression framework to control for other explanatory variables. The POD evaluation team will use a regression-adjusted comparison of treatment group subjects to control group subjects to address the impact of the intervention on subjects' education, labor market, and

other outcomes. Unadjusted comparisons of the treatment and control groups should tend to yield unbiased impacts estimates with high survey response rates, but regression adjustment will improve the precision of the estimates and guard against potential small-sample imbalances. The evaluation team will also use regression-adjusted comparisons of subgroups of the treatment and control groups, defining subgroups by pre-randomization characteristics (for example, age, race, gender, and type of disability). See Part B of this supporting statement for additional details about the statistical techniques that the POD evaluation team plans to use.

The evaluator will also analyze the information from the staff interviews and observations of site operations to prepare reports that contain the findings and their program and policy implications. The POD evaluation team will not use complex quantitative techniques to analyze the qualitative data from these collections; (Part B provides additional information about the analytic methods that the evaluation team will use.) Products resulting from information obtained in this data collection will provide SSA and its stakeholders with information about recruitment, enrollment, early service provision, and the fidelity of implementation for the first half of the intake period.

## A.17. Displaying the OMB approval expiration date

SSA is not requesting an exception to the requirement to display the OMB approval expiration date. The POD evaluation and implementation teams will display the OMB expiration date on all site visit materials, recruitment materials, forms, and surveys.

## A.18. Exception to certification statement

SSA is not requesting an exception to the certification requirements at 5 *CFR* 1320.9 and related provisions at 5 *CFR* 1320.8(*b*)(3).

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