BRIEF

FINAL REPORT

Promoting Opportunity Demonstration: Interim Evaluation Report

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Promoting Opportunity Demonstration POD

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Contents

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Exhibits

ACRONYMS

BOND	Benefit Offset National Demonstration
BPQY	Benefits Planning Query
BS&A	benefits summary and analysis
CDR	Continuing Disability Review
CFIR	Consolidated Framework for Implementation Research
CWIC	Community Work Incentives Coordinator
DBAD	Disabled Beneficiary and Dependent
DORS	Division of Rehabilitation Services
EPE	Extended Period of Eligibility
EN	Employment Network
EOYR	end-of-year reconciliation
EXR	Expedited Reinstatement
FTE	full-time equivalent
I&R	information and referral
IDS	Implementation Data System
IRP	Initial Reinstatement Period
IRS	Internal Revenue Service
IRWE	Impairment-Related Work Expenses
ITT	intent to treat
OLS	ordinary least squares
OMH	Office on Mental Health
ORDES	Office of Research, Demonstration, and Employment Support
POD	Promoting Opportunity Demonstration
QC	quality control
RCT	randomized controlled trial
RSA	Rehabilitation Service Administration
SGA	substantial gainful activity
SNAP	Supplemental Nutrition Assistance Program
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income

SSR	Supplemental Security Record
SUR	seemingly unrelated regressions
TTW	Ticket to Work
TWP	Trial Work Period
VR	vocational rehabilitation
WIP	Work Incentives Plans
WIPA	Work Incentive Planning and Assistance

ACKNOWLEDGEMENTS AND DISCLAIMER

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

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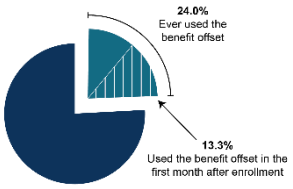
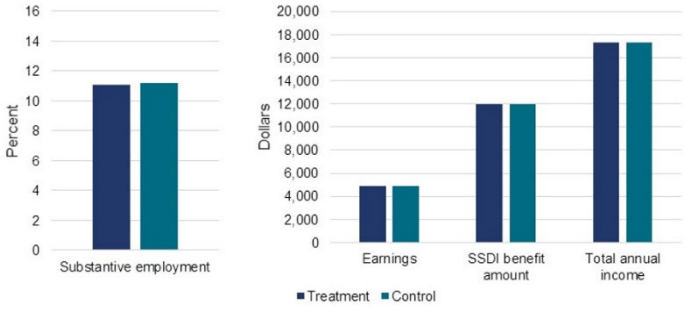
EXECUTIVE SUMMARY

<table>
<tr><th colspan="2">POD Interim Evaluation Report</th></tr>
<tr><th colspan="2">Background</th></tr>
<tr><td colspan="2">Congress directed the Social Security Administration (SSA) to carry out the Promoting Opportunity Demonstration (POD). POD's motivation is to simplify the complexities of the work rules for the Social Security Disability Insurance (SSDI) program.

Under current rules, beneficiaries with earnings exceeding certain levels can lose their entire benefit. POD replaced this sudden loss of benefits—often called the cash cliff—with a $1 for $2 benefit offset for earnings above the higher of the POD threshold or the beneficiary's impairment related work expenses.

The POD evaluation is a randomized controlled trial. Enrollees were randomly assigned to either a control group or one of two treatment groups. Control group members are subject to current rules, whereas treatment group members are subject to POD rules and counseling services. From January 2018 to January 2019, there were 10,070 working-age SSDI beneficiaries voluntarily enrolled in POD.

This report presents interim process, participation, and impact findings for POD through 2019—the first year after enrollment activities were completed. We organized the analyses around five research questions.</td></tr>
<tr><th>Research question</th><th>Findings</th></tr>
<tr><td>What are the key features of POD implementation and enrollment?</td><td>• The implementation area included eight states: Alabama, California, Connecticut, Maryland, Michigan, Nebraska, Texas, and Vermont.
• POD included a benefit offset with direct and indirect supports to facilitate offset use.
• POD enrollees are more likely to have a recent work history than other SSDI beneficiaries.</td></tr>
<tr><td>How were POD counseling services implemented?</td><td>• The average caseload per POD counselor in each state in 2019 was more than 200.
• Nearly all treatment group members received some POD counseling.
• Work-oriented treatment group members had highest usage of more intensive individualized work-incentive counseling.</td></tr>
<tr><td>How was the POD benefit offset implemented?</td><td>• POD counselors and treatment group members noted challenges in tracking and submitting earnings information.
• Operational bottlenecks created some delays in earnings report processing.</td></tr>
<tr><td>How was the POD benefit offset used and why did POD enrolllees withdraw?</td><td>• Nearly one-quarter of treatment group members ever used the POD benefit offset.
• The average monthly offset amount among users was about $500.
• Nearly three-quarters of 2018 offset users experienced a work-related overpayment.
 

• Treatment group members struggled to understand the new POD rules.
• Overall, six percent of treatment group members withdrew for various reasons (for example, being financially better off under current rules).</td></tr>
<tr><td>What were the impacts of POD?</td><td> 

• POD had no impact on the four primary outcomes—overall or for any subgroups.
• POD had positive impacts on employment-related activities (for example, job seeking).
• POD had no impact on other secondary health, program, or other outcomes.</td></tr>
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I. INTRODUCTION

As part of the Bipartisan Budget Act of 2015, Congress directed the Social Security Administration (SSA) to carry out the Promoting Opportunity Demonstration (POD). This demonstration tests new benefit offset rules for Social Security Disability Insurance (SSDI) beneficiaries. The new rules simplify work incentives to promote employment, reduce dependency on benefits, and lessen administrative complexity. POD is part of a broader effort by policymakers to identify new approaches to help beneficiaries and their families increase their incomes and self-sufficiency through work.

The motivation for POD is to address complexities associated with current rules for beneficiaries and SSA administrators, especially the cash cliff. Under current rules, the cash cliff implies that beneficiaries who have earnings in excess of a certain amount risk a full loss of their SSDI benefits. Extensive research underscores how the complexities can discourage potential beneficiary return-to-work (Ruh and Staubli 2019, Gelber et al. 2017, Maestas et al. 2013, Weathers and Hemmeter 2011, Schimmel et al. 2011). SSA staff have potential administrative complexities in processing earnings under current rules that could lead to delays in adjusting benefit payments, resulting in administrative burden and possible overpayments to beneficiaries (Hoffman et al. 2019). For example, SSA staff must record beneficiary earnings, which can be complicated if beneficiaries do not report their earnings in a timely manner to SSA.

SSA contracted separately with Abt Associates and Mathematica to lead the implementation and evaluation of POD, respectively. The demonstration is being implemented in eight states over a five-year period (January 2017 to December 2021). Abt is working with a team of partners (referred to as the implementation team and described in more detail in Chapter II) to deliver the associated services to support the implementation of new POD rules. Mathematica and its partner, Insight Policy Research (referred to as the evaluation team), is conducting all evaluation activities.

To date, SSA, the implementation team, and the evaluation team have supported POD enrollment and service activities that started in January 2018. From January 2018 to January 2019, there were 10,070 working-age SSDI beneficiaries—defined as those ages 20 or older by September 2017 and younger than 62 by June 2021—who volunteered to enroll in POD (POD enrollees).

This report presents interim findings related to the process, participation, and impact outcomes of POD enrollees through 2019—the first year after all enrollment activities were completed. We organize our analyses around five research questions (shown in the text box). We initially described the research questions and planned analyses in the evaluation design report (Wittenburg et al. 2018). We use the design report as a guide to ensure that we are

Interim research questions

Process and participation questions

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

Impact question

1. What were the impacts of POD?

implementing the evaluation according to design, which is especially important for the pre-specified primary and secondary outcomes for the impact analysis. The findings from this report can inform SSA and broader disability policy by providing an initial assessment of how beneficiaries respond to the intervention, identifying any early implementation lessons, and describing whether POD is achieving its main policy objectives.

Prior reports from the POD evaluation offer context for the findings in this report. As noted, we summarized the overarching evaluation framework for all findings in the design report (Wittenburg et al. 2018). We delivered findings from the recruitment and enrollment process in the recruitment and random assignment report (Hock et al. 2020a). Finally, we provided updates on POD in three policy briefs: the first two analyzed how recruitment experiments enhanced enrollment (Hock et al. 2019 and Hock et al. 2020b), while the third summarized early service delivery and compared POD to the Benefit Offset National Demonstration (BOND) (Levere et al. 2020).

The remainder of this chapter provides information on POD rules that will be important in interpreting the findings from the research questions listed in the text box above. First, we briefly compare POD rules with current program rules. Next, we describe the key features of POD that directly relate to our evaluation design. We then describe how, in theory, POD is expected to affect beneficiary outcomes. Finally, we conclude with an overview of the analytic approaches and data sources that we used to generate this report's findings.

A. Background on SSDI current rules and POD rules

POD builds on lessons from previous congressionally mandated efforts to test alternatives to current rules using a benefit offset to replace the SSDI cash cliff. Here, we describe how the benefit offset rules might influence its use. We begin by comparing the current rules and those for POD. We then summarize the features of BOND, which was the first large national demonstration that tested an offset.[1] This summary is important to understand the key features of POD's design, which focuses on allowing beneficiaries to use the offset immediately after enrollment.

1. Compared with current rules, POD created a benefit offset ramp for SSDI beneficiaries under simplified rules

The current program rules for SSDI include provisions that allow beneficiaries to work while receiving benefits (Exhibit I.1). In general, these rules allow beneficiaries to test work and retain benefits, but specific provisions governing the rules are complex. For example, beneficiaries can retain all of their benefits during a Trial Work Period (TWP)—defined as nine months during a five-year period in which earnings exceed a monthly threshold. The rules

[1] As a pilot test for BOND, SSA previously conducted the Benefit Offset Pilot Demonstration (BOPD), which 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 impacts of the offset on earnings and benefit amounts. 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. For a more detailed review of the BOPD, as well as other more general incentive initiatives such as the Negative Income Tax experiment, see Bell et al. (2011) and Delin et al. (2010).

change, however, following the TWP. After the TWP, SSDI beneficiaries who work and earn wages higher than the substantial gainful activity (SGA) threshold risk the complete loss of cash benefits through suspension or termination.[2] This phenomenon of benefit loss is commonly called the SSDI cash cliff because beneficiaries lose all benefits for a single dollar of earnings in excess of SGA.

Exhibit I.1. Overview of current rules and POD rules for SSDI

Rules	Description
Current rules	Current rules for SSDI beneficiaries who work are complex and have provisions that result in a complete loss of SSDI benefits. These rules do not result in any reductions in benefits during the TWP, defined as a period when beneficiaries return to work and earn above a certain monthly threshold ($910 in 2020) or during other months in which they earn less than that threshold. The TWP ends if a beneficiary's earnings exceed the monthly threshold for nine months over any five-year period. After the TWP ends, SSA begins to assess earnings after removing Impairment-Related Work Expenses, sick pay, vacation pay, and subsidies.[a] When beneficiaries' adjusted earnings first exceed the SGA amount after the TWP ends, they enter a three-month grace period during which they continue to receive a full benefit check irrespective of how much they earn. Subsequent SGA-level earnings in any month after the grace period result in a loss of cash benefits. During the first 36 months after the TWP ends—which constitutes the extended period of eligibility—benefits are suspended (that is, temporarily reduced to $0) in any month in which a beneficiary earns more than the SGA amount; after the extended period of eligibility, cash benefits are terminated for monthly earnings above the SGA amount. Also, SSDI-related Medicare Part A eligibility ends 93 months after the TWP.
POD rules	POD simplifies the SSDI rules and replaces the cash cliff with a benefit offset ramp. POD eliminates the TWP and grace period and adjusts cash benefits using a uniform offset rule as earnings increase. Specifically, the new offset reduces benefits by $1 for every $2 earned above the higher of the POD threshold (which was chosen to align with the TWP threshold) or the beneficiary's Impairment-Related Work Expenses. The POD rules on SSDI benefit termination vary by treatment arm. In treatment arm 1 (T1), enrollees cannot have their benefits terminated. In treatment arm 2 (T2), enrollees can have their benefits terminated if they are in full offset for 12 consecutive months. Both T1 and T2 members in benefit offset must pay their Medicare Part B premiums out of pocket if the premium exceeds the remaining benefit amount. T2 group members lose their SSDI-related Medicare extended eligibility 93 months after their benefits are terminated.

Note: Appendix A contains additional details about current rules and POD rules.

[a] More details on subsidies are available at on the SSA website at DI 10505.010D.

POD tests a modified set of work rules that could address some of the challenges created by the current work incentives (Exhibit I.1). POD eliminates changes to work incentives as earnings evolve and replaces the cash cliff with a ramp through a benefit offset. The new offset formula reduces benefits by $1 for every $2 of earnings higher than the TWP amount, which is $910 in 2020.[3] POD's simplified work rules might also benefit SSA by reducing the resources required to track beneficiaries' earnings. In Appendix A, we provide a detailed review of the current rules, POD rules and associated services, and implications of the rules for beneficiaries.

[2] In 2019, SGA is defined as monthly earnings of at least $1,220 for beneficiaries who are not blind and $2,110 for beneficiaries who are blind; in 2020, the earnings thresholds are $1,260 and $2,110, respectively.

[3] As noted in Exhibit I.1, POD also includes special provisions for beneficiaries who have Impairment-Related Work Expenses (IRWE). SSA deducts approved IRWE under current rules.

2. By design, POD is expected to generate greater offset use than BOND

The offset features in POD differ from BOND in some notable ways that could influence beneficiary outcomes. Similar to POD, BOND included a $1-for-$2 offset formula. In contrast with POD, however, the BOND offset (1) included provisions for the TWP and grace period, (2) had a higher earnings threshold at the SGA amount instead of the TWP amount, and (3) started the offset based on an annual threshold (defined as 12 times the SGA amount) instead of monthly. The BOND offset had no impacts on earnings and increased SSDI benefit payments over five years (Gubits et al. 2018).

POD and BOND differed substantially in the benefit offset rules and counseling service delivery. POD addressed the perception that BOND rules and processes were too complex by using a simplified set of administrative adjustments in implementing the offset. POD had a lower benefit offset earnings threshold than BOND—at the TWP rather than at the SGA amount. POD rules were also intended to facilitate earlier use of the benefit offset than BOND rules. Under BOND, beneficiaries had to complete the TWP and grace period before they could use the BOND benefit offset. Under POD, beneficiaries could use the benefit offset immediately. In addition, POD applied a monthly accounting period for benefit offset instead of the annual accounting in BOND. Because earnings for people with disabilities are highly volatile (Deshpande 2016), a monthly accounting period is likely to lead more beneficiaries to use the offset. The demonstrations also took disparate approaches to initial beneficiary contact with a benefits counselor. For example, BOND did not assign a counselor until the treatment group member actively sought out benefits counseling services, whereas POD assigned all treatment group members to a counselor at the time of enrollment.

As noted in a recent POD special topic brief (Levere et al. 2020), the structure of the POD offset rules is, by design, expected to result in greater use of the benefit offset than would occur under BOND rules at similar levels of earnings. The use of the benefit offset was more than three times as high in POD as in BOND: one year after enrollment, the share of treatment group members who had used the offset was about 24 percent for POD and 7 percent for BOND (Levere et al. 2020). Differences in rules regarding the benefit offset between the two demonstrations drove the higher offset usage in POD relative to BOND, rather than differences in the characteristics of enrollees.

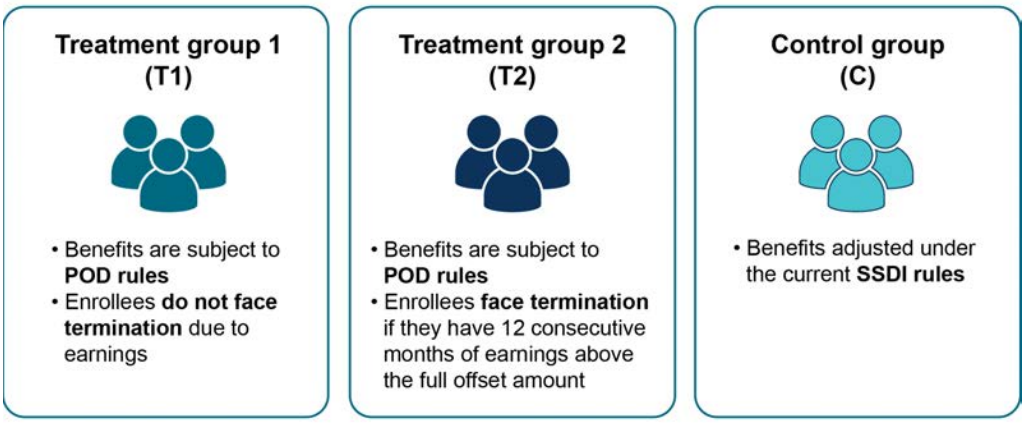
B. Key features of POD

The key features of POD that guided POD implementation and evaluation are its randomized design, the voluntary nature of participation, and the ability of enrollees to withdraw.

1. POD is a randomized controlled trial

The POD evaluation is a randomized controlled trial (RCT) that tests two versions of POD rules in comparison with current SSDI rules, as indicated in Exhibit I.1. To test these two versions of POD rules, the evaluation team randomly assigned POD enrollees into either one of the two treatment groups or a control group (Exhibit I.2).

Exhibit I.2. Randomly assigned groups in POD



The T1 and T2 groups also received modified benefits counseling and associated services. The treatment group enrollees received work incentives and benefits counseling modeled after the benefits counseling delivered under Work Incentive Planning and Assistance (WIPA) services that are modified to incorporate POD rules. Both treatment group enrollees also received assistance reporting their monthly earnings and Impairment-Related Work Expenses (IRWE). Hence, the impact of POD reflects the combined effects of POD rules (including the option to withdraw), benefits counseling, and associated services.

2. Beneficiaries volunteered to enroll in POD and are not representative of the broader population of SSDI beneficiaries

The Bipartisan Budget Act of 2015, which mandated POD, requires that POD enrollees be volunteers who provide written informed consent to participate. Consequently, the eligible SSDI beneficiaries who enrolled are volunteers who self-selected into the demonstration and are not representative of the population of beneficiaries. People who choose to enroll in the study are likely to be fundamentally different from those who do not. For example, some beneficiaries will not volunteer for POD because they recognize the new rules will not be of benefit to them. Some of these fundamental differences might be measurable, such as volunteers having stronger work histories. Other differences might not be observable, such as volunteers having stronger motivation to earn enough to not require benefits.

3. POD enrollees can withdraw anytime

Enrollees in the T1 and T2 groups retained the right to revert to current SSDI rules—that is, withdraw from the treatment condition.[4] After the demonstration started, some T1 and T2 group members might revert to current rules if they are better off under current rules than the POD rules. The incentive to revert to current rules is stronger for T2 enrollees because of the provision that T1 group members will not have their benefits terminated for excess earnings.

[4] Though control group members could withdraw, which would entail no longer participating in POD follow-up surveys, in practice very few control group members have withdrawn (to date, only two people). Therefore, in subsequent discussions in this report on withdrawals, we do not include the control group withdrawals.

C. Expected impacts of POD

The objectives of POD are to promote employment and reduce dependency on benefits. To measure the efficacy of POD relative to its policy objectives, the evaluation team pre-specified four measures as primary outcomes:

- Annual earnings
- Any substantive earnings (defined as earnings above SGA)
- SSDI benefits
- Total annual income (defined as the sum of earnings, SSDI benefits, and Supplemental Security Income [SSI] payments)

Though the policy objectives of POD are clear, the expected impacts of POD are ambiguous for all four primary outcomes. Because the work incentives under POD rules might increase total income—earnings plus benefits—for some beneficiaries and reduce it for others, the impact of POD on each primary outcome will depend on the net effect across beneficiaries with different earnings profiles. For example, POD increases the total income of beneficiaries who had completed their TWP and grace period before enrolling in POD and who have earnings above the SGA amount. At the same time, POD decreases the total income of beneficiaries who have not completed their TWP and grace period because, under current law, these beneficiaries receive full benefits if their earnings are above the TWP amount. As another example, because POD reduces benefits paid relative to current law for enrollees with earnings between the TWP and SGA amounts, some beneficiaries with earnings in this range might increase their earnings to compensate, and others might reduce their earnings to increase their benefit amount. Because the TWP and grace period cover at least a 12-month period, the ambiguity in expected impacts of POD is especially relevant for the first year after enrollment, which is the focal period for the interim analysis.

An important issue not considered in these examples is how simplifying the POD rules might increase willingness to work among beneficiaries because they better understand the incentives they face. Under current law, benefit suspension or termination depends on current and previous earnings. In POD, the benefit offset is the same regardless of past earnings, so POD could increase beneficiaries' willingness to work by reducing unanticipated benefit reductions.[5] This clarity on work incentives will most likely affect beneficiaries who currently earn below the SGA amount or are not working, encouraging them to increase their hours worked and earnings. The effect of the simplified rules on outcomes remains ambiguous, however, because we cannot predict how this effect will interact with other incentives created by POD rules discussed previously.

D. Analytic approaches and data sources

The research questions addressed in this report required a wide variety of analytic methods and data sources (Exhibit I.3). To answer the POD process- and participation-related questions, we relied on qualitative data analysis techniques to help identify the key themes across

[5] In addition, for T1 group members, POD eliminates the termination provision, which could further reduce uncertainty about benefit loss for beneficiaries and clarify their work incentives.

respondents and performed descriptive analyses of quantitative data to assess beneficiaries' engagement in POD. To answer the POD impact question, we used a regression-adjusted impact analysis approach that leverages the RCT design of POD. In the remainder of this section, we briefly describe the analytic approaches and data sources used to address the different research questions.

Exhibit I.3. POD evaluation overview: Analytic approaches and data sources by research question

Research questions	Analytic approach	Data sources
Process- and participation-related research questions		
1. What are the key features of POD implementation and enrollment? 2. How were POD counseling services implemented? 3. How was the POD benefit offset implemented? 4. How was the POD benefit offset used and why did POD enrollees withdraw?	• Qualitative data analysis using the Consolidated Framework for Implementation Research to structure our coding and analysis • Descriptive analysis of quantitative data	• In-depth interviews with POD counselors and supervisors, implementation management staff, SSA staff, and POD treatment group members • Program documents • Abt's Implementation Data System • POD recruitment and enrollment data system • SSA program records • POD baseline and one-year follow-up survey
Impact-related research question		
5. What were the impacts of POD?	• Regression-adjusted impact analysis under an RCT design	• POD recruitment and enrollment data system • SSA program records • POD baseline and one-year follow-up survey

Depending on the analysis and data sources, the analyses presented in this report cover various time periods from the beginning of program operations in January 2018 to December 2019. The process and participation analysis mostly covers the first two years of program operations. The analysis of overpayments, however, relies on data for calendar year 2018. The impact analysis relies on two data sources that cover different periods. The analysis of impacts on primary outcomes focuses on data from SSA records in the year after beneficiaries enrolled. For earnings and income, the structure of the data implies that these outcomes are measured for calendar year 2019, while for SSDI benefits, outcomes are measured for the 12 months after the beneficiary enrolled. The impact analysis also uses data from the POD one-year follow-up survey, which cover the 12 months after POD enrollment for each enrollee who responded to the survey. Hence, all impact analyses in this report are based on a period at least a full year after beneficiaries enrolled—a reasonable period for some potential impacts to emerge.

We combine the T1 and T2 groups in the descriptive and impact analyses presented in this report. In the descriptive participation analysis, we focus on data for the T1 and T2 groups combined, as the service delivery process as well as the use of benefit offset and withdrawal patterns do not vary substantively between the two treatment groups. In the impact analysis, we capture the difference in means between the combined T1 and T2 groups and the control group.

We adopted this approach—instead of reporting the impacts of T1 and T2 separately—based on a set of prespecified conditions that required sufficiently small differences between T1 and T2 groups in terms of benefit offset use, withdrawals, and impacts as well as the level of terminations among T2 enrollees. These conditions were met: the T1 and T2 groups had minimal differences at the time of the interim impact analysis. As such, combining the two treatment groups simplified the presentation and discussion of the impact findings. In the appendices, we present separate estimates from the descriptive and impact analyses for each treatment group.

1. The process and participation analysis involved thematic coding of qualitative data and descriptive analysis of quantitative data

The process- and participation-related analysis examines four research questions relating to implementation, enrollment, benefit offset use, overpayments, and enrollee withdrawal from the demonstration. The questions enable us to explore how SSA, Abt Associates, and the states implemented the demonstration (process); how treatment group members engaged with POD rules and POD counseling services (participation); and how treatment group members experienced the POD benefit offset (participation).

For the process and participation analysis, we relied on qualitative and quantitative data. Our qualitative data included program documents and in-depth interviews with different stakeholders: POD counselors and their supervisors, implementation management staff, SSA staff, and POD treatment group members. Most of our data collection took place during the site visits conducted in early 2020, when we interviewed POD supervisors and POD counselors and held focus groups with POD counselors. In addition, we conducted in-depth telephone interviews with Abt's implementation management team, SSA staff, and POD treatment group members. We also analyzed quantitative data from SSA records, Mathematica's POD recruitment and enrollment system, Abt's Implementation Data System (IDS), and the POD baseline and one-year follow-up surveys. Together, these data enabled us to examine service delivery and offset use during the first two years of program operations (January 2018 to December 2019) and identify characteristics that distinguish offset users from non-users. The data also enabled us to assess treatment group members' understanding of POD earnings rules, their experiences with overpayments, and their reasons for withdrawing from the demonstration.

We used the Consolidated Framework for Implementation Research (CFIR) to structure our analysis of qualitative data from interviews and focus groups. We coded all interview transcripts and focus group notes using NVivo, a qualitative data analysis software. The coded data enabled us to conduct cross-site analysis and identify convergent and divergent themes and patterns about POD implementation that captured the different perspectives of various respondents.

The process and participation analysis also involved statistics derived from program records and surveys. We used programmatic data to investigate the extent to which treatment group members engaged in the primary components of the POD intervention—the reporting of monthly earnings, the benefit offset, and associated POD counseling services. We generated descriptive statistics of the percentages of treatment group members who engaged in these key components of POD. We also calculated descriptive statistics using data from the POD baseline survey and SSA records to learn about the characteristics of POD offset users and using data from the POD one-year follow-up survey to assess treatment group members' understanding of POD rules.

2. The impact analysis relied on the RCT design and data from surveys and program records

The impact analysis measures POD's impacts on primary and secondary outcomes related to beneficiary behavior. The four primary outcomes identified for the impact analysis—annual earnings, substantive employment, SSDI benefits, and total annual income—constitute the main assessment of POD's efficacy. By choosing just four primary outcomes for the main assessment of POD's efficacy, our approach reduces the likelihood of finding impacts by chance alone without significantly undermining the evaluation's statistical power to detect true impacts. The secondary outcomes present a relatively larger set of measures than the primary outcomes, capturing employment-related measures, information about SSA disability benefits, and other measures of well-being.

We used a combination of program and survey data sources to estimate impacts. To measure the primary outcomes, we relied on data from SSA program records, which contain the most accurate and complete measures of earnings and benefit receipt by SSDI beneficiaries. To supplement the primary outcomes found in SSA program records, we assessed secondary outcomes from the POD one-year follow-up survey, which collected information on the outcomes and experiences for a random sample of half of all POD enrollees. We also measured additional secondary outcomes using SSA program records and Rehabilitation Service Administration (RSA) program records. The impact analyses also drew on data from the POD recruitment and enrollment system as well as the baseline survey to account for demonstration features and beneficiary characteristics at enrollment.

The impact estimates presented in this report are intent-to-treat (ITT) estimates. These estimates measure the effects of POD rules on treatment group members (relative to control group members) regardless of whether POD enrollees engaged in counseling services, used the benefit offset, or withdrew from the demonstration. Even if enrollees withdraw from POD, the information on their earnings and benefits is still available to the evaluation team from SSA program records.

All impact estimates in this report are regression adjusted. The regression adjustment enabled us to account for any chance differences in beneficiary characteristics among the treatment and control groups. It also enabled us to improve the precision of the impact estimates, enabling us to detect small but substantively meaningful impacts. For all outcomes, we estimate impacts using an ordinary least squares model with heteroskedasticity-robust standard errors. We organize these regressors into three categories: characteristics used to stratify random assignment, other enrollee demographic characteristics, and enrollee characteristics at baseline with statistically significant differences between study groups. In analyzing the secondary outcomes from the one-year follow-up survey, the regression model included survey nonresponse weights that help ensure the impact estimates capture the effect of POD rules on all enrollees.

In addition to impact estimates for all POD enrollees, this report also estimates impacts for select subgroups of POD enrollees. The subgroups analyzed include the following enrollee characteristics at enrollment: future work expectations, employment status, education level, age, and primary impairment. We chose these subgroups for a variety of reasons, including links to SSDI program rules, POD design features, and relevance to disability policy. We altered the

main regression model specification slightly for the subgroup analyses by interacting the subgroup indicator with treatment status, and we included the same set of regressors.

E. Report roadmap

Each chapter in this report answers one of the five main research questions, and a final chapter summarizes the findings. Except for the final chapter, each chapter focuses on major outcomes, findings, and takeaways. Each chapter includes an accompanying appendix with additional analytic details (Appendices A–F). We organize the remainder of the report as follows:

- Chapter II describes the key features of POD, including the POD implementation areas, implementation partners, key POD processes, and characteristics of enrollees.
- Chapter III discusses how POD counseling services are implemented, addressing how POD sites delivered counseling services, what counseling services POD treatment group members used, and the facilitators and barriers to implementing the POD counseling services.
- Chapter IV explores implementation of the POD benefit offset, describing whether and why there were delays in adjusting benefits.
- Chapter V addresses how treatment group members used the POD benefit offset, their experience with overpayments, and why some POD enrollees withdrew from the demonstration.
- Chapter VI presents findings from the impact analysis of primary and secondary outcomes.
- Chapter VII summarizes the major findings from Chapters II to VI and reviews findings across research questions.

Finally, Appendix G presents key terminology related to the POD evaluation.

II. WHAT ARE THE KEY FEATURES OF POD IMPLEMENTATION AND ENROLLMENT?

In this chapter, we present the key features of POD implementation and enrollment. An important component of POD implementation was ensuring that the demonstration operated in parallel with SSA's current system in the POD implementation areas. For this reason, the Abt implementation team set up a parallel set of processes to deliver support to POD treatment group members.[6] These processes also ensured that the demonstration did not conflict with SSA's service delivery to existing beneficiaries who were not enrolled in POD. In establishing these systems, the implementation team built on lessons they learned from BOND; they set up similar benefits counseling and related supports for that demonstration.

KEY FINDINGS

- The POD implementation areas spanned eight states and included diverse economic and service conditions.
- POD direct supports included beneficiary-driven counseling services and supports delivered remotely and in person; POD indirect supports consisted of mailings to treatment group members to prompt timely reporting of earnings, collection of earnings information, and supports with benefit adjustments under the POD rules.
- POD treatment group members represent a select subset of SSDI beneficiaries with strong connections to work relative to other SSDI beneficiaries.
- POD treatment and control groups were balanced across key observable characteristics.

To summarize POD implementation and enrollment, we describe the implementation areas, the key POD processes, and the recruitment strategy and its results. The description of the implementation areas and key processes provides contextual information relevant to answering our process and participation questions in Chapters III and IV. Our summary of POD recruitment and enrollment strategies, enrollment outcomes, and the characteristics of beneficiaries who volunteered to enroll in POD helps in interpreting the findings related to benefit offset use and impacts, as well as the discussion of overall findings presented in Chapters V to VII.

A. Where was POD implemented?

SSA and Abt selected POD implementation areas purposively to cover different regions of the country, local labor markets, a mix of urban and rural areas, and a range of beneficiary characteristics. By design, POD implementation areas include diverse economic, social, and geographic regions. These areas, however, are not nationally representative of the United States.

[6] Abt's implementation team includes Abt leaders; Virginia Commonwealth University, which provides training and technical assistance to POD counselors; vocational rehabilitation (VR) agencies and WIPA projects that deliver POD counseling services in the eight implementation areas; and Abt staff supporting the direct and indirect support units (POD call center and processing center, POD central operations, and POD earnings support).

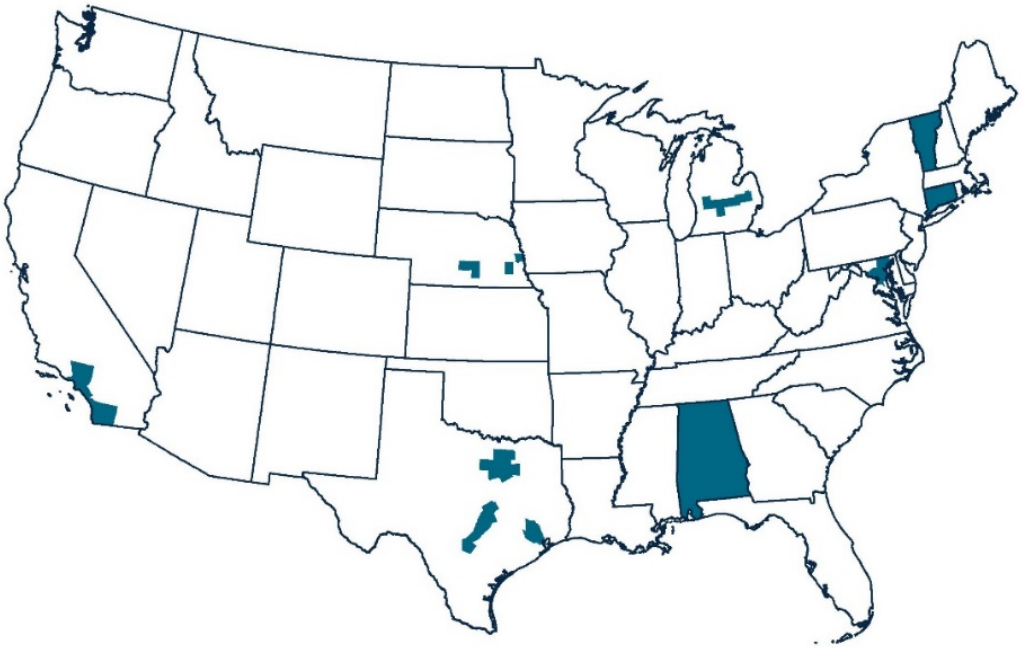
1. SSA and Abt selected the eight POD implementation areas led by a mix of VR and WIPA agencies

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

The implementation areas cover the entire states of Alabama, Connecticut, and Vermont and select counties in California (3 counties), Maryland (6 counties and one city), Michigan (7 counties), Nebraska (6 counties), and Texas (16 counties; Exhibit II.1).[7]

Within these states, Abt partnered with four state VR agencies (Alabama, Connecticut, Maryland, and Vermont), and four WIPA agencies (California, Michigan, Nebraska, and Texas). In each state, a POD supervisor is responsible for directly overseeing counseling staff and monitoring delivery of POD counseling services.

Exhibit II.1. Eight POD implementation areas



Note: Areas selected for POD are shaded. The entire states of Alabama, Connecticut, and Vermont are included, as are groups of counties in five other states—California, Maryland, Michigan, Nebraska, and Texas.

[7] The select counties in the POD states are: *California* – Los Angeles, Orange, and San Diego counties; *Maryland* – Anne Arundel, Baltimore, Harford, Howard, Montgomery, and Prince George's counties and Baltimore City; *Michigan* – Kent, Ionia, Clinton, Eaton, Shiawassee, Genesee, and Lapeer counties; *Nebraska* – Adams, Buffalo, Douglas, Hall, Lancaster, and Sarpy counties; *Texas* – Bell, Bexar, Collin, Comal, Dallas, Denton, Ellis, Harris, Hays, Johnson, Kaufman, Montgomery, Parker, Tarrant, Travis, and Williamson counties.

There were some variations in POD counselor experiences across states, which was partly related to the lead agency for POD in the state. In general, VR agencies tended to involve counselors who were more experienced in delivering employment services, and WIPA agencies employed counselors with more benefit counseling experiences. For example, Alabama, which was led by a VR agency, had seasoned counselors with six or more years of experience providing employment counseling services to people with disabilities. In contrast, California, which was led by a WIPA agency, had experienced certified Community Work Incentive Coordinators.

Despite some differences in backgrounds, all states had to hire new staff to meet the large caseloads (see Chapter III). Hence, even though the type of lead agency may have played a role in the background experience that POD counselors brought, states still had to hire many new counselors to meet the needs of POD.

Finally, five states (Alabama, Maryland, Michigan, Texas, and Vermont) employed counselors who had experience with BOND, which facilitated a quicker start-up of implementation. Namely, many of these counselors had experience in addressing offset-related questions. In addition, they were familiar with submitting data to the POD data system (described below).

2. POD implementation areas include diverse economic and service conditions

The eight POD implementation areas have distinct local economic, service, and workforce characteristics. Economic statistics indicate substantive variations in local employment rates across the POD states.[8] In addition, the areas substantively differed in their service environments, such as waiting periods for VR services.[9] Finally, POD counselors noted some qualitative differences in the service and economic environments across areas that might play a role in beneficiaries' decision to enroll in POD and, for treatment group members, to use services. For example, counselors mentioned difficulty navigating the employment support service system and lack of transportation as potential employment barriers. Some counselors also cited job opportunities as a potential factor that could influence POD usage across areas. These substantive distinctions in the economic and service environments are notable because they can influence eventual use of POD services, including interest in benefits counseling services and offset usage.

B. What are the key POD processes?

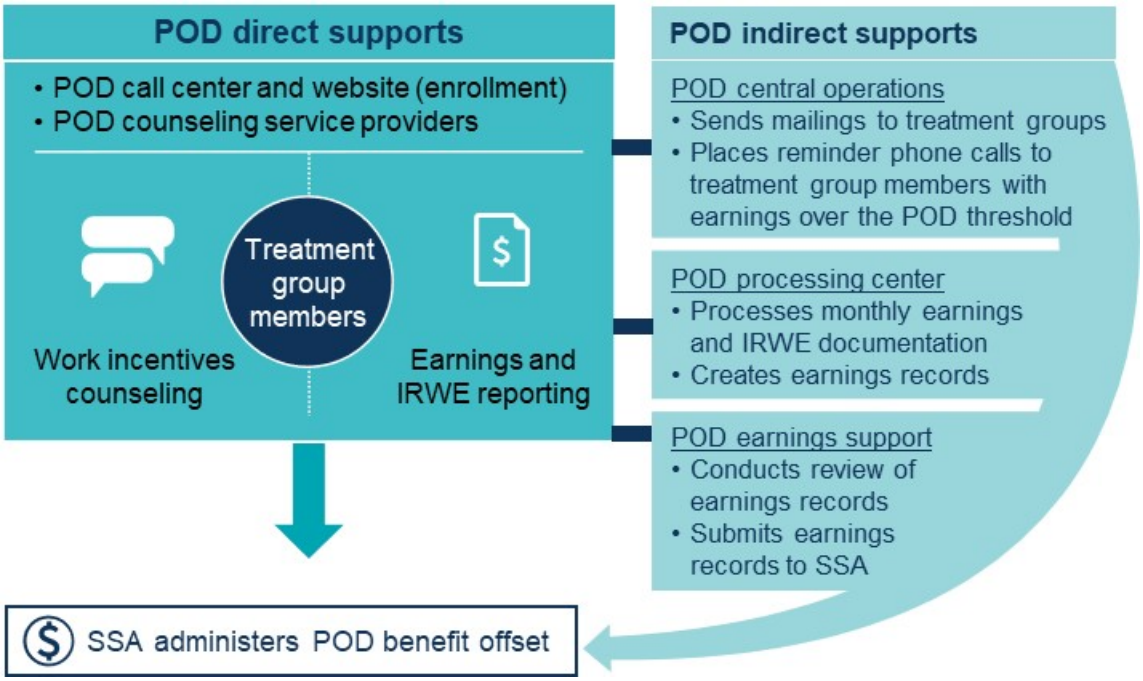
Abt established centralized direct and indirect support units comprising POD counseling service providers and Abt staff in the POD call center, POD central operations, the POD processing center, and POD earnings support. These units coordinate to deliver counseling services and help administer the POD rules (Exhibit II.2). The direct support units, including

[8] As shown in Appendix Exhibit B.1, the employment-to-population ratio (which captures the employment rate among working-age adults) for people with disabilities varied across states, ranging from 29 percent in Alabama to 50 percent in Nebraska in 2018; the national average was 38 percent.

[9] VR agencies in three POD states—Connecticut, Maryland, and Nebraska—operated under an order of selection as of December 2019 (Appendix Exhibit B.1). Yet VR clients experienced service delays in just one POD state (Nebraska), with clients waiting about three months on average to receive services.

POD counselors and the POD call center, connected with treatment group members in person or remotely. The indirect support units involved additional entities that operationalized components of the demonstration, such as earnings record processing. Abt worked with SSA to bring about these supports using a POD data system. Abt involved a team of implementation partners for these support units. Abt also worked with Virginia Commonwealth University to provide technical support to POD counseling service providers, as described below.

Exhibit II.2. Centralized support units for POD implementation



1. POD direct supports included beneficiary-driven counseling services and consultations delivered in person and remotely

The POD counseling services mirrored the services provided to SSDI beneficiaries under current law through the WIPA program but included additional information on the POD work incentive rules and benefit offset. Under POD, treatment group members obtained individualized information about how their benefits changed under POD rules. As with current rules, POD treatment group members also accessed several employment services and supports through a VR agency (such as career planning and job placement) to achieve their work goals. POD counselors delivered counseling services in person and by phone.

POD counselors provided treatment group members with direct supports. The agencies that offered POD counseling services in each state filled these counselor positions internally or contracted with local vendors (such as community rehabilitation programs) to provide the counseling services.[10] The counselors coordinated the delivery of POD-related supports to

[10] In two states—Alabama and Maryland—the VR agencies subcontracted with outside organizations to deliver POD counseling services to treatment group members. We present additional details about organizations involved in delivering POD counseling services in Appendix Exhibit B.2.

treatment group members and gathered information from them for SSA to administer the POD benefit offset rules.

POD counselors in each state delivered the same services to help treatment group members understand POD rules and obtain any desired employment supports. These supports included the following:

Informational contact

- Onboard newly enrolled treatment group members to POD

Information and referral only

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

Individualized work incentive counseling services beyond information and referral

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

Abt established a POD call center in McAllen, Texas, to respond to calls from treatment group members, implementation partners, and SSA staff. The call center provided an additional level of support to treatment group members, including calling those members that earned more than the POD threshold amount to remind them to report their monthly earnings by the reporting deadline, which is the 6th of the following month.[11] The call center also served as a resource for implementation partners and SSA to address any technical issues. Finally, treatment group members had access to a POD website with additional POD supports (www.podssa.org). This website included information about POD rules and resources, such as an interactive tool that shows treatment group members how their earnings and SSDI benefits could be affected under the POD rules with different earnings levels.

2. POD indirect supports included those related to mailings, collecting earnings information, and benefit adjustment supports

Under POD, three indirect support units collect and process earnings records for submission to SSA for benefit adjustment. The text box that follows provides more detail about these entities.

[11] If treatment group members failed to report their earnings for a given month, the benefit offset is based on the most recent earnings reported, based on an administrative process known as last observation carried forward.

The **POD central operations** unit was responsible for coordinating all mailings to treatment group members. Each quarter, it mailed one of two items to all treatment group members: an earnings reporting packet to treatment group members whose earnings were recently above the POD threshold or a reminder letter about the reporting requirements to all other treatment group members. The unit also generated monitoring reports and data files from the IDS and managed the data transfers between Abt, SSA, and Mathematica's evaluation team.

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

The **POD earnings support** unit reviewed a subset of monthly earnings records prepared by the POD processing center for quality assurance before the records were submitted to SSA. The unit also provided technical assistance to POD counselors on treatment group members' earnings records and benefit adjustments as well as on communications from SSA.

Strong operational processes and coordination among these indirect support units, POD counselors, and treatment group members were necessary for timely and accurate adjustment of benefits under the POD rules. The indirect support units also process earnings documentation that SSA uses to trigger the annual end-of-year reconciliation (EOYR), a process to make a final determination on the SSDI benefit amount for the previous calendar year for each treatment group member under POD rules. After receiving earnings documentation from treatment group members, the POD processing center takes several steps to process the information before submitting it to SSA. First, the processing center date stamps the documentation and logs that it was received. Second, it scans and upoads the documentation to the Implementation Data System. Third, it creates a montly earnings record in the Implementation Data System.

3. The POD data systems facilitated coordination across implementation partners and administration of the POD benefit offset

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

1. The **POD IDS** is a cloud-based system that allows all implementation partners and the eight POD counseling providers to interact and share information securely. The IDS also tracks provision of benefits counseling and all communications between POD staff and treatment group members. The IDS supports the development of earnings records and flags treatment group members whose earnings were over the POD threshold.
2. Treatment group members use an **online earnings reporting portal,** a web-based form (portal.ssapod.org), to submit their monthly earnings and IRWEs. The POD website contains a link to the reporting portal along with information on how treatment group members could report their earnings and IRWEs.
3. SSA maintains a **POD automated system**, a computer system that accepts IDS data files with earnings information necessary to administer the POD benefit offset. When the POD automated system receives an earnings report from the IDS, it calculates the offset amount, retrieves information from SSA program records, and determines whether the case could be processed automatically.

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

SSA adjusted monthly SSDI benefit amounts for POD treatment group members based on the monthly earnings records created by the POD processing center. SSA used the earnings records to calculate and apply the POD benefit offset.[12] When the POD automated system received the earnings record from Abt's IDS, the data system calculated the offset amount, retrieved information from SSA program records, and automatically adjusted the monthly benefit payment on the basis of the beneficiary's earnings, IRWE, and monthly benefit amount. Benefits are *partially* offset if the monthly amount is greater than or equal to $1 after the benefit adjustment is applied. In contrast, benefits are *fully* offset if their monthly amount is reduced to $0. As an example of this process, earnings documentation for a given reporting month (say, October) are submitted to SSA by the 6th of the following month (November). The adjustment takes effect in the benefit amount for that month (November), which is then reflected in the subsequent month's benefit payment (December).

C. Who enrolled in POD?

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

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

1. POD recruitment efforts achieved the enrollment target

POD recruitment efforts relied on a combination of direct and indirect outreach to all eligible SSDI beneficiaries in the POD implementation areas. This outreach included mailing recruitment packets, maintaining a toll-free telephone line and website, and sharing information with organizations serving people with disabilities. Beneficiaries interested in POD had to submit enrollment materials—a consent form and baseline survey—and meet the eligibility criteria. After checking eligibility and informed consent, Mathematica's evaluation team enrolled beneficiaries and randomly assigned them to either one of two treatment groups or a control group.

