



BOND Implementation and Evaluation

Stage 2 Early Assessment Report

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Preface

This Stage 2 Early Assessment Report is the first implementation report on the Stage 2 evaluation of the Benefit Offset National Demonstration (BOND). This report describes the infrastructure put in place for Stage 2, the recruitment and enrollment of SSDI beneficiaries into the demonstration, the characteristics of study volunteers, the services they received in the early part of the study period, and their experiences in using the offset. The next report on Stage 2 (scheduled for release in 2014) will describe implementation and the experiences of Stage 2 subjects over a longer time period and will present the first set of impact results for Stage 2 of the demonstration.

Abt Associates, in partnership with 25 other organizations, is implementing and evaluating the BOND under contract to the U.S. Social Security Administration. To ensure the objectivity of the evaluation, separate teams conduct the implementation and evaluation components of the project. The current report reflects exclusively the views of the evaluation team, led by Evaluation Co-Directors Stephen Bell of Abt Associates and David Stapleton of Mathematica Policy Research. These individuals have no role in implementing or overseeing the BOND intervention they are studying, nor do any members of their evaluation team. Separation of implementation and evaluation does not extend throughout the project, however. The Abt Project Director (Michelle Wood) and Principal Investigator (Howard Rolston) have joint responsibility for coordinating the implementation and evaluation efforts, including, respectively, managing the day-to-day operations of the project and overseeing the effective and efficient implementation of the BOND design. Within this structure, full authority over and responsibility for the content of all evaluation reports rests with the Evaluation Co-Directors.

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Acronyms Used in This Report

ADC	Adult Disability Cessation	I&R	Information and Referral
AEE	Annual Earnings Estimate	IRS	Internal Revenue Service
BODS	BOND Operations Data System	IRWE	Impairment Related Work Expenses
BOND	Benefit Offset National Demonstration	OPDR	Office of Program Development and Research
BS&A	Benefits Summary and Analysis	PII	Personal Identifying Information
BSAS	BOND Stand Alone System	SGA	Substantial Gainful Activity
BTS	Beneficiary Tracking System	SNAP	Supplemental Nutrition Assistance Program
BYA	BOND Yearly Amount	SSA	Social Security Administration
CDR	Continuing Disability Reviews	SSDI	Social Security Disability Insurance
CIL	Center for Independent Living	SSI	Supplemental Security Income
CWIC	Community Work Incentive Coordinators	SVRA	State Vocational Rehabilitation Agency
DAC	Disabled Adult Child	TSA	Transfer of Skills Analysis
DWB	Disabled Widow/Widowers Benefits	TTW	Ticket-to-Work
EN	Employment Network	TWP	Trial Work Period
EPE	Extended Period of Eligibility	WC	Workers' Compensation
ESP	Employment Service Plan	WIC	Work Incentive Counseling, Or Counselor
EWIC	Enhanced Work Incentives Counseling, Or Counselor	WIP	Work Incentives Plan
FTE	Full-Time Equivalent	WIPA	Work Incentives, Planning, and Assistance
GP	Grace Period	WISE	Work Incentives Seminar Events

Terminology

1. **Prospective BOND subjects:** beneficiaries in the pool eligible for potential assignment at Stage 1.
2. **Stage 2 solicitation pool:** SSDI-only beneficiaries to be recruited for Stage 2.
3. **Stage 2 volunteers:** those subjects who volunteer for Stage 2.
4. **BOND subjects:** beneficiaries assigned to any of the five BOND treatment or control group, at either stage (see **Exhibit 2-3**). Terms for subjects in specific groups are as follows:
 - a. **Treatment subjects:** All subjects offered the use of the benefit offset, including:
 - i. **T1 subjects** or **Stage 1 treatment subjects:** Those offered the offset at Stage 1.
 - ii. **Stage 2 treatment subjects:** Those offered the offset at Stage 2, including:
 - (1) **T21 subjects** or **Stage 2 offset-only subjects:** Stage 2 volunteers offered the offset, but not offered enhanced work-incentives counseling.
 - (2) **T22 subjects** or **Stage 2 offset-EWIC subjects:** Stage 2 volunteers offered both the offset and enhanced work-incentives counseling.
 - b. **Control subjects:** Those whose benefits will continue to be determined by current law.
 - i. **C1 subjects** or **Stage 1 control subjects:** Those assigned to the Stage 1 control group.
 - ii. **C2 subjects** or **Stage 2 control subjects:** Stage 2 volunteers assigned to the Stage 2 control group.
5. **BOND users:** those treatment subjects who take up a BOND treatment. These include:
 - a. **Offset-only users** – all treatment subjects who have their benefits reduced by the offset but *do not use EWIC*, either because EWIC is not offered or because they choose not to avail themselves of it.
 - b. **EWIC-only users** – all treatment subjects who use EWIC services *but do not have their benefits reduced by the offset*, because their earnings never rise high enough to use it. They can only be subjects in the T22 group.
 - c. **Offset - EWIC users** – All treatment subjects who use EWIC services *and have their benefits reduced by the offset*. They can only be subjects in the T22 group.
 - d. **Offset users** – the combination of offset-only and offset-EWIC users.
 - e. **EWIC users** – the combination of EWIC-only and offset-EWIC users.

1. Introduction

Administered by the U.S. Social Security Administration (SSA), Social Security Disability Insurance (SSDI) is the nation's primary earnings-replacement program for workers who become unable to work due to functional limitations caused by physical or mental health conditions. As part of the Ticket to Work and Work Incentives Improvement Act of 1999, Congress asked SSA to conduct the Benefit Offset National Demonstration (BOND) to test alternative SSDI work rules that attempt to increase the incentive for SSDI beneficiaries to return to work.¹ BOND incorporates a \$1 for \$2 benefit offset that allows beneficiaries to retain more of their monthly cash benefit while working. BOND also tests the use of Enhanced Work Incentives Counseling (EWIC) versus less intensive Work Incentives Counseling (WIC) services in conjunction with the benefit offset. These and other administrative changes incorporated in BOND are expected to increase the attractiveness of work for demonstration subjects.

The design of BOND was developed to support rigorous estimation of the impacts of offering the benefit offset to the entire SSDI beneficiary population in two segments referred to as "Stage 1" and "Stage 2" of the demonstration. Eligible beneficiaries in ten large demonstration sites across the country were first assigned at random to a Stage 1 group that were subject to the offset policy, a Stage 1 control group, or a pool to be solicited as volunteers for Stage 2. Stage 2 volunteers who sought admission to the benefit offset "treatment" were then randomly assigned to a Stage 2 control group that do not receive demonstration services (C2 subjects), or one of two treatment groups: T21 subjects who have access to the benefit offset and WIC, and T22 subjects who have access to the benefit offset plus EWIC. The purposes of including Stage 2 in BOND were to test the benefit offset among a select group of beneficiaries who were likely to use it and to test the effect of providing enhanced work incentives counseling in conjunction with the benefit offset.

To distinguish benefit administration for treatment subjects from that for other beneficiaries and lessen the administrative burden for SSA operations staff, SSA hired a contractor (Abt Associates) to build and operate a demonstration infrastructure that is largely (though not wholly) external to the agency. SSA built some components of the infrastructure internally, for both legal and practical reasons. SSA also retained its adjudicative role in benefit adjustment and other key processes, including the calculation and issuance of benefits.

Abt Associates, in partnership with Mathematica Policy Research and several other subcontractors, is conducting the demonstration under contract to SSA. Project staff are organized into two separate teams. The implementation team is responsible for developing and implementing the external components of the new infrastructure and working with SSA staff to ensure integration of external processes with agency procedures. The evaluation team is conducting the evaluation of BOND participation, implementation, impacts, and costs and benefits. This document is the first evaluation report on implementation of the demonstration's Stage 2 activities.

¹ BOND is part of a broader initiative to identify and implement new policies and services that have the potential to help SSDI beneficiaries increase their earnings and reduce their reliance on SSDI benefits, thereby lowering the program's total cost. For more information on other demonstration projects, see <http://www.ssa.gov/disabilityresearch/demos.htm> (accessed December 13, 2012).

This report documents Stage 2 operational components and describes their implementation, highlights strengths and weaknesses of project operations, and summarizes the characteristics of Stage 2 BOND subjects at baseline. To assess whether any differences in characteristics exist at the completion of random assignment it presents comparisons of the T21, T22, and C2 subjects at baseline. Finally, the report also documents the extent to which T21 and T22 subjects are engaged in work-related activities of consequence to SSDI benefit adjustments as of December 31, 2012. Two earlier reports provide important reference material about the schedule and anticipated outcomes from the demonstration: *BOND Implementation and Evaluation—Final Design Report* (Stapleton et al. 2010) and *BOND Implementation and Evaluation—Evaluation Analysis Plan* (Bell et al. 2011).² Several subsequent reports are planned to provide annual updates on progress for Stage 2 activities, including two additional implementation reports (in 2014 and 2016), annual impact estimates (2014-2017), and a final synthesis report for Stages 1 and 2 (2017).

We begin the current chapter with a description of how existing SSDI rules handle beneficiary work activity and how the BOND innovation represents a departure from these rules. Then we introduce the design of Stage 2 and its relation to Stage 1 of the demonstration. In the third section, we explain the framework for this early assessment of Stage 2 and describe the data sources upon which this assessment is based. Next, we outline some fundamental factors that should be kept in mind when assessing the implementation of Stage 2. We close the chapter with a summary of the highlights of this assessment.

1.1. Current SSDI Rules and the BOND Innovation

The benefit offset offered to treatment subjects in BOND represents a change in the rules of the SSDI program. Under current rules, to qualify for SSDI benefits, an individual must have a substantial work history; must have a medically determined impairment that has lasted or is expected to last for at least 12 months or to result in death; and must be unable to engage in substantial gainful activity (SGA) because of that medical condition. SSA defines SGA as the ability to earn above a minimal amount—the SGA amount—in unsubsidized employment, net of allowable impairment-related work expenses (IRWE), or equivalent activity. The SGA amount is used in initial SSDI eligibility assessments and in ongoing eligibility assessments for those who attempt to return to work. In 2011, the SGA amount was set at \$1,000 per month for non-blind beneficiaries and \$1,640 per month for blind beneficiaries. These amounts were increased slightly in 2012 to \$1,010 and \$1,690 per month.

Exhibit 1-1 summarizes the current SSDI eligibility rules and the changes to those rules for beneficiaries under BOND. Under current rules, earnings above the SGA amount are evidence that the beneficiary is able to work and thus no longer eligible for the program. SSDI beneficiaries may earn above the SGA amount for nine months (not necessarily consecutive) that constitute the Trial Work Period (TWP)³. Once this period is completed, the beneficiary immediately enters an Extended Period of Eligibility (EPE). SSA determines that disability *ceased* in the first month in which the beneficiary engages in SGA following the

² The *Final Design Report* describes the BOND intervention components and the demonstration's design and timeline. It also provides an overview of the evaluation design. Full details of the evaluation design—including its conceptual foundation, data sources, analysis components (process, participation, impact, benefit-cost), and plans for reporting findings—appear in the *Evaluation Analysis Plan*.

³ The threshold for determining a TWP month is lower than the SGA threshold (\$720 per month in 2011 and 2012).

end of the TWP, but pays benefits in that month as well as the next two months of SGA—the three grace period (GP) months. However, if SGA continues after the GP, benefits are *suspended*. The loss of benefits for earnings in excess of the SGA amount is often called the “cash cliff.” Through the end of the thirty-sixth EPE month (the re-entitlement period), SSA re-instates benefits without re-application for any month the beneficiary stops engaging in SGA. If SGA occurs after the 36th EPE month, benefits are *terminated*. After benefits are terminated, the beneficiary can only obtain benefits by reapplying, though such beneficiaries are eligible for expedited reinstatement procedures.⁴

Exhibit 1-1. Comparison of Current SSDI Program Rules to BOND Rules Related to Work

Item	Current law	BOND
Trial Work Period (TWP)	<ul style="list-style-type: none"> In 2011 and 2012, a TWP month is any month in which total earnings are \$720 or more. A self-employed person is also charged with a TWP month for a month with 80 or more hours worked in his or her own business. IRWE not allowed for determining TWP month. The TWP continues until a beneficiary has worked nine TWP months within a 60-month period. Earnings counted on a when-earned basis. 	<ul style="list-style-type: none"> Same as present law.
Extended Period of Eligibility (EPE)	<ul style="list-style-type: none"> The EPE begins the first month after the ninth TWP month. After the start of the EPE, SSA determines that disability has ceased in the first month of SGA (the disability cessation month). Benefits are paid in that month and the next two months (the Grace Period, [GP]). After GP, the beneficiary loses full benefits for earnings above SGA (cash cliff). Benefits are reinstated, with no need for a re-application, for any month in which earnings are not substantial (in 2011, earnings of \$1,000 or more for non-blind beneficiaries, and \$1,640 or more for blind beneficiaries. In 2012 these figures were \$1,010 and \$1,690.) Monthly earnings (net of IRWEs) counted on a when earned basis. 	<ul style="list-style-type: none"> Same cessation rules as present for EPE and payment of benefits through the GP. Benefit Offset: After GP, a reduction in the SSDI benefit of \$1 for every \$2 of earnings above the BOND Yearly Amount (BYA). Stage 2 treatment subjects (T21 and T22) are able to use the offset through a 60-month BOND participation period, which starts the month after random assignment for those who completed the TWP before random assignment, or, for those who have not completed the TWP at random assignment, the month after their 9th TWP month (provided 9th TWP month is prior to September 30, 2017). Annual Accounting. SSA calculates the offset by comparing annual earnings on a when-paid basis, net of any allowed IRWE, to the BYA.

⁴ Expedited reinstatement is available for the first 60 months after termination for SGA. Under expedited reinstatement, the beneficiary is eligible for provisional benefits while SSA reviews his or her application. A more detailed description of the current SSDI benefit structure appears in Stapleton et al. (2010).

The cash cliff that exists after the GP months elapse under existing SSDI program rules gives beneficiaries a strong incentive to keep earnings below the SGA level, especially if the beneficiary is unable to earn well above the SGA amount.⁵ Under BOND, the offset replaces the cash cliff after the last GP month with a gradual reduction of the benefit amount as earnings increase. T21 and T22 subjects who earn above the SGA amount on an annual basis after their GP months are completed have their benefits adjusted under an offset—a \$1 reduction in SSDI benefits for every \$2 of earnings.

Relative to current rules, the benefit offset clearly increases the incentive to earn above the SGA amount for those who have completed the TWP and GP. For those who have not progressed through the TWP and GP, but think they might be capable of engaging in SGA, the benefit offset also increases the incentive to work and eventually earn more than the SGA amount.

In contrast, the benefit offset provides windfall gains—i.e., more income for the same work effort—for those who would engage in SGA to the point where their benefits would be suspended or even terminated for SGA under current law. Without any change in behavior, they are able to receive a partial benefit unless their earnings are so far above the SGA amount that the offset would reduce their benefits to zero. Some such beneficiaries might actually *reduce* their earnings, because for them every \$2 reduction in earnings is accompanied by a \$1 increase in benefits under the benefit offset. Others might reduce their earnings because the benefit income under the offset reduces their need for earned income.

An additional feature of BOND is the switch from a monthly accounting period for earnings reporting to an annual period. Instead of comparing monthly earnings to a monthly amount (the SGA amount), annual earnings are compared to the BOND Yearly Amount (BYA), which is set at the monthly SGA amount × 12.⁶ This switch reduces the burden on the beneficiary and SSA of reporting monthly earnings changes as they occur and reduces the burden on SSA of processing monthly changes. Additionally, annual accounting can be advantageous to some T21 and T22 subjects who have variable earnings, such as seasonal workers. For example, under the new BOND rules, a worker who earns above the SGA amount in a particular month might not be subject to partial benefit reduction under the offset if his or her earnings for the year are below the BYA.

The BOND benefit offset adopts one other accounting change that is important for administrative purposes. Whereas current law assessments of SGA are based on the month when wages are earned, assessment of annual earnings for offset purposes are based on when wages are paid, corresponding with IRS rules. Among other things, this makes it easier for SSA to use earnings as reported by employers to the IRS for determining the correct benefit amount.

SSA compares earnings within a calendar year (net of any allowed IRWE) to the BYA for purposes of determining the size of the offset. Benefits continue to be paid monthly, however. In essence, benefits

⁵ To illustrate, consider a non-blind beneficiary who received a monthly benefit of \$1,000 in 2011. After completing the TWP and GP, if the beneficiary earned \$1,010 a month and has no IRWEs, he or she is not entitled to any benefits, resulting in a total monthly income from earnings and benefits of \$1,010. If the beneficiary were to instead earn \$20 less, he or she would receive an SSDI payment of \$1,000 and accrue a significantly higher total income of \$1,990.

