



BRIEF

ISSUE BRIEF

Promoting Opportunity Demonstration: Summary of the Final Findings

February 11, 2022

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Submitted to:

Social Security Administration
Office of Research, Demonstration, and Employment Support
4-P-8-D Annex
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Executive Summary

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

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

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

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

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

Summary of findings

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

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A. Introduction

There is strong long-standing policy interest in understanding how the Social Security Disability Insurance (SSDI) program can support the employment of people with disabilities. SSDI is the largest federal program that provides cash benefits for qualifying people with disabilities. The Social Security Administration (SSA) administers the SSDI program by providing cash payments to those who meet eligibility requirements. State agencies (known as Disability Determination Services) make the eligibility determinations.

Prior evidence indicates that some aspects of SSDI program rules potentially discourage beneficiaries from working (Ruh and Staubli 2019; Gelber et al. 2017; Maestas et al. 2013; Weathers and Hemmeter 2011; Schimmel et al. 2011). For example, under the current rules, beneficiaries risk losing their entire SSDI benefit amount if their earnings exceed the Substantial Gainful Activity (SGA) amount.¹

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

This brief summarizes findings at the end of POD's two-year implementation period (Wittenburg et al. 2022). Nearly one in three treatment group members used the POD benefit offset and about half engaged in individualized work incentive counseling services. However, impacts on primary outcomes were limited. One issue that might have limited impacts was that many treatment and control group members struggled to understand program rules related to work.

¹ In 2019, the monthly SGA amount for non-blind beneficiaries was \$1,220.

² Section 823 of the Bipartisan Budget Act of 2015 amended Section 234 of the Social Security Act to include POD. See <https://www.govinfo.gov/content/pkg/COMPS-11720/pdf/COMPS-11720.pdf> (accessed December 12, 2021). Section 234 gives SSA the authority "to carry out experiments and demonstration projects designed to promote attachment to the labor force and determine the advantages and disadvantages of alternative methods of treating the work activity of individuals entitled to disability insurance." See https://www.ssa.gov/OP_Home/ssact/title02/0234.htm (accessed April 9, 2021). The SSA Program Operations Manual System (POMS) summarizes the intervention parameters and purpose of POD. See <https://secure.ssa.gov/poms.nsf/lnx/0460075005> (accessed December 12, 2021).

B. Background on POD work rules

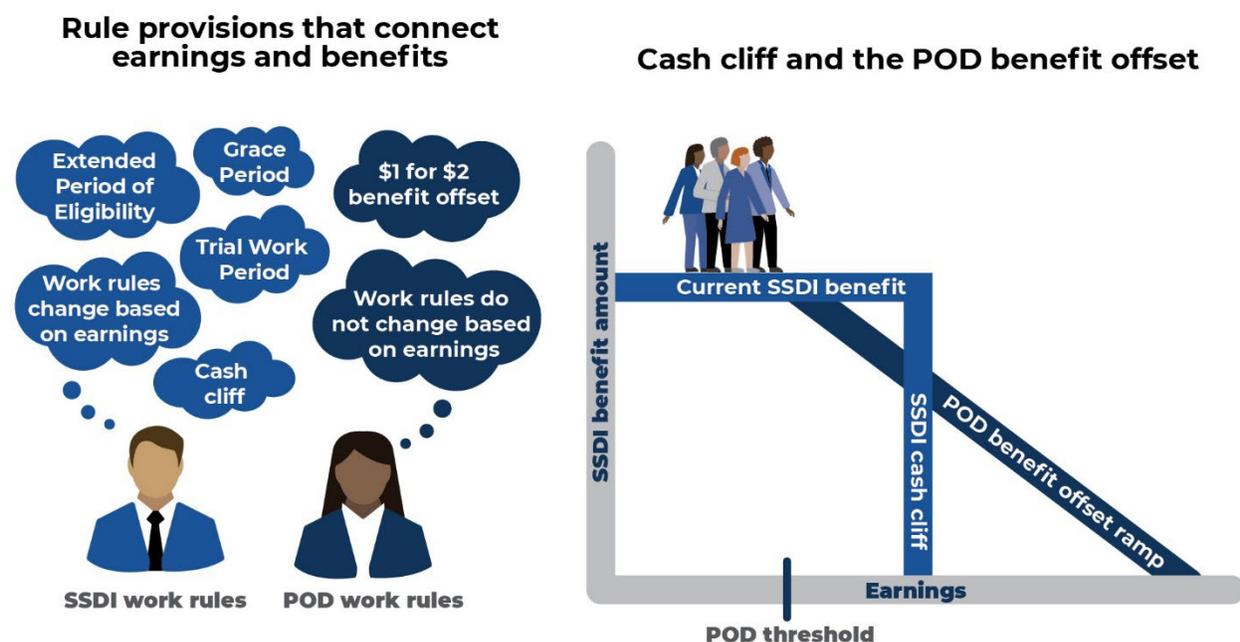
POD replaced the SSDI cash cliff and other current work rules with a benefit offset

