



REPORT

FINAL REPORT

Promoting Opportunity Demonstration: Recruitment and Random Assignment Report

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ACRONYMS

| | |
|------|---|
| BBA | Bipartisan Budget Act of 2015 |
| EPE | Extended Period of Eligibility |
| EN | Employment Network |
| IRWE | Impairment-Related Work Expenses |
| MIS | Management Information System |
| SGA | Substantial Gainful Activity |
| SSA | Social Security Administration |
| SSDI | Social Security Disability Insurance |
| SSI | Supplemental Security Income |
| TWP | Trial Work Period |
| POD | Promoting Opportunity Demonstration |
| VR | Vocational Rehabilitation |
| WIPA | Work Incentives Planning and Assistance |

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

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EXECUTIVE SUMMARY

| POD Recruitment and Random Assignment Report | |
|---|--|
| Background | <ul style="list-style-type: none"> • Benefit offset. Congress directed the Social Security Administration (SSA) to carry out the Promoting Opportunity Demonstration (POD), which tests a simplified set of work rules for Social Security Disability Insurance (SSDI) beneficiaries. POD rules include using a benefit offset rule as an alternative to the “cash cliff”—which ordinarily results in a complete loss of cash benefits for sustained monthly earnings above a certain amount (\$1,260 for non-blind beneficiaries in 2020). The POD offset reduces benefits by \$1 for every \$2 of earnings above a threshold that is set for most beneficiaries to \$910 in 2020. The evaluation of POD uses a randomized controlled trial to test how two versions of POD rules affect the outcomes of beneficiaries who volunteer for the demonstration. Beneficiaries who are subject to POD rules have the option to withdraw at any point. • Purpose. This report provides a comprehensive assessment of the recruitment effort to identify, solicit, and enroll volunteers for POD. It presents insights about who enrolled in POD and how they differed from non-volunteers, information about how enrollees were assigned to research groups that will be used to measure the impacts of POD, and an early assessment of withdrawals from POD. These findings can be used as the basis for understanding and interpreting POD evaluation results that will be presented in future reports. |
| Recruitment and enrollment approach | <ul style="list-style-type: none"> • Outreach process. Recruitment relied on a combination of direct and indirect outreach. Direct outreach to eligible beneficiaries included primary mailings of recruitment packets and several supplemental strategies. Indirect outreach included options for beneficiaries to learn about POD, such as a toll-free telephone line and website, as well as information dissemination via organizations that serve people with disabilities. • Intake procedures. To enroll in POD, beneficiaries had to submit enrollment materials and meet the demonstration’s eligibility criteria. The enrollment materials included a consent form and a baseline survey. After checking eligibility and informed consent, the evaluation team enrolled beneficiaries and randomly assigned them to a study group. |
| Results of POD recruitment | <ul style="list-style-type: none"> • Meeting the POD enrollment target. POD recruitment efforts attracted 10,070 beneficiaries who enrolled in the demonstration, which represented 2.4 percent of those solicited through direct outreach. An additional 3.6 percent responded in some other way, often to indicate they explicitly did not want to participate in the demonstration. The number of POD enrollees exceeded the target of 9,000 beneficiaries, meaning that the evaluation will have the precision to reliably measure impacts. • Supplemental outreach strategies. SSA and the evaluation team conducted rapid-cycle tests of selected outreach strategies. Findings from these tests identified effective strategies that helped enroll enough beneficiaries to surpass the enrollment target, and that may inform future recruitment efforts. |
| Differences between POD enrollees and other SSDI beneficiaries | <ul style="list-style-type: none"> • Motivation for enrollment. Enrollees had a strong connection to work and, therefore, might stand to gain the most from the POD rules. A higher share of POD enrollees had recently engaged in work activities compared to non-volunteers. Enrollees generally stated an interest in POD that was linked to goals of returning to work or working more while retaining SSDI benefits. Those who did not enroll tended to state that they would not gain from the new rules. • Drawing conclusions from the experiences of POD enrollees. In addition to differing in recent work experience, POD enrollees differed from non-volunteers in their demographic, disability, and program characteristics. These patterns of differences will be important for interpreting POD evaluation results. |
| POD enrollee sample supporting the evaluation | <ul style="list-style-type: none"> • Baseline balance. The treatment and control groups were fundamentally similar at enrollment, which underscores the capacity of POD’s random assignment design to produce rigorous impact estimates. Enrollees 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. That is, eventual differences in outcomes can be interpreted as being driven by POD rules. • Early withdrawals. Just over 4 percent of enrollees assigned to the treatment groups had withdrawn within six months after enrollment. Withdrawals were more common among beneficiaries whose previous earnings would leave them worse off under POD rules than current SSDI rules. But, because only a small share of enrollees withdrew, we do not expect this pattern to substantively affect the reliability of survey outcome measures. In addition, withdrawals do not affect the validity of outcomes measured using administrative data, which will be available for all study enrollees regardless of whether they withdrew. |

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I. INTRODUCTION

The Social Security Disability Insurance (SSDI) program is the leading federal source of support for workers with disabilities, but it has complex rules for those who want to return to work. The SSDI program, which is administered by the Social Security Administration (SSA), provides cash benefits to eligible individuals who cannot engage in Substantial Gainful Activity (SGA)—defined in 2020 as monthly earnings of at least \$1,260 for non-blind beneficiaries and \$2,110 for blind beneficiaries. One complexity of the SSDI program is that the rules governing how earnings affect cash benefits depend on the pattern of earnings over time. For example, beneficiaries can initially retain all cash benefits during a Trial Work Period (TWP)—defined as nine months during a five-year period in which earnings exceed \$910. However, beneficiaries who work for longer periods and earn above the SGA amount risk the complete loss of cash benefits. Researchers and administrators refer to this benefit loss as a “cash cliff.”

The complexity of current SSDI rules creates challenges for beneficiaries and SSA staff (Weathers and Hemmeter 2011; Gelber et al. 2017). For beneficiaries, the complexity of the work rules creates challenges in returning to work (Ruh and Staubli 2019; O’Day et al. 2016). In addition, beneficiaries who do not fully understand the current rules risk incurring overpayments, which they then will need to pay back to SSA (Hoffman et al. 2019). Administratively, SSA staff must record beneficiary earnings, which can be difficult to track for beneficiaries, who are not regularly required to report earnings to SSA.

The Promoting Opportunity Demonstration (POD) attempts to address these challenges by creating a simplified set of new work rules that replaces the cash cliff with a benefit offset (Exhibit I.1 and Appendix A). The simplification eliminates the changing nature of earnings rules before and after the TWP, which potentially allays beneficiary concerns about returning to work. Also, the simplification might reduce SSA’s administrative burden in tracking beneficiary earnings and making benefit adjustments. However, not every beneficiary stands to gain from POD rules. For example, some beneficiary cash payments might be lower under POD rules than under current law, especially for beneficiaries who are still in their TWP.

Congress directed SSA to test POD rules as part of the Bipartisan Budget Act (BBA) of 2015 (Pub. L. No. 114-74, § 823), which included important new provisions for enrolling beneficiaries in POD and other future demonstrations. Specifically, the new provisions of the BBA required that beneficiaries voluntarily enroll in the demonstration and provide written informed consent. POD outreach materials needed to help beneficiaries weigh the benefits and risks of POD rules compared to the current set of complex SSDI rules. In addition, the BBA stipulated that beneficiaries had the option to withdraw from POD at any time.

This report provides information about POD’s enrollment and intake process. It addresses the following four broad research questions:

1. How were beneficiaries recruited and enrolled?
2. What were the results of POD recruitment?
3. How did the characteristics of POD enrollees compare to those of other SSDI beneficiaries?
4. How does the POD enrollee sample support the evaluation?

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

| Rules | Description |
|----------------------|---|
| Current rules | <p>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 is limited to nine months over a five-year period.</p> <p>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 once 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.</p> <p>Subsequent SGA-level earnings in any month after the grace period results in a loss of cash benefits. During the first 36 months after the TWP ends, benefits are reduced to \$0 in any month in which a beneficiary earns above the SGA amount and resume when earnings falls below SGA; thereafter SSA terminates cash benefits for monthly earnings above the SGA amount. Appendix A provides more details about how these rules operate.</p> |
| POD rules | <p>POD simplifies SSDI rules and replaces the cash cliff with a benefit offset “ramp.” POD eliminates the TWP and grace period, and cash benefits are adjusted using a uniform offset rule as earnings increase. Specifically, the new benefit offset reduces benefits by \$1 for every \$2 earned above the higher of (1) the POD threshold, which aligns with the TWP threshold, and (2) the beneficiary’s approved Impairment-Related Work Expenses (up to a maximum of the SGA amount).</p> <p>As discussed later in this chapter, some beneficiaries who are subject to POD rules face termination of cash benefits if the offset reduces their benefits to \$0 for 12 consecutive months.</p> |

Note: Appendix Exhibit [A.1](#) contains additional details about current rules and POD rules.

^a More details on subsidies are available at [DI 10505.010D](#).

We addressed the four research questions above using the approach outlined in the POD Evaluation Design Report (Wittenburg et al. 2018). In addition to providing a comprehensive plan for data collection and analysis activities, the Evaluation Design Report provided a framework for recruiting potential volunteers for POD. The report established a recruitment target to enroll at least 9,000 beneficiaries in POD between early January 2018 and early January 2019. It set out the procedures and strategies to be deployed for POD outreach and enrollment, as well as plans to adapt the recruitment approach as the evaluation team learned more about how beneficiaries responded to outreach. It also specified key questions to be addressed in this Recruitment and Random Assignment Analysis Report.

Specifically, the findings of this report provide a comprehensive assessment of how POD recruitment proceeded in practice, building on initial information presented in two special topics reports (Hock et al. 2019, 2020). The findings presented here also offer lessons learned from POD outreach efforts, particularly as related to the new SSA demonstration recruitment requirements of voluntary participation and written informed consent. This report also presents insights about who enrolled in POD and how they differed from non-volunteers, information about how enrollees were assigned to research groups that will be used to measure the impacts of

POD, and an early assessment of withdrawals from POD. These findings can be used as the basis for understanding and interpreting POD evaluation results that will be presented in future reports.

The remainder of this chapter includes four sections that contain additional motivations and context for the report. First, we give an overview of POD implementation and evaluation activities, which provides contextual information for POD recruitment and the demonstration's enrollment and intake processes. Second, we describe the plans for POD outreach and enrollment and provide an overview of how we adapted those plans after starting recruitment. Third, we present the data and methods used to address the four research questions, including both quantitative and qualitative assessments. Fourth, we present a roadmap for the rest of this report.

A. Overview of POD implementation and evaluation

Congress tasked SSA with designing, implementing, and evaluating POD. During the planning phase, SSA needed to complete several activities to launch POD, such as specifying elements of the intervention, setting up the operational reporting of earnings for POD, and building internal data systems to administer the POD offset. SSA also needed to develop a plan for evaluating POD and producing congressionally mandated reports.

SSA contracted with Abt Associates to lead the implementation of POD in eight states over a five-year period (January 2017–December 2021). POD implementation areas include all of Alabama, Connecticut, and Vermont and subsets of counties in California, Maryland, Michigan, Nebraska, and Texas. Abt is partnering with several organizations to implement POD, and we refer to Abt and its partners jointly as the implementation team.¹ This team built an infrastructure to facilitate the administration of the new rules for beneficiaries who enroll in POD. After an initial design period, the implementation team began delivering services to support enrollees in using POD rules, including benefits counseling services to help them understand the rules and referrals for employment supports or vocational training. In addition, the implementation team is providing other services to help beneficiaries report earnings and Impairment-Related Work Expenses to SSA, which uses this information to administer the offset under POD rules.

SSA contracted with Mathematica to lead the comprehensive evaluation of POD. Mathematica is partnering with Insight Policy Research (together, the evaluation team) to assess research questions related to the process, participation, impacts, benefits, and costs of POD. To facilitate these analyses, Mathematica managed the study intake and enrollment processes that are the subject of this report. The evaluation team will continue to collect quantitative and qualitative data from multiple sources to facilitate analyses for future reports.

A key feature of the evaluation is a randomized controlled trial that will test two versions of POD rules in comparison to current SSDI rules. Both versions of the rules eliminate the TWP and apply the \$1-for-\$2 benefit offset rule until earnings are high enough to reduce cash benefits

¹ Abt's partnerships 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). Abt also established a POD call center in McAllen, Texas, to respond to calls from treatment group members, SSA, project partners, and the general public. Virginia Commonwealth University provides technical support to the implementation partners.

to zero, which is referred to as the “full offset” point. Under one version of POD rules, beneficiaries will not face termination of SSDI benefits based on earnings for the length of the demonstration. Under the second version of the rules, SSDI benefits will be terminated for beneficiaries who earn above the full offset amount for 12 consecutive months. To test these two versions of POD rules, the evaluation team randomly assigned POD enrollees into three groups:

- **T1 group members:** Enrollees whose benefits are subject to POD rules, but will not face termination due to earnings.
- **T2 group members:** Enrollees whose benefits are subject to POD rules, but face termination if they have 12 consecutive months of earnings above the full offset amount.
- **C group members:** Enrollees in a control group who have their benefits adjusted under the current SSDI rules.

Enrollees in the T1 and T2 groups retain the right to revert to current SSDI rules—that is, “withdraw” from treatment. The T1 and T2 groups also receive benefits counseling modeled after the benefits counseling delivered under WIPA that is modified to incorporate POD rules, and assistance reporting monthly earnings and Impairment-Related Work Expenses (“associated services”). Hence, the full test of POD measures the combined effects of POD rules (including the option to withdraw), benefits counseling, and associated services. We refer to this simply as a test of POD rules because benefits counseling and referrals for employment services are also available in some form to SSDI beneficiaries more generally.

B. Overview of recruitment and enrollment

SSA and the evaluation team needed to design a recruitment plan that would attract a sufficient sample for the evaluation while also complying with demonstration requirements. To comply with the SSA demonstration authority rules, the evaluation team also had to obtain written informed consent from volunteers before enrolling them in POD. To meet these objectives, the evaluation team worked with SSA to develop direct and indirect outreach strategies to recruit eligible beneficiaries from POD implementation areas, and to develop an enrollment process that helped verify informed consent.

The centerpiece of the **direct outreach** strategy was a “recruitment packet” that provided information to beneficiaries about enrolling in POD. Each packet contained written materials that conformed to the requirements for POD set by the BBA and guidance from SSA about descriptions of program rules. Supplemental outreach efforts sought to complement the primary mailing by improving beneficiaries’ awareness of POD or reminding them about the opportunity to enroll. The direct outreach effort also included a two-month pilot period to test several forms of supplemental outreach and learn about interest in POD.² During the rest of the recruitment period, SSA and the evaluation team continued to monitor progress and sought to identify other supplemental strategies that might efficiently increase enrollment among interested beneficiaries.

² The Evaluation Design report documents SSA’s refinements to the recruitment processes to meet the enrollment targets following an initial period of pilot testing. As noted in that report, we planned to enroll at least 9,000 beneficiaries in POD because doing so would provide sufficient precision for the evaluation to detect impacts, although the demonstration could accommodate up to 15,000 enrollees.

A coordinated set of **indirect outreach** efforts sought to improve beneficiaries' awareness and understanding of the demonstration. The indirect outreach included a toll-free telephone line and website, which provided options for beneficiaries to find answers to questions about POD and learn more about the demonstration. The evaluation team also developed informational materials, such as webinars and posters, for potential stakeholders. These stakeholders included several entities that provide SSDI beneficiaries with employment related supports, such as Vocational Rehabilitation (VR) agencies, Ticket to Work Employment Networks (ENs), and SSA Work Incentive Planning and Assistance (WIPA) providers. SSA and the evaluation team provided information to entities because they could potentially help support beneficiaries make decisions about whether to volunteer for POD.

The POD **enrollment process** required that beneficiaries fill out and return materials from the recruitment packet. Specifically, beneficiaries (or a representative payee) had to send the evaluation team a signed consent form and responses to a short survey. The evaluation team reviewed the materials to ensure the beneficiary provided all of the necessary legal documentation before randomly assigning the beneficiary into POD.

C. Overview of analysis for this report

Our analysis approach is structured to address the four main research questions stated previously, using a mixture of quantitative and qualitative data. In this section, we provide an overview of our analytic approach for answering each question. We then provide an overview of our data sources and methods, providing additional details about methodology in Appendix B.

Analytic approach by research question

Our approach to addressing the four research questions is grounded in the design of POD. Specifically:

- To address **research question 1** (*How were beneficiaries recruited and enrolled?*), we document how the planned POD outreach and enrollment operated in practice. We provide information about the strategies the evaluation and implementation teams used to inform SSDI beneficiaries about POD. Specifically, we provide details about the recruitment packets mailed to beneficiaries and how beneficiaries and stakeholders perceived this information. We also note specific adaptations made to our direct outreach approach, relative to the process set out during the design stage of the evaluation. In addition, we describe successes and challenges of POD implementation partners in supporting recruitment.
- To address **research question 2** (*What were the results of POD recruitment?*), we summarize the response to POD outreach, focusing on the enrollment rate for the primary mailings sent as part of direct outreach efforts. We provide insights into how these efforts helped the evaluation team meet the overall enrollment targets of at least 9,000 beneficiaries by summarizing the effectiveness of the adaptations noted previously. We also describe additional ways in which beneficiaries responded to outreach and consider potential lessons learned for future recruitment efforts.
- To address **research question 3** (*How did the characteristics of POD enrollees compare to those of other SSDI beneficiaries?*), we present statistics showing how POD enrollees

compare to other SSDI beneficiaries. We expected some notable differences between these two groups based on the design of POD, which could have consequences for the external validity of POD's findings (Box I.1). We therefore assess the potential for systematic patterns in the observed characteristics of POD enrollees, relative to other SSDI beneficiaries, that might affect the degree to which we can later generalize from the results of the evaluation.

- To address **research question 4** (*How does the POD enrollee sample support the evaluation?*), we assess the integrity of the evaluation's research sample of POD enrollees in two ways. First, we compare the characteristics of T1, T2, and C members. We use statistical tests to assess whether the characteristics of the three groups are balanced, as intended by the random assignment design (Box I.1). These results can bolster confidence in the internal validity of the study—meaning that the evaluation can reliably measure the impacts of POD by examining differences in outcomes between the T1, T2, and C groups. Second, we assess early withdrawals and how they affect the composition of POD treatment groups. Beneficiaries withdrawing from the POD study could be a concern that would influence the interpretation of evaluation findings (Box I.1).

Box I.1: Anticipated evaluation implications of recruitment plans and POD design

- **POD enrollees represent self-selected volunteers.** We expected that individuals who chose to enroll in the study would likely differ in fundamental ways from those who did not. For example, enrollment rates ought to be higher among beneficiaries who would be better off under POD rules and lower among those who would be better off under current law. Some of these differences might be measurable, such as the level of recent earnings. Other differences might not be observable, such as having a strong motivation or capacity to earn above the SGA amount. The pattern of differences we observe could make it challenging to generalize findings for policy makers considering an implementation of POD rules that made participation mandatory. Alternatively, the differences we observe could help identify options for understanding the potential implications of a broad implementation of POD rules with voluntary participation.
- **Random assignment of enrollees should produce balanced treatment and control groups.** We designed random assignment procedures to maximize the validity of the impact estimates based on comparisons between the T1, T2, and C groups. Specifically, we used a stratified, individual-level random assignment process that should produce treatment and control groups that are essentially similar on baseline characteristics. Our procedures also maintained the integrity of the process by avoiding the potential for manipulation or the perception that it could be gamed in some way.
- **Treatment group members have the option to withdraw from POD rules.** Once the demonstration started, we expected that some T1 and T2 group members might revert to current rules if they were more beneficial to them than POD rules. Examples of such beneficiaries are those who had not completed the TWP and those with earnings consistently below the SGA amount. In addition, we anticipated that the incentive to revert to current rules would be stronger for T2 group members, who face termination due to excess earnings (unlike T1 group members). As a result, high withdrawal rates could limit the capacity of policy-makers to draw on POD results to consider what might be true for a program like POD that did not have the option to withdraw. If treatment group members who withdraw opt out of the demonstration's surveys, high withdrawal rates could also result in unreliable impact estimates for self-reported outcomes.

Source: Adapted from the POD Evaluation Design Report

Data sources and overview of methodology

This report draws on a combination of quantitative and qualitative data sources and methods (Exhibit I.2 and Appendix B). Our quantitative results use three types of data—SSA program data, management information system (MIS) data, and data from a self-administered baseline survey—that contain information from before the start of enrollment (2017, Quarter 4) through the end of recruitment (2019, Quarter 1). We then integrate results from qualitative data sources to provide additional context and supporting detail. These qualitative data include information collected during two rounds of interviews with implementation staff near the beginning and end of recruitment (2018, Quarter 1 and 2019, Quarter 1), as well as interviews with beneficiaries near the end of recruitment (2018, Quarter 4). Below and in Appendix B, we provide more details about our approach to data collection and analysis.

Exhibit I.2. Data sources for POD analyses

| Data collection timing | Quantitative data | | | Qualitative data | | |
|------------------------|---|--|---|---|--|--|
| | Quantitative data | | | POD implementation partners and other key stakeholders ^a | | Beneficiaries |
| |  SSA program data ^b |  MIS data |  Self-administered baseline survey |  Site visit interviews & observations |  Telephone interviews |  Telephone interviews |
| 2017, Quarter 4 | ✓ | | | | | |
| 2018, Quarter 1 | | ✓ | ✓ | ✓ | ✓ | |
| 2018, Quarter 2 | | ✓ | ✓ | | | |
| 2018, Quarter 3 | ✓ | ✓ | ✓ | | | |
| 2018, Quarter 4 | | ✓ | ✓ | | | ✓ |
| 2019, Quarter 1 | | ✓ | | | ✓ | |

^a Implementation partners include POD counselors delivering work incentives counseling and other supports to treatment group members, VR agency/WIPA managers who supervise POD counselors, other state and local VR staff, and additional local stakeholders with knowledge of the employment service system and the labor market in the locale. Appendix B provides more details.

^b As explained in Chapter II and Appendix B, SSA provided monthly lists of beneficiaries who were eligible for POD throughout the recruitment period. The exhibit indicates additional SSA data extracts containing detailed information about the characteristics of eligible beneficiaries at two points in time.

Quantitative data and analysis methods. The quantitative data include information about beneficiary demographic characteristics, employment history, health, and income, as well as information about their enrollment and participation in POD.

- **SSA program data** contain information that SSA and the evaluation team used to identify beneficiaries for direct outreach. The evaluation team also used these data to learn about beneficiaries’ demographic characteristics, disability and program characteristics, and previous engagement in work while receiving SSDI benefits.
- **MIS data** contain information about recruitment efforts; enrollment and other responses to direct outreach; beneficiaries’ random assignment group (T1, T2, C); and whether POD enrollees subsequently withdrew from the demonstration.
- **Self-administered baseline surveys** collected data from beneficiaries that is unavailable in the SSA program records, such as interest in work, current employment, work challenges, and health status. These data are available for POD enrollees only.

Our quantitative analysis centers on (1) comparisons between the group of beneficiaries who enrolled in POD and a group of non-volunteers; and (2) comparisons between members of the three study groups (T1, T2, and C). We based these comparisons on adjusted means that account for the basic design of the evaluation—how we sampled beneficiaries to be contacted for recruitment and how we randomly assigned POD enrollees. In some cases, we also calculated comparisons in enrollment outcomes between beneficiaries who did and did not receive a particular type of outreach. We gauge the size of each difference in means between groups, in

part, through p -values, which measure statistical significance according to the probability that the difference could have occurred by chance if the groups were fundamentally similar.

Qualitative data and analysis methods. The qualitative data include in-depth perspectives on the overall recruitment and enrollment process from the implementation team, key stakeholders that serve beneficiaries who might enroll in POD, and potentially eligible POD beneficiaries.

- Interviews with implementation partners and key stakeholders in each POD state provided outside perspectives of POD recruitment, as well as information about how the recruitment processes interacted with other implementation activities.
- Interviews with beneficiaries captured information about their motivations for enrolling or not enrolling in POD, their recruitment and enrollment experiences, and their early impressions of service delivery. We selected interviewees using a quota sampling approach for several types of beneficiaries, based on recruitment and participation information as of late 2018. We chose to interview 53 beneficiaries who had enrolled in POD, were assigned a treatment group (T1 or T2) and remained in POD; 7 enrollees who had withdrawn from a treatment group; 7 beneficiaries who responded to POD outreach but withheld consent to be in the demonstration; and 6 beneficiaries who did not respond to POD outreach efforts.

Our qualitative analysis integrates perspectives from the groups outlined in Exhibit I.2 to provide additional context and interpretation of the findings. Each set of interviews was targeted to elicit nuanced insights from stakeholders and reflect the perspectives of a relatively small number of individuals. To analyze the data, we used a structured framework to code the data to identify themes that emerged. We drew conclusions from interviews with beneficiaries cautiously because they represented a select subset of potential POD participants. All enrollees we interviewed had been assigned to a POD treatment group, sample sizes for the other groups were relatively small, and less than one-quarter of the beneficiaries we contacted responded to our interview requests. Hence, when reporting qualitative findings, we emphasize themes noted by multiple stakeholders or reinforced by the quantitative findings.

D. Report roadmap

In the chapters that follow, we present our findings for each research question and a discussion of lessons learned and evaluation implications.

- In Chapter II, we describe how we recruited and enrolled beneficiaries for POD. We describe our approach to identifying beneficiaries for recruitment, the direct and indirect outreach efforts, and our intake procedures for beneficiaries who responded to outreach. We also provide qualitative information about how implementation partners, key stakeholders, and beneficiaries perceived POD outreach efforts.
- In Chapter III, we describe the results of POD recruitment by presenting information on overall enrollment, additional types of responses to POD outreach, and the results of adaptations to the recruitment process.
- In Chapter IV, we compare the characteristics of SSDI beneficiaries who enrolled in POD to other SSDI beneficiaries and provide insights into why those who enrolled chose to do so.

- In Chapter V, we describe how the POD enrollee sample supports the evaluation, including assessing whether the T1, T2, and C groups are balanced along key characteristics and reporting on early withdrawals from treatment.
- In Chapter VI, we conclude by discussing lessons learned from conducting POD outreach, which may be relevant to other SSA demonstrations or programs, and the implications of this report's findings for interpreting the results of future POD evaluation reports.

Four appendices offer supporting details. Appendix A contains additional background on POD design and recruitment efforts. Appendix B provides additional information on the report's data and methodological approaches. Appendix C presents the detailed materials contained in the recruitment mailings, as discussed in Chapter II. Appendix D includes supplemental tables to support the quantitative analyses presented in Chapters II through V.

II. HOW WERE BENEFICIARIES RECRUITED AND ENROLLED?

In this chapter, we describe the POD recruitment and enrollment process. These details provide a basis for interpreting results in later chapters. For context, we first describe how SSA and the evaluation team developed and applied eligibility criteria to identify SSDI beneficiaries for recruitment (which we refer to as the POD solicitation pool). Next, we present our direct outreach methods, highlighted by sending primary mailings of recruitment packets to all beneficiaries in the POD solicitation pool, along with other supplemental outreach strategies. We then discuss the indirect outreach methods used to support beneficiaries in making an informed decision about participating in POD, as well as to establish the legitimacy of the demonstration to local stakeholders. Finally, we describe the procedures that the evaluation team used to conduct intake and randomly assign eligible beneficiaries who completed the required enrollment materials.

KEY FINDINGS

- As part of direct outreach, the evaluation team sent recruitment packets to all 419,481 members of the POD solicitation pool.
- The recruitment packets conveyed information about the nature of POD, but some beneficiaries and stakeholders noted challenges in interpreting the lengthy written materials.
- Indirect outreach offered opportunities for beneficiaries to obtain information about POD on their own terms, such as by talking to a person or visiting a website. However, some implementation partners faced capacity constraints in reaching out to beneficiaries to further support recruitment.
- The evaluation team typically randomly assigned beneficiaries within one week after receiving enrollment materials. Before conducting random assignment, the evaluation team had to confirm eligibility and informed consent as part of the POD intake process, and enter baseline survey data.

A. Recruitment included most beneficiaries in POD implementation areas

The POD solicitation pool consisted of SSDI beneficiaries who met specific eligibility criteria in implementation areas across eight states (Box II.1). The criteria generally included most working-age SSDI beneficiaries in those areas who were not in the process of an SSA work Continuing Disability Review (CDR) that could affect a beneficiary's future eligibility status.

SSA and Abt selected the eight POD implementation areas before the start of the demonstration (Exhibit II.1). As noted in Chapter I, the implementation areas include the entire states of Alabama, Connecticut, and Vermont and subsets of counties in California, Maryland, Michigan, Nebraska, and Texas.³ As a whole, the states where POD was implemented covered a range of labor market conditions and employment service environments for people with disabilities.⁴ POD implementation areas also varied in urbanicity and population density. In states where a subset of counties was selected, those counties tended to have a higher population density.

Box II.1. Beneficiary eligibility criteria for POD participation

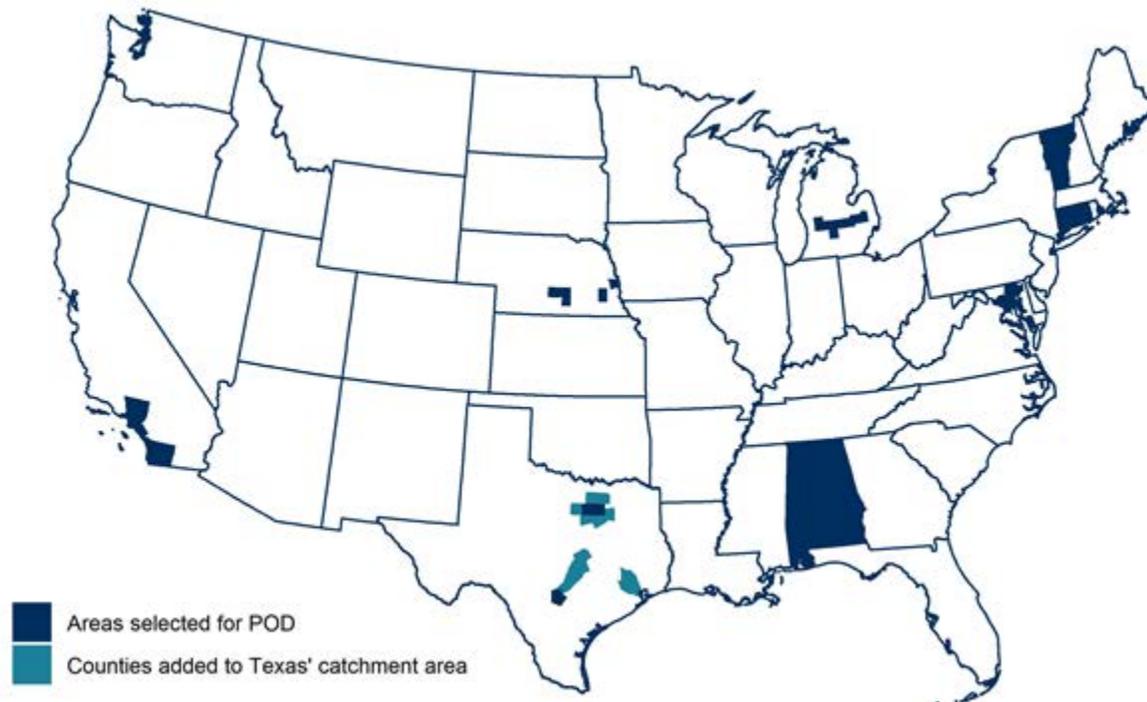
- Reside in a POD state or select counties within a POD state
- Be in current pay status or have benefits suspended due to earnings
- Have an SSDI entitlement as a primary beneficiary (that is, as a disabled worker), with or without a concurrent Supplemental Security Income entitlement
- Do not have 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 CDRs
- Have low Work Smart ratings based on an SSA profiling model that uses program data to prioritize future work CDRs 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

The POD solicitation pool ultimately included 419,481 beneficiaries in the POD implementation areas who were sent a primary mailing. SSA regularly provided the evaluation team with lists of eligible beneficiaries in these implementation areas from SSA program records. The evaluation team used these lists to allocate eligible beneficiaries into groups of primary mailings sent over the recruitment period, removing any beneficiaries who had become ineligible since the start of the demonstration. Additionally, as will be described in Section C below, we rechecked the eligibility of beneficiaries before enrolling them. For more information on these eligibility lists and the process we used to create the POD solicitation pool, see Appendix A.

³ In June 2018, SSA expanded the POD catchment area in Texas from 3 to 16 counties. For more details on this expansion, see Wittenburg et al. (2018).

⁴ See Appendix A and Appendix Exhibit D.1 for more information.

Exhibit II.1. POD implementation areas



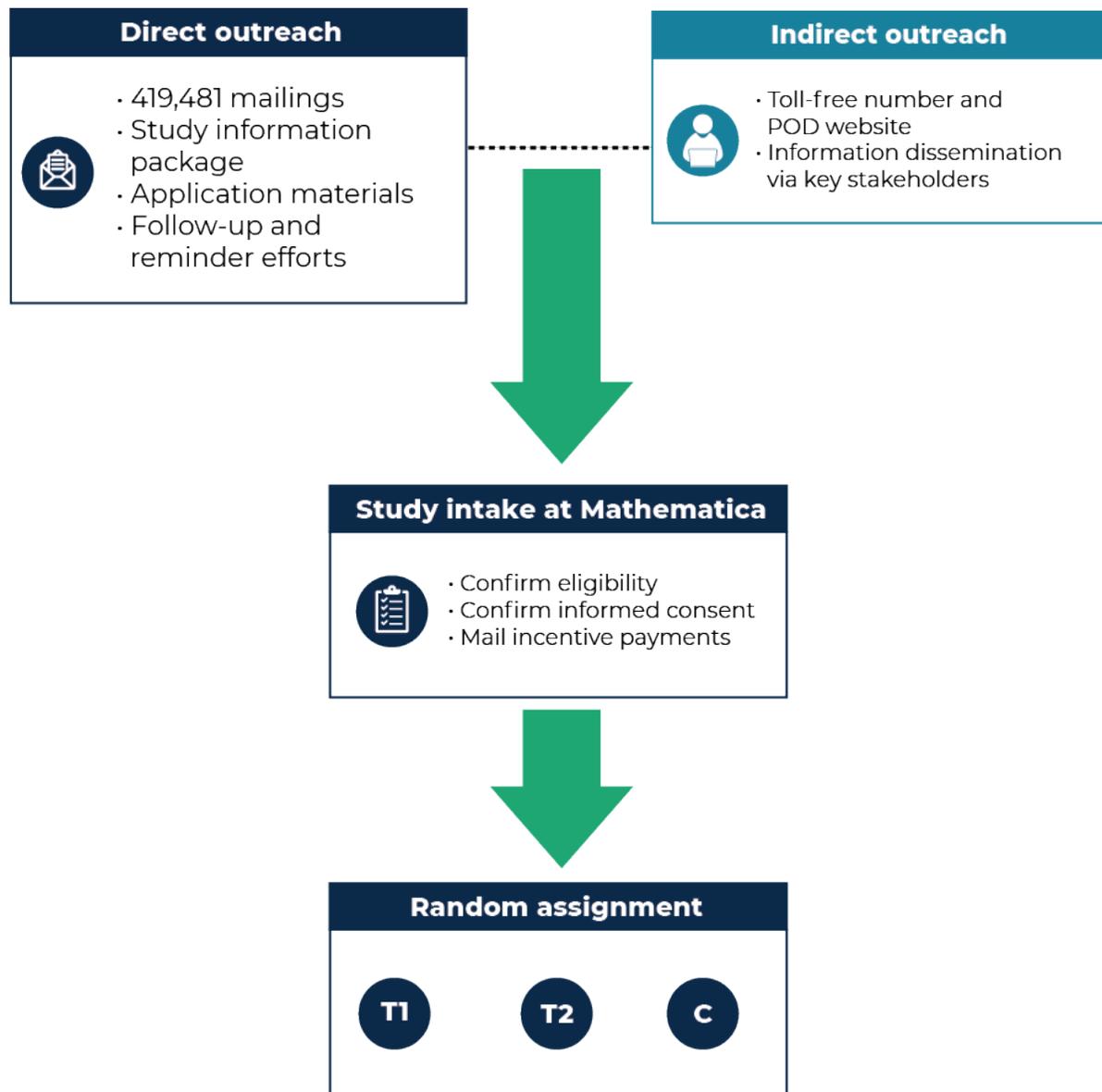
Note: Areas selected for the demonstration are shaded. The entire states of Alabama, Connecticut, and Vermont are included, as are subsets of counties in five other states (California, Maryland, Michigan, Nebraska, and Texas).

