# Saving Social Security Disability Insurance

Designing and Testing Reforms through Demonstration Projects

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# Abstract

The Bipartisan Budget Act of 2015 partially addressed the poor state of the Social Security Disability Insurance (SSDI) Trust Fund, over the short run and the medium run. At the time of the act, the fund was roughly one year from depletion. Over the short run, Congress reallocated some portion of the payroll tax funds from the Old-Age and Survivors Insurance (OASI) Trust Fund to the Disability Insurance (DI) Trust Fund to allow the continued payment of full benefits under the current system through fiscal year 2022. According to the most recent report (2017) of the Social Security Board of Trustees, the DI Trust Fund will be depleted in 2028. Looking toward the longer run, Congress took the opportunity to provide a mandate and resources for program redesign. Sections 821–23 of the Bipartisan Budget Act granted expanded authority for the Social Security Administration to engage in demonstration projects aimed at improving the opportunity for disability beneficiaries to remain attached to the labor force or return to work. In this working paper we build on our earlier writing, which proposes reforms to the SSDI program, and consider demonstration project designs that promote the testing of salient aspects of our proposals. We emphasize both a modular design for demonstration projects and the sequence of projects as important for designing effective demonstrations that speak to both administrative and congressional needs for information in the 2018–2028 time frame. We also consider other critical tenets that project designers should consider before fielding projects in the very near future.

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#### Saving Social Security Disability Insurance:

#### **Designing and Testing Reforms through Demonstration Projects**

Jason J. Fichtner and Jason S. Seligman

The Bipartisan Budget Act (BBA) of 2015 acknowledged the poor financial state of the Social Security Disability Insurance (SSDI) Trust Fund, which at the time was roughly one year from being depleted. Congress reallocated some portion of the payroll tax funds from the Old-Age and Survivors Insurance (OASI) Trust Fund to the Disability Insurance (DI) Trust Fund to allow the continued payment of full benefits under the current system through fiscal year 2022, as estimated at the time of the act's passage.<sup>1</sup> According to the most recent report of the Social Security Board of Trustees, the DI Trust Fund will be depleted later, in 2028, roughly one decade from now. Acknowledging the financial and programmatic challenges of our nation's current Disability Insurance design for both beneficiaries and taxpayers, Congress took the opportunity to provide a mandate and resources for program redesign. Specifically, sections 821–23 of the BBA granted Congress authority to engage in demonstration projects under "Subtitle B—Promoting Opportunity for Disability Beneficiaries."

In a series of earlier writings (Fichtner and Seligman 2014, 2015, 2016a, 2016b), the authors of this working paper have detailed tenets for disability insurance reforms that are designed to integrate well with (1) broader US Social Security retirement program reforms—

<sup>&</sup>lt;sup>1</sup> The 2015 BBA legislated a payroll tax reallocation from the OASI Trust Fund to the DI Trust Fund, which resulted in a positive cash flow position for the SSDI Trust Fund until 2019 and extended the solvency of the DI Trust Fund until 2022 (as estimated at the time of the BBA's passage). The estimate for DI Trust Fund depletion has now moved to 2028, according to the 2017 report of the Social Security Board of Trustees. The statutory payroll tax allocation is 15.3% (12.4% OASDI, split 10.6% OASI and 1.8% DI, along with 2.9% HI), and temporary payroll tax allocation as a result of the 2015 BBA for 2016–2018 of a 0.57 percentage point reallocation is 15.3% (12.4% OASDI, split 10.03% OASI and 2.37% DI, along with 2.9% HI). Note that there is also an additional 0.9% for HI (Hospital Insurance) under the Patient Protection and Affordable Care Act for investment income of high earners—this was not affected by the 2015 BBA. Bipartisan Budget Act of 2015, Pub. L. No. 114-74, 129 Stat. 584.

which are themselves necessary ahead of 2035 (the date currently estimated for the depletion of the OASI Trust Fund), (2) other developments in the US social safety net since 1965 specifically the Americans with Disabilities Act of 1990 (ADA) and the Patient Protection and Affordable Care Act of 2009, (3) opportunities for reintegration of disability insurance beneficiaries into the workplace, and (4) lessons from other nations' disability insurance reform efforts. In this paper we consider tenets for the design of demonstration projects that can test some of these ideas.

Even given the extended timeline recently offered by Social Security Administration actuaries, the short window of time from 2018 to 2028 suggests that the design and implementation of testing cannot be put off. Congress will soon implement broader program reforms as part of the necessary work of restoring the fiscal soundness of the SSDI Trust Fund, and to accomplish this Congress is depending on the data and experiences accumulated through earnest work to evaluate various reform proposals—as it has made clear by the resources it has allocated to program redesign activities.