⁶ Beneficiaries who are eligible for the offset for only a portion of a calendar year have their BYAs set to the monthly SGA amount times the number of eligible months.

issued under BOND are based on average monthly earnings, calculated from the beneficiary's beginning-of-year estimate of annual earnings. Beneficiaries may submit revised annual earnings estimates during the year if their income deviates from their initial estimates. An end-of-year reconciliation process leads to adjustments if actual earnings deviate more than \$200 from the beneficiary's estimate. Any auxiliary benefits (that is, those paid to support a dependent family member) are paid in full if the individual's own benefit is positive, and reduced to zero if not.

T21 and T22 subjects are able to use the offset through a 60-month BOND participation period, which is to begin in the month after their TWP ends (provided the TWP is completed by September 30, 2017). Those who fail to complete their TWP by September 30, 2017 will lose their opportunity to use the offset. Benefits cannot be terminated because of work during the participation period, even if benefits fall to zero because of earnings. Current rules will apply at the end of the participation period; the benefits of those engaged in SGA after this point will be terminated once any remaining GP months have been used.

1.2. BOND Stage 2 Implementation and Random Assignment

As previously described, BOND includes two stages:

- Stage 1 is designed to examine how a national benefit offset provision would affect the SSDI population as a whole.⁷ The implementation includes a limited outreach effort and the administrative processes summarized above. The intent of the design is to mimic what outreach and benefit processing might look like in a national program.
- Stage 2 is designed to learn more about the impacts of the benefit offset for those most likely to use it (recruited and informed volunteers) and to determine the extent to which significant enhancements to the basic BOND-focused WIC services affect offset utilization and impacts. Eligibility for Stage 2 is limited to SSDI-only beneficiaries; those beneficiaries who concurrently receive SSI benefits are not eligible for Stage 2.⁸

BOND is being conducted in 10 large demonstration sites, each corresponding to the service area of one of 53 SSA Area Offices. Hence, the demonstration sites collectively include nearly one in five SSDI beneficiaries nationally. The 10 sites were selected at random from the 53 candidate areas to ensure that the evaluation's findings are nationally representative.

Eligible beneficiaries in the 10 sites were randomly assigned to a Stage 1 treatment group, a Stage 1 control group, or a solicitation pool to be recruited for Stage 2 (Exhibit 1-2).⁹ Volunteers were solicited from the Stage 2 solicitation pool through mail and phone outreach efforts (the outreach and recruitment

⁷ The SSDI population includes some beneficiaries who also concurrently receive Supplemental Security Income (SSI).

⁸ Concurrent beneficiaries were excluded from Stage 2 because the interaction between SSDI and SSI rules substantially diminishes the value of the SSDI offset to concurrent beneficiaries, leading to an expectation that relatively few concurrent beneficiaries would use the SSDI benefit offset.

⁹ Three groups of beneficiaries were excluded from BOND: those over age 59, those under age 20, and those participating in other SSA demonstration projects. For more information on BOND eligibility, see Stapleton et al. (2010).

process for Stage 2 is described in Chapter 3). Those who volunteered for BOND were then randomly assigned to one of the following three groups:

- **T21 subjects** (Stage 2 offset-only subjects): a group that receives the \$1 for \$2 benefit offset with WIC only;
- **T22 subjects** (Stage 2 offset-EWIC subjects): a group that receives the \$1 for \$2 benefit offset and EWIC; or
- **C2 subjects** (Stage 2 control subjects): a control group that is not offered the offset or EWIC and is subject to current law.¹⁰

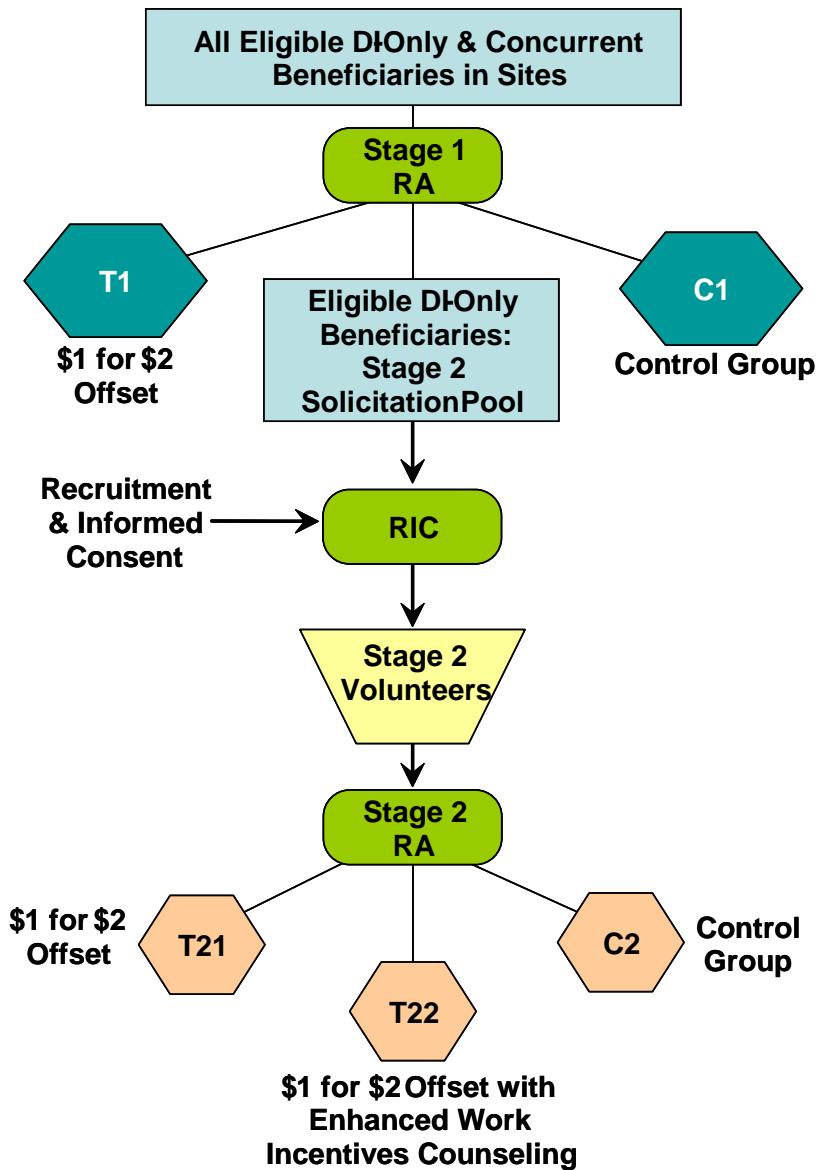
At each site, all current SSDI beneficiaries between ages 20 and 59 who receive benefits based on disability and who were not part of a different SSA demonstration were included in the BOND sample.¹¹ As described in the *Final Design Report*, the enrollment goal for Stage 2 was 12,600 volunteers. The random assignment ratio for the three assignment groups was 8:5:8, with goals of 4,800 subjects assigned to the T21 group, 3,000 subjects assigned to the T22 group, and 4,800 subjects assigned to the C2 group. Random assignment for Stage 2 occurred between March 1, 2011 and September 28, 2012. An initial pilot period of Stage 2 started in late January 2011 with outreach mailings to a small number of beneficiaries in each of the 10 sites. The pilot allowed for any needed adjustment to procedures.¹² Operations continued after the conclusion of the pilot period in June 2011.

¹⁰ See Bell et al. (2011) for more details on random assignment, including the composition of the groups included in each stage and the anticipated outcomes for each group.

¹¹ To be eligible for BOND, beneficiaries in most cases had to be eligible for SSDI as of March 2011 and be ages 20 to 55 as of May 1, 2011. However, 490 BOND subjects were not eligible for SSDI in March 2011. These were beneficiaries in the BOND pilot sample, a group determined by their eligibility for SSDI as of December 2010. Age eligibility for these individuals was also established as of December 2010.

¹² Stage 2 volunteers who enrolled during the pilot period will be included in the impact analysis, as demonstration operations were deemed to have worked effectively during the pilot period. Initial pilot outreach began in January 2011 with them mailing of outreach letters to 20 beneficiaries in each of the 10 demonstration sites.

Exhibit 1-2. Overview of BOND Random Assignment Process

BOND Sample Intake Flow

1.3. Framework for the Early Assessment of Stage 2

Stage 2 of BOND was designed to learn more about the impacts of the benefit offset for those most likely to use it, and to determine the extent to which enhancement of the counseling services available to beneficiaries affects offset utilization and impacts. Because BOND's T21 and T22 subjects are able to keep more of their total income (benefits and earnings) than comparable C2 subjects, economic theory predicts that some T21 and T22 subjects will engage in SGA because of the benefit offset and experience reductions in benefits (but increases in total income). The same theory predicts that some of the T21 and T22 subjects who would give up their benefits entirely for work under current law (by consistently earning above SGA) will continue to receive a partial benefit for the same earnings. Some of these beneficiaries might reduce their earnings because of the offset, but not below the SGA level. One reason is that the supplemental income from the partial benefit might reduce the need for income from earnings (the “income effect”). The second reason is that under the offset a beneficiary engaged in SGA gives up just \$1 in income for every \$2 reduction in earnings, whereas under current law the beneficiary gives up \$2 (the “substitution effect”). Hence, the predicted signs of the impacts on mean earnings and mean benefits for the full sample are both ambiguous. The EWIC services offered to T22 subjects are intended help beneficiaries work and increase their earnings, thereby leading to higher mean earnings and lower mean benefits than those of T21 subjects.

The logic model outlined in the *Final Design Report* envisions that behavioral changes will be achieved through the following steps:¹³

1. **Outreach:** Stage 2 solicitation pool members are notified about BOND and given the opportunity to volunteer for the demonstration. Outreach efforts included letters and phone calls that provided information about services available through BOND.
2. **Random Assignment:** Beneficiaries in the demonstration sites are randomly assigned to treatment and control groups. T21 and T22 subjects are given contact information for benefits counseling by WIC and EWIC agencies, respectively.¹⁴
3. **Delivery of BOND Services:** At their option, T21 and T22 subjects contact the external BOND infrastructure (T22 subjects are contacted proactively by EWIC counselors). For those subjects ready to enter the offset, BOND staff and SSA complete the administrative work necessary. Those needing to complete the TWP or start engaging in SGA before entering the offset learn about their status, receive advice, and can choose to stay in touch with the demonstration as they make progress.
4. **Employment Response:** T21 and T22 subjects who would not otherwise work or earn enough to leave SSDI choose to work and earn more given that they can keep more of their SSDI benefits when doing so. Of those who have a work response to the benefit offset, this is expected to be the predominant response, although some other T21 and T22 subjects are predicted to have other responses (see above).

¹³ See Chapter 2 of Stapleton et al. (2011).

¹⁴ C2 subjects were given contact information for their local WIPA agencies, which were—until their operations ended in July 2012—the standard source of benefits counseling provided to SSDI beneficiaries in the absence of BOND.

5. **Other Behavioral and Outcome Changes:** Other outcomes of importance to SSA, the beneficiaries, and society are altered, including SSDI Trust Fund costs, employment services utilized, and potentially—beneficiary and family well-being in the health, social, and economic realms, and use of other government benefit programs and taxes paid.

This report provides information on the first three of these steps and assesses the extent to which the procedures implemented for BOND match those intended, described in the *Final Design Report*, and how well they performed.

This report relies on several data sources.

- **Administrative data** from SSA administrative systems is used to describe beneficiary characteristics.
- **Demonstration data from the BOND Operations Data System (BODS)**, which includes data documenting outreach and recruitment, random assignment, participation in the BOND counseling interventions (WIC and EWIC); and information provided by SSA administrative systems on the number of TWP months completed, and whether SSA has determined that disability has ceased because of work above SGA. These variables are used to identify BOND subjects who may be eligible for the benefit offset.
- **BOND baseline survey** data collected during Stage 2 enrollment and prior to random assignment. The baseline survey provides information on background characteristics of beneficiaries that are not measured well in the administrative records, for virtually all volunteers who participated in the Stage 2 experiment.¹⁵ The baseline survey variables include recent employment history, current income, contextual information on demographic and family status, and an assessment of the subject's current understanding of SSDI work incentives and attitudes toward the demonstration. These detailed data are used in this report to describe the sample of volunteers and to test for baseline equivalence. In later analyses the evaluation team will use baseline data to form subgroups for separate analysis, provide covariates in the impact analyses, and help to adjust for non-response on the follow-up surveys;
- **Qualitative data** collected during phone calls and visits to all 10 sites to interview staff involved in local BOND operations. The Evaluation Team interviewed BOND site office staff, WIC and EWIC staff, Enrollment Interviewers, and community partners. The Evaluation Team also interviewed members of the BOND Implementation Team who had responsibility for establishing

¹⁵ All 12,954 BOND subjects enrolled in Stage 2 completed a baseline survey. In early 2012, the Implementation Team began monitoring the comparison of the number of enrolled Stage 2 volunteers with the number of uploaded completed surveys. Given the dynamic nature of the enrollment process across 10 sites, it was not to be expected that these numbers would be in exact alignment. In July 2012, a continuing discrepancy led to an investigation of whether the discrepancy actually signaled that some data were missing. At that time, it was discovered that 143 baseline surveys had not been successfully transmitted from the field interviewer laptops that were used to administer the survey to the central database. Fifty-eight of these surveys were recovered from the laptops. However, for 85 cases (less than one percent of the Stage 2 sample), the baseline data were corrupted on the laptops and could not be recovered. For these 85 cases, baseline data are not available. The technical issue regarding data transmission from all laptops was resolved in spring 2012, before the Implementation Team realized that records were missing.

and managing the various components of the BOND infrastructure. The Evaluation Team conducted data collection during three periods of implementation: an initial set of staff interviews was completed by phone in April-June 2011. Round 1 site visits were completed in August-October 2011; and Round 2 site visits were completed in August-October 2012.

- **Interviews with T21 and T22 beneficiaries** from each of the BOND sites. In fall 2012 after the completion of Stage 2 enrollment, members of the evaluation team conducted semi-structured telephone discussions with 140 Stage 2 beneficiaries enrolled in BOND. These beneficiaries constitute an informative but not representative sample of T21 and T22 subjects. Within each site, interviewers talked with 14 beneficiaries—7 each from the T21 and T22 groups. These discussions covered a consistent set of topic areas using a semi-structured discussion protocol with open-ended questions. Interviewers were given long lists of beneficiaries and were instructed to call down the list until 14 beneficiaries had agreed to participate in interviews. Call lists were stratified into three groups based on beneficiary exposure to BOND—(1) beneficiaries who used the benefit offset; (2) beneficiaries who received full counseling services, defined as ongoing support related to work-incentives management; and (3) those who had not received counseling services, but may have received information and referral (I&R) services.¹⁶ The goal within each site was to interview at least one beneficiary from each category. An additional goal was to interview a greater number of T22 subjects from group (2), those who received full counseling services, in order to reflect the difference in expected service use among treatment subjects.

1.4. Factors Influencing BOND Implementation

Implementing the BOND design required a large team from multiple organizations engaged in complex and diverse activities. Several factors influenced BOND implementation and are important to consider in this early assessment of Stage 2 operations. In particular, a time-limited demonstration such as BOND attempts to approximate the infrastructure and procedures that would be in place to operate an ongoing program. However, it necessarily does this with limitations. The size and complexity of BOND, including outreach to approximately 320,000 SSDI beneficiaries (T1 and Stage 2 Solicitation Pool) in 10 SSA area office jurisdictions, enrollment of interested volunteers, and provision of two types of counseling and administration of the \$1 for \$2 benefit offset posed several challenges.

Fundamental to the challenges facing BOND is that it was not feasible to implement the demonstration within the SSA field office structure. That is because BOND required staff to perform entirely new functions such as soliciting and enrolling individuals into Stage 2 and administering BOND benefits rules. Training SSA staff to administer both BOND and current law rules would have created difficulties for the demonstration because BOND treatment subjects would have been a relatively small proportion (about 5 percent) of SSDI cases among the normal flow of beneficiaries subject to current law. Attempting to implement BOND within the current SSA field office operations would have created disruption for regular field office operations and for processing of control group cases. It also would have made it more likely that treatment subjects would receive misinformation about the use of the \$1 for \$2 benefit offset.¹⁷

¹⁶ I&R services are a preliminary step in delivery of work incentives counseling typically limited to simple questions and explanations.