Beneficiary eligibility criteria for POD enrollment

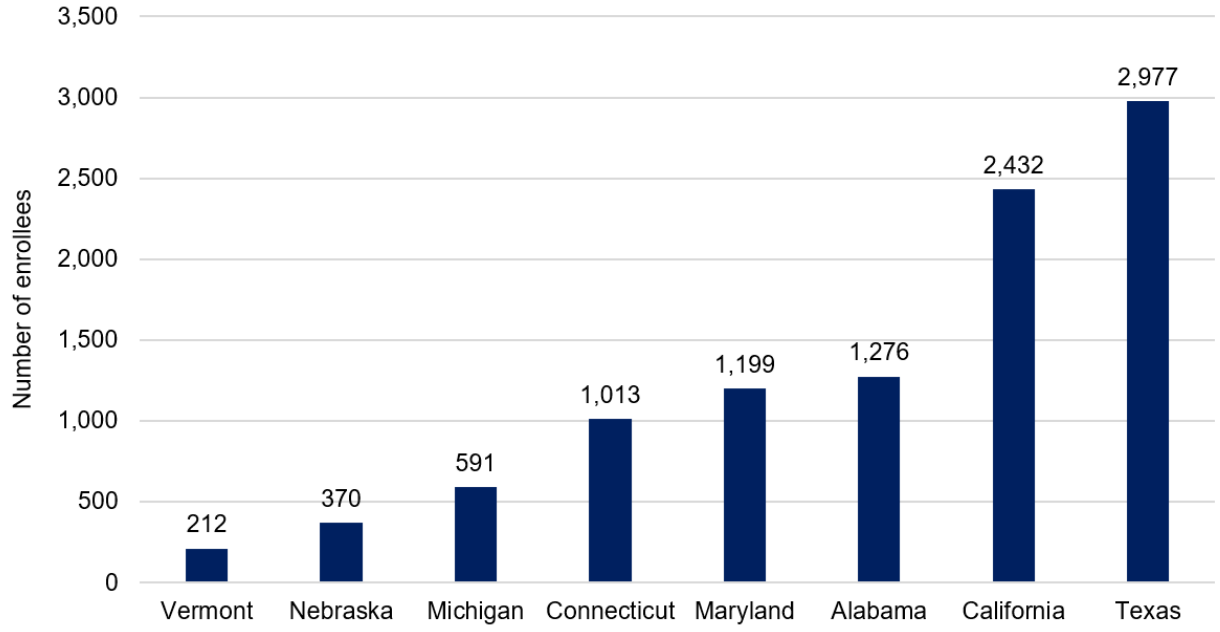
- Reside in a POD state or select counties within a POD state
- Be in current pay status or have benefits suspended due to earnings
- Have an SSDI entitlement as a primary beneficiary (that is, as a disabled worker), with or without a concurrent SSI entitlement
- Do not have a second type of SSDI entitlement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

POD recruitment efforts resulted in 10,070 SSDI beneficiaries enrolling in the demonstration. This number represented 2.4 percent of the 419,481 beneficiaries in the POD implementation areas who were included in POD direct outreach. The initial enrollment target for the demonstration was 15,000 enrollees. However, in response to lower than anticipated enrollment rates observed at the start of the demonstration, SSA refined the recruitment process and revised the target to 9,000 enrollees. Ultimately, the number of beneficiaries who enrolled in POD exceeded the revised target.

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

Most POD enrollees resided in one of two states: California and Texas. The share of POD enrollees in those two states was about 54 percent (Exhibit II.3). California and Texas produced the largest numbers of POD enrollees because they contained the largest numbers of beneficiaries in the POD solicitation pool. These enrollment patterns suggest that treatment and control group members from these states could strongly influence findings.

Exhibit II.3. Number of POD enrollees by state



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

POD enrollment rates varied slightly across the eight states. The state-level enrollment rates ranged from less than 2 percent in Alabama to just above 3 percent in Nebraska and Vermont (Hock et al. 2020a).[13] In Hock et al. (2020a), we also found a particularly strong state-level correlation between POD enrollment rates and employment rates among people with disabilities. The findings suggest that states that had more beneficiaries with an interest in work had more beneficiaries interested in POD. This finding underscores the relationship between the economic environment in the POD implementation area and beneficiary enrollment decisions.

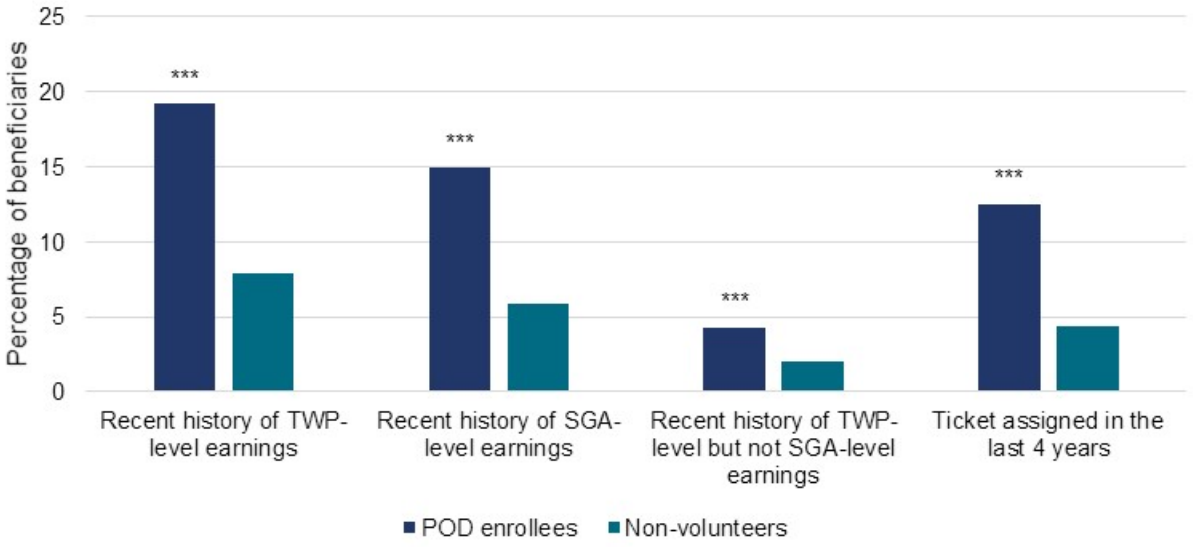
3. POD enrollees represent a select subset of SSDI beneficiaries with relatively stronger connections to work

Beneficiaries who volunteered to enroll in POD tended to have stronger connections to work than those who did not volunteer (Exhibit II.4). For example, 15 percent of POD enrollees had earnings at or above the SGA amount since 2014, which was about 2.5 times the rate for non-volunteers. Patterns were similar for those who had earnings at or above the TWP threshold since 2014. We also found that beneficiaries with TWP-level earnings and no SGA-level earnings since 2014 were overrepresented among POD enrollees. Finally, a higher share of the POD enrollees had a Ticket assigned under the Ticket to Work program in the last four years than non-volunteers, which could signal preparations for or interest in returning to work.[14]

[13] We present the enrollment rates for each state in Appendix Exhibit B.3.

[14] The Ticket to Work program connects beneficiaries to free employment services to help them decide whether they want to return to work and help beneficiaries prepare for work, find a job, or maintain success while working. If beneficiaries choose to participate, they can assign a ticket to receive services such as career counseling, VR, and

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



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

Note: All connection to work indicators are measured at the time of POD enrollment. A recent history of earnings refers to any monthly earnings being at the given amount since 2014. Estimates include an adjustment for the sampling design. See Hock et al. (2020a) for more details about this analysis.

***/**/* indicate a statistically significant difference between POD enrollees and non-volunteers at the 1/5/10 percent level.POD treatment and control groups were balanced along key observable characteristics

The recruitment, enrollment, and random assignment processes for POD resulted in treatment and control groups that were fundamentally equivalent at enrollment on observable characteristics.[15] The equivalence underscores the capacity of POD's random assignment design to produce rigorous impact estimates. Specifically, POD enrollees randomly assigned to the control group will provide a good benchmark for how enrollees assigned to POD treatment groups might have fared under current SSDI rules. As a result, any eventual differences in outcomes between treatment and control groups can be interpreted as the causal impacts of POD.

job placement and training from authorized Ticket to Work service providers, such as employment networks or their state's VR agency (see https://www.tickettoworkchoices.com).

[15] See Appendix Exhibits D.9-D.11 in the POD recruitment and random assignment report (Hock et al. 2020a).

III. HOW WERE POD COUNSELING SERVICES IMPLEMENTED?

POD treatment group members could voluntarily access the three types of services that POD counselors offered: informational contacts, information and referral (I&R), and individualized work incentive counseling services beyond I&R. Almost all treatment group members received at least an informational contact upon enrollment, and less than half engaged in individualized work incentive counseling services beyond I&R.

This chapter presents findings on the delivery of these POD counseling services in the first two years of POD implementation (January 2018 through December 2019). We first describe the staffing of POD counselor positions and then assess the extent to which treatment group members engaged in the counseling services. Finally, we describe the barriers and facilitators that may have affected the delivery of these services.

We used a combination of quantitative and qualitative data on POD counseling services. To depict the engagement of treatment group members in the counseling services, we used quantitative program data through December 2019. To identify barriers and facilitators that affected the delivery of these services, we used the CFIR to guide our analysis of qualitative interviews with implementation stakeholders (see Appendix C for details on the CFIR).[16]

KEY FINDINGS

- The average caseload size for POD counselors ranged from 185 to 327 as of December 2019.
- Four POD states faced early challenges with turnover among POD counselors; these states identified staffing solutions in partnership with the implementation team.
- Most treatment group members engaged in substantive POD counseling services but use of counseling services varied by state. California and Texas had the highest enrollment and the highest percentage of treatment group members using individualized work incentive counseling beyond information and referral.
- Treatment group members with higher levels of work orientation used more intensive services than did members with lower levels of work orientation.
- Treatment group members found POD counselors to be supportive and easy to contact.
- POD counselors faced challenges with initial informational contacts because many treatment group members had lower-than-expected interest in work and difficulty understanding POD.
- POD counselors used a variety of strategies to encourage new enrollees to remain in the demonstration.
- POD counselors had trouble verifying treatment group members' benefits and completing individualized tools to support delivery of individualized work incentives counseling services.

[16] Appendix C provides details on how we used the CFIR to guide our systematic assessment of barriers and facilitators that affected delivery of POD counseling services. Appendix Exhibit C.1 shows the general domains for our CFIR coding for each type of service described in this chapter. Appendix Exhibit C.2 provides a high-level summary of the barriers and facilitators that affected each type of POD service described in this chapter.

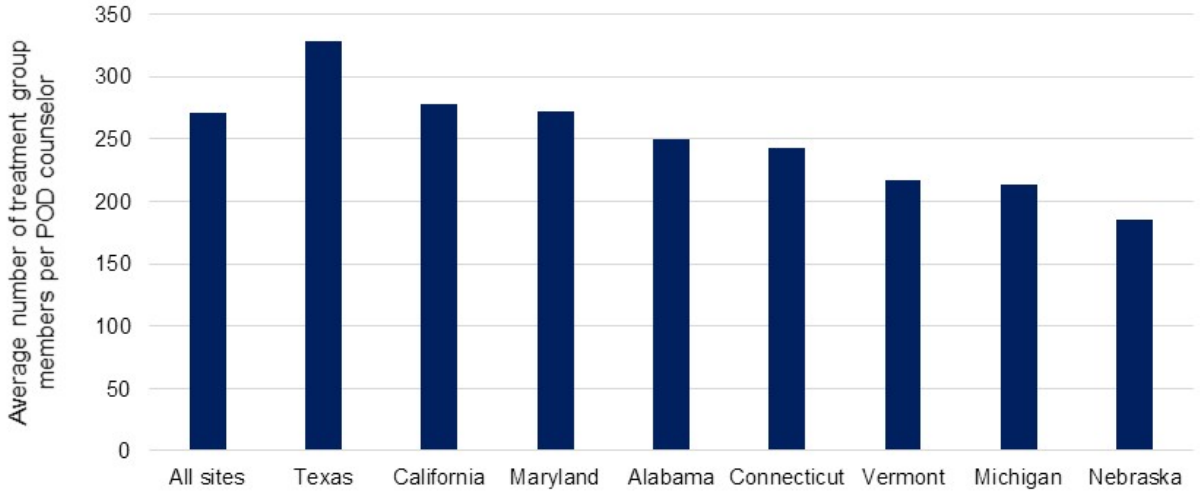
A. How did POD counselor staffing vary across POD implementation areas?

The staffing of POD counseling positions differed substantively across states. In part, these differences reflect state variations in initial POD implementation (such as differences in lead agencies and variations in economic or program conditions), as described in Chapter II. After the enrollment period, some of these initial differences affected service delivery. Below, we describe the average caseload per POD counselor by state and turnover in staffing, focusing on the period through December 2019.

1. Average caseload for each full-time equivalent POD counselor was over 200 treatment group members in seven of the eight states

Most states had caseloads of over 200 treatment group members per POD counselor as of December 2019, though there was some cross-state variation (Exhibit III.1). The average caseloads ranged from 185 to 327 treatment group members (Nebraska and Texas, respectively). The cross-state variation in caseloads mainly reflected differences in the number of treatment group members enrolled in each state along with the size of the POD counseling team. In interviews, counselors in four states (Connecticut, Michigan, Texas, and Vermont) reported that their large caseloads were difficult to manage. In states that noted staffing crunches, counselors encountered challenges in responding to all treatment group members. In at least one state, POD counselors prioritized serving those already working because of these members' more immediate need for support.[17] This time-management strategy is also used by community work incentives coordinators (CWICs) who deliver WIPA services to SSDI beneficiaries under current law.

Exhibit III.1. Average caseloads per full-time equivalent POD counselor as of December 2019, by state



Source: Programmatic data provided by Abt.

Note: States are sorted from highest to lowest average caseload per POD counselor. These statistics are based on the caseload of 24.8 POD counselor staff full-time equivalents.

[17] Appendix Exhibit C.3 presents statistics for POD counselors working in each state, including the average caseload per full-time equivalent counselor.

2. Four POD states faced challenges with turnover among POD counselors

Four states (Alabama, California, Connecticut, and Maryland) encountered early challenges with turnover among POD counselors. One challenge was that at least two counselors did not pass the certification after an intensive week-long training.[18] Another challenge was that some staff were leaving the position soon after they completed their training and were onboarded to their role. During 2018, state leaders collaborated with Virginia Commonwealth University, Abt, and SSA to address these challenges, such as by placing Abt staff in POD counselor roles to provide interim support until new counselors were hired, trained, and onboarded or by sharing remote counselors across multiple states.

Staff in three of these states (California, Connecticut, and Maryland) noted that turnover was a persistent challenge through the end of 2019. According to POD counselors in these states, absorbing the departing counselors' caseloads posed several challenges for service delivery. Remaining counselors had to learn about reassigned treatment group members and establish rapport with them. Counselors also felt overwhelmed by significant increases in their caseloads.

B. What counseling services did POD treatment group members engage in?

The services in which treatment group members engaged varied widely. This section describes treatment group members' engagement in the three types of POD counseling services: informational contacts, I&R, and individualized work incentive counseling services beyond I&R.[19, 20]

1. Most POD treatment group members engaged in substantive POD counseling services

The majority of treatment group members engaged in some POD counseling services, though the types of services varied (Exhibit III.2). Over 99 percent of treatment group members received at least one of the three types of counseling services. Nearly one in five treatment group members received only an informational contact after enrollment. These contacts took place during initial onboarding, when POD counselors introduced POD and collected demographic, health, and employment-related information. Based on this information, POD counselors assessed whether each treatment group member was likely to require I&R services only or individualized work incentive counseling services beyond I&R.[21]

After receiving an informational contact, most treatment group members received additional counseling services, such as I&R services and individualized work incentive counseling services.

[18] All POD counselors were required to be trained and certified in the SSA-approved community work incentives coordinator training program. The certification is administered by the SSA-supported National Training and Data Center at the Virginia Commonwealth University.

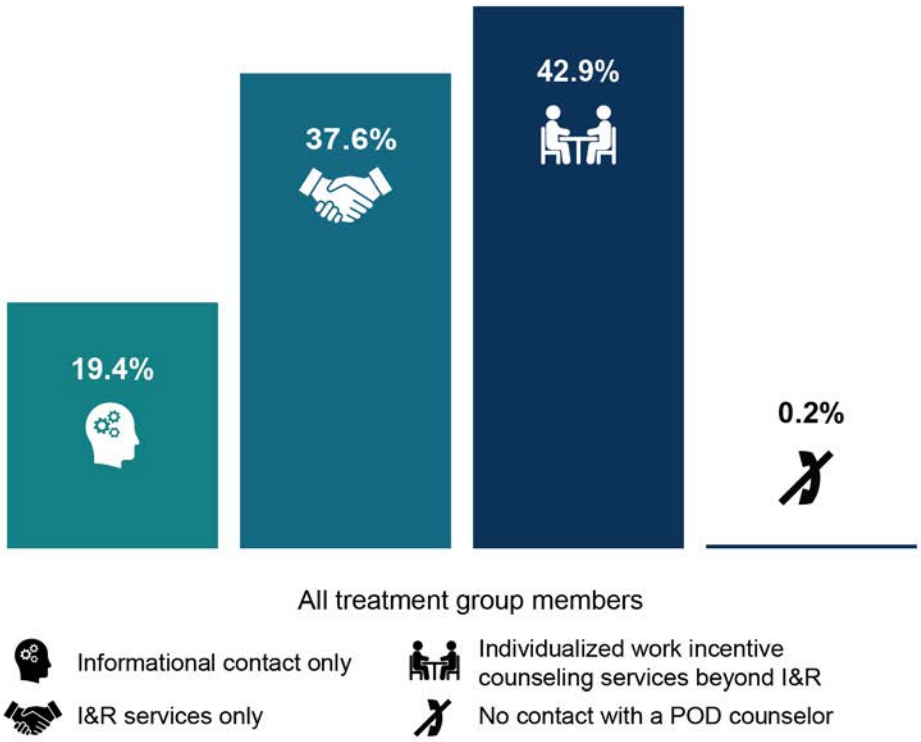
[19] Appendix Exhibit C.4 describes each type of POD counseling service and identifies the treatment group members likely to use the service.

[20] Appendix Exhibit C.5 presents statistics for the type of services used by treatment group members.

[21] The need for individualized work incentive counseling services beyond I&R depends on the treatment group members' work status or interest in work. The counselor can update the assessment if there are changes in a member's work status or interest in work, as described in the POD counselor role-based manual, Version 1.4, developed by Abt and Virginia Commonwealth University (April 5, 2018).

This includes 38 percent who received I&R services only and 43 percent who also received individualized work incentive counseling services beyond I&R. During I&R services, POD counselors provided an overview of the POD rules that was tailored to the specific treatment group in which the member was enrolled. I&R services involved the POD counselor gathering information about treatment group members and their current employment and earnings status and referring them to appropriate employment services and supports. Individualized work incentive counseling services were designed to help treatment group members understand the effect of employment on benefits and to plan for employment. POD counselors may refer treatment group members to employment services or supports and provide help with earnings reporting, appeals, or offboarding from POD.

Exhibit III.2. Types of POD counseling services used through December 2019

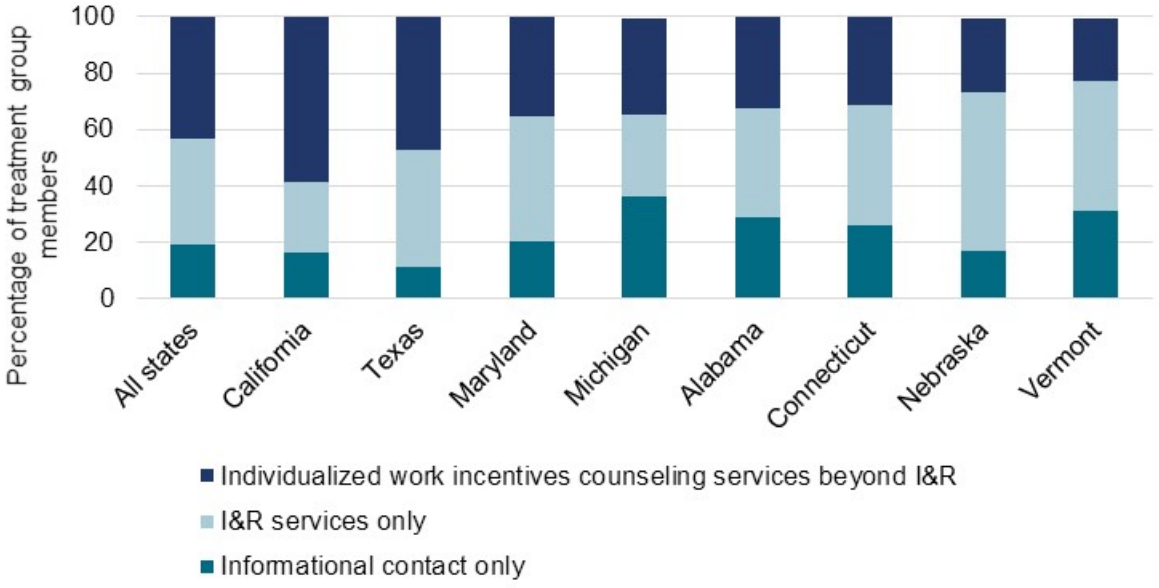


Source: Programmatic data provided by Abt.

2. Treatment group members' use of POD counseling services varied by state

More treatment group members used individualized work incentive counseling services beyond I&R in POD states with higher enrollment than in states with lower enrollment. California and Texas had the highest enrollment (as described in Chapter II) and the highest percentage of treatment group members using individualized work incentive counseling beyond I&R (Exhibit III.3). In contrast, Nebraska and Vermont had the lowest enrollment and lowest percentage of treatment group members using individualized work incentive counseling beyond I&R. It is difficult to identify specific correlations between state variation in service use and in implementation (such as VR agency versus WIPA agency as the lead organization), as described in Chapter II, and staffing, as noted above.

Exhibit III.3. POD counseling service use through December 2019, by state



Source: Programmatic data provided by Abt Associates, May 2020.

Note: States are sorted from highest to lowest percentage of treatment group members receiving work incentives counseling services beyond I&R.

3. Treatment group members who were already work oriented used more intensive services

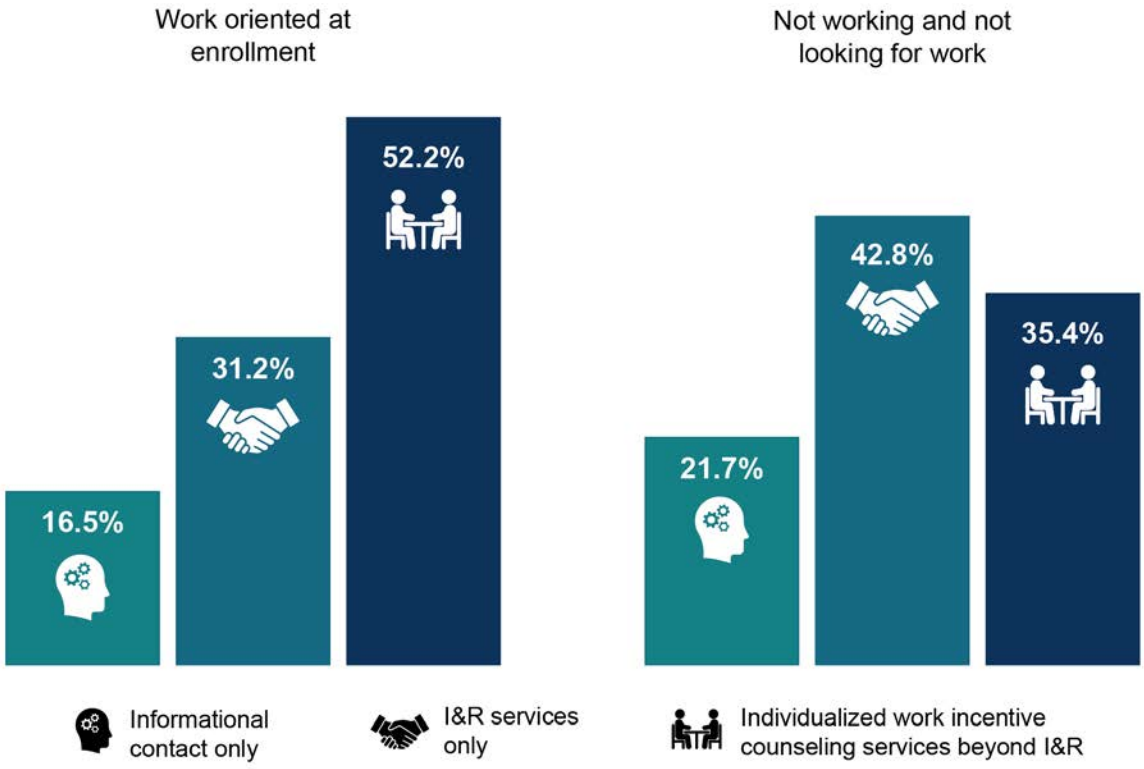
An important potential indicator of the relationship between the characteristics of treatment group members and their service use is interest in work. At baseline, we have information on treatment group members' work orientation, which we define as working or looking for work at the time of enrollment. This characteristic is especially germane to treatment group members' use of counseling services.

We found strong evidence that treatment group members who were work oriented at enrollment sought more intensive services than did members who were not work oriented (Exhibit III.4). Roughly half (52.2 percent) of all treatment group members who were work oriented at enrollment used individualized work incentive counseling services beyond I&R. A smaller share of members (35.4 percent) who were not work oriented at enrollment used individualized work incentive counseling services, indicating they benefitted from receiving some individualized supports from their POD counselor. For example, from semi-structured interviews with two treatment group members who reported not being work oriented at enrollment, we learned that they used individualized work incentive counseling services beyond I&R. One started working after enrolling in POD and received support from their POD counselor with reporting their monthly earnings and handling an overpayment situation. The second respondent received monthly calls from their POD counselor exploring if they were interested in searching for a job, but the respondent noted their ongoing health issues as limiting their ability to return to work.

These findings indicate that at least some of the cross-state differences in services noted above relate to the characteristics of treatment group members. However, we cannot quantify

how much of the differences are a result of these characteristics, rather than a result of implementation differences. Nonetheless, both factors likely contributed to the substantive differences in service use across states (Exhibit III.3).

Exhibit III.4. Incidence of POD counseling services through December 2019, by work-orientation status at enrollment



Source: Programmatic data provided by Abt. Information on treatment group members' work-orientation status came from baseline surveys completed at the time they enrolled in POD.

Note: The combined sample size is 6,700 treatment group members (T1 = 3,343; T2 = 3,357). The analysis excludes 12 treatment group members who did not have any recorded contact with a POD counselor. Information on work-orientation status is missing for 304 members, whom we excluded from the analysis presented here. The category "work oriented at enrollment" includes those who reported working or looking for work in the POD baseline survey.

During semi-structured interviews, treatment group members rated their satisfaction with POD counseling services.[22] Sixty-one percent of interviewed treatment group members said that POD counseling services were "useful" or "very useful" in helping them work toward their employment and earnings goals. They noted a range of POD counseling services they had received, including help finding a job, referrals to state VR agencies, and encouragement to

[22] Appendix Exhibit C.6 presents perceptions of usefulness of POD counseling services among a sample of POD treatment group members.

begin their job search. They also credited POD with informing them that they would be able to keep their SSDI benefits if they could not sustain gainful employment.

The semi-structured interviews explored with treatment group members how POD counseling services have helped them to work and earn more, so they can take advantage of POD rules. However, nearly half of employed treatment group members we interviewed said that POD counseling services did not help them to work and earn more. These respondents noted that the POD counseling services were not relevant because they were employed before enrolling in POD or found jobs using resources outside of POD. Several others appreciated that their POD counselor spoke with them about their job interests and referred them to local resources to assist in their job search. Those who were not employed or looking for work and those who had withdrawn rated lower levels of satisfaction with POD counseling services, on average, than those who were employed, which likely reflects their lower level of engagement in POD services.

Qualitatively, POD counselors reported that treatment group members did not engage in work incentive counseling beyond I&R because these members feared losing the benefits they worked hard to obtain. In some cases, it took a long time for treatment group members to apply for and become entitled to SSA benefits. POD counselors tried to help treatment group members overcome their fear of jeopardizing their current benefits by improving their understanding of the POD rules and how to use the rules to their advantage. For example, POD counselors reportedly helped treatment group members evaluate whether the POD rules were more beneficial than regular SSA rules for their particular circumstances, such as if they had already taken advantage of their trial work period and wanted to continue working.

> ". . . [POD treatment group members] really want these benefits, [they] really need them, there's a big fear of jumping out there and possibly losing [them]. What if it doesn't work? What if I can't get it back? That's always the fear . . . . You have to first dispel the fear and educate and all that just to get a person comfortable enough to even engage in the idea of going to work."
>
> —POD counselor

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

Describing the experiences of POD counselors is central to understanding the range of contextual factors that may have affected the implementation of POD services. Below, we summarize barriers to and facilitators of the delivery of POD counseling services, as well as each component of these services.[23]

[23] Appendix Exhibit C.2 summarizes facilitators and barriers related to delivering work incentive counseling services.

1. POD counseling services overall: POD treatment group members found POD counselors to be supportive and easy to contact

The effectiveness of POD counseling services depends on the quality of service delivery and treatment group members' willingness and ability to engage with POD counselors and counseling services. To learn more about treatment group members' experiences with these services, we interviewed 73 current and former POD treatment group members to learn about their experiences working with POD counselors and the types of services and supports they received.

> "She was helpful, she remembered who I was, she remembered my situation . . . . She had the information I needed, and she was willing to work with me and didn't mind taking time out of her schedule to figure stuff out for me."
>
> —POD treatment group member describing their POD counselor

Most treatment group members we interviewed found their POD counselors to be encouraging and easy to contact. Of those we interviewed, most (80 percent) had been in contact with their POD counselor at least once. Most treatment group members said it was "easy" or "very easy" to contact their counselor when they had questions. Treatment group members described their counselors as informative, helpful, and supportive. A few appreciated that they were assigned a specific counselor to contact for personalized support and help finding answers to their questions.

> "If anything goes wrong, you know you've got somebody to call . . . and then your benefits can start back up . . . . You got somebody to call, it's a little comfort, it's a little reassurance."
>
> —POD treatment group member describing their POD counselor

The treatment group members we interviewed discussed a variety of topics with their POD counselors. (Box 1 lists topics discussed in descending order of frequency). Most treatment group members reported discussing with their counselor information about POD to clarify their understanding of the POD rules, specifically how earnings would affect their SSDI benefits. Treatment group members and their counselors also discussed the difference between full and partial benefit offset and letters they received from POD.

Box 1. Topics that treatment group members reported discussing with their POD counselors

- Information about the POD program and POD rules
- Earnings reporting
- Job counseling
- Information about Medicare and Medicaid
- Assistance with overpayments
- Social Security topics unrelated to POD
- Information about other social programs

Source: Interviews with current and former POD treatment group members conducted in early 2020.

2. Informational contacts: POD counselors faced challenges with initial informational contacts because treatment group members had lower-than-expected interest in work and difficulty understanding POD

During informational contacts, POD counselors encountered challenges stemming from treatment group members' lower-than-expected level of interest in working and lack of understanding of POD.[24] Although treatment group members were more likely to be working than other SSDI beneficiaries, 24 percent of treatment group members were employed at baseline

[24] We collected the qualitative data reflecting these challenges during the first round of site visits, which were conducted soon after POD launched.

(Hock et al. 2020a). Treatment group members expressed strong interest in looking for work in the baseline survey, but POD counselors still encountered challenges in talking with them about work after enrollment.

One of the biggest challenges encountered by many POD counselors was that many treatment group members were not working and were not interested in working. Also, many treatment group members did not appear to understand the demonstration in which they had enrolled and were not familiar with POD. Consequently, POD counselors educated the treatment group members about POD during these informational contacts and persuaded many to remain enrolled. Counselors in two states (Michigan and Nebraska) noted that some treatment group members asked to withdraw during the onboarding calls. Respondents speculated that some treatment group members had been motivated by the $25 incentive and did not wish to effectively engage in the demonstration.

POD counselors noted challenges related to treatment group members' skepticism about POD, stemming from local SSA offices' lack of familiarity with the demonstration. Reportedly, local SSA offices were not familiar with the demonstration and thus could not confirm for treatment group members that POD is legitimate.[25] This lack of awareness of POD among some local SSA field office staff reportedly led to confusion about POD and mistrust among treatment group members, particularly when they had existing relationships with staff in local SSA offices. POD counselors had to establish trust with some treatment group members before they could begin educating them about the POD rules. One POD counselor described trying to overcome this mistrust by directing POD treatment group members to search for POD on the official SSA website to confirm the demonstration's legitimacy.

3. Information and referral services: POD counselors spent time and used different strategies to educate treatment group members and keep them in the demonstration

POD counselors believed that they were most effective in delivering I&R services when they developed trusting relationships with new treatment group members. POD counselors said that they made every effort to help treatment group members understand the POD rules and take advantage of recommended employment services and benefits. When providing I&R services, POD counselors reportedly listened to each treatment group member's needs and established an open and trusting relationship with them. POD counselors found that speaking informally with treatment group members, in plain language, increased the likelihood that the members engaged in recommended services.

> "You can't meet somebody's needs if they won't return your calls."
>
> —POD TA liaison

I&R services were only effective if POD counselors engaged treatment group members, and they used a variety of strategies to do so. For example, counselors in two states sent colorful postcards, pens, or magnets with their names and contact information to introduce themselves and encourage treatment group members to take advantage of I&R services. A few POD counselors noted that treatment group members were particularly responsive to emails when they could not be reached by phone.

[25] We collected the qualitative data reflecting these challenges during the third round of site-visit interviews.

4. Individualized work incentive counseling services beyond I&R: POD counselors spent time verifying benefits and completing individualized tools to support counseling services

An important component of the most intensive services—individualized work incentive counseling services beyond I&R—was the verification of benefits through the benefits summary and analysis (BS&A) report. The development of the BS&A included a multistep process in which POD counselors obtained information from treatment group members and sent it to the implementation partners, especially the POD processing center, for verification (see box). A crucial part of this process was obtaining the SSA-3288 form, which gave the POD counselor consent to release information and verify benefits through a Benefits Planning Query (BPQY). Below, we describe factors that facilitated or hindered POD counselors' efforts to use these tools and provide individualized work incentive counseling services beyond I&R.[26]

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

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

One major advantage of the process of developing the BS&A is that it enabled POD counselors to communicate different work scenarios to treatment group members. For example, the process included a work incentive plan, which served as a to-do list for treatment group members to manage the many elements of their case. Furthermore, POD counselors found these lists and the general BS&A process helpful for guiding conversations with treatment group members and helping them understand how to move toward their employment and earnings goals.

One challenge is that BS&As were, by their nature, very complicated to develop, though POD counselors did find some workarounds to support treatment group members. For example, the forms were often long and complicated because the scenarios drew on multiple sources of information that could affect the person's countable income. These challenges might also apply to benefits counselors who develop BS&As when supporting SSDI beneficiaries under current law. Multiple POD counselors reported that the BS&As were too long and overwhelming for treatment group members, particularly for members with lower reading levels. In response, some POD counselors developed additional documents or scheduled separate conversations with treatment group members to discuss the BS&A. For example, one POD counselor mentioned

[26] Appendix Exhibit C.7 shows the percentage of treatment group members in each state for whom a BPQY was generated and a BS&A was completed.

including, along with the BS&A, a letter written in plain language that offered a brief overview of the BS&A. These strategies might prove useful to other benefits counselors who use BS&As to inform job seekers about how employment might impact the benefits they receive.

POD counselors in California, Connecticut, and Maryland described challenges coordinating with the POD processing center, which delayed the completion of BS&As and confused treatment group members. POD counselors reported that the POD processing center was, in some cases, not sending the SSA-3288 forms to treatment group members, and, in other cases, it was not uploading signed SSA-3288 forms into the IDS in a timely manner. In addition, the POD processing center was not alerting the POD counselor (by sending a BPQY) that the SSA-3288 form had been signed and returned.

POD counselors also described challenges with getting complete benefits information uploaded into the IDS promptly, which further delayed the completion of BS&As. They experienced long delays between when they submitted benefits information and when they received verification that it was uploaded. These delays created challenges when the benefits information in the BS&A became outdated. One counselor noted challenges with treatment group members becoming disengaged because of the delays in completing the BS&As.

Finally, POD counselors in some POD states lacked direct access to the benefits information needed to develop BS&As. Depending on the POD state, different regulations guided how POD counselors verified the benefits of treatment group members. POD counselors in some states had to communicate with several entities (such as housing assistance programs, Medicaid offices, and the U.S. Department of Veterans Affairs) to verify benefits. In these states, POD counselors relied on treatment group members, who could be difficult to contact or did not know how to access their benefits information. To help with this issue, some POD counselors held three-way calls with treatment group members and the entity that could verify their benefits. POD counselors noted that verifying Medicaid and Medicare benefits was especially difficult in three states (California, Nebraska, and Texas).[27]

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

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IV. HOW WAS THE POD BENEFIT OFFSET IMPLEMENTED?

POD treatment group members' use of the benefit offset is directly shaped by the implementation of the benefit offset rules. For example, the timeliness of earnings report submissions and how quickly the earnings reports are processed directly affect when treatment group members earning above the POD threshold can take advantage of the benefit offset.

In this chapter, we focus on three dimensions of offset implementation: reporting of monthly earnings, processing of monthly earnings for the first two years of POD implementation (January 2018 to December 2019), and the EOYR process for 2018. For reporting, we examine the processes treatment group members used to report their earnings to POD. We then assess how the implementation team processed those earnings, including reviewing them for accuracy before submitting them to SSA to administer the benefit offset. Finally, we discuss the EOYR process, when SSA conducts an annual review of earnings to assess whether each treatment group member received too much or too little in paid benefits under the POD rules.

KEY FINDINGS

- During the first two years of POD implementation, more than 22 percent of treatment group members (N = 1,482) reported their monthly earnings, with nearly two-thirds doing so in a timely manner.
- To report their earnings, treatment group members primarily relied on the online earnings reporting portal (46 percent used this mode), followed by mail (32 percent) and fax (18 percent).
- Despite strong support from POD counselors to prompt reporting of earnings on time, late reporting of earnings was the primary cause of benefit adjustment delays. Factors such as beneficiaries' educational background, low level of computer literacy, life stressors, and poor record-keeping skills hindered timely reporting.
- POD received a total of 8,986 earnings records across all months in 2019. On average, the time to process these monthly earnings records was 10 days between record creation and submission to SSA. Earnings records submitted via mail took the longest to process—11 days on average (compared with 0 days for earnings submitted via the reporting portal).
- Accurately capturing monthly earnings was challenging, primarily because the information on pay stubs is highly variable.
- Operational bottlenecks created some delays in earnings report processing, resulting in some treatment group members who reported by mail or fax experiencing benefit adjustment delays.
- The 2018 EOYR process occurred on time and with few beneficiaries (about 80 in total) requesting a reconsideration.
- Before the 2018 EOYR process, POD counselors provided intensive support for treatment group members, particularly those who were self-employed, to fully document their monthly earnings.

In this chapter, we review the implementation of each dimension of the benefit offset, integrating quantitative and qualitative data sources together to present cross-cutting findings from the process and participation analysis. For our qualitative analysis, we used the CFIR to guide our analysis of the data and organize our key findings. In Appendix D, we summarize how

we used this framework to identify key factors that influenced implementation of the benefit offset.[28] We supplement our qualitative findings with program data on earnings reporting processes through December 2019.

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

POD treatment group members earning over the POD threshold have to submit their monthly earnings information to POD so that SSA can correctly calculate the offset amount and adjust the benefit amounts in a timely manner. Treatment group members can submit documentation for earnings using one of the four modes: (1) the online reporting portal, (2) mail (earnings reporting packets provided to treatment group members by Abt included postage-paid business reply envelopes), (3) fax, or (4) in person. The implementation team processes the earnings reports and transmits them to SSA to facilitate benefit adjustments (described in Section IV.B).

Through December 2019, one-fifth of treatment group members (1,482 T1 and T2 group members) submitted an earnings record within two months of the reporting month (for example, submitting December 2019 earnings by March 1, 2020). Across all months, treatment group members submitted a total of 11,658 monthly earnings records. Here, we describe the timeliness of earnings report submissions and provide qualitative perspectives on factors that contributed to timely and late reporting of monthly earnings.

1. Treatment group members largely used the online portal to report their earnings

POD treatment group members primarily relied on the online earnings reporting portal to report their earnings, but they also used mail and fax (Exhibit IV.1). Through 2019, treatment group members submitted nearly half of their earnings documentation through the online portal. More than one-quarter of the submissions were by mail, and nearly one-fifth were by fax. Only a small fraction, less than 5 percent, of the submissions occurred in person.[29] Counseling staff in three states cited the online earnings reporting portal as easing the burden compared with the earnings reporting rules under current law and other reporting modes under POD. The online portal allows treatment group members to photograph and easily upload their monthly earnings documentation, and it includes a step-by-step instructional video for beneficiaries. Counselors in two states observed that, although the online portal is the most direct and timely option for reporting, many choose to report by mail. Mailed earnings cause delays, however, because the documentation is sent to the POD processing center in Texas and then takes another week before staff enter the earnings into the IDS.

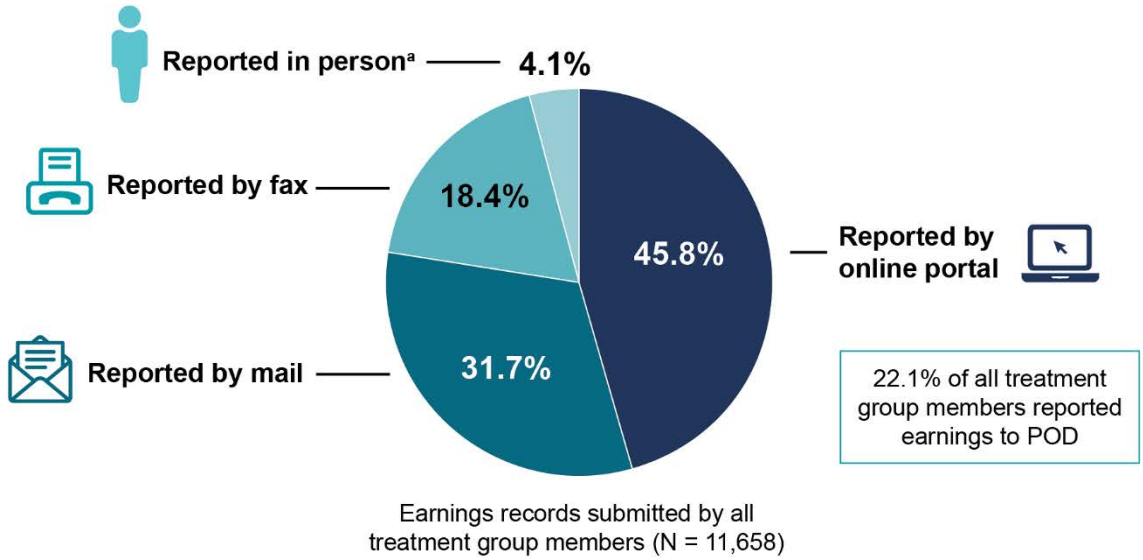
> "When you guys introduced this web portal to upload my timecards, copy, paste, click, click. I'm done. I do it in less than five minutes. I don't have to think about it and it's just an easy process."
>
> - Full offset user

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

[29] Reporting earnings in person includes reports submitted in person to a POD office (if open) or on the phone to a counselor or the POD call center.

Most of the employed treatment group members who participated in a semistructured interview (19 of 32) reported their earnings via the online earnings reporting portal, and all noted the reporting process through the online portal to be easy. Employed treatment group members particularly appreciated the ease of uploading photos and PDF files to the online portal. The remaining 13 interviewed treatment group members reported their earnings either by mail or fax. Of the 9 treatment group members who reported their earnings by mail, 4 mentioned that using the prepaid envelopes provided by POD makes reporting earnings easier. Of the 4 treatment group members who faxed their earnings documentation, 2 reported that the process was easy, and 2 reported difficulties. One of the treatment group members who reported by fax described challenges with reporting errors and delays that resulted in incorrect benefit payments; the POD counselor had been unable to help resolve these issues as of the date of data collection.

Exhibit IV.1. Reporting mode used by treatment group members, January 2018 to December 2019



Source: Programmatic data provided by Abt, January 2018 to December 2019.

Note: Treatment group members included in this exhibit are those who reported earnings within two months of the reporting month (for example, submitting December 2019 earnings by March 1, 2020) during 2018 and 2019. We restricted our analysis to earnings records submitted within two months of the reporting month to avoid including those earnings records submitted for the 2018 end-of-year reconciliation process. Figures shown represent a lower bound of treatment group members who used the benefit offset in the analysis period. Of all earnings reports submitted through December 2019, 74 percent (8,656) were over the POD threshold. Values are expressed as a percentage of all earnings records submitted.

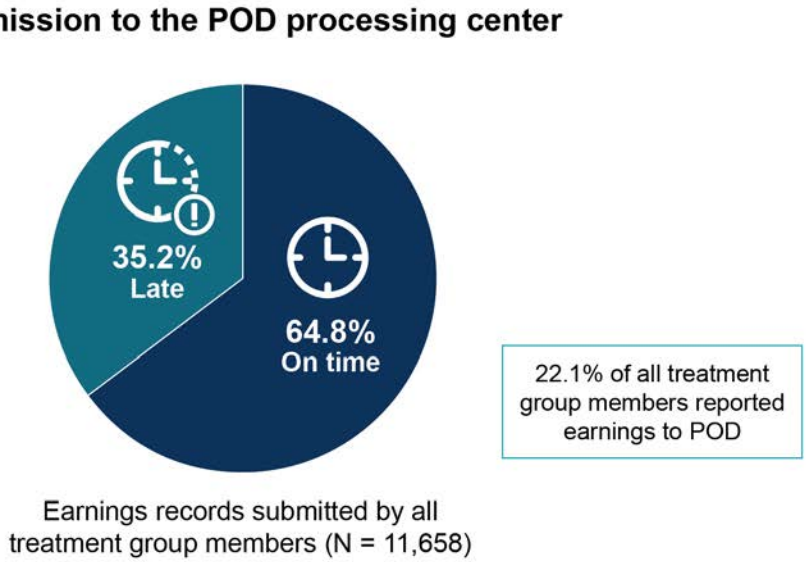
[a] Reporting earnings in person includes reports submitted in person to a POD office (if open) or on the phone to a counselor or the POD call center.

2. About two-thirds of the earnings report submissions were timely

For SSDI benefits to be adjusted in a timely manner, POD treatment group members must report earnings documentation for a given reporting month (for example, December) by the 6th of the following month (January). In 2018 and 2019, when we assess earnings reported within two months of the reporting month, we find that 65 percent of earnings reports submitted by treatment group members across all POD implementation areas were reported on time (Exhibit IV.2). Thus, a sizeable fraction of monthly earnings records—about 35 percent—were submitted

late by treatment group members. According to POD counselors and programmatic data on earnings reporting, those treatment group members who reported earnings through the online portal tended to submit their monthly reports on time.[30] As we describe in Section IV.B, some treatment group members required support with the reporting processes, and POD counselors helped with this learning curve.

Exhibit IV.2. Timeliness of monthly earnings reporting, January 2018 to December 2019



Source: Programmatic data provided by Abt Associates, January 2018 to December 2019.

Note: Treatment group members included in this exhibit are those who reported earnings within two months of the reporting month (for example, submitting December 2019 earnings by March 1, 2020) during 2018 and 2019. We restricted our analysis to earnings records submitted within two months of the reporting month to avoid including those earnings records submitted for the 2018 end-of-year reconciliation process. Figures shown represent a lower bound of treatment group members who used the benefit offset in the analysis period. Treatment group members who reported the monthly earnings by the deadline of the 6th of the following month are included in the on-time category, and those who submitted after the 6th of the following month (but within two months) are included in the late category.