Proposing program reforms without testing them and exploring the associated nuances of practiced implementation can be a recipe for failure, not only in terms of budget savings, but more importantly in terms of the social benefit the program yields to society. A suboptimal system harms those it fails to serve, be it before or after reform. Those the SSDI system is meant to serve are defined as disabled, and they deserve a program that supports their convalescence as well as their rehabilitation. A better-designed program will do both. Hence, we offer this working paper to contribute to the delivery of more successful executable designs. There will, of course, be many important and detailed aspects of demonstration project design that this piece will not and cannot address, because the context of specific field research conditions is not fully

known to us at this time. Rather than dabbling in false precision, we will lay out principles for the design of a suite of demonstration projects. Here is a summary of these principles:

- Demonstration projects should test things that are uncertain. In other words, testing should be limited to changes or features that have not been demonstrated to succeed or fail in accomplishing their objectives in the past. This will make the best use of lessons learned from past work, and of the time remaining.
- 2) Demonstrations should limit the number of changes per project whenever possible, and should otherwise be designed so that it is easier to determine the contribution of each change to the program and those it serves.
- 3) Demonstrations should be run in parallel when possible to make the most of limited time, and they should hold baseline economic conditions as constant as possible for the sake of facilitating more controlled comparisons.
- 4) When demonstrations cannot be run in parallel, they should be sequenced so that knowledge gained from testing prior features can be built upon. The order of operations is important to consider—sequence has consequence.
- 5) Demonstrations will necessarily rely on volunteers, as prescribed in the law, which may make their results less generalizable. However, pure experimentation is not a requirement in order for results to be generalizable. Matched randomization of participation among the willing can help inform the debate and provide useful evidence for national program design and rollout. Still, policymakers and administrators must be prudent regarding estimated improvements in service benefits and service costs, especially as reformed aspects of programs initially scale up.

We place these five basic principles for the organization of demonstration projects here, acknowledging that they are relatively straightforward and hoping that they are easy to keep in mind as one goes through the reforms we next describe. In our previous work we emphasized three main proposed program reforms for Disability Insurance:

- First, we emphasized changing the structure of the program to include both temporary and partial disabilities.
- Second, we proposed integrating existing employer-based disability insurance programs into the national disability insurance system, and supporting the expansion of such programs.
- Third, we emphasized integrating other federal social support programs into an overall system designed to support the disabled in various ways, including by promoting their recovery and rehabilitation to *meaningful* workforce participation. By "meaningful" we mean participation that enhances their own welfare, and that they themselves understand as being to their benefit.

In our work to date we have often pointed out that these three reform channels can work as standalone reforms, or they can be integrated—and our previous research offers a nice context for dividing and conquering the work of testing program reform features over the decade ahead, before the estimated DI Trust Fund depletion date.

The rest of this working paper proceeds as follows: First we provide a brief review of the SSDI program, describe potential reforms, and provide a literature review. We also provide a brief history of previous Disability Insurance–related demonstration projects run by the Social Security Administration (SSA), from which we garner some lessons that help inform our suggestions for future demonstration project designs. Following the literature review, we

consider how the five broad principles we introduced above can come into play when designing and fielding projects targeting important aspects of our three proposals for reform, between now and 2028. We then summarize what we have discussed and conclude this working paper by emphasizing again that these suggestions are not meant to be a detailed blueprint, but rather are meant to serve as an outline based on fundamental principles.

# Setting the Stage for Future Demonstration Projects: Review of the SSDI Program, the Academic Literature, and Prior Demonstration Projects

This section is meant to orient the reader in three dimensions. First, it lays out for the reader aspects of the SSDI program for which we've previously proposed reforms—specifically, we've proposed recasting the program to accommodate temporary and partial benefits. Second, it moves to the broader literature on reforming SSDI to encourage work, and third, to the design, outcomes, and reviews of prior demonstration projects.

### Our Proposals for Temporary and Partial Disability Benefits

Under the current SSDI program rules, you are either disabled or you are not. A person suffering from debilitating pain who is able to earn more than \$1,170 a month is not "disabled" and is not eligible for benefits—nor is a person who cannot work even part time but who is expected to recover in less than one year.<sup>2</sup> There is no allowance for a "partial" disability. This

<sup>&</sup>lt;sup>2</sup> "To be eligible for disability benefits, a person must be unable to engage in substantial gainful activity (SGA). A person who is earning more than a certain monthly amount (net of impairment-related work expenses) is ordinarily considered to be engaging in SGA. The amount of monthly earnings considered as SGA depends on the nature of a person's disability. The Social Security Act specifies a higher SGA amount for statutorily blind individuals; Federal regulations specify a lower SGA amount for non-blind individuals. Both SGA amounts generally change with changes in the national average wage index." The monthly SGA amount for statutorily blind individuals for 2017 is \$1,950. For non-blind individuals, the monthly substantial gainful activity (SGA) amount for 2017 is \$1,170. (SSA, n.d., "Substantial Gainful Activity.")

binary, all-or-nothing approach to disability does not reflect the reality that many with disabilities are capable of working and willing to work. It also raises the stakes for the disability determination process, because determinations often require somewhat subjective judgements about applicants at a single moment in time to forecast their ability to work. Further, in line with the concept of *permanent* disability, under the current DI program many who are awarded disability benefits leave the workforce entirely and never return. Although DI payments may be terminated as a result of either a return to the labor force or a reevaluation initiated by SSA, in practice instances of DI beneficiaries leaving the program because of medical improvement or a return to work are relatively rare.<sup>3</sup>

In our previous work we have pointed out that temporary and partial disability awards would better afford opportunities for rehabilitation, improving the subsequent quality and productivity of the workforce commensurately. Importantly, as we envision it, the disability insurance program would require beneficiaries to undergo a disability review after the initial award period expired. In sum, both to address challenges faced by the current determination system and to address the system's shortcomings in accommodating temporary and partial disabilities, we propose considering a design in which *all* future initial awards are temporary and *some* are partial.