¹⁷ As discussed later in the report, some BOND participants reported receiving incorrect information about BOND from SSA field offices or through SSA's tele-service centers in response to inquiries about the legitimacy of the

However, implementing BOND outside the SSA field offices meant that in addition to new SSDI benefit rules, BOND introduced new organizations to SSDI beneficiaries who enrolled in the demonstration. This created a risk that beneficiaries would be reluctant to enroll in the study and to trust non-SSA organizations to conduct typical field office tasks (such as develop work-related continuing disability reviews, make address updates, and assist with appeals or notices).

Testing the BOND interventions thus required establishing a complex infrastructure (see Chapter 2 for details about the infrastructure) operating independent of the SSA field offices. It was also necessary to establish the infrastructure and procedures in a short period of time. These circumstances had a number of consequences that influenced implementation.

- **BOND sites cover large geographic areas.** The BOND design called for randomly selecting 10 SSA Area office jurisdictions in which to test the benefit offset. These 10 sites cover large areas, including all or part of 18 states and the District of Columbia. The design called for conducting outreach and providing intervention services to SSDI beneficiaries in all parts of each site. The size of the sites made it challenging to identify an optimal location for the BOND site office that would be accessible to many beneficiaries.¹⁸ The large geographies of some sites also posed challenges for identifying counseling providers that could provide WIC and EWIC (see Chapter 5 for details about the BOND counseling interventions) in all parts of the site. To provide effective benefits counseling to BOND participants, WIC and EWIC staff must provide information about state-specific benefits programs such as Medicaid that might interact with BOND. This was a particular challenge in the five BOND sites that include more than one state.
- **BOND was implemented in 10 sites simultaneously.** Enrollment of beneficiaries into Stage 2 began in all 10 sites at the same time. This meant that a large team of field staff—in the site offices and WIC and EWIC providers—all began work on the demonstration at the same time. Formal training of new staff (who for the most part did not have prior SSA experience) on SSDI and BOND rules was much more challenging than would be the case in an ongoing program. That is, normally new staff absorbs a certain amount from formal training, but can then turn to more senior staff for on-the-job training when they need additional help. In BOND, when field staff started working with beneficiaries, no staff had seasoned knowledge of BOND rules.
- **BOND implementation is temporary.** The site offices were operational for two years, and the site office staff positions were active only until Stage 2 enrollment ended in September 2012—no more than two years. Because the positions were temporary, new staff had to be hired for jobs that would exist for only two years (or less), which had implications for who was hired and their commitment to the work.

demonstration. If BOND had been conducted within the SSA field office structure, simultaneous with current law operations, it seems likely that the extent of misinformation provided to BOND beneficiaries might have been even greater.

¹⁸ For example, BOND established one site office in Alabama located in Birmingham. This location was chosen because of the concentration of SSDI beneficiaries residing in or near Birmingham. However, BOND had to be made available to all beneficiaries throughout the state of Alabama. By contrast, to serve beneficiaries under the regular program, SSA operates a total of 22 field offices in the state. See <http://www.socialsecurity.gov-atlanta/southeast/al/alabama.htm>. Accessed February 11, 2013.

- **BOND infrastructure had to be completed in a short period of time.** The BOND implementation schedule included fixed dates for beginning beneficiary outreach and completing Stage 2 enrollment. Beneficiary outreach had to begin before the end of January 2011, 14 months after the start of the BOND contract. Stage 2 enrollment had to be completed by September 30, 2012 to ensure that all beneficiaries had at least five years to complete the Trial Work Period and enter the BOND participation period (see Chapter 6 for more details on the Trial Work Period, BOND participation period, and eligibility to use the offset).
- **BOND is complex.** Complex systems and procedures needed to be put in place to conduct BOND. These procedures paralleled and interfaced with SSA's regular systems and, in order to ensure security of personally identifiable information, had to meet SSA security requirements. The demonstration also involves many interdependent activities and staff from multiple organizations with varying roles. All staff hired to the effort had to undergo SSA's suitability clearance procedures, a factor that often slowed onboarding of new personnel and affected staff. Finally, the complexity of SSDI program rules presents a challenge to ensuring that the large team implementing BOND has accurate understanding of rules, as well as the ability to explain to beneficiaries correctly the changes being tested in BOND.

The challenges set forth in this section potentially affect the implementation effort and the results achieved in the first two years of the Stage 2 demonstration. Highlights of those outcomes appear in the next section, drawn from the more in-depth information later in the report.

1.5. Summary of the Main Findings of the Assessment

As we describe in this report, the BOND Implementation Team has put all infrastructure pieces in place to support recruitment, enrollment, and service delivery. Overall, we believe Stage 2 of the demonstration is likely to successfully serve its purpose of testing impacts of the offset and of enhanced counseling as an add-on to the offset in a sample of beneficiaries who have expressed interest in the offset. At the same time, the achievements of the demonstration have been accompanied by start-up problems in some areas where implementation has not gone smoothly. The main findings of this assessment include:

Recruitment and enrollment

- BOND successfully reached (and slightly exceeded) its Stage 2 enrollment target of 12,600 volunteers during the recruitment period of February 1, 2011 through September 28, 2012. The total number of volunteers enrolled in the study was 12,954. The volunteer rate was higher than the anticipated 4 percent, with an overall rate across outreach waves of 5.4 percent. The higher-than-expected volunteer rate allowed the Implementation Team to reduce the number of beneficiaries solicited for Stage 2 participation from an expected 315,000 beneficiaries to about 240,000 beneficiaries. The project also achieved its goal of having at least half of the volunteers be short-duration beneficiaries (i.e., those who had received SSDI benefits for 36 months or less at the time they were initially solicited for participation in the study). (Chapter 3.)
- The intent of the study design was to conduct Stage 2 recruitment in a uniform manner across and within all study sites. While many of the features of recruitment were conducted in a uniform manner, there is some evidence that the recruitment effort fell short of the desired level of uniformity. (Chapter 3.)

- Stage 2 random assignment was successful in creating three well-matched assignment groups at baseline—T21, T22, and C2. (Chapter 4.)

Use of the Offset and Related Implementation Challenges

- About 2 percent of Stage 2 treatment subjects were using the offset at the end of 2012. These subjects represent about 9 percent of those treatment subjects who have used at least one TWP month. (Chapter 6.)
- The most serious problem facing the demonstration is that benefit adjustment for those subjects who are eligible to receive the offset has often not been completed on a timely basis. This is a multifaceted problem, involving the preparation of both work CDRs and annual earnings estimates (AEEs). This problem has been monitored by the Implementation Team and SSA from early in the enrollment period. In the future, our judgment is that more technical assistance is needed to ensure that benefit adjustment is performed on a timely basis.¹⁹ (Chapter 6.)
- BOND field staff had difficulties identifying those in need of work CDRs and developing accurate and complete work CDR packages. Prior to May 2012, these difficulties led to corrective work by the BOND Processing Center and ultimately to out-of-date (or unnecessary) packages being received by the SSA work CDR unit. In May 2012, SSA addressed this issue by moving responsibility for developing information for work CDRs to its own work CDR unit. Through mid-2013, the SSA work CDR unit did not have sufficient staff to quickly reduce the backlog of work CDRs (some portion of which existed prior to the demonstration). After the period covered by this report (in June 2013), SSA implemented a plan to eliminate the backlog of work CDRs by the end of 2013. (Chapter 6.)
- BOND field staff have sometimes misunderstood when and how to complete AEEs, leading to delays in completing AEEs and mistakes in preparation. The misunderstanding has also led to unnecessary AEEs being prepared. At SSA, the development of the Bond Stand-Alone System (BSAS) delayed the use of IRS earnings data in reconciling benefits for 2011 until January 2013, five months after the scheduled date. The development of BSAS also delayed the processing of a handful of complicated cases (approximately 5 percent of those submitted by December 2012). BSAS is now fully functional and the 2011 reconciliation process has been completed. (Chapter 6.)
- The potential consequences of delayed work CDRs and delays in receiving the offset include incorrect payments and overpayments. It would affect the demonstration negatively if treatment subjects mistakenly attribute these improper payments to their participation in BOND and become distrustful of the demonstration. (Chapter 6.)

WIC and EWIC Services

- After enrollment in the study, Stage 2 treatment subjects are provided services by WIC and EWIC providers. These providers are well-respected agencies with experience providing benefits counseling and employment services to individuals with disabilities. The WIC and EWIC providers made their own decisions about how to structure their BOND staff. Most WIC

¹⁹ The BOND Evaluation Team prepared a memorandum for SSA in January 2013 about these issues. More technical assistance has subsequently been put in place to address these issues.

providers relied on geographically dispersed community work incentive coordinators who devoted part of their time to BOND. In contrast, most EWIC providers used centralized, full-time staff to serve treatment subjects. There is no evidence to suggest that either staffing model was superior to the other. (Chapter 2.)

- The main differences between EWIC and WIC services, as implemented, are that (1) the EWIC staff contact beneficiaries proactively, while the WIC staff wait for beneficiaries to request assistance before delivering services; (2) the EWIC staff follow up with beneficiaries and referral organizations after providing assistance; and (3) the EWIC staff use a more systematic approach to assessing the employment capabilities and goals of beneficiaries. Consistent with the design, a large majority (97 percent) of T22 subjects have had some contact with an EWIC counselor, whereas only a minority (28 percent) of T21 subjects have had contact with a WIC counselor. (Chapter 5.)
- The caseload-to-staff ratios of WIC and EWIC are not as different as envisioned in the study design, mainly due to lower than anticipated take-up of WIC services by T21 and T1 subjects. The intended caseload sizes (at this point in the demonstration) were to have been 340-600 beneficiaries per full-time WIC counselor and 74 beneficiaries per full-time EWIC counselor. As of December 2012, the actual average caseload sizes are 146 beneficiaries per full-time WIC counselor and 85 beneficiaries per full-time EWIC counselor. (Chapter 5.)
- In response to low take-up of WIC services, the Implementation Team decreased staffing at WIC providers in December 2011. In response to time-consuming post-entitlement tasks (which affected both WIC and EWIC providers), the team increased staffing at EWIC providers in the summer of 2012. (Chapter 5.)

BOND Infrastructure

- Field staff (in the site offices and at WIC and EWIC providers) did not fully understand some critical BOND procedures. Some lack of understanding was to be expected given the newness of the intervention, the inherent complexity of the project, changes in procedures, and staff turnover. The main areas of misunderstanding have been in usage of the Beneficiary Tracking System, development of work CDRs, and preparation of AEEs. (Chapter 2.)
- Training and technical assistance resources provided by the Implementation Team to the field staff, while helpful, were not wholly successfully in ameliorating field staff misunderstanding. Large amounts of information conveyed during training made it difficult for field staff to fully absorb all the important points, and opportunities to practice new procedures before actually using them were limited. (Chapter 2.)
- At a number of junctures when issues arose in the operation of the demonstration, the Implementation Team and SSA responded by making changes to procedures and tools. Examples of these changes include: SSA's moving responsibility for the development of information for work CDRs from BOND field staff to the BOND SSA Work CDR unit in May 2012; the Implementation Team shifting responsibility for enrollment appointment scheduling from the BOND site offices to the field interviewers; the Implementation Team using available project staff at the BOND Call Center and other site offices to assist overtaxed site offices with outreach to prospective volunteers; the Team's improvements to the Beneficiary Tracking System; and SSA's improvements to BSAS. (Chapters 2, 3, and 6.)

1.6. Organization of the Report

The balance of this document includes six chapters. Chapter 2 provides background information on the BOND infrastructure, including key players and division of responsibilities in the implementation of BOND. Chapter 3 describes the outreach and enrollment process used for Stage 2, profiles the volunteer population in relation to the pool of solicited SSDI beneficiaries, and provides findings on the effectiveness of outreach methods. Chapter 4 presents detailed characteristics of Stage 2 subjects, including a comparison of baseline characteristics of T21, T22 and C2 subjects and a comparison of select characteristics across sites. Chapter 5 details the BOND model of counseling service delivery, presents enrollment and caseload sizes, and provides an initial assessment of the types of services actually delivered by WIC and EWIC providers. Chapter 6 describes the use of the offset among T21 and T22 beneficiaries, including the administrative processes for triggering the offset, progress toward triggering and using the offset, and beneficiary successes and challenges with triggering and using the offset. Finally, Chapter 7 provides a summary of key findings and highlights issues of importance for future reports.

2. BOND Infrastructure

This chapter describes the infrastructure developed to implement BOND and how it functioned. The chapter is based on data gathered during the early implementation of Stage 2, beginning with BOND start-up in 2010 and continuing through December 2012. The chapter uses data from two rounds of site visits, telephone interviews with field staff and centralized implementation team members, and telephone calls with beneficiaries.

The chapter begins with an overview of the BOND implementation infrastructure and the BOND Implementation Team. We then discuss in detail the key components of the BOND infrastructure—centralized operations, local operations, and functions intended to link the central and local operations. Each section describes the infrastructure component in detail and presents findings from the site visits and interviews regarding implementation challenges and adaptations to address those challenges. The chapter concludes with a brief summary of the Implementation Team achievements in establishing the BOND infrastructure.

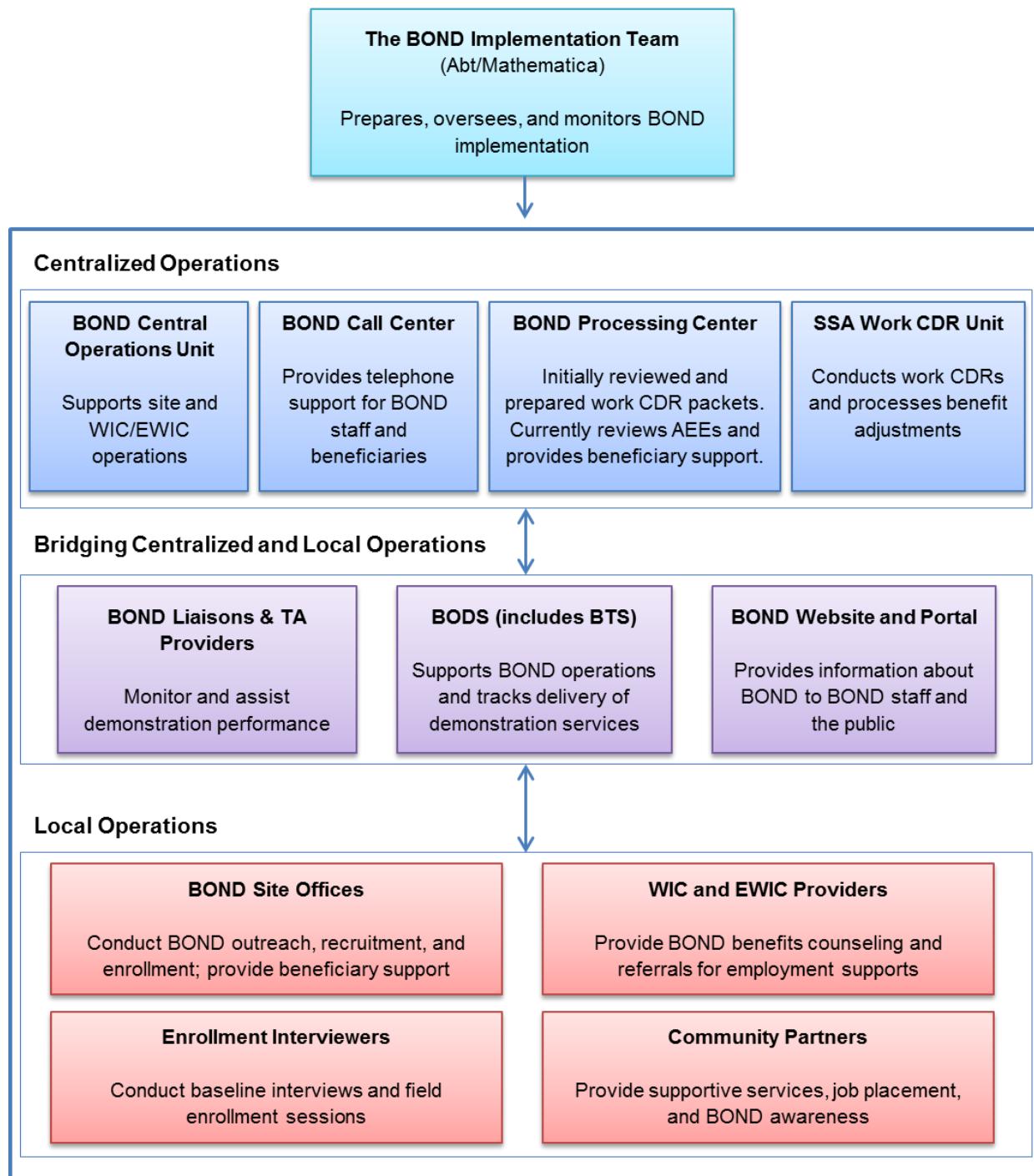
Throughout the chapter, we use the following terms to distinguish the staff involved in implementing and evaluating BOND.