B. Outreach process included direct and indirect efforts to help beneficiaries understand POD options

Recruitment relied on a combination of direct outreach to the POD solicitation pool by the evaluation team and coordinated indirect outreach with other organizations (Exhibit II.2). **Direct outreach** included primary mailings of recruitment packets containing information about POD and enrollment materials. Direct outreach also included several supplemental strategies, such as postcards and informational mailings, intended to improve beneficiaries' awareness and understanding of POD. **Indirect outreach** included additional ways for beneficiaries and stakeholders to learn about POD, such as through a toll-free line or through a website. Indirect outreach also included efforts by SSA and the evaluation team to raise awareness of POD through communications with community organizations that serve SSDI beneficiaries and could help these beneficiaries make enrollment decisions.

The overall recruitment period lasted from January 2018 to December 2018. The evaluation team led direct outreach efforts by sending primary mailings to all beneficiaries in the POD solicitation pool from January 2018 to October 2018. Beneficiaries had until the end of December 2018 to complete and submit enrollment materials to be considered for the demonstration. Indirect outreach started before the recruitment period began and lasted until the end of the recruitment period. The rest of this section provides a description of the direct and indirect outreach efforts, and Appendix A contains additional supporting details.

Exhibit II.2. POD outreach and enrollment



1. Direct outreach provided beneficiaries with extensive information comparing POD rules to current SSDI rules and reminders to participate

The centerpiece of the direct outreach strategy was a recruitment packet consisting of study information and enrollment materials (Box II.2) that the evaluation team mailed to beneficiaries in the POD solicitation pool. The recruitment packet included a cover letter, brochure, and supplemental materials that provided information about the demonstration, including a comparison of current earnings rules and POD rules. The packet also included a consent form and baseline survey, which beneficiaries had to return to enroll in POD. The evaluation team sent Spanish language versions of the packet to those beneficiaries who typically receive SSA communications in Spanish. The total length of the materials was 27 pages (as shown in Appendix C).

The evaluation team provided a \$25 respondent payment to all beneficiaries who returned completed enrollment materials. Beneficiaries received this payment even if they were no longer eligible for POD when they returned the enrollment materials or if they indicated they did not want to enroll in POD by withholding informed consent.

SSA and the evaluation team worked together to monitor recruitment and make changes to efficiently meet the sample target goals during the pilot and remainder of the recruitment period. As a starting point, we used a two-month recruitment pilot (January and February 2018) to assess interest in POD and fine-tune outreach materials (Wittenburg et al. 2018; Hock 2019). The initial project plan was to enroll at least 15,000 beneficiaries. Based on the low enrollment rates from the pilot, we lowered the target goal to at least 9,000 beneficiaries. The revised targeted number of enrollees still allowed for the evaluation to produce meaningful results. To support these enrollment goals, following the pilot, we coordinated with the implementation team to expand the catchment area in Texas (as shown in Exhibit II.1) to increase the size of the solicitation pool to meet these targets. We also worked with SSA throughout the recruitment period to identify potential changes to improve enrollment

Box II.2 Recruitment packet contents

- **Cover letter:** a welcome letter explaining the demonstration, the \$25 incentive to participate, and options for the beneficiary to obtain more assistance.
- **Brochure:** a brief trifold summary about the potential benefits of POD and phone and web resources for more information about volunteering.
- **Supplemental materials:** an insert with a detailed description of the POD rules and the current SSDI rules that beneficiaries could use to make comparisons.
- **Privacy Act Statement:** a brief statement about the collection and use of personal information for research and statistical purposes.
- **Consent form:** included question and answer information to help beneficiaries understand the voluntary nature of POD, timelines, differences between POD and current rules, potential risks, and options for withdrawal. The beneficiary had to check an agreement statement showing they understood the information, consent to participate, and sign and print their name. For beneficiaries with a representative payee, the payee also had to sign the consent form.
- **Survey:** a self-administered questionnaire to obtain information not available in the administrative records, such as work interests, understanding of POD, demographics, and incomes. The evaluation team used two questions to assess whether the beneficiary understood the overarching goals of POD and that participation in the demonstration was voluntary. The beneficiary had to answer these two questions correctly to pass the intake screener.

See Appendix C for the full set of recruitment packet materials.

rates in a cost-effective manner. As discussed in Chapter III, we worked with SSA to test several supplemental outreach strategies and implemented the most promising strategies broadly throughout recruitment.

The recruitment packets included information about the demonstration and how cash benefits would be affected by work, but some stakeholders noted challenges in understanding the written information. The materials had to include comprehensive information about both POD and current rules, which resulted in a lengthy recruitment packet. Although we pretested these materials and many POD enrollees were able to navigate them, some still struggled to understand the content based on qualitative reports. For example, of the 62 beneficiaries interviewed for additional qualitative perspectives about the recruitment process, 8 described the packet as confusing or challenging to interpret, particularly with the differences in rules between the two treatment groups. Another 5 beneficiaries thought POD would help them find a job. Additionally, some implementation staff, including those who operated the toll-free line, noted that beneficiaries sometimes did not understand that returning the completed survey enrolled them in POD. Separate interviews with implementation staff providing technical assistance to POD counselors also noted the potential for confusion because (1) many beneficiaries did not appear to understand current SSDI rules and (2) written materials included dense legal and program language that might have made it difficult to convey key aspects of POD's design.

2. Indirect outreach enhanced awareness and understanding of POD, but partners found it challenging to formally help with beneficiary recruitment

The evaluation team deployed several indirect outreach strategies, including a toll-free line, a website that included a benefits calculator, and information dissemination via key stakeholders. These indirect efforts allowed beneficiaries to obtain more information about POD. The evaluation team coordinated these efforts with the implementation team so that eventual enrollees could continue to use the toll-free line and website to obtain information about POD once they entered the demonstration.

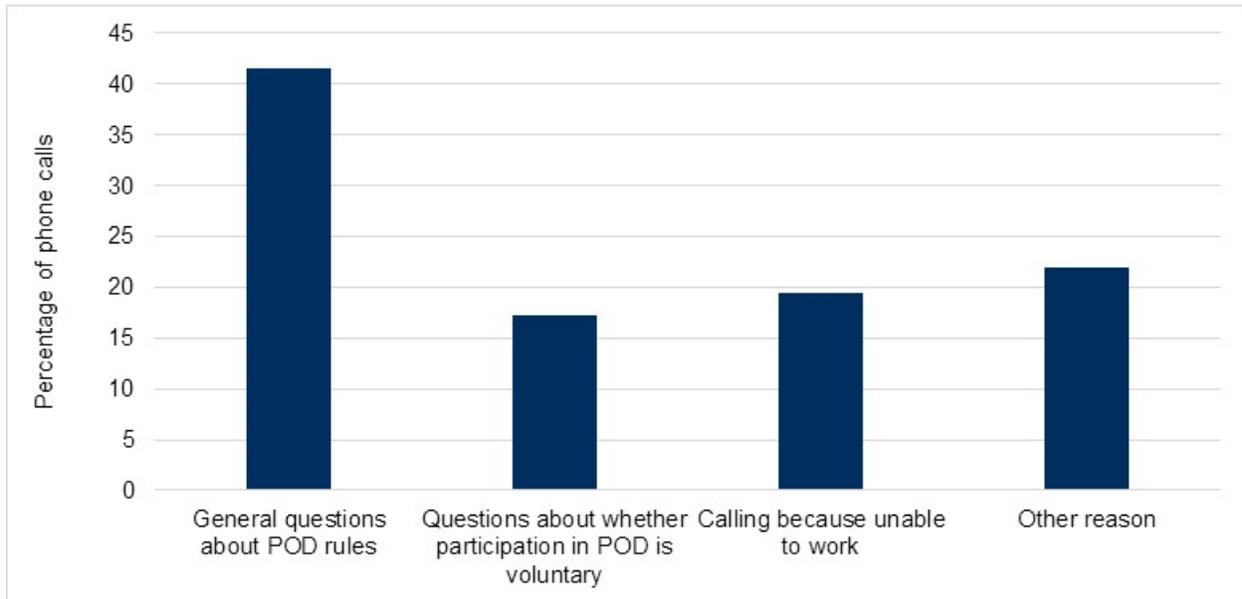
The toll-free line provided a source of information and support that allowed potential enrollees, stakeholder organizations, SSA field staff, and the public to better understand the key features of POD. Callers had the option to learn more about implementation from Abt staff, receive support filling out enrollment materials from Mathematica survey staff, and gain a clearer understanding of POD rules by talking with POD recruitment experts. Overall, the toll-free line received 27,876 calls between January and December 2018. Of these, 8,036 routed to Abt, 6,150 routed to Mathematica survey staff, and 13,690 routed to POD recruitment experts. Between June and November 2018, the peak period of POD enrollment,⁵ 21,244 total calls came to the toll-free line, and the monthly call volume increased steadily from 2,250 to almost 5,000.

Most calls to the toll-free line were about clarifying the information included in the recruitment packet (Exhibit II.3). The three most common primary reasons for calls to POD recruitment experts during that period were: requests for general information on POD rules (41 percent); beneficiaries describing their inability to work and wondering whether they should

⁵ More than 800 beneficiaries enrolled in each month of the peak period, whereas enrollment in all other months was less than 550. See Appendix Exhibit D.2.

respond to direct outreach materials (19 percent); and questions from beneficiaries who wanted to know whether POD enrollment was voluntary (17 percent). Almost half of the callers to the toll-free line during the peak enrollment period sought to talk to a POD recruitment expert for more information. The volume of calls was over 1,000 callers per month.

Exhibit II.3. Primary reasons for calls to POD recruitment experts



Source: Data collected from the POD toll-free line.

Note: This exhibit only includes calls to POD recruitment experts made during the peak enrollment period of June to November 2018.

The POD website (<https://www.podssa.org/>) is also an important informational resource for those interested in the demonstration. For example, the website (which will be active for the entire demonstration) includes a detailed description of the POD rules, scenarios for how POD could affect different beneficiaries, a benefits calculator, and a description of POD enrollment processes and services for POD treatment group members. Staff who answer the toll-free line cited the examples on the POD website as a helpful tool for explaining POD. During the peak period of enrollment, a total of 6,887 new users visited the website, and the number of users rose from around 500 in June to almost 2,000 in November. Approximately 44 percent of users visited the website multiple times, and users visited around three pages of the website per session (out of a total of eighteen pages), on average.

SSA, the evaluation team, and the implementation team launched an information dissemination campaign to raise awareness about POD with implementation partners and local stakeholders who served beneficiaries in the POD implementation areas. SSA initiated the outreach efforts to raise awareness of POD among local stakeholders, including state VR agencies, WIPA providers, providers of the Protection and Advocacy for Beneficiaries of Social Security program, EN providers, and local housing authorities. SSA also disseminated information about POD to staff in its field offices to increase the demonstration’s visibility. For example, SSA posted messages on its intranet system, updated its Program Operations Manual System, and mentioned it in internal SSA news publications. The evaluation team worked with

the implementation team to identify local stakeholders who served beneficiaries within the POD catchment areas and send them materials about the demonstration, including the aforementioned website.

Implementation staff in most states supported these efforts by disseminating information to local stakeholders that served SSDI beneficiaries (Exhibit II.4). In six of the eight states (California, Connecticut, Michigan, Nebraska, Texas, and Vermont), implementation staff engaged local stakeholders about POD by providing additional information about POD and encouraging beneficiaries to enroll in the demonstration. Implementation partners in the two other states (Alabama and Maryland) lacked the staff needed to jointly enroll treatment group members and support outreach.

In upcoming evaluation reports, we will assess whether these or other implementation differences relate to any eventual differences in service delivery or evaluation outcomes. Several state-specific factors may have implications for how we interpret study findings, including: differences across states in partners’ organizational structure and recruitment capacities (discussed below), contextual factors related to local labor markets and the employment services environment (discussed in Appendix A), or the way in which POD is implemented (to be assessed throughout the evaluation). Later study reports will consider these factors in detail and assess whether examining the patterns of differences across states can help improve our understanding of POD’s effectiveness.

Exhibit II.4. POD implementation partners’ capacity to support recruitment and organizational structure, by state

| State | Organizational structure (VR agency or WIPA provider) | Capacity to engage local stakeholders | Enhanced direct outreach efforts |
|-------------|---|---------------------------------------|----------------------------------|
| Alabama | VR | N | N |
| California | WIPA | Y | N |
| Connecticut | VR | Y | N |
| Maryland | VR | N | N |
| Michigan | WIPA | Y | N |
| Nebraska | WIPA | Y | Y |
| Texas | WIPA | Y | Y |
| Vermont | VR | Y | Y |

Source: Questionnaires completed by POD supervisors in spring 2018.

The information dissemination campaign also included three webinars designed to heighten the awareness of POD among local stakeholders and POD implementation partners. The webinars were timed to occur at critical points: (1) just before recruitment (November 2017), (2) in the early stage of recruitment (March 2018), and (3) at the start of peak recruitment activities (June 2018). The three webinars included 283 attendees who represented several organizations, including VR agencies, Ticket to Work ENs, WIPA providers, and other local community organizations. After each webinar, we asked participants to complete a survey about the content. Among those who completed post-webinar surveys, 92 percent reported that the webinar increased their understanding of POD, and 98 percent said they knew where to direct beneficiaries for more information about POD.

SSA and the evaluation team sought to bolster information dissemination to local stakeholders in each of the POD implementation areas. These local stakeholders sometimes did not clearly understand the implications of the POD rules. In part, this challenge reflects the complexity of the SSDI program itself, which has important interactions with outside programs and service providers. For example, a local stakeholder cited a potential concern in promoting POD because it was unclear if the new rules might jeopardize beneficiaries' eligibility for Medicaid coverage through the state's buy-in policies. Similarly, some EN providers expressed concern during calls to the toll-free line that the POD rules could affect their reimbursements under the Ticket to Work program. The evaluation team addressed these concerns during the webinars, through public responses to comments, and during conversations on the toll-free line. The evaluation team also provided updates about these issues to SSA and the implementation team, who in turn disseminated information to their internal networks if further action was warranted.

SSA and the evaluation team also asked implementation partners to identify and engage with potentially interested beneficiaries to encourage enrollment in POD, but the partners had a limited capacity to do so. The rationale for this request was that implementation partners had a direct connection with work-oriented beneficiaries and, hence, could potentially identify those who might benefit from POD and act as a trusted source of information about the demonstration. Implementation staff in one state (Vermont) took steps to send additional mailings to eligible beneficiaries, beyond the evaluation team's primary mailings. Implementation staff in two other states (Nebraska and Texas) conducted outreach by telephone, although one state (Texas) stopped after 100 calls because those calls yielded no POD enrollments. However, in the other five states, implementation staff did not engage with beneficiaries. In some cases, implementation staff noted challenges in processing the monthly list of eligible beneficiaries that SSA provided to states.⁶ Furthermore, in four of these states, the POD implementation partner was a WIPA, which could not legally distribute beneficiary lists to other organizations (like VR agencies) that have connections with a broader set of work-interested beneficiaries.

C. Intake procedures supported the evaluation by verifying eligibility, collecting data, and randomly assigning enrollees

Beneficiaries considered for POD had to submit enrollment materials and meet the eligibility criteria at that time. The required materials included a completed consent form and a baseline survey containing responses to the two intake screening questions. After checking eligibility and informed consent, the evaluation team enrolled beneficiaries and randomly assigned them to a study group. In this section, we describe each component of this process in more detail.

1. Checks on the enrollment materials ensured that POD only included eligible beneficiaries who provided informed consent

Upon receiving a beneficiary's enrollment materials, the evaluation team first confirmed that the beneficiary was still eligible to participate in POD. This check was necessary because a

⁶ For example, some staff found that the list of eligible beneficiaries could not easily be used for outreach because of limitations around data sharing or difficulty in linking beneficiaries to their internal list of clients.

beneficiary's eligibility status could change between the date of the primary mailing and when a beneficiary returned enrollment materials. For example, beneficiaries could move out of the POD implementation areas or have their SSDI entitlements terminated. The evaluation team used an automated process to confirm that each beneficiary was still eligible, using the most recent list of eligible beneficiaries available from SSA.⁷ The evaluation team sent written notifications to beneficiaries who were no longer eligible for POD based on any of the criteria listed in Box II.1.

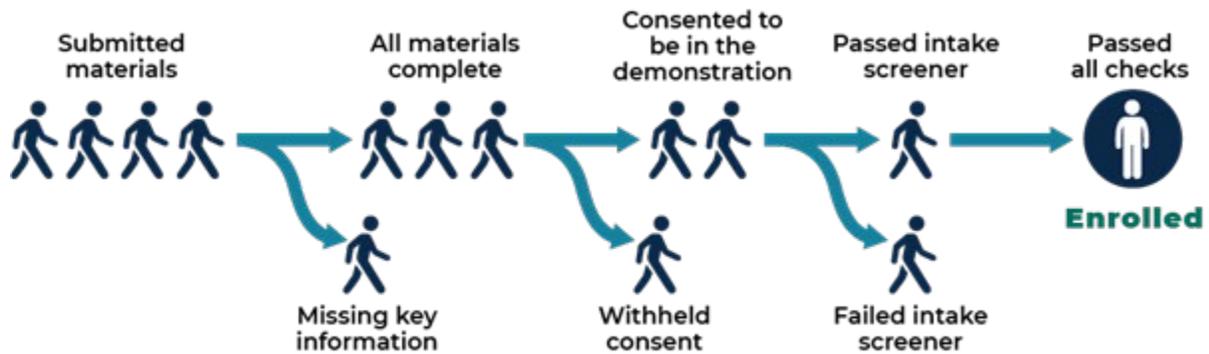
For beneficiaries who were eligible and completed their enrollment materials, the evaluation team established a two-step process to check the consent form and baseline survey before intake. The team first reviewed the consent form, on which beneficiaries had to acknowledge that they understood important provisions of POD, affirmatively consent to be enrolled in POD, and provide a signature (if a beneficiary had a representative payee, the payee also needed to provide a signature; see Appendix C for a copy of the consent form). The evaluation team then checked two screening questions from the baseline survey to confirm beneficiaries' understanding of POD. If a beneficiary either did not complete the consent form or did not answer both screening questions, the evaluation team staff followed up with the beneficiary to attempt to obtain the missing information.

Eligible beneficiaries who returned enrollment materials could drop out of the enrollment pipeline for three reasons (Exhibit II.5). First, they could have left either the consent form or intake screening questions incomplete and not responded to follow-up efforts from the evaluation team, in which case they were missing key information. Second, they could explicitly indicate on the consent form that they did not agree to enroll in POD, in which case they withheld consent. Finally, they could incorrectly answer one of the screening questions on the baseline survey intended to confirm understanding of the nature and purpose of POD, in which case they failed the intake screener. Chapter III provides more information about the sizes of these three groups.

The evaluation team enrolled beneficiaries who were eligible, provided all key information, consented to be in the demonstration, and passed the intake screener. The evaluation team sent a \$25 respondent payment to enrollees, as well as beneficiaries who withheld consent or failed the intake screener. Beneficiaries with missing key information did not receive a respondent payment.

⁷ The evaluation relied on a similar manual process to assess the eligibility of beneficiaries who inquired about POD via the toll-free line. This ensured that the evaluation team did not attempt to enroll ineligible beneficiaries, but it also potentially introduced delays that might have deterred some beneficiaries from enrolling.

Exhibit II.5. Enrollment pipeline from submission of materials through study enrollment



Note: Eligible beneficiaries who withheld consent, failed the intake screener, or enrolled in the demonstration all received \$25 respondent payments.

2. The baseline survey gathered information to facilitate random assignment and meet other evaluation needs

In addition to helping establish informed consent, the self-administered baseline survey collected information not readily available in SSA program data (Exhibit II.6). The SSA program data include information about beneficiary demographics, disability, and program characteristics, and some measures of earnings while receiving SSDI benefits. However, it has more limited information on other measures that are potentially important for the POD evaluation, such as baseline employment status and challenges to working. The self-administered baseline survey allowed us to collect such data. Although beneficiaries could enroll in the demonstration even if they failed to provide responses for most of the survey (except for the two intake screening questions used to establish informed consent), missing values were generally rare (see Appendix A for more details).

As discussed in the next subsection, the evaluation team drew on survey content when dividing beneficiaries into subgroups (“strata”) for random assignment. Throughout this report, we use measures from the self-administered baseline survey in combination with measures from the program data to describe the population of POD enrollees. Future POD evaluation reports will continue to draw on the baseline survey to support the impact analysis.⁸

⁸ For more details, see the Evaluation Design Report for a complete discussion of the reporting schedule.

Exhibit II.6. Key measures available from SSA program data and the baseline survey

| Measure | SSA program data | Baseline survey |
|--|------------------|-----------------|
| Demographic characteristics | | |
| Gender | X | |
| Age | X | |
| Race/ethnicity | | X |
| Living status | | X |
| Education | | X |
| Program characteristics | | |
| Primary diagnosis | X | |
| Duration of SSDI benefits | X | |
| Concurrent receipt of Supplemental Security Income | X | |
| Monthly SSDI benefit amount | X | |
| Has a representative payee | X | |
| Engaged with an employment services provider through the Ticket to Work program (had a Ticket assigned) during the last four years | X | |
| Employment history | | |
| Completed the TWP | X | |
| Recent earnings history | X | X |
| Baseline employment status | | X |
| Receipt of job training or WIPA services | | X |
| Challenges to working | | X |
| Health and income | | |
| Self-assessed health status | | X |
| Has health insurance | | X |
| Household income | | X |

3. The random assignment procedure sought to produce balanced treatment and control groups

The evaluation team designed the random assignment procedure to achieve balance between the treatment and control groups as beneficiaries enrolled in POD. The team used stratified individual-level random assignment to divide enrollees into the three study groups (T1, T2, or C):

- Key characteristics for stratification included age, SSDI duration, substantive earnings (from the baseline survey), and impairment. We identified these characteristics based on past research indicating that they were strong predictors for some of the individual-level outcomes that will be important for the POD evaluation.
- Within each stratum, our assignment procedure used a sequence of randomly generated numbers that periodically equalized the total beneficiaries in each group. Hence, the

procedure ensured balance for characteristics included as stratum without delaying the timely random assignment of POD enrollees.

While recruitment was ongoing, SSA and the evaluation team monitored the balance for enrollees along several key characteristics weekly. For more details on the random assignment procedure, such as how it reduced the potential for manipulation by enrollees and state staff, see Appendix A.

Random assignment generally occurred within a week after the evaluation team received beneficiaries' enrollment materials. The evaluation team randomly assigned 72 percent of POD enrollees within this time frame. In some cases, the team had to seek additional information or a signature from potential POD enrollees, which resulted in longer periods between receipt of enrollment materials and random assignment. This period was longer than four weeks for 8 percent of eventual POD enrollees.⁹

After random assignment, the evaluation and implementation teams notified POD enrollees of their study group. The evaluation team shared lists of T1 and T2 group members with the implementation team, who then notified these treatment group members of their status by sending them a POD welcome packet. The evaluation team sent C group members a brief letter explaining their eligibility under current rules as part of the control group.

⁹ We also examined the amount of time between the primary mailings and random assignment (Appendix Exhibit D.3). We randomly assigned 30 percent of POD enrollees within 30 days of the primary mailing and 78 percent of enrollees within 60 days of the primary mailing.

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III. WHAT WERE THE RESULTS OF POD RECRUITMENT?

In this chapter, we discuss the results of outreach efforts for POD recruitment. We explore whether the outreach efforts described in Chapter II enabled the demonstration to meet the minimum enrollment target of 9,000 beneficiaries. We also provide information about the beneficiaries who returned enrollment materials but withheld consent or failed the intake screening questions. In addition, we assess the impacts of several supplemental outreach strategies that SSA and the evaluation team used to efficiently boost direct outreach.

This chapter is organized as follows. We first document the total number of beneficiaries who enrolled in POD. The enrollment rate offers a measure of the success of the POD outreach efforts. We assess how this enrollment rate varied by state, which could help understand beneficiaries' interest in POD and inform future decisions about how to combine information across POD states. Next, we describe additional responses to outreach among beneficiaries who left the enrollment pipeline—namely the number of people who withheld consent or failed the intake screener—and use qualitative information to understand potential reasons for such outcomes. Finally, we describe the effectiveness of supplemental outreach strategies that SSA and the evaluation team used to enhance recruitment efficiency and meet the enrollment targets.

KEY FINDINGS

- A total of 10,070 beneficiaries enrolled in POD, exceeding the enrollment target needed to achieve sufficiently precise impact estimates.
- Enrollment in POD varied across states. Rates of enrollment tended to be higher in states with higher rates of employment among people with disabilities, but were below 4 percent in every state. Over half of POD enrollees were in the two states (California and Texas) that also accounted for over half of the POD solicitation pool.
- Another 15,033 beneficiaries in the solicitation pool returned enrollment materials but did not ultimately enroll in POD; some of these beneficiaries might have misunderstood the voluntary nature of POD or been motivated by respondent payments.
- Several supplemental outreach strategies helped increase POD enrollment, including follow-up postcards and preliminary notification postcards that were implemented broadly after a testing period.
- While testing outreach strategies, the evaluation team also considered message design. A fold-over version of a final reminder postcard containing more details about POD led to higher enrollment than an open card version that used more generic language about an SSA study.

A. The recruitment effort met the POD enrollment target

POD recruitment efforts attracted 10,070 beneficiaries who enrolled in the demonstration, which represented 2.4 percent of the 419,481 beneficiaries in the solicitation pool. The number of POD enrollees exceeded the target of 9,000 beneficiaries, meaning that a sufficient number of beneficiaries enrolled for the evaluation to reliably detect meaningful overall impacts of the

benefit offset with a high probability.¹⁰ The final minimum detectable impacts are all smaller than those shown in the Evaluation Design Report; hence, the evaluation’s impact estimates will have greater precision than initially planned.

Enrollment rates differed somewhat across the eight POD states (Exhibit III.1), and these differences were associated with state-level contextual factors. The state-level enrollment rates ranged from 1.8 percent in Alabama to 3.2 percent in Vermont.¹¹ Enrollment rates tended to be higher in smaller states and states where a higher share of SSDI beneficiaries had engaged with Ticket to Work service providers. We also found a particularly strong state-level correlation between POD enrollment rates and overall rates of employment among people with disabilities. These findings suggest that those in states where more beneficiaries had an interest in work had more interest in POD—an issue we return to in Chapter IV.

Exhibit III.1. POD enrollment rates, by state

| State | Size of POD solicitation pool | Number of enrolled beneficiaries | Enrollment rate | Share of POD enrollees |
|----------------|-------------------------------|----------------------------------|-----------------|------------------------|
| 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: Authors’ calculations using MIS data.

Note: As noted in Chapter II, the evaluation team sent a primary mailing to every beneficiary in the POD solicitation pool. 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.

The majority of POD enrollees resided in two states—California and Texas. The share of POD enrollees in those two states was almost 54 percent (Exhibit III.1). As indicated above, these differences were not driven by large differences in enrollment rates. Rather, California and Texas produced the largest numbers of POD enrollees because they contained the largest numbers of beneficiaries in the POD solicitation pool. Though these enrollment patterns do not pose a threat to the randomized design of the evaluation, they do suggest that POD enrollees from these states could strongly influence findings.

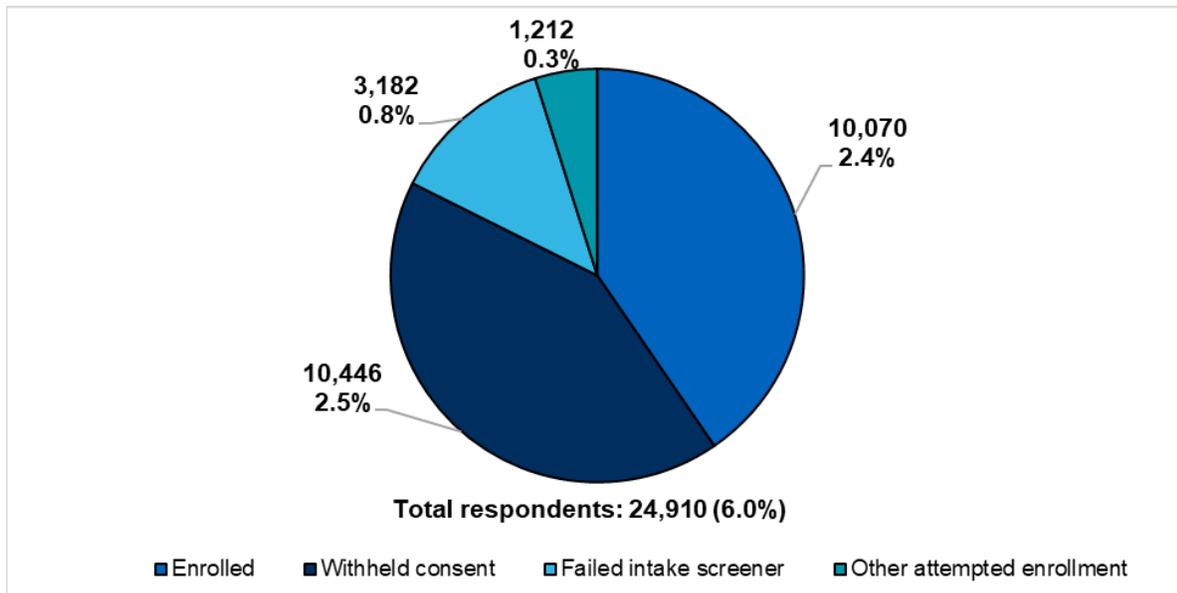
¹⁰ Appendix Exhibit D.4 provides updated estimates of minimum detectable impacts based on the final number of POD enrollees. Minimum detectable impacts quantify the smallest true impact that is likely to be significantly different from zero, based on a two-sided statistical test of differences.

¹¹ To learn more about the potential reasons for these differences, we examined several state-level economic indicators and measures of the local service environment (Appendix Exhibit D.1).

B. A large number of beneficiaries responded to outreach, but the majority did not enroll

In addition to the 10,070 enrollees, another 15,033 beneficiaries responded to outreach in some way but did not enroll in POD (Exhibit III.2). These additional respondents amounted to 3.4 percent of the POD solicitation pool. Of these respondents, 1,446 beneficiaries withheld consent, 3,182 failed the intake screening questions, and 1,212 beneficiaries had missing key information.¹² The total number of respondents—including both enrollees and non-enrollees—was 24,910, or 6 percent of the solicitation pool.

Exhibit III.2. POD enrollment outcomes among the 6 percent who responded



Source: Authors' calculations using MIS data.

Note: Percentages are expressed relative to the total number of beneficiaries in the solicitation pool. See Chapter II for more details about the enrollment outcomes depicted in the exhibit. Appendix Exhibits [D.5](#) and [D.6](#) provides additional information about enrollment outcomes by state.

The relatively large share of beneficiaries who withheld consent reflected both confusion about the voluntary nature of POD and intentional behavior motivated by the incentive payment. POD staff who answered calls on the toll-free number reported that beneficiaries were confused about whether they needed to respond to the primary mailing, even though outreach materials indicated that enrollment in POD was voluntary. Staff who worked on the toll-free line also noted that many beneficiaries asked specifically about the \$25 incentive payment. As we discuss in Chapter IV, qualitative analyses of beneficiary interviews suggest that this payment was a reason that some beneficiaries enrolled in POD.

¹² All beneficiaries who submitted completed materials received a \$25 respondent payment, even if they did not successfully enroll (see Section B.1 of Chapter II). SSA required such payments to avoid placing undue pressure on beneficiaries to participate. As discussed below, SSA and the evaluation team monitored response patterns and modified the outreach strategy to attempt to minimize expenditures for those who did not participate, including introducing an insert highlighting that beneficiaries only needed to respond if interested in the demonstration.

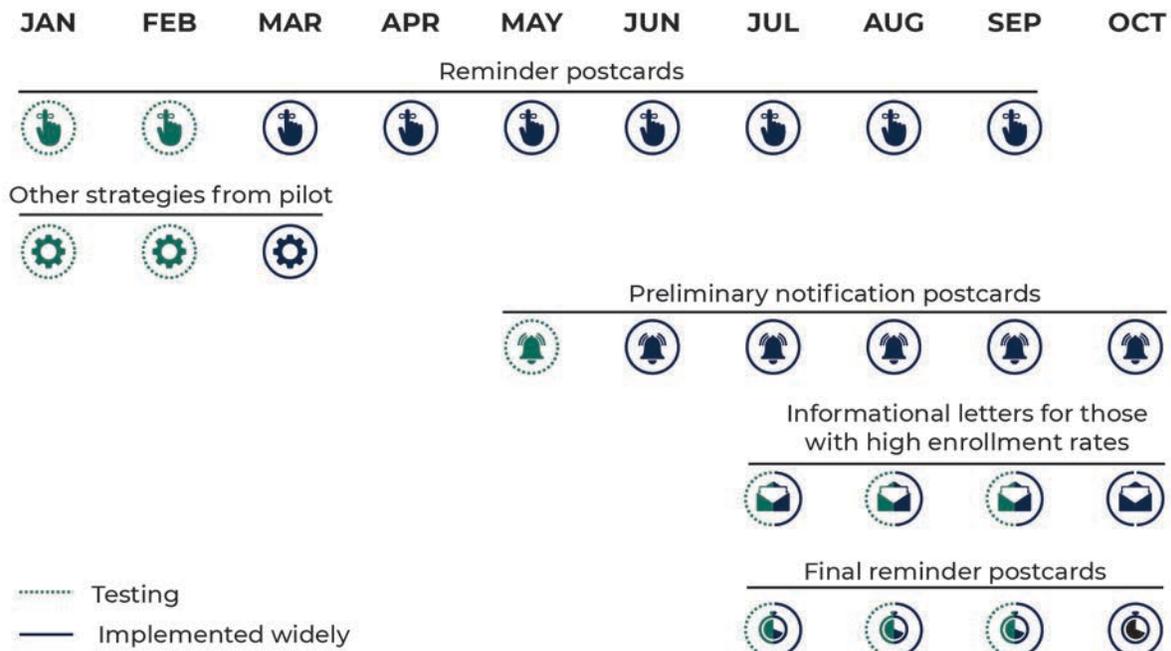
Based on early information about beneficiaries who withheld consent, the evaluation team worked with SSA to pursue two ways to emphasize the voluntary nature of POD. First, the evaluation team asked POD recruitment experts who staffed the toll-free line to emphasize to callers that enrollment in POD was voluntary. Second, beginning in February 2018, the evaluation team updated the recruitment packets to include an insert stating that beneficiaries only needed to respond if they wanted to participate in the demonstration. This updated insert appeared to substantially reduce the number of beneficiaries who responded and withheld consent. Hock et al. (2019) provide additional details about this insert and its effects.