Though the assessment of ability to work can be difficult, a large and growing literature documents ways to effectively measure work capacity. For example, in a review of the literature, Yin (2015) "concluded that a nontrivial proportion of disability applicants and

<sup>&</sup>lt;sup>3</sup> In December 2015, a total of 10,806,466 people received Social Security Disability Insurance benefits, of whom 8,909,430 were disabled workers. In 2015, fully 130,512 beneficiaries (approximately 1 percent) had their benefits terminated for not continuing to meet the plan's requirements, including people whose benefits were terminated because of medical improvement or because they were earning above the substantial gainful activity amount. (See SSA 2016, table 50, available at http://www.ssa.gov/policy/docs/statcomps/di\_asr/2015/sect03f.html.)

beneficiaries are able to work to some extent." Further, Yin (2015, 468) cites several studies suggesting that "around 20 percent of DI awardees are partially disabled or not disabled, and have residual work capacity."

It is important for us to state up front that, in the design we envision, the fact that all new awards would be temporary does not mean that awards would expire automatically or could not be continued. Our design is intended to protect beneficiaries and their right to due process by guaranteeing them a timely continuing disability review (CDR) for medical improvement and functional ability to work. A beneficiary's benefits could not be canceled due to SSA's inability to administer timely CDRs. Proper funding of SSA's CDR process is integral to the success of any temporary and partial disability insurance system. In essence, the temporary award system we propose would be similar to the current program if CDRs were properly funded and were conducted in a timelier manner.

The differences are that we propose a program that would allow for partial awards to enable those that can continue some work to remain attached to the labor force, and we propose that CDRs would occur more frequently. Partial awards could be decreased or increased at each review depending on medical improvement or decline. We point out here that changing the program to make all awards temporary would change the motivation of both the recipient and the CDR administrator. The CDR current model is based loosely on an audit. In lieu of a review, the recipient is able to keep the award, whether or not he or she remains disabled. Making CDRs mandatory for benefit continuation would change the expectations, sending a signal that SSDI is an insurance program. This shift from an audit framework to an assessment framework for reviews would motivate individuals to seek a CDR and to begin planning for a return to the workforce when they are inclined to believe that such a review will not lead to continuing

benefits.<sup>4</sup> We believe this assessment framework can be coupled with assistance for those transitioning back to the workforce or—in the case of partial awards—enticements to not leave the workforce entirely.<sup>5</sup>

#### Integrated Employer Engagement in Disability Insurance and Worker Accommodation

We have also proposed a separate reform to engage employers. This change could take place regardless of whether a temporary or partial disability structure were adopted. It would give employers an expanded role in the disability insurance program. Specifically, employers would pay premiums to cover the first two years of disability payments. A near-term continuation review, roughly one year after the initial determination, would evaluate the worker's ability to return to work, either full-time or part-time—in other words, this program would be more in line with a short-term disability program. By roughly the two-year mark, those unable to return to work would exit the private system and could transfer to the DI Trust Fund, depending on the outcome of an SSDI evaluation. SSDI evaluation would begin following the private CDR just mentioned, roughly 12–18 months after initial award, to make the handoff seamless for those eligible. Besides being independent, the SSDI employment evaluation would be broader, would

<sup>&</sup>lt;sup>4</sup> Assessment models of this sort are employed in other situations in which skills and capacity are subject to change over time—for example, in continuing care retirement communities. While the analogue is by no means perfect, we note that for those who are aging and need to rebalance independent living with assisted care, there is an incentive to start planning. Similarly, our design would give those regaining capacity to work an incentive to begin planning for a return to the workforce.

<sup>&</sup>lt;sup>5</sup> Another type of temporary- and partial-award system could involve time-limited benefits, where the applicant is awarded benefits for a set period of time only—for example, 12–24 months. After the predetermined period, the person would have to reapply for benefits if he or she wanted them to continue. This would start the entire application process over again. After discussions with congressional staff, SSA employees, advocates for the disabled, and other interested parties—and given the current timeline for a disability determination, and the waiting period to have an appeal heard before an administrative law judge—we concluded that no one believes SSA has the administrative capacity to handle a true time-limited disability insurance program. Under a system with better funding and greater administrative capacity, such a program could be adopted or pilot-tested, but we believe that the mandatory CDR model is better for reasons stated above.

be based on the advice of medical, technical, and vocational experts, and would take into account employment opportunities beyond the applicant's previous employer and occupation.

Considering this system from an insurance-industry perspective, employers would offer relatively short-term disability coverage, while the government would continue to finance long-term (residual) disability liabilities. From the perspective of optimizing labor force participation and productivity, keeping workers and employers engaged through the shorter term would better allow them to explore any mutual benefit from accommodation and health insurance–financed therapies, and weigh it against the benefit of stopping work. This engagement between employers and employees offers the potential to enhance the efficacy of the Americans with Disabilities Act.

Autor and Duggan (2010) propose experience-rating employer contributions to the system. The goal of experience rating is to remove a potential moral hazard problem. If an employer is required to cover the first two years of worker disability through private market insurance, the employer may have more incentive to either keep partially disabled workers employed or improve working conditions by means of accommodations that reduce the overall incidence of marginal disability applications and awards.

As we mention in our 2015 paper, such program innovations hold promise inasmuch as they expand the private system and thereby also reduce the burden of reforming disability through the retirement system. However, employers' motivation to protect experience-rating markups in the public system and avoid two-year claim payouts within their group policies might well create perverse incentives for businesses. Businesses may choose to minimize exposure to both public and private premium increases by avoiding hiring employees prone to disability claims—including those who might be returning to the workforce following a disability claim.