3. Reporting prompts and counselor support facilitated timely reporting of earnings

The implementation team used quarterly mailers and outreach calls to remind treatment group members that were flagged for earning above the POD threshold but had not yet reported earnings. According to one counselor and one support unit staff member, these strategies reinforced the reporting requirements and improved the timely reporting of monthly earnings. Also, when delivering ongoing counseling services, counselors reinforced expectations for reporting and called those treatment group members that were flagged for earning over the threshold to encourage them to report their earnings. Counselors also provided support to help treatment group members report in a timely manner. For example, in one state, a POD counselor recognized that some treatment group members could benefit from a system for organizing their

[30] The share of treatment group members submitting earnings reports via the online portal varied somewhat across the POD implementation areas, ranging from 45 percent in Maryland to 58 percent in Connecticut (Appendix Exhibit D.2).

paystubs, so she sent some beneficiaries large envelopes and boxes to store their paystubs, which they would later need to submit for the EOYR process. In cases in which beneficiaries reported their earnings late, counselors prepared them for a possible overpayment by explaining the reasons for the overpayment, informing them of the estimated overpayment amount, telling them to set some money aside because they will need to repay it, and educating them on how to avoid overpayments in the future by reporting on time.

4. Some treatment group members faced challenges in organizing and submitting their earnings

> "Some [beneficiaries] don't have the educational background to be able to understand what we're telling them, and some just procrastinate and some . . .don't have the best communication skills and maybe are at odds with the employer. . .about providing information they need. . .To have an ideal program here, we would have to have employers that reported their earnings."
>
> - POD support unit staff

Several POD counselors and support unit staff as well as some treatment group members noted that beneficiaries faced barriers tracking and reporting earnings on time. This challenge is particularly notable because POD requires monthly reporting of earnings to SSA. According to respondents, barriers to timely earnings reporting stemmed from beneficiaries' poor understanding of the POD rules, challenges with computer literacy, life stressors, and poor record keeping. Beneficiaries' challenges in understanding the complexities of program rules dovetails with findings presented in Chapter V, showing that less than half of interviewed treatment group members correctly understood the benefit offset rules (see Chapter V.C.1). In late 2019, we interviewed 32 employed treatment group members about their experiences reporting their monthly earnings. Of these, three reported challenges with the reporting processes. One treatment group member had difficulty obtaining paystubs because the beneficiary works as an independent contractor, and two did not have the technological knowledge or equipment to report their earnings online.

Although many treatment group members we interviewed did not feel anything about the reporting process had to change, some had ideas for improving the reporting process. Three beneficiaries suggested that uploading paystubs via an app on a smartphone would be helpful. Another three treatment group members said they had trouble remembering to report their earnings each month and suggested that POD send monthly email or text reminders about income reporting. One treatment group member in full offset noted that, although the reporting process works well, their income is consistent each month and they would prefer to only report earnings when the amount changed.

5. Messaging about earnings reporting confused some treatment group members and hindered proper reporting

POD counselors reported that the message to report earnings only if earnings exceeded the POD threshold further confused some treatment group members.[31] According to several counselors in one POD implementation area, many treatment group members' earnings fluctuate from below to above the POD threshold, which caused inconsistent reporting. In addition, when

[31] The exception to the reporting guidelines are those cases when a treatment group member is in full offset but their earnings drop below the POD threshold; in this case, they are advised to report their monthly earnings to POD to reverse the full offset that is applied to their monthly benefits.

treatment group members using the offset decreased their earnings to below the threshold, they had to submit an earnings report to trigger the readjustment of their SSDI benefit payment in the ensuing month. This counseling team previously worked on BOND and was familiar with the EOYR process; these staff advised all employed treatment group members to report their monthly earnings to improve consistency in reporting and to support collection of earnings information for the EOYR process later in the year.

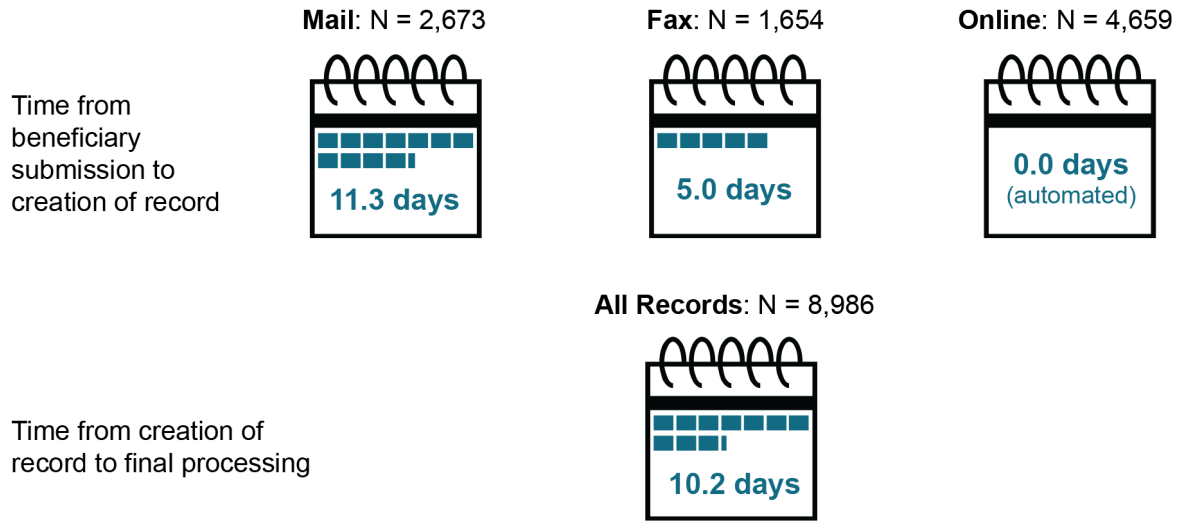
B. How did the implementation team process monthly earnings reports for submission to SSA?

After receiving earnings documentation, the POD processing center created earnings records, which the POD earnings support unit reviewed before submitting to SSA. The POD earnings support unit reviews a subset of the monthly earnings records for completeness and accuracy. If the documentation is incorrect or incomplete, the POD earnings support unit creates a referral in the IDS that prompts the POD counselor to follow-up and resolve the issue with the treatment group member.

1. It took an average of 11 days to receive and process monthly earnings records submitted by mail, 5 days for records submitted by fax, and 0 days for records submitted online

On average, the time to process an earnings record in 2019 was 10 days between the record creation and record completion in the IDS for submission to SSA (Exhibit IV.3). Earnings records submitted via mail in 2019 took the longest time to process—roughly 11 days on average—because additional time was required to create the record, increasing the processing time. For earnings records submitted via fax in 2019, the time between the receipt of the earnings records and subsequent creation was 5 days on average. For records submitted through the online portal, treatment group members create their earnings records when they enter their earnings information online. Because the processing time between creation and completion in the IDS is 0 days, it is not reflected as a separate item in Exhibit IV.3.

Exhibit IV.3. Average earnings record processing outcomes by reporting mode, January to December 2019



Source: Programmatic data provided by Abt.

Note: A total of 14 earnings records submitted during 2019 contained claimed IRWE. The processing time for these records is included in the processing times measures. The 10.2 day average processing time excludes those monthly earnings records that were submitted but ultimately not processed and sent to SSA because the earnings were less than the POD threshold and would not change the offset amount applied under the POD rules.

2. Most submitted earnings records were complete and accurate

The vast majority of earnings records that treatment group members submitted in 2019 were complete.[32] According to implementation team members, earnings records that fail the initial review typically do so because of incorrect or missing documentation. An additional challenge is that some paystubs only show net instead of gross earnings. For the records that failed the initial review, POD counselors took 26 days on average to contact the beneficiary, obtain necessary information, and upload the new information to the IDS, at which point the status of the earnings record changed to complete in the IDS and it was submitted to SSA. A smaller share of monthly earnings records undergoes a formal quality control review, especially those with claimed IRWE or earnings from self-employment.[33] According to these staff, the most common reason for failing the quality control review is idiosyncratic paystubs that obscure the amount and timing showing when gross monthly earnings were paid.

According to POD support unit staff, accurately capturing monthly earnings information was also a challenge because the information captured on pay stubs is highly variable, and employers follow different accounting practices. For example, employers use different pay

[32] Earnings documentation fail the initial quality control review if any of the following conditions are not met: (1) the submitted pay stubs were all paid during the reporting month, (2) no paystubs for the reporting month are missing, (3) claimed IRWE total more than the monthly POD threshold, and (4) all supporting documentation (for IRWE or earnings from self-employment) is present. In 2019, 12 percent of earnings records failed the initial review (Appendix Exhibit D.3).

[33] For the January to December 2019 period, the POD earnings support unit formally reviewed 28 percent (2,505) of earnings records for quality control, 0.4 percent of which failed the initial review (Appendix Exhibit D.3).

schedules and include various types of income, such as travel reimbursement and short-term disability payments, among gross total earnings. In these instances, POD support unit staff had to spend additional time identifying the correct amount of monthly countable earnings to include in the report. Other challenges emerged from treatment group members submitting incomplete or inappropriate earnings information as well as self-employed treatment group members being unable to forecast their net earnings. In such cases, POD counselors followed up with the beneficiary to counsel them and obtain complete documentation.

3. Complexities associated with the administration of the benefit offset created implementation challenges

The lag time associated with adjusting benefits under the offset made it hard for some POD counselors and treatment group members to understand the adjustments that SSA applied to the benefits paid. These complexities include the two-month lag between the actual month wages are earned and when the adjusted benefit check is received. The two-month lag further complicates the ability for some treatment group members to budget accordingly, especially those whose earnings fluctuate from month to month. Also, some treatment group members who stop working or reduce the number of hours they work reportedly experience financial distress. The implementation team has directed such treatment group members to their local SSA field office to request a critical payment, if needed. Although critical payments can offer beneficiaries immediate relief, they can create overpayment situations in some cases.

4. Operational challenges in the POD support units delayed processing of some earnings reports

Various challenges resulted in some treatment group members who reported by mail or fax experiencing benefit adjustment delays. For example, POD counselors in four states reported encountering operational challenges that delayed the processing of earnings reports submitted by treatment group members via fax or mail. Also, in the summer of 2019, facility issues within the POD processing center necessitated relocating operations to a different building for about six weeks. During that time, the POD processing center staff encountered logistical issues such as retrieving mail and faxes as well as working with fewer scanners, which led to a backlog in processing POD earnings reports. POD counselors in at least four POD states encountered challenges stemming from POD processing center fax lines that were repeatedly down, which created delays for those treatment group members who reported their monthly earnings via fax. As a result of these issues, POD processing center staff responded by sending two test faxes to each machine each day to ensure that the machines operated properly.

> "We never did get the whole story [from Abt about the source of the operational issues]. But they [the POD processing center] had two faxes that were backed up, out of paper, weren't working. Mail that was being sent to them wasn't being processed, uploaded, including earnings, including SSA 3288 forms. It was a royal mess. There needed to be a back-up plan in place. . ."
>
> -POD supervisor

In addition, POD counselors in three states described occasional fragmented communication among the POD support unit staff, counselors, and treatment group members. Specifically, the POD counselors identified challenges in the follow-up phone calls that POD processing center staff placed to employed treatment group members to remind them to report earnings on time.

Some staff reportedly did not explain their roles nor establish rapport when contacting beneficiaries. For example, according to POD counselors in two states, some staff immediately asked the treatment group members for their POD Identification or Social Security numbers, which prompted many beneficiaries to hang up because they perceived the calls to be a scam. Staff also routinely contacted treatment group members if they submitted fewer than four pay stubs for a given reporting month, but many beneficiaries worked sporadically and did not have pay stubs to submit for all weeks. The interactions between POD processing center staff and beneficiaries for these situations created confusion and frustration. In one state, at the POD supervisor's request, the POD counselors—rather than POD processing center staff—handled all follow-up calls placed to treatment group members and managed the line of communication with all beneficiaries.

C. How did SSA administer the EOYR process?

In August of each year, SSA runs an annual EOYR process to determine the SSDI benefits that should have been paid to each POD treatment group member during the previous calendar year. In August 2019, SSA ran the EOYR process for the first time, comparing the amount of SSDI benefits paid to each treatment group member during 2018 with the amount that should have been paid. In early 2019, POD central operations sent a personalized letter to about 3,300 treatment group members known to be working at some point in 2018 to request they submit complete monthly earnings information for 2018 not already reported to the project.[34]

SSA uses the POD automated data system to adjust SSDI benefits under the POD rules monthly and annually during the EOYR process. During the EOYR process, the SSA automated data system sums each treatment group member's monthly earnings reports submitted across all months in the year and compares it with the total annual gross earnings from Internal Revenue Service records. In cases where gross earnings are greater than the total amount reported (including monthly earnings that were carried forward), the difference between the two amounts is divided by 12 and applied as earnings across all months in the year.[35] In cases where gross earnings are less than the total amount reported (including monthly earnings that were carried forward), the difference is divided by the number of months with no reported earnings and applied to any month in which the benefit offset was carried forward. It is in the beneficiary's best interest to submit complete earnings reports to facilitate the accurate adjustment of benefits. Under the EOYR process, averaged earnings could be applied to months a treatment group member did not work, resulting in an overpayment. In contrast, excess annual earnings that are

[34] This letter, sent as part of the EOYR process, included a customized sheet that showed each treatment group member what earnings they had reported to POD in 2018, prompting them to review those amounts and report any discrepancies to their counselors. Employed treatment group members received the letter in February; self-employed treatment group members received the letter in April, because self-employed treatment group members have to file their taxes before the EOYR process.

[35] For example, suppose a treatment group member submits earnings reports documenting four months of gross earnings totaling $1,000 per month with no additional reports. The beneficiary uses the offset in those four months, and the POD automated data system continues to adjust benefits for the remaining months based on the $1,000 reported earnings that were carried forward. During the EOYR process, the POD automated data system compares $12,000 in annual earnings with Internal Revenue Service records, which total $14,000 in annual earnings for 2018. The POD automated data system then averages the $2,000 difference ($2,000/12 = $167) in earnings across all months in the year.

averaged and applied across months could also benefit some treatment group members in cases where below-threshold earnings are applied to months that were worked and not reported to POD, resulting in no offset being applied to the monthly benefit check.

1. About 25 percent of POD offset users in 2018 were identified through the EOYR process

SSA identified overpayments and underpayments after completing the 2018 EOYR process. SSA overpayment notices prompted many treatment group members to request a reconsideration if they wanted to appeal the determination, as the overpayments often stemmed from treatment group members' failure to submit complete monthly earnings documentation for 2018.[36] Late reporting of monthly earnings and delays in processing the earnings reports were the primary causes of benefit adjustment delays, which also led to overpayments for some treatment group members. According to Abt staff, on average, 5 to 10 percent of earnings records had delayed adjustments, reportedly because of late submission of earnings reports. Also, the 2018 EOYR process identified about 270 treatment group members who did not report earnings to the project but, on average, had earned over the POD threshold during 2018. Thus, these treatment group members were offset users. These 270 offset users constitute about 25 percent of treatment group members who ever used the benefit offset in 2018 (N = 1,097).

2. The EOYR process required intensive support from POD counselors

POD counselors helped treatment group members to document their monthly earnings for 2018 and worked intensively with self-employed beneficiaries to gather the necessary documentation before the EOYR process. Counselors encountered some challenges obtaining appropriate documentation from treatment group members. Tax documents (for self-employed beneficiaries) and missing pay stubs were the most difficult to obtain, especially for periods of employment before the beneficiary enrolled in POD. Counselors universally reported that not having all employed treatment group members report their monthly earnings when paid made documenting earnings for the EOYR process difficult. Some treatment group members had periods of employment before enrolling in POD and reportedly were reluctant to contact their former employers to obtain the earnings documentation. Also, many treatment group members who withdrew from POD during 2018 reportedly did not respond to counselors' attempts to obtain pay stubs documenting their year-end gross earnings paid through the end of 2018.

> "Another thing that was a learning curve was the people who were self-employed because they're turning in estimates and then they're looking against their taxes, as opposed to paystubs. . . The counselors had to work pretty intensively with a lot of folks who were self-employed. . .to get a good estimate and get that so to keep it as close to the actual amount that they're going to file for their taxes."
>
> -Virginia Commonwealth University liaison

[36] According to SSA, treatment group members submitted about 80 requests for reconsiderations stemming from the EOYR process; most were from beneficiaries who had been enrolled in POD for a portion of 2018, and the process did not account for the fact that some earnings had been gained before they enrolled in POD.

V. HOW WAS THE POD BENEFIT OFFSET USED AND WHY DID TREATMENT GROUP MEMBERS WITHDRAW?

Treatment group members' use of the POD benefit offset indicates their engagement with the new POD rules. A primary feature of the new rules is the immediate interaction between earnings above the POD threshold and benefit adjustments because of the elimination of the TWP and grace period. For example, treatment group members with earnings above the POD threshold at enrollment could use the benefit offset immediately in the first month after enrollment. Similarly, treatment group members who were earning below the POD threshold or not working could aim to increase their earnings in future months and predict the effect of the benefit offset on their income.

This chapter summarizes treatment group members' engagement in the benefit offset, including trends in benefit offset use over time and across states, characteristics of offset users, and factors that influence interest in the offset. We use programmatic data to report offset use for the treatment group from the time of enrollment through the first two years of program operations (specifically, from February 2018 to December 2019). A mix of findings from program and survey data, along with information from qualitative interviews, shows the perspectives of treatment group members on the new POD rules, including factors that influenced their interest in and ultimate use of the offset.[37]

KEY FINDINGS

- Nearly a quarter (24 percent) of treatment group members used the benefit offset (known as offset users) in one or more months by December 2019.
- The average monthly offset amount was $489 in 2018 and $470 in 2019. Through 2019, nearly 7 percent of treatment group members went into full offset for at least one month, reducing their benefit amount for that month to zero.
- Offset users were similar to non-users in terms of demographic characteristics and program participation but different from non-users in terms of their work history at enrollment. Relative to non-users, a larger share of offset users worked at baseline (63 percent versus 26 percent) or had earnings above key SSDI work incentive thresholds (namely, the TWP and SGA thresholds).
- During in-depth interviews, nearly all treatment group members who used the offset (N = 32) cited factors outside of POD that helped them to work and earn more (such as hard work, education, and employer accommodations). Other treatment group members who responded to the interview (N = 54) did not work and earn more because of their health and disability status.
- Among treatment group members who used the benefit offset in 2018 (and who were thus at risk of an overpayment), 69 percent were overpaid. Those overpaid in 2018 were overpaid for an average of three months in that year; the average monthly overpayment amount was $314.
- As of December 2019, 6 percent of treatment group members had withdrawn from POD; the top two reasons for withdrawing were (1) POD was not helpful because the beneficiary was earning between TWP and SGA levels, and (2) the beneficiary was unlikely to return to work.

[37] For reasons described in Chapter I, we pooled the two treatment groups for the statistics presented in this chapter. We provide breakdowns of offset use by treatment group status in Appendix Exhibit E.1. The findings demonstrate that the patterns of offset use between T1 and T2 groups were substantively similar.

For treatment group members with an offset adjustment, we also examine the incidence of an overpayment. Overpayments reflect whether offset users had timely adjustments to their benefits in ways that made their income predictable. As we note in Chapter IV and discuss in more detail below, overpayments can occur because beneficiaries experience challenges in reporting earnings (such as reporting earnings late or inaccurately or not reporting earnings at all) or the POD processing center encounters potential delays in processing earnings, thus affecting offset adjustments. Finally, we conclude with a brief summary of withdrawals by treatment group members.

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

In this section, we describe the rate of benefit offset use overall and by state and examine offset use from February 2018 to December 2019. We also present the average offset amount and the offset users' characteristics at POD enrollment. Statistics on POD offset use are dynamic in that SSA makes retroactive updates to benefits as it learns new information.[38]

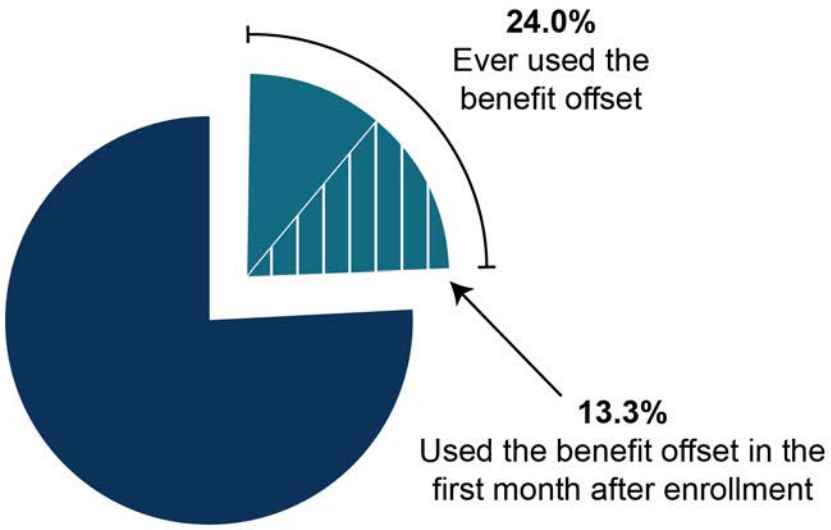
There are several reasons to examine offset use overall, over time, by state, and by amount. The overall estimate of offset use indicates general engagement with the new POD rules. The timing of offset use (in the first month of enrollment and by month) shows the immediacy of offset use and whether treatment group members use it continuously. Reporting offset use by state illustrates how treatment group members engaged with the earnings rules in different labor markets and with the support of different POD agencies and counselors. Benefit offset amounts reflect the intensity of benefit offset usage (the degree to which offset users increased their earnings above the POD threshold). We show average benefit offset adjustments by calendar year (2018 and 2019). Using calendar year enables us to pool monthly offset users. In addition, data from 2018 provides the context for the overpayment analysis, for which data are only available through calendar year 2018. Finally, we review the characteristics of offset users to learn who used the benefit offset.

1. Nearly one in four treatment group members ever used the offset

By December 2019, nearly one-quarter of treatment group members (24 percent) had ever used the POD benefit offset (Exhibit V.1). To be an offset user, a treatment group member had to earn above the POD threshold in at least one month after their enrollment in POD. A little more than half of the offset users—or 13 percent of all treatment group members—first used the benefit offset in the month after they enrolled in POD, which was the earliest month of potential benefit offset eligibility. This indicates that some treatment group members were either already earning above the POD threshold when they enrolled or were poised to increase their earnings to that level quickly.

[38] Our statistics on offset use are drawn from programmatic data provided by Abt on May 14, 2020. The number of known offset users through the end of 2019 could increase or decrease in the future. In some cases, SSA lags in learning about a treatment member's earnings and retroactively applies the benefit offset. SSA sometimes identifies offset users after running the EOYR process for a calendar year. The data on offset use reported here reflect updates from the EOYR process for 2018 but not for 2019. The number of known offset users might increase after SSA conducts the 2019 EOYR process (scheduled for October 2020), as it did with the 2018 EOYR process. The number of known offset users could also decline if SSA had identified offset use and a treatment group member subsequently submits documentation to SSA that reveals that they should not have been in offset for that month.

Exhibit V.1. Benefit offset use through December 2019



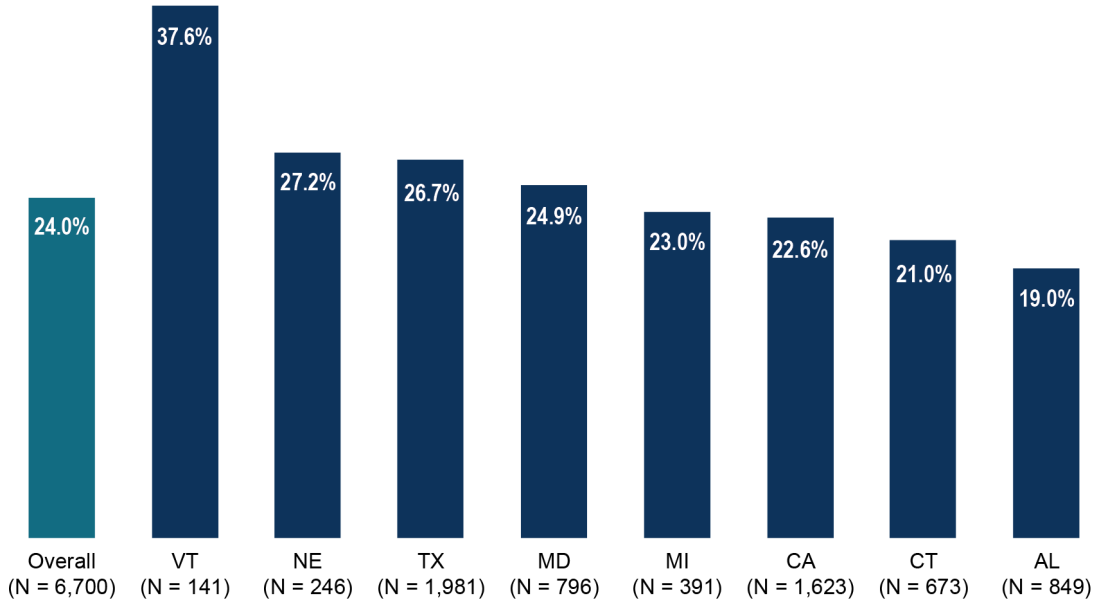
Source: POD enrollment data and programmatic data provided by Abt.

Note: Offset users include 27 treatment group members who experienced benefit termination in their first month of offset use. We counted these treatment group members as offset users because their terminations could be appealed and overturned. The sample size was 6,700 combined treatment group members (T1 = 3,343; T2 = 3,357).

The percentage of treatment group members who ever used the benefit offset varied across states (Exhibit V.2). Benefit offset use was highest in Vermont (38 percent) and lowest in Alabama (19 percent). In the remaining states, rates of benefit offset use ranged from 21 percent to 27 percent.[39]

[39] Appendix Exhibit E.2 presents additional state-level information on offset use.

Exhibit V.2. Benefit offset use through December 2019 by state



Source: POD enrollment data and programmatic data provided by Abt.

Note: Offset users include 27 treatment group members who experienced benefit termination in their first month of offset use. We counted these treatment group members as offset users because their terminations could be appealed and overturned. The sample size was 6,700 combined treatment group members (T1 = 3,343; T2 = 3,357).

2. Though cumulative benefit offset use increased, monthly offset usage was relatively flat in 2019

The percentage of treatment group members who ever used the benefit offset gradually increased over time (Exhibit V.3, solid line). Focusing on the period in which all treatment group members were eligible to use the benefit offset (February to December 2019), the share of offset users increased from 18 to 24 percent.[40] This percentage will continue to grow over time if additional treatment group members increase their earnings over the POD threshold.[41]

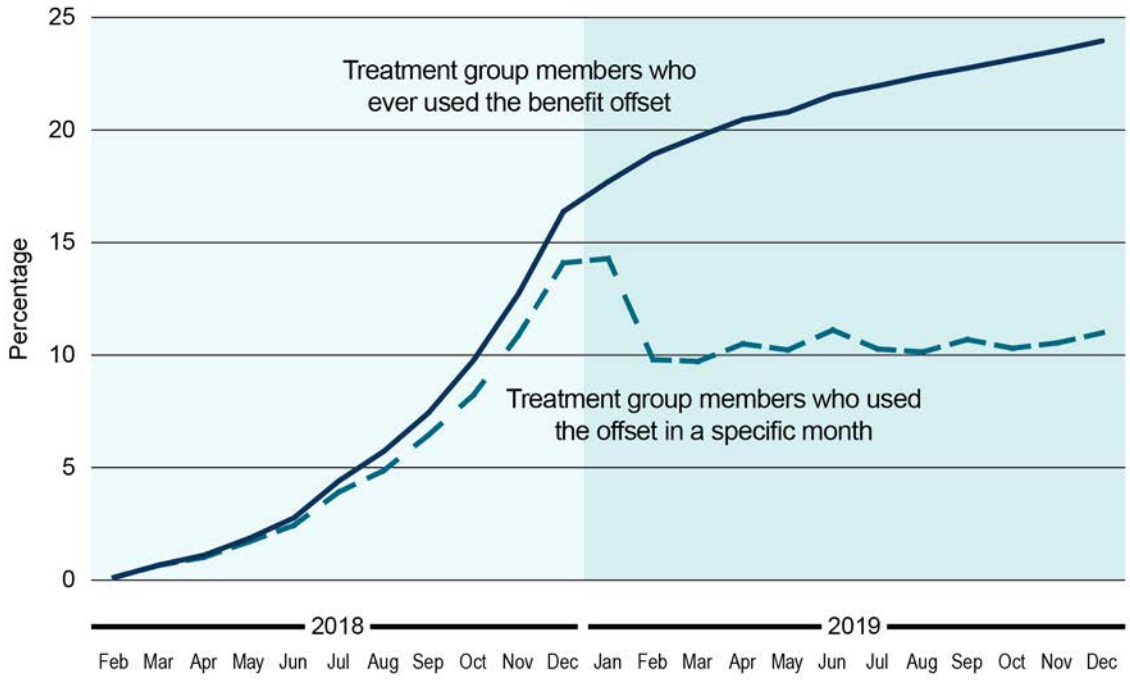
The monthly rate of offset use increased over time in 2018 and remained steady throughout 2019 (Exhibit V.3, dashed line). Exhibit V.3 presents offset use by month; when reviewing this graph, it is important to recall that offset use is based on earnings above the POD threshold in the *previous* month. The increasing trend in 2018 was driven by two factors: (1) the number of

[40] POD treatment group members are eligible to begin using the benefit offset in the first month after enrollment, so the number of treatment group members eligible to use the benefit offset grew throughout the enrollment period (January 2018 to January 2019). Nearly all treatment group members were eligible to use the benefit offset as of January 2019. About 2 percent of beneficiaries were enrolled and randomly assigned in January 2019 (Hock et al. 2020a) and were not eligible to use the benefit offset until February 2019.

[41] Benefit offset use was somewhat lower among more recent enrollees (Appendix Exhibit E.3). Looking across the enrollment period (January 2018 to January 2019), there was a slight downward trend in benefit offset use by enrollment month. Treatment group members who enrolled closer to the end of the enrollment period (January 2019) had fewer months to use the benefit offset. This suggests that for the treatment group members who enrolled relatively later, the rate of benefit offset use could increase after they have been enrolled for a longer period.

treatment group members grew as POD enrollment continued throughout 2018, and (2) the EOYR process was complete for 2018 (but not for 2019). The latter is particularly important for explaining the peak in offset use rate in December 2018 and January 2019 (based on earnings in November and December 2018, respectively). During the period when all treatment group members were eligible to use the benefit offset (February to December 2019; based on January to November 2019 earnings), the share of those who used the offset in each month was roughly constant at around 10 to 11 percent. We expect that these rates will be higher when updated to reflect completion of the 2019 EOYR process. Regardless, the smaller share of treatment group members in offset in each month (dashed line), relative to the larger cumulative share who ever used the offset (solid line), suggests that some offset users stopped using the offset or used it in non-consecutive months.

Exhibit V.3. Cumulative and per-month use of the POD benefit offset through December 2019



Source: POD enrollment data and programmatic data provided by Abt.

Note: The enrollment period, noted by the lighter shade in the figure, ended in January 2019. Offset use based on 2018 earnings reflects the completed EOYR for that year, while offset use for 2019 does not include offset months identified through EOYR (because the EOYR for 2019 earnings had not yet occurred at the time of analysis). Offset users include 27 treatment group members who experienced benefit termination in their first month of offset use. We counted these treatment group members as offset users because their terminations could be appealed and overturned. The sample size was 6,700 combined treatment group members (T1 = 3,343; T2 = 3,357).

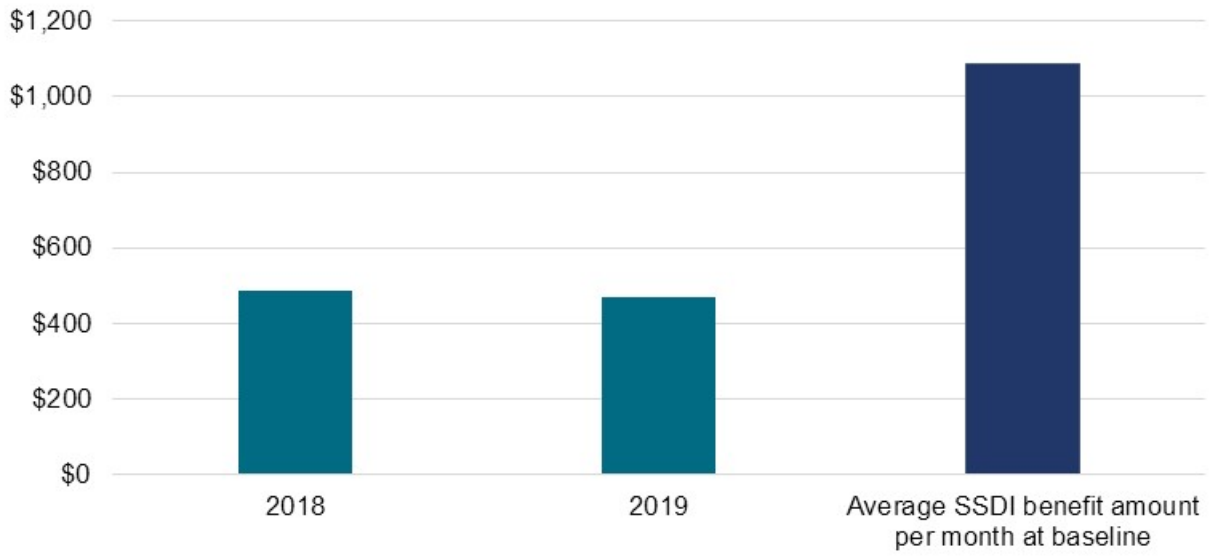
3. Among offset users, the average monthly offset amount was about $500

The average monthly offset amount across all months of benefit offset use was just less than $500 in either calendar year (Exhibit V.4). Among treatment group members who ever used the

offset, the amount of the monthly offset was $489 in 2018 and $470 in 2019, on average. These average amounts represent about 45 percent of the average monthly SSDI benefit amount received at enrollment by treatment group members who went on to use the offset.

Around one-quarter of offset users had at least one month in full offset by the end of 2019.[42] Full offset applies when earnings are high enough that benefits are offset to zero for that month.

Exhibit V.4. Average monthly benefit offset amounts in 2018 and 2019



Source: SSA program records and programmatic data provided by Abt.

Note: The POD benefit offset reduces benefits by $1 for every $2 of earnings above the POD threshold amount. The sample size was 1,097 for 2018 offset users and 1,459 for 2019 offset users.

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

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

1. Benefit offset users and non-users had limited demographic, disability, and program differences at enrollment

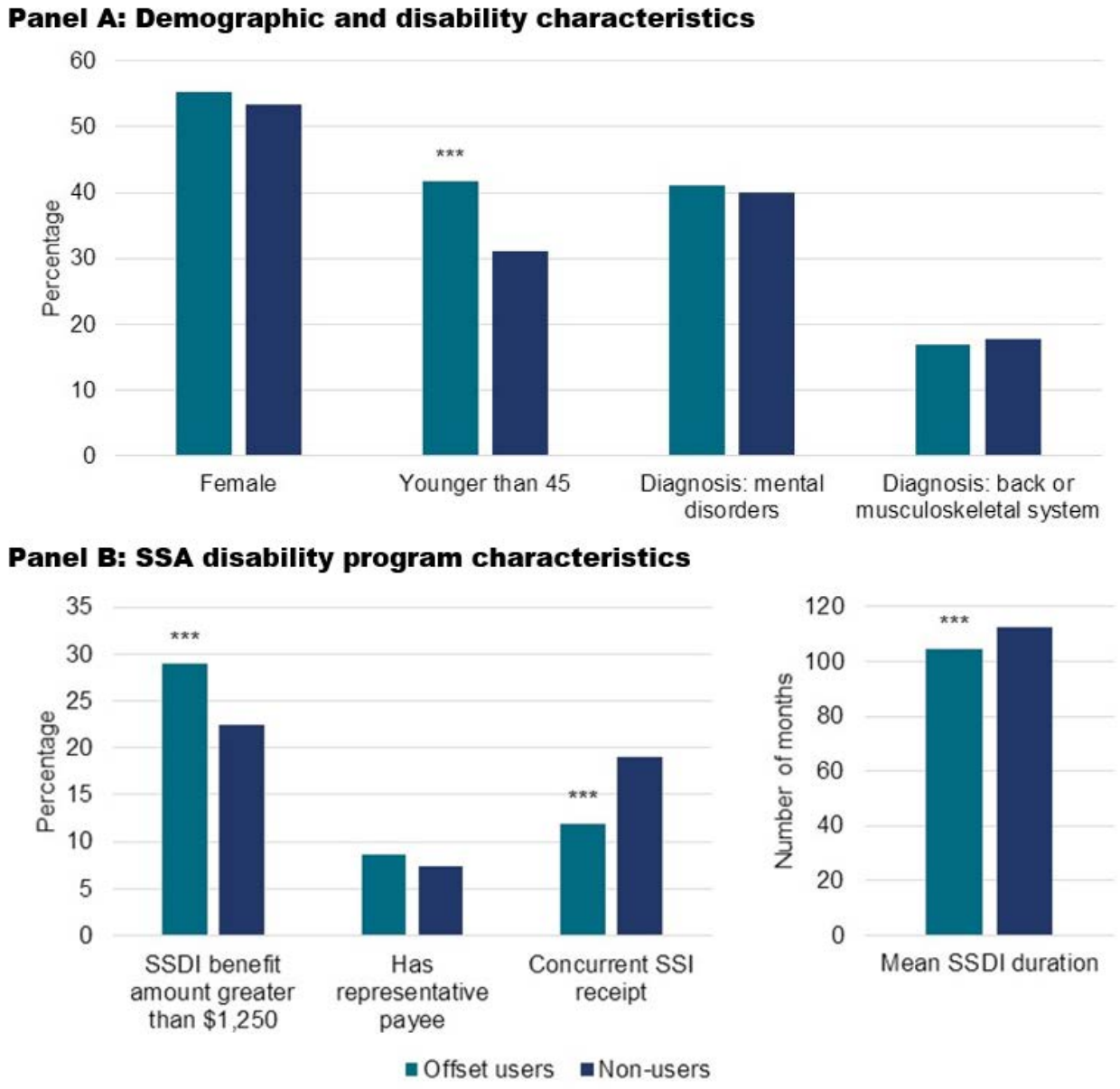
Offset users were younger than non-users, but the two groups were otherwise similar in their demographic and disability characteristics (Exhibit V.5, Panel A).[43] On average, offset users were three years younger than non-users at enrollment. For both groups, the most common diagnoses were mental disorders and back and musculoskeletal system disorders. But the share

[42] About 7 percent of all treatment group members (or about 27 percent of all offset users) have experienced at least one month of full offset during the first two years of POD implementation (Appendix Exhibit E.1).

[43] We provide descriptive statistics to support Exhibit V.5 on characteristics of offset users and non-users in Appendix Exhibit E.4.

of each group that had these diagnosis types was not statistically different, nor was the share that was female.[44]

Exhibit V.5. Characteristics of POD offset users and non-users



Source: SSA program records, POD baseline survey and programmatic data provided by Abt.

Note: POD offset users had earnings above the POD threshold in at least one month following their enrollment in POD through the end of December 2019. The sample size was 1,605 ever offset users and 5,095 non-users.

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

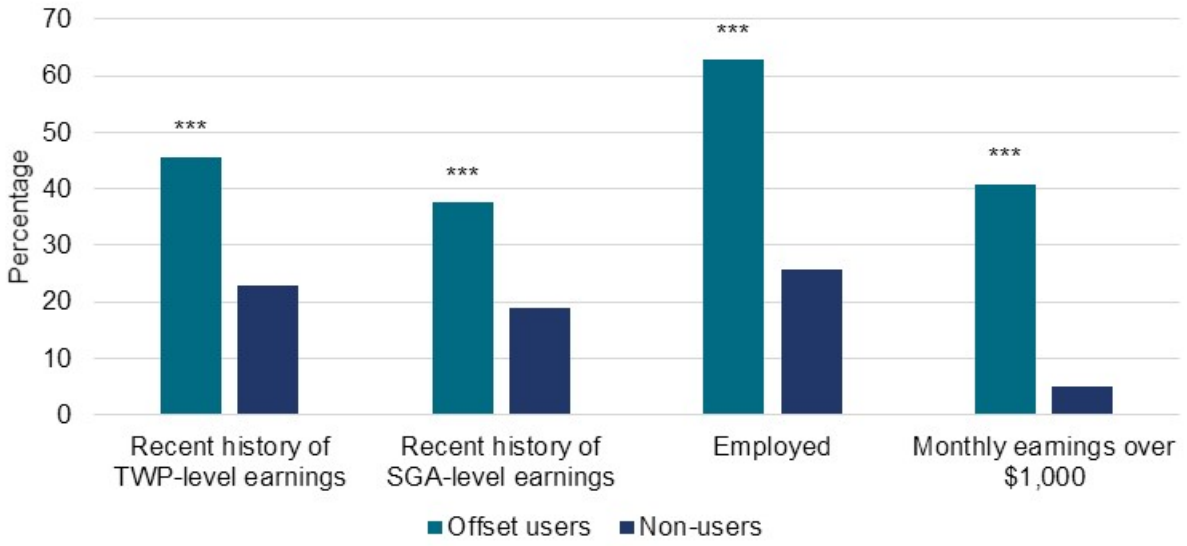
[44] The distribution of diagnoses for offset users differed from the distribution for non-users, though the differences were small. We provide details on these distributions in Appendix Exhibit E.4.

Offset users and non-users differed in terms of their SSA disability program characteristics at enrollment (Exhibit V.5, Panel B). On average, offset users received a higher SSDI benefit amount at enrollment than non-offset users ($1,087 versus $1,010). The share of offset users concurrently receiving SSI when they enrolled in POD was lower for offset users than non-offset users (12 percent versus 19 percent). At enrollment, offset users had been on SSDI benefit rolls about 8 fewer months on average than non-users (105 versus 113 months). The share with a representative payee was not statistically different between the two groups.

2. A larger share of offset users had a work history at enrollment than non-users

Relative to non-users, a larger share of offset users had recent earnings above key SSDI work incentives thresholds (the TWP and SGA thresholds), were employed, or earned more than $1,000 per month at the time of enrollment (Exhibit V.6). Nearly half of offset users had earnings above the TWP threshold since 2014—twice the rate of non-users. The pattern was similar for earnings above the SGA amount. In addition, 63 percent of offset users reported working at baseline—more than twice the rate for non-users. Also, 41 percent of offset users had monthly earnings higher than $1,000 per month—more than eight times the share of non-users.

Exhibit V.6. Employment characteristics of POD offset users and non-users



Source: SSA program records, POD baseline survey and programmatic data provided by Abt.

Note: Offset users had earnings above the POD threshold in at least one month following their enrollment in POD through the end of December 2019. The sample size was 1,605 ever offset users and 5,095 non-users.

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

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

Treatment group members' interpretation of the POD rules and understanding of the benefit offset likely affected their offset use. If they do not understand how it works, they might be hesitant to increase their earnings above the POD threshold and therefore not use the offset. Conversely, treatment group members might be interested in returning to work and using the benefit offset but unable to do so due to health and disability status or fear of losing benefits.

In this section, we explore how well treatment group members understood the POD rules and what factors affected their use of the benefit offset. Our findings are based on data from the one-year follow-up survey, in-depth interviews with 73 current and former treatment group members, and interviews with POD implementation staff.

1. Less than half of treatment group members understood POD rules, with better understanding of rules among current offset users

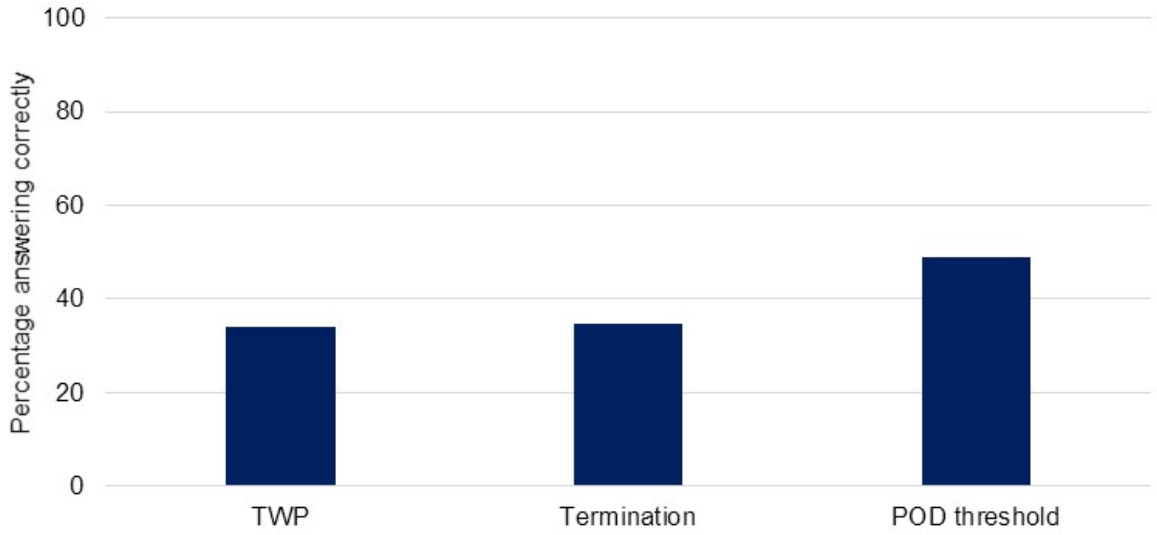
One factor that might influence treatment group members' interest in and ability to take advantage of the benefit offset is how well they understand the POD rules. With the one-year follow-up survey, we assessed treatment group members' understanding of three aspects of the POD rules: (1) that the TWP does not apply to them while they are enrolled in POD, (2) that benefits are reduced after their monthly earnings pass a specified threshold, and (3) whether benefits terminate if their earnings are too high.

Survey respondents' understanding of POD rules was low (Exhibit V.7).[45] Few treatment group members correctly identified that there is no TWP under POD (34 percent) or correctly identified whether benefits could be terminated (35 percent). About half (49 percent) correctly answered that monthly benefits reduce under POD if monthly earnings are above a level set by SSA. For all three questions, offset users were more likely to understand the rule than those who never used the benefit offset. Not surprisingly, the proportion of offset users who correctly answered that benefits would decrease if they earn above the POD threshold (72 percent) was substantially higher than the proportion of non-offset users (42 percent).

> "Well, when they're doing their calculations on how much you're making, like based on…every $2 you make, they take $1, and when they're doing their calculations and they send me that paperwork, I'm like, I don't really get this but I'll go with the flow 'cause they're not cutting me off."
>
> -Full offset user

[45] We provide descriptive statistics to support Exhibit V.7 in Appendix Exhibit E.5.

Exhibit V.7. Treatment group members' understanding of POD rules at 12 months after enrollment



Source: POD one-year follow-up survey.

Note: The following three questions assessed the understanding of treatment group members about POD rules: (1) Under POD, do you have a TWP where your benefits remain unchanged regardless of your earnings? (2) Under the POD rules, do your benefits ever terminate if your earnings are too high? (3) Under POD, are your benefits reduced at any time if your monthly earnings are above a level that SSA set for POD? The sample size was 2,635 treatment group members.