Though the intake screening questions excluded some beneficiaries who did not understand the demonstration, they might have also excluded some who understood POD and intended to consent. According to POD implementation partners in one state, many beneficiaries with psychiatric or cognitive disabilities might fail the intake screener, but could, in fact, provide informed consent with a small amount of additional support. Some beneficiaries may also have simply made an error in filling out the baseline survey questions despite understanding the screening questions. The evaluation team conducted follow-up calls with a sample of almost 1,100 beneficiaries who failed the intake screener, but only answered one of the two questions incorrectly. Around 10 percent of this sample answered these calls, still wanted to enroll in POD, and correctly understood the nature and purpose of POD. Consequently, we enrolled these beneficiaries in the demonstration.

C. A range of supplemental outreach strategies helped the evaluation team meet the POD enrollment target

To promote POD enrollment, the direct outreach approach included several tests of supplemental outreach strategies, some of which the evaluation team subsequently incorporated widely. During the pilot period, the team tested reminder postcards and three additional strategies: (1) reminder telephone calls, (2) illustrative benefit scenarios, and (3) mail-back postcards to signal interest. The team subsequently tested preliminary notification postcards, informational letters, and final reminder postcards. The evaluation team developed these outreach strategies using findings from the behavioral insights literature, which indicate that providing targeted information and initiating multiple contacts can improve program take-up (Bhargava and Manoli 2015; Wright et al. 2017; Richburg-Hayes et al. 2017; Armour 2018). Particularly in settings where only a subset of potential participants stand to gain from a program and others could be worse off, targeted information and assistance can increase participation (Bettinger et al. 2012; Duflo and Saez 2003). Exhibit III.3 below indicates when the evaluation team tested each strategy to assess whether it improved POD enrollment. The exhibit also shows the supplemental outreach strategies the evaluation team ultimately used for each batch of monthly primary mailings.

Exhibit III.3. Supplemental outreach strategies tested throughout recruitment



Note: Other strategies refer to the three strategies tested during the pilot found to be ineffective or too costly to implement widely: reminder telephone calls, illustrative benefit scenarios, and mail-back postcards to signal interest.

Decisions to use some strategies widely were based in part on findings from tests of their effectiveness for increasing POD enrollment (Exhibit III.4). Among the strategies tested during the pilot, reminder postcards increased enrollment to the greatest extent; other strategies were either ineffective or less cost-effective than postcards. The use of preliminary notification postcards, informational letters for those with high enrollment rates, and final reminder postcards all increased enrollment. The message design of the final reminder postcard mattered, with fold-over postcards particularly effective compared to open postcards.

The remainder of this subsection provides additional information about these findings, including an overview of the methodology for assessing how each strategy affected enrollment. Appendix B contains additional methodological details, and Hock et al. (2019, 2020) provide additional discussion of the strategies tested during the pilot period and the final reminder postcard. Appendix C includes mock-ups of each of the supplemental outreach strategies.

Exhibit III.4. Relative effectiveness of supplemental outreach strategies tested for POD recruitment

| Supplemental outreach strategy | Timing | Percent change in enrollment |
|--|----------------------------------|------------------------------|
| Pilot period (N = 21,499) | | |
| Reminder postcards | 2 weeks after primary mailing | 55%** |
| Reminder telephone calls | 2-3 weeks after primary mailing | 44%* |
| Illustrative benefit scenarios | Included with primary mailing | 19% |
| Mail-back postcards to signal interest | Included with primary mailing | -14% |
| Preliminary notification postcards (N = 44,239) | | |
| | 2 weeks before primary mailing | 12%* |
| Informational letters for those with high enrollment rates (N = 18,352) | | |
| | 5-14 weeks after primary mailing | 24%*** |
| Final reminder postcards (N = 146,548)^a | | |
| Open card design | 5-14 weeks after primary mailing | 11%*** |
| Fold-over design | 5-14 weeks after primary mailing | 18%*** |

Source: Authors' calculations using MIS data and SSA program data.

Note: The percentage change in enrollment represents the estimated impact of the strategy on enrollment divided by the estimated base rate of enrollment without the strategy. The estimated base rate differs across all the strategies because they targeted different portions of the population. Estimated impacts can be negative if the enrollment rate for those targeted with the strategy (i.e., primary mailing plus supplemental materials) is lower than the enrollment rate for those not targeted with the strategy (i.e., primary mailing alone). In assessing the practical value of each supplemental strategy, we considered the impact to be zero if the estimate was statistically insignificant. Appendix Exhibit [D.7](#) provides more information about the estimated impacts and base rates.

^a The final reminder postcard also included a test of whether the urgency of messaging influenced enrollment. This is not shown in the results but is discussed below.

***/**/* indicate statistical significance of the underlying impact estimate at the 1/5/10 percent level.

1. Of the four strategies tested in the pilot, reminder postcards had the largest estimated impact on enrollment

The most promising supplemental strategy tested in the pilot was a reminder postcard that the evaluation team sent about two weeks after the primary mailing. This reminder postcard led to meaningful increases in enrollment at a relatively low cost. The evaluation team's impact estimates indicate a statistically significant increase in the enrollment rate of 55 percent for

beneficiaries who were sent reminder postcards compared to those receiving no supplemental outreach.¹³

The other supplemental strategies tested in the pilot produced more mixed results. Reminder telephone calls sought to inform beneficiaries about POD and provide assistance with enrollment materials. Relative to no supplemental outreach, these calls increased enrollment by about 44 percent.¹⁴ However, this strategy was less cost-efficient than the postcards. Illustrative benefits scenarios were included in primary mailings to provide hypothetical examples demonstrating how participating in POD might affect benefits, earnings, and income. These inserts did not significantly affect enrollment rates. Mail-back postcards to signal interest were included in primary mailings so beneficiaries could easily demonstrate interest by returning them and requesting a follow-up call for more information. The mail-back postcards also did not significantly affect enrollment rates.

Based on these results, the evaluation team mailed reminder postcards to all beneficiaries in the solicitation pool, starting with the March primary mailing. They did not use mail-back postcards after the pilot ended, and they discontinued the use of phone calls and illustrative benefit scenarios after the March primary mailings.¹⁵

2. Preliminary notification postcards increased enrollment and became a core part of outreach

About two weeks before the primary mailing, the evaluation team sent preliminary notification postcards informing beneficiaries that they would soon receive a mailing from SSA. The team tested the effectiveness of this postcard by sending it to half of the beneficiaries with the May primary mailings. They randomly selected groups of beneficiaries to be sent this postcard and compared enrollment rates across those who were and were not sent the postcard.

Beneficiaries who were sent the notification postcard were more likely to enroll than beneficiaries who were not sent this postcard. Enrollment rates were 21 percent higher among those who were sent this postcard, relative to those not sent the postcard.¹⁶ Starting with the June primary mailings, the team sent notification postcards to all remaining beneficiaries in the solicitation pool.

¹³ Specifically, we found that 2.6 percent of beneficiaries who were sent a reminder postcard enrolled compared to 1.7 percent of beneficiaries who received no supplemental outreach (see Appendix Exhibit D.7).

¹⁴ Compared to the same 1.7 percent of beneficiaries who enrolled after receiving no supplemental outreach, about 2.4 percent of beneficiaries with a reminder telephone call enrolled (Appendix Exhibit D.7).

¹⁵ Based on preliminary results suggesting that these strategies could be effective, particularly when precisely targeted, the evaluation team implemented these strategies in March. Based on more evidence, SSA and the evaluation team decided to discontinue their wide use.

¹⁶ Enrollment rates for those sent the postcard and those not sent the postcard were 2.4 percentage points and 2.1 percentage points, respectively (Appendix Exhibit D.7).

3. Informational letters for those with high enrollment rates further increased enrollment overall

In the final few months of the recruitment period, SSA and the evaluation team further tested outreach for those with high enrollment rates. The evaluation team reviewed enrollment rates across several demographic and program groups. The team found that beneficiaries with a recent history of TWP earnings had enrollment rates that were more than twice as high as those without a history of TWP earnings.¹⁷ For this group, the team sent an informational letter that included some of the benefits of POD for people who regularly earn above the SGA amount. The team excluded beneficiaries with an invalid address or who had already responded, as additional outreach would not affect their enrollments. As will be discussed below, all other beneficiaries (i.e., those who did not have a recent history of TWP earnings) also received supplemental outreach in the form of a final reminder postcard.

To measure the effectiveness of the informational letter, the evaluation team used a matched comparison group design. We compared the enrollment rates between those sent the letter (the “letter group”) to those in the earlier mailing who did not receive the letter (the comparison group). The comparison group included similar beneficiaries with a recent history of TWP earnings who were included in a primary mailing that was not followed by this informational letter.

The informational letters for those with high enrollment rates likely further increased POD enrollment. The estimated impact indicated that enrollment increased by 24 percent over the comparison group.¹⁸ However, these results are exploratory because the model cannot account for unobserved factors that potentially differed between the comparison group and the letter group (e.g., seasonal factors) that may have affected enrollment rates.

4. Final reminder postcards, particularly those with a fold-over design, increased enrollment

SSA asked the evaluation team to add a final reminder postcard to increase enrollment. In parallel with the informational letter for those with high enrollment rates, the team sent a general final reminder postcard to beneficiaries without a history of TWP-level earnings who had not yet responded and who had a valid address. Together, the informational letter and final reminder postcard ensured that all beneficiaries who had not enrolled, regardless of their earnings, received a final supplemental outreach strategy.

¹⁷ As discussed in Chapter IV, enrollment rates were higher for those with a recent work history because they were most likely to benefit from the POD rules.

¹⁸ About four percent of those not sent the informational letter enrolled, and the letter increased enrollment by about 1 percentage point (Appendix Exhibit D.7).

The evaluation team’s assessment of the effectiveness of the final reminder postcard focuses on two versions of the postcard: a fold-over postcard and an open postcard.¹⁹ Both versions of the postcard included reminders to enroll in POD, though the fold-over postcard contained specific information about POD. The team used a matched comparison design similar to that described for the informational letter to compare enrollment rates for those sent either the fold-over or open postcard to enrollment rates for a comparison group.

Both types of postcards likely increased enrollment overall, though the increases were greater for fold-over postcards relative to open postcards. Fold-over postcards likely increased the enrollment rate by 18 percent increase relative to the estimated base enrollment rate for those not sent a postcard. Open postcards increased the enrollment rate by 11 percent.²⁰

¹⁹ As discussed further in Hock et al. (2020), the evaluation team also used a randomized experiment to assess the relative effectiveness of these two types of postcards, along with two others, using a random assignment structure. Specifically, we tested two components of the postcard’s messaging: (1) structure and language, using either a fold-over postcard containing specific information about POD or an open postcard containing more generic language; and (2) framing, using either an urgent framing with “act now” language or a deadline framing with “time left” language and an explicit enrollment cutoff date. The findings from the experiment indicate that the fold-over postcard structure was particularly effective. Results from the randomized experiment indicate that those sent a fold-over postcard had an enrollment rate estimated to be slightly more than 0.1 percentage points higher than those sent an open postcard.

²⁰ Fold-over and open postcards likely increased the enrollment rate by 0.3 and 0.2 percentage points, respectively, relative to the 1.8 percent base enrollment rate for those not sent the final reminder postcard (Appendix Exhibit D.7).

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IV. HOW DID THE CHARACTERISTICS OF POD ENROLLEES COMPARE TO THOSE OF OTHER SSDI BENEFICIARIES?

This chapter compares the characteristics of those who signed up for POD with those who chose not to do so. Because of the voluntary nature of the demonstration, POD enrollees are likely to differ in important ways from non-volunteers. In particular, we expected beneficiaries who stood to gain the most from POD to be overrepresented in the pool of POD enrollees, but other differences could exist. The extent to which POD enrollees represent SSDI beneficiaries as a whole affects the potential to generalize any findings from the POD evaluation to a broader national policy.

This chapter proceeds as follows. We first assess differences in characteristics between the 10,070 POD enrollees and the other 409,411 non-volunteers in the solicitation pool. We then examine how enrollees and non-volunteers varied in their histories of substantial earnings—a key indicator for potentially being better off under POD rules than current rules. Next, we analyze patterns in work activity for POD enrollees relative to all SSDI beneficiaries. Throughout our discussion, we supplement these quantitative comparisons with qualitative findings to shed light on potential motivations for POD enrollment.

KEY FINDINGS

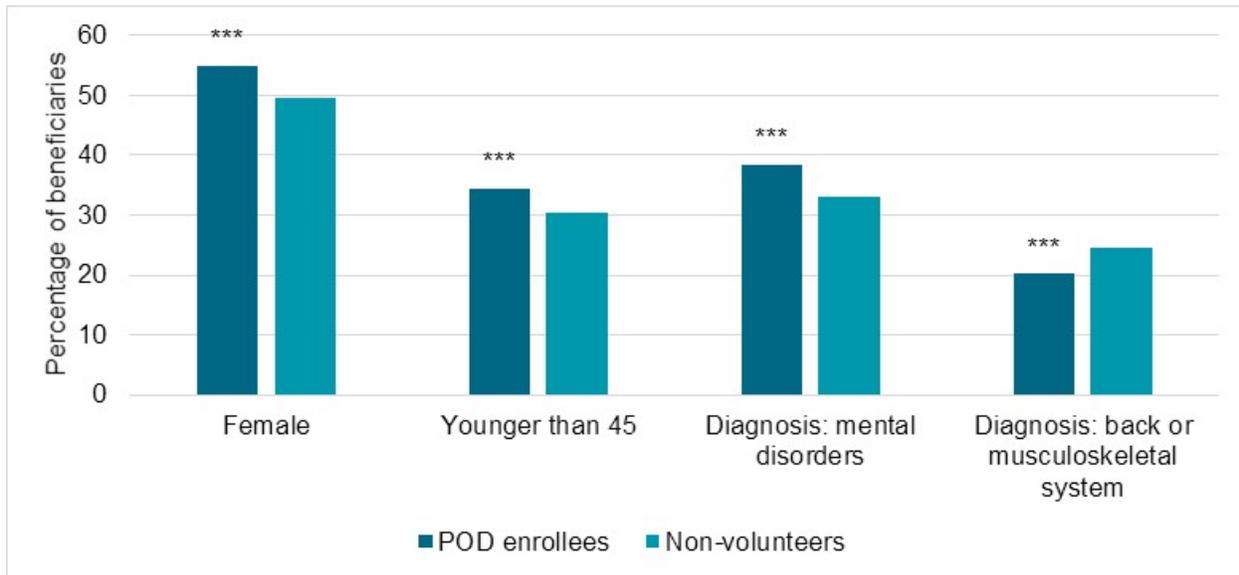
- A higher share of POD enrollees had a history of significant earnings compared to non-volunteers, suggesting that enrollees wanted to take advantage of the POD offset rules. POD enrollees and non-volunteers also differed on other observed characteristics.
- Qualitative evidence corroborates that beneficiaries enrolled in POD to be able to work or earn more while retaining SSDI benefits.
- Relative to all SSDI beneficiaries, a larger proportion of POD enrollees were employed, seeking work, or had substantial earnings.
- Though many POD enrollees expressed difficulty working because they feared losing benefits, a large share expected to work in the next year. The POD rules may help enrollees increase work activity by assuaging concerns about losing benefits.

A. POD enrollees had different demographic, disability, and program characteristics than non-volunteers

POD enrollees differed in multiple ways from others in the solicitation pool who did not volunteer to enroll in POD. Based on our analysis of demographic, disability, and program characteristics, we found that, compared to non-volunteers:

- A larger share of POD enrollees were women, younger, and had a mental disorder, and fewer enrollees had a back or musculoskeletal system disorder (Exhibit IV.1).
- POD enrollees had lower benefit amounts, were more likely to concurrently receive Supplemental Security Income (SSI), had slightly longer durations of SSDI benefit receipt, and were less likely to have a representative payee (Exhibit IV.2).

Exhibit IV.1. Demographic and disability characteristics of POD enrollees compared with non-volunteers

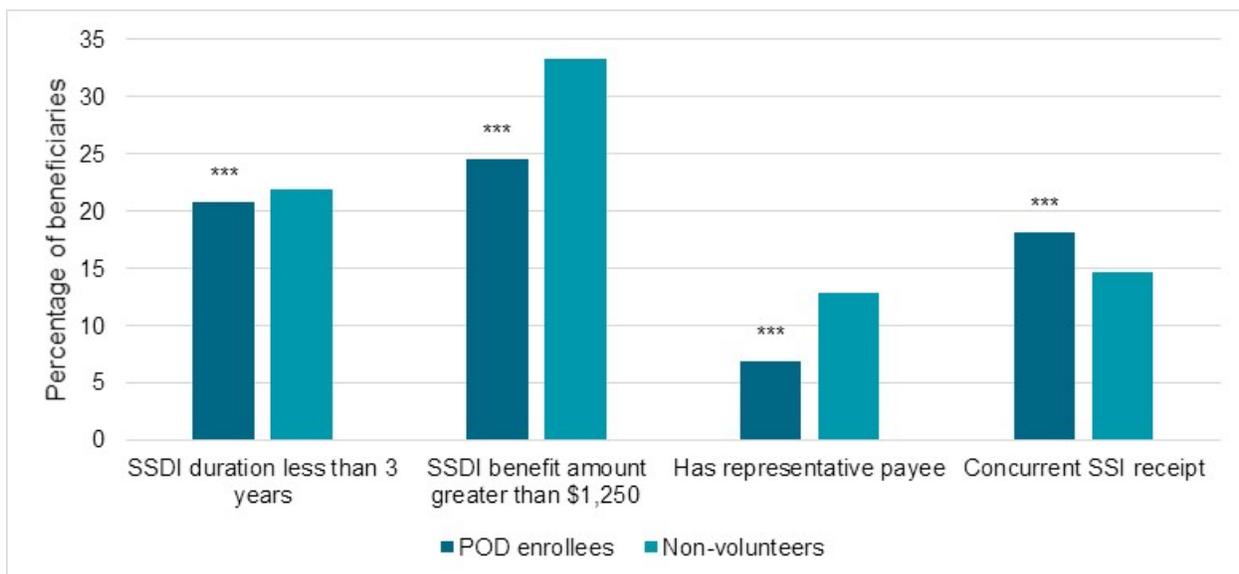


Source: Authors' calculations using SSA program records and the MIS.

Note: Estimates include an adjustment for the sampling design. Appendix Exhibit [D.8](#) contains more complete details of this analysis.

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

Exhibit IV.2. Program characteristics of POD enrollees compared with non-volunteers



Source: Authors' calculations using SSA program records and the MIS.

Note: Estimates include an adjustment for the sampling design. Appendix Exhibit [D.8](#) contains more complete details about this analysis.

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

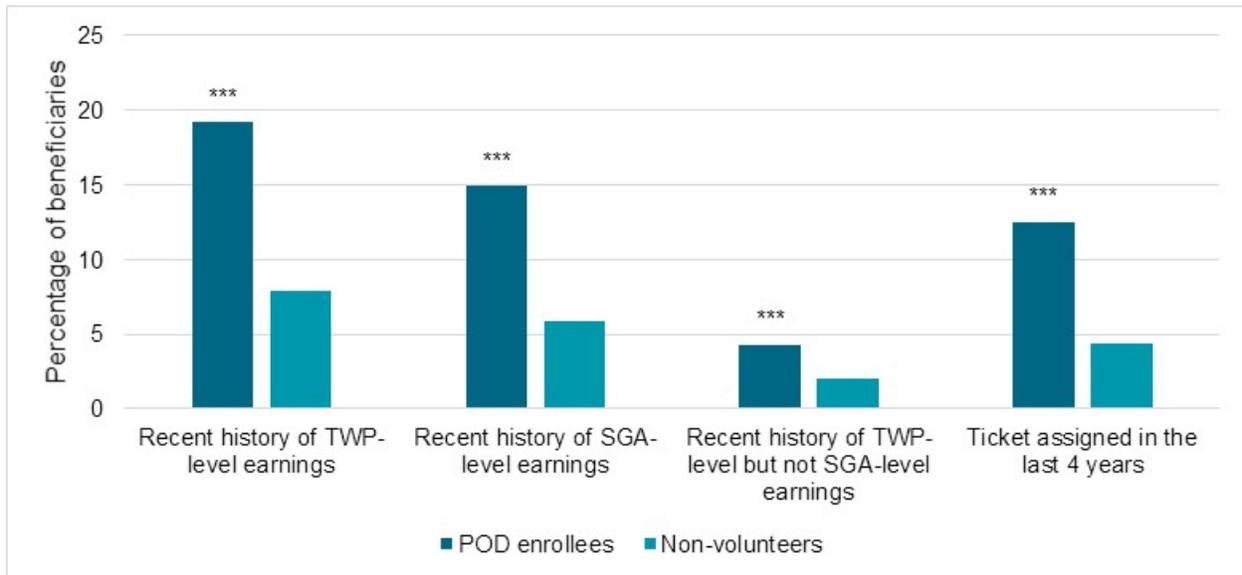
These patterns in characteristics between enrollees and non-volunteers could reflect a greater orientation toward work among enrollees. Our findings are consistent with other research about factors that tend to differentiate SSDI beneficiaries who are looking for work or working (“work-oriented”) relative to other SSDI beneficiaries (“non-work oriented”). For example, Livermore (2011) found that work-oriented SSDI beneficiaries were younger, had lower benefit amounts, and were more likely to receive SSI relative to non-work oriented SSDI beneficiaries. Our findings indicate that many of these same characteristics are also more common among POD enrollees than among non-volunteers, suggesting a greater work orientation among POD enrollees. These findings on work orientation could also explain why other differences between enrollees and non-volunteers were not always consistent with theoretical predictions based on the structure of POD offset rules. For example, though we expected that those with larger benefit amounts and those not concurrently receiving SSI would be overrepresented in POD, we found the opposite—in line with what Livermore found for work-oriented beneficiaries in the national population. Hence, our results could indicate a pattern among enrollees of self-selection into the demonstration based on expectations about future work.

B. A higher share of POD enrollees had taken meaningful steps towards work than non-volunteers

POD enrollees tended to have a recent history of earnings above key SSDI program thresholds or engaging with ENs, compared to beneficiaries who did not enroll (Exhibit IV.3). These patterns suggest that enrollees may have wanted to take advantage of the earnings rules associated with POD.²¹ About 15 percent of POD enrollees had earnings at or above the SGA amount since 2014, 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 more overrepresented among POD enrollees. We cannot discern from the quantitative data whether these beneficiaries failed to recognize that they could fare worse under POD rules than current law or whether they expected to earn above the SGA amount in the future. A higher share of enrollees than non-volunteers had a Ticket assigned in the last four years, which could signal preparations to return to work.

²¹ Though those with a recent history of TWP earnings were sent informational letters that increased enrollment (Chapter III), these letters likely did not meaningfully alter the aggregate composition of POD enrollees for three reasons. First, those without a recent history of TWP earnings were sent final reminder postcards, leading all beneficiaries regardless of their work-orientation to get some form of supplemental outreach. Second, the relative increase in enrollment of the final reminder postcards and the informational letters was somewhat similar (Exhibit III.4). Third, these strategies were only used for fewer than half of all beneficiaries in the solicitation pool because they only targeted beneficiaries sent mailings in the latter part of recruitment. Instead, work-oriented beneficiaries likely enrolled because the POD rules could help them retain benefits while working.

Exhibit IV.3. Recent measures of earnings and engagement with Employment Networks of POD study enrollees compared with non-volunteers



Source: Authors' calculations using SSA program records and the MIS.

Note: Estimates include an adjustment for the sampling design. Appendix Exhibit [D.8](#) contains more complete details about this analysis.

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

Qualitative information from interviews with 60 current and former POD treatment group members supports the idea that work plans factored into the decision to enroll for many beneficiaries. Almost 70 percent (41 of 60) of interviewed beneficiaries indicated that they enrolled in POD to either return to work or work more while retaining SSDI cash benefits. This result is consistent with the messaging explicitly noted in the recruitment materials. Among these enrollees, almost a quarter (10 of 41) explicitly noted that, before POD, they were concerned that increasing their earnings would affect their SSDI benefits. Among the 10 beneficiaries with this concern, 7 had either experienced the cash cliff before or were actively limiting their work so as not to earn above the SGA amount. However, some beneficiaries cited reasons not related to current or future work plans as motivation for enrolling. For example, 3 respondents mentioned the \$25 incentive as a motivating factor to enroll and 6 respondents wanted to participate in research to improve the SSDI program.

"I feel like the POD program is somewhat of a parachute...it gives me a little bit more confidence to go and attempt to go back to work."
 -Current POD treatment subject at time of interview

"...I was curious and possibly a little excited about the opportunity that I could work more and earn more and not be so worried if I was going to go over each month working part-time and having to worry about telling my boss, "Oh, I'm working too much..."
 -Current POD treatment group member at time of interview

The majority of interviewees who did not enroll thought that POD would not benefit them. When describing why they chose not to enroll, 8 of 13 beneficiaries cited how their health

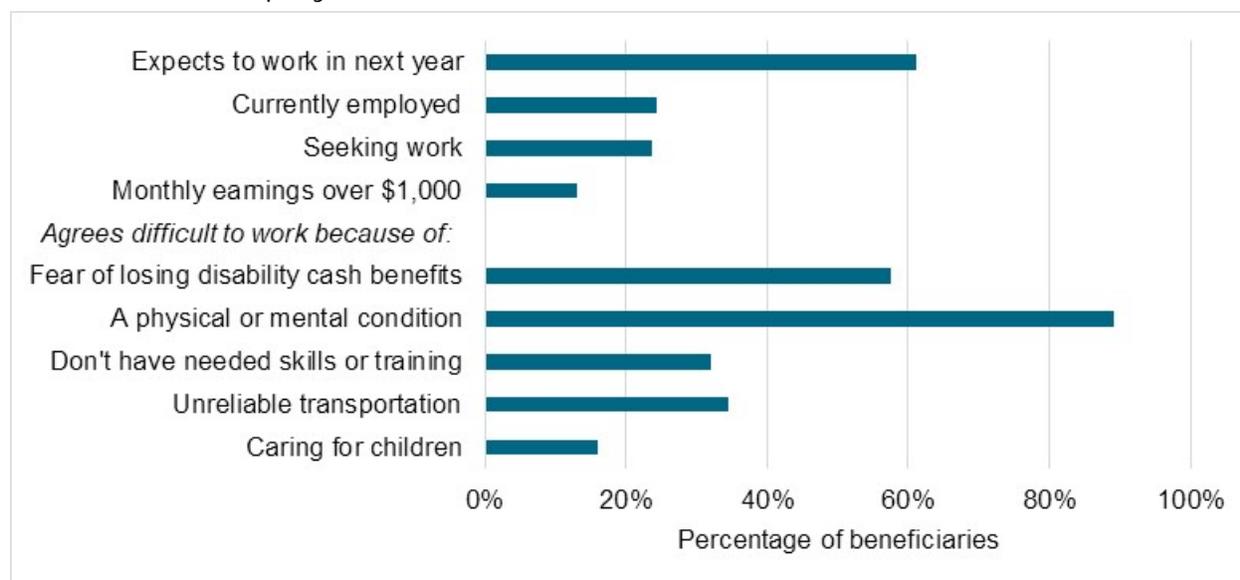
conditions prevented them from working. All of these respondents said that there was nothing SSA could change about POD that would have encouraged them to volunteer.

Taking the qualitative and quantitative findings together, a key motivation for enrollment may have been the ability for beneficiaries to keep cash benefits even while working. These patterns aligned with our expectation that beneficiaries who stand to gain the most from POD are those with earnings consistently above the SGA amount. The POD rules slowly phase out benefits, so that such beneficiaries would no longer be subject to the complete loss of benefits from the cash cliff. However, many beneficiaries without a recent history of significant earnings still enrolled, suggesting that some may be optimistic about their potential to earn more.

C. POD enrollees’ responses to the baseline survey indicated a stronger connection to work than national survey respondents

Many, but not all, POD enrollees had a strong connection to work at the time they enrolled (Exhibit IV.4). According to the baseline survey responses, approximately 60 percent of POD enrollees thought it somewhat likely or very likely that they would work for pay in the next twelve months. Further, 24 percent of POD enrollees were looking for work, while a similar proportion were already employed. In addition, 13 percent of POD enrollees reported earnings of over \$1,000 per month during the previous 12 months. These percentages are substantially higher than corresponding figures for all SSDI beneficiaries in 2015, based on SSA’s National Beneficiary Survey. For example, only 8 percent of respondents to that survey were working at the time of the interview, and 25 percent expected to work for pay in the two years following the interview (SSA 2018b). These patterns reinforce findings from the previous subsection that POD enrollees disproportionately consisted of work-oriented beneficiaries who might be more likely than other beneficiaries to make use of the POD offset.

Exhibit IV.4. Employment characteristics of POD enrollees



Source: Authors’ calculations using the POD baseline survey.

Note: Appendix Tables [D.9](#), [D.10](#), [D.11](#), and [D.12](#) present a broader array of baseline survey measures, broken out by study group (T1, T2, or C).

The majority of POD enrollees were concerned about benefit suspension or termination under current SSDI rules. Almost 60 percent of enrollees agreed that it was difficult to work because they feared losing disability cash benefits (Exhibit IV.4). Being subject to POD rules rather than current SSDI rules could partly alleviate these concerns. Qualitative data support this hypothesis; when asked about their attitudes towards work, around half of the 53 current treatment group members we interviewed reported a positive influence of POD, often citing lower stress or more self-confidence. Among the interviewees reporting a positive influence, similar shares were considering returning to work and increasing their hours because of POD.

However, substantial shares of POD enrollees also noted potential employment challenges that POD was not specifically designed to address. Almost 90 percent of all enrollees agreed it was difficult to work because of a physical or mental condition (Exhibit IV.4). This was echoed by qualitative interviews, with about half citing their health status or a disability as a barrier to work. Additionally, around one-third of all POD enrollees noted difficulties working because they lacked skills or training, and a similar share cited unreliable transportation. About 15 percent of enrollees indicated challenges in working due to childcare issues.

These findings further suggest that POD could have an impact for the work-oriented beneficiaries who enrolled, but other barriers might end up impeding their capacity to work. POD was designed using a simple set of rules that could allow those with high earnings to keep more of their benefits; this design might alleviate concerns about losing benefits due to work. Because POD enrollees have a strong connection to work, they might be particularly well positioned to increase their work activity and take advantage of the POD rules. However, the impact evaluation will examine whether other barriers, such as health conditions, limit the extent of such increases in work.

V. HOW DOES THE POD ENROLLEE SAMPLE SUPPORT THE EVALUATION?

This chapter explores the ways that the POD enrollee sample supports the evaluation in two ways. First, we describe the results of the random assignment process described in Chapter II that we developed to facilitate the impact evaluation by dividing enrollees into treatment and control groups. If the control group represents a reliable benchmark for the two treatment groups (T1 and T2), comparisons between the groups provide accurate measures of the causal impacts of POD. We therefore evaluate the extent to which random assignment generated research groups that are balanced along observable characteristics. Second, we assess early withdrawals from the POD treatment groups. As noted in Chapter I, systematic withdrawal patterns could limit the interpretation of evaluation findings and result in biased impact estimates for survey outcomes—but only to the extent that a substantial share of treatment group members withdraw. We therefore describe how many POD enrollees have withdrawn from the demonstration within six months of enrollment and assess the factors associated with their withdrawals.

KEY FINDINGS

- Treatment and control groups are balanced along key observable characteristics; though a few chance statistical differences exist, they are small in magnitude.
- Based on these findings, any eventual differences in outcomes between groups at the end of the study can be attributed to the POD rules.
- Early withdrawal rates within the first six months following enrollment were just over four percent.
- Beneficiaries who withdrew likely did so because they thought the POD rules would hurt their income. Withdrawal rates were higher for those who had previous earnings in the range where the POD offset reduces total income and those who were employed at baseline.
- Nonetheless, the sample that remained enrolled in POD was not substantively different from the initial POD enrollees.

A. Random assignment led to balanced treatment and control groups

Baseline balance between the members of the three study groups implies that the groups are fundamentally similar (Exhibit V.1). Most differences between the three groups were statistically insignificant across the range of characteristics we tested. Only one out of eighteen characteristics in Exhibit V.1 (agreeing it is difficult to work because of fear of losing disability cash benefits) differed significantly across groups at the 5 percent level, which might be expected by chance. More generally, we only found a few significant differences between groups,²² which also might be expected because we were comparing multiple characteristics. In addition, all differences—even those that were statistically significant—were small in magnitude; every standardized difference is well below the 0.25 threshold used to identify differences that could bias the impact estimates (Rubin 1973).

²² For the full list of characteristics tested, see Appendix Exhibits D.9, D.10, D.11, and D.12.

Exhibit V.1. Characteristics of POD treatment and control groups

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

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

Note: Unless otherwise noted, all table entries are percentages. Estimates include an adjustment for the random assignment design. For each characteristic derived from the baseline survey, estimates are calculated for POD enrollees with non-missing data for the given characteristic. The p-values in the final column of the table are based on joint tests for differences between the T1, T2, and C groups. These tests compare means for continuous variables, proportions for binary variables, and distributions for multi-valued categorical variables. Appendix Exhibits [D.9](#), [D.10](#), [D.11](#), and [D.12](#) provide more details about this analysis.