Hence, at this time, we do not support experience rating as a component of private disability insurance. We are more inclined to support asymmetric premium policies that discount payroll tax contributions in order to encourage the rehiring of people coming back into the workforce following a period of disability. A pilot demonstration could provide evidence on this issue. In fact, one can imagine wanting to know whether a two-tier or a three-tier pricing model would be better. In this case, the two-tier model would follow the discount approach, while the three-tier model would add on penalty pricing for employers who appear to cherry-pick employees so as to avoid hiring (1) those more likely to become disabled and (2) those recovering from a disability and wishing to return to work.<sup>6</sup> Of course, one would want to be sensitive to framing around these issues, specifically how they are discussed, for the sake of employer and employee participants alike.

By incorporating both (1) partial and temporary disability benefits and (2) employerengagement reform components, our proposed design acknowledges the dignity afforded by work along with the dignity of exit from the workforce for those who cannot work. Our proposed reforms are intended to be prudent and judicious. In that spirit, we propose providing grant funding to run competing prototype modular demonstration projects. These would be sequenced in a logical order such that outcomes from preliminary projects inform the projects that follow. Outcomes would be evaluated along a rigorous program time path. We believe that such work should be ongoing, with the goal of continually improving the disability insurance programs—a research and development function to target more humane and empowering coverage at efficient costs.

<sup>&</sup>lt;sup>6</sup> We suggest testing two additional design elements we have previously described in our 2014 book chapter and 2015 paper: first, penalties that effectively increase premiums for those with implausibly low claim rates as measured against the overall rates in industry occupation brackets—evidence of adverse selection (cherry-picking); and second, insurance premium discounts for hiring and retaining those seeking to return to work. The point of demonstration projects could be to test penalties and discounts, as a two- or three-tier pricing model.

The reform we've proposed is close in spirit to one implemented in the Netherlands. The Dutch government changed its disability program in 2002 to require employers to cover the first two years of disability payments after the onset of a health condition.<sup>7</sup> According to Burkhauser et al. (2013, 18),

These changes effectively meant that during the first two years following a health shock, workers were the responsibility of the firm and not eligible for long-term government-provided disability benefits. During these two years, employers must allow workers receiving sickness benefits to remain with the firm and can only dismiss employees who refuse to cooperate in a reasonable work-resumption plan.

Engaging employers in this manner may be particularly beneficial because program integration is remarkable within the suite of programs that SSA administers, such as the coordination between the retirement, disability and supplemental security income programs, but is not nearly as good outside the programs. In particular, there is a lack of integration with workplace accommodation programs that would allow a relatively able person to continue to gain income and satisfaction from work. Consider, in particular, a striking discontinuity that exists between (1) staying in the workforce while seeking a work accommodation under the Americans with Disabilities Act and (2) exiting the workforce to apply to the SSA disability program.

SSDI, as designed, provides cash benefits for those who cannot work enough to earn above the substantial gainful activity (SGA) amount (SSA, n.d., "Substantial Gainful Activity") owing to a medical condition expected to last 12 months or longer (or result in death). There are legal definitions of what constitutes "disability," and the program does not currently allow for temporary- or partial-disability payments. An applicant is determined to be either fully disabled or not disabled. Examples of people who fail to be considered "disabled" include (1) someone

<sup>&</sup>lt;sup>7</sup> For more information on the recent history of the Netherlands' disability program and reforms, see Koning and Lindeboom (2015).

suffering from back pain who is able to work only part time and (2) someone who cannot work even part time but who is expected to recover in six to ten months.

By way of contrast, consider two other disability insurance outlets, the private market and the US Department of Veterans Affairs (VA). Private insurers generally offer both shortand long-term disability insurance; these can usually be purchased separately.<sup>8</sup> The VA offers *partial* disability awards to military veterans, acknowledging that some disabilities limit work opportunities to a lesser degree than others.<sup>9</sup> While neither the private market nor the VA covers anywhere near the same percentage of the US population as Social Security, and both types of programs face their own challenges, adoption of the better design elements of each merits consideration. In fact, some of the challenges faced by each type of program result from the inconsistencies among them, which generate an ad hoc landscape of gaps and redundancies in disability coverage. Harmonization and integration can help to both (1) better define and support markets for insurance coverage and (2) better provide assistance for those suffering as a result of disability.

# Problems and Challenges with Disability Determination

The private market and the VA are two other disability insurance outlets. Private insurers generally offer both short- and long-term disability insurance, which can usually be purchased separately or in tandem. The VA offers partial disability awards to military veterans, thereby acknowledging that some disabilities completely preclude the ability to work, whereas others

<sup>&</sup>lt;sup>8</sup> For just one example of a private disability insurance offered by Unum, see Unum Group (n.d.).

<sup>&</sup>lt;sup>9</sup> The Department of Veterans Affairs offers disability compensation in 10 percent increments, based on the level of disability (VA, n.d.).

limit opportunities to a lesser degree. These programs, however, all take somewhat different approaches to disability determination.

Over time, the private market system has evolved and now often requires the insured to apply to the SSDI program in order to continue receiving awards. A private market determination process that requires application to the public system, either following or in tandem with its own determination process, may be challenging for individuals to navigate. At the same time, it is not unreasonable to encourage those entitled to public benefits to seek them. We believe that a reform that integrates private and public insurance could do a great deal to simplify the disability insurance application process, normalize expectations, and help facilitate determination for the public system. In short, a program design that integrates private short-term insurance and public long-term insurance may both (1) offset increasing costs for the public sector and (2) further standardize a private market for disability insurance.