2. Treatment group members reported during interviews that they understood the POD rules but noted areas of confusion

In semi-structured interviews, treatment group members noted some understanding of the POD rules, though they struggled in other areas. About half of treatment group members we interviewed noted that they understood the POD rules very well.[46] However, there were several aspects of the rules that caused confusion. Respondents reported that benefit offset rules, termination rules, and differences between current SSA rules and POD rules were most difficult to understand.[47] Some noted that variable earnings can make it difficult to determine how much their benefits will be offset in a certain month. Others had trouble understanding the language in the POD quarterly mailings, with two such interviewees citing educational or language barriers.

[46] We present descriptive statistics from these semi-structured interviews in Appendix Exhibit E.6. An important caveat is that these statistics represent semi-structured interviews and, hence, are not representative of all treatment group members' experiences. Nonetheless, the data presented in the exhibit provides some qualitative context on the understanding of POD rules among different subgroups of treatment group members.

[47] Summary of responses to the following questions: "What about the POD rules do you find the hardest to understand or most confusing? What could the POD project do a better job explaining?" Of the six treatment group members who said that the termination rules were most difficult to understand, five were in T2.

Consistent with the findings from the one-year follow-up survey, current treatment group members who used full and partial benefit offsets reported higher levels of understanding than non-offset users. Current treatment group members also rated their understanding of the POD rules higher than those who had withdrawn from POD. Lower levels of understanding among non-offset users and treatment group members who withdrew could reflect lower levels of exposure to and engagement with the program, including interaction with POD counselors. One non-offset user suggested that more interactions with their POD counselor might have led to greater comfort with the POD rules. Less comfort with the POD rules might have affected the decision to withdraw; two former treatment group members cited confusion about the POD rules as the reason they withdrew from POD.

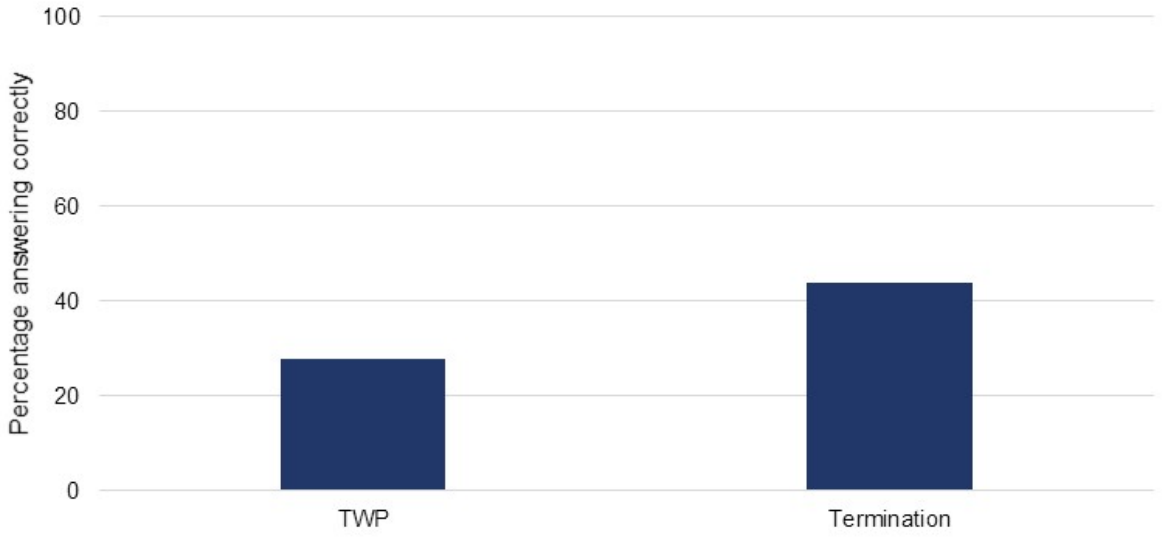
> "I would like to participate in POD if I had that comparison model and I knew what it was going to do to me, because they distinguished it, they clearly distinguished what it would do... if I had that comparison model, I wouldn't have to call and ask questions over and over and not read letters that don't explain it correctly, and then, just enroll. I could stay enrolled."
>
> -Former POD enrollee

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

One of the goals of POD is to simplify work incentives contained in current SSDI rules. To provide context for how well treatment group members understand POD rules, we used data from the one-year follow-up survey to examine control group members' understanding of current SSDI rules.

Control group members' understanding of current SSDI rules was low (Exhibit V.8). Fewer than half understood that benefits could terminate if earnings were too high (44 percent). Slightly more than one-quarter (28 percent) correctly answered that, under current rules, there is a TWP in which benefits are unchanged regardless of earnings. These results confirm that control group members have substantial confusion about the current SSDI rules.

Exhibit V.8. Control group members who understood current SSDI rules at 12 months after enrollment



Source: POD one-year follow-up survey.

Note: The following two questions assessed the understanding of current SSDI rules by control group members: (1) Under current SSDI rules, do you have a Trial Work Period where your benefits remain unchanged regardless of your earnings? (2) Under current SSDI rules, do your benefits ever terminate if your earnings are too high? The sample size was 1,438 control group members.

4. Interviewees cited a range of factors outside of POD as facilitators and barriers to increasing work and earnings

Nearly all treatment group members we interviewed who were earning over the POD threshold named factors outside of POD as facilitators to working and earning more. Of the 32 current offset users we interviewed, 29 supported the finding that factors outside of POD helped them to work and earn more. They most frequently cited their motivation to work hard and the ability to increase the number of hours they worked, their education, opportunities in their profession, and employer accommodations as factors that helped them earn over the POD threshold. A few directly attributed POD with helping them to earn more than the threshold, either because of the confidence they had knowing that their benefits would resume if their earnings fell below the threshold, or support services allowed them to complete their education or search for a job and subsequently increase their earnings.

Treatment group members we interviewed also cited factors external to POD that prevented working and earning more.[48] They most frequently reported health and disability status as the most common obstacles to working and earning more. Some also mentioned fear of losing their benefits and not wanting to work more than they already were. When naming additional supports they did not have but that would help them to work and earn more, treatment group members

[48] Appendix Exhibit E.7 summarizes instances of qualitative reports from treatment group members of barriers and additional supports that might help them to work and earn more.

identified more education or training, a better job, information about job opportunities, and employer accommodations.

5. POD counselors perceived fear of losing benefits as the common barrier to employment among POD enrollees

> "[Earning above the POD threshold is] the same as getting someone to work above SGA. They're either going to go big or not. They're going to have to make way over so that it doesn't matter to them, or it's going to be difficult to get them to let go of that imaginary ceiling. . .It's a mindset. They worked hard to get [their benefit]. They know if it's all or nothing and they're not going to even go close to that limit."
>
> -POD supervisor

Despite the work-oriented nature of POD enrollees, POD supervisors universally reported that fear of losing government benefits (such as federal disability benefits and affordable housing) was a significant barrier to employment.[49] This finding is consistent with POD enrollees' self-reports at the time of enrollment, when nearly 60 percent said it was difficult to work because of a fear of losing benefits (Hock et al. 2020a). Many beneficiaries remember how hard it was to get approved for their SSDI benefits, and some fear that if their disability worsens, they will not be able to maintain the level of work that they have achieved. In addition, almost all (seven out of eight) POD supervisors indicated that discouragement from previous attempts at securing employment posed an obstacle for enrollees trying to find work. Other frequently cited barriers included lack of suitable job opportunities for people with disabilities, lack of access to reliable transportation, and discouragement from family members.

6. The benefit offset posed challenges for those with offset amounts large enough to affect Medicare Part B premium payment, or for those with fluctuating monthly earnings

Benefit adjustments under POD disrupted Medicare Part B premiums for some treatment group members. Under current law, these premiums are typically deducted from SSDI benefit payments or, if benefits are suspended, beneficiaries pay a quarterly bill for Medicare premiums (which are $135.50 per month in 2019). Several implementation team members described how the POD rules disrupted payment of beneficiaries' Medicare premiums and emphasized that issues with Medicare premiums can prompt some beneficiaries to question their faith in POD or the counselors. In POD, beneficiaries with high offset amounts and those in full offset do not have enough remaining in their benefit to cover the Medicare premium. If this occurs, SSA might withhold future months' benefits to cover the deduction. This situation is particularly challenging for treatment group members whose monthly earnings fluctuate, which can occur even for steady wage earners in months with an extra pay period (for example, those with five Fridays in one month).

Another challenge with the benefit offset is that differences in the timing and duration of earnings introduced some inequities in the potential offset amount. Treatment group members with a windfall of earnings in one month that is well above the POD threshold (for example, a realtor earning commission or someone getting a lump sum bonus of $20,000 in January) have benefits offset only in the subsequent month, but they receive their full benefit check for all other months that their earnings are below the threshold amount. Yet treatment group members who

[49] In Appendix Exhibit E.8, we report a summary of findings from a pre-site visit questionnaire completed by POD supervisors of potential employment barriers.

earned the same overall amount across the year experienced benefit adjustments in all months. Two implementation team members noted that this difference introduces some potential inequities based on timing of earnings.

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

As is the case with beneficiaries who engage in SGA after the TWP and grace period under current law, POD offset users are subject to work-related overpayments. Work-related overpayments occur when SSA pays beneficiaries more in SSDI benefits than they are entitled to on the basis of work activity. This situation can occur because of beneficiary delays in reporting earnings or inaccurate reports or because of delays or processing errors by POD implementation staff or SSA. When SSA recognizes that the beneficiary was overpaid, the agency notifies the beneficiary, who has the right to appeal the determination. If unsuccessful in their appeals, beneficiaries must repay the debt to SSA. Overpayments can occur for a variety of reasons, but we focus on work-related overpayments in this report because POD should not affect the occurrence of overpayments for reasons other than work. We use the term overpayments for brevity.

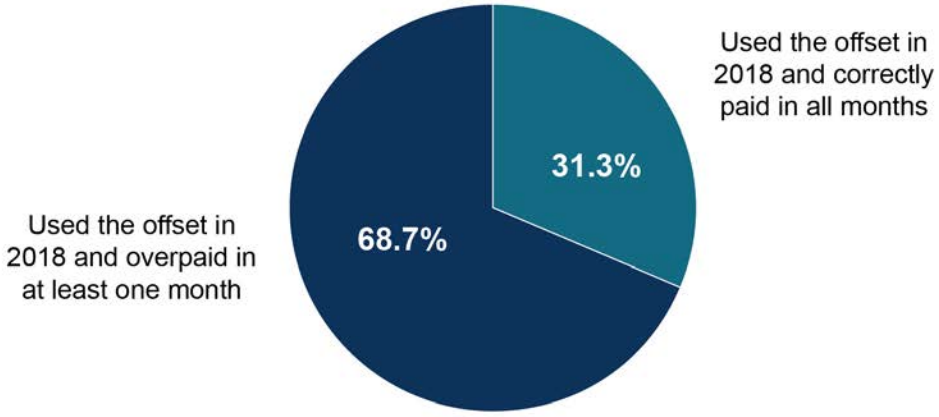
In this section, we present statistics on overpayments made to beneficiaries in 2018. We focus on 2018 because, when we drafted this report, SSA had not conducted the EOYR process for 2019, so any statistics on 2019 overpayments would be preliminary.

1. More than two-thirds of 2018 offset users had work-related overpayments

Among treatment group members at risk of an overpayment in 2018—those who used the benefit offset in 2018 and could have received more benefits than they were entitled to because of work—69 percent had an overpayment (Exhibit V.9).[50] In the first year of POD implementation, overpayments were prevalent and persistent: 58 percent of all 2018 benefit offset months were overpaid.

[50] In total, 11 percent of treatment group members were overpaid and used the offset in at least one month in 2018 (Appendix Exhibit E.10).

Exhibit V.9. Incidence of overpayments in 2018



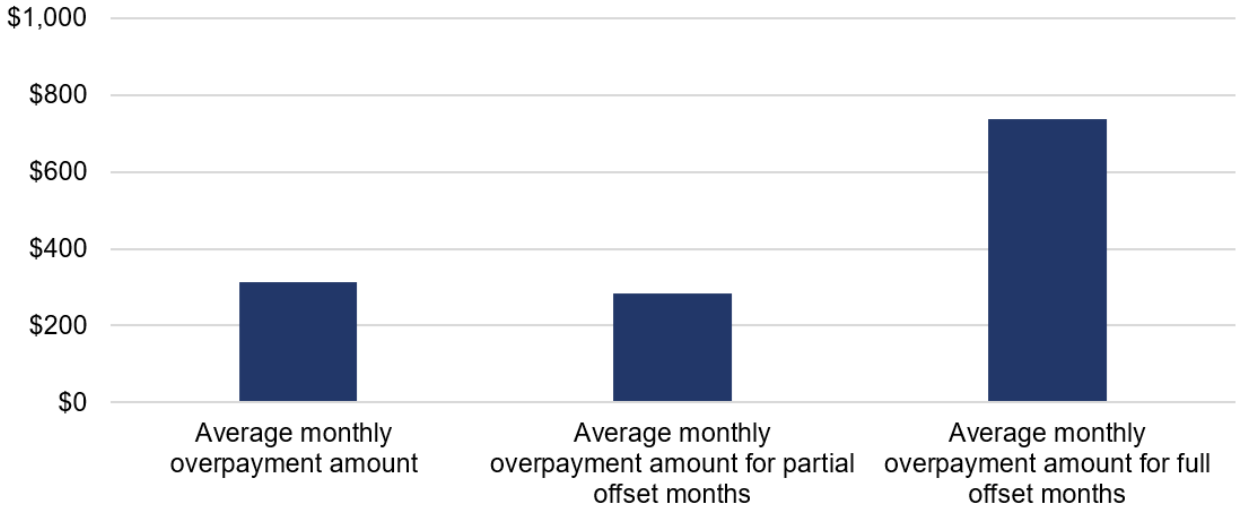
Source: Authors' calculations based on February–December 2018 and May 2020 Disabled Beneficiary and Dependent extracts from the Master Beneficiary Record.

Note: This exhibit focuses on benefit offset use and overpayments in 2018, but the rest of the chapter discusses benefit offset use through 2019. Data were not yet available to produce reliable 2019 overpayment estimates. The sample size was 1,037 treatment group members who used the offset in 2018.

2. Average monthly overpayment was $314 but varied for those in partial and full benefit offset

The average monthly overpayment amount among those who were overpaid was $314 (Exhibit V.10). This amount was, by definition, lower for partial offset months ($255) and higher for full offset months ($737). Benefits are partially offset if the adjusted monthly benefit amount is between $1 and the full benefit amount, while benefits are fully offset if the monthly benefit amount is $0. The overall average is closer to the average among partial offset months because 88 percent of all overpayment months were partial offset months. Across all offset users who were overpaid, the average total overpayment amount in 2018 was $859, reflecting that, on average, each offset user with overpayments experienced about 2.7 months of overpayments.

Exhibit V.10. Average monthly overpayment amounts in 2018



Source: Authors' calculations based on the February to December 2018 and May 2020 Disabled Beneficiary and Dependent extracts from the Master Beneficiary Record.

Note: This exhibit presents the average monthly overpayment amount among months with any overpayment. For treatment members overpaid in multiple months of the year, their total overpayment amount will be the sum of overpayments across each overpaid month in 2018. The sample size was 712 combined treatment group members who were overpaid in 2018.

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

The resolution of overpayments for POD treatment group members is the same as for SSDI beneficiaries under current law. Beneficiaries who are overpaid can appeal the determination through a reconsideration or waiver. They can use reconsiderations to provide additional evidence that refutes the existence or amount of the overpayment. Alternatively, they can submit a waiver that agrees they have been overpaid but are not at fault for the overpayment and request that SSA forgive the overpayment debt. If unsuccessful, they must repay the overpayment through a lump-sum payment or benefit withholding.

Although local SSA field offices generally do not interface with treatment group members, they are expected to assist them with overpayment issues. The level of support provided to treatment group members, however, is inconsistent across field offices and SSA personnel, according to POD staff. POD staff reported that some field staff are unaware of this responsibility and suggest that treatment group members seek overpayment assistance from POD. Although POD support units can help by coordinating with SSA, this process is slower and more cumbersome.

Varying views on overpayments:

"That was a slap in the face… I think that could deter a lot of people from getting out and wanting to go to work."

"I don't mind being overpaid."

-Two treatment group members with different reactions to an overpayment

Treatment group members who anticipated overpayments generally had better experiences than those who were surprised by overpayments. Some who did not anticipate overpayments said they were shocked and scared upon learning about overpayments, according to POD counselors. For instance, one treatment group member reported the following: "I'm not sure exactly why but Social Security says I owe them. They overpaid me several thousand dollars and I don't know how." That same beneficiary described the combination of an overpayment and Medicare premium bills as an adverse experience. In contrast, some informed beneficiaries anticipated overpayments, set aside money to repay the overpayment, and experienced little or no harm. Recognizing the divergent experiences for those who did and did not anticipate overpayments, liaisons from Virginia Commonwealth University developed a tool to predict overpayments and prepare treatment group members for overpayment situations. Even so, some informed beneficiaries struggled with overpayments. When there is a long lag between the beneficiary earning the money and when SSA sends the overpayment notice, the beneficiary may have already spent the overpaid benefit.

Overpayments can result in several challenges for treatment group members. First, they can be a disincentive to continued work. For instance, one beneficiary reacted to an overpayment in this way: "I had to stop working because they said I owed all this money, and I can't afford to not have my Social Security disability because that's where I get my benefits from, my medical and all that." One counselor explained that treatment group members might have this mindset: "I learned my lesson. I'm not going to do that again." But the same counselor explained that effective counseling can help counter this mentality. Second, new overpayments can invalidate existing overpayment plans. For example, if a beneficiary had a portion of monthly benefits withheld to repay a previous overpayment, a new overpayment will cancel that arrangement and could result in an entire check being withheld unexpectedly. Finally, withholdings and repayment plans make it difficult for treatment group members to understand how their earnings affect benefits in each month. One silver lining to overpayments is that they encouraged some treatment group members who had not provided reports on time to do so in future months.

E. Why did treatment group members decide to withdraw from POD?

Patterns of withdrawals for treatment group members are important for understanding perception of the POD rules as well as potential implications for the impact analysis. Any POD enrollee is permitted to withdraw from the demonstration at any time. We reviewed programmatic data on withdrawals through December 2019, and we analyzed qualitative interviews with 10 former treatment group members to learn why they withdrew.

1. About 6 percent of treatment group members withdrew from POD

About 6 percent of POD treatment group members (or 431) withdrew from POD as of December 2019. Members of the T2 group were slightly more likely to withdraw from POD than members of the T1 group (7 percent versus 6 percent, $p = 0.08$). As we describe in Chapter I, members of the T2 group are subject to different benefit termination rules under POD than members of the T1 group.

POD counselors discussed withdrawal with about 9 percent of treatment group members, according to counselors' contact logs. POD counselors first worked to understand the treatment group member's reason for wanting to withdraw and then tailored their counseling to that reason, following guidance developed by Virginia Commonwealth University. Counselors also explained the consequences of withdrawing from POD to treatment group members. For those who still wished to withdraw, counselors emphasized the steps required to complete the process, including the importance of submitting an SSA-795 form to document the reason for withdrawal.

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

Treatment group members cited multiple reasons for withdrawal, according to programmatic data. The most common reason was that it was more beneficial to the person to work under the current rules, though more than half cited some other reason (not interested in working and fear of losing benefits).[51] We also interviewed 10 former treatment group members to explore why they withdrew from POD and whether they were happy with their decision. Similar to the programmatic data, the most commonly cited reason for withdrawing was because the enrollee could earn more under the normal SSDI program rules (5 of the 10 interviewees cited this reason). A sixth enrollee cited wanting to take advantage of the TWP to increase their income. Two enrollees cited confusion about the purpose of POD and the POD rules as their reason for withdrawing.

Although most former treatment group members we interviewed (6 of 10) were content with or ambivalent about their decision to withdraw from POD, some (4 of 10) expressed regret. One former enrollee wished to work and be in POD but relied on SSDI and other benefits (such as food stamps) to make ends meet. This former enrollee feared jeopardizing their eligibility for food stamps and those other benefits while in POD. Another enrollee reported feeling pressured to return to work while in POD, however, this enrollee now regrets withdrawing from POD.

[51] We present a summary of reasons why people withdrew based on their SSA-795 forms in Appendix Exhibit E.11. We use some caution in interpreting results given that the sample who withdrew was relatively small in comparison to all POD enrollees. The data indicated that about one-quarter (26 percent) of treatment group members who withdrew noted that POD was not beneficial because they were earning between the TWP threshold and the SGA amount, and another 10 percent said they preferred the current law's work incentives. The next largest reason for withdrawal was benficiaries' belief that they were unlikely to work: 19 percent reported being too disabled to work and another 7 percent reported a more general lack of interest in working. Other reasons provided for withdrawal included fear of losing benefits (11 percent) and a lack of understanding about POD (9 percent).

VI. WHAT WERE THE IMPACTS OF POD?

We assess the one-year impacts of POD by comparing the outcomes of enrollees assigned to the two treatment groups (T1 and T2) with those of the control group. The comparison of outcomes for these two groups yields an unbiased estimate of the impact of POD.[52] Our impact estimates cover a one-year follow-up period, but the exact timing of that period varies depending on the source of the outcome measure, which we label in the exhibits that follow.

This chapter presents the estimated impacts for primary and second outcomes. The primary outcomes capture measures of earnings, benefit outcomes, and income from SSA program records. The secondary outcomes include employment and benefit-related outcomes from SSA program records as well as employment, health insurance, and health-related outcomes from the POD one-year follow-up survey. We also measure secondary outcomes for VR application and service receipt using RSA records.

In our analysis, we consider the magnitude and precision of the impact estimate. We indicate no impact on an outcome if the estimated impact is not statistically significant at the 10 percent level. We also report the magnitude of the estimated impact relative to the control group mean, which provides context for the size of the estimated impact. In Appendix F, we present additional details about our approach to presenting impact estimates.[53]

KEY FINDINGS

- POD had no impacts on the four primary outcomes: substantive employment, earnings, benefits, and income.
- We also did not find any statistically significant impacts on the primary outcomes for subgroups of beneficiaries defined by their characteristics at enrollment.
- POD had positive impacts on some secondary outcomes: employment-related activities, such as seeking employment and applying for VR services, and duration of SSDI receipt. We did not find impacts on other outcomes, such as health, health insurance, and receipt of other program benefits.
- Results are not sensitive to model specifications for estimating impacts. We tested the sensitivity of the findings to alternative weighting and regression model specification (such as logistic). We also find no substantive differences between the regression-adjusted and unadjusted estimates.

[52] As we note in Chapter II, in previous reports, we established that random assignment resulted in the observable characteristics of beneficiaries being similar across groups (Hock et al. 2020a). Therefore, enrollees assigned to the control group provide a good benchmark for how enrollees assigned to POD treatment groups might have fared under current SSDI rules.

[53] As described in Chapter I, we combined the two treatment groups for this analysis because implementation of POD rules and observed outcomes were similar despite the slight difference in rules between the groups. Members of each group had similar use of the offset, similar withdrawal rates, and, ultimately, similar outcomes. Therefore, to simplify the presentation of results, we show impacts using a specification that combines members of both treatment groups and compares them with the control group. In Appendix F, we present estimated impacts separately for each of the two treatment groups as well as estimates of the relative effectiveness of the two treatments.

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

We analyzed the impact of POD on four primary outcomes, all measured using data from SSA records. These outcomes were (1) earnings in 2019, (2) any substantive employment in 2019 (defined as annual earnings above the annualized-SGA amount), (3) total SSDI benefit amounts in the 12 months after enrolling in POD, and (4) total income in 2019. Though we would ideally report all outcomes for the 12 months after enrolling in POD, because earnings data are only reported for a complete calendar year, we must report outcomes related to earnings and employment in 2019 (the first full calendar year after completing POD enrollment efforts).[54] We also analyzed impacts on the primary outcomes by subgroups defined by beneficiaries' characteristics at enrollment.

1. POD had no impact on earnings and employment

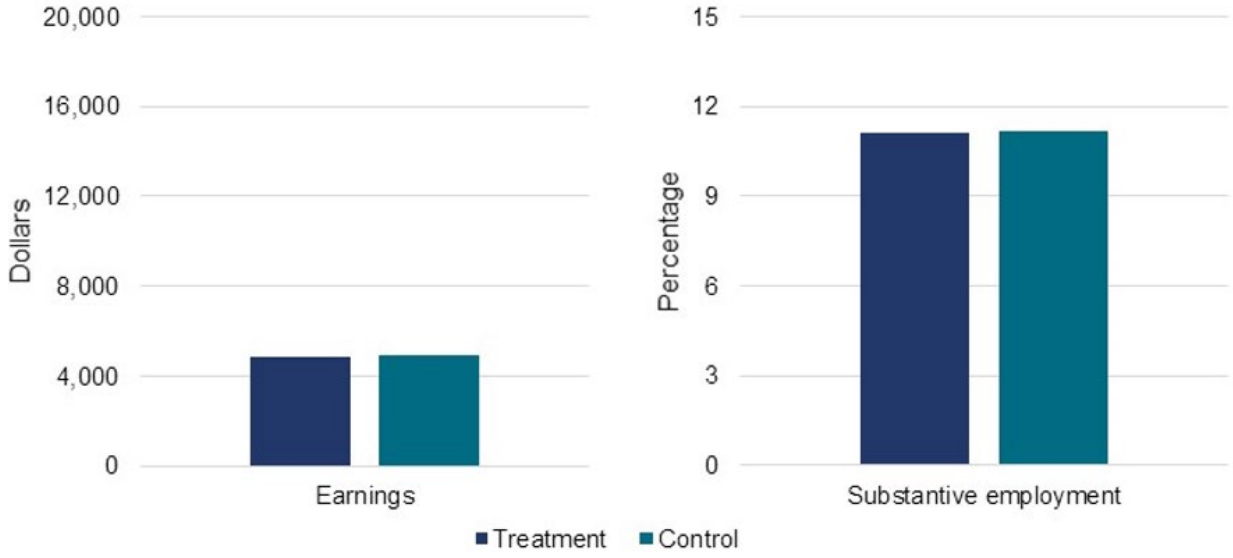
We found no statistical differences between those assigned to the treatment and control groups in earnings and substantive employment (Exhibit VI.1). The average earnings in the treatment group were $4,856, and approximately 11 percent of the treatment group members had substantive employment in 2019.[55] Even accounting for potential uncertainty associated with the estimated impacts, we can rule out a large impact on earnings and substantive employment.[56]

[54] About 2 percent of beneficiaries were enrolled and randomly assigned in January 2019 (Hock et al. 2020a). However, because they had to submit their enrollment materials before December 31, 2018, outcomes measured in calendar year 2019 still approximately capture what happened in the year after their enrollment.

[55] For both outcomes, the estimated differences represented about 1 percent of the control group mean, implying no substantive change in outcomes.

[56] We used the estimated standard errors associated with the impact estimate, presented in Appendix Exhibit F.1, to calculate a 95 percent confidence interval for each outcome. For earnings, the 95 percent confidence interval covers a range of a decrease in earnings of $447 to an increase in earnings of $337. This represents an effect size of no more than 0.04 standard deviations. For substantive employment, the 95 percent confidence interval covers a range of a decrease in substantive employment of 1.3 percentage points to an increase in substantive employment of 1.1 percentage points. This represents an effect size of no more than 0.08 standard deviations. Therefore, we can be confident that impacts could not be large in magnitude.

Exhibit VI.1. Impacts of POD on earnings and substantive employment



Source: Authors' calculations using SSA program records.

Note: The figure shows the unadjusted control group mean and regression-adjusted treatment group mean, pooling together those assigned to each of the two treatment groups. The estimated impact is the difference between the treatment and control group means. Substantive employment is an indicator for having total annual earnings above the annualized SGA amount. All outcomes are measured for the calendar year 2019. Appendix Exhibit F.1 contains more complete details of this analysis.

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

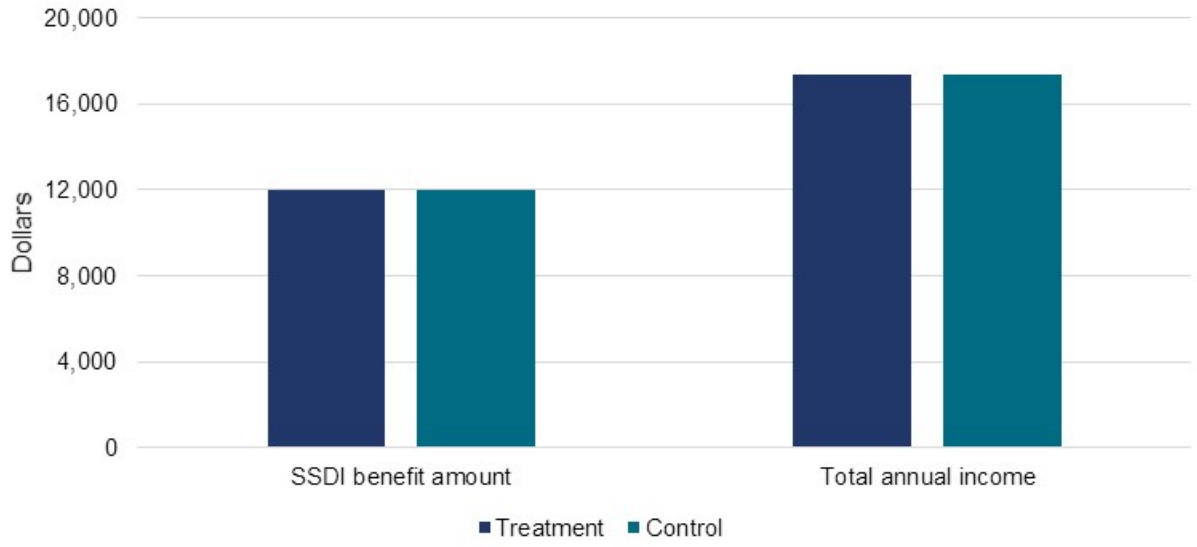
2. POD had no impact on benefits and income

We found no statistical differences between those assigned to the treatment and control groups in SSDI benefit amount and annual income (Figure VI.2). Average SSDI benefit payments in the year after enrolling in POD for the treatment group were $11,989. Total income for treatment group members, which was measured as total earnings plus SSDI benefit payments and SSI payment amounts, was $17,347.[57] Even accounting for potential uncertainty associated with the estimated impacts, we can rule out a large impact on SSDI benefit amount and beneficiaries' annual income.[58]

[57] The treatment and control group means for SSDI benefits and total income were virtually identical, which further underscores the interpretation of no impact.

[58] We used the estimated standard errors associated with the impact estimate, presented in Appendix Exhibit F.1, to calculate a 95 percent confidence interval for each outcome. For annual income, the 95 percent confidence interval covers a range of a decrease in income of $412 to an increase in income of $368. For SSDI benefit amount, the 95 percent confidence interval covers a range of a decrease in benefit amount of $204 to an increase in benefit amount of $200. Both represent an effect size of no more than 0.04 standard deviations. Therefore, we can be confident that impacts could not be large in magnitude.

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



Source: Authors' calculations using SSA program records.

Note: The figure shows the unadjusted control group mean and regression-adjusted treatment group mean, pooling together those assigned to each of the two treatment groups. The estimated impact is the difference between the treatment and control group means. SSDI benefit amount is measured for the 12 months after POD enrollment; total annual income is measured for the calendar year 2019. Appendix Exhibit F.1 contains more complete details of this analysis.

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

Though the POD rules would mechanically lead some treatment group members to experience increased benefit payments without any changes in earnings behavior, the estimated impact on SSDI benefit amount suggests that, on average, their SSDI benefits did not increase. Relative to current law, POD rules increase benefit payments for those with earnings above the SGA amount and below the full offset amount (assuming the beneficiary had completed the TWP and used all three grace period months) and decrease benefit payments for those with earnings above the TWP threshold and below the SGA amount. Though about one-quarter of all POD treatment group members used the offset (see Chapter V), the fact that POD had no impact on SSDI benefit payments suggests that those who had increases and decreases in benefit payments balanced out such that, on average, POD treatment group members had no net changes in benefit payments during the first year after enrollment.

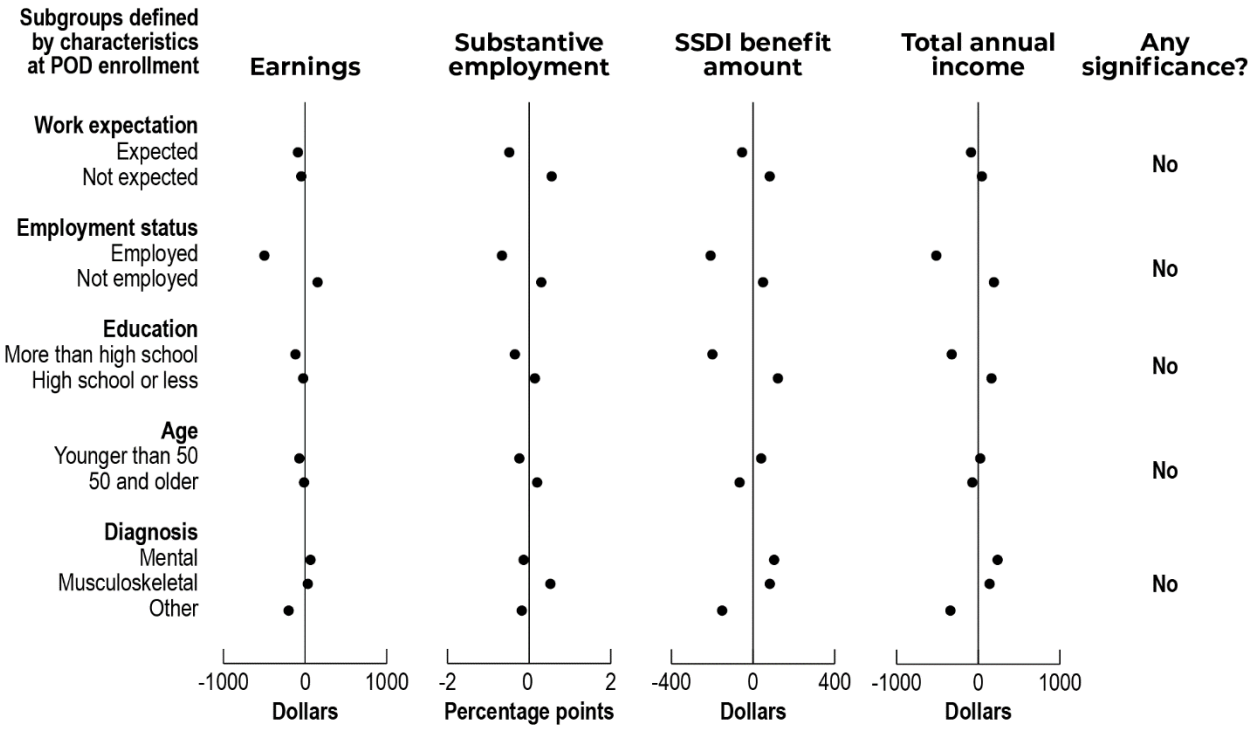
3. Impacts of POD did not differ by subgroup

We estimated impacts separately for five sets of subgroups defined by beneficiary characteristics at enrollment. These characteristics were (1) work expectation at POD enrollment (expected to work in the next year versus did not expect to work in the next year), (2) employment status at POD enrollment (employed versus not employed), (3) education level

(more than high school versus high school or less), (4) age (younger than age 50 versus 50 and older), and (5) diagnosis (mental versus musculoskeletal versus other diagnosis).[59]

We found no statistical differences in POD's impacts on primary outcomes across subgroups (Exhibit VI.3). None of the estimated impacts on any primary outcome for any individual subgroup were statistically significant. In addition, there were no differential impacts of POD on any outcome for any subgroup. This finding is important because POD enrollees included subgroups of beneficiaries with different levels of benefits and earnings at enrollment. Hence, the findings underscore that POD had no impact on earnings and benefits across diverse subgroups.[60]

Exhibit VI.3. Impacts of POD by subgroups



Source: Authors' calculations using SSA program records and the POD baseline survey.

Note: The dots show the estimated impact of assignment to a POD treatment group relative to the control group for those with the given characteristic at POD enrollment. The flag for any significance indicates whether any of the individual impact estimates for a single subgroup are different from zero or whether the impact estimates across subgroups are different from each other for any of the four primary outcomes. Substantive employment is an indicator for having total annual earnings above the annualized SGA amount. All outcomes are measured for the calendar year 2019, except for SSDI benefit amounts, which are measured for the 12 months after POD enrollment. Appendix Exhibits F.2 to F.6 contain more complete details of this analysis.

[59] In Appendix F, we explain how we chose these subgroups.

[60] Appendix Exhibits F.2 to F.6 show the estimated levels of the outcomes for treatment and control group members, along with estimated impacts by subgroup.

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

Next, we analyze the impacts of POD on secondary outcomes related to employment, program participation, and measures of well-being. We use a combination of program and survey data to assess secondary outcomes. For the outcomes from the survey, RSA data, and SSA program benefits data, we measure impacts 12 months after enrollment. For the SSA program employment and earnings measures, we can only measure impacts by calendar year, so our SSA employment and earnings measures represent calendar year 2019.

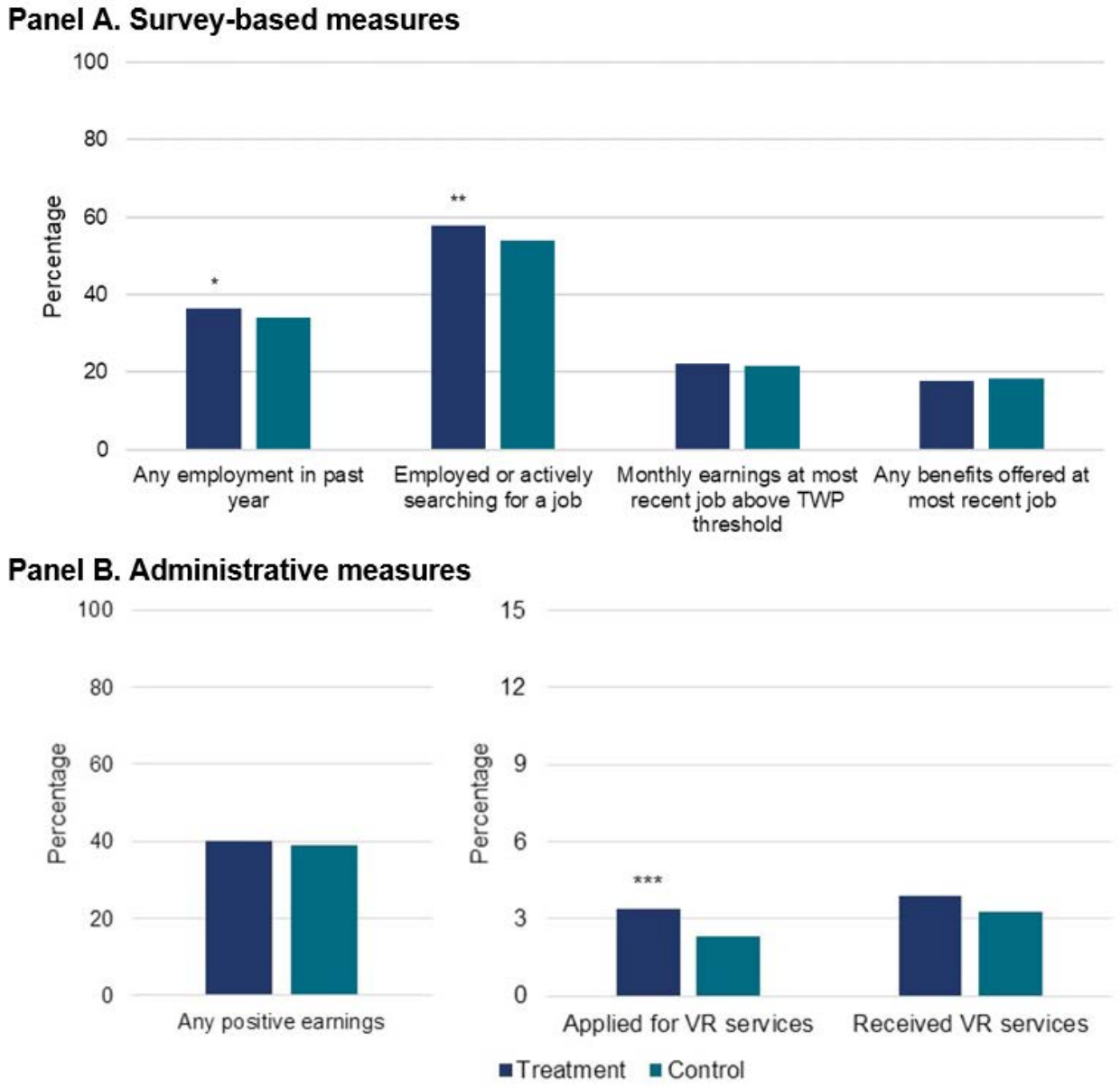
Because we examine several secondary outcomes, it is possible that some significant impact estimates could be spurious. For example, if evaluating impact estimates on 10 independent outcomes, we would expect one to be statistically significant at the 10 percent level of significance, even if the true impact was zero. Consequently, we interpret with caution the estimated impacts on secondary outcomes that are statistically significant.

1. POD had positive impacts on employment activity

POD slightly increased the share of enrollees reporting any employment or actively searching for a job in the year before the survey (Exhibit VI.4, Panel A). In the POD one-year follow-up survey, about 37 percent of treatment group members reported being employed, compared with about 34 percent of control group members; the estimated difference of 3 percentage points, which represents an increase of 7 percent relative to the control group mean, was statistically significant. Similarly, more treatment group members than control group members reported either being employed or actively searching for a job (58 percent versus 54 percent). The estimated impact of 3.8 percentage points represents a 7 percent increase in employment-seeking activity relative to the control group mean. The results from these secondary outcomes suggest that POD might have influenced some enrollees to explore the possibility of employment, which could lead to impacts on the primary outcomes in the longer-term.

The difference in estimated impacts on the primary and secondary measures of employment might be related to measurement issues. The appearance of small but statistically significant impacts on survey-based secondary measures of employment-related outcomes and the lack of impacts on the primary outcomes discussed earlier in this chapter are likely explained by how paid employment is measured in surveys and program records. Though the impact on self-reported employment was positive and significant (Exhibit VI.4, Panel A), the impact on any earnings in Internal Revenue Service data was smaller and not significant (Exhibit VI.4, Panel B). Two potential reasons for this difference include varying reference periods—the survey asked about employment in the 12 months after enrolling in POD, whereas the program data are reported for calendar year 2019—as well as potential recall or reporting errors. The two impact estimates, however, are not meaningfully different. The share of control group members with any positive earnings in Internal Revenue Service data (39 percent) is slightly higher than the share with self-reported employment in the survey data (34 percent). This is consistent with findings in Wittenburg et al. (2018) that show employment rates in Internal Revenue Service data tend to be somewhat larger than employment rates in survey data.

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



Source: Authors' calculations using the POD one-year follow-up survey and VR program records.

Note: The figure shows the unadjusted control group mean and regression-adjusted treatment group mean, pooling together those assigned to each of the two treatment groups. The estimated impact is the difference between the treatment and control group means. All outcomes are measured for the 12 months after POD enrollment, except for any positive earnings, which are measured for the calendar year 2019. Appendix Exhibit F.7 contains more complete details of this analysis.

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

POD also increased work-seeking behavior, as indicated by increased participation in VR. Among control group members, 2.3 percent applied for VR services, and among treatment group

members, 3.4 percent did so (Exhibit VI.4, Panel B).[61] The estimated impact, represented by the difference of 1.1 percentage points, was significant at the 1 percent level. Though this 1.1 percentage point impact is small in magnitude, it is large relative to the control group mean—representing an increase of nearly 50 percent. Though the estimated impact on whether the beneficiary received VR services (Exhibit VI.4, Panel B) was not statistically significant, the difference of 0.6 percentage points represented an increase of almost 20 percent relative to the control group mean of 3.3 percent that received VR services.

We found no statistical differences between those assigned to the treatment and control groups in earning enough to meet various threshold earnings levels, nor in benefits offered at a job during the year before the survey (Exhibit VI.4, Panel A).[62] Consistent with findings in Section VI.A, there were no significant differences in earnings reported in the survey, including those with monthly earnings above the TWP threshold; in the treatment and control groups, about 22 percent of enrollees reported earnings above the TWP threshold per month.

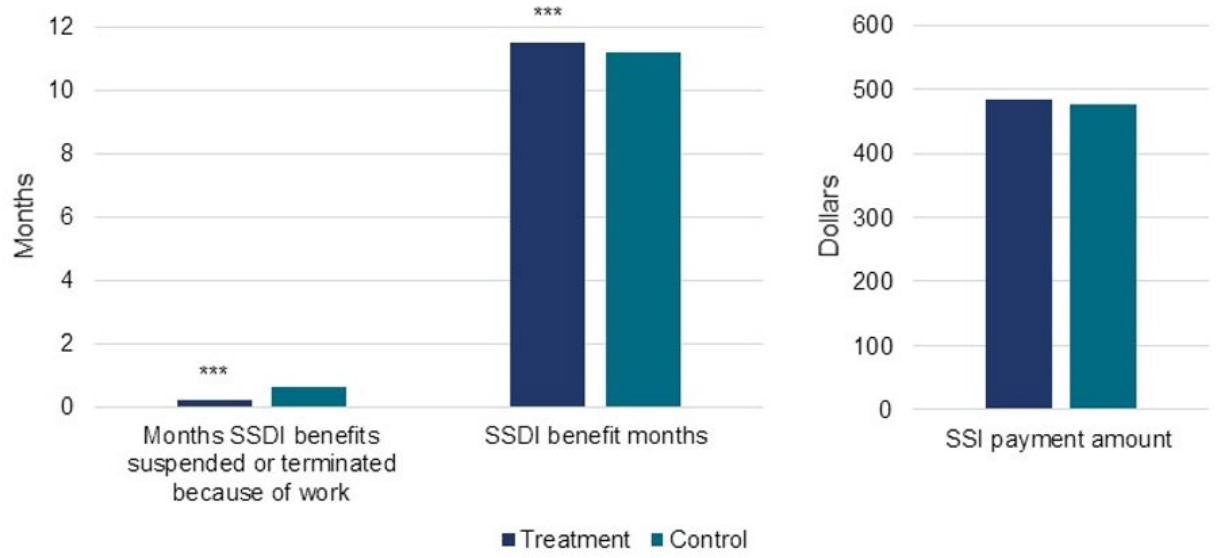
2. Consistent with POD offset rules, POD reduced the months that SSDI benefits were suspended or terminated because of work

Though POD had no impact on the amount of SSDI benefits, it made enrollees less likely to have their SSDI benefits suspended or terminated because of work during the first year after they enrolled in POD (Exhibit VI.5). Treatment group members had benefits suspended or terminated because of work less often than control group members (0.2 months and 0.6 months, respectively). Consistent with that reduction, POD also increased the number of months that enrollees received benefits. The average control group member received benefits for 11.2 months, and the average treatment group member received benefits for 11.5 months. The estimated difference of 0.3 months, which represents an increase in duration of 3 percent relative to the control group mean, was statistically significant. These findings are consistent with the POD rules: as earnings increase under POD, benefits are slowly phased out rather than dropping to zero from the cash cliff. But, as we discuss in Section A, POD had no impact on total SSDI benefit amounts.