1. **The BOND Leadership Team** refers to the Principal Investigator, Project Director, Implementation Director, and Evaluation Co-Directors. The Implementation and Evaluation Directors manage the separate teams that carry out the implementation of BOND and the evaluation of BOND, respectively. The Principal Investigator and Project Director are responsible for overall project oversight and management, coordinating activities between Implementation and Evaluation, and communications with SSA.
2. **The BOND Implementation Team** refers to staff from Abt Associates and Mathematica Policy Research who lead the implementation of the demonstration and guide the work of more than 25 subcontractors involved in implementation. In Section 2.1 we describe the components of the BOND infrastructure, all of which are directed by the Implementation Team.
3. **The BOND Evaluation Team** refers to a separate group of staff from Abt Associates and Mathematica Policy Research who are responsible for conducting the evaluation of BOND implementation, participation, impacts, costs, and benefits.
4. **BOND Field Staff** refers to BOND site office staff and WIC and EWIC provider staff.

2.1. Overview of the BOND Implementation Infrastructure and Implementation Team

Exhibit 2-1 provides an overview of the BOND infrastructure for Stage 2. The three main components are centralized operations, local operations, and activities and entities that bridge local and centralized operations. Each component is described in detail in the sections that follow.

Exhibit 2-1. BOND Infrastructure



2.1.1. The BOND Implementation Team

The Implementation Team had overall responsibility for developing and implementing the infrastructure, working closely with SSA. Before BOND implementation could begin, and in a short amount of time, the Team needed to complete a myriad of planning and development activities, including: finalizing design elements, putting in place tools needed to support the demonstration, creating policies and procedures, and managing logistics.

To carry out this work in a short amount of time, the BOND Implementation Team created five workgroups for planning and preparation activities. The workgroups were:

- Site Preparation.
- Developing BOND Interventions.
- Preparing Participant Outreach, Recruitment, and Random Assignment Procedures.
- Supporting BOND Implementation.
- Data System Redesign, Development, Testing, Security and Deployment

Exhibit 2-2 outlines the responsibilities of each group. The workgroup structure allowed similar tasks to be grouped together and independent activities to proceed simultaneously. Senior Implementation Team members were assigned to lead the workgroups. Implementation Team members often worked on multiple workgroups, which allowed for cross-group sharing of information.

One of the major tasks for the Implementation Team was recruiting, hiring, and training 30 site office directors and BOND specialists and 50 field interviewers. The Team also had to provide training to the roughly 130 staff members hired by WIC and EWIC agencies. All 210 of these staff plus another (roughly) 500 staff working on the Implementation Team and for subcontractors could not begin working with personally identifiable information until they completed SSA's required suitability clearance checks.²⁰

Managing the hiring and training of these staff was a major challenge given the short amount of time—14 months—between contract award and when outreach to beneficiaries in the Stage 2 pilot began. In particular, coordinating the timing for the different activities, including obtaining suitability clearances and training staff, took considerable planning. For example, hiring staff too soon meant that staff had no work. Hiring staff too late created delays with service delivery while they waited for suitability clearances. Much of the early work of the site preparation workgroup was spent addressing these issues. Once enrollment began, the primary staffing challenge was managing turnover at the site office and among field interviewers, discussed in Section 2.3 below.

²⁰ At times there were significant delays with obtaining clearances. As a result, the Implementation Team had to identify the highest priority staff and urge SSA to process those clearances first. For WIC and EWIC providers, the team identified one WIC and one EWIC for each site to ensure that at least one cleared counselor was available to serve beneficiaries when random assignment began. Of all BOND suitability clearances, half have taken a month or less to process, 73 percent have taken two months or less, and 17 percent have taken three or more months.

In addition to staffing, other challenges for the Implementation Team were ensuring the quality of services and consistent use of policies and procedures across the sites; ensuring timely enrollment of beneficiaries; and designing and implementing a data tracking system and training staff to ensure the consistency and quality of reporting. Each of these challenges is discussed in some detail in the sections that follow. In each case, the Implementation Team worked aggressively to resolve or mitigate the issue by changing the infrastructure or adapting policies and procedures. These changes and adaptations typically improved the quality of the demonstration and fidelity to the design.

Exhibit 2-2. Key BOND Startup Activities by Implementation Workgroup

Implementation Work Group	Key Activities
Site Preparation	<ul style="list-style-type: none">• Established the BOND site offices<ul style="list-style-type: none">– Developed site office procedures and responsibilities,– Reviewed potential site office locations and made recommendations for SSA approval– Negotiated lease agreements– Arranged for furniture, equipment, phone lines, PO boxes– Ensured offices met physical security protocols to protect personally identifiable information (PII)– Developed site-specific lists of potential community partners and other local resources• Hired site staff<ul style="list-style-type: none">– Developed detailed job descriptions– Recruited staff, identified and interviewed suitable candidates, and selected candidates to be hired
Developing BOND Interventions	<ul style="list-style-type: none">• Developed procedures to support SSA in administering the benefit offset<ul style="list-style-type: none">– Developed process for assembling information needed for work CDR development– Developed procedures for collecting annual earnings estimates (AEEs) for beneficiaries ready to use the offset and transmitting the earnings estimates to SSA• Established procedures for implementing WIC and EWIC services:<ul style="list-style-type: none">– Designed the interventions and distinguishing features of WIC and EWIC– Defined roles and responsibilities for WIC & EWIC providers, benchmarks for EWIC services and reporting requirements– Identified and recommended WIC and EWIC providers– Identified specialized tools for EWIC providers (Assessment tool, Employment Support Plan, Career Scope, OASYS)– Developed plan for monitoring WIC and EWIC service provision

Implementation Work Group	Key Activities
Preparing Participant Outreach, Recruitment, and Random Assignment Procedures	<ul style="list-style-type: none"> • Developed approach for Stage 2 outreach • Created communications materials including outreach letters, phone scripts, and BOND logo • Developed the BOND website to provide information about BOND to the public including scenarios about how BOND works under various earnings circumstances • Designed procedures for Stage 2 random assignment
Supporting BOND Implementation	<ul style="list-style-type: none"> • Created several tools to support BOND implementation <ul style="list-style-type: none"> – BOND Call Center – Developed and managed Central Operations Unit – Training materials and Technical Assistance procedures for site office staff; call center; WIC and EWIC staff, – BOND monitoring plan and monitoring tools; site liaisons assigned to each BOND site
Data System Redesign, Development, Testing, Security and Deployment	<ul style="list-style-type: none"> • Designed, pilot-tested, and deployed data systems supporting site office operations, beneficiary outreach, random assignment, earnings reporting to SSA, and WIC/EWIC service delivery. <ul style="list-style-type: none"> – Developed the data systems configurations needed – Reviewed and tested customized off the shelf (COTS) products suitable for customizing for the demonstration – Conducted a competitive RFP process to select the COTS product – Coordinated closely with all aspects of BOND implementation planning to ensure the data system supported all needed functions – Developed systems for importing and loading SSA administrative data and communicating with SSA systems. – Acquired, configured, and deployed laptops and equipment to field staff. – Developed and managed a comprehensive information security program.

Source: BOND Implementation Team

2.2. BOND Centralized Operations

The BOND design called for recruiting SSDI beneficiaries in the Stage 2 solicitation pool to enroll in BOND and for delivering BOND interventions in accordance with random assignment. A large portion of this work was conducted centrally—at SSA, Abt Associates, Mathematica Policy Research, and the BOND Call Center. The four components of centralized operations are the Central Operations Unit, the Call Center, the BOND Processing Center, and the SSA Work CDR Unit. Each component is described briefly below and in Exhibit 2-3, which summarizes the set of responsibilities under each component.

2.2.1. BOND Central Operations Unit

Abt Associates developed the BOND Central Operations Unit to support the BOND Implementation Team, including site office and WIC and EWIC operations. The unit is located at Abt Associates'

Cambridge location in two physically secure offices set up to handle Personally Identifiable Information. The unit is usually comprised of about five staff members, but additional staff members are added as needed. The staff perform a variety of tasks related to incoming and outgoing mailings, outreach materials, and responding to field staff requests, among other activities as described in Exhibit 2-3.

2.2.2. BOND Call Center

The BOND Call Center serves as a resource for SSDI beneficiaries, BOND subjects, SSA and other government agencies, and the general public (see Exhibit 2-3). The Call Center is operated by Convergys Government Solutions LLC as a subcontractor to Abt Associates. From March 2011 through September 2012, when Stage 2 enrollment was underway, an average of 15 workers staffed the Call Center each month, ranging from 4 per month at the start of enrollment to 21 per month during peak outreach and enrollment periods. Since Stage 2 enrollment ended in September 2012, the Call Center has been staffed with four workers. The current hours of operation are Monday through Friday from 9:00 am to 8:00 pm (EST).²¹

Beneficiaries use the Call Center to learn more about BOND services, report earnings information, and ask questions about their benefits. The telephone number of the Call Center was included in all outreach letters to beneficiaries, posted on the BOND website, and included in paperwork beneficiaries received at enrollment. SSA also included the BOND Call Center phone number on notices sent to beneficiaries regarding the results of work CDR and the annual earnings reconciliation (see Chapter 6 for more details).

Call Center staff conducted some of the outreach calls for Stage 2, beginning in May 2011. Throughout the implementation, Call Center staff have also responded to general inquiries about BOND. While the site offices were open, from January 2011 through September 2012, the Call Center staff forwarded site-specific calls to the BOND site office since the site office staff had more extensive training on the BOND rules. Starting in June 2012, the Call Center staff began forwarding calls from beneficiaries with questions about SSA notices to the Notice Support Hotline operated by the BOND Processing Center. After the site offices closed, the Call Center staff also began forwarding beneficiary inquiries not related to notices to a customer support hotline operated by staff in the Central Operations Unit.

2.2.3. BOND Processing Center

The BOND Processing Center, operated by roughly five Mathematica staff,²² reviewed and completed work CDR packets from the initial implementation of BOND until May 2012. The Processing Center also provided training to BOND field staff about developing work CDRs and preparing annual earnings estimates (AEEs). Under the initial work CDR process, the field staff sent collected work CDR materials to the Processing Center, where Center staff reviewed the materials, gathered additional documentation, and began to complete wage verification.

²¹ From January 2011 through April 2012, call center hours were Monday-Friday 8:00 am to 10:00 pm ET. Because of low call volume in early and late hours, hours were changed to 9:00 am to 8:00 pm ET. This provides coverage until 5:00 pm for callers in the Pacific time zone. Callers who contact the call center outside of the hours of operations are prompted to leave a message, which is returned the next business day.

²² Only one staff person was full-time, the rest divided their time across BOND and other projects.

After May 2012, when SSA assumed responsibility for work CDR development and verification, the role of the Processing Center changed. With this change came the need for fewer, but more specialized staff. Two of the Center workers have experience working for SSA, one conducting work CDRs. In their current role, Center staff answer beneficiaries' questions about SSA notices through a notice support phone hotline and earnings support email address, and provide other assistance to beneficiaries (see Exhibit 2-2). In addition, the Processing Center developed training and guidance materials about work CDR development and AEEs, conducted quality review of AEEs, and provided training and individualized technical assistance to field staff.

2.2.4. SSA Work CDR Unit

As noted in Chapter 1, many of the operational functions for BOND required an entirely new infrastructure. Nevertheless, SSA retains several of its key adjudicative responsibilities. In BOND, SSA determines TWP completion and SGA cessation, and retains authority over calculation of benefits paid under the offset and issuance of benefit checks. Because BOND required a separate set of rules, SSA created the SSA BOND Work Continuing Disability Review (CDR) Unit, a special office within SSA's Office of Program Development and Research (OPDR). The SSA Work CDR Unit is managed by SSA headquarters staff in OPDR and is staffed by SSA staff. The staffing of the Unit has evolved over time:

- From 2011 through September 2012, SSA field staff worked in the Unit at SSA headquarters for temporary (usually four month) rotations.
- From September through December 2012, the temporarily-assigned SSA field staff worked on BOND from their own local SSA field offices.
- Beginning in December 2012, three staff from SSA's Office of Central Operations in Baltimore were assigned to work in the SSA Work CDR Unit for one year.

The BOND Work CDR Unit provides operational support for BOND that cannot be done through the SSA field offices. While SSA field offices are the point of contact for beneficiaries under current law, BOND subjects do not receive assistance for work CDR, earnings reporting, and other functions from SSA field offices.²³

²³ However, a limited set of activities, such as processing requests for expedited reinstatement (applicable for a small number of BOND subjects whose benefits were terminated retroactively prior to their BOND enrollment), filing a new disability claim, Medicare enrollment/disenrollment as well as Medical CDRs, are still done in the field offices for BOND subjects.

Exhibit 2-3. Responsibilities of BOND Centralized Operations Components

Centralized Operational Components	Key Responsibilities
BOND Central Operations Unit (Abt Associates)	<ul style="list-style-type: none"> • Supports site operations through mail management, mail receipt, and document posting. • Supports WIC and EWIC operations (provide guidance materials, scans and uploads information to BTS that is received from beneficiaries, assists with requests for equipment and training, and with BTS helpdesk requests). • Provided training for work CDR development until May 2012. • Provides training and support for collecting and submitting annual earnings estimates (AEEs) for BOND subjects including quality control. • Assigns beneficiaries requiring AEEs to BOND field staff. • Provide post-enrollment support (identification of need for work CDR, AEE preparation) for beneficiaries who are not actively working with a WIC or EWIC. • Conducted weekly all-site calls with BOND site directors, to facilitate communications with sites about BOND procedures and to address questions and feedback from site office directors. • Conducted weekly calls with each site to monitor progress on ongoing activities, and to address site-specific questions and issues.
Call Center (Subcontractor—Convergys Government Solutions LLC)	<ul style="list-style-type: none"> • Offers telephonic support for beneficiaries. • Provides general information about BOND and available services. • Collects work reports from beneficiaries. • Assisted with Stage 2 outreach calls. • Assisted with follow up outreach for Stage 1 treatment subjects.
BOND Processing Center (Subcontractor--Mathematica Policy Research)	<ul style="list-style-type: none"> • Prior to May 2012, reviewed and completed work CDR materials (including wage verification activities from January-May 2012) and transferred work CDR documents to SSA. • Prior to May 2012, developed materials and delivered training on work CDR development. • Responds to questions from BOND field staff and BOND subjects about SSA notices through the notice support hotline. • Develops frequently asked questions (FAQs), technical assistance materials, guidance, regarding AEEs and conducts training for BOND field staff on how and when to collect AEEs. • Advises beneficiaries and field staff about materials needed to appeal SSA decisions regarding SSDI benefits. • Provides phone and email technical assistance to BOND field staff. • Conducts quality review of a sample of AEEs and provides feedback to field staff. • Processes AEEs for beneficiaries in offset through an annual AEE update process (beneficiaries receive a mailer requesting AEE for the next calendar year and Center processes the returned forms).
SSA Work CDR Unit (SSA OPDR)	<ul style="list-style-type: none"> • Conducts work CDR development and renders work CDR determinations for BOND subjects. • Issues notices to beneficiaries to inform them of the results of work CDR and annual reconciliation. • Determines eligibility for the offset (SGA cessation, work above SGA after the grace period). • Adjudicates cases and calculate benefits to be paid under BOND rules. • Operates SSA's BOND Stand Alone System (BSAS) that adjusts SSDI benefits according to the benefit offset. • Responds to inquiries from BOND field staff regarding complex benefits situations.

2.3. Local BOND Infrastructure

The local BOND infrastructure is essential to the implementation of BOND. The BOND field staff work directly with beneficiaries while they are enrolled in the demonstration. Exhibit 2-4 displays the local operational components active in the BOND sites and their primary responsibilities.