Under current rules, a beneficiary’s earnings history determines how earnings affect benefits. The current rules include a TWP and grace period that allow beneficiaries to test work without having benefits reduced. After a beneficiary works enough to complete these two periods, SSA reduces their benefits to \$0 for beneficiary earnings above the SGA amount, a phenomenon commonly called the cash cliff. Tracking how earnings affect benefits under current rules is potentially confusing to beneficiaries and administratively complex to track.

POD replaced the current cash cliff with a benefit offset and eliminated other provisions of current rules, notably the TWP and grace period (Exhibit 1). The POD rules featured a benefit offset ramp: a \$1 decrease in benefits for every \$2 in monthly earnings above a POD threshold, which aligned with the TWP amount (which was \$940 in 2021).³

Exhibit 1. Comparison of current SSDI and POD work rules at a glance

Panel A. Beneficiary decisions related to current and POD rules



³ POD also included special provisions for beneficiaries who had Impairment-Related Work Expenses (IRWE). If the total monthly amount of IRWE was greater than the POD threshold, SSA used the total monthly amount of itemized IRWE as the monthly POD threshold for the POD benefit offset, up to a maximum of the Substantial Gainful Activity amount (which was \$1,310 for non-blind beneficiaries and \$2,190 for blind beneficiaries in 2021). SSA deducts approved IRWE under current rules.

Panel B. Detailed comparison of current and POD rules

	Current SSDI program rules	POD
Cash cliff and benefit offset	If a beneficiary earns more than the SGA amount after completing the TWP and the grace period, benefits are reduced to \$0.	POD reduced benefits by \$1 for every \$2 earned above the POD threshold, which was set at the current SSDI TWP threshold.
TWP	Beneficiaries earning above a certain threshold enter a TWP. During the TWP, beneficiary earnings do not result in any reductions in benefits. The TWP ends when a beneficiary earns more than the TWP threshold for 9 months within a 60-month rolling window.	POD eliminated the TWP.
Grace period	The grace period is a three-month period in which beneficiaries receive a full SSDI benefit payment regardless of the level of earnings. The grace period is triggered the first month after the TWP in which a beneficiary earns above the SGA amount. It applies to that month and the following two months.	POD eliminated the grace period.
Extended period of eligibility	After completing the TWP, a beneficiary immediately enters the EPE, a 36-month re-entitlement period. During the EPE benefits are suspended for months in which earnings exceed the SGA amount (with the exception of the three-month grace period) and benefits are paid for months in which earnings fall below the SGA level.	POD eliminated the EPE.

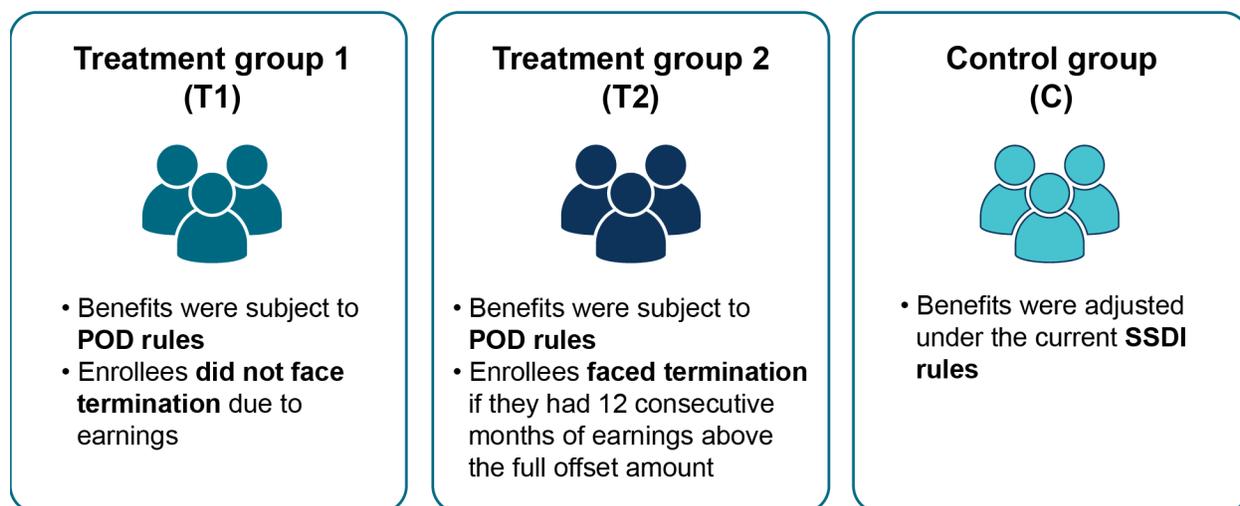
The theoretical effects of POD were ambiguous. The introduction of the gradual ramp and reduced number of work rules affecting benefits (see Exhibit 1, panel A) could have promoted employment of POD treatment group members. For example, under POD, treatment group members did not face the cash cliff. Additionally, POD treatment group members did not face work rules that changed depending on completion of the TWP which could have facilitated beneficiary understanding. However, the potential financial benefits of POD differed across beneficiaries. Some POD treatment group members, especially those who had not completed their TWP or grace period before POD, or who earned between TWP threshold and the SGA amount during POD, would have higher total income under current rules. Hence, the overall theoretical effects between POD and current rules were ambiguous given that POD might not benefit some subgroups of beneficiaries.