[61] We also examined the impact of POD on whether the beneficiary had a ticket assigned or the amount of payments under Ticket to Work systems. Appendix Exhibit F.7 shows that POD had no impacts on ticket assignment or payments.

[62] We also examined impacts on earnings at higher levels (both two and three times the annualized SGA amount) and fringe benefits. We found no differences between the treatment and control groups for either of these outcomes (see Appendix Exhibit F.7).

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



Source: Authors' calculations using SSA program records.

Note: The figure shows the unadjusted control group mean and regression-adjusted treatment group mean, pooling together those assigned to each of the two treatment groups. The estimated impact is the difference between the treatment and control group means. All outcomes are measured for the 12 months after POD enrollment. Appendix Exhibit F.8 contains more complete details of this analysis.

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

We found no statistical differences between those assigned to the treatment and control groups in SSI payments (Exhibit VI.4). On average, SSI payments were about $480 for treatment and control group members.[63]

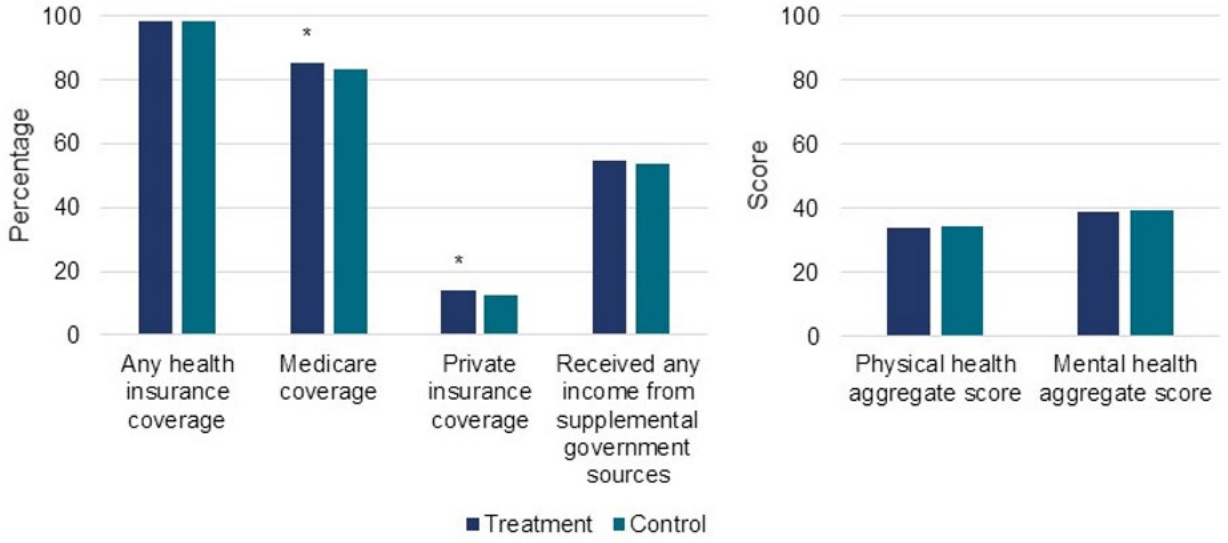
3. POD mostly had no impact on beneficiaries' well-being

We found no statistical differences between those assigned to the treatment and control groups in outcomes related to beneficiaries' well-being, such as health insurance, income from supplemental government sources, and health. For example, a similar share of treatment and control group members had any health insurance coverage (about 98 percent) or income from supplemental governmental sources (just more than 50 percent; Exhibit VI.6). We also found no impact on aggregate measures of physical and mental health.[64]

[63] We also examined impacts on other SSI-related outcomes, including months with an SSI payment and months with benefits suspended or terminated because of work. We found the effects were small and not statistically significant (see Appendix Exhibit F.8).

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

Exhibit VI.6. Estimated impacts on selected other outcomes



Source: Authors' calculations using the POD one-year follow-up survey.

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

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

POD increased the share with Medicare coverage or private insurance coverage, though the magnitudes were small (Exhibit VI.6). On average, POD increased Medicare coverage by about 2 percentage points, from 83 percent coverage among the control group members to 85 percent among the treatment group members. This impact represents an increase of 2.7 percent relative to the control group mean. Because of the number of secondary outcomes examined in the impact analysis and because there is no rationale to explain the impacts on Medicare coverage, this type of significant estimate could occur by chance alone.

C. Robustness checks

We conducted four sets of robustness checks for the impact analysis related to primary outcomes. We tested the following alternative specifications: (1) weighting each state equally (rather than each POD enrollee equally), (2) using a logistic regression model to estimate impacts on the binary measure of substantive employment, (3) using quantile regressions to estimate impacts at different levels of the distribution for all continuous outcomes, and (4) estimating impacts without accounting for baseline characteristics in a regression model.

Tests of the alternative specifications revealed that modeling decisions did not meaningfully change the POD impact estimates. Because alternative specifications led to conclusions similar to the main specification, these results lend further evidence that POD did not have meaningful impacts on treatment group members during the first year after enrollment. The following is the summary from these checks:

- Because nearly half of POD enrollees reside in Texas and California, enrollees from these two states heavily influence the estimated impacts. To test whether POD impacts depended on the diversity of contexts and implementation patterns across the states, we calculated the impact in each of the eight states and then averaged these eight impact estimates. This approach yielded similar impact estimates for all four primary outcomes.[65]
- For the binary indicator of substantive employment, we used a logistic regression model rather than an ordinary least squares model.[66]
- For continuous outcomes (including earnings, income, and benefit payments), we used a quantile regression model to assess impacts at different levels of the distribution of each outcome, rather than the main specification that estimates differences at the mean.[67]
- Finally, we estimated a model that did not include control variables (except to adjust for the random assignment design), which also led to similar impact estimates.[68]

[65] We show the impact estimates in each of the eight POD states in Appendix Exhibit F.10. We show the impact estimates that include weighting for the average person and the average state in Appendix Exhibit F.11.

[66] We show the results from the logistic model in Appendix Exhibit F.12.

[67] We show the results from the quantile regressions in Appendix Exhibit F.13.

[68] We show the results from the model without control variables in Appendix Exhibit F.14.

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VII. SUMMARY AND DISCUSSION

Though the demonstration has clear policy objectives, the theoretical impacts of POD on SSDI beneficiary outcomes are ambiguous. Congress authorized POD as part of a broader effort for SSA to test demonstrations that could promote the policy objective of increasing the labor force attachment of SSDI beneficiaries.[69] The key program features of POD attempted to simplify current SSDI rules (such as eliminating the TWP) and implement a benefit offset. Although the rule simplifications and benefit offset could enhance employment outcomes, the theoretical implications were ambiguous because the POD rules might lead to either increases or decreases in total income (as compared to current rules) depending on a beneficiary's work history, such as TWP completion.

The evaluation focuses on impact estimates across four primary outcomes to capture the efficacy of POD relative to these policy objectives. Despite POD's policy objectives, the impacts of POD on the primary outcomes—earnings, substantive employment, benefits, and income—are ambiguous. As we describe in the design report (Wittenburg et al. 2018), one reason for the ambiguity is that some beneficiaries might be made worse off under POD (such as those who have not yet completed the TWP), whereas other beneficiaries would be better off (such as those who have completed their TWP and grace period and have earnings above the SGA amount). Consequently, the economic incentives of working under the POD rules could vary depending on the beneficiary's earnings history while receiving benefits prior to enrolling in the demonstration.

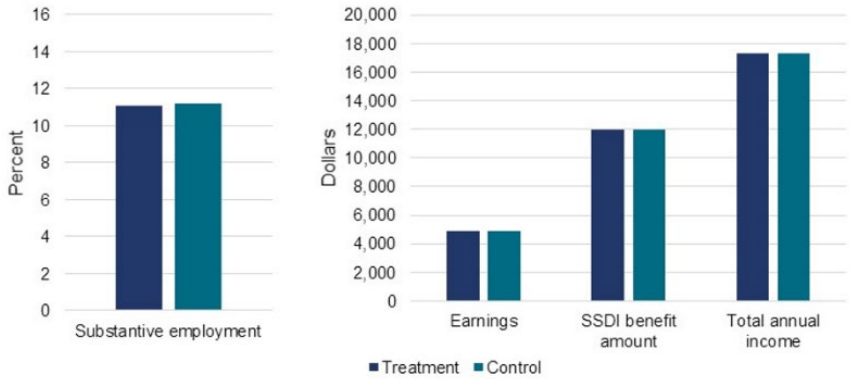
This chapter synthesizes the cross-cutting findings from the interim evaluation discussed in the previous chapters. To begin, we summarize the findings from each chapter. We then discuss how the findings from the interim process, participation, and impact analyses together present a comprehensive picture of POD's effectiveness one year after all enrollment activities were complete. We conclude with a discussion of how the COVID-19 pandemic might affect POD, along with our future plans to report evaluation findings.

A. Summary of evaluation findings

In Exhibit VII.1, we summarize the key findings from the interim evaluation of POD by research question. POD had no impact on the primary outcomes—the main measures of the intervention's efficacy—and most secondary outcomes. Because the POD interim evaluation findings presented in this report reflect the demonstration's impacts while it is still being implemented, an important caveat is that impacts might change as the demonstration continues. In addition to the impact analysis results, the exhibit summarizes other findings related to POD implementation and benefit offset use. These latter findings provide important insight that helps us understand why POD did not have the intended effects to date.

[69] For more details on the demonstration project authority, see https://www.ssa.gov/OP_Home/ssact/title02/0234.htm (accessed September 21, 2020).

Exhibit VII.1. Summary of interim evaluation findings by research question

Research question	Findings
What are the key features of POD implementation and enrollment?	• The implementation area included eight states. • POD included a benefit offset as well as direct and indirect supports to facilitate offset use. • POD enrollees are more likely to have a recent work history than other SSDI beneficiaries.
How were POD counseling services implemented?	• The average caseload per POD counselor in each state in 2019 was more than 200. • Nearly all treatment group members received some POD counseling. • Work-oriented treatment group members had highest usage of more intensive individualized work-incentive counseling.
How was the POD benefit offset implemented?	• About 22 percent of treatment group members reported monthly earnings (December 2019). • POD counselors and treatment group members noted challenges in tracking and submitting earnings information. • Operational bottlenecks created some delays in earnings report processing.
How was the POD benefit offset used and why did POD enrollees withdraw?	• Nearly one-quarter of treatment group members ever used the POD benefit offset. • The average monthly offset amount among users was about $500. • Nearly three-quarters of 2018 offset users experienced a work-related overpayment. • Treatment group members struggled to understand the new POD rules. • Overall, six percent of treatment group members withdrew for various reasons (for example, being financially better off under current rules).
What were the impacts of POD?	 • POD had no impact on the four primary outcomes—either overall or for any subgroups. • POD had positive impacts on employment-related activities (for example, seeking employment). • POD had no impact on other secondary health, program, or other outcomes.

B. Discussion of evaluation findings

In this section, we discuss cross-cutting findings from the first year after completion of POD enrollment around the research questions shown in Exhibit VII.1. Several key themes emerged that might have influenced beneficiary behavior. These include challenges understanding new POD rules, complications from earnings reporting and overpayments, and indications of increased work-related activities. Here, we discuss these factors in greater detail.

1. Enrollees faced challenges understanding work incentives under POD and current rules, which likely affected service engagement and outcomes

Though some POD enrollees might work regardless of the rules, others might return to work only if they understand the work incentive rules. Without understanding the benefit protections afforded by the work incentives under the current SSDI program rules or POD rules, POD enrollees are not likely to make optimal choices regarding work and earning. The POD enrollment materials described both sets of rules so eligible SSDI beneficiaries could make an informed decision about enrolling in the demonstration, but some beneficiaries might have enrolled without fully understanding the rules.

Broad understanding of work incentives was substantially limited for members of the treatment and control groups. For example, only about half of treatment group members correctly understood that monthly benefits are reduced under POD if monthly earnings are above a threshold level (Chapter V). Even fewer control group members indicated clear understanding of current rules. For example, just over one-quarter of control group members correctly understood the existence of a TWP, and less than half correctly understood that benefits could be terminated if earnings are too high.

The limited understanding of rules among treatment and control group members is likely a key driver of the POD participation and impact findings. Treatment group members mentioned that key barriers to working and using the offset included difficulties understanding the rules and reporting earnings. In turn, treatment group members who do not understand the rules will likely be unable to adapt their behavior, which contributes to the lack of impact findings.

POD is ongoing, so treatment group members have more time to learn about and eventually respond to the simplified rules. As discussed in Chapter III, treatment group members might not understand POD rules well in part because they usually received only information and referral services. An important metric to track in the remainder of the demonstration is whether treatment group members seek additional counseling.

2. POD had higher benefit offset use than an earlier offset demonstration

Because of the structure of the POD rules, there was substantially greater use of the benefit offset in POD relative to BOND. Under POD, 24 percent of treatment group members used the offset in 2019 (Chapter V). In BOND, which also tested a $1-for-$2 benefit offset, only 7 percent used the offset one year after enrollment. The higher rate under POD relative to BOND is at least partly explained by the fact that the simplified POD rules used a lower earnings threshold, assessed earnings relative to the threshold on a monthly basis, and enabled treatment group members to use the benefit offset immediately after enrollment.[70]

Much of the higher offset use could stem from mechanical adjustments in benefits without accompanying changes in earnings. There was some initial optimism that the relatively high usage of the offset in comparison to BOND might lead to subsequent impacts (Levere et al. 2020). However, because there were no POD impacts on primary outcomes, the high rate of

[70] By comparison, BOND used the higher SGA amount as the threshold for offset use, assessed earnings on an annual basis, and maintained the TWP and grace period (see Levere et al. 2020 for more details).

benefit offset usage may reflect the fact that many POD treatment group members could use the offset without changing their employment behavior. Indeed, 19 percent of POD treatment and control group members had a recent employment history of at least one month with TWP-level earnings at enrollment. Operationally, if earnings continued above the TWP threshold, then those assigned to the treatment group would use the benefit offset immediately.

3. Treatment group members did not cite the benefit offset as a key driver of their employment behavior

The lack of impacts raises an important question of how treatment group members respond to the new rules relative to those in the control group. Our findings indicate that employment was similar for members of the treatment and control groups through the first year, indicating that the benefit offset does not provide a strong enough incentive for treatment group members to change their employment behavior. Qualitative evidence supports this notion. Among POD treatment group members who worked enough to use the offset, few cited the benefit offset as a reason.

4. POD earnings reporting processes and subsequent overpayments created income fluctuations for treatment group members

Despite having various ways to report earnings, treatment group members struggled to report earnings in a timely manner. For example, among the treatment group members who reported earnings to SSA by December 2019, 35 percent were late. Our qualitative findings also indicate that messaging about earnings reporting created potential confusion among treatment group members on the level of earnings at which they should report. More generally, in qualitative interviews with treatment group members and POD implementation staff, respondents reported several challenges that hindered proper reporting.

The challenges related to earnings reporting resulted in overpayments, creating income fluctuations and, in turn, likely affecting employment decisions. About three-quarters of treatment group members who used the benefit offset in 2018 experienced an overpayment, with an average overpayment amount of $314 per month.[71] To put this result in context, 65 percent of SSDI beneficiaries who had enough earnings to have benefits suspended or terminated experienced an overpayment in 2010 (Hoffman et al. 2019). Because of the cash cliff, the amount of an overpayment for beneficiaries under current SSDI rules would equal their full benefit amount, which averaged $1,035 for all POD enrollees (Hock et al. 2020a). An important caveat is that POD treatment group members who used the offset may have characteristics that substantively differ from SSDI beneficiaries with earnings.[72] When it detects an overpayment, SSA temporarily reduces future benefit payments to recover the overpaid amount. In-depth interviews with treatment group members who experienced overpayments suggest that the resolution of overpayments was challenging for enrollees who did not anticipate them and might have affected the employment and earnings behavior of some beneficiaries. Beneficiaries

[71] These findings for 2018 should be considered cautiously. These estimates are measured in the year in which beneficiaries enrolled, meaning people were not subject to POD rules for the full calendar year, which could affect overpayments. In the final report, we will present overpayment patterns for 2019.

[72] We could not measure overpayments for control group members in this report because of the timing of overpayment processing for that group. We will explore patterns in overpayments for control group members in the final report.

sometimes perceived temporary reductions in benefit payments from SSA to recuperate overpayments as unexpected penalties for working, consistent with limited understanding of both the current and POD rules. The negative income shock from the temporary lower benefit prompted some beneficiaries to reduce their future work hours to protect against what they perceived as future uncertainty in benefit payments. However, because both treatment and control group members can be subject to overpayments, it is unclear whether overpayments might create substantive differences in beneficiary behavior between the two groups.

5. State variation in POD implementation approaches did not affect cross-state impacts

States had substantive differences in the amount of counseling services and implementation experiences. A mix of VR and WIPA agencies led implementation across the eight states, and the caseload size varied across providers. States also had substantive variation in counseling services that beneficiaries received, though this variation reflects a combination of implementation, economic condition, and service environment factors. Though the vast majority of POD treatment group members received some counseling services in each POD state, the share receiving individualized work incentive counseling (beyond information and referral) ranged from 22 percent in Vermont to 59 percent in California.

Despite the large state differences in context and benefits counseling services, state-level impact estimates indicate no effects of POD on primary outcomes. Across states, POD had no impact on the primary outcomes, which suggests that the cross-state variation in implementation did not influence whether impacts materialized.

6. Some evidence of increased employment-related activities among treatment group members suggests a need to track future impacts

Though most of the impact estimates described in this report show no impact of POD, POD increased some employment-related activities. We found positive impacts of POD on self-reported employment status, active job search status, and VR applications. POD also reduced the number of months SSDI benefits were suspended or terminated because of work, though that effect is likely a byproduct of POD rules rather than a behavioral response to the intervention.

It will be important to track in subsequent reports whether these patterns persist. On the one hand, if additional treatment group members pursue employment and subsequently work and earn more over time, then substantive impacts on earnings, benefit receipt, and income might materialize in the future. Conversely, the large economic shock associated with a global pandemic could limit beneficiaries' ability to find work, leading these early impacts to attenuate over time.

C. Looking ahead: Effects of the pandemic and future reports

The pandemic is likely to affect findings in future POD analyses. Considering this now will help us pursue exploratory analyses on how the pandemic affected POD enrollees' outcomes. We will present the findings in future reports.

1. The pandemic's potential effects on POD

Shortly after the time period considered in this report, the United States economy entered a recession for the first time in over a decade because of the COVID-19 pandemic.[73] In its immediate wake, the pandemic caused severe disruptions to the domestic labor market and health care system. As of when we wrote this report, COVID-19 is still actively spreading in the United States at rates that require public health mitigation efforts in many areas. Though the labor market has partially recovered from the immediate effects of the pandemic, national unemployment rates are still well above pre-pandemic levels—at 8.4 percent in August 2020 relative to 3.5 percent in February 2020.

Though the pandemic could change how the intervention affects beneficiary outcomes, it cannot influence the balance between the treatment and control groups. As established in Hock et al. (2020a), the random assignment process resulted in balanced characteristics between the treatment and control groups. This process helps ensure that any difference in outcomes between the two groups can be attributed as the impact of POD. However, the estimated impacts would reflect the effects of POD rules in the presence of the pandemic. Consequently, they would no longer reflect the impact of the POD rules more generally.

It is unclear whether the pandemic will suppress or enhance the impacts of POD. The pandemic's labor market disruptions have substantively increased unemployment across the board, implying that both treatment and control group members will have lower employment rates (Kessler Foundation 2020). The potential effects on the outcomes are ambiguous based on recent literature on impacts of employment interventions during recessionary periods. For example, a recent meta-analysis of more than 200 evaluations of active labor market interventions found that "programs in recessionary periods tend to have larger average impacts, particularly if the downturn is relatively short-lived." In part, this is because of poorer outcomes of the control group (Card et al. 2018). The severity of the economic recession under COVID-19, however, could make the experiences to be covered in the final round of the evaluation unique.

In response to the pandemic, SSA changed its operations in a way that affected both the treatment and control groups. The changes were part of the agency's initiative to offer relief to SSDI beneficiaries during the pandemic and were made independently of POD. Beginning in March 2020, the POD implementation team stopped submitting late monthly earnings records to SSA that would have resulted in overpayments for treatment group members. The implementation team held these earnings records and will submit them to SSA for benefit adjustment under the POD rules in late 2020. In August 2020, SSA also announced that overpayments identified by December 31, 2020, could be waived if they were incurred between March 1 and September 30, 2020, because SSA did not process an action for overpayments due to the pandemic.[74] For beneficiaries to receive the waiver, they must call the local SSA office to request it, and SSA must identify the overpayment by December 31, 2020. The waiver is also available to all POD enrollees. In the process and participation analysis for the final report, it will

[73] The lookback period for this report ends in December 2019, and the program records used to conduct the analysis were complete before spring 2020. Hence, the outcomes and impacts described in this report are not influenced by the pandemic.

[74] https://www.ssa.gov/coronavirus/

be important to assess how the waiver policy potentially affected behavior of both groups and, specifically, whether the changes fundamentally altered the POD services delivered. Also, the pandemic will impact the 2020 EOYR process because certain overpayments incurred during the year will be waived by SSA.

2. Future reports and special topic briefs

POD remains in the field through June 2021. The final evaluation report will examine the effects of POD across the entire demonstration period. That report will use updated data to answer again the research questions explored in this report; the updated data may also possibly be used for other analyses, including exploratory analyses on how COVID-19 influences our findings. In addition to the final evaluation report, the POD evaluation will also produce special topic briefs. For example, we will present findings on how the pandemic affected POD treatment group members.

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APPENDIX A:

ADDITIONAL INFORMATION ABOUT POD DESIGN AND DATA SOURCES FOR THE INTERIM EVALUATION

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This appendix contains information about the design of POD and the data sources used for the POD interim evaluation. For the design of POD, we draw directly from the summary in Hock et al. (2020a) to summarize the key features of current Social Security Disability Insurance (SSDI) rules and POD rules.[75] In the discussion on data sources, we summarize qualitative and quantitative data used for the process and participation analysis, as well as the survey and program data used for the interim impact analysis.

1. INFORMATION ABOUT THE DESIGN OF POD

As discussed in Chapter I, current SSDI rules can be complex for beneficiaries who return to work, and POD attempts to address the resulting challenges through a simplified set of new work rules. POD replaces the cash cliff under the current SSDI rules with a benefit offset that depends only on the amount of a beneficiary's earnings in a given month. However, POD rules do not help all beneficiaries in all circumstances (Wiseman 2016). The rest of this section contains additional details about the current SSDI and POD rules, and implications of the POD rules for beneficiaries.

A. Summary of current SSDI rules

By statute, to qualify for SSDI benefits, an individual must be unable to engage in work that constitutes substantial gainful activity (SGA). Earnings above the SGA amount are typically considered evidence that the beneficiary is able to work and therefore is ineligible to receive SSDI benefits.

Consistent with this logic, after 12 non-consecutive months in which SSDI beneficiaries may test the ability to work, the rules require suspension of their full cash benefit if their earnings reach or exceed the SGA level (the cash cliff). During the 12 months for testing work, which include a 9-month Trial Work Period (TWP) and a 3-month grace period, beneficiaries receive a full SSDI benefit check regardless of how much they earn. TWP months are counted within a 5-year rolling window. After completing the TWP, a beneficiary immediately enters the Extended Period of Eligibility (EPE). The first 36 months of the EPE are a re-entitlement period, during which benefits are suspended in months when earnings exceed the SGA amount (with the exception of a two-month grace period), but the Social Security Administration (SSA) will reinstate benefits if monthly earnings fall below the SGA level. In making this SGA determination, SSA uses an adjusted measure of earnings that deducts Impairment-Related Work Expenses (IRWE), sick pay, vacation pay, and subsidies.

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

[75] The original text for the current SSDI rules and POD rules appeared in Appendix A.1 of the recruitment and random assignment report (Hock et al. 2020a).

B. POD rules and associated services

To simplify existing rules, POD uses a fixed benefit offset rule to adjust the monthly cash benefit amount based on monthly earnings (Exhibit A.1). Under POD rules, SSA reduces benefits by $1 for each $2 in earnings above a given threshold. The POD threshold is defined as the greater of the TWP threshold ($910 in 2020) and a beneficiary's IRWE (up to a maximum of the SGA amount). In addition, POD rules eliminate the TWP, the grace period, and the EPE, so that earnings are governed by the same benefit offset rule over the whole demonstration period. The $1-for-$2 offset rule applies to earnings above the POD threshold until a beneficiary reaches the full offset point—that is, the level of earnings where the offset rule reduces benefits to zero—at which point benefits are suspended or terminated, as discussed below. Beneficiaries subject to POD rules have the right to revert to current SSDI rules at any point.

POD tests two versions of these simplified rules that differ in what happens to beneficiaries who reach the full offset point. As discussed in the main text, the POD evaluation team randomly assigned beneficiaries to one of two treatment groups (T1 or T2), with differing rules for benefit termination of those reaching full offset, or a control group (C) that continues to be subject to current SSDI rules. Specifically:

- **Members of the T1 group do not face termination because of earnings for the duration of the demonstration.** Though benefits may be reduced to zero because of earnings, SSDI entitlements continue for T1 group members. If earnings fall below the full offset amount, cash benefits and the POD offset will resume.
- **Members of the T2 group may be terminated after 12 months of full offset.** If benefits are reduced to zero because of earnings for 12 consecutive months, the entitlement to SSDI will be terminated for T2 group members. In this case, they are eligible for expedited reinstatement, as would be the case under current rules.

Exhibit A.1 provides a more detailed comparison of current SSDI rules and the new POD rules.

To support these new rules, the POD implementation team led by Abt Associates provides treatment group members with benefits counseling and additional services. These services help beneficiaries understand the POD rules and report earnings and IRWE to SSA in a timely fashion to support the administration of the benefit offset (Abt 2017). In addition, similar to the services that Work Incentives Planning and Assistance (WIPA) providers offer under current rules, POD counselors make referrals to other service providers—such as a Ticket to Work Employment Network (EN) or a vocational rehabilitation (VR) agency—for employment supports or vocational training. Hence, the POD evaluation is testing the POD rules (including the benefit offset), POD benefits counseling, and associated services. For shorthand, we refer to the overall evaluation as an evaluation of POD rules.

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

Current rules	POD rules
• When SSDI beneficiaries work, they are required to report earnings to SSA. SSA also obtains evidence of earnings from the Internal Revenue Service and other sources. Given evidence of earnings, SSA conducts a Work Continuing Disability Review (Work CDR) to confirm beneficiaries' continued eligibility for benefit receipt. If the Work CDR indicates substantial earnings, SSA suspends benefit payments and eventually terminates benefits for sustained SGA level earnings, while if the Work CDR verifies continuing disability, disability payments can continue. • SSDI beneficiaries are entitled to receive a full SSDI benefit check during a 9-month TWP, during which time they can earn any amount. The TWP is completed once a beneficiary has monthly earnings above the TWP threshold ($910 in 2020) or works more than 80 hours a month in self-employment for 9 months over a rolling 5-year window. The 9 months need not be consecutive. • After completing the TWP, beneficiaries enter the Extended Period of Eligibility (EPE). In SSA's terminology, disability "ceases" for beneficiaries who engage in SGA during the EPE. – During the EPE, only work earnings are evaluated relative to the SGA amount. Sick pay and vacation pay are deducted because they are not considered countable earnings. Similarly, subsidies provided by an employer and the cost of IRWE are also deducted from earnings for SGA determinations. – Once the EPE begins, cash benefits may be suspended for earnings above the SGA amount (the cash cliff). During the re-entitlement period, which comprises the first 36 months of the EPE, beneficiaries have cash benefits suspended if they earn above the SGA amount, but remain entitled to full benefits if their earnings are lower than that amount. – After the re-entitlement period, cash benefits are terminated if a beneficiary earns above the SGA amount. – There is a three-month exception to these suspension and termination rules called the grace period, consisting of the month of disability cessation and the following two months. During this period, beneficiaries continue to receive a full benefit check irrespective of their earnings level.	• Beneficiaries who work must still report earnings to SSA, but they are not subject to Work CDRs during the demonstration. • POD includes two treatment arms, both of which use the same rules to calculate benefits. The rules eliminate the TWP and the grace period. These rules also replace the cash cliff with a benefit offset that reduces benefits by $1 for every $2 earned above the larger of the POD threshold (chosen to align with the TWP threshold) and the amount of the POD enrollee's IRWE (up to a maximum of the SGA amount). • The POD benefit offset applies to gross earnings—that is, without making deductions of the type made under current law for the purposes of SGA determinations. • POD initially suspends cash benefits when they are reduced to $0 according to the $1-for-$2 offset, and the two treatment arms differ in their rules governing termination. In one treatment arm (T1), the suspension is not time limited; that is, there is no termination because of work. However, in the other treatment arm (T2), cash benefits terminate after 12 consecutive months of suspension. • Beneficiaries in the T2 arm who are terminated because of work remain eligible for EXR, as specified for those terminated under current rules. – A beneficiary in the T2 arm who receives an award of EXR re-enters POD. However, the 24-month IRP is paused during POD participation for those with an award of EXR. Such a beneficiary can therefore immediately use the POD offset again. • Beneficiaries in both treatment arms are subject to termination if their medical conditions substantially improve.

Exhibit A.1 *(continued)*

Current rules	POD rules
– If a Medical Continuing Disability Review indicates that a beneficiary's medical condition improved substantially, he or she will also be terminated from benefits. • Within 60 months of termination due to work, individuals can request that SSA reinstate their cash benefits through Expedited Reinstatement (EXR). The EXR application process is shorter than the full disability application process. During the EXR application process, beneficiaries might be eligible for provisional benefits for up to 6 months while SSA reviews their requests. Upon award of EXR, beneficiaries enter a 24-month Initial Reinstatement Period (IRP) where earnings must remain below SGA. If earnings exceed SGA, the beneficiary is not due benefits and is not credited with the completion of an IRP month. Upon completing the IRP, the beneficiary is eligible for another TWP and EPE.	

Source: SSA 2018.

C. Implications of POD rules for beneficiaries

Some beneficiary subgroups may fare worse under POD rules than under current SSDI rules. The differences between the two sets of rules could be important for understanding who might enroll in POD. We expected—and found—that some specific beneficiaries who would likely be better off under POD rules than under current rules would also tend to be more likely to enroll in POD, and, likewise, some beneficiaries who would likely be worse off under POD rules than under current rules would also tend to be less likely to enroll in POD (Hock et al. 2020a).

In general, the POD rules are favorable when a beneficiary has earnings above the current SGA amount, has few or no IRWE, and has completed the TWP and grace period. Under current law, beneficiaries with earnings greater than the SGA amount following the grace period receive no cash benefits from the SSDI program. Conversely, under POD rules, these beneficiaries will receive reduced cash benefit amounts, with their benefits reduced by half of the difference between their monthly earnings level and the POD threshold.

However, in some cases, POD rules can result in a lower total income—that is, earnings plus cash benefits—for at least a period of time, as demonstrated in the following three examples.

- First, under POD rules, benefits are immediately reduced by $1 for each $2 above the POD threshold amount. Under current rules, beneficiaries do not lose any benefits if they have not completed the TWP and grace period. Thus, during the TWP and grace period, beneficiaries' total income is higher under current law than under POD rules.
- Second, beneficiaries with earnings between the TWP threshold and the SGA amount are eligible for full benefits under current law, whereas under POD, their benefits are partially offset in all such months.

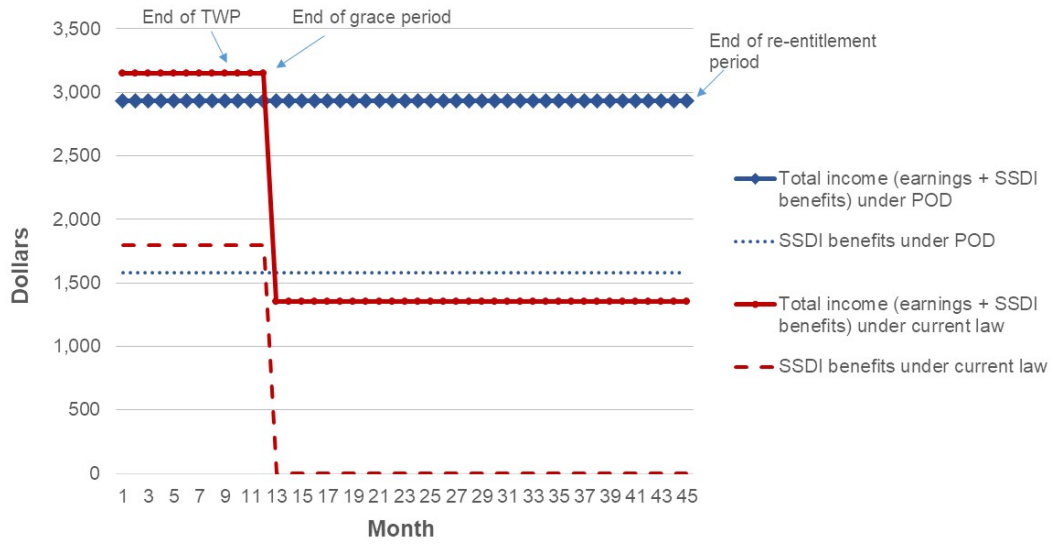
- Third, beneficiaries with IRWE cannot use them under POD rules to reduce the amount of earnings that SSA counts in determining their benefits, except to the extent that the IRWE exceed the TWP threshold.

Exhibit A.2 illustrates the first two scenarios described above for a non-blind beneficiary. In Example 1, the solid red line indicates that a beneficiary's total earnings are higher under current law during the TWP and grace period if earnings exceed the SGA amount ($1,260 in 2020). However, once the TWP and grace period are completed, total income under current rules (solid red line) would drop below total income under POD rules (solid blue line) for the remainder of the demonstration. This occurs because SSDI benefits would reduce to $0 under current law but remain stable under POD (as indicated by the red and blue dashed lines, respectively). In Example 2, the beneficiary's earnings lie between the TWP threshold ($910 in 2020) and the SGA amount. Therefore, the beneficiary is eligible to receive full SSDI benefits under current law (dashed red line). Benefits are partially offset under POD (dotted blue line), leading the beneficiary's total income to be higher under current law (solid red line with circles) than under POD rules (solid blue line with diamonds).

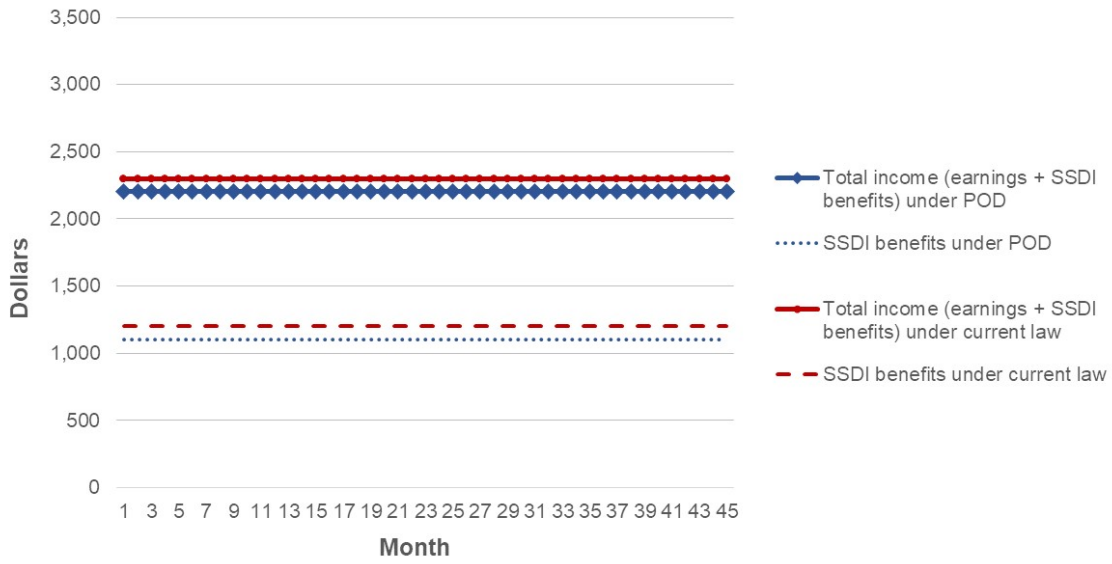
Based on the design of the POD rules, we expected that interest in POD would vary based on a beneficiary's characteristics. As discussed in the Evaluation Design Report (Wittenburg et al. 2018), enrollment rates were expected to be highest among those most likely to benefit from POD. For example, as highlighted by Exhibit A.2, beneficiaries with earnings consistently above the SGA amount would fare better under POD rules. We also expected beneficiaries who were already working to enroll in the demonstration at higher rates than those who were not working, because they would be better positioned to take advantage of the POD offset quickly.

Exhibit A.2. Scenarios illustrating a beneficiary's total income under current rules and POD rules

Example 1. Beneficiary's monthly gross SSDI benefit amount under current law is $1,800. Beneficiary earns $1,350 per month, completes the TWP in month 9, and completes the grace period in month 12. Under POD, benefits are reduced in month 1. Therefore, total income is higher in the first calendar year under current law than under POD and is higher under POD than under current law thereafter.



Example 2. Beneficiary's monthly gross SSDI benefit amount under current law is $1,200. Beneficiary earns $1,100 per month and completes the TWP in month 9, but never has benefits suspended or terminated because earnings are less than the SGA amount. Therefore, total income is always higher under current law than under POD.



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

2. DATA SOURCES

In this section, we describe the various data sources used for this report and provide an overview of how outcome measures were constructed.

A. Data sources for the process and participation analysis

As described in the POD evaluation design report (Wittenburg et al. 2018), we used a combination of data sources to generate the findings for the process and participation analysis. Our qualitative data collection for round 3 included a review of program documents and interviews with four types of respondents: implementation management staff, POD supervisors and counselors, SSA staff, and POD treatment group members. The majority of our data collection took place during the site visits conducted in early 2020, when we interviewed POD supervisors and POD counselors and held focus groups with POD counselors. In addition, we conducted interviews by telephone with implementation management staff, SSA staff, and POD treatment group members.[76] For quantitative data used in the process and participation analysis, we analyzed information from SSA program data, the recruitment and enrollment data system, and Abt's Implementation Data System (IDS) to examine service delivery during the first two years of program operations.

Because implementation of a new intervention is a dynamic process that may evolve continually, some of our findings may not fully reflect the current state of POD implementation.

[76] Not every respondent to qualitative interviews may have been asked all of the interview questions, so not all topics, particularly those raised by respondents, are supported by data from all POD sites.

The findings presented in this report are based on data reflecting on the first two years of POD implementation (January 2018 through December 2019).

1. Qualitative data sources

Program document review. As a starting point for qualitative data collection for the interim process analysis—the third round of qualitative data collection for the POD evaluation—we reviewed existing program documents and training materials to solidify our understanding of POD implementation procedures and the salient characteristics of the organizations that implemented POD (Exhibit A.3).

Exhibit A.3. POD program documents

Program document	Description
Abt's implementation design report	This document provides the blueprint for POD implementation (as of April 2017). It includes an overview of POD implementation milestones and the schedule for meeting the milestones. It also describes the procedures and standard communications Abt expected to use to coordinate between demonstration partners and POD counseling providers to ensure that all states consistently deliver POD services. Finally, the document describes how Abt planned to train staff in each state to deliver the proper services to treatment members.
Abt's training materials	These materials describe the initial training that Abt gave staff in preparation for POD's go-live date and thereafter for new staff hired to provide or support the provision of POD services.
Pre–site visit questionnaire	POD supervisors in each state completed the questionnaire before the in-person site visit to capture site-specific characteristics of the organizations delivering POD counseling services. The questionnaire also gathered information on program context, such as changes in the local labor market and employment service environment.

Telephone interviews. We conducted telephone interviews with demonstration partners, including SSA staff, Abt's implementation management team, and POD treatment members (Exhibit A.4). The purpose of the interviews with SSA and Abt's implementation management team was to collect in-depth information about administering the POD benefit offset; implementing operations and delivering services related to treatment members' use of the benefit offset; and collecting and processing monthly earnings and IRWE information from treatment members. The interviews with POD treatment members explored treatment members' experiences with POD benefits counseling, earnings reporting, factors influencing their ability to work and earn more, enrollees' comprehension of the POD rules, and factors that affected treatment members' decisions to withdraw from POD.

Site visit activities. We also conducted site visits to the implementing entity in each POD state. During the visits, we interviewed POD supervisors and POD counselors, and we convened focus groups with POD counselors. The purpose of the site visit activities was to learn about POD counselors' experiences delivering services and supporting treatment members' use of the POD benefit offset, as well as solicit their perceptions of POD treatment members decisions around work and earnings and understanding of POD earnings rules. We conducted site visit

interviews and focus groups by telephone, or through a combination of in-person and telephone data collection, depending on the location of POD counselors.[77]

Exhibit A.4. POD telephone interviews and site visit activities

Telephone interview	Description
Interviews with Abt's management team	We interviewed Abt's management team to learn about implementing operations and delivering services related to treatment members' use of the benefit offset, including activities to support the end-of-year reconciliation for calendar year 2018. Implementation activities and training were supported by several entities: Abt's management team, which oversees the implementation activities; Abt staff, which supports each of the direct and indirect support units; and Virginia Commonwealth University, a subcontractor to Abt, which provides technical assistance.
Interviews with SSA staff	We interviewed SSA staff who supervise the demonstration and SSA processing center staff who help to administer the POD benefit offset.
Interviews with POD treatment members	We interviewed POD treatment members to explore treatment members' experiences with POD benefits counseling, earnings reporting, factors influencing their ability to work and earn more, comprehension of the POD rules, and factors that affected treatment members' decisions to withdraw from POD.
Site visit activity	**Description**
Interviews with site staff	These staff include POD work incentives counselors (POD counselors) and managers supervising POD counselors (POD supervisors). We interviewed these staff to learn about their experiences delivering POD counseling services and supports to help treatment members use the POD offset.
Focus groups with POD counselors	We convened focus groups with POD counselors in each site to learn about their strategies for supporting POD treatment members' decisions around work and earnings; POD treatment members' understanding of the POD earnings rules; and factors that might influence POD treatment members' work behavior and ability to earn above the POD threshold.

2. Quantitative data sources

We draw on three sources of quantitative data to document participation in POD—SSA program records, recruitment and enrollment system, and the IDS (Exhibit A.5). These data include SSA program files with information about beneficiary characteristics at random assignment and longitudinal information about program and earnings outcomes. We also analyzed data from the POD recruitment and enrollment data system, which captures recruitment data for treatment and control group members. Lastly, we analyzed programmatic data from Abt's IDS to examine service delivery and to document POD processes.

[77] For an overview of organizations delivering POD counseling services (presented in Appendix B), we also used data from semi-structured interviews with key respondents and a pre-site-visit questionnaire completed by POD supervisors in spring 2018.

Exhibit A.5. Program data sources for process and participation analysis

Program data source	Description
SSA program data	These data include detailed information about beneficiary demographics, impairment, and program characteristics that support our assessment of POD participation. Specifically, these data include information about age, sex, impairment, and historical program information that our team used to construct profiles of POD enrollees.
Recruitment and enrollment data	These data contain information about the characteristics of enrollees from SSA program data; direct outreach (number of mailings sent); recruitment and enrollment (for example, completed recruitment packets); and random assignment status (treatment group T1 or T2, or control group). We use these data to summarize findings about withdrawals and other status changes.
Abt IDS	These data support our examination of the provision of POD counseling services, how POD states and the POD support units facilitated and managed monthly reporting of earnings and IRWE, and whether certain elements of the intervention were implemented as intended.

B. Data sources for the impact analysis

We used a combination of program and survey data sources to conduct the impact analyses. To measure the primary outcomes, we relied on data from SSA program records, which contain the most accurate and complete measures of earnings and benefit receipt by SSDI beneficiaries. To supplement the primary outcomes found in SSA program records, we estimated impacts on several secondary outcome measures from the POD one-year follow-up survey, which collected information on the outcomes and experiences for a random sample covering half of all POD enrollees. We also measured additional secondary outcomes from SSA program records and Rehabilitation Service Administration (RSA) program records. The impact analyses for primary and secondary outcomes also used data from Mathematica's recruitment and enrollment system as well as the POD baseline survey to account for demonstration features and beneficiary characteristics at enrollment. The POD baseline survey was a self-administered survey that collected data from all enrollees—information that is unavailable in the SSA program records, such as interest in work, current employment, work challenges, and health status.

The period over which each outcome is measured differs depending on the data source. Our goal was to measure all outcomes for the 12 months after enrolling in POD. However, because enrollment occurred on a rolling basis throughout 2018, the first 12 months after enrollment varied based on beneficiaries' date of enrollment. If monthly data are available, we can construct outcome measures for the first 12 months after enrollment. Monthly data are available for most POD outcomes. However, earnings and income from program records are only measured annually. We used 2019 calendar year data to measure earnings and income from program records because it was the first calendar year after nearly all POD enrollment was complete. Exhibit A.6 indicates the timing of measurement for all data sources.

Exhibit A.6. Timing of outcome measurement for impact analysis

Data source	Frequency of measurement	Reference period for outcome measurement
SSA program records, benefit data	Monthly	12 months after POD enrollment
SSA program records, earnings data	Annually	Calendar year 2019 (the first calendar year after nearly all POD enrollments were completed)
RSA program records	Monthly	12 months after POD enrollment
POD one-year follow-up survey	One-time survey	12 months prior to the survey (survey was initiated one year after POD enrollment)

SSA program records. We obtained data capturing information about POD enrollees' SSA disability payments and annual earnings.[78] We used the disability program benefit data from February 2018 to December 2019, which covered the 12 months following POD enrollment for all enrollees. The annual earnings data covered 2019, which encompassed the calendar year after the year of enrollment.[79] Data on monthly SSDI program participation, including monthly benefit payments and measures of suspension and termination due to work, came from the Payment History Update System and from the Master Beneficiary Record. Data on Supplemental Security Income (SSI) receipt, including monthly payment amounts and measures of suspension and termination due to work, came from the Supplemental Security Record (SSR). Finally, we used data on SSA's Ticket to Work Systems, including records from the Vocational Rehabilitation Reimbursement Management System, to capture participation in employment programs. In addition to data on outcomes, we obtained data on several key baseline characteristics from disability benefit program measures, such as age, primary diagnosis, duration of SSDI receipt, recent earnings about the TWP amount, and more.

POD one-year follow-up survey. We conducted a follow-up survey for a randomly sampled group of half of all POD enrollees 12 months after they enrolled in POD. The survey captured information about enrollees' employment, understanding and attitudes of work and work incentives, income, health and functional status, and health insurance. We designed the random sampling procedure to guarantee that the characteristics of those who were selected to participate in the survey closely resembled the characteristics of all POD enrollees.[80] The

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

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

[80] In conducting random selection, we evaluated if a potential sample was similar to all POD enrollees by comparing those sampled and not sampled along the factors used in stratified random assignment: age at the time of random assignment, SSDI duration at the time of random assignment, primary diagnosis (any of neoplasms, injuries, or severe visual impairments), and if they had recent earnings above $1,000 per month as reported in the baseline survey. We conducted a statistical test with a null hypothesis that the sampled and non-sampled groups were similar for each of these characteristics. If the *p*-value associated with this test was not sufficiently high, we discarded the sample and re-sampled again until we found a sample that was sufficiently comparable. We conducted these statistical tests for all POD enrollees, within each of the three randomization groups, and within each of the eight

random selection plus similar characteristics of the survey sample means that the estimates from the survey data are representative of all POD enrollees.