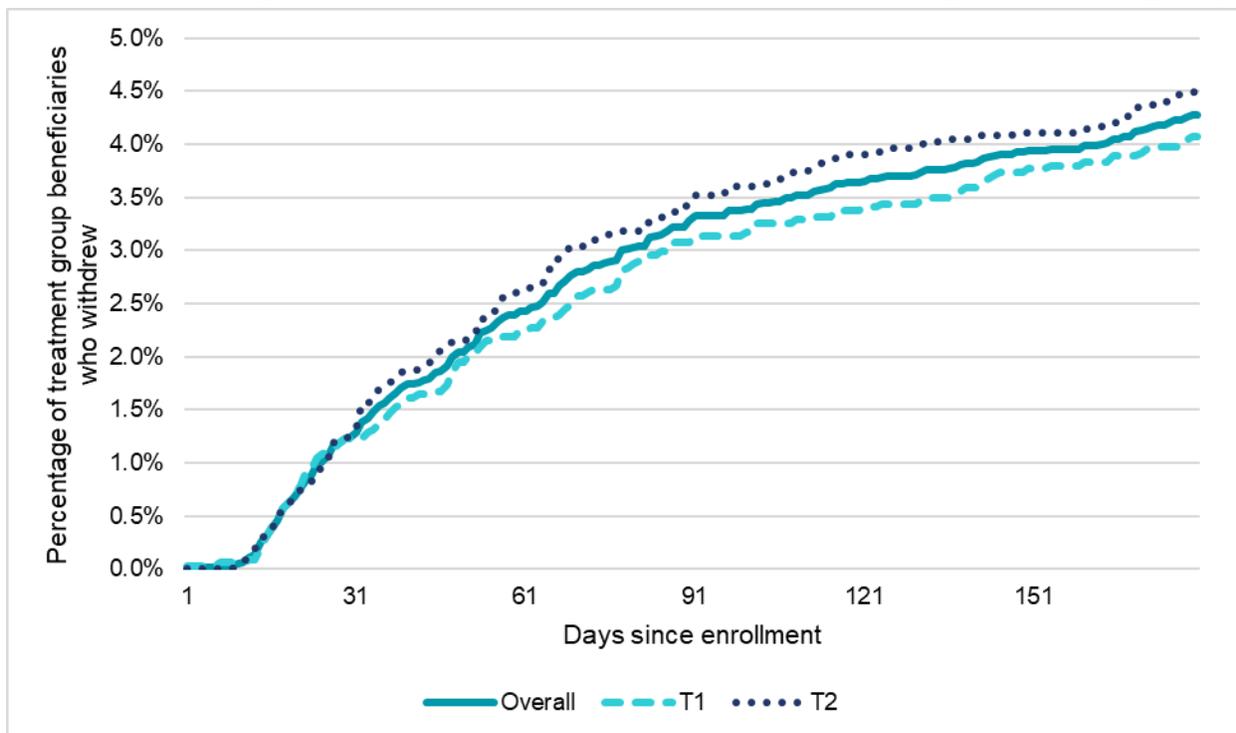
^a This variable indicates beneficiaries whose survey responses indicated that they were somewhat likely or very likely to work in the next 12 months (as opposed to being not very likely or not at all likely to work in the next 12 months).

Based on these findings, any eventual differences in outcomes between groups at the end of the study can be attributed to the POD rules. Because the groups are balanced, the control group provides a good benchmark for how POD treatment group members would have fared had they not participated in the demonstration. Even so, we will adjust for chance differences between groups when calculating impacts, following the analysis plan in the Evaluation Design Report.

B. Early withdrawal rates were low but differed with work status

Within the first six months after their enrollment, just over 4 percent of POD treatment group members had withdrawn (Exhibit V.2). Following enrollment, withdrawals increased steadily during the first two to three months, although the rate of growth in withdrawals tapered off in subsequent months. Though the withdrawal rate was slightly higher for members of T2 than T1, differences were not statistically significant.²³

Exhibit V.2. Early withdrawal rates from POD, overall and by treatment group



Source: Authors' calculations using MIS data.

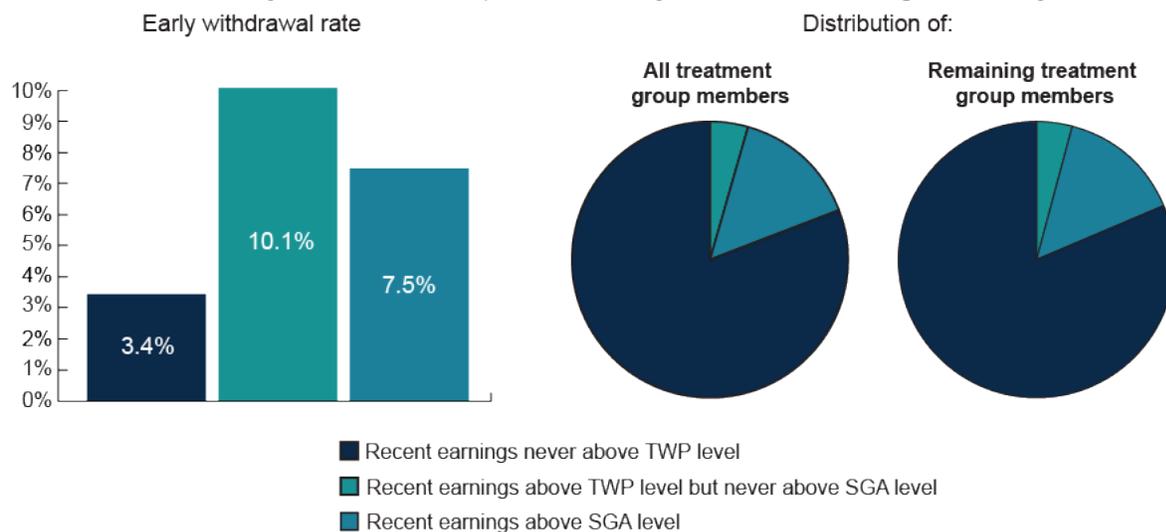
Note: This exhibit does not include information about the control group.

Treatment group members who withdrew from POD differed from those who did not withdraw, particularly in terms of recent engagement in work, but the set of remaining treatment group members still resembled the initial set of POD enrollees assigned to the treatment group. For those with a recent history of earnings in the range where the POD offset reduces total income, the withdrawal rate was just over 10 percent (Exhibit V.3). Such beneficiaries might be

²³ In assessing withdrawals, we only focus on treatment group members. Though control group members could withdraw, which would entail no longer participating in surveys, in practice very few people have withdrawn (to date, only two people). Therefore, we do not include a discussion of control group withdrawals.

better off under current SSDI rules. Under POD rules, earnings between the TWP threshold and the SGA amount results in a reduction of cash benefits, whereas under current SSDI rules, cash benefit amounts are unaffected. Nonetheless, the sample of remaining POD treatment group members was not substantively different from the initial POD treatment group members. Though there is a statistical difference between all treatment group members and remaining treatment group members in terms of recent earnings history, the effects of these differences on the overall composition is quite small (Exhibit V.3). This finding reflects that people who withdraw from services represent a select, but small, portion of the overall treatment group. Similar patterns emerge with other characteristics likely to be correlated with a higher propensity for being adversely affected by the POD rules.²⁴

Exhibit V.3. Early withdrawal patterns, by recent earnings history



Source: Authors' calculations using MIS data (withdrawal patterns) and SSA program records (characterizing POD enrollees).

Note: The early withdrawal rate indicates the percentage of treatment group members who withdrew from POD within 180 days of their enrollment. Because we only observe withdrawals among treatment group members, distributions of characteristics for all treatment group members and remaining treatment group members (those who did not withdraw within 180 days) both exclude control group members. Appendix Exhibit D.13 provides more details about this analysis.

Qualitative evidence from interviews with POD treatment group members who withdrew, as well as those who remained in POD, also indicate concerns about keeping fewer benefits under POD rules than under current SSDI rules. Of the seven former POD treatment group members we interviewed, five withdrew from the study because they realized that they could maintain higher incomes under current SSDI rules. Four of these interviewees reported having earnings between the TWP and SGA thresholds, and one said that they had not yet used any TWP months. The other two beneficiaries who withdrew did not fully understand POD rules, though they received more information after being assigned to a treatment group and again after they initiated the process to withdraw. Nonetheless, these two beneficiaries expressed concerns about losing

²⁴ For example, those with mental disorders or intellectual disabilities, as well as those who were employed at baseline, were more likely to withdraw. However, the aggregate composition of the remaining treatment group members did not meaningfully differ from that of all treatment group members (Appendix Table D.13).

cash benefits, albeit beyond what would likely have been the case under POD rules. Separately, approximately 8 percent of those interviewed who remained enrolled in the study noted dissatisfaction with a “penalty” for having the POD benefit offset threshold set to be the TWP threshold.

Overall, the evidence suggests that a key motivation for POD withdrawals to date is the potential for POD to reduce income compared to current SSDI rules, but early withdrawal rates were not high enough to make this a concern for the impact analysis. Under POD rules, those with earnings between the TWP and SGA thresholds would experience lower cash benefit amounts than under current SSDI rules. Withdrawals occur disproportionately among beneficiaries likely to have earnings in this specific range, though the characteristics of remaining beneficiaries are similar to all POD enrollees. Other remaining POD enrollees have expressed concerns about cash benefits potentially being lower under POD rules than under current law. The evaluation team will report impact estimates for being assigned to each treatment group, including information from those who withdrew where possible. This approach assesses the impact of the policy as offered and implemented. Estimates using administrative data will accurately measure this impact, because data will be available for all POD enrollees regardless of withdrawal status. Estimates using survey data could be unreliable if withdrawals systematically differ between treatment and control group members. However, at this point, we do not expect the early withdrawal patterns to substantively affect the evaluation’s survey estimates. We will continue to monitor withdrawals, and we will consider both withdrawals and interview nonresponse when assessing the reliability of survey estimates and developing survey weights.

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VI. CONCLUSIONS

POD offers simplified rules for SSDI work incentives—that is, how SSDI cash benefits are related to earnings—and the demonstration needed to attract volunteers while making both the benefits and risks of the POD rules clear to prospective enrollees. This report’s findings contribute to the existing literature from previous SSA demonstrations on conducting outreach to beneficiaries. The findings also have important analytic implications for interpreting the results of the impact analysis that we will present in future POD evaluation reports. We discuss these two takeaways in the sections below.

As context for this discussion, we first provide a summary of the main results of the report. Through a combination of direct and indirect outreach, we enrolled 10,070 beneficiaries and another 15,033 responded without enrolling in POD. The number of POD enrollees exceeded the minimum recruitment target of 9,000 beneficiaries. By randomly assigning enrollees to either a control group or one of two treatment groups, we achieved balanced study groups; this will support a strong impact analysis among those who enrolled. Nonetheless, the 10,070 enrollees represented a select subset of the 419,481 beneficiaries in the POD solicitation pool, and POD enrollees differed from non-volunteers in meaningful ways. These differences are unsurprising because POD was a voluntary demonstration with rules that we expected to be attractive to specific types of beneficiaries, particularly those with a strong motivation or capacity to earn above the SGA level. For similar reasons, we found differences between POD treatment group members who remained enrolled in POD and those who withdrew. These differences, particularly when considering enrollees versus non-volunteers, may affect how we interpret the evaluation’s impact estimates.

A. Summary of findings from POD outreach

In this report, we documented the results of POD outreach efforts. The findings about enrollment in POD build on previous lessons in conducting outreach from previous demonstrations, particularly the challenges in trying to enroll beneficiaries in return to work services. Though our results are specific to the POD context, the implications might also be useful broadly in terms of identifying general outreach strategies to beneficiaries that are relevant to future SSA demonstrations and other program outreach efforts (e.g., sending information updates related to Ticket to Work).

POD enrollees represent a select subset of SSDI beneficiaries, consistent with enrollment patterns in other SSA employment demonstrations and related initiatives.

Among SSDI beneficiaries in the POD solicitation pool, 2.4 percent enrolled. An additional 3.6 percent of beneficiaries responded to outreach in some other way, although often to indicate they explicitly did not want to participate in the demonstration. POD enrollees tended to be more work-orientated than other beneficiaries, as we discuss in more detail below, in ways that were not necessarily evident from SSA program data. With a few exceptions, other employment-focused SSA demonstrations and programs also had select portions of the beneficiary population participate in services (Wittenburg et al. 2013). For example, 5.4 percent of the SSDI beneficiaries asked to participate in the Benefit Offset National Demonstration ended up volunteering (Gubits et al. 2013). In addition, recent data indicate that around 2.5 percent of all

beneficiaries eligible for the Ticket to Work program engaged with service providers (SSA 2019).

Modifications to recruitment strategies, particularly follow-ups, were important in increasing enrollment. An important feature of the POD recruitment approach was to collect evidence that SSA and the evaluation team were able to use to make informed decisions. We used this evidence to make several refinements to the recruitment strategy, particularly adding and modifying forms of supplemental outreach, to boost enrollment. While the general target population included all SSDI beneficiaries in a given catchment area, our team learned important lessons about how to refine materials to make them more accessible and attractive to beneficiaries. As a starting point, we pre-tested materials to gain insights on beneficiary perspectives on the content and accessibility. We then conducted a pilot, where we collected evidence on interest in POD. Data on initial response patterns during the pilot helped us fine-tune our approach to reduce beneficiary confusion about the nature of POD. In addition, SSA and the evaluation team conducted rapid-cycle tests to assess the effectiveness of various POD outreach efforts. Through this testing, we established that supplementing mailed recruitment packets with reminder postcards was a particularly effective way to attract enrollees at a relatively low cost, compared to other supplemental outreach strategies that we tested. We also found that preliminary notification postcards, informational letters for those with high enrollment rates, and final reminder postcards were all effective mechanisms for improving response rates. The general strategy of piloting and testing modifications to mailings is potentially germane to other SSA administrative procedures, such as informational letters about Ticket to Work and notifications about continuing disability reviews.

B. Implications for interpreting POD evaluation results

The descriptive findings about POD enrollees presented in this report will also shape the interpretation of evaluation results presented in subsequent evaluation reports. Information about the number of enrollees and their perspectives on the demonstration helps establish our capacity to identify potential impacts of POD rules. Findings about random assignment help confirm the rigor of the evaluation's impact analysis design. Additionally, information about the distinctive characteristics of enrollees compared to non-volunteers, as well results on early withdrawals from the treatment group, could inform future decisions about how to calculate and use impact estimates to support policymaking needs. In the rest of this section, we highlight and expand on the key implications of this report's findings, which we will integrate into future reports.

A sufficient number of beneficiaries enrolled for the evaluation to estimate impacts with at least the precision envisioned at the design stage. In the Evaluation Design Report, we determined that a sample size of 9,000 enrollees would produce minimum detectable impacts that would allow us to reliably detect meaningful overall impacts of the benefit offset with high probability. We quantified precision using minimum detectable impacts, which correspond to the smallest true impacts that are likely to be identified as statistically significant given the sample size for an evaluation. Because the final sample size of POD enrollees exceeds the target of 9,000, we now expect to have smaller minimum detectable impacts—implying modestly better precision. For example, the minimum detectable impact for having annual earnings greater than

12 times SGA when comparing one treatment group and the control group is 1.9 percentage points with a sample size of 10,070 versus 2.0 percentage points for a sample size of 9,000.²⁵

Early perspectives from enrollees suggest that POD rules might increase work activity by assuaging concerns about losing benefits, but we will need to evaluate impacts formally.

Almost 60 percent of enrollees indicated in the baseline survey that they found it difficult to work because they feared losing cash benefits. By removing some of the work disincentives, POD rules may help enrollees assigned a POD treatment group work more, although other work challenges may remain. Qualitative interviews with POD treatment group members reinforce this, with half indicating that POD positively influenced their view of work but a substantial share highlighting continued barriers to work stemming from their disability or health status. Subsequent qualitative assessments and the POD impact evaluation will establish more clearly whether POD did, indeed, influence treatment group enrollees' decisions to pursue work.

However, qualitative evidence also suggested that some beneficiaries struggled to understand the lengthy written materials needed to explain the advantages and risks of POD. In part, this reflects the potential challenges of trying to convey both existing rules and the new POD rules. For motivated beneficiaries who called the toll-free line, conversations with POD specialists offered opportunities to learn more about the demonstration and its rules. However, some implementation staff noted that beneficiaries sometimes did not understand that returning the completed survey enrolled them in POD. For example, POD counselors noted challenges because (1) many beneficiaries did not appear to understand current SSDI rules and (2) written materials included dense legal and program language that might have made it difficult to convey key aspects of POD's design. As the demonstration progresses and enrollees use supports, particularly the offset, it will be important to assess their understanding of how the new POD rules (for the treatment group) and existing rules (for the control group) affect benefits.

Baseline balance across treatment and control groups underscore the capacity of the POD random assignment design to produce rigorous impact estimates. We expected that the design would balance important baseline characteristics between the study groups (T1, T2, and C), meaning that differences in their outcomes can clearly be interpreted as being driven by POD rules. We found that the T1, T2, and C groups were fundamentally similar at enrollment. Though we found a few statistically significant differences between the groups, this is likely by chance because we assessed a large number of characteristics, and the differences were small in magnitude. Enrollees assigned to the control group will therefore provide a good benchmark for how enrollees assigned to POD treatment groups might have fared under current SSDI rules. Balanced characteristics between groups also maximize the precision of the evaluation's impact estimate, given the analysis approach specified in the Evaluation Design Report. Baseline balance should also improve the reliability of estimates for key subgroups defined by key characteristics (such as work engagement) because it implies that beneficiaries with those characteristics are distributed evenly across the T1, T2, and C study groups.

Impacts will apply to POD enrollees who differ from non-volunteers in ways that could affect the capacity to draw general conclusions about the effectiveness of POD rules. We

²⁵ See Appendix Exhibit D.4 for updated minimum detectable impacts and Exhibit VIII.4 from Wittenburg et al. 2018

found substantial and statistically significant differences between POD enrollees and non-volunteers across a range of baseline characteristics that may be related to their work-related outcomes. For example:

- ***Enrollees had a particularly strong connection to work and, therefore, might have stood to gain the most from the POD rules in terms of their later employment and earnings.*** For example, about 2.5 times as many POD enrollees had previously earned at or above the SGA level since 2014 compared to non-volunteers. This difference might reflect the expected gains from POD for enrollees who, under current rules, might lose all benefits if earnings exceed SGA. The general outreach strategy ensured that all beneficiaries received detailed information about the POD rules and multiple reminders about enrollment, but participation in POD likely appealed particularly to work-oriented beneficiaries because of the structure of the rules. Additionally, qualitative information from interviews conducted for POD suggested that enrollees found the POD benefit offset attractive, while those who did not enroll tended to state that the intervention would not benefit them. All else being equal, this pattern suggests that the estimated impacts of POD among enrollees could be higher than if the POD rules were applied to the full solicitation pool.
- ***Other differences in the backgrounds of enrollees and non-volunteers could limit the applicability of results beyond the enrollee sample in ways that are unclear.*** We found substantive differences between enrollees and non-volunteers for a range of other demographic, disability, and program characteristics. The pattern of differences suggest unobserved differences in work orientation along with other factors that might amplify or diminish the tendency to observe larger impacts for POD enrollees relative to the full solicitation pool.

Although treatment withdrawals could influence how we interpret POD impact estimates, early withdrawal rates were just over four percent. During the design phase, we expected that withdrawals could reflect systematic decisions by beneficiaries. The findings in this report for early withdrawals confirm this expectation: both quantitative and qualitative evidence suggested that withdrawals occurred disproportionately among beneficiaries whose earnings would leave them worse off under POD rules than current SSDI rules. However, withdrawals will not affect the validity of estimates using administrative outcomes data, which will allow us to accurately measure the impact of POD rules as implemented for this demonstration. In addition, because withdrawal rates to date were about four percent, we do not expect withdrawals to result in a meaningful amount of bias for impact estimates using survey outcome measures. We will continue to monitor withdrawal rates, and our analysis will include steps to limit the influence of both withdrawals and nonresponse on the reliability of survey estimates. We will also explore options to account for the observed pattern of withdrawals when considering options for generalizing from impact estimates that are based on an individual's initial assignment to a treatment group. For example, we will assess whether and how to generalize to a mandatory version of POD where no option to withdraw exists. This assessment will be part of a broader planned analysis that will use impact estimates for POD enrollees to inform a discussion of potential options for national policy.

Evaluation findings are inherently specific to the sample of beneficiaries who enrolled in POD, but we will have options to learn from variation within this sample. For example, simple summary statistics for POD enrollees are influenced by those from the two states with the

largest number of potentially eligible beneficiaries (California and Texas). However, in our interim and final reports, we will consider alternative analysis approaches (for example, weighting each state equally) that might provide insights about how POD volunteers fared in a way that captures the diversity of contexts and implementation patterns. In addition, we will conduct subgroup analyses to learn more about which specific types of beneficiaries adjust their work and earnings most in response to POD rules.

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REFERENCES

- Abt Associates, Inc. “Promoting Opportunity Demonstration Implementation Design Report.” Cambridge, MA: Abt Associates, 2017.
- Amin, Samia, Greg Chojnacki, Aravind Moorthy, Irma Perez-Johnson, Matt Darling, and Jaclyn Lefkowitz. “Using Behavioral Insights to Increase Retirement Savings: Trial Design and Findings.” Washington, DC: Mathematica Policy Research, 2017.
- Armour, Philip. “The Role of Information in Disability Insurance Application: An Analysis of the Social Security Statement Phase-In.” *American Economic Journal: Economic Policy*, vol. 10, no. 3, 2018, pp. 1–41.
- Bertrand, Marianne, and Adair Morse. “Information Disclosure, Cognitive Biases, and Payday Borrowing.” *The Journal of Finance*, vol. 66, no. 6, 2011, pp. 1865–1893.
- Bettinger, Eric, Bridget Terry Long, Philp Oreopoulos, and Lisa Sanbonmatsu. “The Role of Application Assistance and Information in College Decisions: Results from the H&R Block FAFSA Experiment.” *The Quarterly Journal of Economics*, vol. 127, no. 3, 2012, pp. 1205–1242.
- Bhargava, Saurabh, and Dayanand Manoli. “Psychological Frictions and the Incomplete Take-Up of Social Benefits: Evidence from an IRS Field Experiment.” *American Economic Review*, vol. 105, no. 11, 2015, pp. 1–42.
- Darling, Matthew, Christopher O’Leary, Irma Perez-Johnson, Jaclyn Lefkowitz, Ken Kline, Ben Damerow, Randall Eberts, Samia Amin, and Greg Chojnacki. “Using Behavioral Insights to Improve Take-Up of a Reemployment Program: Trial Design and Findings.” Washington, DC: Mathematica Policy Research, 2017.
- Dillman, Don. “The Design and Administration of Mail Surveys.” *Annual Review of Sociology*, vol. 17, 1991, pp. 225–249.
- Duflo, Esther, and Emmanuel Saez. “The Role of Information and Social Interactions in Retirement Plan Decisions: Evidence from a Randomized Experiment.” *The Quarterly Journal of Economics*, vol. 118, no. 3, 2003, pp. 815–842.
- Gelber, Alexander, Timothy Moore, and Alexander Strand. “The Effect of Disability Insurance Payments on Beneficiaries’ Earnings.” *American Economic Journal: Economic Policy*, vol. 9, no. 3, 2017: 229–261.
- Geyer, Judy, Daniel Gubits, Stephen Bell, Tyler Morrill, Denise Hoffman, Sarah Croake, Katie Morrison, David Judkins, and David Stapleton. “Benefit Offset National Demonstration: 2017 Stage 2 Interim Process, Participation, and Impact Report.” Washington, DC: Mathematica Policy Research, 2018.

- Gubits, Daniel, Rachel Cook, Stephen Bell, Michelle Derr, Jillian Berk, Ann Person, David Stapleton, Denise Hoffman, and David Wittenburg. "Benefit Offset National Demonstration: Stage 2 Early Assessment Report." Cambridge, MA: Abt Associates, 2013.
- Gubits, Daniel, David Stapleton, Stephen Bell, Michelle Wood, Denise Hoffman, Sarah Croake, David R. Mann, Judy Geyer, David Greenberg, Austin Nichols, Andrew McGuirk, Meg Carroll, Utsav Kattel, and David Judkins. "BOND Implementation and Evaluation: Final Evaluation Report." Washington, DC: Mathematica Policy Research, 2018.
- Hock, Heinrich, Michael Levere, Kenneth Fortson, and David Wittenburg. "Lessons from Pilot Tests of Recruitment for the Promoting Opportunity Demonstration." Washington, DC: Mathematica, 2019.
- Hock, Heinrich, Michael Levere, and David Wittenburg. "Promoting Opportunity Demonstration: Effectiveness of Reminder Messages for Recruitment." Washington, DC: Mathematica, 2020.
- Hoffman, Denise, Benjamin Fischer, John T. Jones, Andrew McGuirk, and Miriam Loewenberg. "Work-Related Overpayments to Social Security Disability Insurance Beneficiaries: Prevalence and Descriptive Statistics." *Social Security Bulletin*, vol. 79, no. 2, 2019.
- Liu, Su and David Stapleton. "How Many SSDI Beneficiaries Leave the Rolls for Work? More Than You Might Think." Disability Policy Research Brief No. 10-01. Washington, DC: Center for Studying Disability Policy, 2010.
- Livermore, Gina. "Social Security Disability Beneficiaries with Work-Related Goals and Expectations." *Social Security Bulletin*, vol. 71, no. 3, 2011, pp. 61–82.
- Mamun, Arif, Paul O’Leary, David Wittenburg, and Jesse Gregory. "Employment Among Social Security Disability Program Beneficiaries: 1996-2007." *Social Security Bulletin*, vol. 71, no. 3, 2011, pp. 11–34.
- O’Day, Bonnie, Frank Martin, Hannah Burak, Gina Freeman, Kathleen Feeney, Grace Lim, Elizabeth Kelley, and Katie Morrison. "Employment Experiences of Young Adults and High Earners Who Receive Social Security Disability Benefits: Findings from Semistructured Interviews." Washington, DC: Mathematica Policy Research, 2016.
- Richburg-Hayes, Lashawn, Caitlin Anzelone, Nadine Dechausay, and Patrick Landers. "Nudging Change in Human Services: Final Report of the Behavioral Interventions to Advance Self-Sufficiency (BIAS) Project." OPRE Report 2017-23. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2017.
- Rubin, Donald B. "The Use of Matched Sampling and Regression Adjustment to Remove Bias in Observational Studies," *Biometrics*, vol. 29, No. 1, March 1973, pp. 185–203.

- Ruh, Philippe, and Stefan Staubli. “Financial Incentives and Earnings of Disability Insurance Recipients: Evidence from a Notch Design.” *American Economic Journal: Economic Policy*, vol. 11, no. 2, 2019, pp. 269–300.
- Social Security Administration. “2018 Red Book: A Summary Guide to Employment Supports for Persons with Disabilities Under the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) Programs.” Washington, DC: Social Security Administration, 2018a.
- Social Security Administration. “National Beneficiary Survey: Disability Statistics, 2015.” Washington, DC: Social Security Administration, Office of Research, Demonstration, and Employment Support, Office of Retirement and Disability Policy, 2018b. Available at <https://www.ssa.gov/policy/docs/statcomps/nbs/2015/nbs-statistics-2015.pdf>. Accessed June 25, 2019.
- Social Security Administration. “Ticket Tracker, May 2019.” Available at <https://www.ssa.gov/work/tickettracker.html>. Accessed June 25, 2019.
- Weathers II, Robert R., and Jeffrey Hemmeter. “The Impact of Changing Financial Work Incentives on the Earnings of Social Security Disability Insurance (SSDI) Beneficiaries.” *Journal of Policy Analysis and Management*, vol. 30, no. 4, 2011, pp. 708–728.
- Wiseman, Michael. “Rethinking the Promoting Opportunity Demonstration Project.” Washington, DC: Social Security Advisory Board, 2016.
- Wittenburg, David, Kenneth Fortson, David Stapleton, Noelle Denny-Brown, Rosalind Keith, David R. Mann, Heinrich Hock, and Heather Gordon. “Promoting Opportunity Demonstration: Design Report.” Washington, DC: Mathematica Policy Research, 2018.
- Wittenburg, David, David Mann, and Allison Thompkins. “The Disability System and Programs to Promote Employment for People with Disabilities.” *IZA Journal of Labor Policy*, vol. 2, no. 4, 2013.
- Wright, Bill, Ginny Garcia-Alexander, Margarete Weller, and Katherine Baicker. “Low-Cost Behavioral Nudges Increase Medicaid Take-Up Among Eligible Residents of Oregon.” *Health Affairs*, vol. 36, no. 5, 2017, pp. 838–845.

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APPENDIX A: ADDITIONAL INFORMATION ABOUT POD DESIGN, THE
DEMONSTRATION'S SOLICITATION POOL, AND RECRUITMENT EFFORTS

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This appendix contains information about the design of the Promoting Opportunity Demonstration (POD) and recruitment efforts for POD to supplement Chapters I and II of the main text. The details in this appendix also provide additional context for the other chapters of the report. The first section covers the design of POD. In it, we explain key features of current rules related to earnings and receipt of cash benefits for the Social Security Disability Insurance (SSDI) program, describe the new rules being tested in POD, and discuss the implications of POD rules for beneficiaries. The second section contains additional information about the POD solicitation pool—a group of beneficiaries in eight POD states who we recruited for the demonstration. In this section, we describe select characteristics of the eight POD states and discuss how we used lists of eligible beneficiaries provided by the Social Security Administration (SSA) to identify beneficiaries for recruitment. The third and final section provides additional information about POD recruitment efforts, including direct and indirect outreach, as well as details about the intake procedures we used to enroll beneficiaries in the demonstration.

1. INFORMATION ABOUT THE DESIGN OF POD

As discussed in Chapter I, current SSDI rules can be complex for beneficiaries who return to work (Gubits et al. 2018), and POD attempts to address the resulting challenges through a simplified set of new work rules. For example, current rules governing how earnings affect cash benefits depend on the pattern of earnings over time, and beneficiaries may eventually lose their cash benefits completely after engaging in substantial work activity for a sustained amount of time. This loss of benefits is referred to as the “cash cliff” because, after a Trial Work Period (TWP), beneficiaries lose all cash benefits for a single dollar of earnings above the Substantial Gainful Activity (SGA) amount. (In 2020, the SGA amount was defined as monthly earnings of at least \$1,260 for non-blind beneficiaries and \$2,110 for blind beneficiaries.) POD replaces the cash cliff 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 rules, 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 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 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 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 the grace period), but 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.

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 at which the offset rule reduces benefits to zero—at which point benefits are suspended or terminated, as discussed below. Beneficiaries who are 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 back 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). Additionally, 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 evaluation of POD 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 |
|--|--|
| <ul style="list-style-type: none"> • When SSDI beneficiaries work, they are required to report earnings to SSA. SSA also obtains evidence of earnings from the IRS 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, disability benefits are terminated, 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 nine-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 nine months over a rolling 5-year window. The nine months need not be consecutive. • After completing the TWP, beneficiaries enter the Extended Period of Eligibility (EPE). In SSA's terminology, disability "ceases" for beneficiaries who engage in SGA during the EPE. <ul style="list-style-type: none"> ○ During the EPE, only work earnings are evaluated relative to the SGA amount. Sick pay and vacation pay are deducted because they are not considered countable earnings. Similarly, subsidies provided by an employer and the cost of Impairment Related Work Expenses (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. | <ul style="list-style-type: none"> • Beneficiaries who work must still report earnings to SSA but 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. <ul style="list-style-type: none"> ○ 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 |
|--|-----------|
| <ul style="list-style-type: none"> ○ 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: Social Security Administration, 2018a.

[\[Return to Exhibit I.1\]](#)

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, as discussed in Chapters I and IV. Namely, we expected—and found—that some specific beneficiaries who would likely be better (worse) off under POD rules than under current rules would also tend to be more (less) likely to enroll in POD.

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.

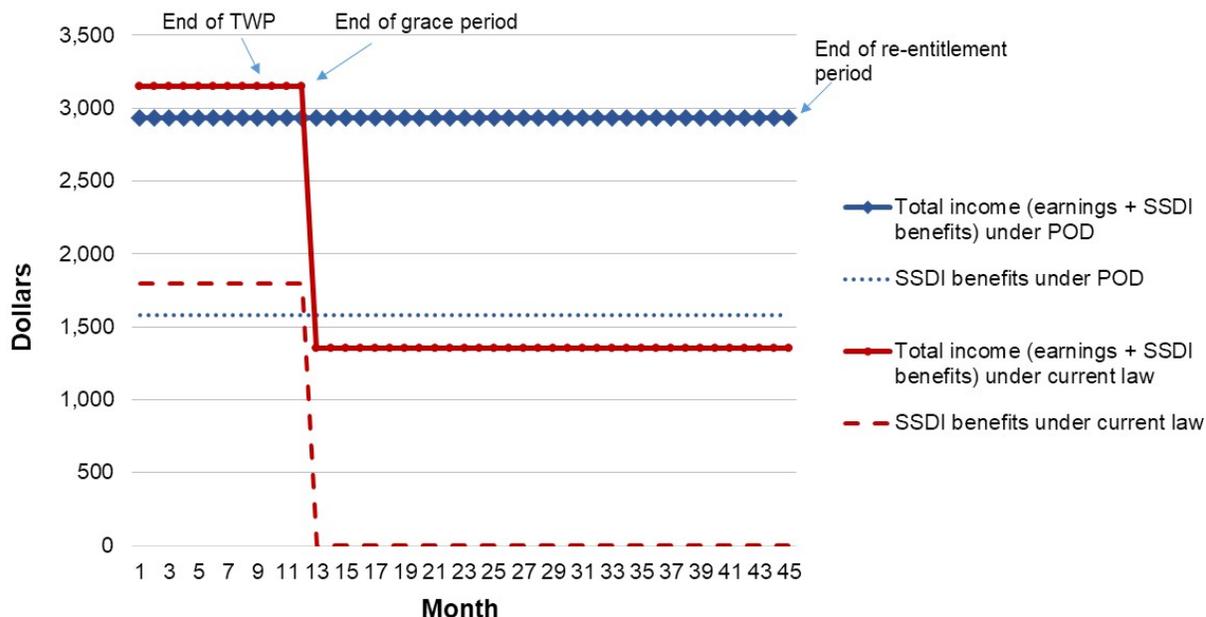
- First, under POD rules, benefits are immediately reduced by \$1 for each \$2 above the POD threshold amount. Under current rules, beneficiaries do not lose any benefits if they have not completed the TWP and grace period. Thus, during the TWP and grace period, beneficiaries’ total income is higher 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).

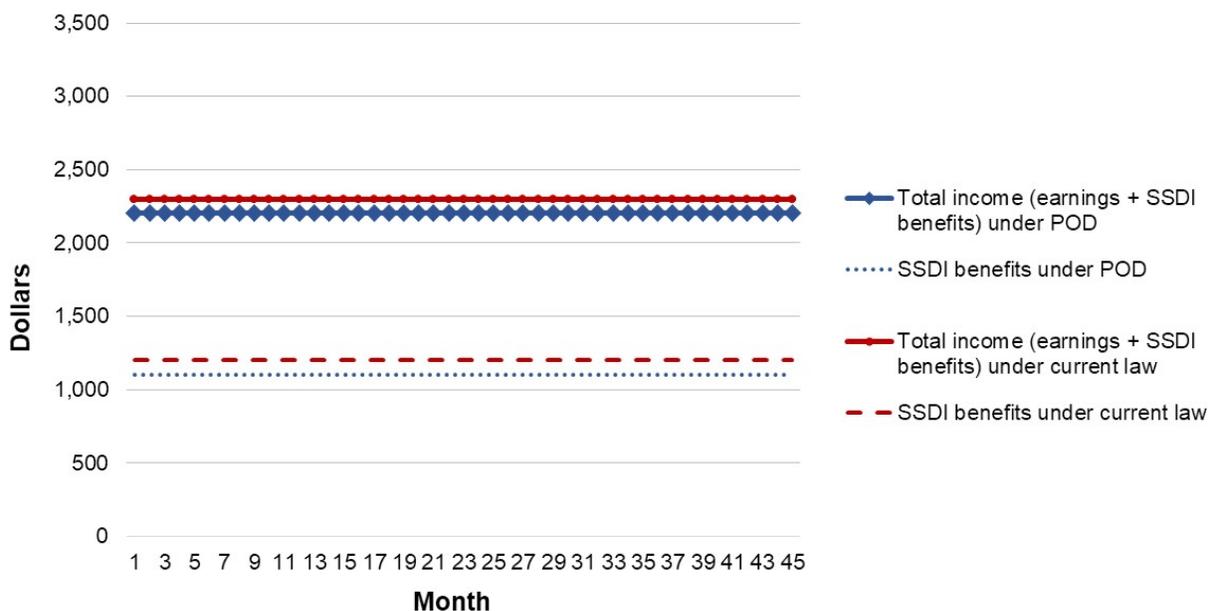
Based on the design of the POD rules, we expected that interest in POD would vary based on a beneficiary's characteristics. As discussed in the Evaluation Design Report (Wittenburg et al. 2018), enrollment rates would likely be highest among those most likely to benefit from POD. For example, as highlighted 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 SGA amounts (\$910 and \$1,260, respectively). These amounts, along with the beneficiaries’ benefit amounts, are assumed to remain constant for simplicity.