POD was a randomized controlled trial with two treatment groups

The POD evaluation used a randomized controlled trial to test two versions of POD rules using two treatment groups (Exhibit 2). The two treatment groups had the same offset provisions but faced different termination and suspension rules. Treatment group 1 (T1) did not face termination, whereas treatment group 2 (T2) faced termination after 12 consecutive months of

earnings above the full offset amount.⁴ The rules for termination and suspension went into effect after a person reached the full offset amount, at which point their benefits went to zero.

Exhibit 2. Randomly assigned groups in POD



POD enrolled 10,070 working-age SSDI beneficiary volunteers across eight states

From January 2018 to January 2019, 10,070 working-age SSDI beneficiaries enrolled in POD across eight states: Alabama, California, Connecticut, Maryland, Michigan, Nebraska, Texas, and Vermont. Participating in POD was voluntary, and participants could withdraw from the demonstration at any time.

Beneficiaries who enrolled in POD differed from the general SSDI beneficiary population, particularly in their interest in work. 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. POD enrollees also differed from beneficiaries who did not volunteer along other characteristics, though many of these differences may also stem from enrollees' stronger connection to work. For example, POD enrollees were younger and were more likely to have a mental disorder than non-volunteers.

The enrollment process resulted in a balance of characteristics between control and treatment group members who enrolled in POD. Specifically, POD treatment and control group members were, on average, equivalent in their characteristics at the time of enrollment, laying the foundation to generate unbiased estimates of POD's impacts shown later in this brief.

C. Key findings for POD

We present findings for the two treatment groups combined because we did not observe substantive differences in the service delivery process or in outcomes between the groups. Where there are exceptions, we note those differences in a separate section. We analyzed beneficiaries'

⁴ The two treatment groups enabled the research team to assess whether the termination provisions influenced outcomes.

understanding of POD rules; their use of the benefit offset; their experiences with improper payments and earnings reporting; and POD's impact on pre-defined primary and secondary outcomes. We measured impacts as the difference in means between the combined T1 and T2 groups and the control group.⁵

Beneficiaries had limited understanding of work incentives

Treatment and control group members struggled to accurately summarize how program rules affect earnings (Exhibit 3). When asked in a survey, only 46% of treatment group members correctly understood that POD work rules reduced their monthly benefits for earnings above a key threshold. One factor that may have limited understanding of the POD rules was that people who were not working did not experience changes in benefits. We found that understanding was stronger among those who had used the benefit offset than those who had not. This finding is not surprising because work incentives are more germane to beneficiaries who use them.

Treatment group members also had limited understanding of the termination rules. Only 34 percent correctly identified whether or not their benefits could be terminated under POD if their earnings were too high. This lack of understanding also likely contributes to our findings on the overall lack of differences between the T1 and the T2 groups despite their facing different termination rules.

An additional concern was that the treatment group's understanding of POD work rules and SSDI work rules did not improve over the course of the demonstration. For example, the percentage of treatment group members that correctly understood the program rules did not increase between one- and two-year follow-up surveys.⁶

Control group members also struggled to understand the provisions of current rules. Survey responses showed that about a quarter of control group members correctly understood the nature of the TWP and that their benefits could eventually be terminated because of high earnings. Both treatment and control group members had access to work incentive counseling that could help them understand the rules.⁷

⁵ Impact findings by treatment group are available in the POD Final Report (Wittenburg et al. 2022).

⁶ Results from two follow-up surveys show that the share of treatment group members who correctly understood that POD rules reduced their monthly benefits for earnings above a threshold level was similar one year after POD enrollment (49%) compared to two years after enrollment (46%). Similarly, control group members' understanding of the TWP and benefit termination did not increase over this time period.

