



# Exits from Disability Demonstration Technical Experts Panel Meeting

*Final Report*

**June 3, 2019**

**GSA Order No. 28321318FDX030433**

Submitted to:

Office of Research, Demonstration, and Employment Support

Social Security Administration

6401 Security Blvd.

4170 Annex Building

Baltimore, MD 21235

Submitted by:

Abt Associates

6130 Executive Boulevard

Rockville, MD 20852

Daniel Gubits

Michelle Wood

Zachary Epstein

Cara Sierks

Sarah Gibson



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## List of Acronyms

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ALJ	Administrative Law Judge
CDR	Continuing Disability Review
DDS	Disability Determination Services
IPE	Individualized Plan for Employment
PROMISE	Promoting Readiness of Minors in SSI
SSA	Social Security Administration
SGA	Substantial Gainful Activity
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TEP	Technical Expert Panel
UI	Unemployment Insurance
VR	Vocational Rehabilitation
WIOA	Workforce Innovation and Opportunity Act

## Executive Summary

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Congress has granted the Social Security Administration (SSA) Commissioner authority to “develop and carry out experiments and demonstration projects designed to promote attachment to the labor force.” This authority allows SSA to test the effects of changes to current Social Security Disability Insurance (SSDI) program rules.<sup>1</sup> To make the best use of its demonstration authority and avoid barriers to implementing new demonstrations, SSA is seeking objective review and independent recommendations from panels of technical experts. These Technical Expert Panels (TEPs) assist SSA to develop research questions, intervention specifications, implementation strategies, and evaluation designs to ensure that demonstrations generate the evidence SSA needs to inform policy decisions. The TEPs also provide SSA with objective review of potential demonstrations and independent recommendations of what SSA might study. This report summarizes the input from a TEP convened on February 1, 2019 to provide SSA with advice regarding the *Exits from Disability Demonstration (Exits Demonstration)*.

SSA’s proposed Exits Demonstration targets beneficiaries whose entitlement to SSDI is being terminated due to medical improvement. The objective of this demonstration is to provide beneficiaries with assistance that will promote self-sufficiency and reduce their return to disability benefit entitlement. In 2017, SSA terminated the SSDI entitlement of about 42,000 SSDI disabled worker beneficiaries for reasons of medical recovery (Social Security Administration 2018a). Unlike current beneficiaries, who are typically eligible for employment support services from State Vocational Rehabilitation (VR) agencies or Employment Networks, individuals whose entitlement to SSDI benefits is terminated receive no additional support from SSA. The proposed demonstration would evaluate an intervention that provides employment services and/or perhaps other assistance to these exiting beneficiaries.

While SSA specified the target population for the proposed demonstration, it was open to a wide range of suggestions about what the intervention should be. In order to illustrate how the Exits Demonstration might work, SSA developed an example intervention. In the example, SSA would target beneficiaries at the point when a Disability Examiner finds medical improvement after conducting a medical continuing disability review (CDR). SSA would offer the beneficiaries the option of volunteering for the demonstration (as well as the option of withdrawing from the demonstration at any time). SSA would refer those volunteers randomly assigned to the treatment group to a State VR program and would pause the termination of SSDI while the beneficiary engages in services. The State VR agency would be eligible for an incentive payment if the beneficiary engages in VR services, defined as developing an Individual Plan for Employment (IPE). SSA asked the TEP to consider this potential example and to recommend other ideas, including other types of services and other service providers.

SSA contracted with Abt Associates to convene a panel of experts to discuss SSA’s proposed plan for the Exits Demonstration. SSA asked the TEP to review background materials describing SSA’s illustrative example and asked the TEP to provide comments and suggestions on the following topics: 1) target population; 2) demonstration objectives; 3) design of the intervention; 4) research questions; 5) evaluation design; and 6) demonstration implementation considerations.

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<sup>1</sup> This authority is granted under Section 234 of the Social Security Act. The current authority to initiate SSDI-related demonstrations ends on December 31, 2021, and the authority to carry out SSDI-related demonstrations ends on December 31, 2022. SSA also has authority, permanently granted under Section 1110 of the Social Security Act, to carry out demonstrations related to the Supplemental Security Income (SSI) program.

- The TEP agreed that SSDI beneficiaries who exit the program due to medical recovery is an *important target population* for SSA to study.
- The TEP agreed that a *lack of evidence* about the needs of the target population and the reasons that this target population might return to SSDI (medical reasons, employment reasons) makes it difficult to develop intervention design parameters.
- The TEP urged SSA to give careful thought to the *timing of when random assignment would occur* with respect to medical CDR decision appeal process. The TEP agreed that SSA should not alter beneficiaries' appeals rights. The TEP also noted, however, that the appeals process could complicate incentives for beneficiaries deciding whether or not to volunteer for the demonstration, could influence the treatment/control contrast, and could affect the timing of recruitment relative to the medical improvement determination and grace period.
- Even though the TEP agreed about the lack of an evidence base, four of the seven TEP members *recommended that SSA move forward with some type of demonstration studying beneficiaries whose entitlement to SSDI is terminated due to medical recovery*. Three of these four, however, were cautious about recommending to proceed, with the fourth more enthusiastic about proceeding. Because of the short time frame available to conduct a demonstration due to the December 2022 expiration of SSA's demonstration authority, two of these four TEP members emphasized testing some type of intervention that would be straightforward to put in place and manage.
- Three of the seven TEP members *did not recommend that SSA move forward with a demonstration under the present demonstration authority*. They indicated that there simply was not enough time to further develop the evidence base for the design of an effective intervention. However, if SSA had permanent demonstration authority, these TEP members would recommend proceeding with the demonstration, albeit at a slower pace in order to gather evidence about the needs of the target group and to fully develop and specify an intervention design.

## 1. Introduction

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Congress has granted the Social Security Administration (SSA) Commissioner authority to “develop and carry out experiments and demonstration projects designed to promote attachment to the labor force.” This authority allows SSA to test the effects of changes to current Social Security Disability Insurance (SSDI) program rules.<sup>2</sup> To make the best use of its demonstration authority and avoid barriers to implementing new demonstrations, SSA is seeking objective review and independent recommendations from panels of technical experts. These Technical Expert Panels (TEPs) assist SSA to develop research questions, intervention specifications, implementation strategies, and evaluation designs to ensure that demonstrations generate the evidence SSA needs to inform policy decisions. The TEPs also provide SSA with objective review of potential demonstrations and independent recommendations of what SSA might study. This report summarizes the input from a TEP convened on February 1, 2019 to provide SSA with advice regarding the Exits from Disability Demonstration (Exits Demonstration).

### *Exits from Disability Demonstration Overview*

SSA’s Exits Demonstration would provide additional services to those beneficiaries who are on the point of program termination due to medical improvement. The goal of these services would be to improve self-sufficiency after program termination and to decrease future return to the SSDI program. This section provides background on those SSDI program rules that would be affected by SSA’s Exits Demonstration. The section concludes with a discussion of the details of SSA’s proposed demonstration concept.

#### 1.1.1 Programmatic Context

In general, SSDI benefits continue as long as a person remains disabled. With some exceptions, SSA periodically reviews each beneficiary’s case to ensure they continue to maintain their eligibility for benefits. These reviews, called Continuing Disability Reviews (CDRs), take two forms. The first—the work CDR—examines a beneficiary’s eligibility as it relates to earnings and ability to engage in substantial gainful activity (SGA). The second—the medical CDR—examines a beneficiary’s eligibility as it relates to his or her medical condition. If SSA determines that an individual’s medical condition has improved such that he/she no longer meets the program’s disability requirements, then the beneficiary is considered able to engage in SGA and no longer eligible for benefits (Social Security Administration 2015).<sup>3 4</sup>

A beneficiary can appeal SSA’s determination of medical improvement under a medical CDR (Social Security Administration 2016), but barring a reversal of SSA’s original determination, the individual’s benefits will stop three months after SSA notifies the beneficiary of the medical CDR determination. That three month period is known as the “grace period.” At the end of the grace period, the individual’s

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<sup>2</sup> This authority is granted under Section 234 of the Social Security Act. The current authority to initiate SSDI-related demonstrations ends on December 31, 2021, and the authority to carry out SSDI-related demonstrations ends on December 31, 2022. SSA also has authority, permanently granted under Section 1110 of the Social Security Act, to carry out demonstrations related to the Supplemental Security Income (SSI) program.

<sup>3</sup> SSDI beneficiaries are scheduled for medical CDRs based on impairment type and expectation of medical improvement. Beneficiaries who are participating in the Ticket to Work program are exempt from medical CDRs (Social Security Administration n.d.-b).

<sup>4</sup> If a beneficiary is participating in Vocational Rehabilitation (VR) services or employment services prior to the month of determined disability cessation, benefits can continue during participation in services under the Section 301 policy (Social Security Administration 2018b).



entitlement to SSDI benefits is terminated (Social Security Administration 2013). If the beneficiary appeals the medical improvement determination, the beneficiary may request that benefits continue during the appeals process.

Exhibit 1 lists the number of beneficiaries whose benefits are terminated for reasons related to work and medical CDRs. On average from 2014-2017, SSA terminated the entitlement to benefits of about 88,000 beneficiaries per year for reasons related to work or medical eligibility. Of those, about 40 percent (approximately 36,000 beneficiaries per year) have their entitlement to benefits terminated because SSA determines that their medical condition has substantially improved (see second row in Exhibit 1).

**Exhibit 1. Number of Disabled Worker Beneficiaries with Benefits Terminated, by Year and Reason, 2014–2017**

	2014	2015	2016	2017
<b>Does not meet medical standards</b>	68,835	82,125	93,340	106,531
<b>Medical improvement<sup>a</sup></b>	28,046	35,403	37,623	42,493
<b>Work above substantial gainful activity</b>	35,846	39,652	47,887	51,302
<b>Failure to cooperate</b>	4,433	6,607	7,065	11,558
<b>Miscellaneous reasons</b>	510	463	765	1,178

Source:

U.S. Social Security Administration. Annual Statistical Reports on the Social Security Disability Insurance Program, 2014-2017

Note:

<sup>a</sup> Includes beneficiaries who medically improved, who did not cooperate during the medical review, or whose whereabouts are unknown.

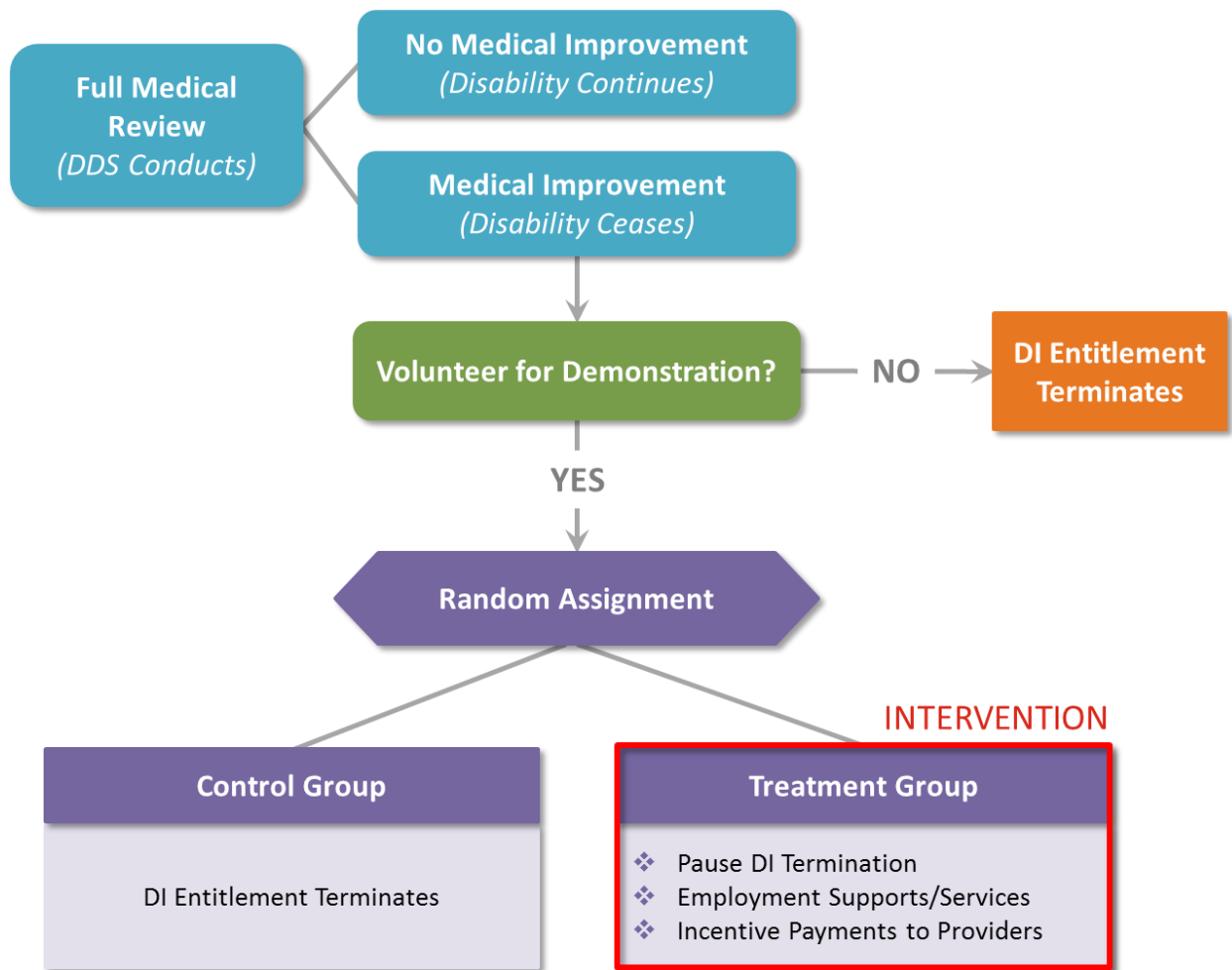
During their period of disability benefit entitlement, SSDI beneficiaries are typically eligible for employment supports provided by Employment Networks in the Ticket to Work (Ticket) program. Upon termination of benefits, these individuals lose their eligibility for the Ticket program. With the Exits Demonstration, SSA is exploring approaches to promote self-sufficiency among beneficiaries who entitlement is terminated due to medical improvement with the goal of avoiding a return to disability benefit entitlement. Though an individual’s medical condition may have improved such that he/she no longer meets disability criteria, SSA is concerned that the individual’s attachment to the labor force may still be sufficiently weak as to warrant support. According to recent research, 20 percent of SSDI-only worker beneficiaries who exit because of medical improvement return to SSA’s entitlement programs within eight years (Hemmeter and Stegman, 2013). Tracking the earnings of beneficiaries following a medical CDR, many SSDI worker beneficiaries whose benefits are terminated for medical improvement do work, but few maintain employment or work above common thresholds for self-sufficiency (Hemmeter and Bailey, 2016).

**1.1.2 Overview of the Demonstration Concept**

In preparation for this TEP meeting, SSA developed an illustrative example of one possible design of the Exits Demonstration concept. (See Exhibit 2.) The demonstration’s intervention would refer beneficiaries whose entitlement would soon terminate due to medical improvement to employment and other services. In the illustrative example, State Vocational Rehabilitation (VR) agencies would provide the services to these exiting beneficiaries.

SSA would identify the target population—those beneficiaries whose benefits are terminated for medical improvement—at the point when SSA makes the determination of medical improvement.<sup>5</sup> SSA would recruit beneficiaries during the three-month “grace period” between the point at which medical improvement is identified and the termination of the entitlement. Per the demonstration authority, beneficiaries must volunteer to participate and provide written informed consent. For the control group, SSA would terminate the entitlement under current rules at the end of their grace period. For the treatment group, SSA would pause the termination of the entitlement for an undetermined amount of time and make referrals to service providers (e.g., State VR agencies). During this pause, treatment group participants would continue to receive benefits while they engage with service providers. Exhibit 2 displays the Exits Demonstration concept starting at the full medical CDR review step conducted by the state Disability Determination Services (DDS).

**Exhibit 2. Exits from Disability Demonstration Concept**



In SSA’s illustrative example, SSA would refer treatment group participants to State VR agencies. SSA is considering issuing incentive payments to service providers for achieving certain engagement milestones

<sup>5</sup> The target population excludes SSDI worker beneficiaries using Ticket services, as these beneficiaries are exempt from a medical CDR.

with participants. These milestones would depend on the specifics of each provider’s program design, and in the VR agency example, milestones could include completion of intake and development of an Individual Plan for Employment (IPE). SSA would enter into agreements with VR agencies to give priority status to treatment group members.

SSA noted that the VR agency example was simply one possible design for the Exits Demonstration. Other types of services (for example, health services) offered with or without employment services and other providers besides VR agencies are possible for the demonstration.

**Technical Experts Panel (TEP) for Exits Demonstration**

SSA contracted with Abt Associates to convene and facilitate the Exits Demonstration TEP. This section describes the composition of the TEP and the steps Abt conducted to secure their participation.

The TEP consisted of seven members, each representing one of the affiliation areas SSA identified for the Exits Demonstration. Three members represented academic research institutions; two represented federal government agencies outside of SSA; and two represented private non-profit policy advocacy and analysis organizations. Exhibit 3 identifies each member’s affiliation and relevant expertise.