This is particularly true because the application process for SSDI can be confusing and lengthy, and essentially requires workforce exit for no fewer than five months. Thus, partial and temporary disabilities are not conducive to application for SSDI. Some disabled workers may suffer in jobs past when they should exit the labor force. Uncertainty regarding SSDI eligibility can generate such an outcome among workers with low productivity and poor job-market prospects. This is a bad for both (1) workers enduring abnormally high pain and suffering and (2) employers suffering from abnormally low productivity. The current system does not encourage employers to assist and support a dignified transition from full-time work. Of course, once a marginally disabled worker is unemployed for five months, he or she has a strong incentive to apply for disability benefits rather than seek partial or temporary employment, even when the worker maintains some workforce functionality.

Consider instead a system wherein the employer-sponsored disability insurance plan awarded benefits for an initial period of 12 months. During that period, the policy would make employee contributions to health and retirement benefits, affording the employee an opportunity to continue saving for retirement and to rehabilitate his or her work functionality. In or by month 12, a mandatory review would occur. Should the employee's ability to function continue to be impaired in the second year, data, facilitation, and support from the private system's determination process would be organized and sent to SSA for review by month 18. At month 24, a disabled worker would transition to SSDI and SSA would determine the worker's eligibility for a partial or full award, as appropriate.

Currently, applicants for SSDI can apply either at a Social Security field office (in person or over the phone) or online.<sup>10</sup> Social Security disability claims are initially processed through SSA field offices and are then passed on to Disability Determination Services (DDS), which are run by the states but funded by the federal government. Appeals of unfavorable determinations may be decided by DDS or by an SSA administrative law judge (ALJ), an appeals council, or a federal court.<sup>11</sup>

In most states, applicants rejected at the DDS level may ask the SSA to reconsider the decision (see Nolo, n.d.). Almost 90 percent of rejected applicants appealed at the reconsideration stage in 2005, but only 13 percent had the decision overturned and were awarded benefits at that stage of the application process (Autor and Duggan 2010, as reported in Lindner and Burdick 2013). Applicants who are still rejected have the option of appealing further to an ALJ, appeals council, and federal court. The waiting time to have a case heard by an ALJ varies by office but can be well over a year (see SSA 2018b). Most denials that reach the ALJ level are

<sup>&</sup>lt;sup>10</sup> For more information on the determination process, see SSA (n.d., "Disability Determination Process").

<sup>&</sup>lt;sup>11</sup> For more information on the appeal process, see SSA (2018a).

reversed; applicants are then awarded benefits.<sup>12</sup> Given the high variability of ALJ decisions and the need for a transparent and equitable decision process, data on judgments are of value. In fact, the SSA assembles public data on each judge's overall decision rates for awards and denials and makes such data available for those interested in performing this sort of analysis.<sup>13</sup>

Having presented some basics regarding challenges inherent in the SSDI program's current design, we now consider DI in the context of the funding of the Social Security system.

#### **Prior Demonstration Projects**

Since 1980 Congress has encouraged (and sometimes required) SSA to conduct demonstration projects to assess the effectiveness of possible policy changes to SSDI and Supplemental Security Income. Wittenburg, Mann, and Thompkins (2013) reviewed employment-focused interventions and found that none of the demonstration projects they reviewed "have the potential to lead to substantial caseload reductions that could reverse program growth. However, they can inform future designs, particularly the importance of customizing supports to very well-defined target populations."<sup>14</sup>

Since the early 1990s, the Social Security Administration has conducted several demonstration projects to experiment with different ways of providing a more flexible benefit offset for earnings and greater access to healthcare, work support, and education support. Reviewing these studies in 2008, the US Government Accountability Office (GAO) reported, "these projects have yielded limited information on the impacts of the program and policy

<sup>&</sup>lt;sup>12</sup> The award rate at the ALJ level was 67 percent in fiscal year (FY) 2010 and 62 percent in FY 2011 (SSA 2012a). For FY 2013, the Office of the Inspector General reports the award rate at 56 percent (SSA Office of Inspector General 2014). For FY 2014, SSA reports in an agency budget document that the allowance rate was 45 percent (SSA 2015).

<sup>&</sup>lt;sup>13</sup> These data are available as "ALJ Disposition Data FY 2018" (SSA 2018c).

<sup>&</sup>lt;sup>14</sup> For more on this topic, see Wittenburg, Mann, and Thompkins (2013).

changes they were testing," adding elsewhere, "GAO recommends that SSA establish written policies and procedures for managing and operating its projects consistent with standard research practices and internal control standards" (GAO 2008). SSA generally agreed with this recommendation, and in fact our own suggestions here are meant to be systematic in design, so as to support assessment.

We turn now to a brief discussion of two of SSA's major initiatives that we think will help inform our suggestions for future demonstration projects under the expanded authority granted in the 2015 BBA.<sup>15</sup> The Ticket to Work (TTW) program and the Benefit Offset National Demonstration (BOND) program are major experiments aimed at assisting DI beneficiaries by providing work supports and a more flexible benefit offset. Unfortunately, both programs have been heavily criticized as being ineffective at returning DI beneficiaries to work.

The Ticket to Work program was established in 1999 to provide some beneficiaries with a "ticket" to be used for receiving employment support services through approved service providers, called employment networks. These networks receive payment for assisting DI TTW beneficiaries to exceed targeted earnings levels. Unfortunately, less than 1 percent of those who received tickets ever sought support services from an employment network (GAO 2011).