⁷ POD counselors offered work incentives and benefits counseling modeled after the benefits counseling delivered under Work Incentive Planning and Assistance services available to all SSDI beneficiaries. These services included informational contact as beneficiaries enrolled in POD, information and referral to inform treatment group members about the benefit offset rules and refer beneficiaries to other service providers, and individualized work incentive counseling that educated beneficiaries how their earnings would affect SSDI benefits under POD and assisted with monthly earnings reporting. About 80 percent of treatment group members at least participated in information and referral services, with about half using individualized work incentive counseling.

Exhibit 3. Beneficiary understanding of current and POD rules is limited



Source: POD two-year follow-up survey.

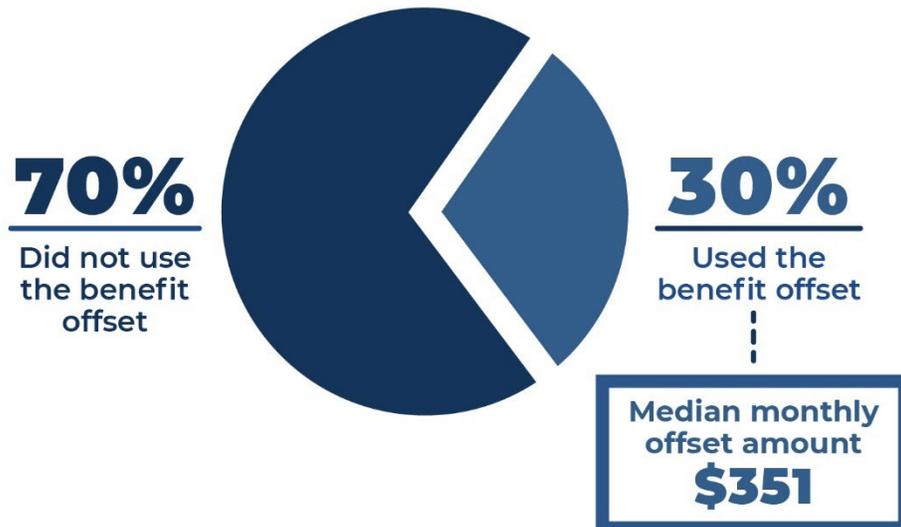
Note: The following three questions assessed beneficiary understanding of POD and current SSDI rules: (1) Under POD, are your benefits reduced at any time if your monthly earnings are above a level that SSA set for POD? (2) Under current SSDI rules, do your benefits ever terminate if your earnings are too high? (3) Under current SSDI rules, do you have a Trial Work Period where your benefits remain unchanged regardless of your earnings? The sample size was 5,054 treatment group respondents (out of 6,700) and 2,803 control group respondents (out of 3,370).

Many treatment group members used the offset

Nearly one-third of treatment group members used the POD benefit offset by the end of 2019 (Exhibit 4). Among offset users, the median monthly offset amount was \$351. This represented a third of the average monthly SSDI benefit amount these beneficiaries were receiving at the time of enrollment. The two groups did not differ with respect to their rates of offset use overall or full offset use. One exception was that more T1 group members had benefits fully offset for at least 12 consecutive months than did T2 group members.⁸ A potential reason for this difference was that T1 group members were more willing to earn above the POD threshold given they were not subject to benefit termination.

⁸ Specifically, 1.6 percent of T1 members and 1.0 percent of T2 members had their benefits fully offset for at least 12 consecutive months.

Exhibit 4. Many treatment group members used the POD benefit offset



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

Note: The sample size was 6,700 combined treatment group members (T1 = 3,343; T2 = 3,357). The median monthly offset amount was calculated among the 2,023 treatment group members who used the benefit offset by the end of 2020.

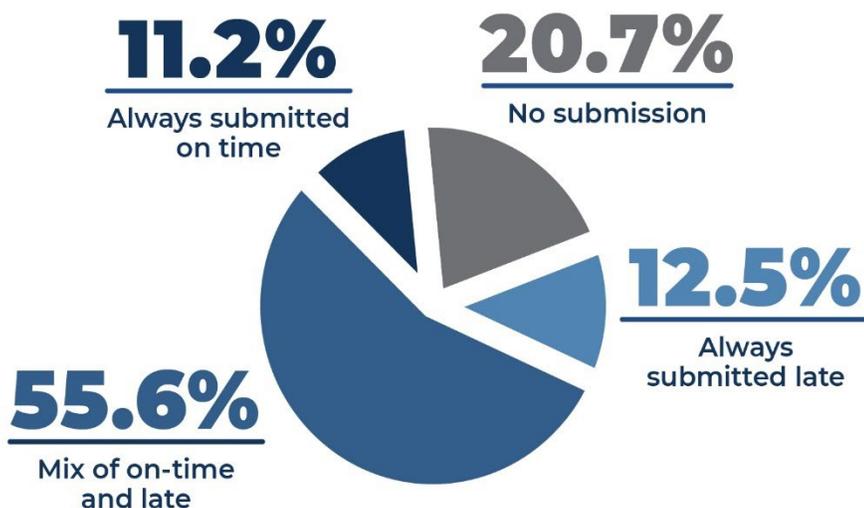
Treatment group members experienced challenges in timely earnings reporting