Exhibit 2-4. Responsibilities of BOND Local Operations Components

Local Operations Component	Key Responsibilities
BOND Site Offices (Abt Associates)	<ul style="list-style-type: none"> • Responded to inquiries from beneficiaries who respond to outreach. • Conducted recruitment calls to prospective Stage 2 volunteers. • Scheduled office enrollment sessions (originally, site office staff scheduled all enrollment sessions, but in 8 of 10 sites, field interviewers began scheduling the enrollment sessions that were conducted outside the site office). • Enrolled beneficiaries in BOND. • Referred T21 subjects to WIC providers; T22 subjects to EWIC providers. • Assessed the need for work CDRs and AEEs. • Collected information for work CDRs (until May 2012). • Collected AEEs from BOND subjects who are eligible for the offset. • Collected information needed for beneficiary-initiated reconciliations for beneficiaries eligible for the offset who need to adjust prior year earnings information and benefits under the offset. • Responded to beneficiary questions. • Entered beneficiary work reports. • Conducted community outreach.
WIC & EWIC Providers (Subcontractors)	<ul style="list-style-type: none"> • WIC staff provide demand-driven counseling to T21 subjects. • EWIC staff provide proactive counseling to T22 subjects with a focus on employment supports. • WIC and EWIC staff provide benefits counseling regarding how BOND rules affect income under different earnings scenarios. • WIC and EWIC staff collect AEEs from BOND subjects who are eligible for the offset. • WIC and EWIC staff collect information needed for beneficiary-initiated reconciliation for beneficiaries eligible for the offset who need to adjust prior year earnings information and benefits under the offset.
Enrollment Interviewers (Abt SRBI)	<ul style="list-style-type: none"> • Conducted baseline interviews for all BOND enrollments. • Conducted full enrollment sessions when enrollment occurs outside the BOND site office or if a site office was understaffed.
Community Partners (not formally connected to BOND)	<ul style="list-style-type: none"> • Affirm legitimacy of BOND to SSDI beneficiaries. • Provide supportive services and job placement assistance for beneficiaries referred by WIC or EWIC staff.

2.3.1. BOND Site Offices

Every BOND site had one site office (see Exhibit 2-5) staffed by one Site Director, two BOND Specialists, and several Enrollment Interviewers who came to the site office as needed to conduct enrollment interviews. The BOND site office leases were executed in October 2010 and the site offices remained open until September 30, 2012 when Stage 2 enrollment was completed.

The primary functions of the BOND site offices were to perform outreach calls, assist beneficiaries who responded to BOND outreach mailings, schedule enrollment sessions, conduct Stage 2 office enrollments,

support Stage 2 field enrollments, answer questions from beneficiaries, collect AEEs from BOND subjects eligible for the offset, and—prior to May 2012—assist with work CDR development.

Exhibit 2-5. BOND Site Office Locations

Site Name	BOND Site Office Location	Largest Cities in the BOND Site
Alabama	Birmingham, Alabama	Birmingham, Montgomery, Mobile
Arizona/Southeast California	Phoenix, Arizona	Phoenix, Tucson, Flagstaff AZ; Palm Springs, CA
Colorado/Wyoming	Denver, Colorado	Denver, Colorado Springs, Ft. Collins, CO; Laramie, Cheyenne, WY
DC Metro	Washington, DC	Washington DC; Silver Spring & Rockville, MD; Alexandria & Fairfax, VA
Greater Detroit	Troy, Michigan (a Detroit suburb)	Detroit, Dearborn, Ann Arbor, Port Huron
Greater Houston	Houston, Texas	Houston, Beaumont, Galveston, Port Arthur
Northern New England	Nashua, New Hampshire	Portland, ME; Manchester, NH; Burlington, VT
South Florida	Miami, Florida	Miami, Ft. Lauderdale, Tampa, St. Petersburg, Ft. Myers, Sarasota, Naples, W. Palm Beach
Western New York	Buffalo, NY	Syracuse, Buffalo, Binghamton, Rochester, Elmira, Corning, Ithaca
Wisconsin	Brookfield, Wisconsin (a suburb of Milwaukee)	Milwaukee, Madison, Green Bay, Racine, Kenosha, Appleton

Findings on BOND Site Offices

The BOND site offices were highly effective in enrolling beneficiaries into the study but experienced several challenges. First, site staff commonly reported feeling that their offices were short-staffed. Despite the variation in solicitation pool size and the geographic area of the sites, the number of BOND site office staff available to do the work was uniform across the sites. As described above, each BOND site office included a director who oversaw the local site and two BOND specialists who were responsible for outreach, enrollments, and some post-entitlement support. This staffing structure was defined by SSA in the initial RFP but was not adjusted when proportional enrollment projections were established for each site during the implementation phase. For example, the DC Metro site had an enrollment projection of 628 beneficiaries, mostly concentrated in a relatively small geographic region. In contrast, the Florida site, which covered more than half the state, had an enrollment projection of 1,867.²⁴ In retrospect, having only three site staff to conduct outreach and enrollment hindered recruitment in the larger sites.

²⁴ Enrollment targets were calculated based on the overall proportion of beneficiaries living within the service area.

Other common challenges for the site offices were staff turnover and position vacancies. As shown in Exhibit 2-6, all but one of the sites, Colorado/Wyoming, experienced staffing disruptions at the site office. In six sites, there was turnover in at least one position and in another three sites there was at least one person on extended leave. Four sites reported turnover in the director position with two of these sites—Wisconsin and Western New York—experiencing turnover in all the positions. The typical onboarding process—including recruitment, onboarding, obtaining suitability clearance, and obtaining access to BTS—took 6-12 weeks.

Turnover and staff vacancies interrupted outreach and contributed to delays with scheduling enrollment sessions. Site offices juggled multiple tasks—responding to questions about BOND, initiating outreach calls, scheduling enrollment sessions for field interviewers,²⁵ conducting enrollment sessions, providing post-entitlement support (e.g., preparing work CDR materials for submission to SSA), and informing community partners about BOND, among other tasks. Turnover in the director and BOND specialist positions reduced the resources available to complete site office tasks. Staff reported that turnover led to larger outreach backlogs. (The median wait time for an enrollment session across all sites was two weeks.) In addition to turnover and large workloads, serving large geographic areas and arranging translation services also contributed to some delays in enrolling beneficiaries.

When the site offices experienced turnover, the Implementation Team mobilized additional resources to assist with enrollment tasks. For example, Call Center staff helped with outreach calls. Remote BOND specialists²⁶ were also used to help with outreach calls and to schedule enrollment interviews. While the assistance helped with the workload, it often created multiple “touches” where beneficiaries were passed from the Call Center to a BOND specialist, to a field interviewer before completing the enrollment sessions. These handoffs reportedly created confusion for some beneficiaries. In addition, unlike site directors and BOND specialists, Call Center staff did not have the training or knowledge about BOND to answer beneficiary questions.

²⁵ Responsibility for scheduling enrollment interviews shifted in some sites from specialists to field interviewers in spring of 2012. This change is discussed in greater detail in Chapter 3.

²⁶ Two BOND specialists left their site offices but continued working on BOND remotely from their homes.

Exhibit 2-6. Staffing Disruptions at the BOND Site Office During the Enrollment Period*

Site	Total Enrollments	Staffing Disruption	Position(s) Affected	Period of Vacancy/Leave of Absence
Alabama	1,313	X	Director	Feb – May 2011 (security clearance for new staff obtained in July 2011)
Arizona/SE California	1,633*	X	Specialist	May – Oct 2011
Colorado/Wyoming	1,032*	None	N/A	N/A
DC Metro*	1,032*	X	Both Specialist positions	Aug – Oct 2011 (Security clearance in Dec 2011); Additional vacancies in 2012
Greater Detroit	1,167*	X	Specialist	Oct – Dec 2011
Greater Houston*	1,102*	X	Director, both Specialists	Vacancies throughout enrollment period ^a
Northern New England*	1,216	X	Director, Specialist	Vacancies from Dec 2011-Sept 2012 ^b
South Florida	1,718	X	Specialist	March – June 2011
Western New York	1,219	X	Director, both Specialists	Vacancies periodically beginning in May 2011 ^c
Wisconsin*	1,522*	X	Both Specialist positions	Turnover in 2012; replaced by two part-time workers, delays with security clearances

^a In 2011, the Houston site office director covered Alabama office and Houston. The director later resigned and a former specialist was hired as the new director. Two new specialists were hired. The new director went on short-term leave in 2012. One of the original specialists moved out of the area but worked for the Houston office remotely until the new specialists were cleared and trained – and for a while, Houston effectively had three BOND specialists.

^b In Northern New England, one of the specialists left in Dec 2011 and was replaced in Feb 2012. The site office director position was vacant beginning in March 2012, and one of the specialists acted as the interim director. The specialist was officially made director in summer 2012. One specialist position was vacant from March 2012 until the site office closed. A remote specialist formerly associated with the Houston site was reassigned to work with Northern New England site.

^c In Western New York, the director position was vacant from May – Aug 2011. There was also a specialist vacancy from Spring – July 2011. The other specialist left and was replaced in August 2011.

2.3.2. WIC and EWIC Providers

WIC and EWIC providers include one or more organizations in each site that deliver BOND counseling services to treatment subjects. WIC providers deliver services to T21²⁷ subjects. Under the BOND design, WIC services were intended to be similar to the WIPA services provided to current law beneficiaries prior to June 2012.²⁸ EWIC providers deliver services to T22 subjects. EWIC services differ from WIC services in that they are proactive, they include monthly follow-up, and they have a more systematic approach to assessing the employment goals of beneficiaries. Chapter 5 provides details about the design and delivery of WIC and EWIC services in BOND.

EWIC and WIC providers are well-respected agencies with experience providing benefits counseling and employment services to individuals with disabilities. The WIC and EWIC providers for BOND were selected through a formal selection process in which providers submitted applications to the BOND Implementation Team for review and the Implementation Team made recommendations to SSA.

Each BOND site had a lead contracting agency for WIC and a lead contracting agency for EWIC.²⁹ Each site also had one or more agencies that subcontracted with the lead WIC and EWIC agencies to deliver counseling services (see Exhibit 2-6). In four sites, WIC and EWIC services were provided by the same organization, with a separate supervisors and staff for each type of services and an explicit information firewall between them to provide for separation between WIC and EWIC provision. The remaining sites contracted with up to seven other service providers for WIC and EWIC services. In Wisconsin, the lead WIC/EWIC agency, Department of Health Services (DHS), subcontracts with a network of eight other agencies with whom they have worked in the past. The state of Wisconsin was also included in the Benefit Offset Pilot Demonstration (BOPD). Originally, Wisconsin DHS subcontracted with 13 agencies; however, the Implementation Team required that they consolidate staff and work with fewer organizations.³⁰ In Northern New England, there were four agencies in addition to the lead WIC/EWIC agency. In three of the four states—New Hampshire, Maine, and Vermont—the same organization provided both WIC and EWIC services statewide.

WIC and EWIC providers, both lead agencies and their partners, bring extensive resources to the demonstration. Most of the providers are community-based nonprofit organizations. Some of these agencies, including those that are Centers for Independent Living, focus on serving individuals with disabilities, while others have a broader client basis. Many of these agencies have expansive referral networks with other providers which provide important resource linkages. Some also have in-house services available to beneficiaries. In addition to community-based organizations, some state government agencies and educational institutions are also serving as WIC and EWIC providers.

²⁷ WIC providers also provide counseling to T1 subjects in Stage 1 of BOND.

²⁸ Congress ended funding of WIPA services for SSDI beneficiaries at the end of June 2012.

²⁹ In all sites, either the WIC lead agency or the EWIC lead agency or both are recognized disability providers that offered WIPA services prior to the WIPA program ending.

³⁰ In Wisconsin, at the end of the first year of providing WIC/EWIC services (in 2011), the subcontract was divided into two separate agreements with ERI as the lead EWIC and DHS as the lead WIC provider. Previously, DHS was the lead agency for both WIC and EWIC services.

While most sites relied on nonprofit agencies for WIC and EWIC services, state vocational rehabilitation agencies and educational institutions were also primary providers in four of the sites. Unlike nonprofits, government agencies tend to be larger, more bureaucratic organizations that are less vulnerable to funding changes and/or payment delays. They also tend to have community influence among other providers and extensive in-house services where BOND beneficiaries may be referred.

Exhibit 2-6. Number of WIC/EWIC providers and Type of WIC/EWIC Organizations

Site	Number of WIC and EWIC Providers	Type of Agency				
		Nonprofit (incl. CIL)	State Voc Rehab	University/Educational Institution	Remote Provider (VCU)	Other ^c
Alabama						
WIC	1	1				
EWIC	(Same as WIC)					
Arizona/SE California						
WIC	3 ^a	3				
EWIC	2	1			1	
Colorado/Wyoming						
WIC	2 ^b	2				
EWIC	1		1			
DC Metro						
WIC	1					
EWIC	2	1			1	1
Greater Detroit						
WIC	3	3				
EWIC	1	1				
Greater Houston						
WIC	1	1				
EWIC	(Same as WIC)					
Northern New England						
WIC	4	1	1	1		
EWIC	4 (3 same as WIC)	1	1			1
South Florida						
WIC	1	1				
EWIC	(Same as WIC)					
Western New York						
WIC	4 ^a	2		1		
EWIC	4	2		1	1	1
Wisconsin						
WIC	6 ^a	5		1		1
EWIC	3 ^a	1				1

^a Indicates changes in the number of organizations between September 2011 and September 2012. In AZ/CA, the number of WIC providers dropped from 4 to 2 due to the end of WIPA funding. In Western New York, the number of WIC providers dropped from 7 to 4; the number of EWIC providers stayed the same. In Wisconsin, contracts with three EWIC providers were terminated in December 2011; the number of WIC providers dropped from 7 to 6 agencies.

^b The number of WIC providers in Colorado/Wyoming dropped from 2 to 1 as of December 2012 due to low WIC caseloads.

^c The WIC in DC Metro is an association of disability service providers. One of Northern New England's WIC/EWIC providers is a medical center. One of the WIC providers in Western New York is an advocacy organization. The main grantee in Wisconsin, Department of Health Services, Office for Independence and Employment, is a government agency. One of Wisconsin's EWIC providers is a for-profit employment provider.

Findings on WIC and EWIC Staffing Models

In staffing WIC and EWIC services, providers use two primary configurations—(1) they hire a few (usually one or two, in some cases more) full-time staff dedicated exclusively to BOND; or (2) they rely on three or more existing staff who dedicated a portion of their time to BOND. The first approach is known as the *consolidated model* and the second approach is known as the *dispersed model*. Providers that implement the dispersed model typically rely on existing Community Work Incentive Coordinators (CWICs)³¹ who dedicate no more than 10 hours a week of their time to BOND.

The use of these models varies by provider type. EWIC providers initially implemented the consolidated model in all but one of the sites—Wisconsin. A year into the initial implementation, the Implementation Team asked the Wisconsin EWIC provider to consolidate all EWIC services into one or two staff. Thus, by the second year of implementation, all of the EWIC providers were using the consolidated model. By contrast, most WIC providers use the dispersed model, either alone or in combination with the consolidated model.³² One site, Northern New England, implemented a hybrid approach across the four states in which some providers used a consolidated model while others dispersed WIC and EWIC responsibilities across multiple staff.

We found no evidence to suggest that one staffing model worked better than the other. There are benefits and drawbacks to each of the models, as shown in Exhibit 2-7. WIC and EWIC agencies typically staff BOND based on what works best for their agencies, not necessarily because they perceive that one model is more effective than the other.

Exhibit 2-7. Benefits and Drawbacks of the Consolidated and Dispersed Models for Staffing WIC and EWIC Services

Model	Benefits	Drawbacks
Consolidated	<ul style="list-style-type: none"> • More likely that BOND will be implemented consistently within a site. • Staff member becomes the local expert for BOND policies and procedures and focuses full-time on serving beneficiaries. • Beneficiaries know whom to contact for BOND-related questions. 	<ul style="list-style-type: none"> • Agency is at greater risk of losing institutional knowledge about BOND in the case of staff turnover. • Staff member may have difficulty providing benefits counseling across the entire service area, especially in geographically dispersed states. • Staff member may not be familiar with the employment services and personal and work supports available in another part of the state. • Limited opportunities for staff to consult with colleagues about difficult cases.

³¹ CWICs were benefits counselors that operated the WIPA program. To serve as a CWIC under WIPA, the benefits counselor had to complete a formal certification process. Since the WIPA program has ended, some of the sites continue to use the “CWIC” title, while others call staff “benefits counselors.”

³² The WIC provider in Colorado hired one full-time WIC staff member, but relied on three existing CWICs to cover a portion of the outlying areas of the state. However, the full-time WIC staff member carried nearly all of the caseload serving roughly 100 active beneficiaries while the CWICs served fewer than 10.