Upon agreeing to participate in the TEP, members were asked to review a collection of preparatory materials in advance of the meeting. These materials included a meeting agenda, a description of the Exits Demonstration provided by SSA (see Exhibit 4), a discussion guide with detailed questions, and a copy of Section 234 of the Social Security Act (SSA’s demonstration authority). Members were asked to complete and submit written answers to the discussion guide prior to the meeting. TEP members attended a full-day meeting at SSA’s headquarters in Baltimore, Maryland on February 1, 2019, where Abt project team members facilitated a discussion covering each agenda item. Following the meeting, members had the opportunity to revise and resubmit their completed discussion guides. Their final responses are included as an appendix to this report.

**Exhibit 3. TEP Members for the Exits from Disability Demonstration**

	Title/Affiliation	Relevant Expertise
Nicole Ditchman	Associate Professor of Psychology, Illinois Institute of Technology	Research methods; Disability policy; Rehabilitation & employment services; Research ethics
Lisa Ekman	Director of Government Affairs, National Organization of Social Security Claimants' Representatives	Disability policy; SSDI demonstrations
Jerry Elliott	Policy Team Supervisor, Rehabilitation Services Administration, U.S. Department of Education	Disability policy; Rehabilitation & employment services
Andrew Houtenville	Associate Professor of Economics, University of New Hampshire	Research methods; Disability policy; Evaluation design; Statistics/Econometrics; Rehabilitation & employment services
Christopher McLaren	Senior Economist, Office of Disability Employment Policy, U.S. Department of Labor	Research methods; Disability policy; Evaluation design; Statistics/Econometrics
Timothy Moore	Associate Professor of Economics, Purdue University	Research methods; Disability policy; Evaluation design; Statistics/Econometrics
Kathleen Romig	Senior Policy Analyst, Center on Budget and Policy Priorities	Research methods; Disability policy; Evaluation design; SSDI demonstrations; Rehabilitation & employment services

**Exhibit 4. SSA’s Description of Proposed Exits Demonstration**

**Overview of proposed Exits from DI demonstration**

SSA recently proposed a random assignment demonstration that would facilitate a referral to employment and other services for beneficiaries whose entitlement would soon terminate due to medical improvement. SSA would refer these beneficiaries to a public or private service provider to facilitate needed services with the goal of reducing return to payment status and increasing self-sufficiency.

The target population would be DI worker beneficiaries not using Ticket to Work services, and therefore not under protection from a medical CDR. SSA would identify participants at the point when their respective state Disability Determination Service (DDS) found medical improvement as a result of a medical CDR. Under current rules, the DDS would issue a letter to inform beneficiaries that they no longer meet SSA's disability standards. SSA usually considers the month of the notice as the month of disability cessation. They pay benefits for that month and the subsequent two months, called the grace period.

SSA would recruit beneficiaries into the demonstration during the grace period months. Per their demonstration authority, beneficiaries must volunteer to participate and provide written, informed consent. They can also withdraw from the demonstration at any time. SSA would randomize volunteers into treatment and control groups. They would process the termination of entitlement for the control group effective with the original cessation month. For the treatment group, they would pause the termination of benefits for an appropriate (but yet-to-be-determined) period to allow for referral to a public or private service agency and engagement in those services. During this period, participants would continue to receive their benefits.

To illustrate one potential example of an intervention, if the referral were to a State Vocational Rehabilitation Agency (SVRA), SSA would expect the period of benefit continuation to permit the following:

- Acceptance of the participant for services;
- Completion of intake processes; and
- Finalization of the Individual Plan for Employment (IPE).

If a beneficiary engaged with the SVRA during the pause in termination, the SVRA would be eligible for an incentive payment. SSA could potentially provide different payments for partial and full engagement. For example, they could define engagement as (1) partial: a counseling session to review resources available to the beneficiary and (2) full: the counseling session as well as accepting the SVRA application and developing an IPE. SSA would enter into agreements with individual SVRAs for them to receive the referrals, give priority status to these cases, and receive payments for milestones reached.

This is just one example to illustrate the potential intervention. The specific intervention, length of benefit continuation, milestones, and payment structure could vary depending on the provider(s) and available services.

## **Anticipated challenges**

- DDS participation: DDS agencies' performance measures include the length of time between a decision and the implementation of that decision to cease benefits for medical improvement. If SSA delays effectuation in select states, it could affect their performance statistics, potentially limiting willingness to collaborate.
- Limited demonstration period: Due to the planned expiration of SSA's current demonstration authority under Section 234 of the Social Security Act, SSA must complete recruitment no later than 12/31/2021 and stop services no later than 12/31/2022. In order to initiate this demonstration SSA would need to develop contractual agreements for services to implement recruitment, and with stakeholders to facilitate services. Assuming that they could accomplish this by mid-2020, they would have, at most, eighteen months to recruit participants and provide referrals and payments.
- Restricted recruiting pool: SSA terminates approximately 70,000 beneficiaries annually for medical improvement. Depending on the rate at which beneficiaries volunteered to participate, the constricted time to recruit may hinder SSA's ability to have an appropriate participant pool for statistical analysis.

## **What SSA wants to learn**

- What does current research (both domestic and international) say about supports and outcomes for beneficiaries whose entitlement terminates because of medical improvement?
- What resources would help us better understand this population?
- Do we need further research or is this enough to conduct a demonstration?
- What is the process for this population to access relevant services?
- What are the barriers to the access to available services?
- Are there recommendations or suggestions to improve the proposed design with respect to the evaluation (including, but not limited to: recruitment, causal identification strategy, sample size, data needs, outcomes for analysis, etc.)?
- What specific variations on this idea would be useful, if any? That is, what variations on length of intervention, payment structure(s), milestones, services, etc. would be the most informative alternatives to test as different study arms?
- Are there other professionals whom we should consult?

## ***Structure of the Report***

The balance of this report is divided into separate sections covering each of the five major topics discussed at the meeting. A final section summarizes the panel's concluding comments. ***Section 2*** discusses the TEP's input on the Exits Demonstration's target population, including any additional definition or background research that they recommended. ***Section 3*** discusses the TEP's feedback on demonstration research questions. ***Section 4*** discusses the TEP's input on designing the Exits Demonstration intervention, including an assessment of SSA's illustrative example involving referrals to state VR agencies and considerations and options for alternative intervention designs. ***Section 5*** includes the panel's input on evaluation design, covering all aspects of design, such as approaches to causal identification, targeted outcomes, and data requirements. ***Section 6*** covers the TEP's recommendations with regard to implementation of the demonstration and ***Section 7*** summarizes the panel's concluding remarks.

## 2. Target Population

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Much of SSA’s previous research and demonstrations have focused on current beneficiaries and their efforts to return to work. SSA’s proposed Exits Demonstration targets for assistance a different group, beneficiaries whose entitlement to SSDI is being terminated due to medical improvement. SSA would target beneficiaries at the point when a Disability Examiner finds medical improvement after conducting a medical CDR. SSA would exclude from the Exits Demonstration those SSDI worker beneficiaries who are using Ticket-to-Work services, because those beneficiaries are exempt from medical CDRs.

SSA asked the TEP to provide comments and suggestions about the proposed target population. This section summarizes the TEP’s input on the target population, including opinions about SSA’s definition of the target population, recommendations for additional research on the target population, and suggestions of potentially relevant research on similar populations.

### *Initial Reactions to SSA’s Definition of Target Population*

TEP members generally agreed that this population warranted SSA’s consideration. Members identified these beneficiaries as a “really important” and “well-defined” population that faces acute challenges when SSDI benefits (and accompanying Medicare entitlement) are terminated. The TEP agreed that the demonstration presents an opportunity to “catch people at a time when they will be in need.”

One TEP member pointed out that the need to exclude beneficiaries using Ticket services (since those beneficiaries are exempt from medical CDRs) means that these beneficiaries who have demonstrated a motivation to return to work would not be part of the Exits Demonstration. Therefore, the remaining beneficiaries eligible for this demonstration who have been determined to have medically improved may not have strong motivation to return to work. On the other hand, another TEP member pointed out that benefit termination would generate considerable motivation to return to work, unless exiting beneficiaries had other sources of income.

### *Does Target Population Need Additional Definition?*

While the TEP thought that SSA had defined the intended target population clearly, some members identified two areas that they think needed additional clarification: whether the demonstration will include concurrent beneficiaries and employed beneficiaries.<sup>6</sup>

With regard to concurrent beneficiaries—those receiving both SSDI and Supplemental Security Income (SSI) benefits—TEP members offered several factors for SSA to consider:

- One TEP member noted that including concurrent beneficiaries would increase the diversity of needs among of the target population and require SSA to consider implications for structuring the intervention. However, one member noted that since the policy for termination due to medical improvement is the same for both SSI and SSDI (such as appeals rights and termination procedures), including concurrent beneficiaries in the target population would be feasible from a logistical perspective.

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<sup>6</sup> One TEP member also suggested beneficiaries with higher education levels might have stronger responses to an intervention, but there was no further discussion of this suggestion.

- From the perspective of evaluation design, a TEP member noted that including concurrent beneficiaries would increase the pool of potential participants, which could allow for a larger evaluation sample size and therefore more statistical power when analyzing impacts.
- One TEP member encouraged SSA to think about *how* the proposed intervention might affect concurrent beneficiaries and DI-only beneficiaries differently. Because SSDI-only beneficiaries likely have longer and higher-skilled work experience, they may have better labor market outcomes under the demonstration. Concurrent beneficiaries might also have higher needs than SSDI-only beneficiaries.
- When considering whether SSA should include concurrent beneficiaries in the target population, one TEP member noted that concurrent beneficiaries tend to qualify for Medicaid at higher rates than SSDI-only beneficiaries. This suggests that if SSA's demonstration does not otherwise guarantee healthcare coverage for participants (offering extended Medicare coverage or other health care assistance), concurrent beneficiaries eligible for Medicaid might be better off than SSDI-only beneficiaries with respect to health insurance coverage when SSDI entitlement ends.

TEP members also considered whether employed worker beneficiaries should be invited to participate in the demonstration. One TEP member recommended that SSA include working individuals in the target population. Three TEP members discussed how services for beneficiaries who exit the SSDI program due to medical recovery who are already employed might differ from those for exiting beneficiaries who are seeking work. The services for exiting beneficiaries who were already employed might focus on how specific skills or accommodations could contribute to job retention and advancement.

### ***Does SSA Need More Pre-Demonstration Knowledge About the Target Population?***

In its description of the Exits Demonstration, SSA provided statistics about the target population. During the TEP meeting, members provided feedback on these statistics and generally concluded that SSA needed to develop a deeper understanding of the characteristics and needs of the target population in order to develop an intervention that could be expected to generate meaningful impacts. As one TEP member said,

*“There are a lot of unanswered questions about what the unmet needs are and what is standing between [the target population] and being employed at a self-sufficient level... We need to answer those questions before we can even design any meaningful demo.”*

In light of these unanswered questions, TEP members suggested several areas of additional information that SSA may need and steps SSA could take to expand the knowledge base about this population:

- Members wanted more information about the target population's current experience after program exit. This includes an understanding of their unmet needs, barriers to employment, and available supports.
- Members wanted to know the extent to which the target population currently accesses VR services, recognizing that current SSDI beneficiaries could seek out these services on their own without a referral. The TEP wanted to better understand the reasons why many medically improving beneficiaries do not already access VR services.
- Finally, several members said they would like to know the extent to which former beneficiaries identified specific services that helped them remain off of disability benefits.



To explore each of these topics, TEP members generally encouraged SSA to use its available demonstration authority to survey current or former beneficiaries. Specifically, TEP members suggested surveying individuals who re-apply for the DI program to learn why they are reapplying, and for those with long gaps between reapplication and their previous termination of benefits, what allowed them to stay off of DI benefits. The TEP was also interested in identifying factors that tend to promote return to the SSDI program and the approaches to promoting self-sufficiency that have worked for previous beneficiaries.

### *What Does Current Research Say?*

Despite these knowledge gaps, TEP members acknowledged available research about the target population that SSA should use to develop the Exits Demonstration. Members also offered their own insights, based on their experience and current research evidence, of how SSA's illustrative state VR example might affect the target population.

For available research on the target population, the TEP referred to two papers that have examined outcomes for beneficiaries whose entitlement terminates because of medical improvement (Hemmeter and Stegman, 2013; Hemmeter and Bailey, 2016). From these two papers, the TEP highlighted the following findings:

- Of DI-only worker beneficiaries who exited the program in 2003-2008 due to medical improvement, 20 percent returned to DI within eight years of the cessation decision (Hemmeter and Stegman, 2013).
- While 70 percent of these exiters had earnings at some point during the five years following termination, only 37 percent had earnings in all five years. Earnings for all exiting beneficiaries averaged \$13,000 per year. While about half (52 percent) of these former beneficiaries earned more than the SGA threshold in at least one year after program exit, only 20 percent consistently earned more than the SGA threshold (Hemmeter and Bailey, 2016).

In addition to studies of the target population, TEP members referred SSA to research on other populations that members considered sufficiently comparable. These studies offer insights that might be relevant to development of the Exits Demonstration:

- One TEP member suggested that SSA consider outcomes from studies of youth SSI beneficiaries transitioning to adult SSI program rules. While the populations obviously differ, SSI youth who do not meet adult medical eligibility rules have their benefits terminated under circumstances similar to those of the Exits Demonstration target population. The TEP member reported that about 40 percent of transitioning youth have their benefits terminated for medical reasons, and available research suggests that short-term interventions do not yield large or sustained impacts.
- One TEP member suggested research examining the outcomes of individuals who had their initial applications denied, to which another member cited Bound (1989), and Maestas, Mullen and Strand (2013) as specific studies that examined earnings after a denial.
- A TEP member also proposed consulting studies *of beneficiaries terminated from the program because of policy changes resulting in ineligibility*. In one such study, about beneficiaries whose benefits were terminated after a change in eligibility for individuals with drug and alcohol

addictions, about half of affected individuals returned to the DI program over the subsequent 12 years. Among those that did not return, most did not have substantial earnings.

- Drawing on relevant international research, one member noted that in countries with a broad set of social support programs, individuals who experience comparable benefit terminations tend to substitute between income support programs.
- Summarizing results from analyses of other groups that have experienced denial or cessation of benefits, one TEP member mentioned expecting greater employment in the absence of intervention among those beneficiaries who were younger, had higher pre-program earnings, and had early-stage denials in the application stage. Outcomes might also be larger among those whose primary impairment was a mental disorder.

### 3. Research Questions

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Having discussed the general overview of the proposed demonstration and target population, TEP members were asked to identify what SSA should seek to learn from the demonstration. This section begins with a discussion of the TEP's recommendations for research questions for the impact analysis, followed by recommendations for research questions for the implementation study.

#### *What Is the Objective of the Intervention?*

SSA's description of the proposed demonstration contains a two-part goal for the intervention: *remaining self-sufficient* and *not returning to disability benefit entitlement*. During the meeting, the TEP members articulated this goal in a few ways:

- Improve employment and earnings relative to current outcomes for exiters;
- Reduce return to DI relative to current rate of return;
- Improve the well-being of exiters; and
- Provide a cushion or softer landing or adjustment period when DI benefits end.

#### *What Should SSA Want to Learn about Impacts of this Intervention?*

Consistent with the intervention objectives above, TEP members agreed that the most important outcome measures to incorporate into the research design should be *labor market outcomes*—employment and earnings—and *SSA program outcomes* (return to SSDI or SSI). TEP members considered other secondary outcomes:

- Well-being and health outcomes;
- Health care utilization;
- Health care access;
- Progress on an IPE;
- Access to and receipt of other programs, services, and supports that allow an individual to live independently;
- Job search skills;
- Confidence in job search skills;
- Participation in training;
- Performance of unpaid work, volunteering;
- Income sources besides earnings (from family or other programs);
- Income level, absolute and relative to poverty threshold;
- Duration of time to work, unemployment spells; and
- When are critical times when services or supports might be more beneficial for returning to work.

When possible, TEP members suggested using administrative data to measure outcomes, but recognizing that many outcomes would only be available through survey data collection, the TEP recommended that

SSA field a follow-up survey to demonstration participants. (See Section 5 for additional comments on data collection.)

### 3.1.1 Targeting Subgroups

TEP members were asked to recommend subgroups for SSA to include in impact analysis. This section lists the specific subgroups that TEP members suggested.

For the purposes of estimating how the demonstration's impacts vary with certain participation characteristics, TEP members suggested that SSA field a baseline survey of participants to collect measures of the following variables for subgroup analyses:

- Age;
- Education level;
- Type of disability;
- Length of DI benefit receipt and duration out of the labor force;
- Functional impairment/ability to work; and
- Motivation to work.

### *What Should SSA Want to Learn about Implementing this Intervention?*

Compared to other topics discussed at the meeting, TEP members offered fewer suggestions on the topic of what SSA could learn during the implementation stage of the demonstration. In general, many TEP members thought that SSA faced several substantial knowledge gaps going into the demonstration. The panel provided suggested research areas for SSA's consideration that could be explored during implementation of SSA's Exits Demonstration:

- SSA should try to identify the most important barriers to employment and self-sufficiency among the target population. TEP members hypothesized that barriers could vary from access to healthcare to insufficient workplace accommodations and supports. During implementation, SSA could conduct data collection to document participants' self-reported or revealed barriers;
- SSA should try to understand how self-selection into the demonstration affects the make-up of the demonstration's sample. Because SSA's demonstration authority requires that participants voluntarily participate, one TEP member said that SSA should learn why some people do not volunteer, perhaps through an interviewer call-back after a failed recruitment effort.