The completion rate for the survey was 84 percent. Among the group of 5,044 enrollees randomly sampled to participate in the survey, 4,847 (or 96 percent) remained eligible for the survey at the time we fielded the survey. The primary reason beneficiaries were no longer eligible was that they had withdrawn from the demonstration and asked to no longer be contacted. We also excluded the deceased sample cases from the survey-eligible group. Among those eligible for the survey, 4,073 completed it (or 84 percent). We administered the surveys both by telephone and on the web: among those who completed the survey, 65 percent used the web-based platform, and 35 percent completed by telephone. The median length of time to complete the survey was 24 minutes.

To ensure that the survey covered the period approximately corresponding to the 12 months after POD enrollment, we divided enrollees into cohorts based on the enrollment date and released the survey at different times. Over five and a half months (a 24-week period), we attempted to conduct interviews with all members of each cohort. Exhibit A.7 shows the survey fielding start and end dates for each cohort based on the month of enrollment.

Exhibit A.7. Timing of outcome measurement for impact analysis

Cohort number	Enrollment months	Survey fielding start date	Survey fielding end date
1	1/2018-2/2018	5/6/2019	10/14/2019
2	3/2018	5/6/2019	10/14/2019
3	4/2018	5/6/2019	10/14/2019
4	5/2018	5/20/2019	10/28/2019
5	6/2018	6/17/2019	11/25/2019
6	7/2018	7/22/2019	12/30/2019
7	8/2018	8/19/2019	1/27/2020
8	9/2018	9/23/2019	3/2/2020
9	*10/2018*	*10/21/2019*	*3/20/2020*
10	11/2018	11/18/2019	3/20/2020
11	12/2018-1/2019	11/18/2019	3/20/2020

RSA program records. We obtained data capturing information about POD enrollees' participation in VR. We used RSA data from February 2018 to December 2019, which covered the 12 months following POD enrollment for all enrollees. These data indicate whether the beneficiary applied for services, received services, or had a successful case closure with employment during that period.

sites. The smallest *p*-value accepted was 0.40 for all POD enrollees, 0.25 for the three randomization groups, and 0.10 for each of the eight sites. To confirm that the probability of selection was still 0.5 for each POD enrollee with this re-sampling approach, we also conducted simulations to select 10,000 random samples using the same criteria. We then calculated the share of samples in which each person appeared. Because each person was in roughly one-half of the 10,000 random samples, closely mirroring the distribution to if we had conducted 10,000 random samples with a probability of 0.5, we inferred that our re-sampling approach still gave each beneficiary an exactly one-half probability of being included in the sample.

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APPENDIX B:

SUPPLEMENTAL EXHIBITS FOR CHAPTER II

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Exhibit B.1. Economic indicators, employment-related services, and top industries employing people with disabilities by POD state

State	Employment-population ratio for people with disabilities for December 2018	Employment-population ratio for people without disabilities for December 2018	VR operating under order of selection in December 2019	Reported delays in accessing VR services in 2019[c]	Reported top industries employing people with disabilities[d]
Alabama	29.1	73.3	No	No	Food service Health care
California	38.2 [a]	76.0 [a]	No	No	Retail clerical
Connecticut	38.9	79.4	Yes	No	Retail Food service
Maryland	47.9 [a]	81.8 [a]	Yes	No	Food service Clerical and retail[b]
Michigan	35.5	77.7	No	No	Manufacturing Light production
Nebraska	50.1	83.6	Yes	Yes	Food service Retail
Texas	43.5 [a]	77.7 [a]	No	No	Food service Retail
Vermont	42.4	81.4	No	No	Retail Food Service
National	37.6	77.8	n.a.	n.a.	n.a.

Source: SSA 2019, U.S. Census Bureau 2019, and pre-site visit questionnaire completed by POD supervisors in January 2020.

Note: [a]Reflects the employment population ratio averaged across the counties included in POD in December 2018. State level data is presented for Nebraska and Michigan in lieu of county level data, as county level data was not available for Nebraska and for one county in the POD service delivery area in Michigan.

[b]The POD supervisor in Maryland indicated a tie between clerical and retail industry as the second most popular industry for people for disabilities in their state.

[c] POD supervisors were asked to indicate (Yes/No) whether VR agencies in the POD state had operated under an order of selection from January 2018 through January 2020. If the POD supervisor responded "Yes," they were asked if there currently were wait lists for clients with the most severe disabilities (Yes/No). For "Yes" responses, POD supervisors were asked to report how long, on average, clients had to wait to receive VR services.

[d]POD supervisors received a list of 17 industries and an "other" category and were asked to rank the top five industries in their POD site that employ people with disabilities. We only present the top two industries here.

n.a. = not applicable.

[Return to text]

Exhibit B.2. Overview of organizations delivering POD counseling services

State	Implementing entity, type, and subcontractor	Implementation partner characteristics
Alabama	Alabama Department of Rehabilitation Services (VR agency); subcontractor: Easter Seals Central Alabama	The Alabama Department of Rehabilitation Services administers state VR services and is also a WIPA provider. Easter Seals Central Alabama is the lower-tier subcontractor, which employs Community Work Incentives Coordinator certified (CWIC-certified) POD counselors who work for the Department as contractors to provide counseling services to POD treatment group members.
California	Managed Career Solutions (WIPA); no lower-tier subcontractor	Managed Career Solutions is a WIPA provider serving SSDI beneficiaries in Los Angeles County since 2015. The organization is also a Ticket-to-Work employment network and American Job Center. Senior leadership are prior vocational rehabilitation counselors.
Connecticut	Connecticut Department of Rehabilitation Services (VR agency); no lower tier subcontractor	The Connecticut Department of Rehabilitation Services is the state VR agency and also (since 2007) the statewide WIPA provider. The Department also participated in the Benefit Offset Pilot Demonstration. (BOPD).
Maryland	Maryland Division of Rehabilitation Services (VR agency); subcontractor: state mental health agency	The Division of Rehabilitation Services (DORS) is the state VR agency and holds the contract to provide POD counseling services in Maryland. DORS subcontracted with the Office on Mental Health (OMH) of Harford County to manage implementation of POD. OMH provides Ticket-to-Work employment network services and supports employment services for clients of DORS. OMH subcontracted with independent counselors to provide POD counseling services.
Michigan	United Cerebral Palsy of Metropolitan Detroit (WIPA); no lower-tier subcontractor	The organization, a WIPA provider serving SSA disability beneficiaries in the Detroit metropolitan area, provided benefits counseling to beneficiaries participating in BOND. The organization focuses on employment, assistive technologies, and advocacy services for those with cerebral palsy and other disabilities.
Nebraska	Easter Seals (WIPA); no lower-tier subcontractor	Easter Seals is a nonprofit organization that provides POD counseling services to POD treatment group members. The organization is also a WIPA provider and Ticket-to-Work employment network.
Texas	Imagine Enterprises (WIPA); no lower-tier subcontractor	Imagine Enterprises is a WIPA provider that supplies Medicaid waiver services and benefits counseling to SSA disability beneficiaries. The organization also provided benefits counseling to beneficiaries participating in BOND.
Vermont	Vermont Division of Vocational Rehabilitation (VR agency); no lower-tier subcontractor	This state VR agency is a WIPA provider and the main employment network for SSDI beneficiaries. The organization provided benefits counseling to beneficiaries participating in BOND and in the earlier BOPD.

Source: Abt Associates, 2017; questionnaires completed by POD supervisors in spring 2018 before site visits; and semi-structured interviews conducted with key respondents in spring 2018.

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Exhibit B.3. POD enrollment rates, by state

State	Size of POD solicitation pool	Number of enrolled beneficiaries	Enrollment rate (percent)	Share of POD enrollees (percent)
Alabama	69,925	1,276	1.8	12.7
California	100,640	2,432	2.4	24.2
Connecticut	38,777	1,013	2.6	10.1
Maryland	40,708	1,199	2.9	11.9
Michigan	22,361	591	2.6	5.9
Nebraska	12,104	370	3.1	3.7
Texas	128,315	2,977	2.3	29.6
Vermont	6,651	212	3.2	2.1
Overall	**419,481**	**10,070**	**2.4**	**100.0**

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

Note: The enrollment rate for each state measures the number of beneficiaries in the state who enrolled divided by the number in the solicitation pool. The share of POD enrollees measures the proportion of all POD enrollees accounted for by the given state. All numbers in the table have been rounded; consequently, reported percentages might not sum across categories to exactly 100.

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APPENDIX C:

PROCESS AND PARTICIPATION ANALYSIS METHODS AND SUPPLEMENTAL EXHIBITS FOR CHAPTER III

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1. PROCESS AND PARTICIPATION ANALYSIS METHODS

The findings we present in Chapter III are based on our analysis of quantitative and qualitative data. For our qualitative analysis, through site visits and telephone interviews, we collected data from a range of POD stakeholders—including implementation team members, POD counselors and supervisors, and current and former treatment group members. To facilitate the analysis of the data we collected, we used the Consolidated Framework for Implementation Research (CFIR) to support objective comparison of respondents' experiences with delivering POD counseling services across states. For our quantitative analysis, we used a combination of program data to track the three types of services: informational contact, information and referral (I&R), and work incentives counseling beyond I&R.

In this appendix, we highlight the supporting materials for Chapter III. We begin with a summary of CFIR given that we used it to support several cross-cutting themes in the chapter. We then present supporting descriptive statistics from the program that provide additional context to the exhibits and findings in the chapter.

A. Approach to summarizing qualitative data

As proposed in the Evaluation Design Report, we used CFIR to structure our analysis of qualitative data. The CFIR is a conceptual framework that was developed to guide systematic and transparent assessment of implementation in different settings to identify the myriad factors (barriers and facilitators) that might influence intervention implementation and effectiveness (Damschroder et al. 2009). The CFIR is intended to be flexible in application so that researchers can tailor the framework to the specific intervention design and context being studied.

1. Applied five CFIR domains to reviewing POD data

The 39 constructs included in the CFIR reflect the evidence base of factors most likely to influence the implementation of an intervention. The CFIR organizes these constructs into five domains, which we adapted to the context of POD implementation (Exhibit C.1).

Exhibit C.1. CFIR domains that might influence POD implementation

CFIR domain	Description as it relates to POD implementation
1. Characteristics of the intervention	Perceived ease or difficulty delivering POD counseling services and implementing the POD benefit offset.
2. Internal context of POD counseling provider/POD support unit	Features of the POD support unit or VR agency/WIPA provider delivering POD counseling services, such as organizational characteristics or cohesion across POD counselors.
3. Outer setting contextual features	Features outside the POD support unit or VR agency/WIPA provider delivering POD counseling services, such as beneficiary attributes or characteristics of the service environment or local economy.
4. Characteristics and attitudes of POD implementation staff	Characteristics of POD counselors (such as professional background, competency, and interpersonal style) and POD support unit staff members involved in the administration of the POD benefit offset.
5. POD infrastructure and implementation processes	POD processes and infrastructure (such as the IDS, fax machines, and online earnings report portal) that support POD counseling service delivery, earnings reporting, and POD operations.

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We designed our semi-structured interview guides and trained interviewers to ensure that we collected data related to respondents' experience with delivery of POD counseling services. Qualitative interviews sacrifice standardized interview questions for questions that can be tailored to generate a coherent narrative from each respondent's unique perspective that informs the research questions. Our interview guides prompted respondents to discuss their experiences with each component of the POD intervention. Interviewers did not ask questions about specific CFIR constructs; rather, they asked respondents questions about their experiences with each component and then probed to generate a rich narrative about challenges they faced or supports that facilitated implementation.

To code and organize our data for analysis, we used a template analysis approach. This approach involves using a codebook to balance the structure involved in using a framework to analyze data with the flexibility necessary to adapt the codebook to the study context. Before coding the data, we developed two codebooks that are relevant to our analysis in Chapters III, IV, and V. In one codebook, we defined codes for each operational component of POD, including POD counseling services and benefit offset processing activities. Defining these operational codes enabled us to organize data for analysis around the distinct components of the POD intervention, as opposed to the POD intervention overall. For example, I&R services and work incentives counseling services beyond I&R were distinct codes for which barriers and facilitators emerged from our analysis. In the second codebook, we included 20 of the 39 CFIR constructs and their definitions as codes to capture barriers and facilitators that might influence the implementation of the POD components. These codes were generally more analytic, in that they required the coder to interpret the data and decide whether they reflect a neutral description of POD services or a barrier or facilitator to delivering POD services. During the initial coding of three transcripts and following the template analysis approach described above, we adapted the CFIR codes to fit the context of POD and removed one CFIR code that was not reflected in the transcripts.

Coders were trained to be judicious in applying the fewest codes possible in their interpretation of the meaning of each data segment, which typically included an interview question and response. When coding the data, coders made three decisions for each data segment. First, the coder determined which of the components of the POD intervention was being discussed and assigned the appropriate operational code (such as I&R). Second, the coder identified which one of the five CFIR domains reflected the implementation theme in the data (such as characteristics of the intervention). Third, the coder determined which CFIR code within that identified domain was reflected in the data segment and assigned the appropriate contextual code. After coding the data, we summarized the coded data segments in matrices for cross-case analysis of patterns of barriers and facilitators relating to each POD component.

The analytic matrices facilitated simultaneous assessment of a large volume of data so we could make between-site (or across site) comparisons and identification of similarities, differences, and trends in POD implementation for each combination of POD component and CFIR code. This highly structured analysis process ensured that all team members followed the same steps and used the same research questions and definitions to guide their judgement when interpreting the data and identifying salient themes.

POD implementation should be interpreted as exploratory at the early stage of implementation. A related caveat is that, while our analytic approach supported the systematic assessment of themes, some themes emerged outside our original research questions. Each CFIR construct presents a theoretical proposition of factors that may emerge in the data to influence implementation. With an exploratory approach, some themes may emerge organically during interviews. With CFIR providing a comprehensive evidence base of factors most likely to influence implementation, it allowed us to objectively capture and assess these emergent topics.

2. Identified key themes on barriers and facilitators

In assessing barriers and facilitators that may have influenced the POD counseling services described in chapter III, we found that barriers and facilitators emerged within most CFIR domains to influence POD implementation. In this section, we describe the barriers and facilitators that emerged to influence informational contacts, I&R services, and individualized work incentives counseling services beyond I&R. We also discuss barriers and facilitators that emerged to influence POD counseling services overall.

POD counseling services overall. Positive perceptions of POD counselors by treatment group members may have facilitated the implementation of POD counseling services overall. Among the sample of current and former POD treatment group members who were interviewed about their perceptions and experiences with POD, most found their POD counselors to be encouraging, informative, and supportive. Most also found their POD counselors to be "easy" or "very easy" to contact.

Informational contacts. Treatment group members' negative attitudes about work and lack of understanding, confusion, and mistrust of POD posed challenges to POD counselors during initial interactions. Many treatment group members were reportedly not working or not interested in working when they enrolled in POD. Many treatment group members enrolled in POD without understanding the demonstration. Staff in local SSA offices were not aware of POD, which created confusion among treatment group members and, in some cases, mistrust of POD. POD counselors spent time educating treatment group members, addressing their concerns, and persuading them to remain enrolled in POD.

I&R services. POD counselors believed their efforts to develop trusting relationships with treatment group members and speak to them in plain language increased the likelihood that they engaged I&R services. In a few cases, POD counselors took it upon themselves to develop materials to encourage enrollees to take advantage of I&R services.

Individualized work incentives counseling services beyond I&R. Treatment group members who were employed may not have found individualized work incentives counseling beyond I&R relevant to their circumstances, and those who were not employed or looking for employment may not have engaged in services. In some cases, this may have been because they feared losing their benefits.

POD counselors found the benefits summary and analysis (BS&A) report and Work Incentives Plans (WIP) to be helpful for explaining complex employment and benefit circumstances and improving treatment group members' understanding of POD. However, the BS&A could be complicated and overwhelming for some treatment group members. Moreover,

POD counselors faced challenges completing the BS&As due to challenges obtaining complete benefits information and coordinating with the POD processing center.

Exhibit C.2. Key facilitators and barriers to delivering POD work incentives counseling services by CFIR domain

	POD counseling services overall	Informa-tional contacts	Information & referral services	Work incentives counseling services beyond information & referral
Characteristics of POD Intervention				
WIPs are useful for treatment group members who have complex employment and benefit circumstances.				F
The BS&A is a helpful tool for improving treatment group members' understanding of POD.				F
The BS&A could be too long and overwhelming for treatment group members.				B
Characteristics of individuals implementing the POD intervention				
POD treatment group members found POD counselors to be supportive and easy to contact.	F			
POD counselors were most effective in delivering I&R services when they developed trusting relationships with treatment group members.			F	
Local context outside of POD				
POD treatment group members were not working and were not interested in working.		B		
POD treatment group members did not understand POD and had concerns about its validity.		B		
Staff in local SSA offices were not familiar with POD.		B		
I&R services were only effective if counselors were able to engage treatment group members; a variety of strategies were used to reach treatment group members.			F/B	
POD counselors lacked direct access to the benefits information needed to verify and develop BS&As.				B
Treatment group members had varying levels of need for work incentives counseling.				F/B
Some treatment group members did not engage in counseling due to concerns about jeopardizing their benefits if and when they return to work.				B
POD counselors helped treatment group members to understand the POD rules and use them to their advantage.				F
POD infrastructure and implementation processes				
POD counselors faced challenges coordinating with the POD processing center which delayed completion of the BS&As.				B

Note: For each POD component, F indicates facilitators and B indicates barriers, where applicable. No prominent facilitators or barriers were identified for the CFIR domain of "internal context of WIPA provider/state VR agency"; hence, it is not reflected in the exhibit.

BS&A = benefits summary and analyses; CFIR = Consolidated Framework for Implementation Research; I&R = information and referral; WIP = Work Incentives Plans; WIPA = Work Incentive Planning and Assistance.

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B. Approach to descriptive analysis of quantitative data

Chapter III describes findings about how treatment group members engaged in the three primary components of the POD intervention: informational contact, I&R services, and individualized work incentives counseling services beyond I&R. We assessed POD counseling service delivery by treatment group and by treatment group member work status at the time of enrollment using data from the IDS, the POD automated system, and SSA program files (Exhibit 1II.4).

2. SUPPLEMENTAL EXHIBITS

This appendix contains supplementary exhibits showing POD counseling service delivery by treatment group and state, as well as treatment group members' perceptions of POD counseling service delivery.

Exhibit C.3. POD counselors and caseloads, by state

State	POD counseling service provider type	Number of POD counselor FTEs as of December 2019	Number of POD treatment group members per POD counselor FTE December 2019
All sites	--	32.5	270
Alabama	VR	5.2	250
California	WIPA	7.8	278
Connecticut	VR/WIPA	2.8	243
Maryland	VR[a]	5.2	272
Michigan	WIPA	2.6	213
Nebraska	WIPA	1.6	185
Texas	WIPA	6.0	328
Vermont	VR	1.3	217

Source: Programmatic data provided by Abt; pre-site visit questionnaires completed by POD supervisors in January 2020.

Note: [a]Office on Mental Health of Hartford County subcontracted with various independent contractors.

FTE = full-time equivalent; WIPA = Work Incentive Planning and Assistance.

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Exhibit C.4. Description of POD counseling services

POD counseling service	Description	Treatment group members likely to use service
Informational contact	POD counselor's initial interactions with treatment group members involve onboarding during which the POD counselor introduces POD and collects demographic, health, and employment-related information from the treatment group member. The POD counselor uses this information to assess whether the treatment group member will require information and referral (I&R) services only or individualized work incentives counseling services beyond I&R.	All treatment group members
I&R	POD counselor provides initial overview of the POD rules, tailored to the treatment group member's specific treatment group. I&R services involve the POD counselor gathering information about the treatment group member and their current employment and earnings status and referring them to appropriate employment services and supports.	All treatment group members
Individualized work incentives counseling services beyond I&R		
BS&A reports	POD counselors develop Benefits Summary and Analysis (BS&A) reports for treatment group members that summarize member-specific information about their current federal and state benefits, past and current use of SSA work incentives, and current employment or earnings goal(s). POD counselors use the BS&A to help treatment group members understand (1) how their employment and earnings goal(s) will affect their current benefits, (2) the work incentives for which the POD enrollee treatment group members is eligible, and (3) employment services that available to could help them achieve their employment and earnings goal(s).	Work-oriented treatment group members
Work incentive plan (WIP)	POD counselors develop WIPs in collaboration with treatment group members after they have reviewed the BS&A together. The WIP is a written document that describes the treatment group member's action plan for using work incentives to achieve their employment and earnings goal(s).	Work-oriented treatment group members
Other POD counseling services		
Earnings reporting	POD counselors work closely with treatment group members who are known to be earning over the POD threshold; the counselors explain earnings reporting requirements, collect timely and accurate earnings and IRWE information, and answer related questions.	Treatment group members with earnings above the POD threshold
SSA notices, appeals, waivers of overpayments	POD counselors explain SSA notices and assist with submitting appeals of SSA decisions and requests for waivers of overpayments.	Treatment group members requesting this service
Offboarding	POD counselors explain the implications of withdrawal and the steps to complete the process.	Treatment group members requesting this service

Source: Abt's POD counselor role-based manual, version 1.4, and site visit interviews.
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Exhibit C.5. POD counseling service receipt through December 2019, by treatment group

Type of service	Sample mean (percent)		Difference	*p*-value
	Treatment group members whose benefits will not terminate if suspended for 12 continuous months (n =3,343)	Treatment group members whose benefits will terminate if suspended for 12 continuous months (n =3,357)		
Informational contact	99.8	99.9	-0.1	0.24
I&R services	81.3	79.3	2.0**	0.04
I&R services only	36.0	39.1	-3.0***	0.01
Work incentives counseling services beyond I&R	45.4	40.4	5.0***	0.00
Received a BPQY	32.2	33.3	-1.0	0.38
Received a BS&A	21.7	21.0	0.6	0.50
Received a work incentive plan	16.4	16.4	-0.1	0.92
Received an employment service referral	32.4	27.2	5.2***	0.00
Received an employment support referral	10.6	7.7	2.9***	0.00
Received an employment service or support referral	33.7	28.2	5.4***	0.00

Source: Programmatic data provided by Abt Associates, May 2020.

Note: Percentages are unweighted.

***/**/* indicate a statistically significant difference between treatment group 1 (T1) and treatment group 2 (T2) members at the 1/5/10 percent level.

BS&A = benefits summary and analyses; BPQY = Benefits Planning Query; I&R = information and referral.

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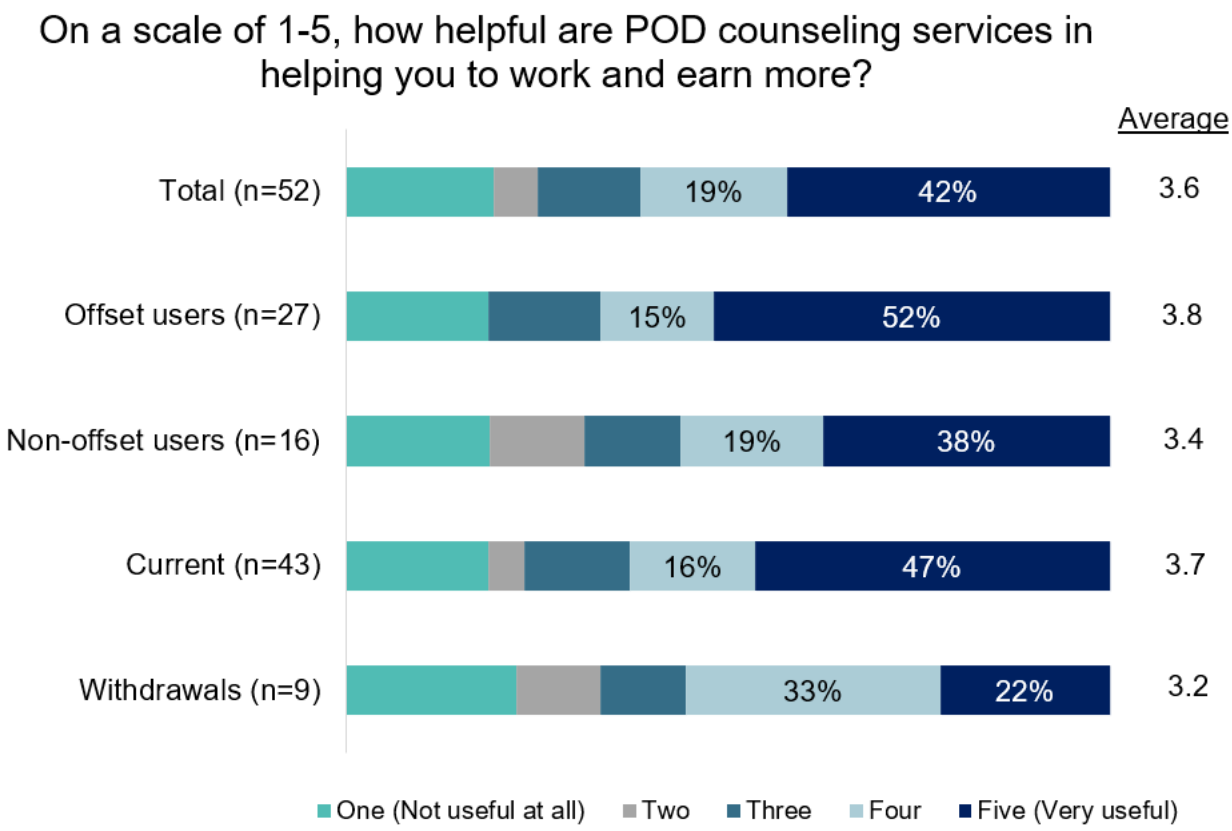
Exhibit C.6. Perception of usefulness of POD counseling services among POD treatment group members



Source: In-depth interviews with current and former POD treatment group members.

Note: The percentage numbers shown in the figure indicate the proportion of respondents who reported that they found POD counseling services "useful" or "very useful". Offset users are those treatment group members whose earnings were over the POD threshold ($850/month in 2018 for non-blind subjects), and, therefore, a benefit offset was applied to the difference between their earnings and the threshold (a $1 reduction in benefits for every $2 earned over $850). The sample size was 52 current and former POD treatment group members. This is not a representative sample of POD treatment group members.

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Exhibit C.7. POD counseling service receipt through December 2019, by state (percentage of treatment group members)

Type of service	AL	CA	CT	MD	MI	NE	TX	VT	Total
Individualized work incentives counseling beyond I&R									
Benefits Planning Query	24.4	41.5	25.1	25.5	27.2	28.2	37.1	25.0	32.8
Benefits Summary and Analysis	17.2	32.7	12.4	14.1	8.7	13.9	23.8	14.3	21.4

Source: Programmatic data provided by Abt.

Note: The sample size was 6,700 combined treatment group members.

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APPENDIX D:

SUPPLEMENTAL EXHIBITS FOR CHAPTER IV

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1. PROCESS AND PARTICIPATION ANALYSIS METHODS

The findings we present in Chapter IV are based on our analysis of quantitative and qualitative data. For our qualitative analysis, we use data collected through site visits and telephone interviews with a range of POD stakeholders, including implementation team members, POD counselors, POD supervisors, and current and former treatment group members. To facilitate the analysis of the qualitative data we collected during interviews, we used the Consolidated Framework for Implementation Research (CFIR) to support objective comparison of respondents' experiences with the POD benefit offset across states. For our quantitative analysis, we used a combination of program data to track measures related earnings reporting.

In this appendix, we highlight the supporting materials for Chapter IV. We begin with a summary of CFIR given that we used it to support several cross-cutting themes in the chapter. We then present supporting descriptive statistics based on programmatic data that provide additional context to the exhibits and findings in the chapter.

A. Approach to summarizing qualitative data using CFIR

As described in Appendix C, we used CFIR to structure our analysis of qualitative data (Exhibit D.1). The CFIR is a conceptual framework that was developed to guide systematic and transparent assessment of implementation in different settings. For details on how we used the CFIR coding structure to develop themes, see Appendix C, Section A.

A key outcome from our coding was our assessment of barriers and facilitators that may have influenced earnings reporting described in Chapter IV. In assessing barriers and facilitators that may have influenced POD benefit offset implementation described in chapter IV, we found that barriers and facilitators emerged within most CFIR domains. This section describes the barriers and facilitators that emerged to influence the three dimensions of offset implementation: reporting of monthly earnings, processing of monthly earnings, and the end-of-year reconciliation (EOYR) process.

Reporting of monthly earnings. Treatment group members' lack of understanding of the POD rules, confusion about when to report earnings, limited computer literacy, poor record keeping, and life stressors posed challenges to their reporting of monthly earnings. The online reporting portal facilitated treatment group members' timely reporting of earnings, as did POD counselors support and use of reporting prompts (such as quarterly mailers and outreach calls).

Processing of monthly earnings. Logistical challenges at the POD processing center, including relocation of operations and a malfunctioning fax machine, led to a backlog in processing POD earnings reports. The time lag between a treatment group member's submission of earnings and the adjustment to their benefits created confusion around the benefits they ultimately received. Fragmented communication between POD support unit staff, POD counselors, and treatment group members created confusion regarding earnings reporting.

The EOYR process. Inconsistencies in treatment group members' reporting of monthly earnings created challenges for the EOYR process. The support that POD counselors provided to treatment group members in documenting their monthly earnings facilitated the EOYR process.

B. Approach to descriptive analysis of quantitative data

Chapter IV describes findings about how treatment group members reported earnings during the first two years of POD implementation. We assessed the timelines of monthly earnings submissions by reporting mode and POD state from January 2018 to December 2019 (Exhibit D.2). We also examined the quality control reviews of earnings reports. Specifically, we looked at the share of earnings reports that failed the initial and formal quality control reviews and the time it took to complete those reports (Exhibit D.3).

Exhibit D.1. Key facilitators and barriers to administration of the POD benefit offset rules, by CFIR domain

	Reporting of monthly earnings and IRWE	Processing of monthly earnings and IRWE	End-of-year reconciliation
Characteristics of POD intervention			
Treatment group members used multi-mode options available to report their earnings, with half using the online portal.	F		
Characteristics of individuals implementing the POD intervention			
POD counselors provided strong support to enrollees, which facilitated the EOYR process.			F
Local context outside of POD			
Myriad factors contributed to delayed reporting of earnings.[a]	B		
Accurately capturing monthly earnings information was challenging.		B	
Treatment group members' lack of understanding of how the $1 for $2 POD offset is administered created implementation challenges.		B	
Internal context of POD counseling provider/POD support unit			
Prompting of reporting and counselors' support throughout the reporting process facilitated timely reporting of earnings.	F		
POD counselors provided strong support to enrollees, which facilitated the EOYR process.			F
POD infrastructure and implementation processes			
Messaging about earnings reporting created confusion among enrollees and hindered proper reporting.	B		
Operational challenges in the POD support units delayed processing of some earnings reports.		B	

Note: For each POD component, F indicates facilitators and B indicates barriers, where applicable.

We used CFIR to structure our analysis of qualitative data on administration of POD benefit offset. The CFIR is a conceptual framework that was developed to guide systematic and transparent assessment of implementation in different settings to identify the barriers and facilitators that might influence intervention implementation and effectiveness (see Appendix C for an overview of the CFIR approach). The CFIR is intended to be flexible in application so that researchers can tailor the framework to the specific intervention design and context being studied. In assessing barriers and facilitators that may have influenced the benefit offset administration described in chapter IV, we found that barriers and facilitators emerged within all but one CFIR domains to influence offset implementation. No facilitators and barriers emerged related to the 'characteristics and attitudes of POD implementation staff' CFIR domain; hence, it is not included in the exhibit.

[a] The myriad factors include beneficiaries' poor understanding of the POD rules, challenges with computer literacy, life stressors, and poor record keeping, as discussed in Chapter IV, Sections 4 and 5.

CFIR = Consolidated Framework for Implementation Research; EOYR = end-of-year reconciliation; IRWE = Impairment-Related Work Expenses.

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2. SUPPLEMENTAL EXHIBITS

Exhibit D.2. Timeliness of monthly earnings submissions, by reporting mode and POD state, January 2018 to December 2019

Earnings reporting outcomes	POD states								
	AL	CA	CT	MD	MI	NE	TX	VT	All sites
Percentage of treatment group members who reported earnings for at least one month	16.3	20.3	21.0	23.0	21.0	25.2	24.9	36.9	22.1
Percentage of earnings reports submitted on time	63.8	65.9	69.2	61.5	64.2	66.8	64.5	60.8	64.8
Online portal	47.9	47.8	62.1	49.6	47.7	52.4	49.7	52.4	50.3
Mail	37.0	25.2	21.9	31.8	33.6	29.0	30.2	35.2	29.3
Fax	11.0	20.8	11.3	16.1	17.3	16.8	16.7	11.6	16.4
In person	4.1	6.2	4.7	2.6	1.3	1.8	3.4	0.8	3.9
Percentage of earnings reports submitted late	36.2	34.1	30.8	38.5	35.8	33.2	35.5	39.2	35.2
Online portal	33.7	39.6	43.0	28.2	34.9	20.9	41.4	42.9	37.5
Mail	44.1	25.5	36.8	45.3	44.0	49.7	35.0	27.3	36.0
Fax	18.7	24.1	16.5	25.4	19.1	24.5	21.0	27.3	22.0
In person[a]	3.5	10.8	3.7	1.1	1.9	4.9	2.6	2.5	4.5

Source: Programmatic data provided by Abt, January 2018 through December 2019.

Note: Treatment group members included in this exhibit are those who reported earnings within two months of the reporting month (for example, December 2019 earnings by March 1, 2020) during 2018 and 2019. We restricted our analysis to include earnings records submitted within two months of the reporting month to avoid including those earnings records submitted for the 2018 end-of-year reconciliation process. Figures shown represent a lower bound of treatment group members who used the benefit offset in the analysis period. Treatment group members submitted a total of 11,658 earnings reports through December 2019; 74 percent (8,656) were over the POD threshold amount. Treatment group members who reported by the deadline of the 6th of the following month are included in the "on time" category, whereas those who submitted after the 6th of the following month but within two months are included in the "late" category.

[a]Reporting earnings "in person" includes reports submitted in person to a POD office (if open) or on the phone to a counselor or the POD call center.

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Exhibit D.3. Earnings record quality review results, January to December 2019

Earnings record quality review results	All sites
Percentage of records completed that failed the *initial* QC review	**11.6**
Time to complete records that failed initial QC review (N =1,047)	
Average (days)	25.8
Percentage of records reviewed during 2019 that failed *formal* QC review	**0.4**
Time to complete records that failed formal QC review (N = 37)	
Average (days)	15.2

Source: Programmatic data provided by Abt Associates, May 2020.

Note: During 2019, treatment group members submitted a total of 11,658 earnings records to POD, of which 8,986 earnings records were completed and initially reviewed for quality control; 1,047 of these records failed the initial review. Not all submitted earnings records were processed because a subset were duplicative for a given reporting month or had earnings under the POD threshold amount. During 2019, the POD earnings support unit formally reviewed 2,505 earnings records that exceeded the POD threshold for quality control; of these, 37 earnings records failed the review. A total of 14 earnings records submitted during 2019 contained claimed Impairment-Related Work Expenses. The processing time for these records are included in the processing times measures.

QC = quality control.

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APPENDIX E:

SUPPLEMENTAL EXHIBITS FOR CHAPTER V

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This appendix presents supplementary exhibits related to benefit offset use and additional details about the data and approach used for the overpayment analysis discussed in Chapter V.

1. SUPPLEMENTARY EXHIBITS

Exhibit E.1. POD benefit offset use through December 2019, by treatment group

Outcome	Sample mean (percent)		Estimated Difference	*p*-value
	T1	T2		
Number of treatment group members	**3,343**	**3,357**		
Offset use				
Ever used the benefit offset	24.5	23.4	1.1	0.16
Ever had benefits reduced to $0	6.6	6.4	0.2	0.69
Used offset in the first month after enrollment	13.6	13.0	0.6	0.25

Source: POD enrollment data and programmatic data provided by Abt.

Note: Benefit offset users include 27 treatment group members who experienced benefit termination in their first month of offset use. We counted these treatment group members as offset users because their terminations could be appealed and overturned. The sample size was 6,700 combined treatment group members (T1 = 3,343; T2 = 3,357).

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Exhibit E.2. POD benefit offset use through December 2019, by state

Outcome	Sample mean (percent)								
	AL	CA	CT	MD	MI	NE	TX	VT	Overall
	(N = 849)	(N = 673)	(N = 1,623)	(N = 796)	(N = 391)	(N = 246)	(N = 1,981)	(N = 141)	(N = 6,700)
Offset use									
Ever used the benefit offset	19.0	22.6	21.0	24.9	23.0	27.2	26.7	37.6	24.0
Ever had benefits reduced to $0	4.9	6.7	4.9	7.0	5.9	8.1	7.1	9.9	6.5
Used offset in the first month after enrollment	10.7	11.8	10.1	14.1	13.0	18.3	15.1	23.4	13.3

Source: POD enrollment data and programmatic data provided by Abt.

Note: Benefit offset users include 27 treatment group members who experienced benefit termination in their first month of offset use. We counted these treatment group members as offset users because their terminations could be appealed and overturned. The sample size was 6,700 combined treatment group members (T1 = 3,343; T2 = 3,357).

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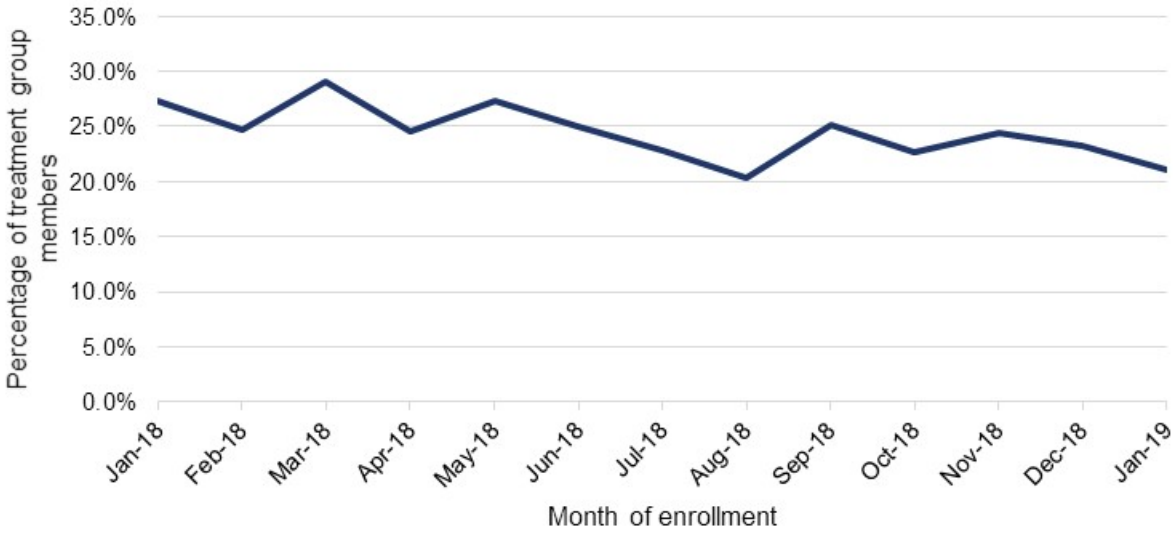
Exhibit E.3. Ever used the POD benefit offset between month of enrollment and January 2019, by enrollment month



Source: POD enrollment data and programmatic data provided by Abt.

Note: The POD enrollment period extended from January 2018 to January 2019. Offset users include 27 treatment group members who experienced benefit termination in their first month of offset use. We counted these treatment group members as offset users because their terminations could be appealed and overturned. The sample size was 6,700 combined treatment group members (T1 = 3,343; T2 = 3,357).

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Exhibit E.4. Characteristics of POD benefit offset users and non-users

Variable	Sample mean		Difference	
	Offset users	Non-users	Offset users vs. non-users	*p*-value
Number of treatment group members	**1,605**	**5,095**		
Demographics and disability characteristics				
Female	55.3	53.4	-1.8	0.249
Age group				
20 to 29 years	8.0	3.1	-4.9	0.000
30 to 39 years	21.1	16.7	-4.4	
40 to 44 years	12.5	11.3	-1.2	
45 to 49 years	16.9	16.1	-0.8	
50 to 54 years	22.1	25.1	3.0	
55 to 59 years	19.3	27.7	8.4	
Mean age (years)	45.1	47.7	2.7	0.000
Primary diagnosis				
Neoplasms	3.5	3.6	0.1	0.009
Mental disorders	41.1	40.0	-1.1	
Intellectual disabilities	3.2	2.7	-0.5	
Back or other musculoskeletal	16.9	17.7	0.8	
Nervous system disorders	5.7	6.4	0.7	
Circulatory system disorders	3.2	5.6	2.5	
Genitourinary system disorders	5.1	3.6	-1.5	
Injuries	4.2	3.6	-0.6	
Respiratory	1.4	1.6	0.1	
Several visual impairments	2.3	2.8	0.5	
Digestive system	1.6	1.1	-0.5	
Other impairments	11.9	11.3	-0.6	
Program characteristics				
Duration category				
Less than 2 years	9.2	8.7	-0.5	0.043
2 to less than 4 years	13.8	13.2	-0.6	
4 to less than 6 years	15.6	15.2	-0.4	
6 to less than 8 years	16.4	14.1	-2.3	
8 to less than 10 years	14.3	13.2	-1.1	
10 to less than 12 years	7.1	8.3	1.2	
12 or more years	23.6	27.3	3.7	
Mean SSDI duration (months)	104.6	112.6	8.0	0.001
Monthly SSDI benefits ($)	1,087	1,010	-77	0.000
Has representative payee	8.7	7.4	-1.2	0.149
Concurrent SSI receipt	11.9	19.0	7.1	0.000

Exhibit E.4 *(continued)*

Variable	Sample mean		Difference	
	Offset users	Non-users	Offset users vs. non-users	*p*-value
Employment history				
Completed TWP	30.5	17.7	-12.8	0.000
Recent history of TWP-level earnings	45.7	22.9	-22.7	0.000
Recent history of SGA-level earnings	37.6	18.9	-18.7	0.000
No recent history of SGA-level earnings	8.1	4.0	-4.1	0.000
Had a Ticket assigned in last 4 years	21.4	13.8	-7.6	0.000
Work at baseline				
Work status				
Employed	62.8	25.8	-37.0	0.000
Seeking work	21.6	21.3	-0.4	
Neither employed nor seeking work	15.6	52.9	37.3	
Monthly earnings over $1,000	40.8	5.0	-35.8	0.000
Expects to work in the next year	89.8	59.9	-29.9	0.000
Self-reported health				
Fair or poor	57.6	66.5	8.8	0.000

Source: SSA program records, the POD baseline survey, and POD programmatic data provided by Abt Associates, May 2020.

Note: Unless otherwise noted, all table entries are percentages. All numbers in the table have been rounded; consequently, reported percentages might not sum across categories to exactly 100.

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Exhibit E.5. Treatment group members' understanding of POD rules, by offset use

POD rule	All treatment group members	Offset users	Non-users
Trial Work Period[a]	34.0	37.1	32.9
Termination[b]	34.7	41.7	32.4
POD benefit offset[c]	49.0	71.7	41.6

Source: POD one-year follow-up survey.

Note: The sample size was 2,635 treatment group members (644 offset users and 1,991 non-offset users).

[a] Percent correctly answering the question, "Under POD, do you have a Trial Work Period where your benefits remain unchanged regardless of your earnings?"

[b] Percent correctly answering the question, "Under the POD rules, do your benefits ever terminate if your earnings are too high?"

[c] Percent correctly answering the question, "Under POD, are your benefits reduced at any time if your monthly earnings are above a level that SSA set for POD?"

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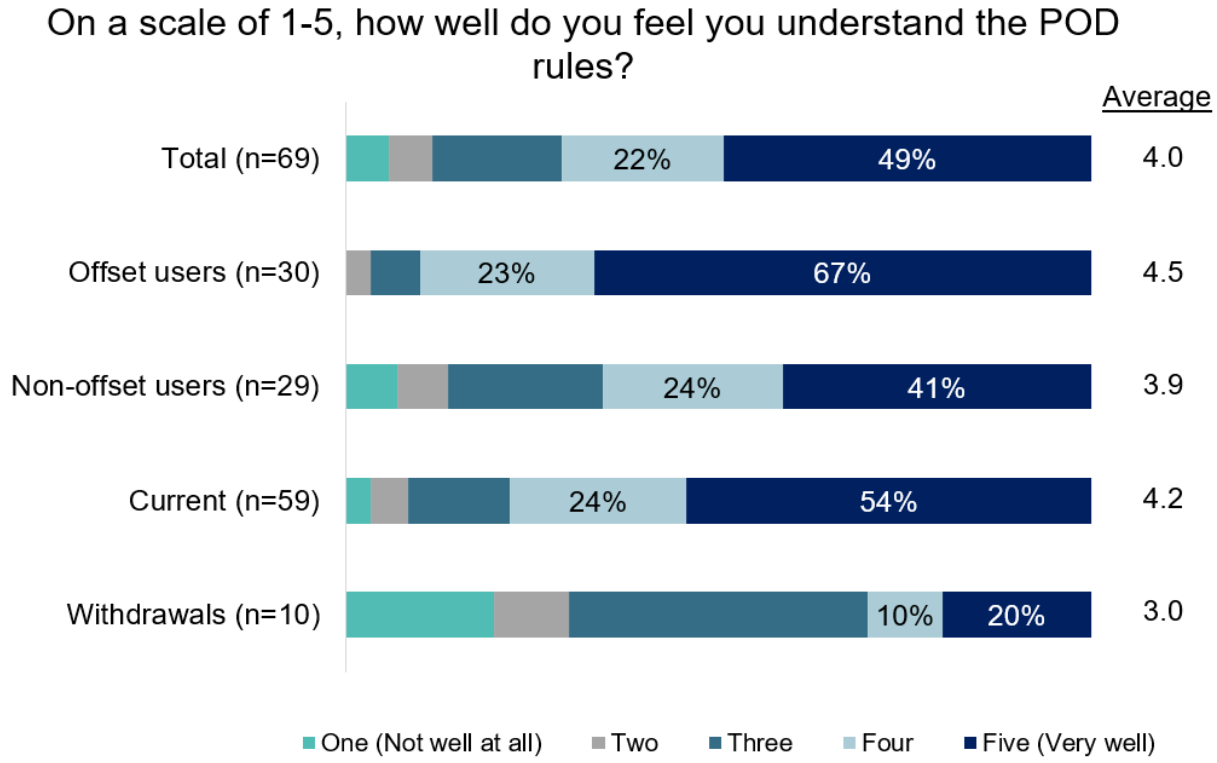
Exhibit E.6. Perceived understanding of POD rules for interviewees, by benefit offset use and current enrollment status



Source: Interviews with current and former POD treatment group members.

Note: The percentage numbers shown in the figure indicate the proportion of respondents who reported that they understood the POD rules "well" or "very well." This is not a representative sample of POD treatment group members. The sample size was 69 current and former POD treatment group members.