2. INFORMATION ABOUT THE POD SOLICITATION POOL

As discussed in Section A of Chapter II, POD recruitment targeted a solicitation pool of beneficiaries who were eligible to participate in the demonstration. Eligibility required living in one of eight POD implementation areas, among other criteria. These areas included the entirety of three states (Alabama, Connecticut, and Vermont) and subsets of the counties within five other states (California, Maryland, Michigan, Nebraska, and Texas). In this section, we describe the states where POD was implemented, highlighting important characteristics about labor markets and employment service environments that could influence POD's effectiveness. We then discuss the process for identifying beneficiaries we contacted for direct outreach; that is, the beneficiaries who ultimately formed for the solicitation pool.

a. Characteristics of POD states

SSA and Abt purposively selected POD implementation areas to cover different regions of the country, local labor markets, a mix of urban and rural areas, and a range of beneficiary characteristics, as noted in Chapter II. In this section, we describe the local labor market conditions and employment service environments in each POD state. These contextual factors could influence interest in POD and mediate the impacts of POD in several ways. Specifically, these factors could shape the outcomes of SSDI beneficiaries subject to current law, including those in the control group; pose barriers or facilitators to POD implementation; and affect the potential for beneficiaries to earn enough to fare better under the POD rules than under current law. Appendix Exhibit D.1 provides data on the factors discussed in this section, which are derived from publicly available statistics as well as qualitative interviews with POD implementation staff conducted in spring 2018. (Appendix B contains more information about how we collected the qualitative data.)

1. Local labor market conditions

The strength of local labor markets could affect the extent to which SSDI beneficiaries are able to find employment and achieve higher earnings. As a result, differences across local labor markets in the factors documented in Appendix Exhibit D.1 could affect the degree to which beneficiaries stand to gain from POD, resulting in differences across POD states in enrollment rates and demonstration impacts. Specifically:

- Overall unemployment rates in May 2018 ranged from 2.8 percent (Nebraska and Vermont) to 4.6 percent (Michigan).²⁶ These rates were generally above the national average, except for Nebraska and Vermont.
- Employment rates among working-age people with disabilities in 2017 (the most recent period available) also varied widely—from 27 percent (Alabama) to 49 percent (Nebraska). These rates were higher than the national average in five of the eight POD states (Connecticut, Maryland, Nebraska, Texas, and Vermont).
- The percentage of the working age population receiving SSDI benefits in December 2017 (the most recent period available) ranged from 2.9 percent (California) to 8.2 percent

²⁶ We focus on May 2018 because this corresponds to the month before the peak of POD enrollment, as discussed later in this appendix.

(Alabama). This measure tended to vary inversely with the employment rate for people with disabilities. The percentage of the working age population receiving SSDI benefits was below the national average in five POD states (California, Connecticut, Maryland, Nebraska, and Texas).

- The ratio of median earnings among people with disabilities to median earnings among people without disabilities ranged from 64 percent (Connecticut) to 72 percent (Texas). Qualitative information from interviews with POD implementation staff indicated that jobs for people with disabilities in these states tended to be in unskilled and low-paying occupations. Nonetheless, the gap in median earnings for people with and without disabilities was smaller than the national average in six POD states (Alabama, California, Maryland, Michigan, Nebraska, and Texas).

Taken together, these statistics indicate that people with disabilities tended to fare better in the workforce in POD states than nationally, even though overall unemployment rates tended to be relatively high in POD states. This suggests that, compared to the national population, workers with disabilities in POD states might be more likely to earn enough for the POD benefit offset to increase their income. Chapter IV provides additional evidence that suggests a similar pattern for POD enrollees compared to all SSDI beneficiaries around the country. Later evaluation reports will also consider the relationships between POD enrollees and the national population of beneficiaries, as discussed in the Evaluation Design Report.

2. Employment service environment

People with disabilities seeking employment may need assistance from employment service providers to explore job prospects, obtain needed training or supports, and reconnect with the workforce. For that reason, POD counselors' referrals to employment service providers could be an important feature of the services offered to some POD treatment group members. These referrals are intended both to supplement POD counseling and to support treatment group members' use of the POD offset. The availability of employment services could also affect interest in POD among beneficiaries who are not already connected to a job and shape the outcomes of POD enrollees assigned to the control group.

Qualitative information from interviews with POD's state or local implementation partners indicated that beneficiaries' abilities to access employment services in a timely fashion varied across the states. Staff in three states (Alabama, Connecticut, and Texas) reported delays for beneficiaries in accessing such services. Staff in the other five states reported no such delays, perhaps because the VR agencies in three of those states (California, Maryland, and Nebraska) were operating under an order of selection.²⁷ When order of selection is in effect, VR agencies place select eligible applicants on waiting lists for services because they anticipate not being able to serve all of them. However, an individual's place on the waiting list is determined by the severity of his or her disability, with preference given to those with the most severe disabilities; SSDI beneficiaries tend to receive priority based on having more significant disabilities.

Another measure of the employment service environment is engagement with the Ticket to Work program, which differed notably across POD states. This program, which is free and

²⁷ More recently, Connecticut's VR agency entered order of selection in October 2018.

voluntary, is intended to help SSDI beneficiaries and SSI recipients find and maintain work. Eligible beneficiaries receive a “ticket” that they can use with a private provider or VR agency to receive employment and other support services, whom SSA then pays for employment outcomes. As of May 2018, the share of beneficiaries with tickets assigned was at or below the national average of 2.5 percent in six POD states (Alabama, California, Connecticut, Michigan, Nebraska, and Texas). Maryland and Vermont, the two exceptions, had rates of 5.2 and 12.1 percent, respectively. This higher rate of participation could be an indicator of a strong employment services environment in those two states.

b. Identifying beneficiaries for the solicitation pool

We used lists of eligible beneficiaries provided monthly by SSA to (1) establish the solicitation pool for direct outreach and (2) conduct study enrollment (as discussed later in this appendix). We created a sampling frame from these lists to draw random samples of eligible beneficiaries, subdividing them into distinct “waves” of mailings that went out periodically from January to October 2018. Before sending each wave of mailings, we checked the most recent list to remove any beneficiaries from that wave who had become ineligible since the time of sampling. The solicitation pool consisted of everyone who was sent a mailing.

Creating the sampling frame. We used two of the monthly eligibility lists to create a sampling frame that served as the initial basis for the POD solicitation pool. The first list included beneficiaries who were eligible for POD as of October 2017. The second list updated the first list to include (1) those who were eligible as of July 2018, including beneficiaries who became newly eligible for POD since October 2017; and (2) additional beneficiaries in the expanded Texas implementation area (as noted in Section A of Chapter II).

Randomly sampling beneficiaries to create mailing waves. Using the sampling frame, we randomly assigned beneficiaries into groups (also referred to as replicates) that could be used to form mailing waves. To ensure that each wave was initially representative of the full sampling frame, the team used a combination of explicit and implicit stratification to assign beneficiaries to these replicates. The only explicit stratum was the POD state, while the implicit strata included age, SSDI duration, the recent history of TWP-level earnings, and rare diagnoses (severe visual impairments, neoplasms, and injuries). We chose these strata to align with the strata used in conducting random assignment, discussed later in this appendix.

We drew an initial sample of beneficiaries from the October 2017 list to define mailing waves from January to June of 2018. Each month, we selected the replicate groups that would be sent a mailing, based on a target number of mailings for the month and state. We slowly ramped up the mailing volume during the first half of the recruitment period, as described further in Section 3 of this appendix.

We re-drew samples for mailings waves from July to October 2018 using the updated list of eligible beneficiaries from July 2018. Once the new beneficiaries were based on the July 2018 list, we re-assigned everyone to a new replicate group, including those beneficiaries who had previously been assigned to a replicate group but had not yet been sent a mailing and beneficiaries who had become newly eligible for POD.

Rechecking sampled beneficiaries for eligibility before sending mailings. Each month, the evaluation team received an updated eligibility list from SSA and used it to remove beneficiaries scheduled to receive a mailing that month who had become ineligible since the time of sampling. The evaluation team then excluded beneficiaries removed by this process from any subsequent direct outreach efforts.

3. INFORMATION ABOUT POD OUTREACH AND INTAKE PROCEDURES

As discussed in Sections B and C of Chapter II, SSA and the evaluation team designed outreach and intake procedures to support the aims of the POD evaluation. A primary objective was to enroll at least 9,000 beneficiaries, and we used a combination of direct and indirect outreach to help interested beneficiaries make an informed decision about whether to enroll in the demonstration. We also designed a set of intake procedures to support the evaluation by verifying eligibility, checking informed consent, collecting baseline data, and conducting random assignment. In the remainder of this section we provide details to supplement Chapter II. Specifically, we discuss how we conducted direct outreach, indirect outreach, and study intake.

a. Direct outreach

Direct outreach sought to provide eligible beneficiaries with written materials containing the information they needed to make an informed decision about enrolling in POD if desired. As discussed in Section B of Chapter II, mailed recruitment packets were the primary mechanism of direct outreach. These packets contained study information materials, including descriptions of current SSDI rules and POD rules, along with enrollment materials, such as a consent form and baseline survey.

The evaluation team sent primary mailings of recruitment packets from the start of January 2018 to the end of October 2018, while beneficiaries enrolled between mid-January 2018 and mid-January 2019. Appendix Exhibit D.2 shows both the number of primary mailings the evaluation team sent and the flow of new enrollments that occurred in each month. The monthly volume of mailings increased steadily from January to August. Between January and April, the evaluation team sent all mailings for the month in one wave, and in May they began sending mailings in weekly waves due to the high volume. Enrollments lagged behind mailings by roughly one month—surges or declines in enrollments occurred about a month after surges or declines in primary mailings. In the main text, we refer to the period of June to November 2018 as the peak enrollment period because it corresponds to the six months with the most enrollments, accounting for over three-quarters of all POD enrollments.

Throughout the recruitment period, the evaluation team made various adaptations to supplement the core direct outreach strategy of primary mailing. As discussed in Section C of Chapter III, we tested supplemental strategies at various points during the recruitment period. We also implemented four of the strategies that proved to be effective more widely—preliminary notification postcards, reminder postcards, informational letters for those with high enrollment rates, and final reminder postcards. Appendix B contains further methodological details about how we tested the supplemental outreach strategies.

b. Indirect outreach

As a complement to direct outreach, the evaluation team developed several indirect outreach strategies to make information about POD available to beneficiaries who might have an interest in the demonstration. The efforts included information dissemination via key stakeholders, a toll-free line, and a website that included a benefits calculator. These efforts were intended to raise awareness about POD, reinforce its legitimacy as an SSA demonstration, and address questions from beneficiaries and staff at organizations that commonly engage with beneficiaries about

employment issues. This section offers a more comprehensive discussion of indirect outreach to supplement the information in Section B of Chapter II.

Information dissemination via key stakeholders. SSA conducted outreach to raise awareness of POD among SSA-funded organizations that serve SSDI beneficiaries. During separate quarterly calls with WIPA providers (June 2017), providers of the Protection and Advocacy for Beneficiaries of Social Security program (August 2017), and EN providers (February 2018), SSA staff provided a general overview of POD and asked for assistance confirming the legitimacy of POD. In the meeting with EN providers, SSA staff also asked for assistance directing clients who might benefit from POD to the POD website and toll-free line.

In addition, SSA conducted internal activities to raise awareness of POD. For example, SSA disseminated information about POD to its employees in early 2018 through an administrative message posted on its intranet and through two internal publications: *OASIS*, SSA’s in-house magazine, and “Good Morning Social Security,” a weekly video broadcast that provides news about SSA. Shortly after the demonstration started direct beneficiary outreach, SSA also updated their Program Operations Manual System to include a description of the demonstration, staff roles in implementing POD, and POD-related mailings.

The evaluation team conducted multiple outreach efforts, including three webinars to engage stakeholders who were not directly involved in POD.²⁸ The webinars were for the local stakeholders noted above, as well as local providers of employment services such as staff from VR agencies. The first webinar in November 2017 was intended to educate stakeholders and generate interest. The second webinar in March 2018 reviewed information on POD and sought to engage stakeholders in recruitment. The final webinar in June 2018 discussed answers to frequently asked questions and offered an update on POD recruitment. In all webinars, the presenters explained which types of beneficiaries would—and which would not—benefit from POD.

The webinar hosts advertised and, upon request, distributed informational brochures and posters to stakeholders. The brochure described the main innovations in POD, including the potential for keeping more benefits while working and a simplified approach to reporting earnings, and noted the earnings ranges likely to benefit from POD enrollment. The posters also communicated this basic idea of POD. Both resources included a toll-free line and a website address for those seeking more information about POD. POD staff distributed 2,307 brochures and 91 posters.

Toll-free line. The implementation and evaluation teams coordinated efforts to deploy a toll-free telephone line to respond to inquiries about POD from potential participants, stakeholder organizations, SSA field staff, and the public. The toll-free line provided enrollees with implementation support, such as responses to questions about notices received and

²⁸ The evaluation team worked with SSA and local POD implementation staff to develop a webinar invitation list. SSA staff shared contact information for WIPA, EN, and Protection and Advocacy for Beneficiaries of Social Security providers in each of the POD states. In addition, implementers in six of the eight POD states (California, Connecticut, Maryland, Nebraska, Texas, and Vermont) provided information for local providers who serve SSDI beneficiaries, particularly those providing employment services. To supplement this information, demonstration staff conducted a web search to identify additional relevant local stakeholders.

assistance with accessing the online earnings reporting portal or reaching a POD counselor. The toll-free line was also designed to handle calls related to respondent payments, the baseline survey, consent forms, and other evaluation issues. Finally, specialized evaluation staff responded to questions about the POD benefit offset and other POD rules. These POD specialists had extensive knowledge that allowed them to educate prospective participants and stakeholders about the benefits and risks of POD to support both direct and indirect outreach.

The toll-free line included automated and manual procedures for helping callers obtain the information they sought. The automated system initially allowed callers to select a numeric option corresponding to implementation staff, general recruitment staff, and POD specialists. From there, the system was designed with a “no wrong door” approach so that staff answering calls could transfer callers to other staff members as appropriate. For example, among calls initially routed to them, POD specialists rerouted 12 percent to general recruitment staff and another one percent to implementation staff.

Website. The implementation and evaluation teams also developed a website to provide the public and potential enrollees with information about POD. Demonstration staff designed the website to help beneficiaries make informed choices about whether to enroll in POD. The website included the following key components to support recruitment:

- A calculator that allowed beneficiaries to assess how various levels of earnings would affect benefits and income under the POD benefit offset relative to current law. (As noted above, income is defined as the sum of earnings and cash benefits.) The calculator featured a series of vignettes illustrating POD’s impact on benefits and income for common scenarios that a beneficiary might encounter, such as returning to work or shifting from part-time to full-time work.
- Guidance on eligibility, the enrollment and random assignment processes, the nature of the benefit offset, additional services offered through POD, and required activities for taking part in the demonstration and evaluation.

Although recruitment has ended, the website will continue to maintain this information throughout the demonstration. For POD enrollees, the website continues to provide access to an online reporting portal for their earnings and a library with downloadable forms, including reporting forms for current monthly earnings and IRWE. The POD website is available in English and Spanish.

c. Intake procedures

As discussed in Section C of Chapter II, upon receiving enrollment materials from a beneficiary, the evaluation team needed to confirm that the beneficiary was still eligible for POD and had provided informed consent. Among beneficiaries meeting these checks, the evaluation team then recorded beneficiaries’ responses to the baseline survey and randomly assigned each one to a study group (T1, T2, or C).

Confirming eligibility. We confirmed the continued eligibility of beneficiaries who responded to our primary mailing of recruitment packets by using barcodes attached to their baseline surveys. Members of our team scanned the barcode on each survey to make sure the beneficiary was eligible according to the latest information in our management information

system. Specifically, we determined whether the beneficiary was included in the most recent master list of eligible cases from SSA, as discussed in previously. Over the course of the recruitment period, about 10 percent of beneficiaries who were sent a mailing became ineligible.²⁹

Checking informed consent. As discussed in Chapter II, we checked informed consent using a written consent form and two intake screening questions. On the consent form (as shown in Appendix C), we confirmed that the beneficiary marked the required checkboxes and signed the form. In addition, we reviewed the baseline survey to ensure that the beneficiary completed and correctly answered the two intake screening questions confirming their understanding of POD. We called any beneficiaries who indicated interest but left one of these required elements incomplete. We either completed the missing information by telephone or re-mailed the incomplete study application materials to beneficiaries who continued to indicate an interest in POD. For beneficiaries who did not respond to these follow-up efforts, we ended the intake process.

Recording data from the baseline survey. Instructions in the recruitment packet asked beneficiaries to return completed baseline surveys along with their other enrollment materials. Information from this survey allowed the evaluation team to check informed consent, as noted previously, and stratify beneficiaries for random assignment, as discussed in the next subsection. Also, baseline survey data are being used in analyses throughout the evaluation, including for this report. Hence, the evaluation team entered beneficiaries' written responses to the baseline survey into an electronic database to support the intake process and other evaluation needs.

Although beneficiaries did not need to complete the entire baseline survey to enroll in POD, missing values for survey data items were generally rare. Missing-value rates were less than 2.5 percent for most data items and less than 5 percent for all data items. The questions with the highest rates of missing values were those asking about work search over the past four weeks (4.4 percent), Hispanic ethnicity (3.3 percent), and sources of health insurance (3.1 percent).

Conducting stratified random assignment. We conducted random assignment separately by state using the same basic explicit stratification approach in each state. Top-level differentiation by state is important because state factors, such as those described previously, could potentially influence outcomes relevant to the POD evaluation. Additionally, statistical imbalances at the state level could compromise our ability to compare impacts across POD states.

We used a combination of program records and survey data to create the randomization strata within each state. We defined explicit strata to exactly balance important characteristics across the three study groups within each state. Specifically, within each state, we defined strata based on the following factors identified in prior studies:

²⁹ The share who became ineligible each month was somewhat smaller. The 10 percent figure includes beneficiaries sent a mailing at any time during recruitment found to be ineligible by January 2019. For example, 15 percent of beneficiaries in the mailings from January 2018 became ineligible by the following year, whereas only 6 percent in mailings from October 2018 became ineligible by that point.

- **Age:** Younger beneficiaries tend to have relatively higher earnings rates in comparison to older beneficiaries (Mamun et al. 2015). For most states, we distinguished between beneficiaries younger than 35, ages 35 to 44, and those 45 and older. In the two smaller states (Nebraska and Vermont), we grouped together all beneficiaries younger than 45.
- **SSDI duration:** Beneficiaries who return to work and use SSDI work incentives usually do so during their first few years on the rolls (Liu and Stapleton 2010). For most states, we distinguished between beneficiaries entitled to benefits for fewer than 18 months, those entitled for 18 to 35 months, and those entitled to benefits for 36 months or more. For the two smaller states, we grouped together all beneficiaries entitled to benefits for less than 36 months.
- **Substantive earnings:** A beneficiary's expected level of earnings plays an important role in determining whether or not the POD rules are more favorable than current rules, as discussed previously. In addition, labor market outcomes at baseline have been a strong predictor of later outcomes in other demonstrations—including for Benefit Offset National Demonstration (BOND) Stage 2, which was based on a voluntary sample of SSDI beneficiaries (Geyer et al. 2018). For all states, we distinguished between those who worked at a job with monthly earnings of at least \$1,000 during the year before enrollment and who had not held a job with such monthly earnings.
- **Impairment:** Based on findings from BOND Stage 2 and other findings from Mamun et al. (2015), impairment is a strong predictor of eventual earnings outcomes. In BOND Stage 2, people with neoplasms and injuries were substantively more likely to earn above the SGA amount. The rationalization for including severe visual impairments is related to the POD offset itself. Namely, we expected that beneficiaries who had a severe visual impairment and, hence, a higher blind SGA amount, had less incentive to participate; the relatively higher SGA amount means that there is a greater range of earnings at which the POD offset could reduce total income. Therefore, we distinguished between those who had each of these three rare impairments: neoplasms, injuries, and severe visual impairments.
- We identified age, SSDI duration, and beneficiary impairment through program data and substantive earnings through the baseline survey. In the two smaller states, we used fewer categories for age and SSDI duration because of expected smaller sample sizes. The use of additional divisions in the other six POD states takes advantage of the larger samples to minimize within-state statistical imbalances.

In Exhibit A.3, we illustrate the strata created with this stratification approach. Within each state, we first created separate strata for the three lower-prevalence impairment categories. For all remaining beneficiaries, we created separate strata for each combination of age, SSDI duration, and substantive earnings.

Exhibit A.3. Substrata within each state (illustrative example)

| Stratum | Beneficiary characteristics |
|------------|--|
| Stratum 1 | Primary diagnosis: Severe visual impairments (regardless of all other characteristics) |
| Stratum 2 | Primary diagnosis: Neoplasms (regardless of all other characteristics) |
| Stratum 3 | Primary diagnosis: Injuries (regardless of all other characteristics) |
| Stratum 4 | Young, short SSDI duration, had high-earnings job in the year before enrollment |
| Stratum 5 | Young, short SSDI duration, did not have high-earnings job in the year before enrollment |
| Stratum 6 | Young, medium SSDI duration, had high-earnings job in the year before enrollment |
| ... | ... |
| Stratum 21 | Old, long SSDI duration, did not have high-earnings job in the year before enrollment |

Note: For Nebraska and Vermont, which are the two states with the smallest beneficiary populations in the POD implementation areas, age and SSDI duration each only had two categories, yielding 11 strata instead of 21.

Within each stratum, our procedure randomly assigned beneficiaries as they enrolled while minimizing the risk of the process being improperly manipulated. We created a randomly ordered string of assignments in advance for each stratum that we used to then assign new enrollees to T1, T2, and C. We designed these strings to maintain balance while being hard to predict. This planning created a firewall to make sure that implementation and evaluation staff could not influence random assignment. For example, program staff could not guarantee that a specific volunteer would be assigned to any particular study group based on a recent history of random assignment outcomes.

Our data management approach included other features to preserve the integrity of the random assignment process and reduce the chances of treatment contamination. For example, automated checks helped to avoid repeat enrollments of beneficiaries who were already assigned to a study group. This check ensured that program staff could not attempt to enroll an individual multiple times until achieving a desired treatment status. In addition, the evaluation team sent nightly reports of new treatment group members to the implementation contractor; this procedure was intended to avoid having control group members inadvertently receive POD services.

APPENDIX B: DATA AND METHODS USED FOR THIS REPORT

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This appendix provides information about our approach to addressing the report’s main research questions. It supplements the overview in Chapter I and provides additional context for the results presented in Chapters II through V. As indicated in Chapter I, the report is structured around four overarching research questions:

1. How were beneficiaries recruited and enrolled?
2. What were the results of POD recruitment?
3. How did the characteristics of POD enrollees compare to those of other SSDI beneficiaries?
4. How does the POD enrollee sample support the evaluation?

In the following two sections of this appendix, we describe our quantitative and qualitative analysis approaches, respectively.

To provide additional context, Exhibit B.1 contains a more detailed list of specific research questions related to recruitment and enrollment that we examined in this report. These specific research questions are based on the Evaluation Design Report (Wittenburg et al. 2018). For each question, the exhibit shows whether we used quantitative data or qualitative data (or both) to address the question and the section(s) of the report where we present the corresponding results.

Exhibit B.1. Information about the research questions examined in this report

| Question | Type of data used to address the question | | Section(s) of report containing main results ^a |
|---|---|------------------|---|
| | Quantitative data | Qualitative data | |
| How were beneficiaries recruited and enrolled? | | | |
| What strategies were used to inform SSDI beneficiaries about POD? | | X | Chapter II, Sections A and B.1 |
| What efforts were made to inform local stakeholders and service providers about POD? | | X | Chapter II, Section B.2 |
| How was informed consent implemented with prospective enrollees? | | X | Chapter II, Section C.1 |
| Did enrollees complete baseline surveys properly? | X | | Chapter II, Section C.2 |
| How long did it take volunteers to be enrolled after the initial recruitment mailing? | X | | Chapter II, Section C.3 |
| How was random assignment implemented? What strategies were used to maintain the integrity of random assignment? | | X | Chapter II, Section C.3 |
| What were the results of POD recruitment? | | | |
| Did the demonstration meet its target of enrolling at least 9,000 beneficiaries? What percentage of SSDI beneficiaries who were recruited subsequently enrolled in POD? | X | | Chapter III, Section A |
| What percentage of beneficiaries who were recruited returned enrollment materials? | X | | Chapter III, Section B |
| Among non-volunteers, how many people attempted to enroll in the demonstration or otherwise responded to outreach efforts? | X | X | Chapter III, Section B |

| Question | Type of data used to address the question | | Section(s) of report containing main results ^a |
|---|---|------------------|---|
| | Quantitative data | Qualitative data | |
| Were outreach strategies effective in reaching prospective enrollees? What aspects of outreach were successful/not successful? | X | X | Chapter II, Section B Chapter III, Section C |
| How did the characteristics of POD enrollees compare to those of other SSDI beneficiaries? | | | |
| How do the characteristics of volunteers who enrolled in POD compare to non-volunteers? What factors were associated with higher enrollment rates? | X | | Chapter IV, Sections A and B |
| What are common reasons for enrolling or for not volunteering? | | X | Chapter IV, Section B |
| How do beneficiaries view POD? What motivated beneficiaries to enroll in POD? | X | X | Chapter IV, Sections B and C |
| How does the POD enrollee sample support the evaluation? | | | |
| Did random assignment work as envisioned? Were the baseline characteristics of the treatment and control groups statistically balanced? | X | | Chapter V, Section A |
| Were any observed imbalances between the treatment and control groups large enough to potentially bias POD results? | X | | Chapter V, Section A |
| How many treatment group members withdraw from the demonstration and at what time and stages? How do withdrawals vary between the two treatment groups? | X | | Chapter V, Section B |
| How do the characteristics of those who withdraw compare to continuing treatment group members? | X | | Chapter V, Section B |
| What are the most prevalent reasons for withdrawal? | | X | Chapter V, Section B |

Note: These research questions are based on the Evaluation Design Report. We restated several questions using the terminology and key concepts defined for this report.

^a Sections 2 and 3 of Appendix A contain supporting details that help address the research questions covered by Chapter II of the main text.

1. QUANTITATIVE DATA AND METHODS

We used quantitative data to develop findings throughout the report. We used these data to document enrollment outcomes and random assignment outcomes for SSDI beneficiaries in the POD solicitation pool—that is, beneficiaries who we included in the direct outreach effort for POD. As part of this analysis, we assessed the effectiveness of several supplemental outreach strategies. We also compared the characteristics of those who enrolled in POD to non-volunteers who did not enroll. Finally, we compared the characteristics of treatment and control groups among POD enrollees, and we compared the characteristics of those who did and did not withdraw from treatment by a certain point in time.

In this section, we first summarize the quantitative data sources used for this report. Next, we provide more detail on the methodology we used to evaluate the supplemental outreach strategies noted above. Finally, we describe the methodology we used to conduct comparisons between POD enrollees and non-volunteers, as well as among groups of POD enrollees.

a. Data sources

We drew on three sources of quantitative data to document recruitment, enrollment, and participation in POD (Exhibit B.2). First, we used data from the evaluation’s management information system (MIS) about enrollment, random assignment outcomes, and study withdrawals. Second, we used SSA program data containing information on beneficiary characteristics and longitudinal information about their SSDI-relevant earnings in the years before POD began. Third, we used data from a self-administered baseline survey that gathered information from beneficiaries not available in SSA program data, such as current employment status and attitudes towards work.

Exhibit B.2. Quantitative data sources

| Source | Key measures | Timing |
|-----------------------------------|--|---------------------------------|
| MIS data | Enrollment outcome (such as enrolled or withheld consent); random assignment status; withdrawal | Updated regularly (ongoing) |
| SSA program data | Age; gender; impairment; earnings above the Trial Work Period or Substantial Gainful Activity levels | As of October 2017 or July 2018 |
| Self-administered baseline survey | Baseline employment status; work expectations; reasons for difficulty working; race and ethnicity; income; education | At the time of enrollment |

MIS data contain all of the information used to track recruitment, enrollment, and participation in the demonstration. The MIS includes aggregate measures related to direct outreach, for example, the number of mailings sent. It also includes information about recruitment and enrollment outcomes, such as whether a beneficiary enrolled, withheld consent, failed the intake screening questions, or otherwise responded to direct outreach. Finally, the MIS acts as the definitive source of information about POD enrollees’ random assignment groups (T1, T2, or C) and tracks information about treatment withdrawals. The evaluation team updated the MIS data continuously during the recruitment period, and we continue to update the data periodically as additional information about withdrawals comes available.

SSA program data contain detailed information about beneficiary demographics, disability and program characteristics, and measures of earnings while receiving SSDI benefits. Specifically, these data include information about age, gender, and the impairments of SSDI beneficiaries. They also include rich disability program participation information, such as the duration of beneficiaries' SSDI entitlements, whether they concurrently receive Supplemental Security Income (SSI) disability benefits, and whether they have a representative payee. The program participation information also includes measures of monthly earnings that SSA maintains to administer SSDI benefits. In this report, we drew on these measures to develop indicators for monthly earnings above the Trial Work Period threshold or the Substantial Gainful Activity amount. As discussed in Appendix A, SSA provided its program data in two batches—one in October 2017 and another in July 2018—along with regular monthly files containing lists of beneficiaries who were eligible for POD.

Baseline survey data comes from a self-administered questionnaire that beneficiaries were asked to complete when signing up for POD. The survey included two intake screening questions to confirm informed consent, as well as a variety of questions on demographic characteristics; current employment, past employment, and expectations about work in the coming year; perceived challenges related to work, SSDI benefits, and disability; health status and sources of insurance; and family income. These data are available for POD enrollees only, and so could not be used to compare enrollees to other SSDI beneficiaries.

As indicated in Appendix A, item nonresponse led to some missing baseline survey data, although the rates of missing values were generally low. When comparing each characteristic between groups of POD enrollees, we excluded those with missing data on the given characteristic. However, one of our random assignment stratification factors was a measure of substantive earnings from the baseline survey (indicating whether the enrollees' monthly earnings was above \$1,000 during the past year), and so we needed to create a version of this measure with missing values imputed.³⁰ We therefore used the imputed version of this measure as a control variable in several analyses of POD enrollees that require us to account for the stratified random assignment design (as discussed later in this appendix).

b. Methods for tests of supplemental outreach strategies

In this section, we provide details about the methodologies we used to test the effectiveness of the supplemental outreach strategies discussed in Section C of Chapter III. Appendix A provides more information about the timing of these tests, as well as when we implemented select supplemental outreach strategies widely as part of the direct outreach effort.

1. Pilot period tests of reminder postcards and other supplemental strategies

SSA and the evaluation team designed a two-month recruitment pilot, conducted in January and February 2018, to learn more about interest in POD and make adjustments to outreach materials. The evaluation team sent a total of 31,296 mailings to beneficiaries in the POD solicitation pool during the pilot period—9,797 in January to beneficiaries living in seven POD states (Alabama, California, Connecticut, Maryland, Nebraska, Texas, and Vermont); and 21,499

³⁰ Specifically, for the purposes of random assignment, we coded the substantive earnings measure to “no” for enrollees who did not respond to the question about monthly earnings.

in February to beneficiaries in all eight POD states (the seven states included in January, plus Michigan).

The pilot included an experiment to estimate the volunteer rate for beneficiaries who were only sent the core mailing and those targeted for each of four supplemental outreach strategies:

1. Reminder postcards
2. Reminder telephone calls
3. Illustrative benefit scenario inserts
4. Mail-back postcards to signal interest

We used an overlapping random assignment approach to test each supplemental strategy alone or together with the other strategies, resulting in a 16-arm experiment. This design allowed us to measure the gains from each supplemental outreach strategy, as well as synergies between strategies. Hock et al. (2019) provide additional details about the design of the experiment.

We calculated impacts on POD enrollment rates among beneficiaries assigned to a particular outreach strategy or combination of strategies using a statistical model grounded in the random assignment design. Based on an intent-to-treat evaluation principle, the impact estimates included information from all beneficiaries who were sent mailings during the pilot, irrespective of whether any supplemental outreach successfully reached them. The statistical model accounted for random assignment occurring separately by month and state (using fixed effects), potential synergies between all supplemental outreach methods other than the mail-back postcard (using interaction terms), and potential heteroscedasticity (using robust standard errors).³¹

2. Preliminary notification postcards

We tested the effectiveness of preliminary notification postcards sent to groups of beneficiaries in the May primary mailing. About two weeks before each primary mailing, we sent preliminary notification postcards to inform beneficiaries that they would soon receive a mailing from SSA. To evaluate the impacts of this postcard, we used an “alternating treatments” design for primary mailings in May that relied on our random sampling process for creating mailing waves. As discussed in Appendix A, we randomly assigned beneficiaries in the POD solicitation pool into groups referred to as “replicates” and combined replicates to form each mailing wave. We sent May primary mailings in four weekly waves, assigning replicates randomly to each wave. Beneficiaries in the first and third weekly waves for May were sent the notification postcard (the treatment condition), while those in the second and fourth weekly waves were not (the baseline condition).

We calculated impacts of the notification postcard using a statistical model grounded in this alternating treatments design. The impact estimates compared enrollment rates between beneficiaries in the first and third waves, to whom we sent notification postcards, and those in the second and fourth waves, to whom we did not send notification postcards. The model

³¹ The model did not include interactions between the mail-back postcards and other supplemental outreach methods because very few beneficiaries returned these postcards.

accounted for us conducting random sampling separately within each state (using fixed effects) and assigning groups of beneficiaries to waves (using standard errors clustered by replicate).

Although this design reduces the risks of several important potential sources of bias, it is not as rigorous as a pure individual- or group-level random assignment design. Because primary mailings for the treatment condition went out at different times than those for the baseline condition, estimated differences in enrollment rates between the two conditions could be due to either the notification postcard or time-specific factors. Our approach of alternating twice between the treatment and baseline conditions should have reduced the potential influence of systematic trends over time. Additionally, the random sampling approach we used to create mailing waves should have minimized the potential for chance differences in the composition of beneficiaries included in the treatment and baseline conditions. Nonetheless, results are less rigorous than if using a pure random assignment design within waves, because we cannot be certain that the notification postcard was the only thing differing across weeks that could influence enrollment in POD.

3. Informational letters for those with high enrollment rates

We used a matched comparison design to assess the likely effects of informational letters that we sent to those with high enrollment rates, starting with the July primary mailings. To determine who to send the letter to, the evaluation team reviewed enrollment rates across several demographic and program groups. The team found that beneficiaries with a recent history of TWP earnings had enrollment rates that were more than twice as high as those without a history of TWP earnings. We sent the letter to beneficiaries who (1) had a recent history of TWP-level earnings, (2) did not require special notification options, (3) had a valid address, and (4) had not yet responded to outreach by a certain date after the primary mailing. We established a benchmark for enrollment rates using a comparison group of similar beneficiaries. To measure the impacts of this letter, the evaluation team compared enrollment rates between those sent the informational letter (the “letter group”) and the comparison group.