## 4. Designing an Intervention

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For the Exits Demonstration, SSA proposes an intervention in which SSA would:

1. Pause SSDI termination for beneficiaries whose medical CDR results in medical improvement and continue benefits during the pause; and
2. Refer beneficiaries to a public or private service agency to engage in employment and other services during the pause in SSDI termination.

SSA asked the TEP to consider a specific example in which SSA would refer exiting beneficiaries to State VR programs to receive employment and other services. In this illustrative example, SSA would continue SSDI benefits while the State VR program accepts the participant for services, completes intake processes, and finalizes the Individual Plan for Employment (IPE). SSA would pay an incentive to the State VR program if a beneficiary engaged with the VR agency, defined as completing the IPE.

The TEP offered several suggestions for SSA on the intervention design. The discussion about intervention design also surfaced questions from TEP members about the evidence base on service needs for the target population and current evidence about potential effects of different kinds of services. The TEP also discussed their opinions about the role SSA should play in delivering services for the demonstration and in a national program.

This section discusses the TEP's input on the design of the intervention, organized by the two intervention components: pause in termination with continued benefits (Section 4.1) and referral to employment and other services (Section 4.2).

### *Pause in Termination with Continued Benefits*

The TEP discussed the concept of pausing the termination of benefits and how SSA might operationalize benefits payment to SSDI beneficiaries during the pause.

#### **4.1.1 The Pause in SSDI Termination**

The TEP offered several comments on the concept of pausing the SSDI termination process for demonstration treatment group members. The discussion focused on potential behavioral responses to the pause in termination, the optimal length of the pause, and how SSA might pay benefits during the pause.

- The TEP commented that, relative to current law, the pause in termination would offer treatment group members additional grace period months after a determination of medical recovery.
- Regarding the length of the pause, one TEP member noted that if the demonstration uses the State VR model in the illustrative example, the pause would likely be 90 days. That timeframe is consistent with the VR standard for engaging with participants and developing the IPE. Another TEP member suggested that the time to complete an IPE can vary across VR programs.
- Several TEP members discussed hypotheses about likely behavioral effects of a pause in termination. Some suggested that the pause might reduce anxiety about termination. Others thought that the pause might delay beneficiaries' job search efforts. One of the TEP members wondered if some beneficiaries might simply go through the steps but not fully engage in services during the pause in termination.

- Some TEP members thought SSA should consider a benefit continuation period longer than 90 days. One of them recommended a longer benefit continuation because exiters, if not employed, would not likely have other sources of income after benefits were terminated. On the other hand, another TEP member pointed out that a longer benefit continuation period might simply delay the transition into employment. This TEP member commented that research on the Unemployment Insurance (UI) program has found a spike in employment close to the point of UI benefit exhaustion. This TEP member recommended that SSA test benefit continuation periods of different lengths in order to see whether a longer period leads to better outcomes.
- One TEP member recommended that SSA make continuation of benefits contingent on continued participation in services. The TEP member pointed out that even with this policy, it is possible that some might participate in services only during the period of continued benefits and then stop if they were more motivated to return to the DI program than to find employment.

### 4.1.2 Form of Continued Benefits During Pause in Termination

The TEP discussed at length how SSA should pay DI benefits during the pause period. Some TEP members suggested that rather than paying benefits monthly during the pause, SSA should consider a lump-sum payment. They pointed out that a lump sum could be used to purchase a car or make some other investment that would assist in their return to work. One TEP member noted that the studies in the behavioral economics literature find people spend lump sum supports differently, often using them for larger investment expenditures.<sup>7</sup> In order to avoid the financial hardship that months with zero benefit payments might bring, the TEP recommended a large upfront payment with smaller monthly payments in later months. Three TEP members recommended that the later smaller payment be made contingent upon continued participation with employment services. One TEP member argued that, even if SSA tested a lump sum in a demonstration, such a policy would likely be politically infeasible to implement on a permanent basis. This TEP member asserted that concerns about “front loading” benefits, that an individual might in the end not be entitled to receive (for example in the event of death) would make it difficult to secure Congressional support.

### *Employment and Other Services*

The TEP discussed options for which entities could deliver services and what types of services SSA could consider providing to treatment group members enrolled in the Exits Demonstration.

### 4.1.3 Reflections on Having VR Agencies in Role of Lead Service Provider to Exiting Beneficiaries

The TEP discussed having Stage VR agencies in the role of lead service provider for the demonstration. Members discussed the suitability of VR services for meeting the needs of the exiting beneficiaries, the ability of VR agencies to serve the exiters, and other implementation challenges that VR agencies might face. As part of the conversation the TEP considered *whether the services provided by VR agencies are what exiters need*.

- The TEP affirmed that VR agencies can serve people with all types of conditions and disabilities. The exiters generally match the VR target population and VR agencies could continue serving participants after the IPE is developed.

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<sup>7</sup> A non-TEP member also noted that a lot of workers’ compensation claims end in a lump sum and asked the TEP to identify any available statistics on how those workers’ compensation claimants behave in response. The TEP members were not aware of any findings on that topic.

## 4. DESIGNING AN INTERVENTION

- The TEP discussed the broad set of employment-related services VR agencies offer. In addition to diagnostic testing and assessments, VR agencies provide vocational counseling and guidance, job search and job placement assistance, vocational, on the job, and other training and supported employment. The agencies also pay for rehabilitation technology and assistive devices and treatment for physical and mental impairments that are delivered by outside providers.
- One TEP member pointed out that while VR programs focus on a wide range of employment related services, they do not provide supportive services or cash assistance. This TEP member expected that when SSDI benefits were terminated, the former beneficiaries would have emergency needs for income, housing, and health care. VR programs would not be able to provide supports to meet these emergency needs.

The TEP also considered if *current VR rules and processes allow for VR programs to serve exiting SSDI beneficiaries*.

- One TEP member raised the issue of whether VR agencies' order of selection processes would allow the agencies to serve the demonstration's target population. Currently, most VR agencies use a three-tiered order of selection: non-significant disability; significant disability; and most significant disability. VR agencies typically categorize SSDI beneficiaries in the middle tier (significant disability). The discussion clarified that the proposed plan would have exiting beneficiaries begin VR service while they were still beneficiaries, meaning they would likely be categorized in the middle tier. The TEP member noted that although VR agencies are not supposed to lower the priority of service after the IPE had been developed, such changes in priority have happened in the past. This TEP member noted this as a potential concern that demonstration participants could be moved to lower priority status after the IPE is developed.
- The TEP discussed whether and how VR agencies would serve people who were already employed. One TEP member stated that those applying for services need to show their need for those services. If VR applicants show they could increase their skill level and progress in their career ladder if services were received, then need would be demonstrated. Also, the 2014 Workforce Innovation and Opportunity Act (WIOA) allows VR agencies to provide job retention services outside the order of selection. The TEP member said this change is new and it is not yet clear whether it has become easier for applicants who are employed to receive job retention services.
- One TEP member noted another consideration related to WIOA. WIOA specifies certain performance measures that could be used as a basis for funding at some future point. This TEP member expected that serving exiting beneficiaries would lead to worsened performance on these measures (due to lower capacity to work and expected higher service dropout rates than average VR clients). Thus, VR agencies as some point might be concerned they could lose some funding if they served the exiting beneficiaries.
- One TEP member noted that in a few states, all categories of order of selection are closed to new applicants because all funds are needed to serve people who are in active plans. In those states, it will not be possible to immediately serve exiting beneficiaries. New provisions in WIOA will lead to uncapped contributions of VR agencies to the workforce development system. The TEP member speculated that this could have the effect of more states closing order of selection categories to new applicants.

The TEP identified *other challenges VR agencies would face* in implementing the illustrative model.

- SSA reimburses VR agencies for services provided to SSDI beneficiaries who engage in SGA. The average reimbursement amount for 2017 was about \$13,000.<sup>8</sup> The TEP pointed out if SSDI entitlement is terminated after the development of the IPE, VR agencies would not be able to receive reimbursement from SSA for services provided to demonstration participants who were able to successfully engage in SGA.
- One TEP member commented on the incentive (described in the illustrative example) that SSA would pay a VR agency upon development of an IPE. The TEP member suggested that many VR agencies would not find the incentive particularly attractive if it was set at a level of \$1,500 (an amount SSA had mentioned in the past for a similar type of proposed intervention for a different population). Although some VR agencies might view \$1,500 as a meaningful incentive, other agencies might prefer to prioritize cases for which they could be eligible for full cost reimbursement from SSA. The TEP member noted that in the latter case, SSA might be competing with itself to have individuals served by VR.
- One TEP member cautioned SSA that VR programs are not uniform across states or even sometimes within a state. The package of services delivered to demonstration participants might not be comparable across study sites, which would make evaluation results difficult to interpret. To address this challenge, SSA may want to consider requiring some minimal level of service in the intervention.

### 4.1.4 Thinking Beyond the VR Example: Alternative Services Approaches and Service Providers

The TEP provided extensive comments on the types of services SSA might test in the Exits Demonstration. As mentioned in Section 2, (Target Population), the TEP agreed that SSA's decisions about which services to offer would be better informed with evidence about 1) the service needs of the target population and 2) the evidence about which types of services might be expected to affect employment, earnings, and return to SSDI, the key outcomes that SSA will likely analyze for the demonstration.

The TEP discussed their assumptions about the target population and potential service needs. They assumed that exiters as a whole likely have weak attachment to the labor force and will face gaps in health care coverage with the loss of Medicare. The TEP also discussed the likelihood that exiters would need supportive services like transportation and assistance to navigate service options. The TEP also discussed a possible need for crisis management type services, comparing exit from SSDI and the accompanying loss of Medicare entitlement to a financial crisis for the beneficiary. The TEP mentioned several other types of services SSA might consider for the demonstration including:

- A cash payment, in addition to continued SSDI benefits. Several TEP members thought that participants could use the cash payment to purchase items to facilitate return to work, such as assistive devices or equipment. One TEP member suggested this sounded similar to what state VR case services officers provide.

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<sup>8</sup> Average reimbursement amounts are published on SSA's website. Average reimbursement claims from 2014 to 2016 were about \$15,000 (SSA, n.d., "VR Reimbursement Claims Processing.")



- Extended Medicare coverage. One TEP member noted that SSDI beneficiaries who exit the program because of work are eligible for extended Medicare coverage. Since employment is a goal of the Exits Demonstration, this TEP member thought that SSA should consider allowing for extended Medicare coverage for those who get back to work, which might also act as a strong incentive to participate in the demonstration.
- Motivational interviewing. Several TEP members discussed motivational interviewing suggesting that this specialized assistance could be included both in SSA's illustrative example, when VR counselors develop the IPE, or as part of alternative models that do not involve VR agencies.
- State Medicaid funded programs. One TEP member noted that these types of programs often offer health care and income support to VR participants while they participate in employment services.

### 4.1.5 Alternatives to the VR Approach

The TEP discussed three main alternatives to SSA's illustrative example. First, instead of limiting the intervention to initial engagement with employment and other services defined as developing an employment plan, the TEP suggested that SSA consider developing a robust package of services that would be offered to all treatment group members. The TEP suggested that this robust package of services could be modeled after the Promoting Readiness of Minors in SSI (PROMISE) demonstration<sup>9</sup> which features case management, benefits counseling, and career and work-based learning experiences. Two of the TEP members suggested that beneficiaries who exit the SSDI program due to medical improvement might face somewhat similar service needs as youth who transition off SSA when they reach adulthood. Another TEP member suggested a similar approach in which SSA would partner with a service provider to offer comprehensive, longer-duration services and ongoing support, but suggested the Individual Placement and Support model for beneficiaries with mental health impairments. (State VR could or could not provide this comprehensive set of services.)

Second, the TEP discussed an approach in which SSA would partner with providers that would provide less comprehensive, discrete services, as one TEP member put it, "a la carte." This might include a job club session, motivational interviewing, or job placement assistance. The TEP discussed providers such as Goodwill and Salvation Army. The TEP noted that those organizations offer more specific assistance than VR agencies, and one member noted that VR counselors may in some cases refer participants to these agencies.

Third, the TEP discussed offering benefits counseling and program navigation assistance as an alternative to a referral to VR agencies for an IPE. This assistance would give beneficiaries information about a range of assistance they might need as SSDI benefits end. SSA asked for the TEP's comments on an approach that would provide a bundle of information and two to three sessions with a benefits counselor. The benefits counselor would offer information about federal, state, and local services. During the meeting, SSA noted that the counselor would discuss a wide range of available assistance from housing assistance, child care, health care, to assistance from centers for independent living,<sup>10</sup> to sources of loans

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<sup>9</sup> See SSA, n.d. "Promoting Readiness of Minors in SSI (PROMISE)."

<sup>10</sup> Centers for Independent Living offer a range of assistance to help people with disabilities live independently in the community such as help with assistive technology, education about legal rights, peer mentoring, help with

## 4. DESIGNING AN INTERVENTION

to purchase equipment to facilitate work, technology assistance and including vocational rehabilitation services. One TEP member noted that this robust benefit counseling approach would be similar to the intensive benefit counseling offered in PROMISE that can involve a five-hour counseling session.<sup>11</sup>

One TEP member noted two concerns about the benefits counseling/navigation services. If this assistance extended beyond provision of information to helping the beneficiary to apply for and engage with services, then the cost of the intervention might be high. Moreover, the TEP member questioned whether providing benefit counseling/navigation services is an appropriate role for SSA. This TEP member did not think SSA should fund staff to help beneficiaries apply for other programs. (Others on the TEP did not share this concern.) During the meeting, SSA suggested that SSA could test the intervention through the demonstration, possibly with WIPA counselors or SSA's community partners. The TEP recommended that if SSA pursued this idea that it would be important to determine which funding source and which agency could provide this assistance under a national program. SSA also suggested a more modest version of benefits counseling in which SSA would not offer contact with a counselor but would instead offer printed information and videos posted on YouTube or a secure website available only to treatment group members.

The TEP had several other comments about the benefits counseling alternative. One TEP member suggested that SSA consider the potential that benefits counseling and employment planning services could have opposite effects, if benefits counseling discourages work (this point is also discussed in Section 5, Designing an Evaluation). The TEP member recommended that SSA carefully consider whether services in one intervention might have opposite effects.

The TEP discussed who would staff the benefits counseling/program navigator position. Some TEP members raised questions about whether WIPA is a good program to turn to for this type of services. While some TEP members considered that WIPA counselors have training to provide information about a wide range of state and federal programs, other TEP members were concerned about the capacity of WIPA programs to take on the demonstration. Some TEP members also questioned whether SSA would have sufficient time to hire and train new counselors for the demonstration, and noted that the approach of using WIPA to provide benefits counseling for the Exits Demonstration could reduce the ability of WIPA programs to provide usual WIPA services.

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self-advocacy, assistance with home accessibility, teaching local transit skills, and job search assistance. See U.S. Department of Health and Human Services, Administration for Community Living (n.d.).

<sup>11</sup> This TEP member appears to have been referring to the Wisconsin site of the PROMISE demonstration (Selekman et al., 2018). In this site, benefits consultations lasted 4 to 5 hours on average. However, only 36 percent of participants received benefits counseling compared to the intended 100 percent.

## 5. Designing an Evaluation

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This section describes the TEP's recommendations about how to design the evaluation of the Exits Demonstration. The TEP provided input on a range of topics, including: possible treatment groups in the demonstration; external validity; the placement of random assignment in the termination process; meaningful effect sizes; sample size; data sources; and how the expiration of Section 234 demonstration authority affects the evaluation.

### *How Many Treatment Groups Should the Demonstration Have?*

SSA's demonstration description gave one example of an intervention. This intervention would pause the termination of beneficiaries who had been found to have medical improvement so that these beneficiaries could initiate employment support services provided by VR agencies. The TEP facilitators asked TEP members about whether additional interventions should be added to the study and which alternative interventions would be most informative to test. In general, TEP members were supportive of adding additional treatment arms to the demonstration. One TEP member raised the concern that the target population might not be large enough to support a study with multiple treatment groups.

Another TEP member spoke at some length about the inclusion of multiple treatments in the study. First, the TEP member suggested a number of possible treatments. In addition to the proposed treatment, other possible treatments would be (1) simply a package of information about available services without a pause in termination of benefits, (2) a pause in termination of benefits with no additional services or information, and (3) a pause in termination of benefits in combination with a "pseudo-therapy" (activities or appointments without meaningful employment services). The TEP member described pseudo-therapies as interventions that have the effect of getting people outside their home without providing meaningful services. In the context of a medical intervention, a pseudo-therapy would get a patient to the doctor's office but not receive the therapy itself. A pseudo-therapy may allow a trial to distinguish between the effect of getting a person out of their home versus the effect of a therapy.

The TEP member also cautioned SSA to carefully consider what services get bundled into a single treatment. The TEP member pointed out that different components of an intervention could have offsetting effects. For example, benefits planning and employment services could counteract each other. Benefits planning assists individuals in obtaining Medicaid, which lowers the need for employer-sponsored health insurance. This could lower the level of employment. The TEP member recommended that SSA separately test any components that might counteract when bundled together.