Many offset users struggled to report earnings on time (Exhibit 5). Approximately 11% of offset users consistently reported earnings on time and 21% of offset users did not report earnings. The process for adjusting benefits in response to the benefit offset relied on beneficiaries' reporting of their monthly earnings to the implementation team. POD treatment group members earning over the POD threshold had to submit timely and accurate monthly earnings information or potentially risk experiencing an overpayment or underpayment; that is, receiving a benefit amount larger or smaller than the amount for which they were eligible.⁹

Tracking and submitting monthly earnings information was challenging, according to treatment group members and POD counselors. Challenges to timely reporting included beneficiaries' educational background, low level of computer literacy, life stressors, and poor record-keeping skills. Delays in the earnings reporting by beneficiaries led to delays in benefit adjustments, and related over- and underpayments.

⁹ When treatment group members did not report earnings for a given month, SSA used the last reported monthly earnings to calculate monthly SSDI benefits. Treatment group members who did not report monthly earnings each month could have had consistent earnings month to month (and hence, not need to update for an accurate monthly benefit payment). SSA outlined this idea of carrying forward earnings in a frequently asked questions document for POD treatment group members.

Exhibit 5. A minority of POD offset users submitted earnings on time



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

Note: The sample size was 6,700 combined treatment group members (T1 = 3,343; T2 = 3,357). Earnings reporting statistics were calculated among the 2,023 treatment group members who used the benefit offset by the end of 2020. Values are expressed as a percentage of offset users and summarize their experience with timely reporting in months with earnings above the POD threshold.

Most offset users had work-related overpayments or underpayments

Offset users' delays in reporting earnings contributed to improper payments (overpayments and underpayments). Among those who used the offset in 2019, 86 percent had an improper payment; 74 percent were overpaid; 40 percent were underpaid, and 28 percent were both overpaid and underpaid.

The most common type of improper payment was overpayment: almost three quarters of offset users were overpaid in at least one month. Treatment group members overall had more overpayments than control group members, but the size of the overpayment was smaller.¹⁰ The lower earnings threshold for POD treatment group members likely contributed to the substantive number of overpayments; because more people in the treatment group experienced benefit adjustments, more treatment group members were at risk of an overpayment. However, overpayment amounts were lower for POD treatment group members because they did not lose entitlement to their full benefit amounts, unlike the control group. An important caveat to these findings is that SSA will likely uncover more overpayments to control group members after conducting more work continuing disability reviews (CDRs).¹¹

¹⁰ About 20 percent of treatment group members received an overpayment, compared to 7 percent of control group members. The treatment group's average monthly overpayment was \$328. By comparison, our best estimates suggest the average overpayment amount among control group members was \$616.

¹¹ Under current rules, SSA must develop a work CDR to review earnings, investigate the use of work incentives, and determine the appropriate months for benefit payments. Under POD, SSA collected earnings reports monthly and, in most cases, used an automated system to process benefit adjustments. There was an end-of-year adjustment if earnings were not reported during the year.

Treatment group members said in qualitative reports that the overpayments were unexpected but did not change their views about working. The respondents typically resolved the overpayments by making a single, direct payment to SSA.

Offset users were also underpaid at a notable rate: four in ten were underpaid in at least one month. Treatment group members overall had more underpayments than control group members and the size of the underpayment was larger.¹² As with overpayments, because more beneficiaries in the treatment group experienced benefit offset adjustments, more treatment group members were at risk of an underpayment than were control group members.

POD increased the share of enrollees earning above the annualized SGA amount by 1 percentage point (or 10 percent) but had limited impacts on other outcomes

POD had no impact on three of the four primary outcomes: beneficiary earnings, SSDI benefit amounts or income. However, it did have a 1 percentage point increase in percentage of beneficiaries earning above the annualized SGA amount¹³ (Exhibit 6). The primary outcomes were designed to measure whether the Congressional intent of the legislation authorizing POD was achieved.¹⁴ If POD rules effectively encourage beneficiaries to work relative to current SSDI rules, then treatment group members should see increased employment and earnings relative to control group members. If the earnings of treatment group members increase, total SSDI benefit amounts may decrease based on their use of the offset.