Model	Benefits	Drawbacks
Dispersed	<ul style="list-style-type: none"> • Allows providers to cover a large geographic area, providing in-person benefits counseling and referrals to community partners where the provider has existing relationships. • Having multiple staff trained to do the job buffers against turnover or extended staff vacancies. • Protects the agency against the ebbs and flows in BOND work, as staff members with too much work can shift responsibilities to other staff and those with too little work can pick up additional BOND cases or other agency tasks. 	<ul style="list-style-type: none"> • More difficult to keep all staff trained on current BOND policies and procedures. • More difficult to ensure that staff allocate adequate time to BOND. • Makes the agency more vulnerable with the end of WIPA, which typically paid a portion of the staff salaries.

Findings on WIC and EWIC Caseloads

The Implementation Team set initial staffing allocations based on anticipated service use among T21 and T22 beneficiaries. The team has adjusted these staffing allocations on an annual basis to reflect the actual caseload sizes of benefits counseling providers. During the most recent round of site visits, the full-time equivalent (FTE) positions for WIC providers were highest in Northern New England with 4.25 FTEs and lowest in Greater Houston with 1.0 FTE. The staffing allocation for EWIC providers was highest in Alabama at 5.0 FTEs and lowest in Colorado/Wyoming and Greater Houston at 2.0 FTEs in each site. Across the sites, the average FTE for WIC and EWIC providers was 2.4 and 3.3 FTEs, respectively.

During both rounds of site visits, the number of beneficiaries referred to WIC and EWIC staff varied considerably both across sites and across providers. While the WIC and EWIC caseload allocations are discussed in greater detail in Chapter 5, process study findings from both visits reveal unequal distributions in caseload sizes for WIC and EWIC providers. For example, based on the August-October 2012 site visits, the WIC caseload for one counselor in the DC Metro site was 153 cases and another in Greater Detroit was serving 205 beneficiaries. In contrast, the WIC caseloads for two full-time counselors in Alabama were 103 and 95 cases respectively, which is a third fewer clients than the WIC staff in the other sites. The EWIC caseload for one counselor in Arizona was 155 at the time of the site visit, compared to 102 cases for a full-time EWIC staff member in Colorado/Wyoming. In contrast, one of the EWIC staff in Massachusetts worked about 30 hours a week and managed 26 cases. However, at another EWIC provider within the Northern New England site, an EWIC staff member worked full-time and carried 92 cases.

Calculating staffing allocations is complex for the Implementation Team and for WIC and EWIC agencies. Discrepancies in FTE allocations and in caseload sizes across the sites were caused by a variety of factors such as faster or slower pace of enrollment than anticipated, staff turnover, delays with hiring staff, and staff who are hired but not serving beneficiaries because they are waiting for their suitability clearance and/or authorization to use BTS. In some sites, WIC and EWIC providers chose to have larger caseloads instead of hiring additional counselors temporarily. The Implementation Team closely monitors staffing fluctuations and determines the FTE allocation annually at the beginning of each contract year.

The team adds FTE positions or reallocates staff depending on the caseload sizes and anticipated needs. The Implementation Team reduced staffing at WIC providers in December 2011 when it became clear that take-up of WIC services by T21 and T1 subjects was lower than anticipated. In the summer of 2012, the team increased staffing at EWIC providers in response to the need to perform time-consuming post-entitlement tasks.

In hindsight, the Implementation Team said that they underestimated the number of staff required for EWIC services and overestimated the number of WIC staff needed early in the enrollment (based on optimistic projections of the rate at which T21 and T1 beneficiaries would seek WIC services). Some of the WIC staff had lower caseloads initially while they were waiting for beneficiaries to reach out to them. WIC providers have expressed concerns about reducing the FTE allocation in future years for the WIC positions. As outreach and information about BOND increases over time, they fear not being able to handle an uptick in WIC service use.³³

End of Work Incentives, Planning, and Assistance (WIPA) Funding

Congress ended funding of WIPA services for SSDI beneficiaries at the end of June 2012. This is an important change that may affect the BOND benefits counseling providers in the future. As described, many of the WIC providers rely on existing benefits counselors (CWICs) to provide WIC services. In addition, some of the smaller organization relied on WIPA funding to operate. While most of the sites have blended funding from alternative sources together to continue benefits counseling services in the short-term, many agencies lack a long-term strategy for supporting these services. Reductions in agency funding could result in losing seasoned benefits counselors who provide WIC services. In addition, reductions in agency funding could affect the sustainability of the agencies that formerly provided WIPA.

2.3.3. Enrollment Interviewers

The evaluation design specified that all enrollment interviews were to be conducted in person. Beneficiaries had the option of completing the enrollment in a BOND site office or in the field (e.g., beneficiary's home or a public location). Enrollment interviewers (also known as field interviewers) conducted all enrollment interviews in the 10 site offices and performed other enrollment functions (as well as the interviews) for enrollments that happened outside the BOND site offices. The enrollment interviewers all worked for Abt SRBI, Abt Associates' survey subsidiary.

Unlike with BOND site office staffing, the Implementation Team estimated the number of enrollment interviewers needed and the location in which they were needed based on the enrollment goals, the location of the beneficiaries, and timing of the outreach mailings. This resulted in some fluctuations in the number of interviewers by site during the enrollment period. On average, however, there were about five interviewers per site. In some sites, this number was perceived to be inadequate. Staff in these sites said that the number of staff assigned did not reflect the enrollment targets or the geographic areas of each of the sites.

A particular challenge was the large geographic areas that some BOND site offices covered. Half of the site offices covered multiple states. Examples include Northern New England and Colorado/Wyoming.

³³ There was considerable uncertainty about the number of T1 cases who may request services once they learn about BOND. Given the high number of T1 beneficiaries in the pool, even a slight increase in uptake could increase the WIC workload.

Other site offices, such as Alabama, were only in one state but nonetheless covered large distances. In urban sites, such as DC Metro or Greater Houston, the distance field interviewers traveled was shorter. For sites with expansive geographic areas, field interviewers would stack up enrollment interviews in order to complete multiple interviews in one trip. While this approach improved efficiency, it often meant that beneficiaries who indicated they wanted to enroll in the study had to wait up to a month before they could do so.³⁴ In addition, staff turnover and/or vacancies in field interviewer positions left beneficiaries waiting for enrollment interviews to be conducted in the field. While these issues will be explored in greater depth in Chapter 3, they help to explain some of the perceptions of BOND site office staff about the problems with enrollment interviewer coverage.

2.3.4. Community Partners

To promote awareness of the demonstration, site office directors in the 10 BOND sites reached out to community organizations who serve individuals with disabilities to inform them of the demonstration. The purpose was to create a strong awareness and level of understanding of BOND in the community so that if asked, these trusted providers could confirm the legitimacy of BOND to beneficiaries. Community partners also provided supportive services and job placement assistance to BOND subjects who were referred by WIC or EWIC staff. These organizations were not contracted service providers under BOND.

Findings on Community Partners

The Implementation Team assigned community outreach responsibilities to site office directors. WIC or EWIC agencies were encouraged to support this community outreach particularly through their existing community connections. All sites conducted some outreach to stakeholders initially; however, outreach efforts were generally not sustained over time. Site office directors reported that meeting enrollment targets and providing post-enrollment services for beneficiaries were higher priorities than community outreach. In Greater Detroit and Wisconsin, the site office directors maintained the outreach by sending quarterly BOND updates to stakeholders. The directors also sent email alerts to community partners when the Implementation Team scheduled mailings to notify the partners of a possible uptick in questions about BOND. Some field staff suspected that information about BOND provided to community organization leaders had not "trickled down" to the frontline staff who interact with BOND beneficiaries.

2.4. Bridging Centralized and Local Operations

Four BOND operational components serve to bridge centralized and local infrastructure. These components, shown in Exhibit 2-8, help facilitate communication between centralized operations and the local infrastructure and support operations in each.

³⁴ Of volunteers residing in Zone 5 (usually the most remote and rural zone of a site), about 42 percent waited a month or more between their earliest referral for an intake session and random assignment. This compares to about 20 percent for volunteers residing in Zone 1 (the central and most densely populated area of a site where the site office was located).

Exhibit 2-8. Responsibilities of “Bridge” Operational Components

“Bridge” Component	Key Responsibilities
Site Liaisons (Abt Associates and Mathematica Policy Research)	<ul style="list-style-type: none"> Serve as conduit of information between BOND Implementation Team and local operations. Monitored site office activities. Monitor WIC and EWIC provider activities. Conduct monitoring visits and calls and reported findings to BOND Implementation Team and SSA. Provide assistance to field staff to obtain TA.
Technical Assistance Providers (Subcontractors)	<ul style="list-style-type: none"> Provide training and TA on benefits counseling, BTS, AEEs, and basic demonstration procedures.
BOND Operations Data System (BODS)	<ul style="list-style-type: none"> Supports random assignment, outreach, beneficiary interactions, mailings, initial contacts, WIC, EWIC, work CDRs, AEEs, staff email and file sharing, and evaluation activities. Communicates with SSA’s BOND Stand Alone System (BSAS). Beneficiary Tracking System (BTS) is a component of BODS that field staff and the Central Operations Unit use to obtain and record information about BOND subjects.
BOND Website / Portal	<ul style="list-style-type: none"> Portal stores training and reference materials and discussions accessible to the BOND Implementation and Evaluation Teams. Website provides information about BOND to BOND subjects and the general public.

2.4.1. Site Liaisons and Technical Assistance

A team of two liaisons was assigned to each BOND site. The site liaisons communicated regularly with site office staff and WIC and EWIC staff, assisting with and monitoring the performance of demonstration activities. Liaisons provided guidance to the field staff about basic demonstration procedures. Site liaisons conducted site visits (about twice per year) and calls (initially biweekly, later monthly) to monitor the implementation of BOND activities and service provision.

BOND utilized a cadre of technical assistance providers. Three organizations, all subcontractors to Abt, developed and delivered training and technical assistance for WIC and EWIC staff. First, the WIPA National Training Center (NTC) at Virginia Commonwealth University (VCU) conducted a four-day training program for the WIC and EWIC staff members who were not already certified community work incentive coordinators (CWICs). This training covered core competencies previously delivered to WIPA benefits counselors and required for benefits counseling certification. NTC also provided specialized benefits counseling tailored to the BOND rules for WIC and EWIC staff, including the staff who were already CWICs when they joined BOND. NTC also provided EWIC staff with additional training on the expanded range of services provided under EWIC.

The other two subcontractor organizations—the Center for Essential Management Services (CEMS) and TransCen Inc.—provided specialized EWIC training on goal-setting, person-centered planning, skills assessment, and how to assist BOND participants to find and keep employment.

The BOND Processing Center and BOND IT staff also provided technical assistance. The Processing Center provided ongoing technical assistance on AEEs, notice support, and complex beneficiary questions. BOND IT staff at Abt Associates and at subcontractor Cherokee Information Services delivered training and technical support for BODS. Cherokee Information Services provided help desk support for BODS and HTA Technology and Security provided technical assistance for information security.

2.4.2. BOND Operations Data System (BODS)

The BOND Implementation Team developed BODS to support BOND operations and the BOND evaluation. A key feature of BODS is that it stores SSA administrative data needed to operate BOND. This includes beneficiary information needed to conduct BOND outreach and to determine eligibility for the offset. The Beneficiary Tracking System (BTS) is a component of BODS used by the BOND Implementation Team in centralized and local operations to obtain and record information about BOND subjects. BODS/BTS was used to support the following activities:

- **Stage 1 Random Assignment:** BODS incorporates data from SSA administrative extracts on prospective BOND subjects. The Implementation Team used these data to identify the Stage 2 solicitation pool as part of Stage 1 random assignment.
- **Stage 2 Outreach Mailings:** BODS was used to generate the data for the Stage 2 mailings, process address updates, transmit information to the mailing subcontractor, and track returned mail.
- **Stage 2 Outreach Contacts:** Site office staff used BTS to record contacts with Stage 2 subjects who responded to the BOND outreach letter. The BOND Call Center and site office staff also used BTS to record outreach calls made to beneficiaries who did not respond to the mailings.
- **Stage 2 Enrollment and Random Assignment:** BOND site office staff and field interviewers used BTS to schedule enrollment sessions with beneficiaries who expressed interest in enrolling. BTS also helped manage and document the enrollment process. In BTS, staff recorded completion of the informed consent pre-screen (see Chapter 3); informed consent; baseline interview; and payment of enrollment incentive payment. When all enrollment steps were completed site office staff used BTS to conduct Stage 2 random assignment. After random assignment, site office staff used BTS to document the referral to WIC or EWIC depending on the random assignment result. During Stage 2 enrollment, BODS was used to transfer files containing BOND treatment subjects to SSA each night.
- **Post-enrollment activities:** BOND site office staff, staff in the Central Operations Unit, WIC and EWIC staff, and the Call Center staff use BTS to record contacts with beneficiaries after their enrollment in BOND. Post enrollment activities are also recorded in BTS, including work reports, screening for work CDR, and AEE preparation. BOND centralized and local staff also scan and upload information provided by beneficiaries to BTS, including pay stubs, documentation of IRWEs, and information needed for work CDR or AEE development. The SSA Work CDR Unit uses BTS to update information about work CDR initiation and eligibility for and use of the offset.
- **AEE Submission:** BODS is used to transmit information on annual earnings estimates to BSAS.

- **WIC/EWIC service provision:** WIC and EWIC staff use BTS to record information about WIC and EWIC services delivered to T21 and T22 subjects³⁵.
- **File sharing and secure email:** BODS provides file sharing capabilities for secure file sharing between SSA and the BOND Implementation and Evaluation teams. BODS email provides secure communication between centralized and local BOND staff. BODS is also used for a wide range of reporting on all aspects of demonstration implementation.
- **Evaluation activities:** The BOND Evaluation Team uses BODS to conduct quantitative assessments of random assignment, outreach, mailings, response to outreach, and service delivery to beneficiaries after random assignment. The Evaluation Team also uses BODS as a source of contact information to support survey data collection. For the impact analysis, the Evaluation Team will match beneficiary information stored in BODS to administrative records from other data systems (Medicare, Medicaid, and Rehabilitation Services Administration) to obtain administrative data files for analysis.

Findings on BODS

The roll out of BTS had a rough start. The initial BTS training, held a couple of months before it was gradually rolled out, was based on plans for the system rather than the completed system. Once the system was rolled out, some of the training provided earlier was not consistent with the final product. The system had problems such as redundancy in entering information, requiring the user to go through a large number of screens to make a simple change, and inconsistencies between what was manually tracked and information included in BTS reports. These problems resulted in staff not fully understanding what needed to be entered in the system and where information needed to be entered. For example, during the initial implementation visits, BOND site office staff members were not sure where to enter earnings. This likely contributed to some initial inconsistencies in reporting.

The initial training was followed by online training modules. In addition, EWIC staff participated in webinars and had access to individualized assistance as BTS was rolled out. Additional training, improvements to the BTS system and more experience with use contributed to gradual improvements over time. From the initial implementation (Round 1) site visits to the second round of visits a year later, field staff acknowledged that their experience with BTS had improved.

A more recent challenge for the Implementation Team was that the end of the WIPA program meant that support for ETO, the tracking system for WIC providers, was eliminated. The end of support for ETO required the Implementation Team to transfer benefits counseling information on T21 subjects to the BTS system. In addition, it required the Implementation Team to train WIC staff on the BTS system and ensure they had secure access. During the second round of site visits, many of the WIC staff said that they preferred BTS to ETO and were pleased with the change.

³⁵ Prior to July 2012, WIC staff used the Efforts to Outcomes (ETO) system to record WIC services provided to T21 subjects. ETO was the data system used for the WIPA program. Because WIC providers also provided benefits counseling under the WIPA program, and the service components of WIC matched those of WIPA, WIC staff used the WIPA data system to record WIC service provision. When the WIPA program ended in June 2012, ETO was no longer available and SSA requested that data collection for WIC be transferred to BTS.

2.4.3. BOND Website and Portal

The BOND website (www.BONDSSA.org) is designed to provide information about BOND to beneficiaries who received a Stage 2 outreach letter and to the general public. The website includes a basic overview of BOND, a list of frequently asked questions and responses to those questions, and seven case studies that illustrate how the offset may be used in real-life situations. These case studies describe different earnings scenarios, including part-time employment, earnings with IRWEs, full-time employment, and earnings fluctuations. Subcontractor Palladian Partners developed and maintains the BOND website.

The BOND portal is a secure website accessible only by members of the BOND Implementation and Evaluation Teams. Resources shared on the BOND portal include a tool to look up a beneficiary's random assignment status, a document library, and a discussion board. The portal stores training materials that can be accessed at any time by BOND staff, including recorded online training sessions.