### *How Could the Design Affect External Validity?*

TEP members discussed how the selection of sites could affect the demonstration results. One TEP member pointed out that states differ in the availability of Medicaid. Some states, like Minnesota, expanded Medicaid under the Affordable Care Act and have a Medicaid buy-in program<sup>12</sup>, which together make Medicaid more easily available to those with disabilities. This TEP member was concerned that if termination of DI benefits was accompanied with loss of health insurance, the employment services intervention would have a reduced chance of success. Therefore, it would be important to test the intervention in different types of state environments (states with and without Medicaid expansion and states with and without Medicaid buy-in programs). Another TEP member pointed out that the different

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<sup>12</sup> Medicaid buy-in programs allow individuals with disabilities who are working to pay for Medicaid health care coverage. These individuals might otherwise have too much income to qualify for Medicaid.

types of states highlighted the importance of individual-level random assignment, where treatment and control individuals within the same site or state are subject to the same policies. State-level random assignment, even if assigned from matched pairs of states with similar environments, would not provide sufficient statistical power for the demonstration.

### *Where Should Random Assignment Be Placed in the Termination Process of Beneficiaries with Medical Improvement?*

When a medical CDR determines that a SSDI beneficiary has had medical improvement, the beneficiary may appeal the decision. The appeals process has up to four stages. First, after the medical CDR decision, the beneficiary has 60 days to request a reconsideration of the decision. This reconsideration is performed by a state DDS examiner. If the reconsideration affirms the initial decision, then the beneficiary has 60 days to request a hearing with an administrative law judge (ALJ). If the ALJ concurs with the medical improvement decision, the beneficiary may, within 60 days of the ALJ decision, request a review by an Appeals Council. Finally, if the Appeals Council issues a disadvantageous decision or denies the review request, the beneficiary may file a civil action in U.S. District Court within 60 days of the Appeals Council decision. Within 10 days of each decision, the beneficiary may file a request for benefits to be continued. Without a request for continuation, benefits will continue for three months (i.e., the cessation decision month plus two more grace period months) after the initial medical improvement determination and then terminate.

The TEP had an in-depth discussion about where the point of recruitment into the demonstration should be, assuming that individual-level random assignment would be used for the demonstration. SSA's Section 234 demonstration authority specifies that demonstration participation must be voluntary and obtained through informed written consent. One TEP member commented that the point of recruitment determines the nature of the control group condition and thereby influences the evaluation's ability to detect an effect of the intervention. The TEP members agreed that in principle the point of recruitment would ideally be placed after all appeals were exhausted. However, TEP members commented that identifying such a point was difficult in practice. The TEP made several comments:

- Enrollment in the demonstration should not preclude appealing the medical improvement decision. Precluding appeals would potentially harm beneficiaries who would have successfully appealed and maintained their eligibility for benefits and Medicare.
- TEP members were agreeable to the recruitment of beneficiaries who had not yet exhausted all their appeals as long as those beneficiaries retained their rights to appeal in either the treatment or control conditions.
- It is difficult to sequence the timing of recruitment because beneficiaries who have finished engaging in the appeals process can only be identified once 60 days have passed after the previous decision. This might leave little time for enrollment in the demonstration prior to benefits being terminated.
- If beneficiaries were appealing their cessation decision, TEP members thought it would be difficult for them to focus on employment services and the development of an IPE.
- One TEP member noted that while some beneficiaries continue to receive benefits in the appeals process, other beneficiaries do not because they do not know that they are able to request continuation of benefits.

- Another TEP member raised the possibility that the "pause" in termination that would occur as part of the treatment group condition might actually be a "restart" of benefits if random assignment occurred after the termination of benefits.
- TEP members acknowledged that written informed consent could increase appeals to both treatment and control group members by providing the demonstration volunteers with timely, clear information about their appeal rights.

### ***What Size Effects Should Be Considered Meaningful?***

The TEP noted that the issue of what size effects should be considered meaningful is closely related to issues of sample size and statistical power. One TEP member suggested that a meaningful effect on earnings would be an effect large enough to reasonably assist one in becoming financially self-sufficient. This TEP member recommended looking at or conducting research that showed what level of earnings was associated with self-sufficiency. Two other TEP members pointed out that state context mattered in understanding the relationship between earnings and self-sufficiency. They noted that it is easier to achieve self-sufficiency in a state where Medicaid coverage was more widely available (either due to Medicaid expansion under the Affordable Care Act or due to a Medicaid Buy-in program).

Two other TEP members recommended using data on costs to establish meaningful effect size thresholds. One member suggested a back of the envelope cost-benefit analysis. Another member suggested using the point of cost neutrality as a meaningful effect size. Cost neutrality would be the point where the cost of services was equaled by savings to the DI Trust Fund from reduction in the re-application rate to the SSDI program.

A TEP member also suggested 10 percentage points as a meaningful effect size for employment outcomes (either those with any employment or those with employment above some earnings threshold).

### ***What Number of Participants Are Needed for the Demonstration?***

The TEP pointed out that the necessary sample size for the demonstration is related to expected effect sizes of the intervention and notions about how large effects need to be in order to be considered meaningful. One TEP member noted that smaller expected effects require a larger sample size to detect. The TEP was pessimistic that the illustrative intervention example, which features VR agencies delivering standard VR services to exiting beneficiaries, would produce large or meaningful effects. The reasons TEP members gave for expecting small effects were 1) insufficiently robust intervention, 2) limited time for follow-up, and 3) heterogeneity in type of and exposure to services. Two TEP members expressed concern that the expected sample size of the demonstration would not provide sufficient statistical power to detect the small expected effects.

One TEP member described how one might proceed to determine the necessary sample size for the demonstration. The TEP member suggested first starting with the Hemmeter and Stegman (2013) and Hemmeter and Bailey (2016) articles to understand expected outcome means (for outcomes such as earnings or SSDI program reapplication rate). Then one would propose effect sizes that one wanted the impact analysis to be able to detect. Using a simple difference in means test, a power analysis would reveal the sample sizes necessary to detect effects of these size. Although the TEP agreed that the calculated range of sample sizes would be very helpful in planning the demonstration, no TEP member provided such a calculation or specific target sample sizes for SSA to consider.

### *What Data Sources are Most Important for Addressing Research Questions?*

The TEP discussed several potential data sources that SSA could consider to address the research questions for the Exits Demonstration.

#### **5.1.1 Administrative Data**

Administrative data from SSA's data systems would be a key source of information for the proposed demonstration. These data would measure important outcomes such as return to the SSDI program, enrollment (or return) to the SSI program, employment, and earnings. In addition, one TEP member recommended linking to CMS records in order to collect data on health services usage.

#### **5.1.2 Survey Data**

The TEP discussed collecting survey data for different purposes. The TEP suggested that SSA could use survey data to inform the design of the intervention. One TEP member recommended surveying individuals who returned to the DI program at some point after having left the program due to medical improvement. In particular, this TEP member recommending asking questions about employment experiences and service receipt during the period off the DI program. The TEP member also suggested asking what the individuals thought might have helped them to remain off of SSDI. For example, it might turn out that the return to the DI program was due to medical issues and that might lead SSA to focus the intervention on access to health care. Another TEP member recommended surveying those who had exited the DI program due to medical improvement and subsequently used VR services. The survey responses would help understand the target population better and shed light on:

- What are barriers to receiving services from VR?
- What is the typical length of time between program exit and receipt of VR services?
- What motivates individuals to seek VR services?

The TEP members also thought a baseline survey when participants enroll in the demonstration would be valuable. They suggested a number of questions for a demonstration baseline survey:

- What are individuals' work histories? What has their work experience been before the DI program and while receiving DI benefits?
- How motivated are individuals about finding work?
- Have they looked for jobs in the recent past or while receiving DI benefits?
- What action steps have they taken to search for work, either before or after the notice of disability cessation?

Response to these types of questions could be used to form subgroups for the purpose of subgroup impact analysis.

In addition, the TEP recommended that SSA conduct a follow-up survey as part of the demonstration. This survey would allow SSA to collect outcome measures that are not available in administrative data. TEP-suggested measures to include on a follow-up survey are listed in Section 3 (Research Questions).

One TEP member noted that a monetary incentive might be necessary to increase willingness to respond to a survey, particularly among individuals assigned to the control group.

### *Will the Current Demonstration Authority Allow Sufficient Time to Carry Out the Demonstration?*

Due to the planned expiration of SSA's current demonstration authority under Section 234 of the Social Security Act, SSA must complete recruitment no later than December 31, 2021 and end demonstration services no later than December 31, 2022. SSA clarified that administrative data could be used to measure outcomes of sample members past the expiration of demonstration authority. The TEP acknowledged that longer term analysis of key outcomes was thus not time-constrained by the demonstration authority. However, the TEP noted that a number of other aspects of conducting the proposed demonstration would be affected by the short time-frame.

First among these aspects was intervention design. One of the key recommendations of the TEP was that SSA needs more information about beneficiaries exiting the DI program due to medical improvement to design a potentially effective intervention. The limited time frame means that there is little or no time to learn more about the needs of these exiters.

Second, TEP members noted that there is insufficient time to carefully craft a new intervention. One TEP member noted that there is not enough time to coordinate among multiple organizational partners if multiple partners were involved. Another TEP member noted that the time constraint would not leave enough time to hire and train counselors and staff if newly-developed service approaches were tested.

Third, three TEP members expressed a concern that there would not be enough time to enroll volunteers into the demonstration. One TEP member noted that, if states were used as sites in the demonstration, small states might require more time than large states to meet enrollment targets.

Finally, one TEP member stated when demonstration authority ends, few participants would be finished with the employment and other services planned for in the IPE. The TEP member noted that on average, completing service plans laid out in the IPE take on average two years to complete and that in some states the average was probably three years.

## 6. Implementation

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The bulk of the challenges for implementation of the demonstration are also considerations for design of the intervention and design of the evaluation. Sections 4 (Designing an Intervention) and 5 (Designing an Evaluation) have noted these issues and they include:

- The limited timeframe to implement the demonstration given the expiration of the demonstration authority. This timeframe affects the ability to recruit a sufficient number of demonstration participants, the ability to plan for and recruit multiple intervention partners for a newly-designed intervention, and the ability to hire and train staff for a newly-designed intervention.<sup>13</sup>
- Recruiting exiting beneficiaries into the demonstration is complicated by the appeals process. (See Section 5, Designing an Evaluation).

Two TEP members recommended that recruitment of exiting beneficiaries into the demonstration not rely solely on letters. Uncertainty about their future will make it difficult for the beneficiaries to understand and react to the offer to enroll in the demonstration. Therefore, recruitment will require a person explaining (e.g., by phone or in person) the offer and what it entails.

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<sup>13</sup> TEP members said that if SSA were to implement an alternative to the illustrative state VR example, one that relies on intensive case management or counseling, SSA might struggle to find and train case managers or counselors capable of carrying out implementation. Coordinating across service systems is complicated, and those individuals currently able to deliver that kind of counseling are in short supply. Recruiting existing counselors—from WIPAs, for example—could overburden those providers and potentially divert resources from customers who are not a part of the demonstration.



## 7. Concluding Comments

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This section summarizes the TEP’s concluding comments about the Exits Demonstration. Before the meeting ended, the Abt facilitators asked the TEP members for their responses to the question of whether SSA should conduct the Exits Demonstration under the current Section 234 demonstration authority. The TEP members agreed that DI beneficiaries who exit the program due to medical improvement are an important target group for SSA to study. The TEP members also agreed that testing interventions that could promote sustained, substantial earnings for exiting beneficiaries and prevent their return to the SSDI program is a worthy goal that merits careful consideration. However, the TEP members also noted their reservations about the lack of a strong evidence base needed to develop a demonstration and concerns about the limited time available under SSA’s Section 234 demonstration authority. The TEP members thought there is neither enough evidence about the needs of those exiting the DI program due to medical improvement, nor enough evidence on which types of interventions might be promising.

### *Four of Seven Members of the TEP Recommend that SSA Move Forward with Some Type of Demonstration*

Even though the TEP members agreed about the lack of an evidence base, some TEP members were more willing than others to recommend that SSA proceed with a demonstration under SSA’s current demonstration authority time frame. Four of the seven TEP members said they were inclined to suggest that SSA move forward with some type of exits demonstration. Three of these four were cautious about recommending to proceed while the fourth was more enthusiastic about proceeding. Because of the short time frame available due to the December 2022 expiration of SSA’s demonstration authority, two of these four TEP members emphasized testing some type of intervention that would be straightforward to put in place and manage.

- One of these TEP members thought that proceeding with some type of demonstration would give SSA the opportunity to show that demonstrations can be done in a cost-effective way. The TEP member recommends testing a specific, targeted, and easy to implement intervention to show cost-effectiveness. This individual also noted that the target population is unlike others SSA works with, and with the loss of DI benefits this population may be very motivated to seek employment and increase their earnings. This TEP member also urged SSA to ensure that the sample size is large enough to ensure sufficient statistical power to detect meaningful impacts.
- A second TEP member said that “given there is no evidence base, you need to start creating an evidence base” with this unique population. This TEP member said that it is important to know the impacts of an intervention for exiting beneficiaries. This expert noted that the effects from such an intervention could extend beyond potential benefits for SSA (reduced return to the DI program), but potentially to other public programs as well. At the same time, this TEP member would like to know more about the target population’s needs and whether lessons from other programs are applicable. This individual also acknowledged the challenges of the short time available for a demonstration, recommending that SSA test something easy to manage that could be implemented quickly. In this individual’s opinion, a demonstration involving care coordination requiring multiple partners is not feasible in the timeframe available.
- A third TEP member thought that the exiting beneficiaries are a promising population for intervention and that a demonstration offers SSA an important opportunity to catch people in a time of need. This TEP member was less certain about that type of intervention SSA should test, whether additional cash assistance to use for work, a referral to a state VR program, or something

in between. This TEP member emphasized the importance of SSA taking advantage of the demonstration authority while it is available.

- A fourth TEP member clarified that the intervention discussed at the meeting involved two treatments, the pause in termination and the services. The panel member was concerned about statistical power and recommended that SSA conduct power analysis before proceeding to ensure that the evaluation is adequately powered to detect meaningful effects. The TEP member cautioned against ending up in a situation in which SSA would not be able to rule out either zero effects or meaningful effects.

### ***Three Members of the TEP Do Not Recommend that SSA Move Forward with a Demonstration***

Three panel members acknowledged the merit in further exploration of interventions for this population but recommended that SSA not proceed with the proposed demonstration if it were to be conducted under the present demonstration authority. These members thought there simply was not enough time to further develop the evidence base for the design of an effective intervention. However, if SSA had permanent demonstration authority, these TEP members would recommend proceeding with the demonstration, albeit at a slower pace in order to gather evidence about the needs of the target group and to fully develop and specify an intervention design.

- One of these TEP members said that if SSA had permanent demonstration authority then SSA should pursue a demonstration because it is a worthy idea to provide assistance for SSDI beneficiaries whose benefits terminate due to medical recovery. To pursue a demonstration now, with the limited time available and the lack of a strong evidence base seemed to this expert to be like “throwing things against the wall to see what sticks.” In this individual’s opinion, SSA would need about two years to fully develop and specify the service needs for the DI exiters and to develop a real, plausible intervention that might be effective. This TEP member thought it is consistent with SSA’s mission and therefore appropriate to use DI Trust fund resources to assist DI beneficiaries who exit the program for medical improvement. This TEP member referred to the assistance SSA might provide as a “soft landing” when SSDI benefits (and with it Medicare eligibility) ends after medical improvement. This TEP member recommended that SSA consider a transportation stipend, benefits counseling and VR services as potential components in a robust intervention. This expert did not think any of these components alone should be the centerpiece of a full demonstration, however.
- A second TEP member agreed that assisting SSDI exiters is a worthy goal and believes that, as a whole, the country should do more to assist people who transition off of public benefits. However, this TEP member did not support the idea of proceeding with the Exits Demonstration now in the time available under current SSA demonstration authority. In this expert’s opinion, it would be more damaging to securing future demonstration authority if SSA were to conduct what is perceived as a poorly conceived exits demonstration than to not conduct a demonstration at all. This TEP member supported the idea of including a pause in termination as part of an intervention for SSDI exiters. The expert also recommended that SSA pursue smaller scale research now such as a survey of SSDI beneficiaries who have exited the program due to medical recovery to build evidence about their needs. The idea of offering a cash supplement to purchase items to facilitate work was intriguing to this TEP member, but the expert thought SSA should not pursue it until an approach for how to operationalize such payments are worked out in much

greater detail. This TEP member also wanted SSA to consider that some organizations do not support using DI Trust Fund resources to support individuals once they exit the DI program.

- The third TEP member who did not support proceeding with the exits demonstration cited the lack of evidence base about effects of services as a primary concern. This expert thought SSA needs evidence from meta-analyses of the effects of employment services and VR services on return to work to develop a demonstration. This TEP member also thought that before testing a larger intervention, SSA would benefit from testing smaller components of an intervention in a limited setting to build evidence about potential packages of assistance. This TEP member recommends an intervention that features early response to an applicant for VR services and frequent contact throughout the service process. This TEP member also recommends including motivational interviewing in assistance offered to SSDI exiters to build evidence about the effects of motivational interviewing, which could allow service providers to make more appropriate, efficient referrals.

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## Appendix A. Discussion Guide Responses

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### *Social Security Administration*

#### *Exits from Disability Demonstration TEP*

#### *Member Discussion Guide*

#### **Topic 1: General Introductory Discussion**

Each panel member will briefly summarize his or her opinions about the most important issues for SSA to address in developing the Exits Demonstration (e.g., target population, service providers, intervention details, evaluation design)

Target population: clearly defined below as beneficiaries exiting SSDI/SSI as a result of medical improvement. However, one question is whether specific segments of this population should be targeted. Based on evidence that programs with specialized services and supports have been generally more effective (limited evidence) than more standardized programs, targeting specific populations with specialized services may be beneficial as a starting point or worth considering.