A 2013 report by Mathematica Policy Research concluded, "Although we find evidence that TTW is targeting individuals interested in employment, rigorous impact analyses failed to provide strong evidence of its impact on employment." Further, the report concluded that SSA's efforts to conduct demonstration projects have not provided strong enough evidence to even "clearly indicate what types of programs will work effectively—and for which beneficiaries" (Mathematica Policy Research 2013).

<sup>&</sup>lt;sup>15</sup> For a good summary of SSA's work-incentive demonstrations projects, see Romig (2016). See also Wittenburg, Mann, and Thompkins (2013).

As part of the Ticket to Work and Work Incentives Improvement Act of 1999, Congress asked the Social Security Administration to conduct a demonstration pilot program to test whether a more flexible approach to reducing DI benefits for those that have gainful employment would improve work incentives and help DI beneficiaries return to work and leave the Disability Insurance rolls. The resulting pilot is the Benefit Offset National Demonstration project. The BOND project is designed to test whether a more flexible benefit offset will encourage more DI beneficiaries to earn above the SGA amount and, ultimately, become self-sufficient and return to work.

An initial pilot program was conducted in four states (Vermont, Connecticut, Utah, and Wisconsin) before the national BOND program began; however, the results of the four-state pilot were mixed. According to the Social Security Advisory Board (SSAB), citing a 2011 study by Weathers and Hemmeter, while there was a 25 percent increase in the number of DI beneficiaries with earnings above the SGA amount, the four-state pilot program did not result in a reduction of DI benefit payments (SSAB 2013).

Further, the SSAB was critical of the BOND program in its entirety, suggesting that "BOND is a victim of both faulty conceptualization and implementation" (SSAB 2013). Specifically, the SSAB expressed concerns that the \$2-for-\$1 offset amount specified in the BOND program would not further help policymakers understand what effect different benefit offset ratios would have on incentives for DI beneficiaries to earn above the SGA amount. Further, the SSAB expressed concern that the SGA amount in and of itself might be an inappropriate level for determining when benefits should be offset, and that additional income disregard levels should be studied. The SSAB also noted that the four-state pilot found that the benefit offset was inconsistently and incorrectly applied, "leading to delayed entry into the program as well as to overpayments and underpayments" (SSAB 2013).

To summarize the literature discussed above, previous research has supported the idea of a US disability insurance system that allows more flexible entry and exit. Other nations that are part of the Organisation for Economic Co-operation and Development have already moved in this direction, but here in the US, many researchers and advisory organizations, such as the GAO and SSAB, have not been satisfied with programs designed (to date) to test and evaluate more flexible design features. These facts motivate our recommendation of a modular systematic framework for a suite of integrated pilots that support appraisal and are sequenced so as to provide the most gain from lessons learned.

#### **Design and Sequencing of Proposed Demonstration Projects**

This section of our paper gets to the heart of the matter at hand. Though the research literature we discussed above is critical of previous demonstration projects, we are nonetheless encouraged by previous work that better demonstrations can be wrought. Specifically, we note the wealth of information provided by previous projects documenting the barriers and challenges that make it difficult for DI beneficiaries to remain attached to the workforce or return to work. For us, it seems important to emphasize that demonstrations will do better if they follow a modular and rationally sequenced procedure, as we do in this working paper. But even absent this specific design recommendation, other experts who have evaluated previous projects have tended to think past previous disappointments and offer constructive suggestions for improving demonstration projects. For example, as the previously mentioned Mathematica Policy Research (2013) report on the TTW program concludes, "SSA's limited success in this area should not dampen the Agency's efforts to develop the means to promote the employment of SSI and DI beneficiaries." Thus, we now describe demonstration projects that can then be run in parallel and based on our reform proposals.

### **Our First Proposal: Temporary and Partial Benefits**

Next we consider demonstrations for both (I) temporary and (II) partial disabilities.

*I. Temporary benefits.* We have proposed a temporary benefit as the default program benefit, with an initial CDR near the one-year mark. We believe this default changes the dynamics surrounding continuing disability reviews. The requirement for benefit continuation would be a completed CDR that signals no remedial path to or beyond the SGA earnings limit; otherwise the program would pivot to facilitate a positive labor-force participation experience for the temporary beneficiary.

Thus, beneficiaries would know up front to expect a CDR. Because the burden for the CDR falls on the benefit recipient in this structure, the beneficiary would have the right to demand that it be performed in a timely manner. As we see it, this design has two benefits:

- It would require SSA to provide for CDRs that meet beneficiaries' needs. We envision an annual review over the demonstration period.
- 2) It would change the current expectation that disabilities are nearly uniformly chronic and permanent. Instead, socially, the program would work humanely to mitigate any disability, with "disability" defined as a challenge to independence. This type of DI program would likely offer benefit recipients physical and educational therapies to help them reestablish their independence and successfully return to substantial gainful activity.

To test number (1) above, a demonstration project that increased the value of the CDR to the beneficiary would be in order.

To test number (2) above, a demonstration project that assigned social workers to participate in the CDR, in order to guide beneficiaries to federal and other public programs that support the redevelopment of independence, would be of interest.<sup>16</sup>

*II. Partial benefits.* We have noted that other disability insurance programs offer partial benefits, for example the program run by the Department of Veterans Affairs. While programs like this can offer a highly articulated schedule, in the past we have proposed that a simple 50 percent benefit and a higher earnings cap be offered as an initial benefit design, because we think a program designed this way will likely to be easier to administer. Further, we see the following benefit to this design:

3) It would provide a clear incentive for beneficiaries to work to reestablish independence.

To test number (3), a lower benefit and a higher earnings cap would be offered as an award option.