This comparison group consisted of beneficiaries who were not sent the letter because they were part of the June primary mailings, but otherwise met the four criteria enumerated in the previous paragraph. Our process for using the comparison group to create a benchmark closely mirrored the approach to evaluate the overall effects of the final reminder postcards discussed below and by Hock et al. (2020). Specifically, we separately matched the comparison group to each weekly “cohort” of the letter group from July to September, as defined by the week of the primary mailing. Our matching process accounted for differences in the length of time between each primary mailing and when we sent the informational letter. That is, for each weekly letter group cohort, we matched a different subset of the comparison group in a way that depended on whether and when members of the comparison group responded to the primary mailing. For weekly letter group cohorts in which the letter followed the primary mailing by a shorter (longer) amount of time, we selected members of the comparison group who had not yet responded after a shorter (longer) amount of time had elapsed after the comparison group’s primary mailing. Therefore, beneficiaries could contribute to the comparison group benchmark for none, some, or all of the primary mailings in the letter group.

We estimated the impacts of the informational letter using a statistical model to measure differences in enrollment rates between the letter group and in the comparison group. The model

accounted for demographic and program characteristics (using regression adjustment), as well as differences in how the two groups were distributed across states (using weights). The model also accounted for the analysis using information from the comparison group differently for each weekly primary mailing (using fixed effects). Finally, it accounted for the fact we formed primary mailings waves using groups of randomly sampled beneficiaries (using standard errors clustered by replicate). However, the model cannot account for other factors, such as seasonal patterns, that might have affected enrollment rates and differed between the comparison group and the letter group.

4. Final reminder postcards

We sent final reminder postcards at around the same time as the informational letters for those with high enrollment rates. To ensure that all beneficiaries received a final supplemental outreach strategy, the beneficiaries we targeted for the letter included those who (1) had *no* recent history of TWP-level earnings, (2) did not require special notification options, (3) had a valid address, and (4) had not yet responded to outreach. The first criterion avoided sending final reminder postcards to beneficiaries targeted for the informational letter, and the remaining criteria are identical to those used for the informational letter. We sent the final reminder postcards to beneficiaries who met all four criteria, starting with those included in the July primary mailings.

The evaluation team used findings from the behavioral insights literature to inform the design of the final reminder postcards. The way that information is conveyed can affect behavior (Bertrand and Morse 2011). More specifically, making information more salient can increase the effectiveness of messaging (Richburg-Hayes et al. 2017). Folded designs also have the potential to help distinguish outreach mailings from advertisements (Dillman 1991). In addition, both highlighting urgency and including deadlines have been shown to increase program participation (Richburg-Hayes et al. 2017, Wright et al. 2017, Amin et al. 2017, Darling et al. 2017). However, no studies that we know of have compared the relative effectiveness of these approaches. More broadly, a common theme in past research is that providing targeted information to potential program participants can improve take-up.

Our evaluation of the effectiveness of final reminder postcards included two distinct tests:

1. We used a randomized experiment to measure the relative effectiveness of two components of the postcard’s messaging. One component was **structure and language**: either a fold-over postcard with more details about POD or an open postcard with more generic language about an SSA study. In describing the findings, we refer to the fold-over postcard structure and open postcard structure to capture all the differences in design and language between these versions of the postcard.³² The other component was **urgency**: either an “act now” framing or a “time left” framing.

³² In addition to the design of the postcard (fold-over versus open) and the language (specific versus general), several other aspects of the two types of postcard structure differed. For example, the fold-over postcard structure indicated that it was the beneficiary’s choice to enroll, while the open postcard structure indicated that a beneficiary only needed to respond if they wanted to sign up for the study. Additionally, the fold-over postcard structure had a POD logo while the open postcard structure had the SSA logo. Hence, differences in enrollment between the fold-over and open postcard structures reflect all of these differences.

2. We used a matched comparison design to gauge the overall effectiveness of final reminder postcards based on a comparison group benchmark.

For the experiment, we designed four versions of the postcard by varying the structure and urgency (as shown in Appendix C) and then randomly assigned the different versions to beneficiaries meeting the criteria outlined above. We then measured impacts using comparisons that leveraged the random assignment design and used an intent-to-treat evaluation principle. For example, we measured the relative effectiveness of postcard structure based on the difference in enrollment rates between beneficiaries assigned to fold-over postcards and those assigned to open postcards. When making these comparisons, we used a statistical model to account for random assignment occurring separately by the month of primary mailing and state (using fixed effects) and potential heteroscedasticity (using robust standard errors).

For the secondary test to nonexperimentally assess the overall effectiveness of these postcards, we used an approach similar to what was described in the previous subsection for informational letters. Specifically, we compared enrollment rates between beneficiaries in the July through September primary mailings to whom we sent postcards (the “postcard group”) to a benchmark from a comparison group using the June primary mailing. We identified the comparison group through the same four criteria as for the postcard group. Using a similar process as discussed in the previous subsection, we matched the comparison group separately to each weekly primary mailing cohort for the postcard group in a way that accounted for differences in the length of time between each primary mailing and when we sent the final reminder postcard. We then used the same statistical model as described in the previous section to estimate the postcards’ impacts on enrollment rates. Hock et al. (2020) provide additional details about the methodology and present findings for the final reminder postcard that go beyond what is contained in this report.

c. Methods for comparing characteristics between groups of beneficiaries

In this section, we provide details about the methodologies we used to make three types of comparisons between groups of SSDI beneficiaries. Specifically, we compared the characteristics (1) between POD enrollees and non-volunteers (Chapter IV, Sections A and B); (2) between the T1, T2, and C study groups (Chapter V, Section A); and (3) between all POD treatment group members and remaining treatment group members who did not withdraw within 180 days after enrollment (Chapter V, Section B). For each of these comparisons, we calculated group means and assessed the statistical significance of differences between groups using a statistical model that accounted for how we formed the analysis sample.

Comparing POD enrollees to non-volunteers. The statistical model for this type of comparison accounted for the design of the sampling approach we used to create mailing waves for POD direct outreach. It specifically included fixed effects for each POD state to account for the explicit strata developed for random sampling.

Comparing members of the T1, T2, and C study groups. The statistical model for this type of comparison included fixed effects for each of the factors used to create explicit strata when conducting random assignment. As discussed in Appendix A, these factors included state, a categorical measure of age, a categorical measure of SSDI duration, a binary measure of substantive earnings, and binary indicators for three rare impairments. When comparing

differences across study groups in a characteristic used for stratification, the statistical model excluded fixed effects associated with those characteristics. For example, the model excluded age-group fixed effects when assessing whether the T1, T2, and C study groups were balanced on age. In addition to assessing statistical significance, we used the statistical models to generate root-mean-squared errors of prediction that we then used as the denominators for calculating standardized differences between pairs of study groups.

To assess whether study groups were more generally balanced, we pooled information across the statistical models for each characteristic we examined (as listed in Appendix Exhibits D.9, D.10, D.11, and D.12). We calculated an omnibus chi-squared test for joint differences between the three study groups across all characteristics. To avoid double-counting, the omnibus test included continuous measures of age and SSDI duration and excluded the categorical measures of those characteristics.

Comparing all POD treatment group members to remaining treatment group members. The statistical model for this comparison used the same approach to account for stratification as the one used for comparisons across the three POD study groups. It included only members of the treatment groups, because the control group did not have the option or the need to withdraw from POD rules. Because remaining treatment group members are a subset of all POD treatment group members, the model included two (duplicated) observations per remaining member. Hence, when assessing precision, we clustered standard errors by beneficiary.

2. QUALITATIVE DATA AND METHODS

We used qualitative data to supplement the information obtained from the quantitative data discussed previously. We collected these qualitative data as part of a broader effort to learn about recruitment, the context in which POD operates, the implementation of POD, and perceptions of POD. For this effort, we interviewed demonstration stakeholder staff—including implementation partners, local organizations serving people with disabilities, and evaluation team members—and SSDI beneficiaries who were eligible for POD. Collectively, we refer to the individuals that we interviewed as qualitative “informants.”

We focus in this report on a subset of the qualitative data related to POD recruitment, enrollment outcomes, and potential differences between enrollees and non-volunteers. Specifically, we assessed qualitative information to better understand how the recruitment and enrollment processes operated in practice, how SSA and POD implementation partners engaged with local stakeholders to raise awareness about POD, and what beneficiaries’ motivations were for enrolling or not enrolling in POD. We also include qualitative perspectives from POD enrollees who withdrew from treatment to gain insights into the early patterns of withdrawals documented in the quantitative data.

In the remainder of this section, we summarize the distinct groups of informants we interviewed and how we conducted interviews with each group. We then describe our approach for analyzing the qualitative data, providing information about the framework we used to organize and synthesize the information gleaned from the interviews.

a. Qualitative data collection

We conducted two broad types of semi-structured interviews to collect qualitative data. First, we interviewed demonstration stakeholders, as described above, to learn about broad patterns related to POD recruitment and implementation. Second, we interviewed SSDI beneficiaries to learn about these individuals’ decisions to enroll in POD and their early experiences with POD. Exhibit B.3 provides a summary of the recruitment-related topics covered with each informant group, and we discuss each type of interview in more detail below.

Exhibit B.3. Recruitment-related topics and interview timing, by informant group

| Group | Key recruitment-related topics covered | Interview timing |
|---|---|---|
| Demonstration stakeholders | | |
| Implementation management and site staff | Background on the structure of POD implementation partners; information about their involvement supporting outreach during the recruitment period | Quarter 1 of 2018 (“round 1”) and Quarter 1 of 2019 (“round 2”) |
| Local organizations serving workers with disabilities | State contextual features (such as labor market conditions, the employment services environment, and state/local policies) that may have helped or hindered people with disabilities from obtaining employment; involvement with initial POD outreach | Quarter 1 of 2018 |
| Mathematica recruitment staff | Direct and indirect outreach efforts, development of the enrollment infrastructure, design of random assignment procedures | Quarter 1 of 2018 |

| Group | Key recruitment-related topics covered | Interview timing |
|--------------------------------|--|-------------------|
| SSDI beneficiaries | | |
| Beneficiaries eligible for POD | Motivations for enrolling in POD or not volunteering for the demonstration; perceptions of POD rules after being assigned to a treatment group; reasons for withdrawing from treatment | Quarter 4 of 2018 |

Interviews with demonstration stakeholders. Through semi-structured interviews with key stakeholders supporting the demonstration, we learned about early planning for POD, efforts by implementation partners and local organizations to support POD recruitment, and procedures for recruitment or enrollment. Specifically, we interviewed the following three groups of stakeholders:³³

- **Implementation management and site staff.** We interviewed 12 supervisory staff at implementation partners in the POD states to learn about the strategies used to inform local stakeholders about POD. As noted in Chapter I, these partners were Vocational Rehabilitation (VR) agencies or Work Incentive Planning and Assistance (WIPA) providers, depending on the state. We also interviewed 2 supervisors and 3 technical assistance providers from Virginia Commonwealth University who supported POD implementation.
- **Local organizations serving workers with disabilities.** We interviewed 19 staff working at local organizations, including between one and three people in each state, to learn about the state-specific context. Organizations included VR agencies, Ticket to Work Employment Networks, WIPA providers, advocates, American Job Center staff, and other organizations not directly involved in the provision of POD services.
- **Mathematica recruitment staff.** We interviewed 6 Mathematica staff who developed and supported the POD recruitment effort to gain insights into how direct outreach, enrollment, and random assignment procedures operated. We also gathered information related to the implementation of indirect outreach, such as webinar attendance and the types of information sought by callers to the POD toll-free line.

We conducted these interviews in two rounds, relying on a mixed-mode approach that included in-person site visits and telephone interviews. During the first round conducted in early 2018, we sought to interview each group of demonstration stakeholders in person when feasible. We conducted in-person site visits to seven POD states to interview some of the staff at POD implementation partners and local organizations; in one state (Vermont) we opted to interview all key respondents by telephone because the state had relatively low enrollment (fewer than 30 enrollees) at the time of the site visit. In addition, we conducted telephone interviews for staff who were not locally present in the area where we conducted the site visits. Our second round of interviews focused exclusively on POD implementation partner staff, and we conducted these interviews by telephone.

³³ Our qualitative data collection also included interviews with SSA staff, Abt implementation management staff, and counselors working for implementation partners in the POD states. We did not leverage qualitative data from these interviews in this report because the discussions did not cover POD recruitment or enrollment.

Interviews with SSDI beneficiaries in the POD solicitation pool. Through semi-structured interviews with 73 SSDI beneficiaries, we learned about their motivations for enrolling or not enrolling in POD, their recruitment and enrollment experiences, and their early impressions of service delivery. We set a target number—or quota—for several distinct groups of SSDI beneficiaries. We randomly sampled beneficiaries from each group to create pools of potential interviewees. We then sought to conduct interviews with members of each pool until we reached our desired quota. Following this quota-sampling approach, we interviewed:

- 53 current POD enrollees who were assigned to a treatment group (T1 or T2) and had not withdrawn from treatment
- 7 former POD enrollees who had withdrawn from a treatment group
- 7 beneficiaries who responded to POD outreach but withheld consent to enroll in the demonstration
- 6 beneficiaries who had not responded to POD outreach efforts.

We defined these groups as of the end of September 2018. For example, we defined enrollees according to whether an SSDI beneficiary had submitted enrollment materials and been randomly assigned by September 30, 2018. In addition, we differentiated between “current” and “former” enrollees based on withdrawal information as of the same date. When selecting potential non-respondents to interview, we limited the interview pool to beneficiaries for whom six weeks had passed since we sent them a primary mailing for the direct outreach effort.

Our strategy for contacting beneficiaries for these qualitative interviews differed between current POD enrollees and the other three subgroups. Outreach for interviews with current enrollees included an initial contact letter that explained the interview goals, mentioned that respondents would get a \$40 payment, and included a dedicated phone number that beneficiaries could call to request an interview. The response rate to these interview requests was approximately 37 percent. For the other three subgroups, we engaged beneficiaries only by phone and achieved lower response rates among those we tried to interview—18 percent for withdrawals, 18 percent for beneficiaries who withheld consent, and 8 percent among beneficiaries who had not responded to POD outreach.

Although this approach allowed us to collect rich information about the interviewed beneficiaries’ motivations and perspectives, this information must be used cautiously when making more general statements about SSDI beneficiaries for three reasons. First, each group of interviewees included a small share of the corresponding population of SSDI beneficiaries. For example, the 60 current and former members of the POD treatment groups we interviewed amounted to less than one percent of all treatment group members. The beneficiaries we interviewed included even smaller shares of all who withheld consent or all who did not respond to POD outreach. As a result, the experiences of interviewees might not capture the full diversity of the experiences of beneficiaries in the POD solicitation pool. Second, response rates for the interviews were fairly low, especially for those who were not enrolled in POD at the time of the interview. Hence, those who completed interviews could differ in fundamental ways from those who did not. Third, the POD enrollees we interviewed included only treatment group members. The advantages offered by the POD offset may lead to recall bias about motivations for enrolling

in POD. As we discuss in the next subsection, we sought to address these limitations by emphasizing themes noted by multiple stakeholders or reinforced by the quantitative findings.

b. Qualitative analysis approach

Our analytic approach for all qualitative data involved three broad steps. First, we transcribed the interviews and coded the data to organize the interview information. Next, we analyzed the coded data to identify emerging themes related to the research questions outlined in the Evaluation Design Report. In this step, we produced state-level summaries of key themes shortly after concluding the interviews for each state to keep SSA apprised of the implementation process. Finally, we extracted information related to recruitment, enrollment, and treatment withdrawals that we used to produce results for this report. However, our analysis of qualitative data differed slightly for demonstration stakeholders and SSDI beneficiary interviews based on the analytic objectives of each interview type.

Interviews with demonstration stakeholders. We organized the data collected through interviews with demonstration stakeholders using codebooks that enabled us to assign two types of attributes to each segment of text. The first attribute reflected the functional features of POD, such as data systems, recruitment strategies, and intake procedures. The second attribute reflected how the feature operated—for example, facilitators and barriers encountered or coordination (or lack thereof) among stakeholder groups. Based on these codebooks, we used the NVivo software to generate summaries that allowed us to identify emerging themes. For this report, we focused on themes related to POD recruitment, such as perceptions of outreach materials and whether and how implementation partners supported POD outreach efforts.

Interviews with SSDI beneficiaries in the POD solicitation pool. We developed codebooks that were grounded in the questions asked of each group of SSDI beneficiaries. For example, the codebook for beneficiaries who withdrew included codes for withdrawal reasons, whereas the codebook for POD enrollees included codes for factors that attracted them to the demonstration. When generating reports in NVivo using these codebooks, we also included indicators that allowed us to assess common themes separately for each subgroup that we asked a specific type of question or for all relevant subgroups. Given the limitations noted in the previous section, when extracting information for this report, we emphasized themes that were stated by multiple beneficiaries, aligned with themes that emerged from interviews with demonstration stakeholders, or were also reflected in the quantitative findings.

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APPENDIX C: DIRECT OUTREACH MATERIALS FOR POD

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1. PRELIMINARY NOTIFICATION POSTCARD

The evaluation team piloted the preliminary notification postcard in May 2018 and included it as a part of the core outreach strategy starting in June 2018. The team targeted this postcard delivery one week before the enrollment packet.



The **U.S. Social Security Administration (SSA)** is sponsoring an important study that might be of interest to you.

You will soon receive a large white envelope from SSA with additional information. This packet will include a website link, a toll-free number, and more details to help you decide if you want to participate.

Thank you.

2. RECRUITMENT PACKET

a. Cover letter

Promoting Opportunity Demonstration



Date

NAME

ADDRESS

CITY, STATE ZIP

Dear <NAME>,

We are sending this letter to let you know about a new Social Security Administration (SSA) project. SSA is testing new rules for the Social Security Disability Insurance (SSDI) program. The new rules will give people the chance to earn more money from work and to keep more of their benefits than they can now. This project is called the Promoting Opportunity Demonstration or POD. POD will determine whether these new rules help people who want to go back to work or work more. SSA has hired Abt Associates and Mathematica Policy Research to work on SSA's behalf and they may contact you. Abt Associates is helping run the POD program, and Mathematica Policy Research is studying it. You are invited to sign up today!

Under the new rules your cash benefits go down little by little as you earn more instead of stopping completely if you earn too much. This change could help you make more money if you expect to earn more than \$1,180 a month from working. You can use a benefits calculator to help you figure out how much your benefit payment will change under the new POD rules (www.podssa.org).

It is your choice to sign up. To sign up, please fill out the survey and complete and sign the last two pages of the attached consent form in this packet. Please return the forms using the envelope provided. You will be paid \$25 for returning the completed survey and signed consent form.

To learn more about this study, please read the enclosed brochure. You can also go to www.podssa.org. Everyone that signs up will have a two in three chance to be randomly assigned to the new POD rules and a one in three chance to be randomly assigned to SSA's current rules. You can also call the study's call center at 888-771-9188. POD project staff will give you information to help you decide whether to sign up. If you would like help in completing the survey, please call the study's call center at 888-771-9188.

Enroll today and see how POD can work for you! We look forward to speaking with you!

Sincerely,

Kate Bent, RN, PhD
Associate Commissioner
Social Security Administration

b. Brochure

Do you worry that you might lose your monthly benefit from the Social Security Administration if you return to work or earn more?

Do you want to try a simpler approach in reporting your earnings to the SSA?

Find out how you can change the way you report your earnings and potentially keep more of your Social Security Disability Insurance benefits.

How can I learn more?

To learn more about POD, visit us on-line at www.PODSSA.org.

Or call us:
888-771-9188

POD is an SSA Project

Promoting Opportunity Demonstration
POD

SOCIAL SECURITY ADMINISTRATION
USA

SOCIAL SECURITY ADMINISTRATION
USA

Promoting Opportunity Demonstration (POD)

.....
SOCIAL SECURITY DISABILITY INSURANCE INFORMATION
.....

What is POD?

POD stands for Promoting Opportunity Demonstration. POD will give you a chance to keep more benefits using a simpler approach to reporting earnings to the Social Security Administration (SSA). POD will last for approximately 3 years.

Do I have to take part in POD?

POD is voluntary. It is your choice to sign up.

How did I get chosen for POD?

SSA randomly selected your name. SSA is implementing POD in select regions in eight states (Alabama, California, Connecticut, Maryland, Michigan, Nebraska, Texas, and Vermont).

Beneficiaries worry about losing their cash benefits if they earn too much money. The Promoting Opportunity Demonstration (POD) attempts to help address this problem.

How do I know if POD is right for me?

People who take part in POD have a chance to increase their total income under the new benefit rules. Some people will benefit from the new rules, but others might be worse off. You would likely benefit from POD if you can earn more than about \$1,200 a month. Under current Social Security Disability program rules, people earning more than \$1,200 a month for approximately 12 months risk having their benefits stopped. In POD, SSA reduces your benefit check slowly as you earn more. To see if POD is right for you, check out the details at www.PODSSA.org.



How do I volunteer?

If you would like to sign up, fill out the survey and consent form provided.

You will receive \$25 when you return the completed survey and consent form.

Act now! Enrollment is limited.

c. Supplemental information describing current rules and POD rules

| | | |
|---|--|---|
|  <p>PROMOTING OPPORTUNITY DEMONSTRATION (POD) PARTICIPATION ADDITIONAL INFORMATION</p> <p><u>POD Supplemental Information</u></p> | | |
| <p>Table 1. Summary of Differences Among the Current Rules and Promoting Opportunity Demonstration (POD) Rules Groups</p> | | |
| <p>Current Rules</p> <p>Benefit suspension for earnings in excess of Substantial Gainful Activity. If your gross countable monthly earnings are more than Substantial Gainful Activity (\$1,180 for non-blind and \$1,970 for blind beneficiaries) after the Trial Work Period and Grace Period, your benefit checks will stop. The Social Security Administration (SSA) counts monthly earnings above the Substantial Gainful Activity amounts after allowable deductions such as Impairment-Related Work Expenses. If your countable earnings later fall below Substantial Gainful Activity and it is less than 36 months after your nine-month Trial Work Period ended, SSA will start paying your benefits again and does not need to determine that you still have a disability.</p> <p>Termination. If your gross countable monthly earnings exceed Substantial Gainful Activity after the 36-month extended period of eligibility, your entitlement to Social Security Disability Insurance benefits will terminate.</p> <p>Expedited reinstatement. If your benefits terminate because of your work, you can ask SSA within the following 60 months to start</p> | <p>your checks again. You will not have to go through the entire disability application process, but SSA will need to verify that you still have a disability. You might be eligible for provisional benefits while SSA reviews your request.</p> <p>POD Rules Group 1</p> <p>No Trial Work Period and Grace Period POD benefit adjustment. Your monthly benefits will be reduced by \$1 for every \$2 of monthly earnings SSA considers above the higher of the following: (1) \$850 in 2018 (called the POD earnings threshold) or (2) your total monthly itemized Impairment-Related Work Expenses (IRWEs) if that amount is greater than \$850. If you have allowable IRWEs that are greater than \$850 per month, the benefit adjustment will apply only to earnings above the IRWE amount up to the current Substantial Gainful Activity level (\$1,180 for non-blind beneficiaries and \$1,970 for blind beneficiaries in 2018).</p> <p>No termination because of earnings for the duration of the demonstration. Your benefits may be completely zeroed out because of high earnings, but your</p> | <p>entitlement continues. For example, if you end up earning less than Substantial Gainful Activity again, then your disability benefits and the POD offset will resume.</p> <p>Expedited reinstatement (not applicable or necessary). There is no termination in POD Group 1.</p> <p>POD Rules Group 2</p> <p>No Trial Work Period and Grace Period POD benefit adjustment. The POD benefit adjustment is the same as for POD Rules Group 1.</p> <p>Termination is possible, but expedited reinstatement can apply. Your benefits may be completely zeroed out because of high earnings but might be payable if your earnings drop. Your entitlement to Social Security Disability Insurance will be terminated if your benefits are zeroed out because of earnings for 12 or more months in a row.</p> <p>Expedited reinstatement. If your entitlement is ended for this reason, then you are eligible for expedited reinstatement as you would be under current rules.</p> |



PROMOTING OPPORTUNITY DEMONSTRATION (POD) PARTICIPATION ADDITIONAL INFORMATION

How will working affect my benefits?

Comparing the rules for the Promoting Opportunity Demonstration (POD) groups is complicated, so you should use the demonstration's website (www.podssa.org) or seek assistance from a POD work incentives counselor to make sure you understand what the special POD rules would mean for you.

Current rules. If SSA randomly assigns you to the current rules group, your work rules will remain the same. SSA will conduct periodic continuing disability reviews to assess your ongoing eligibility. During a medical continuing disability review, if SSA finds that your medical condition has improved enough so that you can work, your benefits will end. Likewise, during a work continuing disability review, SSA will review your work since you became disabled and might determine that your work has become substantial (defined later) and that your disability ended with your performance of substantial work. Under current rules, going to work does not affect your benefits right away. First, you get a nine-month trial work period during which you can earn any amount without losing any benefits. In 2018, any month in which your earnings are above \$850 counts as a Trial Work Period month. The amount might change from year to year. The nine months of trial work do not have to be consecutive, but they must be completed within a 60-month (five-year) rolling time period.

For 36 months following your completion of the Trial Work Period, known as the Extended Period of Eligibility, SSA will continue to consider your earnings on a monthly basis and will pay you benefits for all months in which it does not consider your work to be Substantial Gainful Activity (SGA). SSA considers your work to be SGA if your monthly earnings, after allowable deductions such as Impairment-Related Work Expenses, exceed the SGA amount. In 2018, the SGA amount is \$1,180 a month for a person who is not blind or \$1,970 a month for a person who is blind. These amounts might change from year to year.

When SSA completes a work review and determines that you have not only completed your nine-month Trial Work Period but also continued working and performed SGA after the completion of the Trial Work Period, SSA will inform you that your disability ended that month because of your performance of substantial work. However, SSA will still pay your full benefit for that month and for the next two consecutive months. These three months are called the Grace Period.

After the grace period, SSA will not pay benefits to you or any of your dependents for any month in which you earn more than the SGA amount, but during the 36-month Extended Period of Eligibility that begins after your nine-month Trial Work Period, SSA will continue to pay you full benefits for months when you do not. If you earn above the SGA amount after the 36-month Extended Period of Eligibility, SSA will terminate your benefits. After SSA terminates your benefits, you can get them back only by applying to have them reinstated. If you apply for reinstatement within five years, there are special rules to expedite the process. You might be entitled to provisional benefits while you wait for SSA's decision during this expedited process. After five years, you would have to apply through the usual SSDI application process.

POD special rules. If SSA randomly assigns you to one of the two new POD special rules groups, you will have:

Simplified work rules. POD special rules eliminate the Trial Work Period and Grace Period. It also eliminates the need for a work continuing disability review during POD participation. The new rules for reporting earnings should reduce the chance of reporting errors and overpayments if you report earnings to SSA timely. The expectation is that you will submit paystubs monthly.

New benefit adjustment process. Your monthly benefits will be reduced by \$1 for every \$2 of monthly earnings SSA considers more than the higher of the following: (1) the Trial Work Period amount (\$850) or (2) your total monthly itemized Impairment-Related Work Expenses if that monthly amount is greater than the Trial Work Period amount. As under current rules, the Trial Work Period amount might change from year to year. If you have allowable Impairment-Related Work Expenses that are more than the Trial Work Period amount in a month, the benefit adjustment for that month will only apply to earnings above the Impairment-Related Work Expenses amount up to the current SGA level (\$1,180 for non-blind beneficiaries and \$1,970 for blind beneficiaries in 2018).

Benefits counseling. You will have the opportunity to receive benefits counseling to make sure you understand the new rules.

What is the difference between the two POD special rules groups?

The difference between the two special rules groups is the rule for termination (see Table 1 on first page).

- POD Rules Group 1: The SSDI eligibility of volunteers will not end even if their monthly earnings are high enough that SSA no longer sends them a benefit check.
- POD Rules Group 2: The SSDI eligibility of volunteers will end if their earnings are high enough that SSA no longer sends them a benefit check for 12 or more months in a row. To become eligible for SSDI again, they would have to go through the same process as under current rules.

When will my SSDI benefits be higher under the special POD rules?

For beneficiaries with few or no Impairment-Related Work Expenses, the special rules are more favorable when earnings are above the current SGA amount (\$1180 for non-blind and \$1970 for blind beneficiaries in 2018) and the current law nine-month Trial Work Period and three-month grace period have already been used. Under current law, earnings greater than SGA after the nine-month Trial Work Period and three-month grace period would result in **zero** SSDI benefits due; whereas, under the special POD rules, benefits would just be reduced by half of the amount that your earnings are above the monthly Trial Work Period amount (\$850 in 2018).

Will I always retain more of my SSDI benefits under the special POD rules?

In some months, your SSDI benefit could be lower under the special POD rules than under SSA's current rules. For beneficiaries with few or no Impairment-Related Work Expenses:

- If your monthly earnings are above the current Trial Work Period amount (\$850 in 2018) and you have not used your nine-month Trial Work Period and three-month grace period, under current rules you will get full benefits. However, if you have earnings above the current SGA amount after your three-month grace period has expired, you will lose all benefits under current rules. Under the special POD rules your benefits will be reduced by half of the amount of your earnings above \$850.
- If your earnings are between \$850 and the SGA amount (\$1,180 for non-blind beneficiaries, \$1,970 for blind beneficiaries), under current rules you will receive full benefits even after you have used up your nine-month Trial Work Period and three-month Grace Period. Under the special POD rules, your benefits will be reduced by half of the amount of your earnings above \$850.
- If you do not know whether you have used your Trial Work Period or Grace Period months, you can contact your local Work Incentives Planning and Assistance provider.

If you have Impairment-Related Work Expenses that regularly reduce your monthly earnings to below the SGA amount, then the special POD rules would likely not benefit you.

If you receive a subsidy—a rare occurrence in which an employer subsidizes a beneficiary's wages—you could be better off under current rules than under the special POD rules. Under POD rules, SSA will count all total earnings. Under current rules, if you believe your employer subsidizes your wages, SSA contacts your employer to confirm the subsidy amount and deducts that amount from your countable earnings.

d. Privacy Act Statement

**Privacy Act Statement
Collection and Use of Personal Information**

Section 234 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent you from participating in the Promoting Opportunities Demonstration (POD) project.

We will use the information you provide to manage your participation in the POD project and for research and statistical purposes. We may also share your information for the following purposes, called routine uses:

- I. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs; and
- II. To a congressional office in response to an inquiry from that office made at the request of the subject of a record.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records for various purposes related to the agency’s administration of Federal benefit programs, including recovering Federal benefit programs overpayments.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0218, entitled Disability Insurance and Supplemental Security Income Demonstration Projects and Experiments System; 60-0090, entitled Master Beneficiary Record; 60-103, entitled Supplemental Security Income Record and Special Veterans Benefits; 60-0094, entitled Recovery of Overpayments, Accounting, and Reporting; 60-330, entitled eWork; and 60-0059, entitled Earnings Recording and Self-Employment Income System. Additional information and routine uses, and a full listing of all our SORNs, are available on our website at www.ssa.gov/privacy/sorn.html.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer the survey questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-0809; expiration date 11/30/2020. We estimate that it will take about 20 minutes to read the instructions, and answer the survey questions. You may send comments about our time estimate to: Social Security Administration, 6401 Security Blvd, Baltimore, MD 21235-6401

e. Consent form

OMB No.: 0960-0809

Expiration Date: 11/30/2020



Promoting Opportunity Demonstration (POD) Voluntary Participation Consent Form for Beneficiaries with Representative Payees

What is POD?

- The Social Security Administration (SSA) is conducting a new study called POD for beneficiaries who receive Social Security Disability Insurance (SSDI). If you work or want to work, you might find POD attractive because it uses simpler rules for reporting earnings to SSA. POD also includes new rules to adjust your benefits for earnings. SSA will randomize volunteers into one of three groups. Two out of three volunteers randomized into the POD groups will take part in the simpler rules for reporting earnings.

Do I have to participate in POD?

- No. POD is a voluntary study. There is no penalty if you choose not to participate.

What do I need to do to participate in POD?

- Read, sign, and return this agreement form.

When will POD end?

- POD will end in June 2021. All POD volunteers will return to current SSDI rules when POD ends.

Who will see my information and how will they use it in POD?

- SSA, POD researchers at Mathematica Policy Research, POD staff at Abt Associates who operate the study, and possibly vocational rehabilitation (VR) and Work Incentive Planning and Assistance (WIPA) program staff will see the information. The researchers will use this information to study whether the POD rules improve beneficiaries' outcomes. They will not report your individual information to anyone else.

How do POD rules differ from current SSDI rules?

- The rules tested under POD will allow you to keep some of your benefits when your earnings are high enough that you would otherwise lose them all under current rules. If you discover that current rules are better for you, you can switch back at any time.

Will the new POD rules benefit me?

- You could benefit from the rules tested under POD if you plan to regularly earn more than \$1,200 a month for longer than a year. If you are blind, you could benefit from POD if you plan to regularly earn more than \$2,000 a month for longer than a year. You can call 1-888-771-9188 from 9 a.m. to 9 p.m. eastern time to learn whether POD might be right for you. You can also visit www.podssa.org.

What are the potential risks of participating in POD?

- If you are selected for the special POD rules, in some situations, your benefits could be lower under POD than under current rules (see “How will working affect my benefits?” in the supplemental information materials).
- There is a small risk of an accidental release of personal information. Mathematica has extensive procedures in place to prevent this from happening. We would inform you immediately of any specific threat to your privacy.

If I agree to be in POD, what will happen?

1. You will receive \$25 for signing this form, completing the survey, and returning both in the provided envelope.
2. SSA will randomly assign you to one of three groups shown in a table in the supplemental information materials. Mathematica will notify you via mail about your group.

Mathematica will contact you in the future to ask you to complete one or two follow-up surveys. All of these surveys are voluntary. SSA will pay you for participating in them.

Can I withdraw from POD?

- Yes. If SSA assigns you to one of the two groups with special rules, you can choose to return to current SSDI program rules at any time during the demonstration by calling 1-888-771-9188. You can also withdraw from the study if you are in any of the study groups (new rules groups or current rules group) at any time by calling the same number. We will use any information we collected while you were in the study.

If SSA randomly assigns me to a group with the special POD rules for earnings, will any current SSDI rules still apply to me?