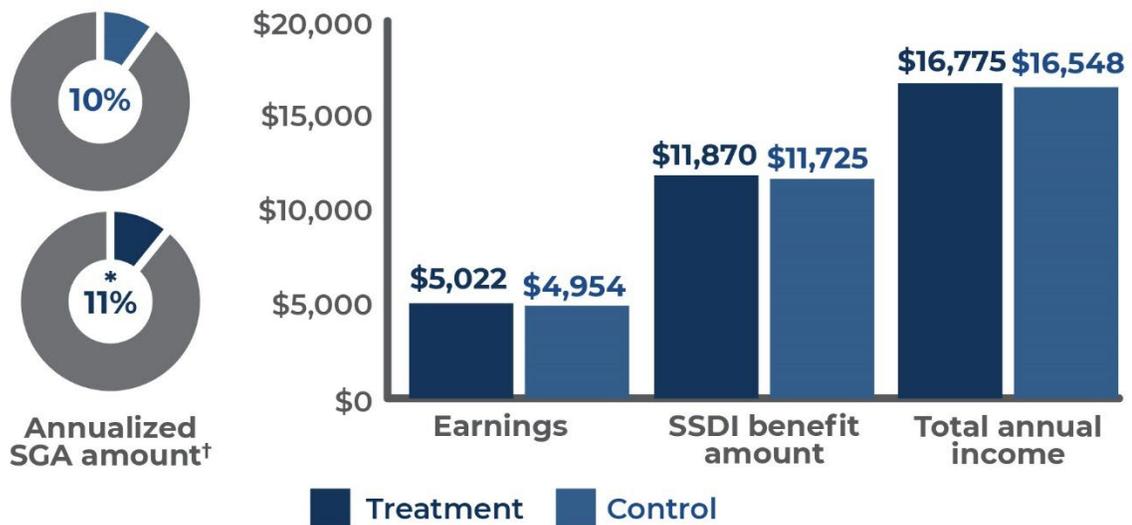
During the pandemic, the treatment and control groups had similar experiences with employment and earnings. Both groups were less likely to have substantive employment, but their average earnings remained stable. Because the pandemic had a similar effect on both groups, we found no differences in the impacts of POD in 2019 (before the start of the pandemic) and in 2020 (the year the pandemic began).

¹² More than 11 percent of treatment group members experienced an underpayment relative to about 2 percent of control group members. The treatment group's average monthly underpayment was \$157. By comparison, our estimates suggest the average underpayment amount among control group members was \$70.

¹³ Statistically significant at the 10% level.

¹⁴ Section 234 provides SSA with authority to “carry out experiments and demonstration projects designed to promote attachment to the labor force and determine the advantages and disadvantages of alternative methods of treating the work activity of individuals entitled to disability insurance.” See https://www.ssa.gov/OP_Home/ssact/title02/0234.htm (accessed April 9, 2021).

Exhibit 6. POD had a positive impact on one of four primary outcomes



* significant at the 10% level

† defined as annual earnings greater than the annual Substantial Gainful Activity amount

Source: Authors' calculations using SSA program records.

Note: The figure shows the unadjusted control group mean and the regression-adjusted treatment group mean, pooling together the two treatment groups. Earnings and income are expressed as an annual average for the calendar years 2019 and 2020 (in 2019 dollars); annualized SGA amount is an that captures whether average earnings over 2019 and 2020 exceeded \$14,791 and the SSDI benefit amount is measured for the 24 months after POD enrollment (in 2019 dollars).

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

POD had limited impacts on secondary outcomes and other subgroups

POD had relatively limited effects on most secondary outcomes and subgroups, though there were some modest effects on employment-related activities. Specifically, POD had no impacts on most secondary outcomes related to benefit amounts, health, and health insurance coverage. We did find some impacts on engagement in employment activity (working or searching for a job), applications for VR benefits and VR service use, though the effect sizes were relatively modest. We also found no impacts within subgroups defined by age, diagnosis, education level and work-expectation at baseline (did or did not

Key findings for secondary outcomes and subgroup impacts

Secondary outcomes

- Increase in some employment-related activities, such as job search and use of VR service.
- Increase in SSDI benefit duration.
- Limited impact on health, health insurance, and receipt of other program benefits.

Subgroup impacts

- No impacts within subgroups defined by age, diagnosis, education level and work-expectation at baseline.
- Increase in earnings, income and the share of enrollees earnings above the annualized SGA amount among those not working at the time of enrollment.