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Exhibit E.7. Barriers and additional supports that would help current POD treatment group members to work and earn more

Barriers
Health/disability (27 enrollees)
Doesn't want to lose benefits/fear of losing benefits/doesn't want check reduced (6 enrollees)
Doesn't want to work more (4 enrollees)
Doesn't want to lose eligibility for Medicare/Medicaid (1 enrollee)
Not enough time (1 enrollee)
Childcare (1 enrollee)
Additional supports
Education/training (13 enrollees)
Better job/higher pay (6 enrollees)
Information about job opportunities/employment services (5 enrollees)
Employer accommodation/support (5 enrollees)
Flexible schedule (4 enrollees)
Transportation (4 enrollees)
More hours/additional work (3 enrollees)
Better understanding of health care coverage and what it would mean to switch from Medicare to employer-sponsored health insurance (1 enrollee)

Source: Interviews with current POD treatment group members.

Note: Interviewers followed a discussion guide to phrase questions slightly differently for different subgroups of POD treatment members. Interviewers asked full offset users: “Is there anything that would help you to earn more?” Interviewers asked partial offset users: “What would help you to earn more?” Interviewers asked non-users who were working at the time of the interview: “Is there anything that’s preventing you from earning over the POD threshold? What would help you to earn more?” Interviewers asked Non-users who were not working at the time of the interview: “Can you tell me what's preventing you from working? What would help you to work more?” Interviewers did not ask former POD treatment members this question.

Additional supports refer to supports the treatment group members do not currently have but might help them to work and earn more if these supports could be accessed. The sample size was 54 current POD treatment group members.

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Exhibit E.8. Barriers to employment for people with disabilities, by POD state

	AL	CA	CT	MD	MI	NE	TX	VT
Fear of losing government benefits	X	X	X	X	X	X	X	X
Discouragement from previous unsuccessful attempts at securing employment	X		X	X	X	X	X	X
Lack of suitable job opportunities	X	X	X	X	X	X		
Lack of access to reliable and accessible transportation	X		X	X	X		X	
Discouragement from family members	X		X	X		X	X	
Lack of necessary skills, education, or experience to perform job duties	X		X	X	X	X		
Weak local job market	X	X	X				X	
Lack of job counseling or assistance finding a job			X			X	X	
Employers’ unwillingness to hire people with disabilities						X		
State or local policies that have limited job opportunities				X				

Source: Pre-site visit questionnaire completed by POD supervisors in January 2020.

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2. WORK-RELATED OVERPAYMENT ANALYSIS: DATA AND APPROACH

A. We estimated work-related overpayments using snapshots from SSA records

To analyze work-related overpayments (henceforth referred to simply as overpayments), we need to allow for a sufficient run-off period for SSA to gather credible information on earnings, process that information, identify overpayments, and record these updates in program data. According to POD system logs made available in July 2020, 58 percent of the 2018 overpayments were identified through the end-of-year reconciliation (EOYR) conducted in August 2019. Because this report was drafted before SSA conducted the 2019 EOYR (scheduled for August 2020), the statistics on 2019 overpayments were too preliminary to be included.

Although overpayment rates are subject to change as SSA receives and processes new information on work and earnings, we expect the aggregate overpayment rate for 2018 to remain stable for treatment group members. SSA conducted EOYR for 2018 earnings in August 2019 and processed reconsideration requests shortly thereafter. According to POD system logs, the last payment adjustment to 2018 benefits was made in February 2020. We presume that additional adjustments are unlikely and would only occur in a very small number of cases.

Our analysis of overpayments is based on monthly snapshots from the Master Beneficiary Record, known as the Disabled Beneficiary and Dependent (DBAD) files. The Master Beneficiary Record is an active database that is frequently updated to reflect SSA's most current information on beneficiaries, and the DBAD preserves historical point-in-time records that reflect SSA's information as of the monthly snapshot. This analysis includes DBAD extracts from each month in 2018, as well as the May 2020 DBAD, which was the most recent extract available.

To identify overpayments, we first identified the universe of POD treatment members who were at risk of work-related overpayments: benefit offset users. The remainder of our approach diverges by type of offset use.

- **Full offset** users, by definition, should not receive any cash benefit for the full offset month. Accordingly, for this group, we identified overpayment months as months in which a beneficiary was in full offset and received a cash benefit in that same month, according to the May 2020 DBAD. We estimated the amount of the overpayment to be equal to the monthly benefit due in the overpaid month based on the DBAD file for that month.
- To identify overpayment months through **partial offset** use, we combined the 2018 DBAD and May 2020 DBAD files. We identified overpayment months as months in which a beneficiary was in partial offset, they received a cash benefit in that month according to the May 2020 DBAD, and the monthly benefit due in that month according to the 2018 DBAD was greater than the monthly benefit due in that month according to the May 2020 DBAD. In other words, the partial offset user received a check, and the amount of the check paid in 2018 was higher than the amount that should have been paid based on updated information available in May 2020. The overpayment amount is the difference between the monthly benefit due according to that month's (2018) DBAD and the May 2020 DBAD monthly benefit due amount for the overpaid month.

The approach we used to identify POD overpayments is the same approach developed to identify overpayments in the evaluation of the Benefit Offset National Demonstration (BOND, Hoffman et al. 2017); POD and BOND use the same systems to update and record benefit offset adjustments. To validate its application to POD, a member of SSA's Office of Research, Demonstration, and Employment Support (ORDES) work unit conducted in-depth case reviews of SSA program records for treatment members. We randomly selected 10 treatment members for which our calculations indicate no overpayment occurred in 2018 and 20 treatment members we identified as having been overpaid in 2018.

Among the 10 treatment member cases with no overpayments according to the DBAD algorithm, the SSA case reviews found no overpayments for 9 of those cases and a $0.50 overpayment for the tenth case. The SSA-identified overpayment amount falls within an established current-law standard for determining whether an overpayment is large enough to warrant action. In cases with a manually-computed overpayment of less than $30 and SSA is not preparing a notice for a reason other than the overpayment, SSA will not pursue further action.[81]

All of the 20 treatment member cases for which the DBAD method indicated overpayments also had overpayments according to the SSA calculations, although the size of the overpayments varied across the two sources (Exhibit E.9). The DBAD estimates matched the SSA overpayment calculations for 15 estimates and was within $30 for an additional case. The SSA case reviews indicated an overpayment of a notably different size for four overpayments: $66 per the SSA case reviews versus $202 per the DBAD algorithm; $267 versus $432; $2,150 versus $1,957; and $2,833 versus $2,059. Two of these discrepancies were related to Supplemental Security Income (SSI) overpayment recoveries, and a third was caused by a voluntary tax withholding—situations that our algorithm does not capture. However, in aggregate, the DBAD and SSA results are largely similar: the DBAD estimate is 1.8 percent lower than the SSA calculation ($16,093 versus $16,391).

Exhibit E.9. Comparison of DBAD statistics and SSA case reviews for records with overpayments according to the DBAD algorithm

Total cases	DBAD estimate and SSA calculation match exactly	DBAD estimate within $0.01 and $30 of SSA calculation	DBAD estimate over $30 difference from SSA calculation
20	15	1	4

Source: SSA Single Copy estimates produced by SSA and authors' calculations based on February–December 2018 and May 2020 Disabled Beneficiary and Dependent extracts from the Master Beneficiary Record.

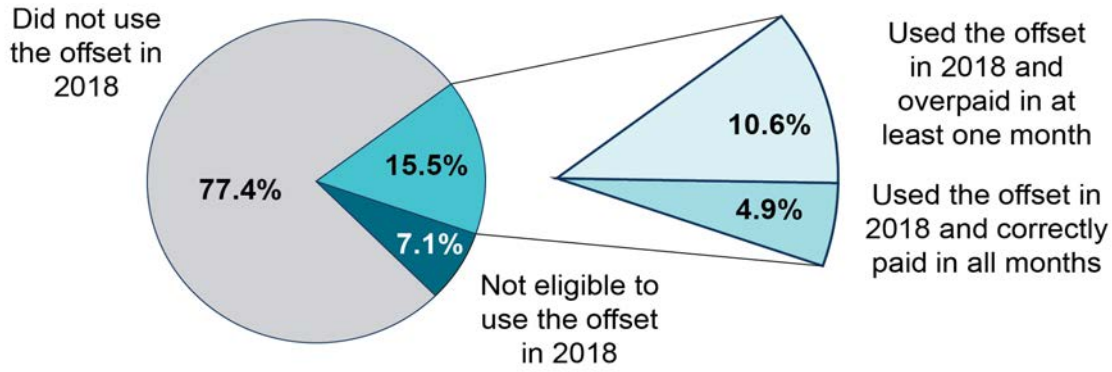
B. Work-related overpayments were uncommon among the universe of POD treatment members in 2018, reflecting relatively modest rates of offset use

The overpayment rate among those at risk of an overpayment—those who used the benefit offset and could have received more benefits than they were entitled to because of work—was 69 percent, but the rate among the full sample of POD treatment members was notably lower, at 11 percent. This difference is because a minority of the sample (16 percent) used the offset and so

[81] Program Operations Manual System GN 02201.013.

were at risk of an overpayment in 2018 (Exhibit E.10).[82] The remainder fell into two categories. Those in the first category (7 percent of treatment group members) enrolled in December 2018 and were not eligible to use the offset until January 2019. Those in the second category (77 percent) had the opportunity to use the offset in 2018 but did not and, hence, were not at risk of an overpayment.

Exhibit E.10. Benefit offset use and overpayments among POD treatment group members



Source: Author calculations based on February–December 2018 and May 2020 Disabled Beneficiary and Dependent extracts from the Master Beneficiary Record.
Note: This exhibit focuses on offset use and overpayments in 2018. Data were not yet available to produce reliable 2019 overpayment estimates. The sample size was 6,700 combined treatment group members

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C. POD members may also experience work-related underpayments, but their frequency is unknown

It is important to note that another type of incorrect payment exists: underpayments. Underpayments occur when beneficiaries receive less in benefits than the amount to which they were entitled. When SSA recognizes an underpayment, the agency issues the underpaid beneficiary a lump-sum check. The rate of work-related underpayments among POD treatment members is unknown due to the difficulty in distinguishing work-related underpayments from underpayments for other reasons in SSA program data.

[82] The overpayment analysis uses the May 2020 DBAD as its source of offset use and overpayment statistics. This approach differs from the source used to produce offset statistics in Exhibit V.1, for which we used POD programmatic data provided by Abt in May 2020. The two sources produce different rates of offset use. For example, the DBAD indicates that 15.5 percent of POD treatment group members used the offset in 2018, compared to 16.4 percent based on POD programmatic data (not shown). This discrepancy is largely because the POD programmatic data classify beneficiaries who used the offset but were retroactively terminated for those months as offset users. This classification allows the POD implementation team to retain payment information if the termination is overturned upon appeal.

3. ANALYSIS OF POD WITHDRAWALS

Exhibit E.11. Reasons for withdrawals from POD through December 2019

Reason reported for withdrawal from POD	Percent
Lack of interest in POD work incentives	
POD not beneficial due to earnings between TWP and SGA amounts	25.5
Prefer work incentives under current law	9.7
Unlikely to work	
Too disabled to work	18.6
Not interested in working	7.4
Other	
Fear of losing benefits	11.1
Lack of understanding about POD	9.1
Other	18.6

Source: Programmatic data summarizing reasons provided on SSA-795 withdrawal request forms.
Note: The sample size was 431 former treatment group members who withdrew through December 2019.

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APPENDIX F:

IMPACT ANALYSIS METHODS, OUTCOME DESCRIPTIONS, AND SUPPLEMENTAL EXHIBITS FOR CHAPTER VI

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1. IMPACT ANALYSIS METHODS

For the POD impact findings presented in Chapter VI and Appendix F, we follow the methodological approach outlined in our evaluation design report (Wittenburg et al. 2018), with a few updates. Even though the evaluation design report provides the foundation for the impact analysis, this appendix contains a more detailed description of the methods used. These methodological changes between this report and the evaluation design report were not made in response to preliminary impact estimates or findings. Instead, we updated the methods when it improved the impact analysis relative to the initial plan. Whenever we describe a methodological change, we explain why it improves the impact analysis. Before writing this report, we shared these updates with the Social Security Administration (SSA) to provide transparency on our approach before generating impacts.[83]

A. Method for testing baseline balance between POD experimental groups

This report uses the same methodology as the recruitment and random assignment report (Hock et al. 2020a) to compare the baseline characteristics of POD treatment group 1 (T1), treatment group 2 (T2), and control group (C) members.[84] We summarize their findings in this report for context. Except for three baseline characteristics, they found balance in means across the study groups. We include the three less-balanced characteristics as control variables in the regression-adjusted impact analysis (see Section 1.c for more details).

B. Estimating impacts

1. Intent-to-treat impacts

All impact estimates for the POD evaluation are intent-to-treat (ITT) estimates. ITT impact estimates measure the effects of POD rules on treatment group members (relative to control group members), regardless of their post-enrollment behavior. In other words, we estimate the

[83] Establishing pre-specification of methods is important because analyses that are not pre-specified might be accused of data dredging—searching across different outcomes and analytic approaches to find impact estimates that are preferred by researchers or policymakers.

[84] For each binary and continuous characteristic, Hock et al. (2020a) estimated a linear model that regresses the characteristic variable on each treatment group indicator and the variables used to stratify the POD enrollment material mailings. They then conducted a joint test to determine whether the coefficient estimates for the treatment indicators are both equal to zero. For each categorical characteristic, they estimated a seemingly unrelated regressions (SUR) model and then tested whether the treatment indicator estimates across the SUR model are all equal to zero. Each equation in the SUR model had as the dependent variable an indicator for a particular value of the categorical variable. When comparing differences across study groups in a characteristic used for stratification, the statistical model excluded fixed effects associated with that characteristic. In addition to assessing statistical significance, they used these statistical models to generate root-mean-squared errors of prediction that they then used as the denominators when calculating standardized differences in characteristics between pairs of study groups.

impacts of POD on all enrollees who had an opportunity to participate in POD, irrespective of whether they actively engaged with POD.[85]

We present information on withdrawals in Chapter V, though we do not make an adjustment for withdrawals in the ITT estimates. In the POD evaluation design report, we suggested sensitivity tests to account for treatment group withdrawals. However, the share of treatment group members who withdrew is relatively low across the eight POD sites—about 6 percent as of December 2019. Further, as shown in Chapter V, many people who withdrew from POD did so several months after enrollment and, hence, experienced POD rules for some period.

2. Pooled and pairwise specifications for estimating impacts

We report impact estimates in two ways: a pairwise specification that compares outcomes for T1, T2, and C members separately, and a pooled specification that combines all treatment group members before comparing them to the control group members. The key decision for this report was which specification to include in the body of the report and which to relegate to an appendix. Each specification has qualities that make it a candidate for the main specification. The pairwise specification, which was the specification described in the evaluation design report, evaluates the effectiveness of each POD treatment arm separately, preserving differences in the rules governing the two treatment arms. In addition, the pairwise specification allows for a comparison across the two treatment arms to assess whether the treatment arm rules on termination differentially affected beneficiary behavior. However, if T1 and T2 members have no differences in offset usage and withdrawal rates, then the pooled specification might be preferred because it would allow the key evaluation findings to be described more concisely.

Because the evaluation meets the following pre-specified conditions, we primarily focus on the combined specification. Had any of these conditions not been met, we would have reverted to using the pairwise specification.

- *Fewer than 1 percent of T2 members had their benefits terminated after spending 12 consecutive months in full offset*. Through December 2019, 10 T2 members (or 0.3 percent of T2 members) had their benefits terminated after spending 12 consecutive months in full offset.
- *The percentage of T1 and T2 members ever using the benefit offset is within 5 percentage points*. We found that 24.5 percent of T1 members and 23.4 percent of T2 members ever used the POD benefit offset, a difference of 1.1 percentage points (Appendix Exhibit E.1).
- *The percentage of T1 and T2 members withdrawing from POD is within 5 percentage points*. As discussed in Chapter V, 6 percent of T1 members and 7 percent of T2 members withdrew from the demonstration.

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

- *The percentage of T1 and T2 members ever with full offset is within 5 percentage points*. We found that 6.6 percent of T1 members and 6.4 percent of T2 members had benefits fully offset, a difference of 0.2 percentage points (Appendix Exhibit E.1).
- *The difference in estimated impacts between T1 and T2 groups on the primary outcomes is not statistically significant and has a magnitude less than 0.5 standard deviations*.[86] The estimated impacts for T1 and T2 on the primary outcomes are presented in Exhibit F.15. None of the estimated impacts comparing T1 and T2 are statistically significant.

Results for the primary and secondary outcomes using the pairwise specification are available in Appendix Exhibits F.15–F.18.

3. Addressing multiple comparisons

Our approach to reporting impacts minimizes concerns related to multiple comparisons. The multiple comparisons problem may arise when performing a large number of statistical tests: at least a few of the tests are likely to be statistically significant by chance alone, even if no true impact actually exists. We assess each statistical test in this report relative to a Type 1 error rate threshold—that is, a *false positive* rate threshold indicated by the statistical significance level. When conducting multiple statistical tests, the likelihood of finding false positives across those tests is greater than the Type 1 error rate threshold used in each individual test (Schochet 2008).[87] Statistical procedures can address the multiple comparisons issue, such as by adjusting the *p*-values of the individual tests so that the Type 1 error rate across tests is lowered to the desired threshold. A potential cost of applying statistical procedures to adjust for multiple comparisons is that it can reduce our ability to avoid *false negatives*—the statistical power to avoid incorrectly inferring no impacts when true impacts exist (Schochet 2008).[88]

For the POD evaluation, we address the multiple comparisons issue by pre-specifying four primary outcomes— earnings, substantive employment, benefit payments, and income—for the main assessment of POD's efficacy. By choosing just four primary outcomes from among the dozens of outcomes available to assess POD's efficacy, we reduce the likelihood of finding

[86] We convert the impact estimates to effect sizes before examining the differences between them. For continuous outcomes, we construct standardized mean differences—known as Hedges' g (Hedges 1981). For binary outcomes, we use the Cox index to create a measure comparable to Hedges' g (Cox 1970).

[87] As noted in the POD evaluation design report, assessing whether a statistically significant impact estimate is due to a true program effect rather than random chance requires more information than our estimated impact and *p*-value. A common mistake is to interpret the *p*-value as the probability that the true impact is zero, given what we observe in our data (or, equivalently, that the estimated impact is due to randomness alone). In 2016, the American Statistical Association issued a statement explaining the consequences of this misinterpretation of *p*-values. The misinterpretation of *p*-values can be thought of as a problem of multiple hypothesis testing. When multiple hypotheses are tested within a study, the false discovery rate—that is, the proportion of statistically significant impacts that are due to random chance, not a true program effect—can be much greater than the level of significance (typically 5 or 10 percent) used in testing.

[88] The traditional statistical adjustment for addressing multiple comparisons is the Bonferroni method (Bonferroni 1935), which has been shown to be unnecessarily stringent for many practical situations. An alternative statistical adjustment is offered by the Benjamini-Hochberg method (Benjamini and Hochberg 1995); even though it is less conservative than the Bonferroni method, it still reduces statistical power.

impacts by chance alone, without significantly undermining the evaluation's statistical power to detect true impacts. We operationalize this approach in the presentation of findings by placing greater emphasis on the interpretation of primary outcomes than of secondary outcomes. The approach balances the need for addressing the potential multiple comparisons issue without potentially reducing the evaluation's ability to detect an effect through an additional statistical adjustment.

4. Dealing with missing data

We exclude observations with missing values from the impact analysis for most survey data outcomes, except for one situation involving survey outcomes with conditionally missing values (the administrative data do not have missing values). We impute missing data for survey outcomes that are observed conditional on the value of another outcome—because excluding such observations could bias our impact estimates. For example, for benefits offered at work, which is asked conditional on employment, data can be missing only for those who had been employed, as those who are not employed are known not to have any benefits offered. Consequently, without imputing the conditionally missing values, we would potentially underestimate the extent of benefits offered at work, particularly among treatment group members.

For survey outcomes with conditionally missing values, we use multivariate imputation by chained equations to impute the missing values (Raghunathan et al. 2001; Van Buuren 2007) and predictive mean matching (Rubin 1986; Little 1988). The list of outcomes for which we conduct multiple imputationare listed in the text box below; these outcomes are based on survey items that are asked only if a beneficiary reported being employed in the past year. For the imputation procedure, we first developed predicted values for the missing cases of each variable using a multivariate regression model and random disturbance term. Then using predictive mean matching, each missing data point was matched to the 10 non-missing cases with the closest predicted values. Next, we randomly selected one of the 10 matched cases to assign that case's value to the missing data. We iterated this imputation procedure 10 times and created 10 imputed data sets; in other words, we estimated 10 replacement values for each missing case. After completing imputation, we estimated impacts separately on each of the 10 imputed data sets. We then combined the impact estimates using the approach described in Rubin (1987), which accounts for the uncertainty created by imputing data and adjusts the standard error of impacts appropriately.

Enrollee outcomes that are multiply imputed

- Earnings at most recent job above TWP threshold
- Earnings at most recent job above SGA amount
- Hours worked per week at most recent job
- Any benefits offered at most recent job
- Health insurance offered at most recent job
- Dental benefits offered at most recent job
- Paid sick days offered at most recent job
- Paid vacation offered at most recent job
- Free or low-cost childcare offered at most recent job
- Transportation benefits offered at most recent job
- Disability benefits offered at most recent job
- Pension or retirement benefits offered at most recent job
- Flexible health or dependent care spending accounts offered at most recent job
- Accommodations for physical or mental conditions made by most recent employer

We also impute missing values for baseline characteristics captured in the baseline survey that are used in the regression-adjusted impact analysis. We use mean imputation to fill in the missing values of explanatory variables constructed from baseline data.

C. Analysis models

1. Regression model for the main analysis

We use regression models to estimate POD's impacts. By accounting for variation across exogenous (baseline) characteristics, the regression-adjusted estimates are more precise than unadjusted impacts, which improves our ability to detect small but substantively meaningful impacts. Except for two robustness checks, all regression models estimated for this report are ordinary least squares (OLS) models with heteroskedastic-robust standard errors.[89] We use Stata 15.1 to estimate all regression models.

The main regression model for the impact analysis is linear. The model specification is:

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

where y_i is the outcome of interest for individual i, Ti is an indicator variable for POD treatment group status, X_i is a vector of exogenous covariates and a constant, and μ_i is an error term. Because of the demonstration's randomized design, the coefficient β represents the impact of POD on outcome y. We estimate impacts for administrative data outcomes using all POD enrollees, whereas for survey outcomes, we estimate impacts using only survey respondents. We use linear regression models to estimate program impacts for both continuous and binary outcomes.

The exogenous covariates in vector X come from three sources. First, the vector contains variables that we used to stratify random assignment. Second, we include in the vector those baseline characteristics described in Exhibit VIII.2 of the evaluation design report that we can measure and that are not used in stratified random assignment. Third, we also include three variables shown in the recruitment and random assignment report (Hock et al. 2020a) that had statistically significant differences in means between the experimental groups at the 5 percent significance level. Hence, the vector X includes a constant and the covariates measured at POD enrollment identified in the text box below.

[89] The two robustness checks involve a logistic regression model for estimating impacts on substantive employment and quantile regression models for estimating impacts on earnings, benefit amounts, and income (see Section 2.d of this appendix). These additional analyses allow us to assess the sensitivity of our results from OLS estimation.

Baseline covariates used for estimating regression-adjusted POD impacts	
Source	**Variables**
Characteristics used in stratified random assignment	State; age indicators (20–34, 35–44, 45 and older); SSDI benefit duration (1–18 months, 19–36 months, 36 or more months); diagnosis categories (neoplasms, injuries, severe visual impairments); earnings more than $1,000 a month at enrollment; state indicator variables
Baseline characteristics described in the evaluation design report (Wittenburg et al. 2018)	Gender (male, female); concurrent SSI recipient; completed high school; race (white, nonwhite); health (poor, not poor); additional diagnoses (mental disorder, intellectual disability, back or musculoskeletal disorder, nervous system disorder, circulatory disorder, genitourinary disorder, respiratory disorder, digestive disorder, other impairment); recent TWP earnings indicator; monthly SSDI benefit amount; completed the TWP; received job training, job coaching, or support services in the past year; household income (less than $10,000; $10,000–$19,999; $20,000–$29,999; $30,000–$39,999; $40,000–$49,999; $50,000 or more, missing)
Variables with statistically significant differences between experimental groups	Whether it is difficult to work because of fear of losing disability cash benefits; whether it is difficult to work because of fear of losing health insurance; whether it will be difficult to receive SSDI in the future if one works

2. Analysis weights

All regressions estimating impacts on survey outcomes include analysis weights that account for survey sampling and nonresponse. We designed the weights to produce estimates that reflect the impact of POD rules on all POD enrollees. The weights are the product of two terms: sampling weights and the survey nonresponse weights. The sampling weight (the first term) is determined by the probability of being sampled for the year-one follow-up survey. Because we randomly sampled half of the POD enrollees for the year-one follow-up survey, the sampling weight term in the overall weight is the same for all POD enrollees. To construct the survey nonresponse weight (the second term in the overall weight), we use a random forest algorithm. The algorithm uses observable baseline characteristics to predict the probability that each person responded to the survey. The nonresponse weight equals the inverse of the estimated response probability.[90]

Based on additional evidence, we made one modification from the evaluation design report—we do not create "balance weights" to address imbalance in baseline characteristics between treatment and control group members. As Exhibits V.1, D.9, D.10, D.11, and D.12 in the recruitment and random assignment analysis report (Hock et al. 2020a) show, the POD experimental groups are well balanced across a range of covariates based on administrative and survey data at enrollment. Hence, creating balance weights—though consistent with the evaluation design report—would be trying to address covariate imbalance that does not materially exist.

[90] We do not truncate any nonresponse weight values because there were no outlier values that would adversely affect the optimization routine. Given the relatively high overall response rate of 83.5 percent for the POD year-1 survey, finding no outlier weight values is not surprising, as the nonresponse weights are the inverse of the propensity to respond to the survey.

3. Subgroup analysis

We report impact estimates for several subgroups of interest to policymakers and other stakeholders. The POD evaluation design report (Wittenburg et al. 2018) underscored the importance of understanding heterogeneity in POD's effects across subgroups and identified several potential subgroups of interest. Building on the subgroups suggested in the evaluation design report, we identified a select set of subgroups defined by six characteristics at enrollment. Our choice was informed by recent process findings from the POD evaluation as well as discussions with SSA. For subgroup analysis, we keep the number of subgroups limited and rely on the primary outcomes alone to lessen concerns about multiple comparisons. We present all subgroup impact estimates in this appendix.

We defined the selected subgroups based on individual characteristics at enrollment and state of residence. The text box below lists the variables that define the subgroups of interest along with a brief justification of why we select these subgroups for the interim impact analysis.

POD subgroup indicators and justification for studying the subgroups

Subgroup indicator[a]	Justification
• **Work expectation at POD enrollment** – expects (61 percent) vs. doesn't expect (39 percent)	Even though this subgroup analysis was not noted in the evaluation design report, subsequent evidence from our recruitment and enrollment analysis show that a greater share of POD enrollees expected to work than found among SSDI beneficiaries who responded to national surveys (Hock et al. 2020a). Understanding how the enrollees' future work expectations influence POD impacts may generate additional insights for interpreting evaluation findings for the broader population of SSDI beneficiaries.
• **Employment status at POD enrollment** – employed (23 percent) vs. not employed (77 percent)	POD enrollees who were employed at baseline are potentially more likely than other enrollees to use the benefit offset (Gubits et al. 2018); subgroup noted in the evaluation design report.
• **Level of education** – more than high school (40 percent) vs. high school or less (60 percent)	SSDI beneficiaries who completed more than a high school education may be relatively more likely to obtain employment and use the offset; subgroup not identified in the evaluation design report but added due to substantial policy interest.
• **Age** – younger than 50 (49 percent) vs. older than 50 (51 percent)	SSDI program's eligibility determination criteria become more generous for applicants age 50 and older; subgroup analysis by age noted in the evaluation design report.
• **Primary impairment –** mental (38 percent), musculoskeletal (20 percent), all other (41 percent)	We examine mental or musculoskeletal impairments relative to all other impairments because a substantial share of SSDI beneficiaries have these conditions and there is substantial policy interest in these subgroups (Mann et al. 2015); subgroup analysis by impairment type noted in the evaluation design report.
• **State of residence –** Alabama (13 percent), California (24 percent), Connecticut (10 percent), Maryland (12 percent), Michigan (6 percent), Nebraska (4 percent), Texas (30 percent), and Vermont (2 percent)	Even though SSDI program rules are national, differences across states in population demographics, economic conditions, and local policy context could make obtaining or keeping a job easier in one state relative to another, potentially creating state-level variation in POD impacts. Better understanding of these state-level differences and their effects could help policymakers adjust future benefit offset interventions for specific context.

[a]The entries in parentheses show the percent of all POD enrollees in the corresponding subgroup arms.

The impact analysis for subgroups defined by individual characteristics at enrollment slightly modifies the main regression model. The regression model is linear—similar to Equation (1) —but includes some additional terms. We estimate a regression of the following form:

$$y_i = \beta T_i + \theta S_{gi} + \gamma S_{gi} T_i + \delta X_i + \mu_i \quad (2)$$

where S_g is a binary indicator for having the given subgroup characteristic, and the coefficient γ represents the subgroup impact of POD on outcome y. For primary impairments, we use the same approach but add additional subgroup category indicators. Similar to the main regression model, we estimate Equation (2) using all POD enrollees. After estimating the model, we use Stata's margins command to approximate the mean impact of POD rules for each subgroup.

To create state-specific estimates of POD impacts, we estimate eight state-specific regressions. These regressions are of the form specified in Equation (1) but only estimated for the enrollees in that state.

Finally, in one notable deviation from the evaluation design report, we do not estimate subgroup impacts by SSDI benefit duration status or concurrent beneficiary status (Wittenburg et al. 2018). The evaluation design report noted these subgroups mainly to facilitate comparison with subgroup findings from the BOND evaluation.[91] However, unlike BOND where there was an attempt to oversample these groups, there was not an intentional decision to oversample these groups for POD. Our findings from Hock et al. (2020a) indicate that the sample size for both of these subgroups creates a challenge, given that one arm of each subgroup-pair is relatively small.[92]

4. Presentation of estimated impacts

All impact estimates described in this report are accompanied by several key statistics. We report outcome means for the experimental groups from which each impact is estimated. The treatment group mean is regression adjusted, whereas the control group mean is unadjusted. (For impact estimates between T1 and T2, both reported means are regression adjusted.) We report a heteroscedasticity-robust standard error with each impact estimate. To help readers identify whether an impact estimate is statistically significant, we report *p*-values from statistical tests. Each test is two-tailed, examining the null hypothesis that POD rules had no effect—neither positive nor negative—on an outcome. We used a threshold of 0.10 for considering statistical significance.

[91] The BOND evaluation used a 36-month threshold for defining subgroups based on duration of SSDI benefits (Bell et al. 2011).

[92] Specifically, if we use the same threshold for defining subgroups by duration of SSDI benefits, then only about 15 percent of POD enrollees had a duration less than 36 months. Similarly, concurrent beneficiaries constitute about 20 percent of POD enrollees. The relatively small sample sizes in these subgroups may limit our ability to detect program impacts for each subgroup with precision.

D. Robustness checks

We conducted four sensitivity analyses to examine the robustness of the POD impact results on primary outcomes to a range of estimation approaches or model specifications. These sensitivity analyses include: (1) impact estimates for the average state—that is, each state equally weighted; (2) logistic model for estimating impacts on a binary outcome; (3) quantile regression models for estimating impacts on earnings, benefit amounts, and income; and (4) impact estimates without regression adjustment. For each robustness check, we examine the four primary outcomes of interest. In addition, we include a fifth robustness check that assesses the role of survey nonresponse bias in some of our secondary outcome measures by comparing the unweighted impact analysis on primary outcomes to the survey-weighted impact analysis of these same measures.

1. Impact estimates for the average state

To explore the sensitivity of the main impact estimates to state-level variation in POD enrollment, we report estimated impacts on the primary outcomes for the average state. For all administrative data outcomes, the main regression model gives each POD enrollee the same analytical weight. But POD enrollment varied by state, with some states such as California and Texas having many more POD enrollees than other, relatively smaller states. This state-level variation in POD enrollment may be important if the effects of POD rules varied substantively by state. The average-state impact estimates give each state the same analytical weight and, in the process, produce impact estimates that are not dominated by states with relatively large POD enrollment. We generate the average-state impacts by using an alternative set of weights that treat each enrollee within a state equally and give the set of enrollees within each state the same aggregate weight as the enrollees in any other state. In other words, we generate these impacts by re-estimating Equation (1) for each of the eight POD states and then average across those eight impact estimates. The results of this analysis are presented in Appendix Exhibit F.11.

2. Logistic model for estimating impact on a binary outcome

We also estimate the impact of POD on substantive employment—the only binary primary outcome measure—using a logistic regression model. This logistic regression, which uses the same covariates as the main linear regression specification, has properties that are desirable (relative to a linear regression model) when analyzing binary outcomes. We rely on Stata's margins command to approximate (from the estimated logistic regressions) the impact of POD. The results of this analysis are presented in Appendix Exhibit F.12.

3. Quantile regression analysis for estimating impacts on earnings, benefit amounts, and income

The effects of POD are unlikely to be uniform for POD enrollees with different levels of earnings, benefit amount, and income. Better understanding the heterogeneity of impacts across the distribution may inform future policy action that accounts for the variation in behavioral response. Because the main regression model only estimates impacts at the (conditional) mean of the outcome variable, a different approach is needed if we wish to examine variation in impacts across the earnings, benefit amount, and income distributions.

To portray a more complete picture of POD impacts on earnings, benefit amount, and income, we use quantile regression analysis (Koenker 2005) to estimate a family of quantile functions. Least square estimation provides a convenient method for estimating impacts on the conditional mean of the outcome; quantile regression provides a similar convenient method for estimating impacts on the conditional quantile functions. As with least square estimation, quantile regression uses all observations to arrive at its estimates, but instead of minimizing the sum of squared errors in a linear regression model, a quantile regression minimizes the sum of quantile-weighted absolute error values. With quantile regression, we can choose the point in the outcome distribution to estimate impacts. We estimate impacts at four quantiles and the median—that is, at the 20th, 40th, 50th, 60th, and 80th percentiles of the outcome distribution. We chose these quantiles because together they describe impacts across a wide swath of the distribution for each outcome. The quantile regressions use the same baseline covariates (in the same additive structure) as our main regression model. Each quantile regression is estimated using all POD enrollees. The results of this analysis are presented in Appendix Exhibit F.13.

4. Impacts estimated without regression-adjustments

We report simple—that is, non-regression adjusted—differences in means for the primary outcomes. Because of the randomized controlled design, the simple differences in means still constitute unbiased estimates of POD's impact, though can be less precise. The simple difference in means also reveals whether any statistically significant findings from the main impact estimation are sensitive to regression adjustment. The results of this analysis are presented in Appendix Exhibit F.14.

5. Unweighted impact analysis to assess survey nonresponse bias

To investigate whether the survey nonresponse weights achieve the objective of rescaling the survey respondents so that they reflect all POD enrollees, we rely on the primary outcomes constructed using administrative data to test whether the impact estimates for all enrollees and nonresponse weight-adjusted survey respondents are similar. If the two sets of impact estimates are similar, we then conclude that the survey nonresponse weights are successful in accomplishing their intended goal. The test statistic for each outcome is derived from the ratio of the difference in estimated impacts from the analyses involving all-enrollees and survey-respondent-enrollees to a combined standard error. The combined standard error is a sample size-weighted combination of the standard errors of the two estimated impacts:

$$SE_{12} = \sqrt{([N_1/[N_1+N_2]]\ SE_1^2 + [N_2/[N_1+N_2]]\ SE_2^2)} \qquad (3)$$

The results of this analysis are presented in Appendix Exhibit F.19. The estimated impacts are not significantly different when comparing the core impact estimate for all POD enrollees to the impact for the weighted survey sample. Therefore, we can be confident that the impact estimates for secondary outcomes using survey data, which includes only a subset of enrollees because of random sampling and survey nonresponse, are representative of the overall population of POD enrollees.

2. OUTCOME DESCRIPTIONS

In this section, we provide a brief description of each primary and secondary outcome analyzed as part of the interim impact analysis. We note the data source for each outcome in parentheses.

A. Primary outcomes

- **Earnings (SSA program records).** This continuous measure captures the total earnings for the beneficiary as reported to the Internal Revenue Service (IRS) in 2019.
- **Substantive employment (SSA program records).** This binary measure indicates whether the beneficiary had total annual earnings above the annualized substantial gainful activity (SGA) amount in 2019. The annualized SGA amount was $14,640 in 2019 (12 times the monthly non-blind SGA amount of $1,220). The measure is based on earnings reported to the IRS in 2019.
- **SSDI benefit amount (SSA program records).** This continuous measure captures the total SSDI benefit amount due to the beneficiary for the 12 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 12-month period is adjusted to capture January 2019 to December 2019.
- **Total annual income (SSA program records).** This continuous measure is taken as the sum of earnings, total SSDI benefit amounts due, and total Supplemental Security Income (SSI) payments due in 2019.

B. Secondary outcomes

1. Employment-related outcomes

- **Any employment in past year (POD one-year follow-up survey).** This binary measure indicates whether the beneficiary worked at a job for pay at any point in the 12 months after enrolling in POD.
- **Employed or actively searching for a job (POD one-year follow-up survey).** This binary measure indicates whether the beneficiary either worked at a job for pay or looked for paid work at any point in the 12 months after enrolling in POD.
- **Any positive earnings (SSA program records).** This binary measure indicates whether the total earnings for the beneficiary, as reported to the IRS in 2019, was more than $0.
- **Monthly earnings at most recent job above the Trial Work Period (TWP) threshold (POD one-year follow-up survey).** This binary measure indicates whether the beneficiary's reported earnings were above the TWP threshold, which is $910 a month in 2020. Beneficiaries reported their typical earnings amount at their most recent job (in the year after enrolling in POD), as well as the frequency with which they were paid. We calculated an estimated monthly earnings amount based on the frequency with which the beneficiary was paid. For those paid hourly, we multiplied the hourly earnings by the number of hours typically worked in a week and the 4.33 weeks in an average month. For those paid daily, we multiplied the daily earnings by five days per week and the 4.33

weeks in an average month. For those paid weekly, we multiplied weekly earnings by the 4.33 weeks in an average month. For those paid bi-weekly, we divided by two to get weekly earnings then multiplied by the 4.33 weeks in an average month. For those paid bi-monthly, we multiplied bi-monthly earnings by two. For those paid monthly, we kept the monthly earnings as reported. For those paid annually, we divided annual earnings by twelve. For those paid at another, unspecified frequency, we treated the information as missing because it could not be readily converted to a monthly number. For those who completed surveys on or after July 1, 2019, and for whom the majority of the 12-month lookback period includes 2019, we compared earnings against the 2019 TWP threshold ($880). For those who completed surveys before July 1, 2019, and for whom the majority of the 12-month lookback period includes 2018, we compared earnings against the 2018 TWP threshold ($850). If the beneficiary reported being employed but had missing information to calculate their total earnings, we used multiple imputation to fill in their earnings when constructing this measure, subsequently comparing imputed earnings to the TWP threshold.

- **Monthly earnings at most recent job above SGA amount (POD one-year follow-up survey).** This binary measure indicates whether the beneficiary's reported earnings were above the SGA amount, which was $1,260 in 2020. Beneficiaries reported their typical earnings amount at their most recent job (in the year after enrolling in POD), as well as the frequency with which they were paid. We calculated an estimated monthly earnings amount based on the frequency with which the beneficiary was paid. For those paid hourly, we multiplied the hourly earnings by the number of hours typically worked in a week and the 4.33 weeks in an average month. For those paid daily, we multiplied the daily earnings by five days per week and the 4.33 weeks in an average month. For those paid weekly, we multiplied weekly earnings by the 4.33 weeks in an average month. For those paid bi-weekly, we divided by two to get weekly earnings then multiplied by the 4.33 weeks in an average month. For those paid bi-monthly, we multiplied bi-monthly earnings by two. For those paid monthly, we kept the monthly earnings as reported. For those paid annually, we divided annual earnings by twelve. For those paid at another, unspecified frequency, we treated the information as missing because it could not be readily converted to a monthly number. For those who completed surveys on or after July 1, 2019, and for whom the majority of the 12-month lookback period includes 2019, we compared earnings against the 2019 SGA amount ($1,220). For those who completed surveys before July 1, 2019, and for whom the majority of the 12-month lookback period includes 2018, we compared earnings against the 2018 SGA amount ($1,180). If the beneficiary reported being employed but had missing information to calculate their total earnings, we used multiple imputation to fill in their earnings when constructing this measure, subsequently comparing imputed earnings to the SGA amount.
- **Annual earnings above more than two times the annualized SGA amount (SSA program records).** This binary measure indicates whether the beneficiary had total annual earnings above two times the annualized SGA amount in 2019. The annualized SGA amount was $14,640 in 2019 (12 times the monthly non-blind SGA amount of

$1,220), so that two times the annualized SGA amount is $29,280. This measure is based on earnings reported to the IRS in 2019.

- **Annual earnings above more than three times the annualized SGA amount (SSA program records).** This binary measure indicates whether the beneficiary had total annual earnings above three times the annualized SGA amount in 2019. The annualized SGA amount was $14,640 in 2019 (12 times the monthly non-blind SGA amount of $1,220), so that three times the annualized SGA amount is $43,920. This measure is based on earnings reported to the IRS in 2019.
- **Hours worked per week at most recent job (POD one-year follow-up survey).** This continuous measure captures the beneficiary's average hours worked per week at their most recent job (in the 12 months after enrolling in POD). If the beneficiary reported being employed but did not report hours, we used multiple imputation to fill in the missing hours information when constructing this measure.
- **Any benefits offered at most recent job and specific benefits offered at most recent job (POD one-year follow-up survey).** This binary measure indicates whether the beneficiary was offered any fringe benefits at his or her most recent job (in the 12 months after enrolling in POD). The survey included nine types of fringe benefits: (1) health insurance, (2) dental benefits, (3) paid sick days, (4) paid vacation, (5) free or low-cost childcare, (6) transportation benefits, (7) disability benefits, (8) pension or retirement benefits, and (9) flexible health or dependent care spending accounts. If the beneficiary reported being employed but did not report information on fringe benefits, we used multiple imputation to estimate whether they were offered each benefit type before aggregating across all benefit types to fill in this missing information. We use the same approach to create indicators for each specific type of fringe benefits.
- **Most recent employer made accommodations for physical or mental conditions (POD one-year follow-up survey).** This binary measure indicates whether the beneficiary's most recent employer made accommodations for physical or mental conditions (in the 12 months after enrolling in POD). If the beneficiary reported being employed but did not report information on recent accommodations, we used multiple imputation to fill in the missing information when constructing this measure.
- **Applied for vocational rehabilitation (VR) services (VR program records).** This binary measure indicates whether the beneficiary applied for VR services in the 12 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 12-month period is adjusted to capture January 2019 to December 2019.
- **Received VR services (VR program records).** This binary measure indicates whether the beneficiary received VR services in the 12 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 12-month period is adjusted to capture January 2019 to December 2019. Beneficiaries are

considered to have received VR services if they had a signed individualized plan of employment.

- **Had successful VR closure with employment (VR program records).** This binary measure indicates whether the beneficiary had a successful VR closure with employment in the 12 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 12-month period is adjusted to capture January 2019 to December 2019.
- **Assigned ticket to any Employment Network (EN) service (SSA program records).** This binary measure indicates whether the beneficiary had a ticket assigned to any EN in the 12 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 12-month period is adjusted to capture January 2019 to December 2019.
- **Amount of payments under Ticket to Work (TTW) payment systems (SSA program records).** This continuous measure captures the total dollar amount of payments made under TTW payment systems in the 12 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 12-month period is adjusted to capture January 2019 to December 2019. This measure includes payments made under both milestone and outcome payments to ENs as well as total payments made to state VR agencies under the VR reimbursement management system.

2. Disability program related outcomes

- **SSDI benefit months (SSA program records).** This count measure captures the number of months that the beneficiary had a positive SSDI benefit amount due out of the 12 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 12-month period is adjusted to capture January 2019 to December 2019.
- **SSDI suspension or termination months (SSA program records).** This count measure captures the number of months that the beneficiary had their SSDI benefits suspended or terminated because of work out of the 12 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in POD in January 2019, the 12-month period is adjusted to capture January 2019 to December 2019. For treatment group members, this captures the number of months that a beneficiary had benefits fully offset to $0. For control group members, this captures whether benefits were suspended or terminated because of work.
- **SSDI benefit amount in 2019 (SSA program records).** This continuous measure captures the total SSDI benefit amount due to the beneficiary in the calendar year 2019. This measure is used as an input to the primary outcome for total annual income.
- **SSI benefit months (SSA program records).** This count measure captures the number of months that the beneficiary had a positive SSI payment due out of the 12 months immediately following enrollment in POD. For about 2 percent of beneficiaries who

enrolled in January 2019, the 12-month period is adjusted to capture January 2019 to December 2019.

- **SSI suspension or termination months (SSA program records).** This count measure captures the number of months that the beneficiary had their SSI payments suspended or terminated because of work out of the 12 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 12-month period is adjusted to capture January 2019 to December 2019.
- **SSI payment amount in the 12 months after enrolling in POD (SSA program records).** This continuous measure captures the total SSI payments due to the beneficiary for the 12 months immediately following enrollment in POD. For about 2 percent of beneficiaries who enrolled in January 2019, the 12-month period is adjusted to capture January 2019 to December 2019.
- **SSI payment amount in 2019 (SSA program records).** This continuous measure captures the total SSI payments due to the beneficiary in the calendar year 2019. This measure is used as an input to the primary outcome for total annual income.

3. Other outcomes

- **Physical health aggregate score (POD one-year follow-up survey).** This continuous measure captures a beneficiary's physical health based on a set of questions that make up the 12-item Short Form Survey developed from the Medical Outcomes Study (Hays et al. 1995). To create the score, we first constructed standardized z-scores for a variety of subscales that combine several of the measures, then use weighting measures to create an aggregate score for physical health. In doing this, we followed the scoring process, including using weights and general population means and standard deviations, described by researchers at UCLA.[93]
- **Mental health aggregate score (POD one-year follow-up survey).** This continuous measure captures a beneficiary's mental health based on a set of questions that make up the 12-item Short Form Survey developed from the Medical Outcomes Study (Hays et al. 1995). To create the score, we first constructed standardized z-scores for a variety of subscales that combine several of the measures, then use weighting measures to create an aggregate score for mental health. In doing this, we followed the scoring process, including using weights and general population means and standard deviations, described by researchers at UCLA.[94]
- **Beneficiary has any health insurance coverage (POD one-year follow-up survey).** This binary measure indicates whether the beneficiary had any health insurance coverage at the time of the POD one-year follow-up survey. The survey did not include an option

[93] The scoring process can be found at https://labs.dgsom.ucla.edu/hays/files/view/docs/programs-utilities/sf12v2-1.sas.txt.

[94] The scoring process can be found at https://labs.dgsom.ucla.edu/hays/files/view/docs/programs-utilities/sf12v2-1.sas.txt.

to check that the beneficiary had no health insurance coverage. Therefore, we treated those who did not answer the question at all as not having health insurance, because this would be the only way to accurately convey that the beneficiary had no health insurance coverage.