2.4.4. Findings on Local Site Support

Multiple training and technical assistance resources were developed with the intention of preparing local sites to enroll and serve beneficiaries. The Implementation Team provided a variety of training activities (e.g., on BOND policies and procedures, work CDRs, and BTS), technical assistance (e.g., site liaisons, Central Operations Unit, and BOND Processing Center), and BOND resources (e.g., the BOND portal) to support sites. BOND site office and benefits counseling staff offered mixed opinions about the quality and usefulness of the training and technical assistance provided. While many staff found these activities useful, some reported ongoing challenges with the support and guidance available to them.

Training Format, Approach, and Timing

The Implementation Team provided training to create consistency and quality with enrollment and benefits counseling services across the sites. BOND site office staff participated in an initial weeklong in-person training about BOND. Site directors were trained first, and then returned to participate in a second five-day training with the BOND specialists. In addition to the training provided by VCU (noted above in Section 2.4.1), both WIC and EWIC staff participated in frequent web-based training intended to supplement the initial training. EWIC staff also received online training focused on the EWIC intervention. All staff members received frequent ongoing trainings, email updates, published guidance, and the Central Operations email updates. They also participated in periodic telephone conference calls with their site liaison.

Field staff had mixed views of the training and identified three primary issues with how the training was provided. First, field staff said that the training format, mostly web-based or webinar, was not conducive to some learning styles. Field staff talked about how many of the trainings were unengaging and did not allow participants to ask questions until the end of the presentation. They also said that trainers typically read the PowerPoint slides and sometimes had difficulty responding to questions. The Implementation Team noted that web-based training was necessary given the large number of staff and their geographic dispersion.

Second, the trainings were theoretical rather than practical. Staff said that they left the trainings with a lot of information, but not fully clear about how to serve beneficiaries. Training reportedly lacked specific case examples. Staff said that they mostly "learned by doing," rather than from the trainings

Finally, field staff said that there was a gap between when they were trained and when they began serving beneficiaries. The initial in-person training was held about two months before the site office and benefits counseling providers began serving beneficiaries. Part of the gap was a delay of several weeks from the planned start of the pilot outreach. Despite getting additional web-based training and individualized technical support, a common response was that field staff did not feel fully prepared to serve beneficiaries. The added challenge is that the Implementation Team was training staff to do a job that had never been done before.

The flood of information about BOND during training appears to have buried the most salient points. Field staff talked about receiving lots of information in training, policy and procedure manuals, and email updates. Field staff said that they often get so much information that they were not clear about the most important and current information. They said that while this has improved over time, it continues to be an issue.

Rapidly Changing Policies and Procedures

The Implementation Team has made numerous changes to internal BOND policies and procedures during implementation, including shifting outreach responsibilities to the Call Center or BOND specialists in another site, changes to WIC and EWIC staffing, and modification of the work CDR and AEE processes, among others. To BOND local site offices and benefits counseling providers, these ongoing changes became a source of frustration and confusion. The field staff were often unsure whether they were implementing the most recent policy or procedural update.

Not Knowing Whom to Ask for What

The complexity of the administrative infrastructure left BOND site office staff and benefits counseling providers unclear about whom to contact for what information. The Implementation Team expressed concern that providers in some sites were not asking for help that they might have needed. The Implementation Team was also concerned that service provision may have differed across the sites. Field staff said that they were not always clear about where to send what materials for completing the AEEs. They also said that they were not clear about where to go with questions about issues such as Medicare eligibility, IRWEs and subsidies, and BTS. Questions, they said, were often channeled through the site liaisons who, in nearly all of the cases, would need to track down the information and provide it to the site office and/or providers at a later date. The BOND implementation director was available to receive questions on any topic from field staff and would refer questions to implementation staff with the knowledge to respond. A key staff member at the BOND Processing Center became a trusted source of information for field staff based on her long experience with the SSDI program. Field staff reported that the information flow improved over time, but challenges still remained.

2.5. Post-Enrollment BOND Infrastructure

The Implementation Team has had several achievements. First, the project has put all infrastructure pieces in place to support recruitment, enrollment, and service delivery. Second, at a number of junctures when issues arose in the operation of the demonstration, the Implementation Team responded by making changes to procedures and tools. Examples of these changes include: the Implementation Team shifting responsibility for enrollment appointment scheduling from the BOND site offices to the field interviewers; the Implementation Team using available project staff at the BOND call center and other site offices to assist overtaxed site offices with outreach to prospective volunteers; and the Team's

improvements to the Beneficiary Tracking System. Third, beneficiaries expressed positive opinions about BOND during telephone conversations with 140 T21 and T22 beneficiaries. More than half (57 percent) of those interviewed (who are not necessarily representative of all subjects in these groups) had a positive view of BOND. Another quarter of the beneficiaries was indifferent or shared a mix of positive and negative views.

The BOND site offices were officially closed, and the director and BOND specialist positions dissolved at the end of September 2012. Now that enrollment is complete, the number of treatment subjects is static which allows staff to focus on assisting beneficiaries who may use the offset.

3. Outreach and Enrollment

This chapter begins by detailing the outreach and enrollment processes implemented during Stage 2 of the demonstration. It then presents the outcomes of these processes and discusses some of the factors that may have influenced the observed outcomes, both for the demonstration as a whole and for each site. Implications of the demonstration for a national benefit offset program are discussed throughout, as appropriate. The chapter concludes with a brief assessment of the characteristics of Stage 2 volunteers and other solicitation pool members.

3.1. BOND Model of Outreach and Enrollment

As described in Chapter 1, the Stage 2 evaluation is designed to measure the impacts of the benefit offset on the subset of SSDI beneficiaries who are most likely to use it. It targets beneficiaries who are interested, or potentially interested, in working to earn above the BOND yearly amount. Stage 2 recruitment efforts were directed toward a randomly drawn solicitation pool of SSDI-only beneficiaries. Those beneficiaries who volunteered for Stage 2 were randomly assigned to one of three groups—T21, T22, or C2 (see Exhibit 1-2). The overriding aims of the Stage 2 intake process were to (1) inform eligible beneficiaries about the benefit offset opportunity and (2) to encourage interested beneficiaries to volunteer to enroll in BOND for random assignment, potentially to a treatment group. The approach—described in detail below—was designed to be uniform across sites and the expectation was that the group of Stage 2 volunteers would approximately represent that portion of the national SSDI-only population most interested in using the benefit offset. Stage 2 random assignments were conducted between March 1, 2011 and September 28, 2012.³⁶

3.1.1. Design Goals for Stage 2 Recruitment

Three goals influenced the total size and composition of the solicitation pool and how recruitment was conducted:

- 1) The total Stage 2 sample target was 12,600 volunteers, based upon statistical power calculations during the design phase of the project. As described in the BOND Design Report, the volunteer rate for BOND was conservatively expected to be 4 percent.³⁷ This expected volunteer rate implied that the solicitation pool would need to include 315,000 beneficiaries to reach the target number of volunteers. As discussed below, the actual response to study solicitation of 5.4 percent exceeded 4 percent. Thus, approximately 238,000 beneficiaries were needed for the solicitation pool.
- 2) A target for sample composition was to have at least half of the volunteers be short-duration beneficiaries (i.e., those who had received SSDI benefits for 36 months or less at the time they were initially solicited for participation in the study). Policy-makers and other stakeholders have interest in understanding the response of short-duration beneficiaries to the offset. Under a national offset policy, beneficiaries would learn about the offset at the beginning of their receipt of benefits. Short-duration beneficiaries come closest to simulating early knowledge of the offset.

³⁶ Stage 2 enrollment had to be completed by September 30, 2012 to ensure that all beneficiaries had at least five years to complete the Trial Work Period and enter the BOND participation period.

³⁷ Stapleton et al. (2010).

Also, prior research has suggested that recent beneficiaries might have greater interest in engaging in work than long-term beneficiaries.³⁸ The Implementation Team attempted to reach the goal of over 50% short-duration beneficiaries by over-sampling³⁹ the proportion of short-duration volunteers included in the outreach waves, rather than through any type of differential effort by recruitment staff. Overall, 53 percent of the solicitation pool was short-duration beneficiaries.⁴⁰

- 3) Stage 2 recruitment was to be conducted in a uniform manner across and within all study sites. While it was expected that volunteer rates would differ across sites, the goal was to have variation in rates reflect differences in beneficiary interest, rather than differences in recruitment operations. Achieving this goal would produce a short-duration volunteer sample and a long-duration volunteer sample that were each nationally representative of beneficiaries who would volunteer in response to the project's level of recruitment effort.

3.1.2. Assignment into the Stage 2 Solicitation Pool

All BOND-eligible SSDI beneficiaries in the ten study sites were included in the Stage 1 random assignment. These prospective BOND subjects were assigned from administrative records to a T1 intervention group, a C1 control group, or a prospective Stage 2 solicitation pool (see Exhibit 1-2) of beneficiaries who met the eligibility requirements for Stage 2.⁴¹ The resulting prospective solicitation pool included 869,469 beneficiaries. From this prospective solicitation pool, the actual solicitation pool—comprising 14 outreach waves that included 238,070 beneficiaries—was randomly drawn (each wave was separately drawn a few weeks prior to the initial mailing to the wave). The beneficiaries randomly selected for the 14 outreach waves were then invited to volunteer for Stage 2 of BOND.

Each outreach wave included beneficiaries for all ten sites in numbers proportional to the number of BOND-eligible SSDI beneficiaries in each site. Likewise, projected enrollments for each of the ten study sites also corresponded to these proportions. Beneficiaries were solicited from sites and zones in proportion to the SSDI populations in those places. Five geographic zones were created to facilitate beneficiary outreach:

- Zone 1 covered a 30-mile radius from the BOND site office.
- Zone 2 covered the area 30 to 60 miles from the BOND site office.

³⁸ Liu and Stapleton (2011) found that recent entrants to the SSDI program are more likely to have earnings than those who have been on the rolls for a longer period (Liu and Stapleton 2011).

³⁹ The naturally occurring rate of short-duration beneficiaries among prospective BOND subjects is 29.8 percent.

⁴⁰ The proportion of short-duration beneficiaries included in each outreach wave varied across waves. The Implementation Team adjusted this proportion at the time each wave was drawn based on the current progress toward the overall volunteer target and the goal of having at least 50 percent of volunteers be short-duration.

⁴¹ The main Stage 2 eligibility criterion was that beneficiaries had to be SSDI-only, that is they could not be concurrently receiving SSI. Beneficiaries were also excluded from Stage 2 if they did not reside within BOND site areas, they resided in the Upper Peninsula of Michigan (a remote corner of the Wisconsin site where it was not practical to deliver EWIC services), or they had a legal guardian who was not an individual representative payee.

- Zone 3 covered an area adjacent to zone 2, with the size of the area depending on the site.
- Zone 4 covered an additional area adjacent to zone 2 and/or zone 3, with the size depending on the site. Eight of the ten sites had a zone 4.
- Zone 5 ranged in size depending on the site. Seven of the ten sites had a zone 5.

3.1.3. Outreach Activities

Stage 2 outreach efforts were conducted in a series of waves between January 2011 and August 2012 (see Exhibit 3-2 below for initial letter mailing dates) with enrollment concluding in September 2012. For each wave, the intended approach was to include five contact attempts: a combination of an initial mailing, follow-up mailing(s), and telephone calls. Copies of the letters and supporting outreach materials appear in Appendix C.

Letters

The initial letter was the cornerstone of the outreach effort. The Central Operations Unit sent the letter via US mail to each beneficiary in the solicitation pool. The letter invited beneficiaries to volunteer for BOND and asked them to contact the BOND call center or site office to obtain additional information or to begin the enrollment process. For beneficiaries with representative payees, a copy of the outreach letter was sent to representative payee at the same time the outreach letter was sent to the beneficiary. The letter also contained a six-panel, tri-fold beneficiary brochure with basic information on BOND. (See Appendix C for reproductions of the outreach materials.) The letter itself contained several key pieces of information including:

- A brief introduction to BOND
- An overview of potential benefits and the opportunity that BOND represents;
- An overview of the enrollment process and options;
- A reminder that the beneficiary would be paid for completing an eligibility/enrollment interview;
- Instructions on what to do next if interested, specifically:
 - To contact the toll-free BOND Call Center for additional information, to review the beneficiary's individual situation, or to schedule an enrollment session;
 - To consult the BOND website for additional information or to review eligibility; and
- Contacts for questions and additional information.

The Central Operations Unit mailed a second letter approximately six weeks after the initial outreach to those who did not respond to the first letter by contacting either the BOND Call Center or local site office, as well as to beneficiaries whose first letter was returned as "undeliverable" if the Implementation Team had an updated address for the beneficiary. The second letter included a brief introduction to BOND for those who may not have received or fully understood the first letter. It also served as a reminder to those

who received the first letter but had yet to take action. During waves 5 through 11, a third letter was sent if there was no response to the first two letters.⁴²

Telephone Calls

Beneficiaries who did not contact either the Call Center or the site office within two weeks of the second outreach mailing (or third outreach mailing for waves 5 through 11) were to be put on a list to receive a recruitment call from a site office staff member. The BOND Call Center also conducted these outreach calls. Up to three outreach calls were to be made in an attempt to speak with the beneficiary.⁴³

During follow up calls, site office staff and BOND Call Center staff used SSA-approved scripts. A primary goal of the call was to emphasize the low risk of enrolling and to note that BOND provides an opportunity to use the offset in the future, even if the beneficiary could not work right away. When telephone contact was made, the BOND staff member would provide more information about BOND, confirm eligibility for Stage 2, help the beneficiary decide whether to volunteer, and, if the beneficiary did volunteer, schedule an enrollment session.

For those who declined to participate in BOND, no further outreach was attempted. BOND intake staff collected information on beneficiaries' reasons for declining.

3.1.4. Enrollment Activities

In order to enroll in Stage 2, beneficiaries were required to attend an in-person enrollment session. Enrollment sessions could occur in one of several locations with different BOND staff, but all enrollment sessions involved the same core activities, including providing informed consent and completing the baseline survey. Each of the enrollment activities are described in detail below.

Scheduling Appointments

Enrollment sessions were scheduled when a beneficiary expressed interest in volunteering for BOND. Initially, site office staff had the primary responsibility for scheduling enrollment appointments. While on the phone with a beneficiary, a member of the site office staff—usually a BOND Specialist—would schedule an appointment based on the beneficiary's availability and preference for enrollment location. When scheduling the appointment, the site office staff would make sure to consider field interviewer availability (to ensure that someone would be available for the enrollment) using a scheduling function in the Beneficiary Tracking System (BTS).

Later in the demonstration, in 8 of the 10 sites, the responsibility for scheduling field appointments shifted to the field interviewers. This was determined to be a more efficient method since field interviewers could schedule interviews at times and locations that were convenient and site office staff often did not have up-to-date information about the interviewers' schedules. In sites where this change occurred, the site office would inform beneficiaries who wanted to enroll that they would receive a call

⁴² The Implementation Team decided to suspend mailing of follow-up letters to Waves 12-14 calls so as not to far exceed the target of 12,600 volunteers.

⁴³ For Waves 1-3, the maximum number of telephone calls attempted was three. For Waves 1-11, the maximum number of telephone calls attempted was two. A small number of beneficiaries in Waves 12-14 received an outreach call before the Implementation Team decided to suspend outreach calls so as not to far exceed the target of 12,600 volunteers.

from a field interviewer to schedule an appointment. Field interviewers were notified in BTS when appointments needed to be scheduled. Once notified, the interviewers were to call the beneficiary and schedule the appointment. For both site office and field appointments, the site staff would generate and mail an appointment confirmation letter to the beneficiary.

Enrollment Locations

Given the large geographies of most of the BOND sites, enrollment sessions could occur in several locations. When possible and convenient, beneficiaries could enroll in the BOND site office. However, those who lived further away from the site office, were unable to come to the office, or simply preferred not to come to the office had other enrollment location options, including satellite locations and individual field locations. Each of these enrollment locations is described further below.

Office enrollments

The Implementation Team expected that most beneficiaries who lived reasonably close to the 10 BOND site offices would enroll in the site offices. Enrollments that occurred in the BOND site office involved both a site office staff member and a field interviewer.

Satellite enrollments

Satellite locations were places the demonstration arranged to use—for free or at nominal cost—on an ongoing basis. Satellite enrollments were intended for use by beneficiaries who lived well outside of the site office “catchment” area who did not want to enroll at an individual field location (described below). Satellite locations could include, for instance, a meeting room in a local library, a meeting room in a community center, or appropriate space in a nonprofit social service agency (such as a Center for Independent Living, community action agency, or WIA Career One-Stop Center). Depending on the local circumstances, arrangements were made to use these field locations on either an “as needed” basis or for a pre-designated set of days.