Service providers: I think the important issues are access, quality, and provision of services. Whether the service providers are state VR agencies or private providers, there must be sufficient incentives for the providers to provide the required services to the participants.

Intervention details: these are important in that the proposed intervention should be evidence-based. I think that taking a phased approach – by implementing a pilot program, and then a full scale implementation (similar to the BOPD and BOND projects, as well as the RETAIN projects currently underway) would allow for specific implementation details to be worked out. Having a technical assistance provider to assist the project sites would be beneficial, as well as closely monitoring progress.

Identifying a specific set of evidence-based interventions, allowing for flexibility during the pilot phase to adjust based on implementation challenges/barriers, and then defining the specific characteristics prior to full implementation. Based on the characteristics of the location of the demonstration – including the service providers, labor market, population characteristics – the projects should have a “core” set of interventions, however there should be some consideration given to allow for flexibility in implementing other aspects that are appropriate for the location.

Given the target population and proposed intervention, including a care coordination (within VR and possibly healthcare) component and employer incentives/engagement could play key roles.

Evaluation design: developing rigorous estimates of the program impact is crucial. However, if the demonstration conducts a small pilot program, the focus could be on implementing the program, and then for the full implementation, to design the most rigorous evaluation given the programmatic implementation design. A crucial factor in this is ensuring that an adequate number of individuals participate – both workers and service providers. Ensuring this is a crucial first step.

**Topic 2: Target Population/Identifying the Problem**

SSA has identified the target population as beneficiaries whose entitlement has terminated because of medical improvement. Does the target population need additional definition?

I think this target population is well defined. It is a heterogeneous population that likely needs varied services and supports, but it is well defined.

What does current research (both domestic and international) say about outcomes (employment, earnings, return to SSDI) for beneficiaries whose entitlement terminates because of medical improvement?

What problem(s) would the demonstration's intervention try to solve?

The demonstration would try to “solve” the poor labor market outcomes of beneficiaries that were recently terminated from SSDI/SSI, including re-entry into these programs. They would do this, ideally, by implementing services that improve the employment outcomes of beneficiaries that were recently terminated because of medical improvement. Beyond that, ideally the intervention would allow for ongoing services to help individuals stay in the labor force and lower the probability of them having to re-enter SSDI/SSI.

What research or datasets would help us better understand this population?

SSA data – as used in the papers sent for this TEP

Does SSA need further research or is this enough to conduct a demonstration?

While fairly limited, the current research indicates a need for beneficiaries to help them re-enter the labor force. An important factor is to estimate whether any potential interventions would generate sufficient benefits to justify the costs of the program. If the goal is to ultimately help beneficiaries sustain gainful employment and reduce re-entry to lower SSDI/SSI payment obligations, then one could create a range of “break-even” effect sizes, based on varying outcomes. While SSA would directly benefit from lower rates of re-entry, additional benefits to society should also be considered.

**Topic 3: Designing an Intervention*****Lessons from Current Research***

What does current research (both domestic and international) say about supports for beneficiaries whose entitlement terminates because of medical improvement? What services might affect outcomes?

Not specific to beneficiaries whose entitlement terminates because of medical improvement but services that might affect outcomes:

- Care coordination – between employment services, healthcare, and employer engagement
- Having a “coordinator” that helps the individual navigate the services, help them keep on track, identify barriers, limitations, develop work plans, and follow through on the plans.
- Access to re-training and education services.
- Job search, “soft-skills” training, technology training
- Accommodations specialist – help people identify any specific accommodations that may improve their ability to work. Help with communicating with potential employers and applying for jobs.

What is the process for this population to access relevant services?

What are the barriers to accessing available services for this population?

Potentially states that have an “order of selection” – if a state VR agency does not have enough funds to serve all the eligible applicants, an order of selection requires that those with the most severe disabilities get priority. While SSDI beneficiaries are classified as having severe disabilities, those out of the program may not qualify. If in place, this may prevent some of the target population from receiving services.

***Considerations for Designing the Exits Demonstration Intervention***

What are the advantages and disadvantages of the illustrative SVRA example?

- Advantages:
  - beneficiaries may be more willing to participate knowing that their benefits have been terminated
  - SSA and SVRAs enter into agreements to give priority status to participants
  - Clear point of randomization into treatment/control groups
- Disadvantages:
  - Benefit continuation time before services start for treatment group may create difficulties in the evaluation
  - If done in geographic areas, ensuring that the SVRAs with agreements have sufficient expected numbers of participants

What are advantages and disadvantages of having SVRAs be the intervention providers?

Advantages: SSA authority to develop agreements and give participants priority status – especially advantageous if state has order of selection.

What are the anticipated impacts of the SVRA example?

It is unclear whether the proposed intervention would be sufficient to generate policy relevant impacts. Evidence suggests that more intensive, targeted services are more effective. Additionally, providing a single, up-front short-term intervention will not address the lingering problem which isn't necessarily employment, but sustained employment.

What are considerations in selecting length of benefit continuation for the SVRA example?

Aligning the timing of the participant's entry into services relative to the control group exit from benefits.

What are considerations for service milestones and payment structure for the SVRA example?

To ensure ongoing participation, period milestones – even check-in calls from a service provider – should be incentivized. After identifying an evidence-based set of protocols, providers should receive small financial payments similar to Washington's Centers of Health and Education that provides physicians with payments for following return to work best practices.

What alternatives to the SVRA intervention example might SSA consider? For example:

I think the specifics of the intervention itself is critical.

Other service providers

Other service milestones

Benefit continuation period

Payment Structure

Other intervention parameters

**Topic 4: Research Questions/Outcomes**

Given this type of intervention, what are the most important questions SSA should attempt to answer through the demonstration?

What service provisions are effective?

What is the impact on earnings?

What is the impact on employment outcomes? Short and long term

What is the impact on re-entry/re-application to SSDI/SSI?



What is the probability of applying for other public disability benefits?

What should SSA want to learn about implementing this type of intervention?

If this type of intervention helps individuals obtain and sustain employment after leaving SSDI/SSI.

What should SSA want to learn about the effects of this type of intervention?

How do the effects vary across sub-populations, locations, service providers?

Which outcomes are most important to measure?

Employment, re-application/re-entry to SSDI/SSI, earnings,

Should subgroups be targeted? If so, what are the appropriate subgroups?

Given the evidence on the impact of services on employment outcomes for youth with disabilities and those with specific medical conditions, focusing on those populations may yield greater benefits. However, it would depend on whether there would be sufficient numbers of the various populations to be able to detect policy impacts in the evaluation.

#### **Topic 5: Evaluation Design**

What recommendations or suggestions does the panel have to improve the illustrative SVRA design with respect to the evaluation? This includes recruitment, causal identification strategy, sample size, data needs, outcomes for analysis, and other factors.

What specific variations on the illustrative SVRA example would be useful to test, if any? That is, what variations on length of intervention, payment structure(s), milestones, services, etc. would be the most informative alternatives to test as different study arms?

Variations in the intensity and length of services provided

Financial incentives to providers for following best-practices – these could potentially vary across program sites

How much time is necessary to produce meaningful results? Does SSA's current demonstration authority provide sufficient time to measure outcomes of interest?

Having authorization to follow up with participants after the demonstration authority time would increase the timeline for SSA to track employment and earnings.

What are meaningful effect sizes for the key outcomes?

How many individuals must be included in the study? What research would be helpful in determining target sample sizes?

Should the demonstration be national or would more limited geographic representation be sufficient? What constitutes a site?

A national demonstration would be extremely challenging to coordinate within the study time-period. Limited geographic representation would be sufficient to test the interventions – though it's unclear how generalizable the findings would be without more details.

If the focus is on VR services, having the demonstrations conducted at a state-level, but allowing for variation across sites (VR agency offices) within the state.

How should treatment and control (or comparison) groups be assigned? What alternatives to a simple random assignment study are feasible?

Random assignment would be the most ideal design. If that is not feasible, then a regression discontinuity design, perhaps based on differences in disability ratings or scores, may be an attractive alternative. The biggest concern with this approach would be that there enough individuals around the cut-off to generate a sufficient sample size.

Does a RCT design have limitations in answering the research questions? If so, what alternative approach could mitigate the limitations?

The RCT design would have limitations if the randomization happens at the individual level compared to the site level. Depending on the intervention, there would be concerns over cross-contamination between treatment and control groups if the randomization happens at the individual level – if the intervention includes enhanced services provided by a VR provider or something similar.

If random assignment is used, should it be individual or site level?

Randomizing at the individual level is ideal if there is no contamination or cross-services. Depending on the intervention, I would be concerned about randomizing at the individual level because service provision at a particular site may improve/change for control group members as the program progresses. If the intervention is clear cut and doesn't involve process improvements, then I would be less concerned. With process and service improvements that may contaminate the control group, I would lean more towards randomizing at site level. However, randomizing at site level would also depend on the availability of matching control group sites.

What are the implications for the choice of design on both internal and external validity?

What data collection would be necessary to support the evaluation?

SSA or state-level wage data that includes beneficiary demographic characteristics, intervention-level data on program implementation including services provided, length of service, intensity (if there is a measure) that would be collected by the service provider.

Conducting surveys of worker participants and providers would provide useful information. For workers – surveys on satisfaction with services, expectations, if employed – job type, hours, difficulties finding employment,

What data sources are most important for addressing research questions?

Which administrative data sources can be leveraged and what are their advantages?

Will survey data be needed?

It may be necessary to obtain survey data from participants on outcomes, satisfaction with services provided, etc.

**Topic 6: Implementation**

What agencies, organizations, etc. should SSA consider partnering with for the study?

DOL, RSA

What aspects of the demonstration can SSA conduct internally?

What impact does the proposed intervention have on state DDS agencies' performance measures and willingness to participate? How can SSA alleviate concerns?

What is the shortest possible duration for the demonstration?

Is the anticipated flow of beneficiaries into the recruiting pool sufficient to support the needed sample size to detect meaningful effects?

What implementation challenges might occur and how could SSA address them?

SSA may face implementation challenges at the state level, in recruiting VR service providers or other workforce development agencies.

What recruitment challenges do you anticipate SSA may face? What would stop potential participants from volunteering? How might SSA address recruitment challenges?

I would imagine there may be more recruitment challenges among service providers than worker participants. These challenges would likely center around having adequate resources to carry out the intervention itself.

Do you have any recommendations regarding training for SVRAs or other intervention partners that will interact with demonstration subjects?

**Topic 7: Concluding Comments**

Are there other professional with whom we should consult?

Are there any key topics not covered that you think are important to discuss?

Do you have any other comments?

This is an interesting demonstration idea and one that should be explored more to conduct within SSAs current demonstration authority. The primary questions I have are around the specific intervention itself and the characteristics of the target population. It would help to have more information on the individuals that are exiting SSDI and the types of services/supports that may benefit this population. Conducting research on existing SSA data to learn more about this population would be beneficial to help design a potential intervention. There are a number of positive aspects about designing an intervention that lend well to an evaluation, however there may be challenges in obtaining the required partners in the timeframe.

There are a lot of unknowns about the types of services/supports that would benefit this population, so while it will be important to review the evidence base, there may still be unknowns. However, given the large uncertainty about the impact of interventions among this population on improving employment outcomes, the current demonstration authority does provide a window of an opportunity to conduct such a project to generate evidence.

**Social Security Administration  
Exits from Disability Demonstration TEP  
Member Discussion Guide**

**Topic 1: General Introductory Discussion**

Each panel member will briefly summarize his or her opinions about the most important issues for SSA to address in developing the Exits Demonstration (e.g., target population, service providers, intervention details, evaluation design)

**Topic 2: Target Population/Identifying the Problem**

SSA has identified the target population as beneficiaries whose entitlement has terminated because of medical improvement. Does the target population need additional definition?

What does current research (both domestic and international) say about outcomes (employment, earnings, return to SSDI) for beneficiaries whose entitlement terminates because of medical improvement?

To my knowledge, the current research does not specifically address termination because of medical improvement (TMI?), but rather addresses suspension/termination due to work (STW), and this research only focus on return to SSDI, without distinguishing between return via expedited reinstatement or reapplication. My concern is that, as with denied applicants, a certain portion of TMI beneficiaries would reapply using a different medical condition. It is not clear how generalizable findings about STW beneficiaries are to TMI beneficiaries. STW is an indicator of medical improvement (reduction of work disability), however, unlike STW beneficiaries, TMI beneficiaries may not have a recent connection to the labor market.

What problem(s) would the demonstration's intervention try to solve?

The intervention will provide vocational rehabilitation services intended to promote the self-sufficiency among TMI beneficiaries to increase well-being and thereby reduce the likelihood of reapplication.

What research or datasets would help us better understand this population?

TMI beneficiaries may be similar to retirees who have been out of the labor market for a while and are attempting to reenter the labor market. Both are likely to be experiencing health conditions (although not necessarily work disabling). So, this would suggest that the HRS would be useful.

Does SSA need further research or is this enough to conduct a demonstration?

Assuming this demonstration is able to identify positive effect—a statistically significant and meaningful (or at least cost neutral) effect of VR services for TMI beneficiaries—there will likely be a need to investigate heterogeneity in this effect related to impairment type and type of VR services.

In addition, research in this area should extend to determining which impairments are improving and are there ways to foster improvement (with med. and/or voc. rehab. services) for beneficiaries within those impairments and other impairment types.

**Topic 3: Designing an Intervention**

***Lessons from Current Research***

What does current research (both domestic and international) say about supports for beneficiaries whose entitlement terminates because of medical improvement? What services might affect outcomes?

SSA demonstrations have struggled to identify employment services that promote beneficiaries working (and maintaining) work with earnings above SGA. I will be pleasantly surprised if this demonstration is able to do so.

What is the process for this population to access relevant services?

I am not aware of an existing process for TMI beneficiaries to receive employment services.

What are the barriers to accessing available services for this population?

I would imagine that process for appealing termination due to medical improvement will slow the pace at which such beneficiaries seeks services. Knowledge of the existence of such services is likely to be a barrier to accessing services. Local economic circumstances will also be a barrier to seeking services and perhaps the supply of services.

***Considerations for Designing the Exits Demonstration Intervention***

What are the advantages and disadvantages of the illustrative SVRA example?

The advantage is the experience of SVRA working with such a population. The disadvantage is the indeterminacy of length of services is a challenge, with many receiving services from SVRA entering potentially long-term education/training programs.

What are advantages and disadvantages of having SVRAs be the intervention providers?

What are the anticipated impacts of the SVRA example?

The achievement of IPE goals.

What are considerations in selecting length of benefit continuation for the SVRA example?

The length of continuation is likely going to vary depending on the provider(s) and available services. For instance, the degree to which secondary education is used as an intervention. Also local economic circumstances may influence successful closure.

What are considerations for service milestones and payment structure for the SVRA example?

What alternatives to the SVRA intervention example might SSA consider? For example:

Other Employment Networks (ENs) under Ticket.

Other service providers

Other service milestones

Benefit continuation period

Payment Structure

Other intervention parameters

**Topic 4: Research Questions/Outcomes**

Given this type of intervention, what are the most important questions SSA should attempt to answer through the demonstration?

What are the factors that lead individuals to volunteer for the program?

What should SSA want to learn about implementing this type of intervention?

What should SSA want to learn about the effects of this type of intervention?

Which outcomes are most important to measure?

Number of appeals and number of reapplications.

Should subgroups be targeted? If so, what are the appropriate subgroups?

I would target youth and those psychiatric impairments. I don't know enough about the distribution of TMI to be sure they are large enough to follow.

**Topic 5: Evaluation Design**

What recommendations or suggestions does the panel have to improve the illustrative SVRA design with respect to the evaluation? This includes recruitment, causal identification strategy, sample size, data needs, outcomes for analysis, and other factors.

What specific variations on the illustrative SVRA example would be useful to test, if any? That is, what variations on length of intervention, payment structure(s), milestones, services, etc. would be the most informative alternatives to test as different study arms?

How much time is necessary to produce meaningful results? Does SSA's current demonstration authority provide sufficient time to measure outcomes of interest?

What are meaningful effect sizes for the key outcomes?

How many individuals must be included in the study? What research would be helpful in determining target sample sizes?

A power analysis should be conducted using the effect sizes of previous demonstrations as a guide.

Should the demonstration be national or would more limited geographic representation be sufficient? What constitutes a site?

Limited geography will likely be necessary, given the potential coordination costs with SVRAs. Sites would be a state, then a district office.

How should treatment and control (or comparison) groups be assigned? What alternatives to a simple random assignment study are feasible?

Random if possible. A power analysis would help.

Does a RCT design have limitations in answering the research questions? If so, what alternative approach could mitigate the limitations?

**.The biggest limitation in the current description of the design is the lack of a “pseudo therapy” for the control group. It could be the “pause” that is most beneficial and not the services received.**

If random assignment is used, should it be individual or site level?

I am reminded of the LSVRSP (an RSA-funded longitudinal survey in the early 2000s). I believe it selected VR agencies and then district offices and then individuals. A power analysis would be help determine the need for stratification and randomization.

What are the implications for the choice of design on both internal and external validity?