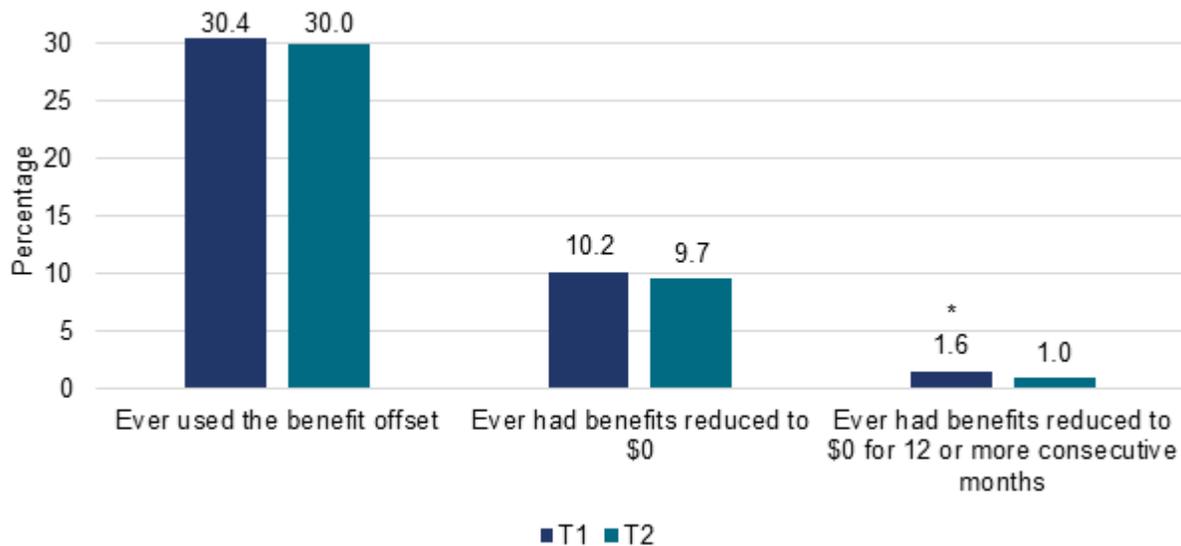
expect to work in the next year). We did find modest impacts on employment-related outcomes for those who were not employed at enrollment. For those not currently working, the benefit offset incentivized work by increasing total income and providing the reassurance that enrollees would remain entitled to benefits and their income would not substantially fluctuate if they had to stop working permanently or periodically.

Offset use and primary outcomes were similar across the T1 and T2 groups, with the exception of longer term offset usage of 12 months or more

Patterns in offset use were similar across T1 and T2 groups (Exhibit 7). In general, the two groups did not differ with respect to their rates of any benefit offset use or full offset use. However, we did find that more T1 group members had benefits fully offset for at least 12 consecutive months than did T2 group members. This finding likely explains why we found that T1 group members received SSDI benefits for fewer months and had more suspension or termination months compared to T2 group members. Given that impacts on these secondary outcomes are likely driven by a small of group of beneficiaries, it is not surprising that we do not observe impacts on other primary outcomes described above.

Two factors likely contributed to the lack of differences between T1 and T2 group members. First, T1 and T2 group members both demonstrated limited understanding of the termination rules. Second, termination rules were only binding to a smaller portion of treatment group members during the two year evaluation follow-up. For example, T2 group members faced termination if they reduced their benefits to zero because of earnings for 12 consecutive months. However, only 1.0 percent of T2 group members (and 1.6 percent of T1 group members) had benefits fully offset for at least 12 consecutive months.

Exhibit 7. Offset use was similar across T1 and T2 groups



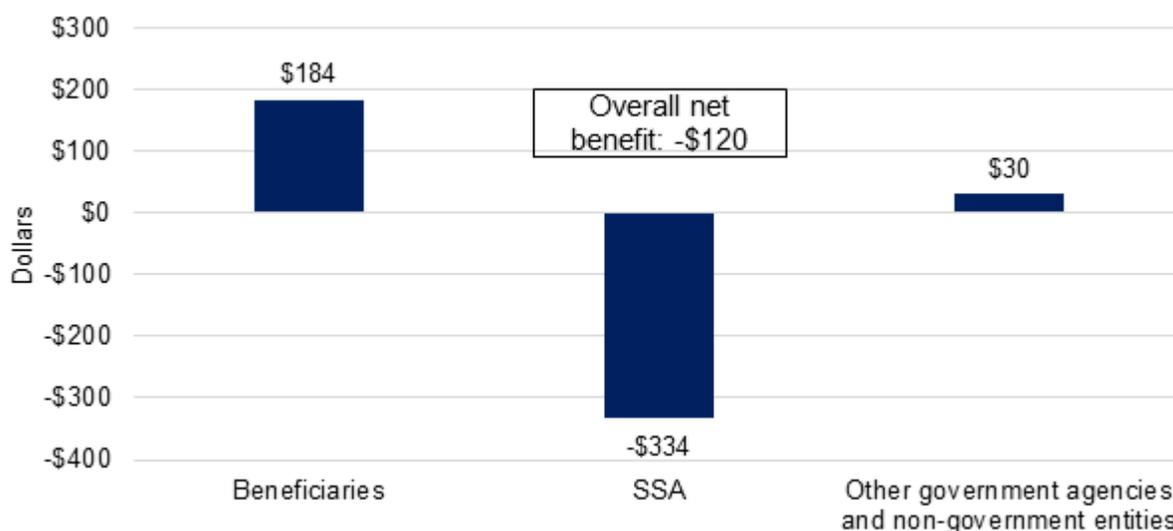
Source: POD enrollment data and programmatic data provided by Abt Associates in August 2021.