*A summary*. To summarize, under our *First* proposal (Temporary and Partial Benefits), there are three separate, stand-alone projects, but the three could be integrated. We suggest that a demonstration project that integrates these three aspects could be of long-term benefit:

4) It would establish an expectation that awardees will make an effort toward revived independence and an expectation that awardees are entitled to receive support in their pursuit of this independence.

To test number (4), in addition to the three stand-alone demonstrations, an integrated program would increase the relative value of a CDR: a "negative" CDR, finding persistent or

<sup>&</sup>lt;sup>16</sup> Other authors have come to similar conclusions (see, for example, Stapleton, Ben-Shalom, and Mann 2016).

worsening disability, would result in a one-time payment, whereas a "positive" CDR, finding reduced disability, would additionally offer the beneficiary resources under demonstrations testing the value of (2) and the value of an option of (3).

For a flowchart detailing our proposed demonstration program design and sequencing, see the appendix. Sequentially, programs testing (1), (2), and (3) would run in parallel for a first year, and as (2) and (3) were established, starting in year 2, those demonstrations from (1) with improvements would then flow into (2) and (3), randomized into  $\{(2), (3), (2\&3)\}$  by design. By the end of a second year in the field, there would be initial outcomes from  $\{(1), (2), (3), (1\&3), (2\&3)\}$ . And, in fact, if the demonstration programs were annually refreshed there would be two sets of results from the stand-alone components after two years in the field.

#### **Our Second Proposal: Employer-Based Disability Insurance**

Next we turn to our second proposal: we have proposed demonstration projects that better integrate existing employer-based disability insurance programs into the SSA's SSDI program.

As mentioned in the literature review, our proposal here is broadly consistent with that of Autor and Duggan (2010). Our proposal is for employers to have the responsibility to insure for the initial two years of an employee's disability, and for the Social Security Administration to have residual responsibility. We note that the majority of employers do not currently offer disability insurance to their workers, but that all employers are required under the Americans with Disabilities Act to provide support to workers who need aids to perform their duties. However, workers might not feel comfortable requesting these aids. Furthermore, if a worker's misery increases sufficiently slowly, the problem may not be identified as a disability. The worker may perceive it as a decline in marginal benefits from work. If the employer, in turn, perceives it as diminished productivity, the employer may discharge the worker—when an accommodation could have preserved or even increased the worker's productivity.

Under our prior proposals, such a worker could apply for a temporary disability benefit through employer-provided disability insurance. The worker would receive a CDR at the end of a year, similar to the demonstration outlined as number (1) above. Assuming the worker showed no improvement, at month 18 the Social Security Administration would review the file, perform an initial CDR, and discuss options with the disabled person and the employer—options that include a partial benefit and a partial return to work. If medical improvement still did not occur, SSA would join private beneficiaries to the general program in six months' time. Employer insurance premiums would be experience-rated and designed so as to incentivize reintegration of the employee when this would make sense. We see two benefits to this redesign:

- It would increase firms' potential labor pool and disabled people's future income potential.
- 6) It would increase adherence to the ADA, when accommodation makes sense.

To test number (5), demonstration projects would be engaged that offered two sets of employers who currently offer disability insurance the opportunity to limit their offering to two years, and to integrate their short-term and medium-term coverage with SSA's longer-term SSDI plan design. The two sets are (a) a set of large employers and (b) a set of small employers.

To test number (6), as part of the initial disability review and subsequent CDR, ADA accommodations would be considered in terms of their ability to ameliorate the effects of the disability for a worker's discomfort and productivity.

Sequentially, a  $\{(5), (6)_a\}$  program with a set of large employers could begin in year 1, and a  $\{(5), (6)_b\}$  program for small employers might start a year later, to provide both SSA and

the pool of smaller employers with the benefit of initial field experiences, and to give the smaller employers time to pool with an insurer to gain economies of scale in the review process.

We note that the  $\{(5), (6)_{a\&b}\}$  protocols can be run in parallel to the  $\{(1), (2), (3)\}$ protocols in year 1. Under the  $\{(5), (6)\}$  suite, the CDR is in fact of higher value to the beneficiary, and aspects of (2) and (3) are being replicated as well. One thing worth noting here is that the responsibility for disability reviews would now be shared between the private and public systems under this design. This could reduce bottlenecks in the SSA system that have emerged over time. We suggest that, should the  $\{(5), (6)\}$  suite be successful, a new program component might help the public and private review systems learn from each other, by facilitating the movement of expertise between the two systems.

#### **Our Third Proposal: Cooperation among Federal Social Support Programs**

Finally, we turn to our third proposal: we have emphasized integrating other federal social support programs into a system for supporting the disabled, including supporting their recovery and rehabilitation to meaningful workforce participation that enhances their welfare, and that they themselves see as a benefit. Under {(5), (6)} we have noted how our program would integrate the ADA, but here we propose that SSA should target other programs as well. One in particular would be the administration of the Patient Protection and Affordable Care Act (ACA). Administration of this program varies substantially for lower-income families at the state level. This is a result of states' diverging decisions about whether to participate in a federal expansion program.

As a result of this important segmentation, we suggest that demonstration projects should be balanced across the states so as to provide a better understanding of the marginal contribution of the ACA to helping disability awardees reengage in independent work. It is quite possible that the ACA expansion might help disabled people participate in demonstration projects. This is

particularly important because the DI benefit does not offer a medical insurance component over the first two years. To our knowledge, no one has studied the impact of the ACA on patterns of disability recovery in the first two years of program participation. To be clear, we see the following benefit in this design:

 It would help reformers appreciate the marginal benefit of the ACA expansion for disabled persons under other demonstrations {(1), ..., (6)}, as well as in lieu of any of these demonstrations.