I don't think there are many design options from which to choose. That said, I have always thought that the variability within employment service makes it difficult to identify effects and generalize results.



What data collection would be necessary to support the evaluation?

The hardest thing will likely be the collection of medical information. If there is medical decline, it will be important to capture.

What data sources are most important for addressing research questions?

Which administrative data sources can be leveraged and what are their advantages?

There is a pretty big lag to RSA-911 data. It may not be helpful.

Will survey data be needed?

The NIDILRR funded model systems have a pretty good tool for identifying changes in disablement.

**Topic 6: Implementation**

What agencies, organizations, etc. should SSA consider partnering with for the study?

What aspects of the demonstration can SSA conduct internally?

What impact does the proposed intervention have on state DDS agencies' performance measures and willingness to participate? How can SSA alleviate concerns?

What is the shortest possible duration for the demonstration?

Is the anticipated flow of beneficiaries into the recruiting pool sufficient to support the needed sample size to detect meaningful effects?

What implementation challenges might occur and how could SSA address them?

What recruitment challenges do you anticipate SSA may face? What would stop potential participants from volunteering? How might SSA address recruitment challenges?

Do you have any recommendations regarding training for SVRAs or other intervention partners that will interact with demonstration subjects?

**Topic 7: Concluding Comments**

Are there other professional with whom we should consult?

Are there any key topics not covered that you think are important to discuss?

Do you have any other comments?

**Social Security Administration  
Exits from Disability Demonstration TEP  
Member Discussion Guide**

**Topic 1: General Introductory Discussion**

Each panel member will briefly summarize his or her opinions about the most important issues for SSA to address in developing the Exits Demonstration (e.g., target population, service providers, intervention details, evaluation design)

**Topic 2: Target Population/Identifying the Problem**

SSA has identified the target population as beneficiaries whose entitlement has terminated because of medical improvement. Does the target population need additional definition?

This is a relatively small fraction of all beneficiaries, but of course it could have a material impact on SSA payments and costs if successful. Hard to further restrict without sample size issues.

In the explanations, there is some discussion of SSI recipients with terminations for other reasons as well – like institutionalization and income rules – so clarifying if they are going to be included would be helpful.

Recent reports suggest that the TTW exclusion is small (~2.5 percent of all beneficiaries), but please clarify if it is more material.

What does current research (both domestic and international) say about outcomes (employment, earnings, return to SSDI) for beneficiaries whose entitlement terminates because of medical improvement?

I would characterize there being two types of research: (1) descriptions of outcomes of those terminated for medical improvement; and (2) studies of beneficiaries terminated from the program because of policy/rule changes that no longer make them eligible. The former research is fairly well covered in the background documentation, and I think Hemmeter and Stegman (2013) is especially helpful for understanding the target population and possible interventions. For the latter, there are a range of studies, with most looking at changes in Northern European countries (especially The Netherlands) and then a study on the drug/alcohol terminations in the US in 1996 (Moore, 2015).

From my reading, I think the general evidence is that:

- Employment and earnings increase, although never to levels where average earnings replace average disability payments lost. A small fraction have stable employment and high earnings, but most have formal income that is lower than before. Evidence on health insurance is limited, but my sense is that few are gaining anything like the coverage they received through Medicare/Medicaid
- Many return to DI/SSI over time (or the equivalent programs in other countries), but it is unclear because of aging/health deterioration or because of the lack of employment opportunities.

- In countries where there is a broader social safety net, terminations result in a lot of welfare substitution (in some countries, the income gains from other income support are larger than any increases in earnings).
- Employment effects are larger among those who were younger, had higher pre-DI/SSI earnings, or had early-stage denials in the application stage, and perhaps among those with mental disorders as their primary disability.

What problem(s) would the demonstration's intervention try to solve?

The key premise of the current proposed demonstration seems to be that assisted labor force reentry through vocational support will increase employment and earnings, and decrease re-entry to DI/SSI. If the latter outcome is the most important one, then one puzzle is that the (negative) correlation between work and program reentry seems fairly weak (e.g., those who were on SSI reenter DI/SSI at only slightly higher rates than those who were on DI, which is pretty amazing given the very different work histories for the average participant in each program). Before undertaking the demonstration, it might be helpful to understand how some people with limited work experience permanently exit the program and work with some intensity. Some related questions: Are there earnings levels above which the likelihood of re-entry decreases substantially? How many who exit achieve these levels, and what is the evidence about the potential for employment support strategies to help people obtain these levels?

What research or datasets would help us better understand this population?

Disability Analysis File (DAF) is a good core file for understanding this population, along with the CDR Waterfall file and any other application/review data (I have not used CDR information, but am familiar with the DAF (previously Ticket Research File)). Combining outcomes across DI and SSI is important, as eligibility changes between original application and any re-applications.

Does SSA need further research or is this enough to conduct a demonstration?

There are some things I would like to know more about before saying we knew enough (alluded to above), but that could be about gaps in my knowledge rather than gaps in understanding at SSA.

### **Topic 3: *Designing an Intervention***

#### ***Lessons from Current Research***

What does current research (both domestic and international) say about supports for beneficiaries whose entitlement terminates because of medical improvement? What services might affect outcomes?

I am not sure there is a lot of clear evidence about what support affects outcomes, possibly because many times the support offered is extremely limited. From my reading of the literature, there is some evidence that intensive case management can improve outcomes, especially for individuals with mental-health-related disabilities.

It was not clear if health insurance would be available to terminated beneficiaries in the extended grace period. This may be affect outcomes. Certainly the value of

Medicare/Medicaid and other support (food stamps) should be factored into the incentives for people to reapply for DI/SSI.

What is the process for this population to access relevant services?

At this stage, I will defer to the expertise of other panel members with respect to this question.

What are the barriers to accessing available services for this population?

At this stage, I will defer to the expertise of other panel members with respect to this question.

### *Considerations for Designing the Exits Demonstration Intervention*

What are the advantages and disadvantages of the illustrative SVRA example?

It is important to have some idea of the size of the treatment effect that may be likely under different interventions. A “partial” intervention involving a counselling session seems likely to deliver small effects on the outcomes of interest, meaning that having sufficient statistical precision could be difficult. I defer to other experts about what an IPE would deliver, but pinning down some expectations and (ideally) doing some power calculations would seem to be optimal.

What are advantages and disadvantages of having SVRAs be the intervention providers?

As opposed to who? I am happy to defer to SVRA experts, but I will be interested in the conversation around this.

What are the anticipated impacts of the SVRA example?

I would expect that they would be in line with the overall objectives of the demonstration. I don't have the precise expectations about the size of these effects given the information provided.

What are considerations in selecting length of benefit continuation for the SVRA example?

There are going to be some issues related to how long SVRA processes take that will be important for choosing benefit length, and I expect others will be better placed to comment on that element. One thing to keep in mind is that benefit exhaustion can increase job search and job matches, and therefore a spike in employment right at the end of SVRA participation may not necessarily be evidence of the direct impact of the intervention. It could be helpful – if there are enough participants to vary the grace period between a shorter and longer time period (especially if there is some doubt about this aspect of the intervention).

What are considerations for service milestones and payment structure for the SVRA example?

Is it possible to contemplate payments based on lack of re-entry to DI/SSI?

What alternatives to the SVRA intervention example might SSA consider? For example:

Happy to discuss but I do not have a clear alternative in mind that better addresses the goals of the project, except it may be helpful to think about whether there is a medical component

or medical interventions that should be contemplated. Is it work skills alone affecting re-entry, or does health play a role as well.

Other service providers

Happy to discuss but I do not have clear alternatives in mind that better address the goals of the project.

Other service milestones

Happy to discuss but I do not have clear alternatives in mind that better address the goals of the project.

Benefit continuation period

See the discussion above – it might be good to vary this component of the intervention.

Payment Structure

Happy to discuss but I do not have clear structures in mind that better address the goals of the project, other than focusing on outcomes and limiting the incentives for perverse behavior.

Other intervention parameters

Health status, as discussed above?

**Topic 4: Research Questions/Outcomes**

Given this type of intervention, what are the most important questions SSA should attempt to answer through the demonstration?

1. Does the intervention affect the number of reapplications for DI/SSI?
2. Does the intervention affect the number of reallowances for DI/SSI?
3. What non-DI/SSI impacts did the intervention have, in terms of employment, earnings and mortality?
4. What demographic, employment and programmatic characteristics were associated with the effectiveness of the intervention in terms of #1-#3?

What should SSA want to learn about implementing this type of intervention?

Have clear insights about good collaborators and especially good organizations for active case management, if it delivers good outcomes.

What should SSA want to learn about the effects of this type of intervention?

In addition to learning about the effects of the intervention it is a great opportunity to understand more about what people do when they leave DI/SSI and who is “successful” – is it people who immediately find a job, with family or community support, prior skills, a particular condition? More description would be helpful, as there is still plenty of things understood in only limited ways.

It would be helpful to understand the role of the grace period.

Which outcomes are most important to measure?

Reentry, employment, earnings. I am focused on the outcomes in administrative data, but there are obviously a broader set that would be helpful to measure.

Should subgroups be targeted? If so, what are the appropriate subgroups?

Measuring characteristics to understand the relative performance of subgroups will be important, but I am not sure specific groups should be targeted.

**Topic 5: Evaluation Design**

What recommendations or suggestions does the panel have to improve the illustrative SVRA design with respect to the evaluation? This includes recruitment, causal identification strategy, sample size, data needs, outcomes for analysis, and other factors.

High willingness to participate, randomization, power calculations, long follow up.

What specific variations on the illustrative SVRA example would be useful to test, if any? That is, what variations on length of intervention, payment structure(s), milestones, services, etc. would be the most informative alternatives to test as different study arms?

I think the illustrative example is fairly vague. Happy to pin down some of these for a baseline model and then go from there.

How much time is necessary to produce meaningful results? Does SSA's current demonstration authority provide sufficient time to measure outcomes of interest?

As long as the follow up is of sufficient length I think it would be okay. The bigger question is whether any changes to the CDR process is being contemplated, as the small exit rates will mean any changes are going to rapidly change the target group and hurt the external validity of the study.

What are meaningful effect sizes for the key outcomes?

I do not have a strong view on this. That said, if effect sizes are small then this could be a problems as it will be an intervention targeted at a relatively small group of beneficiaries.

How many individuals must be included in the study? What research would be helpful in determining target sample sizes?

Would like to see some power calculations and respond to those.

Should the demonstration be national or would more limited geographic representation be sufficient? What constitutes a site?

Prefer national, but open to alternate models.

How should treatment and control (or comparison) groups be assigned? What alternatives to a simple random assignment study are feasible?

Prefer randomization, but open to other models.

Does a RCT design have limitations in answering the research questions? If so, what alternative approach could mitigate the limitations?

Examiner assignment may offer a quasi-experimental method to get at some related questions.

If random assignment is used, should it be individual or site level?

Depends on the vocational support model and the number of participants at each site.

What are the implications for the choice of design on both internal and external validity?

This is discussed above.

What data collection would be necessary to support the evaluation?

At a minimum there should be detailed administrative data, but I am also open to the idea that further information may be required.

What data sources are most important for addressing research questions?

Administrative data sets are discussed above, and they are a good starting point.

Which administrative data sources can be leveraged and what are their advantages?

See discussion above.

Will survey data be needed?

Not sure until we discuss more details.

### **Topic 6: Implementation**

What agencies, organizations, etc. should SSA consider partnering with for the study?

Happy to defer to other experts at this stage.

What aspects of the demonstration can SSA conduct internally?

Design, randomization, possibly core data collection.

What impact does the proposed intervention have on state DDS agencies' performance measures and willingness to participate? How can SSA alleviate concerns?

It seems that it should be trivial to adjust performance criteria to deal with this sort of demonstration project (measure outcomes as if there was no grace period, for example). Is this a real constraint?

What is the shortest possible duration for the demonstration?

Not sure until we discuss more details.

Is the anticipated flow of beneficiaries into the recruiting pool sufficient to support the needed sample size to detect meaningful effects?

Not sure until we discuss more details.

What implementation challenges might occur and how could SSA address them?



Not sure until we discuss more details.

What recruitment challenges do you anticipate SSA may face? What would stop potential participants from volunteering? How might SSA address recruitment challenges?

SSA is more experience in terms of demonstrations and recruitment, so I would defer to the expert thoughts of SSA staff at this stage.

Do you have any recommendations regarding training for SVRAs or other intervention partners that will interact with demonstration subjects?

Happy to defer to panel members with more expertise in this area at the moment.

**Topic 7: Concluding Comments**

Are there other professional with whom we should consult?

Not sure until we discuss more details.

Are there any key topics not covered that you think are important to discuss?

Not sure until we discuss more details.

Do you have any other comments?

No

**Social Security Administration  
Exits from Disability Demonstration TEP  
Member Discussion Guide**

**Topic 1: General Introductory Discussion**

Each panel member will briefly summarize his or her opinions about the most important issues for SSA to address in developing the Exits Demonstration (e.g., target population, service providers, intervention details, evaluation design)

- This proposal aims to prevent people from returning to the rolls by providing access to VR services. It makes sense to use SVRAs for serving this group; however, there are still a number of logistical and procedural considerations that need to be reconciled.
- Individuals who are losing benefits constitute an important population and are likely to be more motivated to participate in efforts to find or maintain work, especially compared to individuals who are active beneficiaries. However, it is unclear at what point people would be recruited for participation in this project. Will this only occur after they have completed the appeals process? Will they have the opportunity to appeal the termination after participation in the project?
- There are currently no data to support what vocational services (or what general supports) are most effective for this population. It would be advantageous to survey or interview people who have had SSDI benefits terminated for medical improvement about their experiences. From their perspective, what services/supports would they suggest a most useful in the immediate transition off of benefits? This should include perspectives of those who are successfully working, those who returned to SSDI, and those not working to provide a more complete picture.
- SVRAs make sense to be the providers of vocational services to this population; however, would they have the capacity to do this long term and would it impact their commitment and resources for serving those with the most significant disabilities?
- Would there be any incentive for those in the control group to remain engaged?
- It will be challenging to set specific milestones and timeframes given the variability in individual service needs and VR agencies. How will engagement in services be assessed? If the IPE takes several months to complete, would benefits continue during this time?

**Topic 2: Target Population/Identifying the Problem**

SSA has identified the target population as beneficiaries whose entitlement has terminated because of medical improvement. Does the target population need additional definition?

- Consider age range, such as those under 65.
- Consider time since previous employment (those with a greater gap in work history may face more barriers to obtaining employment).

What does current research (both domestic and international) say about outcomes (employment, earnings, return to SSDI) for beneficiaries whose entitlement terminates because of medical improvement?

- Approximately 20% of those with terminated benefits return to SSDI within 8 years (and likely a lower bound estimate since CDR is underfunded and focusing on those with least severe impairments, see Hemmeter & Stegman, 2013, *Subsequent Program Participation of Former Social Security Disability Insurance Beneficiaries and Supplemental Security Income Recipients Whose Eligibility Ceased Because of Medical Improvement*).
- There needs to be more research to understand outcomes for this specific population and what factors are associated with outcomes.

What problem(s) would the demonstration's intervention try to solve?

- How to minimize risk of returning to SSDI/SSI?
- How to connect people being terminated from SSDI benefits with vocational supports/services?
- How to promote successful outcomes for this populations (e.g., employment, earnings, quality of life, subjective well-being, access to resources)?

What research or datasets would help us better understand this population?

- RSA-911 data could be useful if there was a way to identify those in this population so as to see employment outcomes associated with receipt of services and which services most effective. It is possible some states may have this kind of data.
- Research on predictors of employment outcomes and SVRA use by this population.

Does SSA need further research or is this enough to conduct a demonstration?

- Some more preliminary data would be helpful. For example, a survey with individuals who have been terminated from SSDI for medical improvement about their experiences and perspectives on what supports were or would have been most helpful to improve transition off of benefits. It would also be useful to know if individuals were aware of SVRAs, if they had pursued and/or acquired VR services, and if so if they found them beneficial.

### **Topic 3: Designing an Intervention**

#### ***Lessons from Current Research***

What does current research (both domestic and international) say about supports for beneficiaries whose entitlement terminates because of medical improvement? What services might affect outcomes?

- The counseling relationship—specifically stronger working alliance with the vocational counselor—has been associated with better employment outcomes for those using state-federal VR services (Lustig et al., 2002, *The Relationship between Working Alliance and Rehabilitation Outcomes*). It would be beneficial to assess the working alliance between the participants and the vocational counselor they work since may have influence on outcomes.
- Motivational interviewing has strong empirical base for promoting behavior change across a number of domains, and its applicability to vocational rehabilitation has been

discussed in the literature (e.g., Larson, 2008, *User-friendly Motivational Interviewing and Evidence-Based Supported Employment Tools for Practitioners*; Wagner & McMahon, 2004, *Motivational Interviewing and Rehabilitation Counseling Practice*). Some states have implemented motivational interviewing training for VR counselors. Given that some participants may be ambivalent about desire to return to work, incorporating motivational interviewing to assess and address participants' readiness to work could be advantageous since may affect outcomes.

- Supported employment has a strong research base, particularly the Individual Placement and Support (IPS) model.

What is the process for this population to access relevant services?

- Individuals with disabilities can apply for public VR services; however, some states use an order-of-selection status, where only individuals with significant or most significant disabilities can receive services. SSI/SSDI beneficiaries automatically meet eligibility for VR services, but individuals who are no longer beneficiaries would need to go through eligibility assessment and may not be eligible—especially in states in order-of-selection status.