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

The benefits of POD outweighed costs for beneficiaries, but the reverse was true for SSA

From the perspective of all key stakeholders combined—beneficiaries, SSA, and other entities—the net benefit of POD was -\$120 per beneficiary annually. This implies that the direct measurable costs of POD outweighed the benefits (Exhibit 8). However, net benefits differed by the type of key stakeholder. For the average beneficiary, the benefits of POD exceeded the costs, with a per-beneficiary net benefit of \$184 annually. In contrast, from the perspective of SSA, the net benefit of POD was -\$334 per beneficiary annually due to increased counseling and administrative costs and increased benefit payments. The effect of POD was modest on other government agencies and non-government entities, producing a net benefit of \$30 per beneficiary annually. To become cost-neutral to SSA, counseling costs would need to return to levels under current rules, and SSDI payments would need to decrease.

Exhibit 8. Annual net benefit of POD by stakeholder group



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

Note: The figure describes the net benefit of POD by stakeholder group. Net benefits are reported in 2019 dollars as per-beneficiary annual amounts.

D. Discussion

The evaluation findings indicate that SSA and the implementation team successfully modified existing program rules and processes to test the POD rules. These modifications included supports to inform treatment group beneficiaries about the POD rules. It also included processes to collect and process beneficiaries' earnings reports to implement a monthly benefit offset adjustment. The implementation team and SSA enhanced their processes to support the POD rules as the demonstration matured. For example, there was strong evidence that beneficiaries' monthly earnings reporting became timelier as both counselors and beneficiaries gained familiarity with the POD rules (Wittenburg et al. 2022).

However, there was also evidence that beneficiaries did not respond to the POD rules in a way that would generate impacts in the two-year follow-up period. There were no impacts on three of the four primary outcomes (earnings, SSDI benefits, and income). The other primary

outcome—earnings above the annualized SGA amount—increased by 1 percentage point, or 10 percent relative to the control group mean. There were no negative impacts on outcomes, which is notable given that the theoretical benefits of the POD rules varied by beneficiary subgroup (particularly whether a beneficiary had completed their TWP), and might not benefit some subgroups of beneficiaries.

From a beneficiary perspective, there were important tradeoffs for using a benefit offset as an alternative to current rules. On the one hand, a gradual adjustment minimized the risks of the relatively large overpayments that can occur with a cash cliff. However, under POD, treatment group members had to regularly organize their earnings and submit them timely to avoid an under- or overpayment. Specifically, they had to precisely report their earnings *and* submit their earnings on time. If they were late or inaccurate, they faced an over- or underpayment. In part, this explains why POD generated more frequent under- or overpayments for the treatment group relative to the control group. Additionally, treatment and control group members struggled to understand the program rules. Without this understanding, beneficiaries cannot make informed decisions about returning to work.

From an administrative perspective, there were also considerations with the cost and administrative processes associated with program modifications. Namely, POD generated net costs to SSA. These costs reflect necessary changes to benefits counseling supports to inform beneficiaries about the new rules. The costs also reflect increases in administrative processing associated with collecting and processing monthly earnings information to make benefit adjustments. On the one hand, the lower earnings threshold (administered on a monthly basis) under POD resulted in higher benefit offset usage in comparison to higher earnings threshold (administered on an annual basis) under BOND (Levere et al. 2020). However, the need to collect accurate and timely earnings information monthly meant the implementation team had to collect more regular updates and send them to SSA to inform monthly benefit adjustments.

In summary, the findings underscore the general tradeoff of moving from current rules with less frequent earnings monitoring to a monthly process of adjusting benefits. The more frequent processes under POD were more costly and, in combination with the lower POD earnings threshold, resulted in more frequent under- and overpayments. However, the size of the overpayments in particular was much smaller under POD than current rules. There also were no impacts within the two-year window of the evaluation, though it is possible that impacts could emerge in the future. Studying future outcomes might be particularly important for the control group. POD was not long enough for some control group members to complete the TWP and encounter the cash cliff. An open question is whether control group outcomes -- including overpayments, employment and benefit outcomes -- will change as more control group members encounter the cash cliff over time.

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