- Yes. No matter which group SSA randomly assigns you to, the following rules apply:
 - You could be required to undergo periodic medical reviews. You could lose your benefits if SSA determines your medical condition has improved. However, working will not result in a medical review, and participation in POD will not affect selection for these reviews.
 - Your benefits could still be suspended for non-work-related issues.
 - Your auxiliaries (for example, children on your record) will continue to be eligible for monthly benefits as long as you are eligible for benefits during that month. If your monthly SSDI is reduced to \$0.00 due to the POD offset, then your auxiliary’s monthly benefit will also be reduced to \$0.00 for that month.
 - If you receive more benefits than you are due in any month, you will have to repay the overpayment. SSA might allow you to repay the overpayment in installments to avoid financial hardship.
 - You will still be eligible for Ticket to Work.
- **Please read each statement below and if you understand each statement, check each box to show you understand. If you do not understand any of the statements below, call 1-888-771-9188 from 9 a.m. to 9 p.m. eastern standard time for additional information.**
- **On the next page, check the box to tell us if you agree to participate in POD and sign this consent form.**
- **Return the last two pages of this form to Mathematica along with the survey included in this packet. You can make a copy for your own records. You must sign the form and check all boxes for the agreement form to be complete.**

I have read and understand the following statements:

| Agreement statement | I understand |
|---|--------------------------|
| <ul style="list-style-type: none"> I understand that the purpose of this study is to test special rules for SSDI beneficiaries who work. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> I understand that my participation is voluntary. I understand that there is no penalty if I choose not to participate in POD. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> I understand that if I agree to take part, SSA, POD researchers at Mathematica, POD staff at Abt who operate the study, and possibly program staff will see my information. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> I understand that under the special POD rules my benefits might be higher or lower depending on my earnings. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> I understand that I will receive \$25 for sending back this signed consent form and completing the survey included in this packet. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> I understand that if I volunteer for POD and send back the consent form and survey in this packet, SSA will randomly assign me to one of three groups. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> I understand that I will be asked to participate in either one or two additional surveys, and that I will be paid to participate in each survey. | <input type="checkbox"/> |
| <ul style="list-style-type: none"> I understand that I can withdraw from the study at any time without penalty by calling Mathematica at the number below. | <input type="checkbox"/> |

SIGNATURE PAGE

SSDI BENEFICIARY

Please check (✓) one of the following boxes and sign the form:

| | |
|--|---|
| <p style="text-align: center; margin: 0;">IF YOU WANT TO BE IN THE</p> | <p style="text-align: center; margin: 0;">IF YOU DON'T WANT TO BE IN THE</p> |
| <p><input type="checkbox"/> YES, I agree to be in the Promoting Opportunity Demonstration study.</p> | <p><input type="checkbox"/> NO, I do not want to be in the Promoting Opportunity Demonstration study.</p> |

Sign your name here: _____

Print your name here: _____

Write the last four digits of your Social Security number: |_|_|_|_|

Date of birth: _____ / _____ / _____
MONTH DAY YEAR

Telephone number: (|_|_|_|)|-|_|_|_|-|_|_|_|_| Today's date: _____

REPRESENTATIVE PAYEE

If you have listed someone with SSA as your representative payee (a person or company that manages your money issues for you), please have the person sign and print their name and telephone number below.

Representative payee: By signing this form, you are agreeing that the beneficiary named above may participate in POD.

Sign your name here: _____

Print your name here: _____

Telephone number: (|_|_|_|)|-|_|_|_|-|_|_|_|_| Today's date: _____

Please place the following items in the prepaid envelope and mail it to Mathematica to receive your \$25 payment:

- 1) The pages with your signature and the checkboxes (pages 3 and 4 of this form)
- 2) Your completed survey

Questions? Call 1-888-771-9188 from 9 a.m. to 9 p.m. eastern standard time.

f. Baseline questionnaire

MATHEMATICA
Policy Research

Promoting Opportunity Demonstration (POD) Baseline Questionnaire



Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this information collection is 0960-0809, expiring 11/30/2020. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. You may send comments about our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

Mathematica Policy Research is conducting a study for the Social Security Administration (SSA). As part of this study, we will interview thousands of people who currently receive Social Security Disability Benefits.

The study is about a new program that SSA is administering called the Promoting Opportunity Demonstration or POD. Thank you for volunteering to participate in this program. We are asking all who volunteer to complete this survey. Participation in the survey is voluntary but very important.

We will send you a \$25 check in appreciation for completing and returning the survey. The survey takes about 20 minutes to complete. You may skip any question you do not wish to answer. Your responses will be kept private and used only for research purposes. Your responses will be combined and reported with other responses in total; no individual names or responses will be reported

Thank you for taking the time to complete this survey!

If you have any questions about the survey or would like to complete it by telephone, please contact the POD Call Center at 1-888-771-9188 (this is a toll-free call).

When you finish the survey, please mail it back with the last two pages of the consent form filled out (page 3 with the checkboxes and page 4 with your name and signature) in the envelope provided. Just insert the completed form and consent form pages into the envelope, seal it, and put it in the mail. No postage is necessary. The form is preprinted with Mathematica’s mailing address:

**POD Study Team
Mathematica Policy Research
P.O. Box 2393
Princeton, NJ 08543**

INSTRUCTIONS FOR FILLING OUT THE SURVEY

You may complete this form using a blue or black pen or a pencil. Please provide only one answer to each question unless the question asks for more than one answer. Start at the top of the next page with the first item –Question 1. After you read the question, pick the answer that best applies to you. Continue on to each question that follows.

Please answer questions by clearly writing your answer in the space provided or by marking the box that best matches your answer as shown in the examples below.

Write your answers like this:

- ₁ Very satisfied
- ₂ Somewhat satisfied

Not like this:

- ₁ Very satisfied
- ₂ Somewhat satisfied

For figures or amounts:

Write your answers like this:

| | | | | | | | | |
|-----------------------|---|---|---|---|---|---|--|--|
| | | | 2 | 5 | 0 | 0 | | |
| Not like this: | | | | | | | | |
| | 2 | 5 | 0 | 0 | | | | |

If you want to change your response, circle the correct answer and draw a line through the incorrect answer:

- Very satisfied
- ~~Somewhat satisfied~~

Some questions you will not need to answer. For these questions, there will be instructions to tell you which question to “skip” to next.

- 1.** Do you ever eat chocolate?
- Yes
 - No → **SKIP TO QUESTION 3**

- 2.** In the last seven (7) days, how many chocolate bars have you eaten?
-
-
- BARS

Before we begin, please identify who is filling out this survey.

1. Who is completing this form?

₁ I am completing it myself or with help → **SKIP TO QUESTION 6 ON NEXT PAGE**

₀ Someone is completing it for me - on my behalf

2. How is this person related to you?
MARK ONE ONLY

₁ Spouse/Partner

₂ Parent

₃ Legal guardian

₄ Friend

₅ Other relative or some other relationship - *specify* ↴

3. What is this person's name?

FIRST NAME

LAST NAME

4. Is the person who is completing this form the most knowledgeable about the person receiving Social Security Disability Insurance (SSDI) benefits and his or her day-to-day activities? This includes knowledge of services or supports that he or she may have received.

₁ Yes

₀ No → **This form should be completed by the person who is most knowledgeable about the individual receiving SSDI. Please have that person complete this form or have him/her call Mathematica at 888-771-9188 to complete the survey by telephone. Thank you!**

5. Do you live with the person filling out the form?

₁ Yes

₀ No

The first questions are about the Promoting Opportunity Demonstration (POD).

6. Enrolling in POD is voluntary. This means that...

MARK ONE ONLY

- ₁ You have no choice and must enroll in POD
- ₂ You can choose whether or not you want to enroll in POD

7. A primary goal of POD is to help you...

MARK ONE ONLY

- ₁ Increase work and earnings
- ₂ Go back to school
- ₃ Get health insurance

The next questions are about employment.

8. Are you currently working at a job or business for pay or profit? This includes work you may do for a business that you own. By 'working at a job for pay or profit' we mean at a job where you get paid money for the work you do.

- ₁ Yes → **SKIP TO QUESTION 11**
- ₀ No

9. When did you last work for pay? Your best guess is fine.

YEAR

10. Think about the last four weeks. Have you been looking for work during the last four weeks? By looking for work, we mean looking for a job, either full-time or part-time, for which you will be paid.

- ₁ Yes
- ₀ No

11. In the last 12 months, did you work at a job that paid you more than \$1,000 a month (before taxes and deductions)?

- ₁ Yes
- ₀ No

11a. During the next 12 months, how likely do you think it is that you will be working at a job for pay? Do you think it is ...

MARK ONE ONLY

- ₁ Very likely
- ₂ Somewhat likely
- ₃ Not very likely
- ₄ Not at all likely

12. For each of the statements below, please mark whether you strongly agree, agree, disagree, or strongly disagree.

MARK ONE PER ROW

| | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. It is difficult for me to work because I am afraid I will lose my disability cash benefits. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b. It is difficult for me to work because I am afraid I will lose my health insurance. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c. I am limited in my ability to work because of a physical or mental condition. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d. I am limited in my ability to work because I do not have reliable transportation to and from work. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e. I am limited in my ability to work because I am caring for children or others. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f. I am limited in my ability to work because I am finishing a school or training program. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| g. I don't have the skills or training I need to return to work. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| h. Many workplaces are not accessible to people with my disability. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| i. It will be difficult to receive Social Security disability benefits in the future if I work. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

13. Did you receive any on the job training, job coaching, or support services in the past year?
MARK ONE ONLY

₁ Yes

₂ No

₃ Not needed/Not used

→ **SKIP TO QUESTION 15**

14. Where did you go to receive on the job training, job coaching, or support services in the past year?
MARK ONE OR MORE BOXES

₁ A vocational rehabilitation agency

₂ A welfare agency

₃ A mental health agency

₄ A state agency

₅ A workforce center or unemployment office

₆ An employer

₇ Some other place - *specify* ↘

15. Have you ever spoken with or received services from a benefit specialist or Work Incentive Planning Assistance (WIPA) program provider? These are programs funded by Social Security to provide information to beneficiaries about how their earnings from work affect their benefits.

₁ Yes

₀ No

The next questions are about your health.

16. In general, would you say your health is...

MARK ONE ONLY

- ₁ Excellent
- ₂ Very good
- ₃ Good
- ₄ Fair
- ₅ Poor

17. Do you have health insurance coverage now?

That is, are you covered by a plan that someone else in your family has, or through a health plan your employer provides, or Medicare, Medicaid, or a plan you bought on your own?

- ₁ Yes
- ₀ No → **SKIP TO QUESTION 19**

18. What kinds of health coverage do you have?

MARK ONE OR MORE BOXES

- ₁ Medicare
- ₂ Medicaid also known as {FILL STATE SPECIFIC NAME}
- ₇ Private insurance through own employer
- ₈ Private insurance through spouse/partner/parent
- ₉ Private insurance paid by self/family
- ₁₁ Other plan - *specify* ↴

The next questions are about your background, education and earnings.

19. What is your ethnic background? Are you...

- ₁ Hispanic or Latino
- ₂ Not Hispanic or Latino

**20. What is your race? Do you think of yourself as...
MARK ONE OR MORE BOXES**

- ₁ Alaska Native or American Indian
- ₂ Asian
- ₃ Black or African/American
- ₄ Native Hawaiian or other Pacific Islander
- ₅ White
- ₆ Other - *specify* ↴

21. Are you currently living with a spouse or with someone who is like a spouse to you?

- ₁ Yes
- ₀ No

22. This question is about your current living situation. Thinking about the place you live, would you say that this place is a...

MARK ONE ONLY

- ₁ Single family home, mobile home, or regular apartment
- ₂ Other situation, such as a group home, personal care or something else?

**23. What is the highest year or grade in school that you have completed?
MARK ONE ONLY**

| GRADE (1-12)

- ₁ High school diploma, GED or certificate of completion
- ₂ 2-year college degree
- ₃ 4-year college degree (bachelor's degree)
- ₄ Other - *specify* ↴

24.

In the last 12 months, what was the total income of all members of your household from all sources before taxes and other deductions? Please include any money from jobs, public assistance programs, or any other source.

Household means people who live in your house on a permanent basis and contribute to the household financially. Please include your own income and the income of everyone living with you. Do not include income from people who live in your household temporarily. If you live in a group home, please include only your own income.

MARK ONE ONLY

- ₁ Less than \$10,000
- ₂ \$10,000 to less than \$20,000
- ₃ \$20,000 to less than \$30,000
- ₄ \$30,000 to less than \$40,000
- ₅ \$40,000 to less than \$50,000
- ₆ \$50,000 or more

We would like to send you \$25 in appreciation for completing and returning the survey. Please write your mailing address below so that we can send you \$25. We will also reach out to you in a year for your second survey.

25.

What is your mailing address?

STREET

COMPLEX/BUILDING/APARTMENT NUMBER

CITY

STATE

ZIP CODE

26. What is the best telephone number to call to reach you?

| | | | | | | | | | | | | |
|---|--|--|---|--|--|--|--|---|--|--|--|--|
| (| | |) | | | | | - | | | | |
|---|--|--|---|--|--|--|--|---|--|--|--|--|

AREA CODE

NUMBER

27. Is this number a ...

MARK ONE ONLY

₁ Cell phone

₂ Landline

₃ Work/office

28. What is another telephone number to call to reach you?

| | | | | | | | | | | | | |
|---|--|--|---|--|--|--|--|---|--|--|--|--|
| (| | |) | | | | | - | | | | |
|---|--|--|---|--|--|--|--|---|--|--|--|--|

AREA CODE

NUMBER

29. Is this number a ...

MARK ONE ONLY

₁ Cell phone

₂ Landline

₃ Work/office

30. When we contact you for the next survey in about a year, may we send you a text message on your cell phone? Depending on your service plan, standard text message rates may apply.

₁ Yes

₀ No

30a. What is the best e-mail address where we may send you study-related information? Study information may include sending an email to verify your address and telephone number, an invitation to complete a survey, or a reminder about the survey.

EMAIL ADDRESS

To help us to get back in touch with you in a year for your second survey, please provide the name, address and telephone number of two people who will always know how to reach you. This information will be kept private and will only be used if we are unable to reach you.

FIRST PERSON

31. Please provide the name of someone who lives with you and will always know how to contact you. If you live alone, please provide the name of someone who will always know how to contact you.

FIRST NAME

LAST NAME

32. What is this person’s street address if he/she does not live with you?

STREET

COMPLEX/BUILDING/APARTMENT NUMBER

CITY

STATE

ZIP CODE

33. What is the best telephone number to reach this person?

| | | | | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|--|---|--|--|--|--|--|
| (| | | |) | | | | | - | | | | | |
|---|--|--|--|---|--|--|--|--|---|--|--|--|--|--|

AREA CODE

NUMBER

34. Is this number a ...
MARK ONE ONLY

- ₁ Cell phone
- ₂ Landline
- ₃ Work/office

35. What is this person’s relationship to you?
MARK ONE ONLY

- ₁ Spouse/Partner
- ₂ Parent
- ₃ Legal guardian
- ₄ Friend
- ₅ Other relative or some other relationship - *specify* ↴

SECOND PERSON

36. Please provide the name of someone who does not live with you and will always know how to contact you.

FIRST NAME

LAST NAME

37. What is this person’s street address?

| | |
|-----------------------------------|----------|
| STREET | |
| COMPLEX/BUILDING/APARTMENT NUMBER | |
| CITY | |
| STATE | ZIP CODE |

38. What is the best telephone number to reach this person?

| | | | | | | | | | | |
|-----------|--|--|---|--|--|--------|---|--|--|--|
| (| | |) | | | | - | | | |
| AREA CODE | | | | | | NUMBER | | | | |

39. Is this number a ...
MARK ONE ONLY

- ₁ Cell phone
- ₂ Landline
- ₃ Work/office

40. What is this person’s relationship to you?
MARK ONE ONLY

- ₁ Spouse/Partner
- ₂ Parent
- ₃ Legal guardian
- ₄ Friend
- ₅ Other relative or some other relationship - *specify* ↴

| |
|--|
| |
|--|

Thank you for completing this survey!

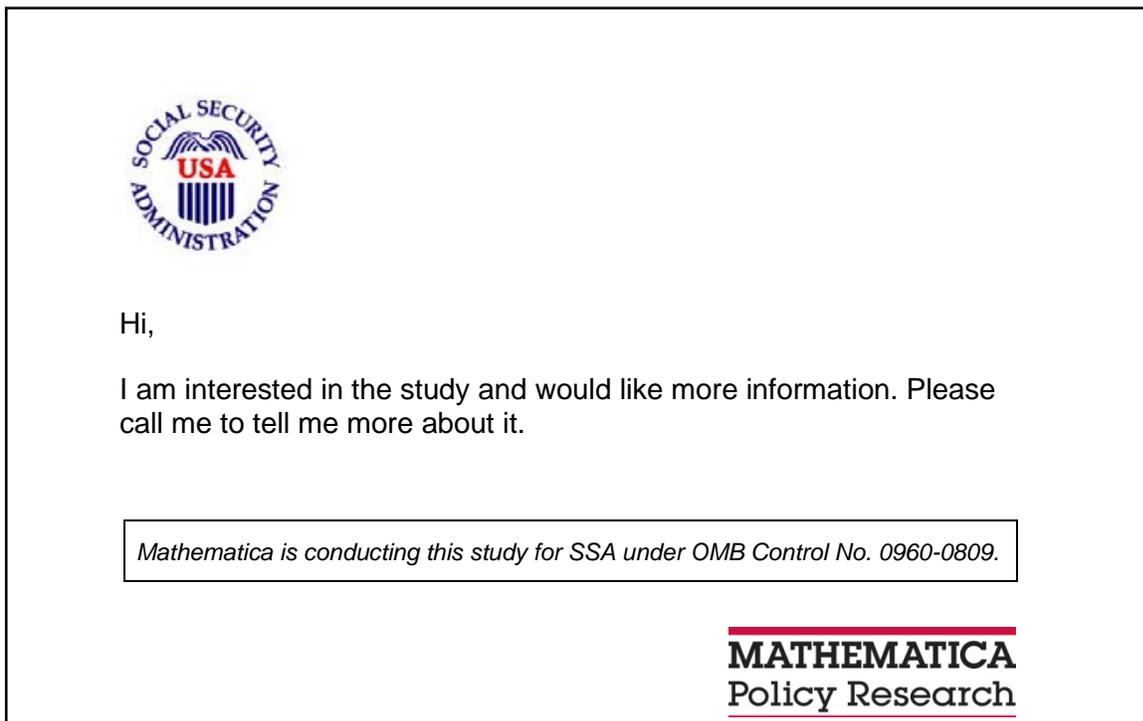
Please return the completed survey and last two pages of the consent form (checkboxes and signature pages) in the self-addressed, postage-paid envelope provided or mail to:

**POD Survey Team
Mathematica Policy Research
P.O. Box 2393
Princeton, NJ 08543**

3. SUPPLEMENTAL COMPONENTS OF THE RECRUITMENT PACKET TESTED DURING THE PILOT PERIOD

a. Mail-back postcards to signal interest

The evaluation team piloted mail-back postcards to signal interest in January and February 2018. Based on an overlapping random assignment approach, the evaluation team included postcards in the enrollment packets of about half of those solicited in the pilot period. Based on the results of that experiment, the mail-back postcards were not adopted into the core outreach strategy.



b. Illustrative benefit scenarios

The evaluation team piloted illustrative benefit scenarios in January and February 2018. Based on an overlapping random assignment approach, the evaluation team included illustrative benefit scenarios in the enrollment packets of about half of those solicited in the pilot period. Based on the results of that experiment, the illustrative benefit scenarios were not adopted into the core outreach strategy, though were implemented widely in the March primary mailings.

How does POD work in real life?



Maria, who is not blind, works as a receptionist in a medical clinic. She drives a vehicle modified to accommodate her disability. SSA has approved impairment-related work expenses (IRWEs) for her mileage to and from work in the modified vehicle. Explore how Maria's income would change if she signed up for POD.

PART 1. Maria's current work and impairment-related work expenses

Maria earns \$12 per hour and works 32 hours a week. Her monthly earnings (\$1,663) are higher than the Substantial Gainful Activity level (\$1,180 for 2018). But SSA also considers her IRWEs (\$300) when determining her monthly benefits. Maria's monthly SSDI benefit is \$1,300. The table below shows Maria's income under current SSA rules and the new POD rules.

Current rules: Maria's monthly income will change depending on whether she has completed her Trial Work Period (TWP). If Maria earns \$1,663, her monthly income in the TWP will be **\$2,963**. After the TWP, her income will be **\$1,663**.

POD rules: Maria's monthly income will be **\$2,556** if she earns \$1,663.

Maria should consider her TWP status, future earnings, and IRWEs before enrolling in POD. Maria could potentially benefit from POD if she expects to regularly earn more than \$1,180 per month with no changes to her IRWEs.

| | SSA current rules (in the TWP) | | SSA current rules (TWP complete) | | New POD rules (always the same rules) | |
|---|-----------------------------------|---|-------------------------------------|--|--|---|
| Monthly gross earnings | \$1,663 | \$12 (earnings per hour) * 32 (hours worked per week) * 4.33 (number of weeks in a month) = \$1,663 | \$1,663 | \$12 (earnings per hour) * 32 (hours worked per week) * 4.33 (number of weeks in a month) = \$1,663 | \$1,663 | \$12 (earnings per hour) * 32 (hours worked per week) * 4.33 (number of weeks in a month) = \$1,663 |
| Monthly SSDI benefit after adjustment based on earnings | + \$1,300 | If Maria is still in her nine-month TWP, she will receive her full SSDI benefit amount this month. IRWEs do not count during the TWP. | + \$0 | After subtracting her monthly IRWEs from her monthly earnings, Maria's countable earnings (\$1,363) are more than the monthly non-blind Substantial Gainful Activity amount of \$1,180. She will not receive her SSDI benefit this month. \$1,663 (monthly gross earnings) - \$300 (IRWEs) = \$1,363 (countable earnings) | + \$893 | Maria's IRWEs are less than the POD threshold amount of \$850. Therefore, they are not counted under the new POD rules. If Maria enrolls in POD, her SSDI benefit will be reduced by \$1 for every \$2 she earns over \$850. \$1,663 (monthly earnings) - \$850 (POD threshold amount) = \$813 (earnings used to calculate POD offset) \$813 (earnings used to calculate POD offset) / 2 (apply the \$1 for \$2 offset) = \$407 (POD offset) \$1,300 (full SSDI benefit) - \$407 (POD offset) = \$893 |
| Monthly income | = \$2,963 | | = \$1,663 | | = \$2,556 | |

PART 2: Maria’s impairment-related work expenses (IRWEs) increase

Maria moves to a new house far away from her job. SSA approves higher IRWEs for mileage to and from work (\$900). Maria’s monthly earnings (\$1,663) and her monthly SSDI benefit (\$1,300) remain the same.

The table below shows how Maria’s higher income-related work expenses (IRWEs) would change her income under current SSA rules and the new POD rules.

Current rules: Maria’s monthly income does not change based on her Trial Work Period (TWP) status because her IRWEs reduce her countable earnings below the Substantial Gainful Activity level (\$1,180 for 2018). Maria’s monthly income will be **\$2,963** if she earns \$1,663 and her IRWEs are \$900.

POD rules: Maria’s monthly income will be **\$2,581** if she earns \$1,663.

Maria should consider her TWP status, future earnings, and IRWEs before enrolling in POD. Maria could only benefit from POD if she expects to regularly earn more than \$1,180 per month and she thinks her IRWEs will decrease. Remember that IRWEs only affect the benefit offset adjustment if they are higher than the POD threshold. If your IRWEs are higher than the SGA amount (\$1,180 per month), the SSA only counts the first \$1,180 of your monthly IRWEs expenses when calculating the benefit offset under POD.

| | SSA current rules (in the TWP) | | SSA current rules (TWP complete) | | New POD rules (always the same rules) | |
|---|-----------------------------------|---|-------------------------------------|---|--|---|
| Monthly gross earnings | \$1,663 | \$12 (earnings per hour) * 32 (hours worked per week) * 4.33 (number of weeks in a month) = \$1,663 | \$1,663 | \$12 (earnings per hour) * 32 (hours worked per week) * 4.33 (number of weeks in a month) = \$1,663 | \$1,663 | \$12 (earnings per hour) * 32 (hours worked per week) * 4.33 (number of weeks in a month) = \$1,663 |
| Monthly SSDI benefit after adjustment based on earnings | + \$1,300 | If Maria is still in her nine-month TWP, she will receive her full SSDI benefit amount this month. IRWEs do not count during the TWP. | + \$1,300 | After subtracting her monthly IRWEs from her monthly earnings, Maria’s countable earnings (\$763) are less than the monthly non-blind Substantial Gainful Activity amount of \$1,180. She will receive her full SSDI benefit this month. \$1,663 (monthly gross earnings) - \$900 (IRWEs) = \$763 (countable earnings) | + \$918 | Maria’s IRWEs of \$900/month are greater than the POD threshold amount of \$850. Maria earns more than her IRWEs, so her SSDI benefit is reduced by \$1 for every \$2 she earns over her IRWEs if she enrolls in POD. \$1,663 (monthly earnings) - \$900 (POD threshold amount) = \$763 (earnings used to calculate POD offset) \$763 (earnings used to calculate POD offset) / 2 (apply the \$1 for \$2 offset) = \$382 (POD offset) \$1,300 (full SSDI benefit) - \$382 (POD offset) = \$918 |
| Monthly income | = \$2,963 | | = \$2,963 | | = \$2,581 | |

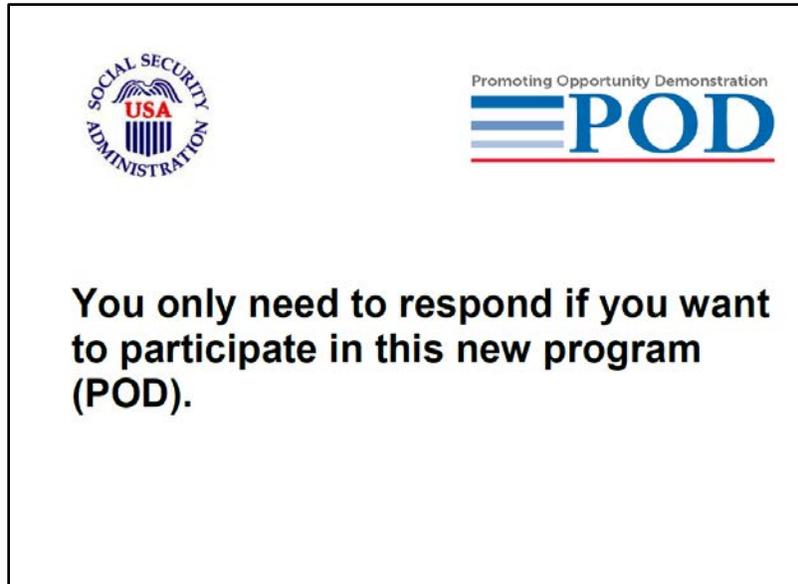
POD rules do not change based on earnings. SSA’s current rules change based on how much you earn and where you are in your Trial Work Period (TWP). If you have questions, SSA encourages you to call the POD call center at 1-888-771-9188 before enrolling in POD.

To see more scenarios of how the new POD rules affect SSDI beneficiaries and create your own scenario with our online calculator tool, visit www.podssa.org.



c. Card indicating voluntary nature of POD

The evaluation team piloted the card indicating the voluntary nature of POD in February 2018 and included it as a part of the core outreach strategy starting in March 2018.



4. FOLLOW-UP REMINDERS

a. First reminder postcard

The evaluation team piloted the reminder postcard in January and February 2018 and included it as a part of the core outreach strategy starting in March 2018. In October 2018, these reminder postcards were replaced with a final reminder postcard. The team targeted this postcard to be delivered two weeks after the enrollment packet.



The **U.S. Social Security Administration (SSA)** is sponsoring an important study. Mathematica Policy Research, an independent research company, is conducting the study for SSA.

We recently mailed you a packet of information about the study. If you have completed and returned the materials, thank you! If you haven't, please consider doing so today.

Please call 1-888-771-9188 if you have questions or would like assistance in completing the materials.

Mathematica is conducting this study for SSA under OMB Control No. 0960-0809.

b. Informational letters for those with high enrollment rates

The evaluation team sent the informational letter to beneficiaries included in the July to October primary mailings who had a recent history of TWP earnings based on their high enrollment rate to that point. For the July to September groups, the team excluded beneficiaries with an invalid address or who had already responded. The team sent the letters between 5 and 14 weeks after the primary mailing.

| | |
|---|--|
| <p>Promoting Opportunity Demonstration</p>  | |
| <p>Date</p> | |
| <p>NAME</p> | |
| <p>ADDRESS</p> | |
| <p>CITY, STATE ZIP</p> | |
| <p>Dear <NAME>,</p> | |
| <p>The Social Security Administration is conducting the Promoting Opportunity Demonstration (POD) with the help of Mathematica Policy Research. POD is a new option for some people who receive Social Security Disability Insurance. POD may offer the chance to keep more of your monthly benefits if you return to work or earn more. We recently mailed you a package with more information about POD. This package included a short survey and consent form.</p> | |
| <p>Time is running out to sign up for POD. If you are interested:</p> | |
| <ul style="list-style-type: none"> • Act now and enroll today! Fill out the survey and consent form, and send them back to Mathematica Policy Research. • Or, please call 1-888-771-9188 to ask for another information package. | |
| <p>POD is likely to help people who regularly earn more than \$1,200 a month for longer than a year. But, POD might not help everyone. It is your choice to sign up for POD. To find out if POD is right for you, check out the details at www.PODSSA.org.</p> | |
| <p>Sincerely,</p> | |
| <p>The POD Team at Mathematica</p> | |
|  | <p><i>Information collected about POD meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. Mathematica is collecting this information for SSA under Office of Management and Budget control number 0960-0809.</i></p> |

c. Final reminder postcard

The evaluation team sent the final reminder postcards to beneficiaries included in the July to October primary mailings who did not have a recent history of TWP earnings. For the July to September groups, the team randomly assigned beneficiaries to one of the four versions and excluded beneficiaries with an invalid address or who had already responded. For the October group, the team only sent the fold-over structure with more urgent framing. The team sent the postcard between 5 and 14 weeks after the primary mailing.

i. **Fold-over structure, more urgent (“act now”)**

Promoting Opportunity Demonstration



Time is running out to sign up for the Promoting Opportunity Demonstration (POD). POD may offer the chance to keep more Social Security Disability cash benefits while working.

We recently mailed you a package with more information and enrollment forms. **Act now and enroll today!**

To sign up, please fill out and return the enrollment forms we sent you. If you need another copy, please call 1-888-771-9188.

It is your choice to enroll. To find out if POD is right for you, check out the details at www.PODSSA.org.

ii. **Fold-over structure, less urgent (“time left”)**

Promoting Opportunity Demonstration



There is still time to sign up for the Promoting Opportunity Demonstration (POD). POD may offer the chance to keep more Social Security Disability cash benefits while working.

We recently mailed you a package with more information and enrollment forms. **Enrollment ends December 31, 2018.**

To sign up, please fill out and return the enrollment forms we sent you. If you need another copy, please call 1-888-771-9188.

It is your choice to sign up for POD. To find out if POD is right for you, check out the details at www.PODSSA.org.

iii. Open card structure, more urgent (“act now”)

The U.S. Social Security Administration (SSA) is working with Mathematica Policy Research on an important study. We recently mailed you a package with more information and enrollment forms.

Time is running out to sign up for this study. Act now and enroll today!

To sign up, please fill out and return the enrollment forms we sent you. If you need another copy, please call 1-888-771-9188.

You only need to respond if you want to sign up for this study.

iv. Open card structure, less urgent (“time left”)

The U.S. Social Security Administration (SSA) is working with Mathematica Policy Research on an important study. We recently mailed you a package with more information and enrollment forms.

There is still time to sign up for this study! **Enrollment ends December 31, 2018.**

To sign up, please fill out and return the enrollment forms we sent you. If you need another copy, please call 1-888-771-9188.

You only need to respond if you want to sign up for this study.

APPENDIX D: TABLES OF RESULTS FROM QUANTITATIVE ANALYSES

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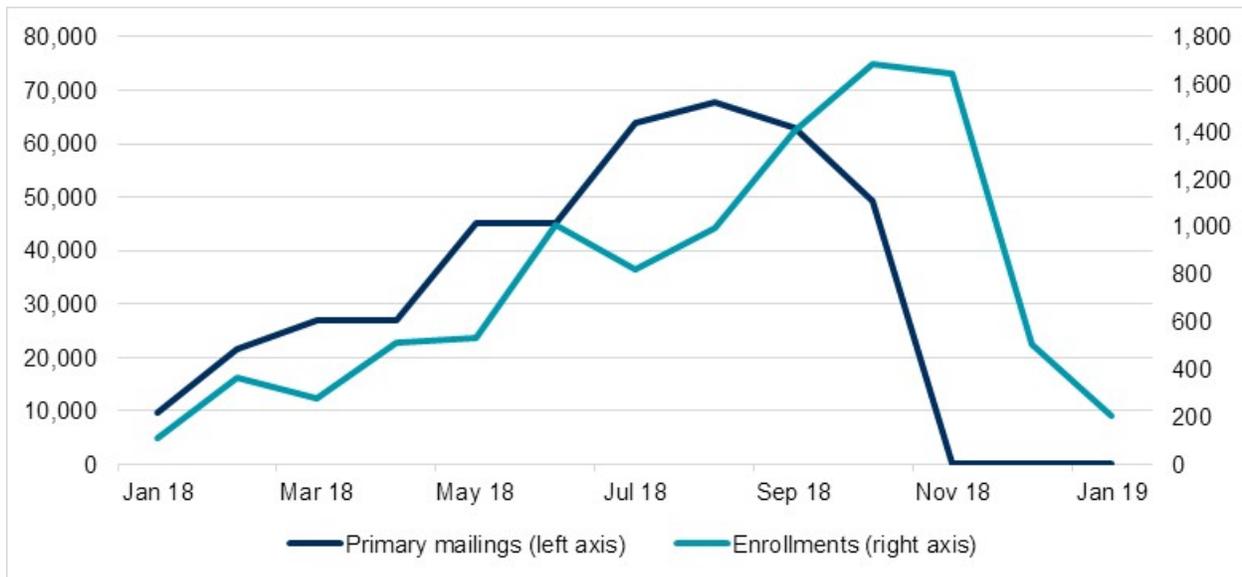
Exhibit D.1. Contextual characteristics and enrollment outcomes by POD state

| State | Labor market indicators | | | | Employment services environment | | | Enrollment outcomes | |
|-----------------|-----------------------------|--|---|---|---|---------------------------------------|--|---------------------|-----------------|
| | Unemployment rate, May 2018 | Employment rate among people with disabilities in 2017 | Percentage of working-age population receiving SSDI in 2017 | Median earnings for those with a disability as a percentage of those without a disability, 2017 | VR operating under order of selection in May 2018 | Reported delays in accessing services | Percentage of Tickets in use in May 2018 | Number of mailings | Enrollment rate |
| Alabama | 3.9 | 26.8 | 8.2 | 70% | N | Y | 1.5 | 69,925 | 1.8% |
| California | 4.2 | 36.4 | 2.9 | 71% | Y | N | 2.0 | 100,640 | 2.4% |
| Connecticut | 4.5 | 40.2 | 4.0 | 64% | N | Y | 2.0 | 38,777 | 2.6% |
| Maryland | 4.3 | 42.3 | 3.7 | 70% | Y | N | 5.2 | 40,708 | 2.9% |
| Michigan | 4.6 | 33.8 | 6.1 | 67% | N | N | 1.4 | 22,361 | 2.6% |
| Nebraska | 2.8 | 49.3 | 4.0 | 67% | Y | N | 2.4 | 12,104 | 3.1% |
| Texas | 4.1 | 39.9 | 3.5 | 72% | N | Y | 2.5 | 128,315 | 2.3% |
| Vermont | 2.8 | 47.2 | 6.2 | 64% | N | N | 12.1 | 6,651 | 3.2% |
| National | 3.8 | 37.0 | 4.6 | 66% | n.a. | n.a. | 2.5 | 419,481 | 2.4% |

Source: Questionnaires completed by POD supervisors in spring 2018; SSA, Annual Statistical Report on the Social Security Disability Insurance Program, 2017; Bureau of Labor Statistics, Local Area Unemployment Statistics, 2018; 2018 Annual Disability Statistics Compendium; MIS data.

n.a. = not applicable.