What are the barriers to accessing available services for this population?

- If the participants are no longer SSDI beneficiaries during this project, it is possible they may no longer meet eligibility for SVRA services.

### *Considerations for Designing the Exits Demonstration Intervention*

What are the advantages and disadvantages of the illustrative SVRA example?

What are advantages and disadvantages of having SVRAs be the intervention providers?

- Advantage: SVRAs are available in each state and people are generally familiar with them—for example, for Ticket to Work most beneficiaries assigned their tickets to SVRAs, suggesting these agencies are familiar and accessible to people.
- Advantage: SVRAs have experience and training in data collection and reporting.
- Disadvantage/Consideration: Qualifications and effectiveness of rehabilitation counselors can vary across and within states. For this population, rehabilitation counselors would benefit from having had training in motivational interviewing to help participants reduce motivational conflicts. Some states do training on this already. Similarly, not all rehabilitation counselors are Certified Rehabilitation Counselors (CRCs) or have master's degrees (and research supports better employment outcomes associated with the education level of the counselor).

- Disadvantage/Consideration: Participants in this project would presumably not be considered individuals with most severe disabilities. Would they remain eligible to receive SVRA services after no longer having beneficiary status? If so, would this potentially impact the availability of services/resources for those VR consumers with more severe disabilities whom SVRA is mandated to serve?

What are the anticipated impacts of the SVRA example?

- Connecting individuals with VR services would likely yield positive outcomes; however, there is variability in the quality of and length of time to receive services across and even within agencies.
- Is there any potential that the continuation of benefits could work as an extrinsic motivator (reinforcement) to engage in the vocational process, and could have an impact on an individual's intrinsic motivation to maintain employment or look for work in future?

What are considerations in selecting length of benefit continuation for the SVRA example?

- Will there be a potential disincentive to finalize the IPE so benefits would still be received or will there be a time limit for how long benefits would be received following termination?
- What might be the consequences/implications of giving vocational services and additional benefits to one group and the other group getting nothing?

What are considerations for service milestones and payment structure for the SVRA example?

- VR supports and services are individualized so it will be challenging to set specific milestones. Development of an Individualized Plan of Employment (IPE) could serve as the first milestone, but it can take variable length of time to get an IPE finalized.
- If someone is going through an appeal process for reinstatement of benefits there may be a disincentive to engage in employment efforts.

What alternatives to the SVRA intervention example might SSA consider? For example:

- Job acquisition and job retention are important aspects of keeping individuals from returning to disability benefits. The SVRA intervention example provided focuses on entry into the workforce and makes sense given the time constraints of the project. However, it could also be beneficial to offer some kind of intervention where those who had previously received SSDI/SSI in past 10 years, could automatically be eligible for vocational services through SVRAs—in other words, they would not have to go through process of determining eligibility for these services but could automatically receive them as preventative measure.

Other service providers

- Private non-profit community rehabilitation and employment service providers could be partnered with directly.

### Other service milestones

- Job interviews or applications submitted
- Obtaining employment
- 90 days of employment

### Benefit continuation period

- This may be challenging logistically. As beneficiaries, individuals will be eligible for public VR services, however, once this status changes they may no longer be eligible.

### Payment Structure

### Other intervention parameters

#### **Topic 4: Research Questions/Outcomes**

Given this type of intervention, what are the most important questions SSA should attempt to answer through the demonstration?

What should SSA want to learn about implementing this type of intervention?

- Of those who are invited, how many meet inclusion criteria and participate?
- What are the primary reasons or barriers reported by those choosing not to participate?
- How many participants remain engaged throughout project?

What should SSA want to learn about the effects of this type of intervention?

- Is providing access to vocational rehabilitation supports and services through SVRAs an effective way to increase labor force participation and employment for those terminated for medical improvement?
- Do participants who receive the intervention package become labor force participants?
- Are earnings higher for those who receive this intervention?
- What is the perceived effectiveness of the VR services received by participants?
- Does getting access and connection to VR services lead to better employment-related outcomes for this population?
- Is continuation of benefits, VR services, or the combination of these two aspects most effective?

Which outcomes are most important to measure?

- Employment status (working vs not working)

- Earnings (and if earnings meet common thresholds of earnings sufficiency and are maintained over time)
- Well-being (e.g., material hardship, quality of life)
- Re-application and reinstatement to SSI/SSDI benefits

Should subgroups be targeted? If so, what are the appropriate subgroups?

- Specific disability groups (e.g., intellectual disabilities, psychiatric disabilities).
- Those with longer breaks in work history will face more challenges to securing employment (but also may benefit more from vocational services).

**Topic 5: Evaluation Design**

What recommendations or suggestions does the panel have to improve the illustrative SVRA design with respect to the evaluation? This includes recruitment, causal identification strategy, sample size, data needs, outcomes for analysis, and other factors.

- The intervention includes two aspects: (a) extension of benefits (monetary and health care) and (b) access to VR services. If found effective it will be difficult to tease out which component is responsible for outcomes. To address this, it may be better to compare across multiple groups receiving different levels of the intervention (e.g., control group, group gaining access to VR, group getting extension of benefits, and group getting both services and extension).

What specific variations on the illustrative SVRA example would be useful to test, if any? That is, what variations on length of intervention, payment structure(s), milestones, services, etc. would be the most informative alternatives to test as different study arms?

How much time is necessary to produce meaningful results? Does SSA’s current demonstration authority provide sufficient time to measure outcomes of interest?

- Ideally, it would be useful to examine outcomes up to 5 years post termination (given the research suggesting portion of population returns within this timeframe); however, even with time constraints, outcomes around securing a job, access to services, earnings, job retention, participation in labor force, etc. will be valuable.

What are meaningful effect sizes for the key outcomes?

How many individuals must be included in the study? What research would be helpful in determining target sample sizes?

- To answer this, one could look at what has been the typical sample size in previous/current demonstration projects along with lessons learned from these projects. However, it is important to keep in mind that the population of focus for this

proposed project is different from that of previous demonstration projects, in that this is a group who is in the process of losing benefits.

Should the demonstration be national or would more limited geographic representation be sufficient? What constitutes a site?

- 

How should treatment and control (or comparison) groups be assigned? What alternatives to a simple random assignment study are feasible?

- Another approach could be to match individuals on certain variables (years receiving benefits, demographic factors) and then randomize.

Does a RCT design have limitations in answering the research questions? If so, what alternative approach could mitigate the limitations?

- Retention of participants, particularly in control group if not given incentive

If random assignment is used, should it be individual or site level?

- Individual; different characteristics of the sites will be challenging to control for.

What are the implications for the choice of design on both internal and external validity?

What data collection would be necessary to support the evaluation?

- Participant characteristics at multiple time points (demographics, stage of change, self-efficacy for work, quality of life, work capacity).
- Counselor/service provider characteristics (working alliance, counselor certifications, education).
- Interventions/services used (job search support, job placement, supported employment, assistive technology).
- Time until IPE, time until employment, follow up services.
- Work status, hours and earnings.
- Follow up survey with those who choose not to participate to understand why.

What data sources are most important for addressing research questions?

Which administrative data sources can be leveraged and what are their advantages?

Will survey data be needed?

- Surveys could be used to gather preliminary or supplemental data—would people engage in vocational rehabilitation if they had these incentives, what is their perception/familiarity with SVRAs, etc.



**Topic 6: Implementation**

What agencies, organizations, etc. should SSA consider partnering with for the study?

- State and local advocacy organizations and social service agencies; independent living centers.

What aspects of the demonstration can SSA conduct internally?

What impact does the proposed intervention have on state DDS agencies' performance measures and willingness to participate? How can SSA alleviate concerns?

- SVRAs are mandated to serve those with severe disabilities, so it will be important to ensure resources for this population not diminished.

What is the shortest possible duration for the demonstration?

Is the anticipated flow of beneficiaries into the recruiting pool sufficient to support the needed sample size to detect meaningful effects?

What implementation challenges might occur and how could SSA address them?

- Will participants understand what is required of them? What processes would be in place if participants feel they are receiving appropriate/effective vocational services?

What recruitment challenges do you anticipate SSA may face? What would stop potential participants from volunteering? How might SSA address recruitment challenges?

- What is the incentive for those in the control group to participate?
- Do some participants already have prior experience receiving services through SVRAs? What is participant's familiarity or perception of SVRAs?

Do you have any recommendations regarding training for SVRAs or other intervention partners that will interact with demonstration subjects?

**Topic 7: Concluding Comments**

Are there other professional with whom we should consult?

- Involvement of individuals who have experienced termination due to medical improvement to serve in an advisory role so their perspectives and experiences with facilitators and barriers to employment or re-application is included.
- Employer networks to consider employer incentives for hiring this population.
- Consultation with state VR directors and supervisors and counselors in local VR offices would likely yield additional considerations and identify any anticipated resource/capacity needs related to implementing this type of program.

Are there any key topics not covered that you think are important to discuss?

- How might changes in the national economy or state and local labor markets effect results of the project?
- Access to health care will be an important consideration, especially for individuals who do not have access to family coverage or resided in Medicaid-expansion states.

Do you have any other comments?

**Social Security Administration**  
**Exits from Disability Demonstration TEP**  
**Member Discussion Guide**

**Topic 1: General Introductory Discussion**

Each panel member will briefly summarize his or her opinions about the most important issues for SSA to address in developing the Exits Demonstration (e.g., target population, service providers, intervention details, evaluation design)

My main concern is the very short time frame, especially given how little research there is on this specific and hard-to-serve population. What are their unmet needs? What are their barriers to employment? What has and hasn't helped those who attempt to return to work? Without answering these questions, it would be difficult to design an intervention that is likely to improve employment. I think SSA needs to answer these questions before designing an intervention, and unfortunately there does not seem to be time.

As for the illustrative intervention, it's not clear to me that there's a research base to support it—again we lack baseline data like how often terminated beneficiaries access VR services now—and if not, why not? Even the VR experts on the panel seemed uncertain that increasing VR services would improve employment, especially if beneficiaries weren't motivated or able to work.

I am also concerned about the limited nature of the illustrative intervention. Given the research track record on work incentive demos, I think that a longer and more robust intervention is more likely to succeed. The most similar population I can think of is youth transitioning from SSI benefits at age 18 because they do not meet the adult medical criteria. One-dimensional interventions like this one have not been shown to cause significant improvements and so researchers are moving toward a more holistic approach, such as PROMISE. Again, given more time, we could learn what the results from PROMISE tell us about whether that more robust approach works better before embarking on yet another short-term, one-dimensional intervention, knowing that the track record there is pretty dismal for other SSA RTW demonstrations.

Also, the demo is intended to affect long-term outcomes but the evaluation will be hamstrung by the expiring demo authority in the short term. It will not be feasible for SSA to conduct a follow-up survey of beneficiaries, which will make it much harder to understand what happened.

**Topic 2: Target Population/Identifying the Problem**

SSA has identified the target population as beneficiaries whose entitlement has terminated because of medical improvement. Does the target population need additional definition?

No, I don't think so.

What does current research (both domestic and international) say about outcomes (employment, earnings, return to SSDI) for beneficiaries whose entitlement terminates because of medical improvement?

Beyond what you've outlined in the materials you shared, another body of research is on children with disabilities receiving SSI, whose medical eligibility is redetermined upon reaching age 18; roughly 4 in 10 do not meet the adult definition of disability. Drawing from an unpublished lit review:

Youth removed from SSI at age 18 generally work and earn more than youth who stay on SSI. However, the earnings of removed SSI youth are nonetheless generally very low and few earn enough to replace their lost SSI income. About 60 percent of removed youth were working, compared to less than 30 percent who remained on SSI, according to one study. However, only a quarter of removed youth earned enough to replace their childhood SSI benefits. Removed youth recovered just one-third of their lost SSI income, on average, and experienced a significant loss of cumulative income over the next 16 years following removal, according to another study, which also showed that removed youth have lower earnings levels and less earnings growth than other disadvantaged yet non-disabled groups.

In addition to low earnings, removed SSI youth tend to have more volatile incomes than those who remain on SSI into adulthood, because the benefit serves as a stable source of income. Most removed youth continue to have functional limitations, and also face significant barriers to employment, making former child SSI vulnerable to income shocks and threatening their ability to stably afford basic necessities, such as food, housing, and medical care.

People removed from SSI at age 18 also tend to have worse health outcomes than those who continue to receive benefits. Young adults who exit SSI at age 18 experienced unmet health care needs almost twice as frequently as those who remain on SSI. Removed youth were far less likely to have health insurance, in part because many former SSI recipients lose Medicaid coverage upon being removed, according to research before some states expanded Medicaid.

Some former SSI youth are disconnected from both benefits and stable employment as adults. About half of removed youth do not work, attend school, or participate in vocational rehabilitation, according to one study. Among those removed from SSI at 18 who don't work, or earn less than their child SSI benefits, most have had a troubled adolescence. Nearly half dropped out of high school, about a quarter have arrest records, and more than half had been suspended or expelled from school. These troubles only compound their difficulty in finding work as adults, as lack of education and involvement in the criminal justice system significantly harm employment prospects.

Sources: Deshpande 2016, Levere, Hemmeter 2011, Loprest and Wittenburg, Hemmeter 2009, Mitchell 2018

Also, it's important to note that over 25 years of work-incentive demonstrations conducted on SSDI beneficiaries, none has led to significant number of beneficiaries earning enough to support themselves and leave SSDI. It is possible that the subset of beneficiaries whose benefits have terminated due to medical improvement have more work capacity and better

odds at finding self-sustaining employment, but it's important to have reasonable expectations.

What problem(s) would the demonstration's intervention try to solve?

Ideally to improve well-being, broadly defined, for people whose SSDI eligibility terminates because of medical improvement: work outcomes (paid and unpaid, including training/education/return-to-work services), health outcomes (mental and physical), overall income and poverty. For example, see Alexander Gelber's work.

What research or datasets would help us better understand this population?

I think it's important to learn more from beneficiaries who have been terminated due to medical improvement, whether in surveys or focus groups. SSA has exhausted the possibilities within the administrative data, but many unanswered questions remain about the barriers to employment, available services and supports (eg, health insurance, vocational services, transportation), unmet needs, family/household income, and what has helped people who were able to return to employment.

Does SSA need further research or is this enough to conduct a demonstration?

I would like to know more about what interventions are proven to work with this particular population, and what other unmet needs they have—beyond vocational services. Do they face other barriers to work, such as transportation difficulties, lack of access to health care (including long-term services and supports), work accommodations, etc.?

### **Topic 3: *Designing an Intervention***

#### ***Lessons from Current Research***

What does current research (both domestic and international) say about supports for beneficiaries whose entitlement terminates because of medical improvement? What services might affect outcomes?

I think the SSI transition research is much more robust than for SSDI terminations for medical improvement. For example, the ongoing PROMISE demonstration has built upon previous findings that short-term, one-dimensional interventions don't work to improve long-term outcomes, and offers coordinated services and supports to SSI youth and their families, including case management, benefits counseling, work-based learning, family involvement, and increased coordination among services providers (like VR, Medicaid, WIOA, and schools), and to increase the use of those services by SSI youth and their families.

What is the process for this population to access relevant services?

I do not know, but this is a very important question to answer! It's very likely they do not know how to access relevant services themselves, which is one possible area for research. We discussed whether a case management or navigator approach would help—connecting terminated beneficiaries with available services and supports, such as VR, Medicaid, other benefits, community supports. There are often huge barriers in knowledge of and access to these things (again, see the SSI transition research).

What are the barriers to accessing available services for this population?

VR in particular can be hard to access because of long waiting periods in some areas, priority lists that exclude whole groups of workers with disabilities, and limited services.

More general barriers to access services include: lack of knowledge of available services, lack of coordination between services, long waiting lists for many services, fear that work will cause them to lose needed benefits, variable quality of services provided, and the expense of private services. Some beneficiaries could also face barriers such as transportation, accessibility, child care, etc.

Finally, a late work intervention like this could be particularly difficult for a population that has been out of work for some time, which often means their experience, skills, training, professional networks, and confidence have eroded—on top of their already limited work capacity (given their recent inability to earn SGA) and barriers to employment, including discrimination (well documented for people with disabilities). All of that would make it psychologically and practically difficult to return to work and to access the services that would help.

### *Considerations for Designing the Exits Demonstration Intervention*

What are the advantages and disadvantages of the illustrative SVRA example?

The time frame is very short and often this population requires long-term supports. Typically when services are offered for a short time and then withdrawn, any positive impacts in a demonstration dwindle (see, for example, the Youth Transition Demonstration).

What are advantages and disadvantages of having SVRAs be the intervention providers?

Advantage: VR is focused on employment (unlike having SSA staff assist directly) and located within the community with a network, etc.

Disadvantage: Too narrowly focused on employment when there are other unmet needs/barriers; ideally VR would work with other public/private services in a more comprehensive approach. Not everyone would be appropriate candidates for VR—e.g., some would lack motivation or ability to work.

Question: How experienced/effective are VR providers with clients who have had a long spell out of the workforce? How long does a typical VR case take to see through and could the length of this demo accommodate the range required?

What are the anticipated impacts of the SVRA example?

In that illustration, the VR support would be very time-limited, which I would expect to limit its success. For example, VR would not be able to provide longer-term training or education, or follow-through. I would expect more people to create IPEs but not necessarily more people to become employed.

What are considerations in selecting length of benefit continuation for the SVRA example?