Understanding how these two programs interact during this period is a remarkable opportunity. It is also a limited opportunity, since federal subsidies to states under the ACA are due to be reduced roughly halfway through the period, before the DI Trust Fund balance is exhausted. Finally, we encourage SSA to look for other program variation at the state level, or even at the level of metropolitan statistical areas, that would offer significant insights into the substitutability and complementarity of program reforms under differing social support landscapes.<sup>17</sup>

To test number (7), we suggest that the geographic variation in demonstration sites be considered specifically to better appreciate and control for other social support programs and their interaction with demonstration projects.

Sequentially, SSA would engage program officers and social workers to describe how their programs might interact with SSA Disability Insurance offerings. Programs identified as high-value demonstrations would be run in parallel, from year 1, insofar as possible. Accounting for the ACA expansion's impacts on demonstration project results should be built in from year 1.

<sup>&</sup>lt;sup>17</sup> For one example, it may be important to characterize states by their workers' compensation laws, so as to control for other employer-integrated insurance designs.

### **Summary and Conclusion**

To summarize, we have offered seven modular demonstrations that test aspects of our redesign proposals. We have suggested sequences that are meant to strive toward three objectives: (1) understanding whether and to what extent each feature might increase reengagement in the workforce, (2) reducing exit from the workforce, and (3) better understanding the interacting benefits of other social support programs. The proper design and sequencing are important both for the sake of interpreting results and to better leverage program resources toward the goals of (1) improving the opportunities that disabled people have to remain attached to the workforce or return to the workforce and (2) regaining independence that enhances their holistic and financial well-being. While the time available for this suite of projects is not as long as many might like it to be (before the DI Trust Fund is estimated to be depleted), we emphasize that the parallel and sequential designs for implementation suggested here could supply initial results by the third year, thus actually allowing time for follow-up demonstrations and further demonstrations. What is more, some modular demonstrations will offer interim results that are of value. This affords some time for Congress to consider a series of near-term reforms even as it takes up longer-term program reforms to provide for the needs of the disabled leading up to the DI Trust Fund exhaustion date and beyond.

The suite of programs we have proposed for testing is large, and not without cost, but the necessity of an extensive and rigorous regimen of demonstration projects for the proper testing of potential SSDI reforms is generally known and accepted.<sup>18</sup> We emphasize that a successful redesign will make DI more humane for those who rely on it, while improving the efficiency,

<sup>&</sup>lt;sup>18</sup> President Trump's fiscal year 2018 budget submission to Congress calls for spending \$500 million (\$100 million per year for five years) to "test new approaches to increase labor force participation" in the SSDI program (OMB 2017, table S-6).

effectiveness, and accountability of the program for those who fund it. The demonstration project designs discussed in this working paper promise to return more US citizens to the labor force and to jobs that grant them higher wages, the dignity of independence, and better opportunities to save for retirement both within and outside the Social Security system.

The US Social Security system, despite its flaws, is arguably the very best in the world. It provides anti-poverty protection to many American households, in and before old age. It helps dampen harmful economic fluctuations, and is an important component in nearly every American household's retirement security plan. Indeed, even as the combined balance of the Old Age, Survivors, and Disability Insurance trust funds begins declining as we approach the projected depletion date in 2034, the system remains better funded than most throughout the world. When we design reforms, we should remember that we are working from a position of relative strength, in a moment of opportunity. The trust funds are not yet depleted. Taking deliberate and careful action now will prevent the hasty and harmful changes that are much more likely if necessary reforms are delayed until the trust funds are at or near depletion.

Various shortcomings have appeared in the Disability Insurance program. Since the Disability Insurance program was first developed, the nature of work has changed a great deal for the majority of US workers. Fundamental demographic and social changes have also occurred. The financial condition of the Social Security Disability Insurance Trust Fund can and should be addressed in a way that takes these changes into consideration. We believe that the demonstration project process can contribute to a redesigned Disability Insurance program that is both financially viable and better for those it serves. We also believe that the world is unlikely to stop evolving, and that our Disability Insurance system will need to undergo constant evaluation

and continual improvement. For this reason, to the five principles we offered at the beginning of this paper we add one more:

 Demonstration projects should be a permanent and well-funded pillar of the Social Security system, to allow for continuous experimentation and feedback for improving the SSDI program and the people it serves.

We emphasize this eighth point, given the expected need for reforms to the retirement system in the years ahead.

# Appendix: Proposed Demonstration Program Design and Sequencing

					Ŷ	E	A	R	S		10
Demonstration Tracks		1 2019	2 2020	3 2021	4 2022	5 2023	6 2024	7 2025	8	9 2027	10 2028
-I- Temporary Benefit (CDR) (CDR) & Social Worker -II- Partial Benefit w. High Income Cap	1 2 3 {1,3}		 α α	····							N
-III- Employer Integration (EI)2yr small employer variant	4: {2 -&- 3} 5a 5b	employer engagement	α employer engagement	α	α						E W P R
(EI) & ADA small employer variant (EI) & ADA, ACA, etc> -III-& social worker	6a 6b 7: {5 & 2}	<u>α = initial start γ</u>	employer engagement	α employer engagement	 α		i				O G R A
OUTCOMES α(1-4) α(5, 6) α(7) CONGRESSIONAL REVIEV LAWMAKING PERIOD →											м

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