Exhibit D.2. POD monthly primary mailings and enrollments



Source: Authors' calculations using MIS data.

Note: From January to April 2018, all primary mailings were sent in one batch near the beginning of each month. Starting in May 2018, primary mailings were sent in four weekly batches per month.

Exhibit D.3. Time from primary mailing to POD enrollment

| Number of days | Number enrolled | Percentage of enrollees |
|----------------|-----------------|-------------------------|
| 15 | 91 | 1% |
| 30 | 2,973 | 30% |
| 45 | 6,273 | 62% |
| 60 | 7,876 | 78% |
| 75 | 8,619 | 86% |
| 90 | 9,164 | 91% |
| 105 | 9,456 | 94% |
| 120 | 9,663 | 96% |
| 135 | 9,803 | 97% |
| 150 | 9,896 | 98% |
| 165 | 9,957 | 99% |
| 180 | 9,990 | 99% |
| 360 | 10,070 | 100% |

Source: Authors' calculations using MIS data.

Note: The average time from the primary mailing to POD enrollment was 48.7 days and the median was 40 days.

Exhibit D.4. Minimum detectable impacts for the POD evaluation

| Group/subgroup | Annual earnings > 12 times the monthly SGA amount (SSA program data) | Searching for work at time of first survey (interim survey, 50% sample) | Searching for work at time of second survey (final survey, 100% sample) |
|--|--|---|---|
| MDIs for pairwise comparison of two study groups (percentage points) | | | |
| All beneficiaries | 1.9 | 3.0 | 2.1 |
| 66 percent subgroup | 2.3 | 3.7 | 2.6 |
| 50 percent subgroup | 2.7 | 4.2 | 3.0 |
| 33 percent subgroup | 3.3 | 5.2 | 3.7 |
| Beneficiaries in Texas | 3.5 | 5.5 | 3.9 |
| Beneficiaries in Connecticut | 6.0 | 9.4 | 6.7 |
| Beneficiaries in Vermont | 13.0 | 20.6 | 14.6 |
| MDIs for comparison of both treatment groups combined vs. control group (percentage points) | | | |
| All beneficiaries | 1.6 | 2.6 | 1.8 |
| 66 percent subgroup | 2.0 | 3.2 | 2.3 |
| 50 percent subgroup | 2.3 | 3.7 | 2.6 |
| 33 percent subgroup | 2.8 | 4.5 | 3.2 |
| Beneficiaries in Texas | 3.0 | 4.8 | 3.4 |
| Beneficiaries in Connecticut | 5.2 | 8.2 | 5.8 |
| Beneficiaries in Vermont | 11.3 | 17.8 | 12.6 |
| Key assumptions | | | |
| Assumed outcome prevalence in the control group (percent) | 15.0 | 15.0 | 15.0 |
| Total sample size | 10,070 | 4,028 | 8,056 |

Note: This exhibit updates the minimum detectable impacts (MDIs) presented in the Evaluation Design Report (Wittenburg et al. 2018), which includes a rationale for our assumptions about the control group’s outcomes. Additional assumptions for POD MDIs: (1) To illustrate the MDIs, we use a basis of 10,070 enrolled beneficiaries; (2) Texas is used as an example of a large state (2,977 enrollees), Connecticut is used as an example of a medium state (1,013 enrollees), and Vermont is used as an example of a small state (212 enrollees); (3) we require at least an 80 percent chance of correctly identifying true impacts as statistically significant using two-tailed statistical tests with a 5 percent significance level; (4) we will estimate impacts using regression models that include baseline covariates explaining 40 percent of the variation in employment outcomes (that is, has an R-square of 0.40); and (5) analysis weights or adjustments for heteroscedasticity will not substantially alter variance estimates. Further assumptions for the surveys are that (1) we will field the first survey to half of POD enrollees, (2) we will field the second survey to all enrollees, and (3) approximately 80 percent of potential respondents will complete surveys sent to them.

Exhibit D.5. Response rates for POD mailings

| State | Responded | Returned undeliverable | No response |
|----------------|-------------|------------------------|--------------|
| Alabama | 5.6% | 7.8% | 86.6% |
| California | 5.9% | 6.9% | 87.3% |
| Connecticut | 6.5% | 8.0% | 85.5% |
| Maryland | 6.5% | 7.4% | 86.1% |
| Michigan | 6.2% | 8.1% | 85.7% |
| Nebraska | 6.9% | 11.4% | 81.7% |
| Texas | 5.7% | 8.4% | 85.9% |
| Vermont | 6.3% | 10.1% | 83.6% |
| Overall | 5.9% | 7.9% | 86.2% |

Source: Authors' calculations using MIS data.

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

[\[Return to Exhibit III.2\]](#)

Exhibit D.6. POD enrollment outcomes for responders

| State | Enrolled | Failed intake screener | Withheld consent | Missing key information |
|----------------|---------------|------------------------|------------------|-------------------------|
| Alabama | 1,276 | 556 | 1,935 | 159 |
| California | 2,432 | 764 | 2,406 | 290 |
| Connecticut | 1,013 | 342 | 1,026 | 147 |
| Maryland | 1,199 | 310 | 996 | 140 |
| Michigan | 591 | 164 | 558 | 69 |
| Nebraska | 370 | 110 | 320 | 41 |
| Texas | 2,977 | 904 | 3,050 | 346 |
| Vermont | 212 | 32 | 155 | 20 |
| Overall | 10,070 | 3,182 | 10,446 | 1,212 |

Source: Authors' calculations using MIS data.

Note: We categorized eligible beneficiaries who responded as (1) having enrolled if they passed the intake screener and consented to be in the demonstration, (2) having failed the intake screener if they incorrectly answered one of the screening questions on the baseline survey, (3) having withheld consent if they explicitly indicated on the consent form that they did not agree to enroll in POD, and (4) having missing key information if they left either the consent form or intake screening questions incomplete and did not respond to follow-up efforts from the evaluation team.

[\[Return to Exhibit III.2\]](#)

Exhibit D.7. Estimates for tests of supplemental outreach strategies conducted as part of POD recruitment

| Supplemental outreach strategy | Base enrollment rate | Estimated impact | Percentage change | p-value |
|--|----------------------|------------------|-------------------|---------|
| Pilot period (N = 21,499) | | | | |
| Reminder postcards | 1.7 | 0.9 | 55 | 0.025 |
| Reminder telephone calls | 1.7 | 0.7 | 44 | 0.067 |
| Illustrative benefit scenarios | 1.7 | 0.3 | 19 | 0.411 |
| Mail-back postcards to signal interest | 1.7 | -0.2 | -14 | 0.286 |
| Preliminary notification postcards (N = 44,239) | | | | |
| | 2.1 | 0.3 | 12 | 0.066 |
| Informational letters for those with high enrollment rates (N = 18,352) | | | | |
| | 4.0 | 1.0 | 24 | 0.000 |
| Final reminder postcards (N = 146,548) | | | | |
| Open card design | 1.8 | 0.2 | 18 | 0.000 |
| Fold-over design | 1.8 | 0.3 | 11 | 0.000 |

Source: Authors' calculations using SSA program records and the MIS.

Note: The base enrollment rate is calculated for beneficiaries who were not targeted to receive the given supplemental outreach strategy. For the four strategies tested during the pilot period, we calculated the base rate among beneficiaries assigned to none of those strategies. For the preliminary notification postcard, we calculated the base rate among beneficiaries assigned to weekly primary mailings in May that were not preceded by the notification postcard. For informational letters for those with high enrollment rates, the base rate is the enrollment rate for all beneficiaries with a recent history of TWP earnings (the characteristic associated with high enrollment rates) in the July to September primary mailings minus the estimated impact. For both types of final reminder postcards, the base rate is the enrollment rate for all beneficiaries without a recent history of TWP earnings in the July to September primary mailings minus the average estimated impact across postcard types. Exhibit III.3 contains more information about when these tests took place. Estimated impacts and p-values are based on the regression models described in Appendix B.

[\[Return to Exhibit III.4\]](#)

Exhibit D.8. Characteristics of POD enrollees compared with non-volunteers

| Variable | Sample mean | | Difference | |
|------------------------------------|---------------|----------------|------------------------------|---------|
| | POD enrollees | Non-volunteers | Enrollees vs. non-volunteers | p-value |
| Number of beneficiaries | 10,070 | 409,344 | | |
| Demographics and disability | | | | |
| Female | 55.0 | 49.5 | 5.5 | 0.000 |
| Age group | | | | |
| 20 to 29 years | 4.9 | 3.9 | 1.0 | 0.000 |
| 30 to 39 years | 17.6 | 14.9 | 2.6 | |
| 40 to 44 years | 12.0 | 11.4 | 0.6 | |
| 45 to 49 years | 17.7 | 18.0 | -0.3 | |
| 50 to 54 years | 28.2 | 30.2 | -2.0 | |
| 55 to 59 years | 19.6 | 21.4 | -1.9 | |
| Mean age (years) | 46.5 | 47.3 | -0.8 | 0.000 |
| Primary diagnosis | | | | |
| Neoplasms | 2.9 | 3.3 | -0.5 | 0.000 |
| Mental disorders | 38.4 | 33.1 | 5.3 | |
| Intellectual disabilities | 2.6 | 3.7 | -1.1 | |
| Back or other musculoskeletal | 20.2 | 24.5 | -4.2 | |
| Nervous system disorders | 6.3 | 7.4 | -1.1 | |
| Circulatory system disorders | 5.8 | 6.5 | -0.7 | |
| Genitourinary system disorders | 4.2 | 3.2 | 1.0 | |
| Injuries | 3.8 | 4.1 | -0.3 | |
| Respiratory | 1.7 | 1.7 | 0.0 | |
| Several visual impairments | 2.3 | 2.7 | -0.3 | |
| Digestive system | 1.5 | 1.8 | -0.3 | |
| Other impairments | 10.3 | 8.2 | 2.1 | |
| Program characteristics | | | | |
| Duration category | | | | |
| Less than two years | 14.2 | 14.5 | -0.3 | 0.016 |
| Two to less than four years | 13.8 | 14.9 | -1.1 | |
| Four to less than six years | 14.6 | 14.8 | -0.1 | |
| Six to less than eight years | 13.6 | 13.5 | 0.1 | |
| Eight to less than 10 years | 11.0 | 10.4 | 0.5 | |
| Ten to less than 12 years | 7.2 | 6.7 | 0.4 | |
| Twelve or more years | 25.6 | 25.1 | 0.5 | |
| Mean SSDI duration (months) | 103.9 | 102.1 | 1.8 | 0.031 |
| Monthly SSDI benefits (\$) | 1,035 | 1,129 | -94 | 0.000 |
| Has representative payee | 6.9 | 12.9 | -6.0 | 0.000 |
| Concurrent SSI receipt | 18.2 | 14.6 | 3.6 | 0.000 |

EXHIBIT D.8 (Continued)

| Variable | Sample mean | | Difference | |
|--|---------------|----------------|------------------------------|---------|
| | POD enrollees | Non-volunteers | Enrollees vs. non-volunteers | p-value |
| Employment history | | | | |
| Completed TWP | 16.5 | 8.9 | 7.6 | 0.000 |
| Recent history of TWP-level earnings | 19.2 | 7.9 | 11.2 | 0.000 |
| Recent history of SGA-level earnings | 14.9 | 5.9 | 9.0 | 0.000 |
| No recent history of SGA-level earnings | 4.3 | 2.0 | 2.2 | 0.000 |
| Had a Ticket assigned in last four years | 12.5 | 4.4 | 8.1 | 0.000 |

Source: Authors' calculations using SSA program records and the MIS.

Note: Unless otherwise noted, all table entries are percentages (means) or percentage points (differences). Data are complete for every characteristic; there are no missing values. All numbers in the table have been rounded; consequently, (1) reported percentages might not sum across categories to exactly 100 and (2) reported differences in group means might not exactly equal the reported POD enrollee mean minus the reported mean for non-volunteers. We assessed differences between groups using regression models that accounted for the site-level sampling design, as discussed in Appendix B. The table reports unadjusted means for POD enrollees, regression-adjusted means for non-volunteers, and differences between the two. The p-values in the final column are based on regression standard errors that are robust to heteroscedasticity.

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Exhibit D.9. Demographics and disability characteristics of POD treatment and control group members

| Variable | Average for study group | | | Standardized differences | | | p-value |
|--------------------------------|-------------------------|--------------|--------------|--------------------------|----------|-----------|---------|
| | T1 | T2 | C | T1 vs. C | T2 vs. C | T1 vs. T2 | |
| Number of beneficiaries | 3,343 | 3,357 | 3,370 | | | | |
| Female | 56.0 | 54.4 | 54.5 | 0.031 | -0.001 | 0.032 | 0.329 |
| Age group | | | | | | | |
| 20 to 29 years | 3.8 | 4.3 | 3.9 | -0.005 | 0.017 | -0.022 | 0.822 |
| 30 to 39 years | 17.0 | 16.2 | 16.4 | 0.014 | -0.005 | 0.019 | |
| 40 to 44 years | 10.8 | 11.4 | 11.4 | -0.018 | 0.001 | -0.019 | |
| 45 to 49 years | 17.3 | 16.2 | 17.5 | -0.004 | -0.033 | 0.028 | |
| 50 to 54 years | 25.6 | 25.3 | 25.9 | -0.006 | -0.013 | 0.006 | |
| 55 to 59 years | 25.5 | 26.5 | 24.9 | 0.014 | 0.037 | -0.023 | |
| Mean age (years) | 47.4 | 47.4 | 47.4 | 0.003 | 0.008 | -0.004 | 0.951 |
| Primary diagnosis | | | | | | | |
| Neoplasms | 2.9 | 2.9 | 2.9 | -0.001 | -0.001 | 0.000 | 0.884 |
| Mental disorders | 38.2 | 37.7 | 39.0 | -0.017 | -0.029 | 0.013 | |
| Intellectual disabilities | 2.5 | 2.6 | 2.7 | -0.013 | -0.007 | -0.005 | |
| Back or musculoskeletal system | 20.3 | 19.9 | 20.4 | -0.005 | -0.013 | 0.009 | |
| Nervous system disorders | 6.3 | 6.6 | 6.1 | 0.012 | 0.021 | -0.009 | |
| Circulatory system disorders | 5.2 | 6.1 | 6.0 | -0.032 | 0.006 | -0.038 | |
| Genitourinary system disorders | 4.0 | 4.6 | 4.1 | -0.007 | 0.026 | -0.033 | |
| Injuries | 3.8 | 3.9 | 3.8 | 0.002 | 0.004 | -0.002 | |
| Respiratory | 2.0 | 1.5 | 1.7 | 0.025 | -0.013 | 0.037 | |
| Several visual impairments | 2.3 | 2.4 | 2.3 | 0.003 | 0.005 | -0.001 | |
| Digestive system | 1.3 | 1.6 | 1.5 | -0.022 | 0.001 | -0.023 | |
| Other impairments | 11.1 | 10.4 | 9.5 | 0.053 | 0.028 | 0.025 | |
| Preferred language is Spanish | 2.3 | 2.5 | 3.1 | -0.049 | -0.036 | -0.012 | 0.130 |
| Race/ethnicity | | | | | | | |
| Hispanic or Latino | 16.1 | 17.1 | 18.6 | -0.070 | -0.042 | -0.028 | 0.119 |
| Black, not Hispanic | 35.2 | 34.9 | 34.6 | 0.014 | 0.008 | 0.007 | |
| White, not Hispanic | 40.9 | 39.6 | 38.6 | 0.048 | 0.021 | 0.026 | |

EXHIBIT D.9 (Continued)

| Variable | Average for study group | | | Standardized differences | | | p-value |
|---|-------------------------|------|------|--------------------------|----------|-----------|---------|
| | T1 | T2 | C | T1 vs. C | T2 vs. C | T1 vs. T2 | |
| Other or multiple races, not Hispanic | 7.8 | 8.4 | 8.2 | -0.014 | 0.006 | -0.020 | |
| Living with a spouse/partner | 28.3 | 29.0 | 28.1 | 0.005 | 0.020 | -0.015 | 0.702 |
| Living independently | 93.2 | 92.9 | 93.3 | -0.001 | -0.016 | 0.015 | 0.763 |
| Education | | | | | | | |
| 8th grade or less | 2.0 | 2.5 | 2.5 | -0.030 | 0.001 | -0.030 | 0.312 |
| 9th-11th grade | 8.3 | 8.4 | 9.3 | -0.037 | -0.034 | -0.003 | |
| High school diploma or GED | 47.7 | 47.7 | 47.8 | -0.001 | -0.001 | -0.000 | |
| Some college but no degree | 7.3 | 7.1 | 7.4 | -0.004 | -0.012 | 0.008 | |
| 2-year college degree or vocational diploma | 17.0 | 15.3 | 15.6 | 0.038 | -0.010 | 0.048 | |
| Completed bachelor's degree or higher | 15.3 | 17.1 | 15.5 | -0.006 | 0.042 | -0.048 | |
| Other | 2.3 | 2.0 | 1.9 | 0.032 | 0.008 | 0.024 | |

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

Note: Unless otherwise noted, all table entries are percentages (means) or effect sizes (standardized differences). Summary statistics and estimates for each characteristic derived from the baseline survey are based on enrollees who answered the corresponding question(s) on the survey; summary statistics and estimates for characteristics derived from SSA program records are based on all enrollees. All numbers in the table have been rounded; consequently, reported percentages might not sum across categories to exactly 100. We assessed differences between groups using regression models that, as explained in Appendix B, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments. Each regression pools together data from the T1, T2, and C study groups, and standardized differences between groups are scaled by the root mean square error of the regression. The numbers in the table are based on unadjusted means for C group members and regression-adjusted means for T1 and T2 group members. The p-values in the final column of the table are for joint tests of the differences between all three groups, and they are based on regression standard errors that are robust to heteroscedasticity.

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Exhibit D.10. Program characteristics of POD treatment and control group members

| Variable | Average for study group | | | Standardized differences | | | p-value |
|--------------------------------|-------------------------|--------------|--------------|--------------------------|----------|-----------|---------|
| | T1 | T2 | C | T1 vs. C | T2 vs. C | T1 vs. T2 | |
| Number of beneficiaries | 3,343 | 3,357 | 3,370 | | | | |
| Duration category | | | | | | | |
| Less than two years | 8.4 | 8.5 | 8.6 | -0.009 | -0.004 | -0.004 | 0.797 |
| Two to less than four years | 13.7 | 13.0 | 13.2 | 0.016 | -0.007 | 0.022 | |
| Four to less than six years | 15.5 | 14.6 | 14.2 | 0.037 | 0.013 | 0.024 | |
| Six to less than eight years | 13.9 | 14.5 | 14.9 | -0.027 | -0.010 | -0.017 | |
| Eight to less than 10 years | 13.0 | 12.7 | 12.2 | 0.023 | 0.014 | 0.009 | |
| Ten to less than 12 years | 7.5 | 8.6 | 8.3 | -0.031 | 0.010 | -0.041 | |
| Twelve or more years | 28.0 | 28.1 | 28.6 | -0.014 | -0.012 | -0.002 | |
| Mean SSDI duration (months) | 112.5 | 114.0 | 115.5 | -0.039 | -0.019 | -0.020 | 0.284 |
| Monthly SSDI benefits (\$) | 1,038 | 1,033 | 1,033 | 0.012 | 0.002 | 0.010 | 0.872 |
| Has representative payee | 6.8 | 6.4 | 7.4 | -0.025 | -0.038 | 0.013 | 0.283 |
| Concurrent SSI receipt | 17.7 | 19.0 | 17.8 | -0.001 | 0.034 | -0.035 | 0.271 |

Source: Authors' calculations using SSA program records and the MIS.

Note: Unless otherwise noted, all table entries are percentages (means) or effect sizes (standardized differences). Data are complete for every characteristic; there are no missing values. All numbers in the table have been rounded; consequently, reported percentages might not sum across categories to exactly 100. We assessed differences between groups using regression models that, as explained in Appendix B, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments. Each regression pools together data from the T1, T2, and C study groups, and standardized differences between groups are scaled by the root mean square error of the regression. The numbers in the table are based on unadjusted means for C group members and regression-adjusted means for T1 and T2 group members. The p-values in the final column of the table are for joint tests of the differences between all three groups, and they are based on regression standard errors that are robust to heteroscedasticity.

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Exhibit D.11. Employment history of POD treatment and control group members

| Variable | Average for study group | | | Standardized differences | | | p-value |
|--|-------------------------|--------------|--------------|--------------------------|----------|-----------|---------|
| | T1 | T2 | C | T1 vs. C | T2 vs. C | T1 vs. T2 | |
| Number of beneficiaries | 3,343 | 3,357 | 3,370 | | | | |
| Completed TWP | 16.1 | 16.5 | 16.9 | -0.022 | -0.012 | -0.010 | 0.656 |
| Recent history of TWP-level earnings | 18.5 | 19.5 | 19.5 | -0.029 | -0.000 | -0.028 | 0.404 |
| Recent history of SGA-level earnings | 14.3 | 15.2 | 15.3 | -0.033 | -0.005 | -0.028 | 0.345 |
| No recent history of SGA-level earnings | 4.2 | 4.3 | 4.2 | 0.002 | 0.007 | -0.005 | 0.958 |
| Had a Ticket assigned in last four years | 12.4 | 13.2 | 12.0 | 0.013 | 0.036 | -0.023 | 0.331 |
| Work status at baseline | | | | | | | |
| Currently employed | 24.6 | 23.3 | 25.1 | -0.013 | -0.048 | 0.035 | 0.215 |
| Seeking work | 24.3 | 23.5 | 23.5 | 0.020 | -0.000 | 0.020 | |
| Neither employed nor seeking work | 51.1 | 53.2 | 51.4 | -0.008 | 0.039 | -0.046 | |
| Monthly earnings over \$1,000 | 12.9 | 13.2 | 13.0 | -0.003 | 0.004 | -0.008 | 0.954 |
| Expects to work in the next year ^a | 62.3 | 60.3 | 61.0 | 0.028 | -0.015 | 0.043 | 0.206 |
| Received job training, job coaching, or support services | 15.5 | 16.2 | 17.4 | -0.054 | -0.033 | -0.021 | 0.089 |
| Received services from a WIPA | 12.2 | 12.6 | 11.8 | 0.015 | 0.026 | -0.011 | 0.555 |
| Agrees with statement: | | | | | | | |
| Difficult to work because fear losing disability cash benefits | 59.3 | 56.2 | 57.4 | 0.038 | -0.026 | 0.064 | 0.033 |
| Difficult to work because fear losing insurance | 53.9 | 50.8 | 52.0 | 0.038 | -0.024 | 0.062 | 0.038 |
| Difficult to work because of a physical or mental condition | 89.7 | 89.3 | 88.2 | 0.051 | 0.036 | 0.015 | 0.107 |
| Difficult to work because of unreliable transportation | 35.5 | 34.3 | 33.6 | 0.039 | 0.015 | 0.024 | 0.266 |
| Difficult to work because caring for children | 15.6 | 15.9 | 16.4 | -0.022 | -0.013 | -0.009 | 0.669 |
| Difficult to work because finishing school or training | 8.5 | 7.7 | 8.3 | 0.007 | -0.024 | 0.031 | 0.404 |
| Difficult to work because don't have needed skills or training | 32.1 | 31.5 | 32.2 | -0.002 | -0.015 | 0.013 | 0.809 |

EXHIBIT D.11 (Continued)

| Variable | Average for study group | | | Standardized differences | | | p-value |
|--------------------------------------|-------------------------|------|------|--------------------------|----------|-----------|---------|
| | T1 | T2 | C | T1 vs. C | T2 vs. C | T1 vs. T2 | |
| Many workplaces are not accessible | 47.1 | 46.8 | 46.6 | 0.009 | 0.002 | 0.007 | 0.928 |
| Difficult to receive SSDI if working | 57.0 | 53.0 | 56.4 | 0.013 | -0.068 | 0.081 | 0.002 |

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

Note: Unless otherwise noted, all table entries are percentages (means) or effect sizes (standardized differences). Summary statistics and estimates for each characteristic derived from the baseline survey are based on enrollees who answered the corresponding question(s) on the survey; summary statistics and estimates for characteristics derived from SSA program records are based on all enrollees. All numbers in the table have been rounded; consequently, reported percentages might not sum across categories to exactly 100. We assessed differences between groups using regression models that, as explained in Appendix B, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments. Each regression pools together data from the T1, T2, and C study groups, and standardized differences between groups are scaled by the root mean square error of the regression. The numbers in the table are based on unadjusted means for C group members and regression-adjusted means for T1 and T2 group members. The p-values in the final column of the table are for joint tests of the differences between all three groups, and they are based on regression standard errors that are robust to heteroscedasticity.

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

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Exhibit D.12. Health characteristics and income of POD treatment and control group members

| Variable | Average for study group | | | Standardized differences | | | p-value |
|--------------------------------|-------------------------|--------------|--------------|--------------------------|----------|-----------|---------|
| | T1 | T2 | C | T1 vs. C | T2 vs. C | T1 vs. T2 | |
| Number of beneficiaries | 3,343 | 3,357 | 3,370 | | | | |
| Health status | | | | | | | |
| Excellent or very good | 9.2 | 9.5 | 10.2 | -0.034 | -0.025 | -0.009 | 0.412 |
| Good | 22.0 | 23.3 | 22.0 | 0.000 | 0.034 | -0.033 | |
| Fair | 44.9 | 44.6 | 43.8 | 0.022 | 0.016 | 0.007 | |
| Poor | 23.9 | 22.6 | 24.0 | -0.003 | -0.034 | 0.031 | |
| Has health insurance | 93.3 | 93.2 | 94.1 | -0.031 | -0.037 | 0.006 | 0.251 |
| Income category | | | | | | | |
| Less than \$10,000 | 30.9 | 32.4 | 32.8 | -0.039 | -0.009 | -0.031 | 0.043 |
| \$10,000 to less than \$20,000 | 37.8 | 35.7 | 33.8 | 0.082 | 0.039 | 0.043 | |
| \$20,000 to less than \$30,000 | 11.8 | 13.3 | 13.9 | -0.062 | -0.016 | -0.045 | |
| \$30,000 to less than \$50,000 | 10.5 | 10.0 | 10.5 | -0.000 | -0.017 | 0.017 | |
| \$50,000 or more | 9.0 | 8.6 | 9.0 | -0.002 | -0.014 | 0.012 | |

Source: Authors' calculations using the POD baseline survey and the MIS.

Note: Unless otherwise noted, all table entries are percentages (means) or effect sizes (standardized differences). Summary statistics and estimates for each characteristic are based on enrollees who answered the corresponding question(s) on the survey. All numbers in the table have been rounded; consequently, reported percentages might not sum across categories to exactly 100. We assessed differences between groups using regression models that, as explained in Appendix B, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments. Each regression pools together data from the T1, T2, and C study groups, and standardized differences between groups are scaled by the root mean square error of the regression. The numbers in the table are based on unadjusted means for C group members and regression-adjusted means for T1 and T2 group members. The p-values in the final column of the table are for joint tests of the differences between all three groups, and they are based on regression standard errors that are robust to heteroscedasticity.

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Exhibit D.13. Early withdrawal rates and characteristics of all treatment group members compared with remaining treatment group members

| Characteristic | Early withdrawal rate ^a | All enrollees in treatment groups vs. remaining treatment group members | | |
|------------------------------------|------------------------------------|---|--|-----------------------|
| | | Mean for all treatment group members | Mean for remaining treatment group members | p-value of difference |
| Number of beneficiaries | | 6,700 | 6,414 | |
| Demographics and disability | | | | |
| Female | 4.3 | 55.2 | 55.2 | 0.663 |
| Age group | | | | |
| 20 to 29 years | 4.8 | 4.0 | 4.0 | 0.377 |
| 30 to 39 years | 3.4 | 16.6 | 16.8 | |
| 40 to 44 years | 4.7 | 11.1 | 11.1 | |
| 45 to 49 years | 4.8 | 16.8 | 16.7 | |
| 50 to 54 years | 3.9 | 25.5 | 25.5 | |
| 55 to 59 years | 4.5 | 26.0 | 25.8 | |
| Mean age (years) | n.a. | 47.4 | 47.4 | 0.149 |
| Primary diagnosis | | | | |
| Neoplasms | 3.6 | 2.9 | 2.9 | 0.000 |
| Mental disorders | 5.2 | 38.0 | 37.6 | |
| Intellectual disabilities | 7.0 | 2.6 | 2.5 | |
| Back or musculoskeletal system | 3.4 | 20.1 | 20.3 | |
| Nervous system disorders | 2.1 | 6.4 | 6.6 | |
| Circulatory system disorders | 3.4 | 5.7 | 5.7 | |
| Genitourinary system disorders | 3.5 | 4.3 | 4.3 | |
| Injuries | 3.9 | 3.9 | 3.9 | |
| Respiratory | 1.7 | 1.7 | 1.8 | |
| Several visual impairments | 11.5 | 2.3 | 2.2 | |
| Digestive system | 5.3 | 1.4 | 1.4 | |
| Other impairments | 2.9 | 10.7 | 10.9 | |
| Program characteristics | | | | |
| Duration category | | | | |
| Less than two years | 4.1 | 8.4 | 8.5 | 0.383 |
| Two to less than four years | 4.3 | 13.3 | 13.3 | |
| Four to less than six years | 3.4 | 15.0 | 15.2 | |
| Six to less than eight years | 4.3 | 14.2 | 14.2 | |
| Eight to less than 10 years | 3.5 | 12.8 | 12.9 | |
| Ten to less than 12 years | 3.9 | 8.0 | 8.1 | |
| Twelve or more years | 5.3 | 28.1 | 27.8 | |
| Mean SSDI duration (months) | n.a. | 113.3 | 112.7 | 0.007 |
| Monthly SSDI benefits (\$) | n.a. | 1,036 | 1,035 | 0.986 |
| Has representative payee | 4.5 | 6.6 | 6.6 | 0.630 |

EXHIBIT D.13 (Continued)

| Characteristic | Early withdrawal rate ^a | All enrollees in treatment groups vs. remaining treatment group members | | |
|--|------------------------------------|---|--|-----------------------|
| | | Mean for all treatment group members | Mean for remaining treatment group members | p-value of difference |
| Concurrent SSI receipt | 3.1 | 18.4 | 18.5 | 0.158 |
| Employment history | | | | |
| Completed TWP | 7.7 | 16.4 | 15.9 | 0.000 |
| No recent history of TWP-level earnings | 3.4 | 81.0 | 81.5 | 0.000 |
| Recent history of TWP-level earnings | 8.0 | 19.0 | 18.6 | 0.000 |
| Recent history of SGA-level earnings | 7.4 | 14.7 | 14.5 | 0.027 |
| No recent history of SGA-level earnings | 10.1 | 4.3 | 4.0 | 0.002 |
| Had a Ticket assigned in last four years | 7.2 | 12.8 | 12.5 | 0.003 |
| Work status at baseline | | | | |
| Currently employed | 9.2 | 23.9 | 23.1 | 0.000 |
| Seeking work | 3.4 | 23.9 | 24.1 | |
| Neither employed nor seeking work | 2.6 | 52.2 | 52.9 | |
| Expects to work in the next year ^b | 5.2 | 61.3 | 60.9 | 0.000 |
| Agrees with statement: | | | | |
| Difficult to work because fear losing disability cash benefits | 4.3 | 57.7 | 57.7 | 0.910 |
| Difficult to work because of a physical or mental condition | 4.3 | 89.5 | 89.4 | 0.070 |
| Difficult to work because of unreliable transportation | 4.1 | 34.9 | 35.0 | 0.910 |
| Difficult to work because caring for children | 3.0 | 15.8 | 16.0 | 0.013 |
| Difficult to work because don't have needed skills or training | 3.6 | 31.8 | 32.0 | 0.294 |

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

Note: Early withdrawal rates are reported as percentages of treatment group members with the given characteristic who withdrew within 180 days of enrolling in POD. Table entries for means are percentages unless otherwise noted. Summary statistics and estimates for each characteristic derived from the baseline survey are based on enrollees who answered the corresponding question(s) on the survey; summary statistics and estimates for characteristics derived from SSA program records are based on all enrollees. All numbers in the table have been rounded; consequently, reported percentages might not sum across categories to exactly 100. We assessed differences between groups using regression models that, as explained in Appendix B, account for the stratified random assignment design by including site fixed effects and indicators for age, duration, substantive earnings, and select impairments. Each regression is based on data from the T1 and T2 study groups only, and it includes one observation for each POD enrollee in these study groups and a second observation for early withdrawals. The table reports unadjusted means for all treatment group members and regression-adjusted means for remaining treatment group members. The p-values are based on regression standard errors that are robust to heteroscedasticity and account for clustering at the beneficiary level.

^a Early withdrawal rates are calculated within each row for individuals with the given characteristic, if applicable. These rates are reported as "n.a." for characteristics that are measured using continuous variables because there is no single group within which such a rate can be defined.

^b If beneficiaries' survey responses indicated that they were somewhat likely or very likely to work in the next 12 months, we categorized them as expecting to work in the next year. Otherwise, if beneficiaries' survey responses

EXHIBIT D.13 (Continued)

indicated that they were not very likely or not at all likely to work in the next 12 months, we categorized them as not expecting to work in the next year.

n.a. = not applicable.

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APPENDIX E: KEY TERMINOLOGY

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A. Design of POD

- Evaluation team: Mathematica and its partner, Insight Policy Research, 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 provides 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 POD enrollee's Impairment-Related Work Expenses.
- POD rules: The POD benefit offset, elimination of the Trial Work Period 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 above.
 - 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.
 - Control group members: Beneficiaries randomly assigned to the C study group who are subject to current SSDI rules.

B. Recruitment and intake

- POD solicitation pool: All 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 SSA and the evaluation team to raise awareness of POD through community organizations that serve SSDI beneficiaries.
- Local stakeholders: Community-based organizations in the POD implementation areas that serve SSDI beneficiaries and were engaged to support indirect outreach for POD. These organizations include state vocational rehabilitation agencies, Employment Network providers, Work Incentives Planning & Assistance providers, Protection and Advocacy for Beneficiaries of Social Security providers, and local housing authorities.
- Non-volunteers: Beneficiaries in the solicitation pool who were sent primary mailings but did not enroll in POD.
 - Eligible beneficiaries: Beneficiaries in the solicitation pool who remained eligible for POD until they returned enrollment materials or, for those who did not return such materials, until the recruitment period ended.
 - Beneficiaries who withheld consent: Eligible beneficiaries who returned enrollment materials but explicitly indicated on the POD consent form that they did not agree to enroll in POD.
 - Beneficiaries who failed the intake screener: Eligible beneficiaries who returned enrollment materials, but were not allowed to enroll in POD because they incorrectly answered at least one of two screening questions included in the enrollment materials to demonstrate an understanding of the voluntary nature and general purpose of 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. SSA terms and definitions related to current SSDI rules

- 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 Impairment-Related Work Expenses.
- Extended Period of Eligibility (EPE): The EPE begins the month after the Trial Work Period 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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