Should be long enough to provide an incentive for continued involvement in VR, so about the same length as the desired services. Must account for waiting period to get into VR, which can be considerable in some jurisdictions.

What are considerations for service milestones and payment structure for the SVRA example?

What alternatives to the SVRA intervention example might SSA consider? For example:

Something more robust, along the lines of PROMISE, with comprehensive supports for the transition period and a longer time frame.

We discussed a case management/navigator approach, which could connect people to things like Medicaid (which could provide not just health care but also HCBS and LTSS), etc.

Other service providers

Other service milestones

Benefit continuation period

Payment Structure

Other intervention parameters

**Topic 4: Research Questions/Outcomes**

Given this type of intervention, what are the most important questions SSA should attempt to answer through the demonstration?

Whether the intervention improves exiting beneficiaries' well-being, compared to when they were receiving SSDI. Which particular strategies do and do not work.

What should SSA want to learn about implementing this type of intervention?

Would be helpful to understand the coordination (or lack thereof) between VR and SSA, barriers to successful coordination, and best practices.

What should SSA want to learn about the effects of this type of intervention?

Whether the intervention improves outcomes for SSDI beneficiaries terminated for medical improvement. In order to do this, it would be helpful to have a much more robust baseline of what is going on with them now, which I think is a necessary first step.

Which outcomes are most important to measure?

Not only earnings and benefit receipt, but also other measures of well-being, such as total income (i.e., do they make up the loss of benefits from other income sources), physical and mental health, participation in productive activities beyond paid work (e.g., training, education, volunteering)

Should subgroups be targeted? If so, what are the appropriate subgroups?

I don't think there would be sufficient sample size to target the intervention, given the short time frame, limited number of potential volunteers, and requirement for informed consent. As for the evaluation, I think the type of breakdowns in Hemmeter make sense here as well (the usual demographic/socioeconomic, plus diagnostic, length of receipt, medical improvement category, etc.

#### **Topic 5: Evaluation Design**

What recommendations or suggestions does the panel have to improve the illustrative SVRA design with respect to the evaluation? This includes recruitment, causal identification strategy, sample size, data needs, outcomes for analysis, and other factors.

I think a more robust recruitment strategy would help get enough volunteers in a short time frame. Perhaps incentives for volunteers and/or the staff who successfully recruit people. SSA's field operation, including the DDSs, is so under-resourced it is easy to imagine this demo being a very low priority.

What specific variations on the illustrative SVRA example would be useful to test, if any? That is, what variations on length of intervention, payment structure(s), milestones, services, etc. would be the most informative alternatives to test as different study arms?

How much time is necessary to produce meaningful results? Does SSA's current demonstration authority provide sufficient time to measure outcomes of interest?

I think the time is too short for the demo. Note that most work incentive demos have taken at least 7 years from start to finish, typically change work outcomes very little, and there is very little research base for this population.

If the demo goes forward, I think it's very important that the time frame of the eval be lengthy, since short-term results often evaporate after several years. It would also be necessary to see whether the treatment group delays or forgoes SSDI benefits.

What are meaningful effect sizes for the key outcomes?



How many individuals must be included in the study? What research would be helpful in determining target sample sizes?

Not sure of the exact number, but I am worried about recruiting enough, particularly given the very short time frame and SSA's understaffed and underfunded field operation.

Should the demonstration be national or would more limited geographic representation be sufficient? What constitutes a site?

I think it would be easier to stand up a more targeted demo (or a pilot) in this short time frame, and I think it would be sufficient.

How should treatment and control (or comparison) groups be assigned? What alternatives to a simple random assignment study are feasible?

RCT seems best to me, unless it's infeasible because a geographic area does not have a robust enough sample size to divide, for ex. Hard to say without knowing how many people volunteer, etc.

Does a RCT design have limitations in answering the research questions? If so, what alternative approach could mitigate the limitations?

Seems like the best approach to me

If random assignment is used, should it be individual or site level?

Defer to research team

What are the implications for the choice of design on both internal and external validity?

Voluntary participation (which I understand you cannot control) raises concerns. It cannot tell us what would happen if these interventions were standard operating procedure for all exiting beneficiaries, since we know there are important differences between those who volunteer and those who do not.

What data collection would be necessary to support the evaluation?

A survey of affected beneficiaries would be very important but would be difficult to execute under current demo authority. This is another reason time may be too short to do a high-quality demonstration in the extremely tight time frame.

What data sources are most important for addressing research questions?

Which administrative data sources can be leveraged and what are their advantages?

Earnings and benefits data from SSA, VR data

Will survey data be needed?

Yes, and not only to supplement the admin data with demographic/socioeconomic descriptors, but also to measure important outcomes that won't show up in the admin

data. Are unmet needs met? Are intermediate goals met? Are there improvements in outcomes short of increased wages? What kinds of services are accessed?

**Topic 6: Implementation**

What agencies, organizations, etc. should SSA consider partnering with for the study?

In addition to VR, we talked about WIPA

What aspects of the demonstration can SSA conduct internally?

What impact does the proposed intervention have on state DDS agencies' performance measures and willingness to participate? How can SSA alleviate concerns?

As you noted, delays in effectuation could affect DDS performance measures. It seems to make sense to make an exception for cases affected by this demo.

What is the shortest possible duration for the demonstration?

A typical SSA work incentive demo takes at least 7 years. While I think it's possible to do a simple demo more quickly, I do not think that it's possible to squeeze a high-quality demo into half that time, especially one that aims to change long-term outcomes on a population for which there is little research base.

Is the anticipated flow of beneficiaries into the recruiting pool sufficient to support the needed sample size to detect meaningful effects?

I can't predict accurately. It sounds like there will be challenges, given that there is a limited pool, limited time, and possibly limited interest/incentives within DDSs to recruit people. It would be helpful to know how many volunteers SSA has recruited for other recent demos such as POD to answer this question.

What implementation challenges might occur and how could SSA address them?

What recruitment challenges do you anticipate SSA may face? What would stop potential participants from volunteering? How might SSA address recruitment challenges?

SSA could offer incentives such as a cash grant for transition costs, and reassure volunteers of their continued eligibility for health care (assuming that their Medicare coverage continues)

Do you have any recommendations regarding training for SVRAs or other intervention partners that will interact with demonstration subjects?

They would need to know about SSA's various work incentives and understand this particular population.

**Topic 7: Concluding Comments**

Are there other professional with whom we should consult?

Mathematica and SSA researchers have done a lot of work on SSI transition, and I think they would be particularly helpful to talk to. I would consult closely with high-performing VR staff to understand what works, how to address barriers, etc. Also workers with disabilities who have successfully returned to work after medically improving and being removed from SSDI—what helped them?

Are there any key topics not covered that you think are important to discuss?

There's a significant tension between wanting this intervention to be appropriately robust and understanding that the time is extraordinarily limited. I think the key question is whether something is better than nothing before the demo authority expires. It seems to me that the demo would necessarily be too rushed, and

Do you have any other comments?

**Social Security Administration  
Exits from Disability Demonstration TEP  
Member Discussion Guide**

**Topic 1: General Introductory Discussion**

Each panel member will briefly summarize his or her opinions about the most important issues for SSA to address in developing the Exits Demonstration (e.g., target population, service providers, intervention details, evaluation design)

Biggest issues, in my opinion are:

How to refine target population: What does SSA know about who goes to work and stays at work? Could this study identify promising subsets of the population?

Is the State VR agency (SVRA) the presumed provider? If not who else would carry on services after plan with no ray or reimbursement from SSA? Some public agencies do employment services but usually to a specific population or larger subset of individuals with disabilities.

What is the intervention? VR services is too broad. What about at least a basic subset of services known to increase employment outcomes? There are a few. As written, it looks like the intervention is not even VR services, but participating to develop a VR plan.

What does SSA know about the success of SVRA services or EN services on the long-term return-to-work outcomes of the exit population or any other SSA population? Are we building on an evidence-based practice?

**Topic 2: Target Population/Identifying the Problem**

SSA has identified the target population as beneficiaries whose entitlement has terminated because of medical improvement. Does the target population need additional definition?

I think so. Could SSA data mine the data base to determine if there are any characteristics or subgroups of individuals who are more or less likely to return to work and stay off the rolls?

Could the SSA “A” table (or current version of same) be used to define best candidates for referral?

What does current research (both domestic and international) say about outcomes (employment, earnings, return to SSDI) for beneficiaries whose entitlement terminates because of medical improvement?

What problem(s) would the demonstration’s intervention try to solve?

SSA should tell us that...I assume to stop or reduce recidivism to the SSA benefit rolls.

What research or datasets would help us better understand this population?

In many ways, SSA is similar to Worker’s Compensation in terms of doing vocational rehabilitation or employment services in a system that can be considered to incentivize not

working. I suggest looking at the WC system research around vocational rehabilitation and the rehabilitation benefits, services and consequences for some ideas of things that could improve chances to return to work and that could be included in a short list of required intervention activities.

Does SSA need further research or is this enough to conduct a demonstration?

I expected SSA to have provided more information about the answers to many of the questions in this guide that could come from internal analyses of their existing data bases, and/or the joint RSA/SSA data base if or when available. Could know more about the subgroups of the population, the size of outcome of individuals referred to VR, retention of those referred to VR, and so on. Could know more about the effect of specific techniques, such as motivational interviewing, to determine if these should be included in a required set of intervention activities. I think more research and thought would be appropriate if time allowed.

**Topic 3: Designing an Intervention**

***Lessons from Current Research***

What does current research (both domestic and international) say about supports for beneficiaries whose entitlement terminates because of medical improvement? What services might affect outcomes?

What is the process for this population to access relevant services?

What are the barriers to accessing available services for this population?

If the SVRA is the presumed or primary intervention provider, the SVRA status regarding order of selection could be a critical barrier to access services.

***Considerations for Designing the Exits Demonstration Intervention***

What are the advantages and disadvantages of the illustrative SVRA example?

What are advantages and disadvantages of having SVRAs be the intervention providers?

Advantage: SVRAs are funded to provide services to all eligible individuals with disabilities, so services called for on the plan are paid for...BUT only if the eligible individual clears the state VR agency order of selection wait list (if the SVRA has closed categories as a result of its order of selection).

Advantage: Can serve all disabilities.

Disadvantage: Order of selection

Disadvantage: VR is not a resource for living supports...how do beneficiaries live while getting employment services?

What are the anticipated impacts of the SVRA example?

What are considerations in selecting length of benefit continuation for the SVRA example?

Ideally, for this and other SSA populations, continuation of benefits contingent upon continued participation in services would be best. One consideration for this group would be the extent to which the system would be “gamed for an extra few months benefits but then the employment services participation might cease if the individual is more motivated to try to regain benefits.

What are considerations for service milestones and payment structure for the SVRA example?

If the individual was to receive benefits through the employment services period, could the SVRA receive payment as under the current options?

What alternatives to the SVRA intervention example might SSA consider? For example:

Other service providers

- America’s Job Centers
- State mental health system employment services (if any)
- State DD system employment services
- VA employment services for veterans
- SSA Employment Networks

Other service milestones

Benefit continuation period

Payment Structure

Other intervention parameters

**Topic 4: Research Questions/Outcomes**

Given this type of intervention, what are the most important questions SSA should attempt to answer through the demonstration?

- Who to refer for employment services
- What interventions work for whom?

What should SSA want to learn about implementing this type of intervention?

Could screening techniques such as motivational interviewing assist in selecting individuals who will be successful after employment services?

What should SSA want to learn about the effects of this type of intervention?

Can employment services be used on a more targeted, efficient basis through motivational interview screening or some comparable method. Can referrals made based on a set of characteristics or subgroups or other results from SSA data mining that would improve outcome rates over a general referral policy?

Which outcomes are most important to measure?

Do current employment services result in employment outcomes?

Do individuals receiving employment services retain employment?

Do individuals receiving employment services stay off the rolls in greater proportions than those who do not receive employment services?

Are employment services cost beneficial given success rates, employment retention, and wages achieved?

Should subgroups be targeted? If so, what are the appropriate subgroups?

Yes. Suggest data mining of SSA data base for subgroups definitions. OR Use Motivational interviewing to create a motivated for work and not motivated for work subgroups and see if participation and outcome rates differ?

### **Topic 5: Evaluation Design**

What recommendations or suggestions does the panel have to improve the illustrative SVRA design with respect to the evaluation? This includes recruitment, causal identification strategy, sample size, data needs, outcomes for analysis, and other factors.

Focus on a few states NOT on an order of selection, that have good results with serving beneficiaries under reimbursement, and specify some minimum intervention requirements.

What specific variations on the illustrative SVRA example would be useful to test, if any? That is, what variations on length of intervention, payment structure(s), milestones, services, etc. would be the most informative alternatives to test as different study arms?

Given the short time available for this study, don't know how any of these things can be varied and implemented with enough time to see meaningful results.

How much time is necessary to produce meaningful results? Does SSA's current demonstration authority provide sufficient time to measure outcomes of interest?

NO. If VR is a model, average time to completion of services is two years or more.

What are meaningful effect sizes for the key outcomes?

How many individuals must be included in the study? What research would be helpful in determining target sample sizes?

See debates and decisions regarding the PROMISE project

Should the demonstration be national or would more limited geographic representation be sufficient? What constitutes a site?

See Promise comment above. And, all VR services, taken at the state level, are not the same, and there is even some significant variation within a state. The more limited, the greater consistency about what services are, and what services are available.

How should treatment and control (or comparison) groups be assigned? What alternatives to a simple random assignment study are feasible?

Simple pre-post...one thing that needs to be considered are the development, if possible, of better techniques for the analysis of small samples or samples from studies where randomization is not possible (this is likely not in the scope of this study, but rather for a broader context like NIDILRR).

Does a RCT design have limitations in answering the research questions? If so, what alternative approach could mitigate the limitations?

Why is RCT needed if you have a baseline? Seems like the current rate of maintaining, leaving or returning to benefits is known. Can this be broken down to site levels? For subgroups?

If random assignment is used, should it be individual or site level?

Site, if possible

What are the implications for the choice of design on both internal and external validity?

What data collection would be necessary to support the evaluation?

Don't know if this belongs here, but how will data be collected from non-control group individuals who have been terminated from benefits? What incentive do they have to participate beyond termination, including returning surveys as mentioned below?

What data sources are most important for addressing research questions?

Which administrative data sources can be leveraged and what are their advantages?

Will survey data be needed?



**Topic 6: Implementation**

What agencies, organizations, etc. should SSA consider partnering with for the study?

What aspects of the demonstration can SSA conduct internally?

What impact does the proposed intervention have on state DDS agencies' performance measures and willingness to participate? How can SSA alleviate concerns?

What is the shortest possible duration for the demonstration?

At least need to track through employment services to initial employment outcome (and longer through admin data bases), but current situation is that intervention time is too short. ROI study suggests the longer the follow up the better.

Is the anticipated flow of beneficiaries into the recruiting pool sufficient to support the needed sample size to detect meaningful effects?

What implementation challenges might occur and how could SSA address them?

What recruitment challenges do you anticipate SSA may face? What would stop potential participants from volunteering? How might SSA address recruitment challenges?

Wanting to get back on benefits. Incentive pretty short time.

Do you have any recommendations regarding training for SVRAs or other intervention partners that will interact with demonstration subjects?

Depends on whether specific interventions are required as part of the design. For example, motivational interviewing would require training.

General orientation to the SSA system requirements, the place of the exiters in the overall system, and the options the exiters have or choose to exercise going forward...appeals, reconsiderations, and so on.

**Topic 7: Concluding Comments**

Are there other professional with whom we should consult?

Workers Compensation systems and employment service providers

Are there any key topics not covered that you think are important to discuss?

No one seemed to discuss any need to evaluate differences among potential service providers, such as among SVRAs, or among the whole collection of programs that provide

employment services to individuals with disabilities and therefore might be involved in such a study. Intervention differences could confound the results?

Do you have any other comments?

My summary comment is that the current study concept is

TOO SHORT: Intervention time is only a few months and result is a plan, not including the provision or completion of the employment services and/or an employment outcome.

TOO SMALL: Incentives are too small, both for the individual ( extra benefit for a few months and a VR plan without services or results is not likely to keep someone from returning to the benefit rolls) and for the SVRA, a small payment may not be enough to place special effort on this group.

TOO BROAD: Referring everyone regardless of potential to an intervention that is significantly different from state to state and without any requirements for even minimum common services or approaches.

Also, this discussion guide has many excellent questions. I guess I was expecting that SSA and/or the contractor would have collected information to the extent available on many of these questions for the consideration of the panel. These are issues of long standing, and there has been much research done by SSA on beneficiaries that nevertheless could inform (even if not directly apply to) this study.

I am hoping that this was somehow by design so that the panel would not be influenced in some way, rather than this is such a quick startup that such a review of both literature and data mining of SSA data bases could not be done.

Some things that could be done now (but are not demos)

Do a more comprehensive baseline analysis of SSA data regarding population description

Do a more comprehensive baseline analysis of those who succeed.

Provide analysis of the success of VR interventions or other employment services interventions, even if with beneficiaries, to show that “referral to VR” is an evidence-based intervention.

Test motivational interviewing as a screening technique

Test the use of the ICF to classify individuals as opposed to medical diagnoses to see if ICF classifications relate better to employment outcomes and/or recidivism than medical diagnoses.

## APPENDIX A: DISCUSSION GUIDE RESPONSES

*TEP Member #6*