- **Beneficiary has Medicare coverage (POD one-year follow-up survey).** This binary measure indicates whether the beneficiary had Medicare coverage at the time of the POD one-year follow-up survey.
- **Beneficiary has Medicaid coverage (POD one-year follow-up survey).** This binary measure indicates whether the beneficiary had Medicaid coverage at the time of the POD one-year follow-up survey.
- **Beneficiary has private insurance coverage (POD one-year follow-up survey).** This binary measure indicates whether the beneficiary had private insurance coverage at the time of the POD one-year follow-up survey. The types of private insurance coverage explicitly considered include private insurance through one's own employer, through a spouse/partner/parent or paid for by self/family, as well as a private disability insurance plan paid by self or family.
- **Beneficiary has other insurance coverage (POD one-year follow-up survey).** This binary measure indicates whether the beneficiary had any other insurance coverage at the time of the POD one-year follow-up survey. The types of other insurance coverage explicitly considered include Tricare, Indian Health Service, a state program other than Medicaid, as well as any other plan specified by the respondent.
- **Total family income (POD one-year follow-up survey).** This continuous measure captures the combined total income of all members of the household during the last calendar year. If beneficiaries could not provide a specific dollar estimate, they were asked to provide a rough range in $10,000 increments (if less than $50,000) or to indicate if total income was $50,000 or more. If beneficiaries did provide these ranges, we used the midpoint of the range as the estimated total income (for example, if the response indicated income less than $10,000, then we used $5,000 for total income). If beneficiaries answered $50,000 or more, we used $55,000 as the income estimate.
- **Beneficiary received any income and specific income types from supplemental government sources (POD one-year follow-up survey).** This binary measure indicates whether the beneficiary received any income from supplemental government sources in the month before the POD one-year follow-up survey. The survey included nine types of supplemental government sources: (1) veterans' benefits, (2) public assistance or welfare payments, (3) workers' compensation, (4) employer-provided or other disability insurance, (5) unemployment benefits, (6) government employee or private pensions, (7) disability insurance for a disabled adult child, (8) Supplemental Nutrition Assistance Program benefits, (9) housing assistance, or (10) other government assistance. We created indicators for each specific type of income.

3. TABLES WITH ESTIMATED IMPACTS OF POD

We present estimated impacts of POD in the exhibits below. We first present the impact estimates from contrasting the combined treatment groups with the control group in Exhibits F.1–F.14. We then present estimated impacts from pairwise contrasts of T1, T2, and control groups in Exhibits F.15–F.18. Exhibit F.19 presents a check to ensure that the survey analysis is representative of the full sample.

Exhibit F.1. Impacts of POD on the primary outcomes

	Mean for study group		Impact estimate	Sample sizes	
	T	C	T vs. C	T	C
Earnings ($)	4,856	4,911	-55	6,700	3,370
			(196)		
Substantive employment	11.1	11.2	-0.1	6,700	3,370
			(0.6)		
Annual SSDI benefit amount ($)	11,989	11,991	-2	6,700	3,370
			(101)		
Total annual income ($)	17,325	17,347	-22	6,700	3,370
			(195)		

Source: Authors' calculations using SSA program records.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. Members of the T1 and T2 groups are combined into one treatment group, indicated by T; the control group is indicated by C. The impact estimate is the difference between means for the treatment and control groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. Substantive employment is an indicator for having total annual earnings above the annualized substantial gainful activity amount. All outcomes are measured for the calendar year 2019, except for SSDI benefit amounts, which are measured for the 12 months after POD enrollment.

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

[Return to Exhibit VI.1]

[Return to Exhibit VI.2]

Exhibit F.2. Impacts of POD on the primary outcomes, by work expectation at POD enrollment

	Expected to work at POD enrollment			Did not expect to work at POD enrollment			
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate	*p*-value of difference
Sample size	4,133	2,062		2,567	1,308		
Earnings ($)	7,165	7,254	-89	1,172	1,219	-47	0.904
			(301)			(162)	
Substantive employment	16.4	16.9	-0.5	2.6	2.1	0.5	0.316
			(0.9)			(0.5)	
Annual SSDI benefit amount ($)	11,683	11,736	-53	12,475	12,393	82	0.503
			(135)			(149)	
Total annual income ($)	19,290	19,379	-89	14,187	14,143	44	0.712
			(288)			(212)	

Source: Authors' calculations using SSA program records and the POD baseline survey.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. Members of the T1 and T2 groups are combined into one treatment group. POD enrollees are divided into two subgroups based on their work expectation at POD enrollment. Those with missing employment status (91 people) are assumed to expect to work, as that was the more common response. The impact estimate is the difference between means for the treatment and control groups among those with that characteristic. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. The *p*-value of difference comes from a test of whether the impact estimate for those who expected to work at POD enrollment is equal to the impact estimate for those who did not expect to work at POD enrollment. Substantive employment is an indicator for having total annual earnings above the annualized substantial gainful activity amount. All outcomes are measured for the calendar year 2019, except for SSDI benefit amounts, which are measured for the 12 months after POD enrollment.

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

[Return to Exhibit VI.3]

Exhibit F.3. Impacts of POD on the primary outcomes, by employment status at POD enrollment

	Employed at POD enrollment			Not employed at POD enrollment			
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate	*p*-value of difference
Sample size	1,531	810		5,169	2,560		
Earnings ($)	13,416	13,914	-499	2,217	2,063	154	0.319
			(637)			(153)	
Substantive employment	31.8	32.5	-0.7	4.7	4.4	0.3	0.616
			(1.9)			(0.5)	
Annual SSDI benefit amount ($)	10,641	10,850	-209	12,401	12,352	49	0.357
			(259)			(105)	
Total annual income ($)	24,386	24,901	-515	15,147	14,957	190	0.250
			(586)			(173)	

Source: Authors' calculations using SSA program records and the POD baseline survey.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. Members of the T1 and T2 groups are combined into one treatment group. POD enrollees are divided into two subgroups based on their employment status at POD enrollment. Those with missing employment status (95 people) are assumed to be not employed at POD enrollment, as that was the more common response. The impact estimate is the difference between means for the treatment and control groups among those with that characteristic. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. The *p*-value of difference comes from a test of whether the impact estimate for those who were employed at POD enrollment is equal to the impact estimate for those who were not employed at POD enrollment. Substantive employment is an indicator for having total annual earnings above the annualized substantial gainful activity amount. All outcomes are measured for the calendar year 2019, except for SSDI benefit amounts, which are measured for the 12 months after POD enrollment.

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

[Return to Exhibit VI.3]

Exhibit F.4. Impacts of POD on the primary outcomes, by level of education at POD enrollment

	More than high school			High school or less			
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate	*p*-value of difference
Sample size	2,631	1,287		4,069	2,083		
Earnings ($)	5,929	6,048	-119	4,187	4,209	-22	0.826
			(387)			(207)	
Substantive employment	13.0	13.4	-0.3	9.9	9.8	0.1	0.694
			(1.0)			(0.7)	
Annual SSDI benefit amount ($)	13,248	13,447	-199	11,214	11,092	122	0.142
			(188)			(113)	
Total annual income ($)	19,418	19,744	-326	16,026	15,866	160	0.262
			(379)			(210)	

Source: Authors' calculations using SSA program records and the POD baseline survey.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. Members of the T1 and T2 groups are combined into one treatment group. POD enrollees are divided into two subgroups based on their educational attainment at POD enrollment. Those with missing educational attainment (290 people) are assumed to have completed high school or less, as that was the more common response. The impact estimate is the difference between means for the treatment and control groups among those with that characteristic. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. The *p*-value of difference comes from a test of whether the impact estimate for those who completed more than high school is equal to the impact estimate for those who completed high school or less. Substantive employment is an indicator for having total annual earnings above the annualized substantial gainful activity amount. All outcomes are measured for the calendar year 2019, except for SSDI benefit amounts, which are measured for the 12 months after POD enrollment.

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

[Return to Exhibit VI.3]

Exhibit F.5. Impacts of POD on the primary outcomes, by age at POD enrollment

	Younger than 50			50 and older			
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate	*p*-value of difference
Sample size	3,255	1,660		3,445	1,710		
Earnings ($)	6,059	6,131	-71	3,711	3,728	-17	0.889
			(300)			(254)	
Substantive employment	14.4	14.6	-0.2	8.0	7.8	0.2	0.717
			(1.0)			(0.7)	
Annual SSDI benefit amount ($)	11,037	10,997	40	12,890	12,956	-66	0.604
			(137)			(149)	
Total annual income ($)	17,602	17,576	26	17,051	17,125	-74	0.798
			(292)			(261)	

Source: Authors' calculations using SSA program records.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. Members of the T1 and T2 groups are combined into one treatment group. POD enrollees are divided into two subgroups based on their age at POD enrollment. The impact estimate is the difference between means for the treatment and control groups among those with that characteristic. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. We did not include a control for age because it would be collinear with the subgroup characteristic. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. The *p*-value of difference comes from a test of whether the impact estimate for those aged less than 50 is equal to the impact estimate for those aged 50 and older. Substantive employment is an indicator for having total annual earnings above the annualized substantial gainful activity amount. All outcomes are measured for the calendar year 2019, except for SSDI benefit amounts, which are measured for the 12 months after POD enrollment.

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

[Return to Exhibit VI.3]

Exhibit F.6. Impacts of POD on the primary outcomes, by primary impairment

	Mental			Musculoskeletal			Other			
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate	*p*-value of difference
Sample size	2,547	1,315		1,346	689		2,807	1,366		
Earnings ($)	4,817	4,752	64	4,398	4,366	32	5,138	5,340	-202	0.822
			(282)			(422)			(339)	
Substantive employment	10.9	11.0	-0.1	9.8	9.3	0.5	12.0	12.2	-0.2	0.880
			(1.0)			(1.2)			(1.0)	
Annual SSDI benefit amount ($)	11,229	11,125	103	12,738	12,656	82	12,338	12,489	-152	0.487
			(153)			(230)			(164)	
Total annual income ($)	16,735	16,500	235	17,529	17,393	136	17,797	18,140	-343	0.404
			(286)			(415)			(335)	

Source: Authors' calculations using SSA program records.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. Members of the T1 and T2 groups are combined into one treatment group. POD enrollees are divided into three subgroups based on their primary impairment at POD enrollment. The impact estimate is the difference between means for the treatment and control groups among those with that characteristic. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, and substantive earnings at POD enrollment, as well as several additional control variables. We did not include a control for select impairments because it would be collinear with the subgroup characteristic. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. The *p*-value of difference comes from a test of whether the impact estimate for those with mental, musculoskeletal, or other impairments are jointly equal. Substantive employment is an indicator for having total annual earnings above the annualized substantial gainful activity amount. All outcomes are measured for the calendar year 2019, except for SSDI benefit amounts, which are measured for the 12 months after POD enrollment.

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

[Return to Exhibit VI.3]

Exhibit F.7. Impacts of POD on employment-related secondary outcomes

	Mean for study group		Impact estimate	Sample sizes	
	T	C	T vs. C	T	C
Any employment in past year	36.6	34.1	2.5*	2,626	1,430
			(1.4)		
Employed or actively searching for a job	57.8	54.0	3.8**	2,635	1,437
			(1.5)		
Any positive earnings (SSA program records)	40.0	38.8	1.2	6,700	3,370
			(0.9)		
Monthly earnings at most recent job above TWP threshold[a]	22.1	21.5	0.5	2,626	1,430
			(1.2)		
Monthly earnings at most recent job above SGA threshold[a]	15.5	14.1	1.4	2,626	1,430
			(1.1)		
Annual earnings more than two times the annualized SGA amount (SSA program records)	3.9	3.8	0.1	6,700	3,370
			(0.4)		
Annual earnings more than three times the annualized SGA amount (SSA program records)	1.2	1.5	-0.3	6,700	3,370
			(0.2)		
Hours worked per week at most recent job[a]	8.8	8.2	0.5	2,626	1,430
			(0.4)		
Any benefits offered at most recent job[a]	17.9	18.2	-0.3	2,626	1,430
			(1.1)		
Health insurance[a]	11.4	11.1	0.3	2,626	1,430
			(1.0)		
Dental benefits[a]	9.5	9.8	-0.3	2,626	1,430
			(0.9)		
Paid sick days[a]	10.7	10.8	-0.1	2,626	1,430
			(0.9)		
Paid vacation[a]	10.2	10.6	-0.4	2,626	1,430
			(0.9)		
Free or low-cost childcare[a]	1.0	0.9	0.1	2,626	1,430
			(0.3)		
Transportation benefits[a]	2.4	2.9	-0.6	2,626	1,430
			(0.6)		
Disability benefits[a]	7.7	8.5	-0.8	2,626	1,430
			(0.8)		

Exhibit F.7 *(continued)*

	Mean for study group		Impact estimate	Sample sizes	
	T	C	T vs. C	T	C
Pension or retirement benefits[a]	9.0	9.2	-0.1	2,626	1,430
			(0.9)		
Flexible health or dependent care spending accounts[a]	4.6	4.7	-0.2	2,626	1,430
			(0.7)		
Most recent employer made accommodations for physical or mental conditions[a]	11.2	11.0	0.2	2,626	1,430
			(1.0)		
Applied for VR services (VR program records)	3.4	2.3	1.1*	6,700	3,370
			(0.3)		
Received VR services (VR program records)	3.9	3.3	0.6	6,700	3,370
			(0.4)		
Had successful VR closure with employment (VR program records)	1.3	1.1	0.2	6,700	3,370
			(0.2)		
Assigned ticket to any EN service (SSA program records)	13.7	12.8	0.9	6,700	3,370
			(0.7)		
Amount of payments under TTW payment systems (SSA program records)	110	96	14	6,700	3,370
			(27)		

Source: Authors' calculations using SSA program records, the POD one-year follow-up survey, and Rehabilitation Service Administration program records.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Unless otherwise noted, all data are from the POD one-year follow-up survey. Data are complete for every outcome from SSA program records and vocational rehabilitation program records. Data from the POD one-year follow-up survey can be missing due to item-level non-response and are therefore weighted using survey non-response weights. Members of the T1 and T2 groups are combined into one treatment group, indicated by T; the control group is indicated by C. The impact estimate is the difference between means for the treatment and control groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity.

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

[a] Comes from a model that uses multiple imputation to impute outcomes values for those who had missing information conditional on reporting any employment in the past year. As discussed in Section F.1.b of this appendix, without multiple imputation, these estimates would be biased.

[Return to Exhibit VI.4] [Return to text]

Exhibit F.8. Impacts of POD on SSA disability benefit-related secondary outcomes

	Mean for study group		Impact estimate	Sample sizes	
	T	C	T vs. C	T	C
SSDI related outcomes					
Benefit months	11.5	11.2	0.3***	6,700	3,370
			(0.0)		
Suspension or termination months	0.2	0.6	-0.4***	6,700	3,370
			(0.0)		
Benefit amount in 2019 ($)	11,974	11,960	14	6,700	3,370
			(105)		
SSI related outcomes					
Payment months	2.0	2.0	0.0	6,700	3,370
			(0.0)		
Suspension or termination months	0.2	0.2	0.0	6,700	3,370
			(0.0)		
Payment amount in the 12 months after enrolling in POD ($)[a]	479	478	1	6,700	3,370
			(20)		
Payment amount in 2019 ($)	483	475	7	6,700	3,370
			(20)		

Source: Authors' calculations using SSA program records.

Note: Data are complete for every outcome; there are no missing values. Members of the T1 and T2 groups are combined into one treatment group, indicated by T; the control group is indicated by C. The impact estimate is the difference between means for the treatment and control groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. Unless otherwise noted, all outcomes are measured for the 12 months after POD enrollment.

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

[a] The analogous outcome for SSDI payments in the year after enrolling in POD is presented as a primary outcome (see Appendix Exhibit F.1).

[Return to Exhibit VI.5] [Return to text]

Exhibit F.9. Impacts of POD on other secondary outcomes

	Mean for study group		Impact estimate	Sample sizes	
	T	C	T vs. C	T	C
Physical health aggregate score[a]	33.9	34.2	-0.3	2,356	1,270
			(0.4)		
Mental health aggregate score[a]	38.8	39.0	-0.2	2,356	1,270
			(0.4)		
Has any health insurance coverage[b]	98.4	98.0	0.3	2,606	1,422
			(0.5)		
Medicare coverage	85.2	83.0	2.2*	2,606	1,422
			(1.2)		
Medicaid coverage	48.2	50.2	-2.0	2,606	1,422
			(1.4)		
Private insurance coverage	14.1	12.3	1.8*	2,606	1,422
			(1.0)		
Any other coverage	12.4	12.7	-0.3	2,606	1,422
			(1.1)		
Total family income ($)	20,957	21,237	-280	2,532	1,391
			(932)		
Received any income from supplemental government sources	54.6	53.4	1.1	2,632	1,437
			(1.5)		
Veterans' benefits	4.0	3.7	0.4	2,586	1,408
			(0.6)		
Public assistance or welfare payments	6.7	6.7	0.0	2,583	1,414
			(0.8)		
Workers' compensation	0.2	0.6	-0.3	2,594	1,419
			(0.2)		
Employer-provided or other disability insurance	2.1	1.9	0.3	2,595	1,418
			(0.5)		
Unemployment benefits	0.8	1.2	-0.3	2,591	1,413
			(0.3)		
Government employee or private pensions	2.3	1.8	0.5	2,588	1,411
			(0.4)		
Disability insurance for disabled adult child	1.8	2.3	-0.5	2,596	1,419
			(0.5)		
SNAP benefits	38.9	39.6	-0.7	2,589	1,399
			(1.4)		
Housing assistance	16.7	14.4	2.3**	2,589	1,408
			(1.1)		
Other government assistance	7.0	6.9	0.2	2,590	1,416
			(0.8)		

Exhibit F.9 *(continued)*

Source: Authors' calculations using the POD one-year follow-up survey.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. All data are from the POD one-year follow-up survey. Data can be missing due to item-level non-response and are therefore weighted using survey non-response weights. Members of the T1 and T2 groups are combined into one treatment group, indicated by T; the control group is indicated by C. The impact estimate is the difference between means for the treatment and control groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity.

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

[a] Physical and mental health aggregate scores are calculated from the 12-item Short Form Survey (SF-12).

[b] The entries across the sub-rows indicating particular insurance types do not add up to the total for having any insurance because people can report more than one source of coverage.

SNAP = Supplemental Nutrition Assistance Program.

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Exhibit F.10. Impacts of POD on the primary outcomes, by POD state

Variable	Value for study group		Impact estimate
	T	C	T vs. C
Alabama			
Sample size	849	427	
Earnings ($)	4,077	3,520	557
			(458)
Substantive employment	9.6	6.8	2.8*
			(1.4)
SSDI benefit amount ($)	11,716	11,654	63
			(261)
Total annual income ($)	16,228	15,484	744*
			(448)
California			
Sample size	1,623	809	
Earnings ($)	5,101	5,422	-321
			(493)
Substantive employment	11.4	12.7	-1.3
			(1.3)
SSDI benefit amount ($)	12,139	12,347	-208
			(217)
Total annual income ($)	17,930	18,509	-579
			(484)
Connecticut			
Sample size	673	340	
Earnings ($)	3,569	3,903	-335
			(511)
Substantive employment	8.5	7.6	0.8
			(1.7)
SSDI benefit amount ($)	12,272	11,606	666**
			(300)
Total annual income ($)	16,325	16,025	301
			(502)
Maryland			
Sample size	796	403	
Earnings ($)	5,716	5,389	328
			(590)
Substantive employment	13.7	11.4	2.3
			(1.8)
SSDI benefit amount ($)	11,723	12,096	-373
			(313)
Total annual income ($)	17,731	17,814	-83
			(584)
Michigan			
Sample size	391	200	
Earnings ($)	4,381	4,140	241
			(615)
Substantive employment	9.1	9.5	-0.4
			(2.1)
SSDI benefit amount ($)	11,270	11,158	112
			(365)
Total annual income ($)	16,159	15,799	360
			(664)

Exhibit F.10 *(continued)*

Variable	Value for study group		Impact estimate
	T	C	T vs. C
Nebraska			
Sample size	246	124	
Earnings ($)	5,296	5,408	-112
			(886)
Substantive employment	11.3	13.7	-2.4
			(3.3)
SSDI benefit amount ($)	11,446	11,370	76
			(498)
Total annual income ($)	17,122	17,195	-74
			(874)
Texas			
Sample size	1,981	996	
Earnings ($)	5,138	5,182	-44
			(347)
Substantive employment	11.5	12.4	-1.0
			(1.1)
SSDI benefit amount ($)	12,172	12,207	-34
			(190)
Total annual income ($)	17,652	17,672	-20
			(352)
Vermont			
Sample size	141	71	
Earnings ($)	5,295	7,077	-1,782
			(1,424)
Substantive employment	13.6	16.9	-3.3
			(5.5)
SSDI benefit amount ($)	12,510	11,622	888
			(923)
Total annual income ($)	18,163	19,061	-898
			(1,394)

Source: Authors' calculations using SSA program records.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. Members of the T1 and T2 groups are combined into one treatment group, indicated by T; the control group is indicated by C. POD enrollees are divided by the state they lived in at POD enrollment. The impact estimate is the difference between means for the treatment and control groups among those in that state. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. Substantive employment is an indicator for having total annual earnings above the annualized substantial gainful activity amount. All outcomes are measured for the calendar year 2019, except for SSDI benefit amounts, which are measured for the 12 months after POD enrollment.

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

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Exhibit F.11. Impacts of POD on the primary outcomes, by weighting for the average person or the average state

	Core impact estimate (impact for the average person)			Alternate weighting scheme (impact for the average state)			
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate	*p*-value of difference
Sample size	6,700	3,370		6,700	3,370		
Earnings ($)	4,856	4,911	-55	4,883	5,004	-121	0.765
			(196)			(240)	
Substantive employment	11.1	11.2	-0.1	11.5	11.4	0.1	0.863
			(0.6)			(0.9)	
Annual SSDI benefit amount ($)	11,989	11,991	-2	11,903	11,756	147	0.222
			(101)			(140)	
Total annual income ($)	17,325	17,347	-22	17,240	17,192	48	0.746
			(195)			(237)	

Source: Authors' calculations using SSA program records.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. By average person, we mean equally weighted POD enrollees; therefore, the values in these columns mirror the values in Appendix Exhibit F.1. By average state, we mean equally weighted POD states, which estimates impacts for the average person within each of the eight POD states and then averages across those eight impact estimates. Members of the T1 and T2 groups are combined into one treatment group. The impact estimate is the difference between means for the treatment and control groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. The *p*-value of difference comes from a test of whether the impact estimate for the average person is significantly different from the impact estimate for the average state. Substantive employment is an indicator for having total annual earnings above the annualized substantial gainful activity amount. All outcomes are measured for the calendar year 2019, except for SSDI benefit amounts, which are measured for the 12 months after POD enrollment.

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

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Exhibit F.12. Impacts of POD on the primary outcomes, using ordinary least squares and a logistic regression model

	Primary impact estimate			Estimate with logistic model		
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate
Sample size	6,700	3,370		6,700	3,370	
Substantive employment	11.1	11.2	-0.1	11.1	11.2	-0.0
			(0.6)			(0.6)

Source: Authors' calculations using SSA program records.

Note: All table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. The primary impact estimate mirrors the values in Appendix Exhibit F.1. The estimate with logistic model uses a logistic regression rather than ordinary least squares to estimate impacts. Because a logistic regression only applies to binary outcomes, these tests exclude continuous outcomes. Members of the T1 and T2 groups are combined into one treatment group. The impact estimate is the difference between means for the treatment and control groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. Substantive employment is an indicator for having total annual earnings above the annualized substantial gainful activity amount. All outcomes are measured for the calendar year 2019.

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

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Exhibit F.13. Impacts of POD on the primary outcomes, using a quantile regression model

Variable	Percentile	Value for study group		Impact estimate
		T	C	T vs. C
Sample size		6,700	3,370	
Earnings ($)	20th	0	0	n.a.
	40th	0	0	n.a.
	50th	0	0	n.a.
	60th	0	0	n.a.
	80th	8,601	8,507	94
				(183)
SSDI benefit amount ($)	20th	7,909	7,833	76
				(86)
	40th	10,398	10,476	-78
				(73)
	50th	11,379	11,495	-116
				(76)
	60th	12,502	12,614	-111
				(87)
	80th	16,013	16,166	-153
				(115)
Total annual income ($)	20th	10,227	10,153	74
				(65)
	40th	12,506	12,497	9
				(79)
	50th	14,179	14,159	20
				(90)
	60th	16,453	16,318	135
				(101)
	80th	23,145	23,031	114
				(178)

Source: Authors' calculations using SSA program records.

Note: All table entries are measured in dollars. Data are complete for every outcome; there are no missing values. The estimates come from a quantile regression model at the 20th, 40th, 50th, 60th, and 80th percentiles of the distribution. Members of the T1 and T2 groups are combined into one treatment group, indicated by T; the control group is indicated by C. The impact estimate is the difference between the treatment and control groups at that percentile. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group percentiles. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted percentiles for C group members and regression-adjusted percentiles for T group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. All outcomes are measured for the calendar year 2019, except for SSDI benefit amounts, which are measured for the 12 months after POD enrollment.

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

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Exhibit F.14. Impacts of POD on the primary outcomes, with and without regression adjustment

	Primary impact estimate			Estimate without regression adjustment		
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate
Sample size	6,700	3,370		6,700	3,370	
Earnings ($)	4,856	4,911	-55	4,791	4,911	-120
			(196)			(204)
Substantive employment	11.1	11.2	-0.1	11.0	11.2	-0.2
			(0.6)			(0.6)
SSDI benefit amount in the 12 months after enrolling in POD ($)	11,989	11,991	-2	11,980	11,991	-11
			(101)			(118)
Total annual income ($)	17,325	17,347	-22	17,246	17,347	-101
			(195)			(209)

Source: Authors' calculations using SSA program records.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. The primary impact estimate mirrors the values in Appendix Exhibit F.1. The estimate without regression adjustment omits the additional control variables but accounts for the stratified random assignment design, as discussed below. Members of the T1 and T2 groups are combined into one treatment group. The impact estimate is the difference between means for the treatment and control groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment. The primary impact estimate also controls for several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. Substantive employment is an indicator for having total annual earnings above the annualized substantial gainful activity amount. All outcomes are measured for the calendar year 2019, except for SSDI benefit amounts, which are measured for the 12 months after POD enrollment.

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

[Return to text]

Exhibit F.15. Impacts of POD on the primary outcomes: Pairwise comparison of T1, T2, and C groups

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
Earnings ($)	4,909	4,804	4,911	-3	-108	105	3,343	3,357	3,370
				(227)	(225)	(224)			
Substantive employment	11.2	11.0	11.2	0.0	-0.1	0.1	3,343	3,357	3,370
				(0.7)	(0.7)	(0.7)			
SSDI benefit amount ($)	11,925	12,052	11,991	-66	61	-127	3,343	3,357	3,370
				(115)	(115)	(110)			
Total annual income ($)	17,315	17,335	17,347	-32	-12	-21	3,343	3,357	3,370
				(226)	(223)	(221)			

Source: Authors' calculations using SSA program records.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. The impact estimate is the difference between means for the relevant study groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between study group means for the relevant comparison. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for the control group members (C) and separate regression-adjusted means for treatment group members (T1 and T2). Standard errors, reported in parentheses, are robust to heteroscedasticity. Substantive employment is an indicator for having total annual earnings above the annualized substantial gainful activity amount. All outcomes are measured for the calendar year 2019, except for SSDI benefit amounts, which are measured for the 12 months after POD enrollment.

***/**/* indicate a statistically significant difference at the 1/5/10 percent level.

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Exhibit F.16. Impacts of POD on employment-related outcomes: Pairwise comparison of T1, T2, and C groups

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
Any employment in past year	37.2	36.0	34.1	3.1*	1.9	1.2	1,324	1,302	1,430
				(1.7)	(1.6)	(1.7)			
Employed or actively searching for a job	58.1	57.6	54.0	4.0**	3.6**	0.5	1,332	1,303	1,437
				(1.8)	(1.8)	(1.8)			
Any positive earnings (SSA program records)	40.5	39.6	38.8	1.6	0.8	0.8	3,343	3,357	3,370
				(1.1)	(1.0)	(1.1)			
Monthly earnings at most recent job above TWP threshold[a]	22.7	21.5	21.5	1.1	-0.0	1.1	1,324	1,302	1,430
				(1.5)	(1.4)	(1.5)			
Monthly earnings at most recent job above SGA amount[a]	15.7	15.3	14.1	1.5	1.2	0.3	1,324	1,302	1,430
				(1.3)	(1.3)	(1.3)			
Annual earnings more than two times the annualized SGA amount (SSA program records)	4.2	3.6	3.8	0.3	-0.2	0.5	3,343	3,357	3,370
				(0.4)	(0.4)	(0.4)			
Annual earnings more than three times the annualized SGA amount (SSA program records)	1.2	1.3	1.5	-0.4	-0.3	-0.1	3,343	3,357	3,370
				(0.3)	(0.3)	(0.3)			
Hours worked per week at most recent job[a]	8.9	8.6	8.2	0.6	0.4	0.2	1,317	1,294	1,430
				(0.5)	(0.5)	(0.5)			
Any benefits offered at most recent job[a]	17.7	18.2	18.2	-0.5	0.0	-0.5	1,324	1,302	1,430
				(1.3)	(1.3)	(1.3)			
Health insurance[a]	11.5	11.4	11.1	0.3	0.2	0.1	1,313	1,290	1,430
				(1.1)	(1.1)	(1.1)			
Dental benefits[a]	9.4	9.7	9.8	-0.4	-0.1	-0.4	1,310	1,289	1,430
				(1.1)	(1.1)	(1.1)			

Exhibit F.16 *(continued)*

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
Paid sick days[a]	10.3	11.0	10.8	-0.5	0.2	-0.7	1,314	1,284	1,430
				(1.1)	(1.1)	(1.1)			
Paid vacation[a]	10.0	10.4	10.6	-0.6	-0.3	-0.3	1,318	1,285	1,430
				(1.1)	(1.1)	(1.1)			
Free or low-cost childcare[a]	1.0	1.0	0.9	0.1	0.1	-0.0	1,312	1,289	1,430
				(0.4)	(0.4)	(0.4)			
Transportation benefits[a]	2.3	2.4	2.9	-0.6	-0.5	-0.0	1,313	1,296	1,430
				(0.6)	(0.6)	(0.6)			
Disability benefits[a]	8.1	7.2	8.5	-0.4	-1.2	0.9	1,324	1,302	1,430
				(1.0)	(1.0)	(1.0)			
Pension or retirement benefits[a]	9.1	9.0	9.2	-0.1	-0.2	0.1	1,307	1,286	1,430
				(1.0)	(1.0)	(1.0)			
Flexible health or dependent care spending accounts[a]	4.7	4.4	4.7	0.0	-0.3	0.4	1,301	1,292	1,430
				(0.8)	(0.8)	(0.8)			
Most recent employer made accommodations for physical or mental conditions[a]	12.0	10.3	11.0	1.0	-0.7	1.7	1,311	1,292	1,430
				(1.2)	(1.2)	(1.2)			
Applied for VR services (VR program records)	3.3	3.6	2.3	1.0**	1.3***	-0.3	3,343	3,357	3,370
				(0.4)	(0.4)	(0.4)			
Received VR services (VR program records)	3.5	4.2	3.3	0.2	0.9**	-0.7	3,343	3,357	3,370
				(0.4)	(0.5)	(0.5)			
Had successful VR closure with employment (VR program records)	1.3	1.3	1.1	0.2	0.2	0.0	3,343	3,357	3,370
				(0.3)	(0.3)	(0.3)			
Assigned ticket to any EN service (SSA program records)	13.2	14.3	12.8	0.3	1.4*	-1.1	3,343	3,357	3,370
				(0.8)	(0.8)	(0.8)			
Amount of payments under TTW payment systems (SSA program records)	118	103	96	21	6	15	3,343	3,357	3,370
				(33)	(31)	(35)			

Exhibit F.16 *(continued)*

Source: Authors' calculations using SSA program records, the POD one-year follow-up survey, and Rehabilitation Service Administration program records.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Unless otherwise noted, all data are from the POD one-year follow-up survey. Data are complete for every outcome from SSA program records and vocational rehabilitation program records. Data from the POD one-year follow-up survey can be missing due to item-level non-response and are therefore weighted using survey non-response weights. The impact estimate is the difference between means for the relevant study groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between study group means for the relevant comparison. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members (C) and separate regression-adjusted means for treatment group members (T1 and T2). Standard errors, reported in parentheses, are robust to heteroscedasticity.

***/**/* indicate a statistically significant difference at the 1/5/10 percent level.[a] Comes from a model that uses multiple imputation to impute outcomes values for those who had missing information conditional on reporting any employment in the past year. As discussed in Section F.1.b of this appendix, without multiple imputation, these estimates would be biased.

Exhibit F.17. Impacts of POD on SSA disability program related outcomes: Pairwise comparison of T1, T2, and C groups

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
SSDI related outcomes									
Benefit months	11.4	11.5	11.2	0.3***	0.4***	-0.1**	3,343	3,357	3,370
				(0.1)	(0.1)	(0.0)			
Suspension or termination months	0.2	0.2	0.6	-0.4***	-0.4***	0.0*	3,343	3,357	3,370
				(0.0)	(0.0)	(0.0)			
Benefit amount in 2019 ($)	11,918	12,031	11,960	-43	70	-113	3,343	3,357	3,370
				(120)	(120)	(116)			
SSI related outcomes									
Payment months	2.0	2.0	2.0	0.0	0.0	-0.0	3,343	3,357	3,370
				(0.1)	(0.1)	(0.1)			
Suspension or termination months	0.3	0.2	0.2	0.1*	0.0	0.0	3,343	3,357	3,370
				(0.0)	(0.0)	(0.0)			
Payment amount in the 12 months after enrolling in POD ($)[a]	474	485	478	-4	7	-11	3,343	3,357	3,370
				(23)	(23)	(24)			
Payment amount in 2019 ($)	477	488	475	2	13	-11	3,343	3,357	3,370
				(24)	(24)	(24)			

Source: Authors' calculations using SSA program records.

Note: Data are complete for every outcome; there are no missing values. The impact estimate is the difference between means for the relevant study groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between study group means for the relevant comparison. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members (C) and separate regression-adjusted means for treatment group members (T1 and T2). Standard errors, reported in parentheses, are robust to heteroscedasticity. Unless otherwise noted, all outcomes are measured for the 12 months after POD enrollment.

***/**/* indicate a statistically significant difference at the 1/5/10 percent level.

[a] The analogous outcome for SSDI payments in the year after enrolling in POD is presented as a primary outcome (see Appendix Exhibit F.1).

Exhibit F.18. Impacts of POD on other outcomes: Pairwise comparison of T1, T2, and C groups

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
Physical health aggregate score[a]	33.8	34.0	34.2	-0.4	-0.2	-0.3	1,174	1,182	1,270
				(0.4)	(0.4)	(0.4)			
Mental health aggregate score[a]	39.0	38.6	39.0	0.1	-0.4	0.4	1,174	1,182	1,270
				(0.5)	(0.5)	(0.5)			
Has any health insurance coverage[b]	98.4	98.3	98.0	0.4	0.3	0.1	1,316	1,290	1,422
				(0.5)	(0.5)	(0.5)			
Medicare coverage	86.1	84.4	83.0	3.1**	1.4	1.7	1,316	1,290	1,422
				(1.3)	(1.4)	(1.3)			
Medicaid coverage	47.4	49.1	50.2	-2.9*	-1.1	-1.8	1,316	1,290	1,422
				(1.6)	(1.6)	(1.7)			
Private insurance coverage	13.8	14.4	12.3	1.5	2.1*	-0.6	1,316	1,290	1,422
				(1.2)	(1.2)	(1.2)			
Any other coverage	12.0	12.8	12.7	-0.7	0.1	-0.7	1,316	1,290	1,422
				(1.2)	(1.3)	(1.3)			
Total family income ($)	21,463	20,442	21,237	226	-795	1,021	1,276	1,256	1,391
				(994)	(1,051)	(838)			
Received any income from supplemental government sources	55.2	53.9	53.4	1.8	0.5	1.3	1,329	1,303	1,437
				(1.8)	(1.8)	(1.8)			
Veterans' benefits	4.3	3.8	3.7	0.6	0.1	0.5	1,303	1,283	1,408
				(0.7)	(0.7)	(0.7)			
Public assistance or welfare payments	6.9	6.5	6.7	0.2	-0.2	0.4	1,307	1,276	1,414
				(1.0)	(1.0)	(1.0)			
Workers' compensation	0.2	0.2	0.6	-0.3	-0.4	0.1	1,307	1,287	1,419
				(0.2)	(0.2)	(0.2)			
Employer-provided or other disability insurance	2.4	1.8	1.9	0.6	-0.0	0.6	1,311	1,284	1,418
				(0.5)	(0.5)	(0.6)			

Exhibit F.18 *(continued)*

	Mean for study group			Impact estimate			Sample size		
	T1	T2	C	T1 vs. C	T2 vs. C	T1 vs. T2	T1	T2	C
Unemployment benefits	1.0	0.7	1.2	-0.1	-0.5	0.4	1,310	1,281	1,413
				(0.4)	(0.4)	(0.4)			
Government employee or private pensions	2.6	2.0	1.8	0.8	0.2	0.6	1,305	1,283	1,411
				(0.5)	(0.5)	(0.6)			
Disability insurance for disabled adult child	1.7	1.9	2.3	-0.6	-0.4	-0.2	1,307	1,289	1,419
				(0.5)	(0.6)	(0.5)			
SNAP benefits	38.4	39.5	39.6	-1.2	-0.1	-1.1	1,310	1,279	1,399
				(1.7)	(1.7)	(1.7)			
Housing assistance	16.3	17.0	14.4	1.9	2.7**	-0.8	1,310	1,279	1,408
				(1.3)	(1.3)	(1.4)			
Other government assistance	6.9	7.2	6.9	0.0	0.3	-0.3	1,304	1,286	1,416
				(1.0)	(1.0)	(1.0)			

Source: Authors' calculations using the POD one-year follow-up survey.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. All data are from the POD one-year follow-up survey. Data can be missing due to item-level non-response and are therefore weighted using survey non-response weights. The impact estimate is the difference between means for the relevant study groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between study group means for the relevant comparison. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members (C) and separate regression-adjusted means for treatment group members (T1 and T2). Standard errors, reported in parentheses, are robust to heteroscedasticity.

***/**/* indicate a statistically significant difference at the 1/5/10 percent level.

[a] Physical and mental health aggregate scores are calculated from the 12-item Short Form Survey (SF-12).

[b] The entries across the sub-rows indicating particular insurance types do not add up to the total for having any insurance because people can report more than one source of coverage.

SNAP = Supplemental Nutrition Assistance Program.

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Exhibit F.19. Impacts of POD on the primary outcomes, using all POD enrollees and the weighted survey sample

	Core impact estimate (impact for all POD enrollees)			Alternate weighting scheme (impact for the weighted survey sample)			
	Treatment mean	Control mean	Impact estimate	Treatment mean	Control mean	Impact estimate	*p*-value of difference
Sample size	6,700	3,370		2,635	1,438		
Earnings ($)	4,856	4,911	-55	4,734	4,801	-67	0.961
			(196)			(305)	
Substantive employment	11.1	11.2	-0.1	10.8	10.2	0.6	0.362
			(0.6)			(0.9)	
Annual SSDI benefit amount ($)	11,989	11,991	-2	12,084	12,242	-158	0.186
			(101)			(152)	
Total annual income ($)	17,325	17,347	-22	17,344	17,570	-226	0.373
			(195)			(296)	

Source: Authors' calculations using SSA program records and the POD one-year follow-up survey.

Note: Unless otherwise noted, all table entries are percentages for means or percentage points for impact estimates. Data are complete for every outcome; there are no missing values. The values for all POD enrollees mirror the values in Appendix Exhibit F.1. The values for the weighted survey sample use the survey weights to estimate the weighted impact estimate among the group of POD enrollees that completed the one-year follow-up survey. Members of the T1 and T2 groups are combined into one treatment group. The impact estimate is the difference between means for the treatment and control groups. All numbers in the table have been rounded; consequently, reported impact estimates might not exactly equal the difference between treatment and control group means. We assessed differences between groups using regression models that, as explained in Section F.1.c of this appendix, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments at POD enrollment, as well as several additional control variables. The numbers in the table report unadjusted means for control group members and regression-adjusted means for treatment group members. Standard errors, reported in parentheses, are robust to heteroscedasticity. The *p*-value of difference comes from a test of whether the impact estimate for all POD enrollees is significantly different from the impact estimate for the weighted survey sample. Substantive employment is an indicator for having total annual earnings above the annualized substantial gainful activity amount. All outcomes are measured for the calendar year 2019, except for SSDI benefit amounts, which are measured for the 12 months after POD enrollment.

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

APPENDIX G:

KEY TERMINOLOGY

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A. Design of POD

- Evaluation team: Mathematica and its partner, Insight Policy Research, who are conducting the comprehensive evaluation of POD.
- Implementation team: Abt Associates and its partners who are implementing POD. Abt's partners include Vocational Rehabilitation agencies in four of the eight POD states (Alabama, Connecticut, Maryland, and Vermont) and Work Incentives Planning and Assistance providers in the other four states (California, Michigan, Nebraska, and Texas). In addition, Virginia Commonwealth University is providing technical support to the implementation partners.
- POD state: One of the eight states where POD is being implemented, regardless of whether the entire state or a subset of counties are included in the implementation area.
- POD implementation areas: The entire states of Alabama, Connecticut, and Vermont and subsets of counties in California, Maryland, Michigan, Nebraska, and Texas.
- POD threshold: The threshold for monthly earnings used to define Trial Work Period months under current rules, as discussed below ($910 per month in 2020).
- POD benefit offset: The component of the POD rules that reduces benefits by $1 for every $2 earned above the greater of the POD threshold and the amount of the treatment group member's Impairment-Related Work Expenses (IRWE).
- POD rules: The POD benefit offset, elimination of the Trial Work Period (TWP) and grace period, and additional services (such as benefits counseling) offered to POD treatment group members.
- POD enrollees: Eligible beneficiaries who volunteered for POD, provided informed consent, and enrolled in the demonstration. All enrollees were randomly assigned to one of the study groups (T1, T2, or C), as noted below.
    - T1 group members: Beneficiaries randomly assigned to the T1 study group who, therefore, are subject to POD rules but do not face termination due to work.
    - T2 group members: Beneficiaries randomly assigned to the T2 study group who, therefore, are subject to POD rules and face termination after 12 consecutive months of having benefits reduced to $0 by the POD benefit offset.
    - Treatment group members: Beneficiaries randomly assigned to either the T1 or T2 study groups who, therefore, are subject to POD rules.
    - Control group members: Beneficiaries randomly assigned to the C study group who are subject to current SSDI rules.
- Offset users: Treatment group members qualifying for and earning over the POD threshold amount to be subject to the POD benefit offset.
- Full offset users: Treatment group members whose benefits are suspended when their earnings are so far above the POD threshold that the offset reduces their benefit payment to zero.

- Partial offset users: Treatment group members whose earnings are over the POD threshold amount and whose benefits are reduced by $1 for $2 under the POD benefit offset.

B. Recruitment and intake

- POD solicitation pool: All Social Security Disability Insurance (SSDI) beneficiaries who lived in a POD implementation area, were eligible for POD, and were sent a primary mailing as part of POD direct outreach.
- Direct outreach: Efforts by the evaluation team to contact members of the POD solicitation pool to provide information about the demonstration and offer the chance to enroll in POD.
  - Primary mailing: Recruitment packets containing printed information about POD and enrollment materials that the evaluation team mailed to all beneficiaries in the POD solicitation pool; these packets were the centerpiece of the direct outreach effort.
  - Supplemental outreach strategies: Additional informational materials, notifications, and reminders that the evaluation team provided to beneficiaries who were included in a primary mailing.
- Indirect outreach: Mechanisms for beneficiaries and local stakeholders to learn about POD, such as a toll-free line or website, and efforts by the Social Security Administration (SSA) and the evaluation team to raise awareness of POD through community organizations that serve SSDI beneficiaries.
- Non-volunteers: Beneficiaries in the solicitation pool who were sent primary mailings but did not enroll in POD.
- Respondent payment: A $25 payment to all beneficiaries who returned enrollment materials. Beneficiaries received this payment even if they were no longer eligible for POD when they returned the enrollment materials, if they withheld consent, or if they failed the intake screener.

C. Provision of POD services

- POD counseling providers: Broad term referring to state vocational rehabilitation (VR) agencies, Work Incentive Planning and Assistance (WIPA) providers, and local community rehabilitation providers (that have contracted with a VR agency or WIPA provider involved in POD) to deliver POD counseling services and supports to treatment group members.
- Counseling staff: POD supervisors and work incentives counselors (POD counselors) who provide POD counseling services and supports to treatment group members in each of the POD states.
- POD support unit staff: Abt Associates staff who work in the indirect and direct support units, which include the POD call-center, the POD processing center, POD central operations, and the POD earnings support unit.
- Benefit Summary and Analysis (BS&A) Report: An in-depth resource that POD counselors develop for those treatment group members who receive individualized work incentives counseling services. The BS&A helps treatment group members understand (1) how their employment and earnings goals will affect their current benefits, (2) the work incentives for

which the treatment group member is eligible, and (3) services available to achieve their employment and earnings goals.

D. SSA terms and definitions related to current SSDI rules

- Impairment-Related Work Expenses (IRWE): The cost of certain impairment-related items and services that a beneficiary needs in order to work because of their disability. Under current law, SSA deducts IRWE from their gross earnings when deciding if work is a substantial gainful activity. Under POD, SSA considers monthly IRWE in the $1 for $2 benefit offset calculation only when the total IRWE is greater than the POD threshold. If the total monthly amount of IRWE is greater than the POD threshold, SSA uses the total monthly amount of itemized IRWE as the monthly POD threshold for the POD benefit offset.
- Trial Work Period (TWP): A nine-month period during which beneficiaries test their ability to work without any reductions in monthly cash benefits. The TWP is completed once a beneficiary has monthly earnings above the TWP threshold ($910 in 2020) or works more than 80 hours a month in self-employment for nine months over a rolling 5-year window. The nine months need not be consecutive.
- Substantial gainful activity (SGA) amount: The threshold for earnings at which beneficiaries might lose cash benefits if the TWP and grace period have both ended, because disability is assumed to have ceased. This threshold is defined in 2020 as $1,260 for non-blind beneficiaries and $2,110 for blind beneficiaries. Before being evaluated relative to the SGA amount, earnings are adjusted to remove sick pay, vacation pay, bonuses, and IRWE.
- Extended Period of Eligibility (EPE): The EPE begins the month after the TWP ends. The first 36 months is a re-entitlement period, during which beneficiaries may have cash benefits suspended if they earn above the SGA amount, but remain entitled to full benefits if their earnings are lower than that amount. If a beneficiary earns above the SGA amount after the re-entitlement period, cash benefits are terminated.
- Grace period: A three-month exception to the EPE's rules about payment of cash benefits when earnings exceed the SGA amount. The grace period consists of the first EPE month in which a beneficiary earns above the SGA amount, and the following two months. During these three months, beneficiaries receive a full SSDI benefit payment regardless of the level of earnings.

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