Satellite field locations had to have appropriately private meeting space, be ADA-compliant, and be accessible by public transportation. They also had to be free of political or religious affiliations that could potentially alienate some beneficiaries, and when possible they held some degree of community prominence that added to their credibility.

Field enrollments

To maximize beneficiary access to the enrollment process, individual field locations that were mutually convenient for both the beneficiary and the interviewer were also identified. Field locations included places like a local coffee shop, hotel lobby, or a common space at a shopping mall; enrollments could not be done at drinking or gaming establishments. These locations had to have the necessary space and be quiet and private enough for the staff member and beneficiary to comfortably engage in the basic interview and enrollment steps.

Enrollments could also be conducted in the beneficiary’s home. Home visits provided the demonstration with an important element of flexibility that was most applicable to:

- Individuals in the most remote or outlying areas;

- Individuals who faced unique barriers coming to the site office or a satellite location (logistical, psychological);
- Individuals who preferred that the enrollment process “come to them”; and
- Individuals whose location or schedules were incompatible with site office or satellite field locations.

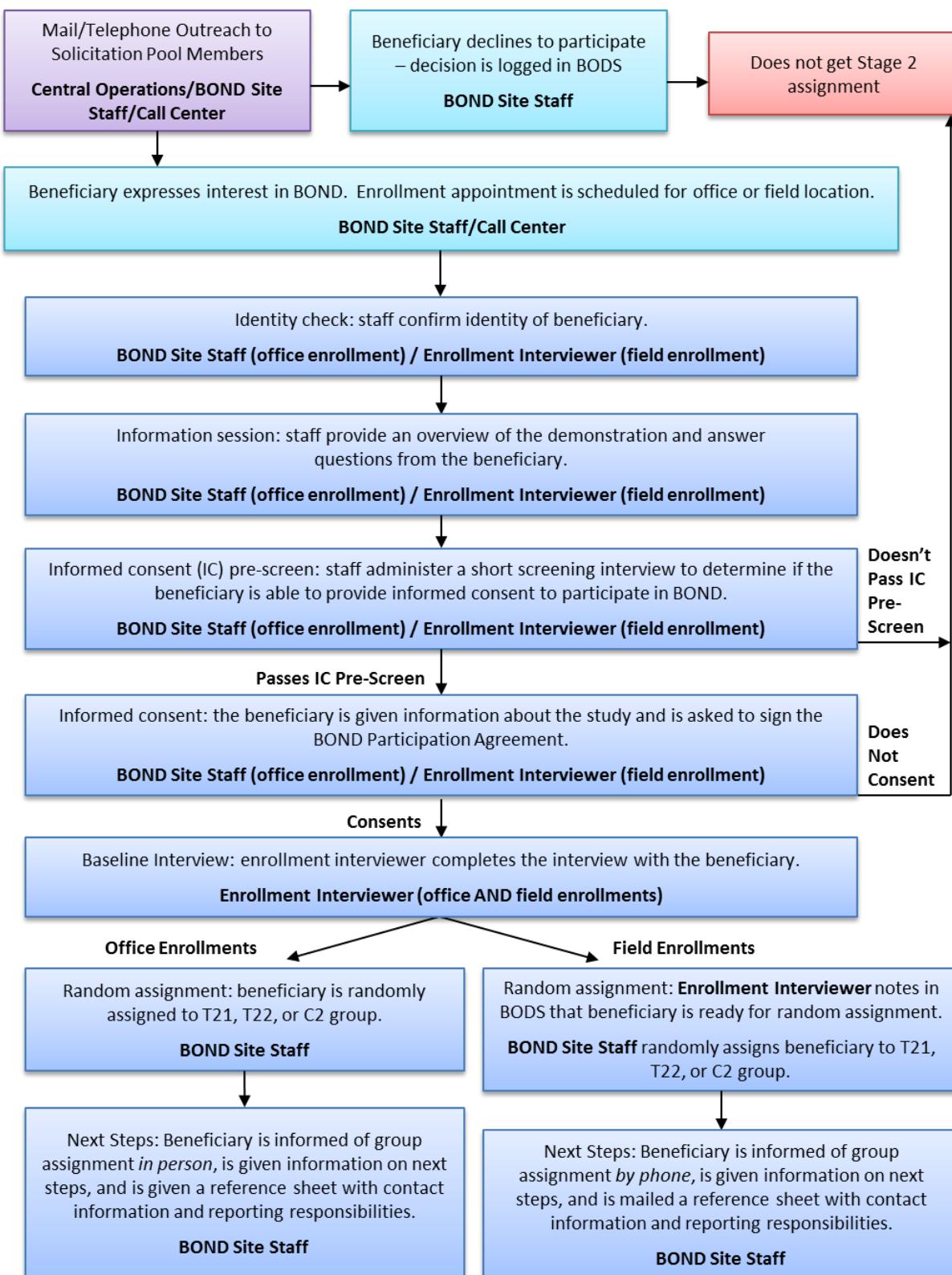
Enrollment Process

Each enrollment session, regardless of where it was conducted, involved the same steps (see Exhibit 3-1): answering questions that the potential volunteer may have about BOND, obtaining informed consent, completing the baseline interview, and conducting random assignment. While the enrollment session could take place in a variety of locations, there were only minor differences in the enrollment process:

- Enrollments that took place in a site office involved a site office staff member and an enrollment interviewer. Beneficiaries were randomly assigned on-site and were immediately informed of their group assignment.
- Enrollments that took place in field locations were done by the field interviewer alone. Beneficiaries were randomly assigned after the session ended by the site office staff and were informed of their assignment later via a phone call from the BOND site office.

These two scenarios are briefly summarized below.

Exhibit 3-1. The BOND Enrollment Process



Note: The staff member conducting the activity is in bold at the bottom of each box.

Process for in-office enrollments

In-office enrollment functions were conducted jointly by the site office staff and enrollment interviewers. Enrollment sessions typically lasted an hour and a half and consisted of the following steps:

- After the site office staff member confirmed the beneficiary's identity, he/she provided an overview of the demonstration and answered any specific questions.
- Beneficiaries then had to complete an informed consent pre-screen. Administered by the site office staff member, the pre-screen was a short interview designed to ensure that the volunteer understood the demonstration requirements, risks and benefits of participating, and possible changes in benefit structure.
- If the beneficiary passed the pre-screen, the BOND Specialist either read or played a video of someone reading the BOND Participation agreement, answered the beneficiary's questions, and asked the beneficiary to sign the BOND Participation Agreement (informed consent).
- The baseline interview was then conducted by the Enrollment Interviewer. Upon the completion of the interview, the enrollment interviewer gave the beneficiary \$40 to compensate them for their time (plus a \$10 travel reimbursement, if applicable).

Once these steps were completed, the volunteer was randomly assigned by the random assignment tool in BTS to one of the Stage 2 groups. Site office staff then informed beneficiaries immediately of their assignment orally and in writing. The written confirmation of random assignment included detailed information about the benefits available to the volunteer based on the group assignment, including (for T21 and T22 subjects) the name and contact information of the local BOND WIC or EWIC organization to contact for counseling on the benefit offset. WIPA contact information was provided to beneficiaries assigned to the C2 group.

Process for field enrollments

Individual and satellite field enrollments included the same set of steps described above. However, enrollment sessions in field locations were always conducted by a single enrollment interviewer, who did not conduct random assignment during the enrollment sessions. Instead, the interviewer would indicate in BTS that the enrollment session was complete. A site office staff member would then review the BTS random assignment queue daily and conduct random assignment for those whose enrollments had been completed. Site office staff would then contact the beneficiary by phone with the resulting details soon after the random assignment was made. The written notice described above was also mailed to beneficiaries who enrolled in a field location. Beneficiaries enrolled in the field were given \$40 to compensate them for their time.

3.2. Findings on Stage 2 Outreach and Enrollment

3.2.1. Outcomes of Outreach and Enrollment Over Time

Outreach Waves

Exhibit 3-2 shows the timing, size, and yield of each of the 14 waves of outreach. For the first four waves, up to five contacts were attempted—an initial letter, a follow-up letter, and three phone calls. Five contacts were also attempted for Waves 5 through 11, but they included an initial letter, two follow-up letters, and two phone calls. The approach was modified to accommodate the growing workload of

BOND site staff and longer delays in completing outreach calls. For the final three waves, 12-14, outreach was decreased, as yields from the earlier waves were higher than the expected four percent. In order to avoid over-subscription to the demonstration, Waves 12-14 received just an initial letter, with no additional follow-up letters or outgoing calls.

Exhibit 3-2. Stage 2 Volunteer Yields by Outreach Wave

Wave Number	Initial Mailing Date	Wave Size	Actual Volunteer Yield
Wave 1*	2/22/2011	6,184	501 (8.1%)
Wave 2	4/7/2011	8,980	688 (7.7%)
Wave 3	5/18/2011	11,823	851 (5.6%)
Wave 4	6/20/2011	15,200	1,058 (7.0%)
Wave 5	7/22/2011	14,749	1,260 (8.5%)
Wave 6	8/23/2011	27,524	1,990 (7.2%)
Wave 7	10/10/2011	17,349	1,141 (6.6%)
Wave 8	11/1/2011	17,306	1,061 (6.1%)
Wave 9	12/3/2011	19,749	1,180 (6.0%)
Wave 10	1/3/2012	19,743	1,224 (6.2%)
Wave 11	2/1/2012	19,726	974 (4.9%)
Wave 12	3/5/2012	26,098	463 (1.7%)
Wave 13	4/2/2012	14,433	238 (1.6%)
Wave 14	4/25/2012	19,204	325 (1.7%)
Total		238,070	12,954 (5.4%)

*Includes initial mailing of letters to 197 beneficiaries on January 31, 2011.

Source: BODS

The first three waves were considered part of the BOND pilot; letters in these waves were sent to relatively small numbers of beneficiaries in a confined geographic area (the inner zones) in each site. The first wave was preceded by a small initial mailing to about 200 beneficiaries. There was a gradual increase in the size and geographical coverage of the Stage 2 mailings allowing the project staff to take on steadily more work volume and to provide time for the field interviewers to be trained and complete suitability clearance. Wave 6 was the first mailing to all inner and outer zones, which led to a rapid increase in enrollment volume in the outer zones.

The volunteer yield for early outreach waves was greater than that of later waves (final column, Exhibit 3-2). The enrollment rate achieved with the first six waves was 6.2 percent (and ranged from 5.6 percent for Wave 3 to 8.5 percent for Wave 5). The rate for the next four waves was 5.9 percent (ranging from 6.0 percent for Wave 9 to 6.6 percent for Wave 7). The final three waves—where beneficiaries received only the initial outreach letter with no follow-up—achieved a 1.7 percent enrollment rate. In addition to the reduced outreach effort for the final three waves, there are several potential explanations for the relatively lower yields of the later waves, including:

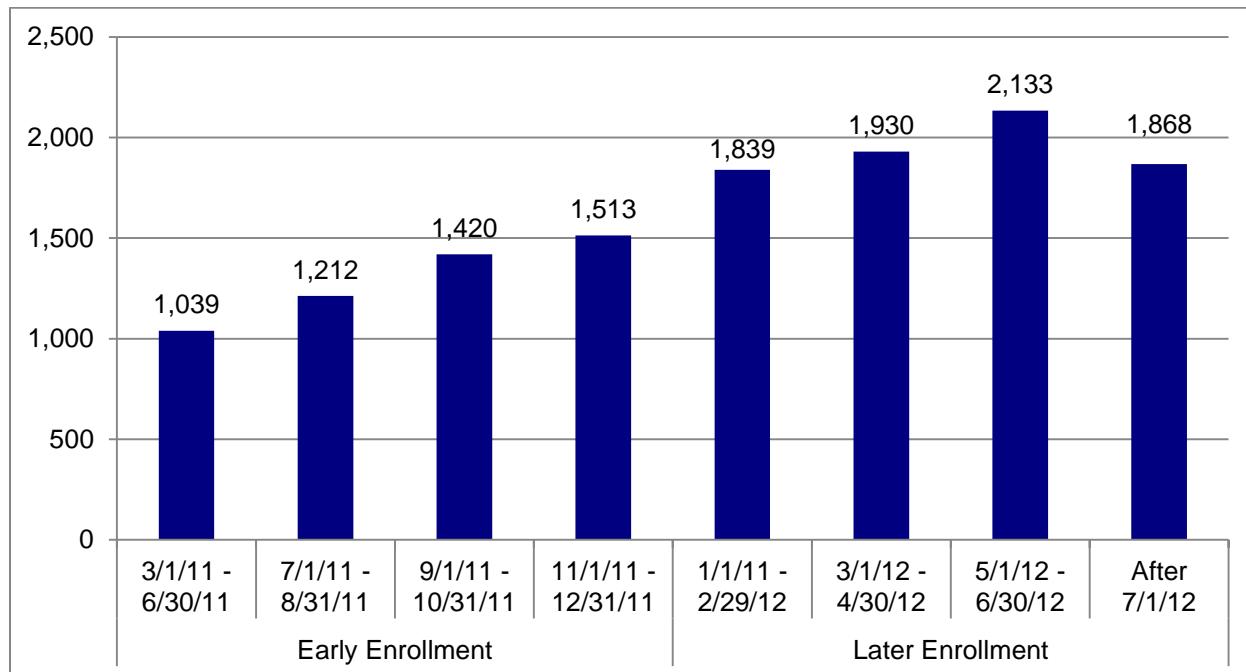
- (1) beneficiaries in the early waves had a year or more to respond to the BOND offer;
- (2) more of the outgoing calls to beneficiaries in the early waves were made by site office staff (as opposed to Call Center staff), who had more training and experience in working with beneficiaries; and
- (3) early waves included fewer beneficiaries from the outer zones, which were generally more rural areas, where enrollment scheduling was more challenging and where labor markets were smaller and pertinent services were less available.

Nevertheless, the overall Stage 2 enrollment rate was higher than expected. Compared to the expected rate of 4.0 percent, the actual enrollment rate achieved was 5.4 percent. This meant that fewer and smaller outreach waves were needed than had been originally anticipated. Active outreach began tapering down in June 2012 and was curtailed in early August 2012, so as to avoid large over-enrollment into the demonstration.

Enrollment by Period

Exhibit 3-3 displays the enrollment outcomes over time for the full enrollment period. The exhibit shows that, after an expected slow start—corresponding to the relatively smaller outreach waves discussed above—there was a steady increase over time in the number of beneficiaries enrolling in the demonstration. Enrollment jumped somewhat after December 2011, coinciding with waves 10-11 of the outreach efforts; there was, however, no obvious change in the outreach or enrollment approach to which we could attribute that increase. The increasing enrollment numbers over time, depicted in Exhibit 3-3, shows that the larger numbers of beneficiaries receiving outreach letters and calls in later waves (beginning in Wave 6) offset the relatively lower enrollment yields of these waves (as depicted in Exhibit 3-2 above). Although wave size increased in August 2011, the full effects of the larger waves on enrollment were not seen until 2012 because enrollment typically occurred 3-4 months after the initial mailing.⁴⁴ Finally, as expected, enrollments taper off at the end of the period, as the total enrollment target for the demonstration was met and outreach efforts were reduced.

⁴⁴ The median time between initial mailing and enrollment for all Stage 2 volunteers was 101 days.

Exhibit 3-3. Stage 2 Enrollment Over Time

Source: BODS data.

3.2.2. Projected Enrollments Achieved Overall and by Site

BOND successfully reached, and slightly exceeded, its enrollment target within the period specified for the demonstration. Enrollment outcomes were not, however, uniform across the ten sites. Exhibit 3-4 shows that six of the ten BOND sites achieved their projected enrollment; five sites exceeded their projections. Of the four sites that did not meet their enrollment projections, three achieved more than 90 percent of the projection (column 3). Only Alabama achieved less than 90 percent of their projected enrollment. In absolute numbers (column 2), the Alabama site enrolled more beneficiaries (1,313) than six other sites, four of which achieved their respective projections. While the study design did not envision these projections as targets that needed to be met (only the overall target needed to be met), the Implementation Team shared the projections with site office staff for planning and monitoring purposes. The Implementation Team explained that the projections were neither quotas that sites were required to meet nor ceilings on the number of beneficiaries sites could enroll.

The final column in Exhibit 3-4 displays the proportion of beneficiaries enrolling in the demonstration who responded to the outreach letter by placing a call to the BOND office or call center. These data demonstrate that about a third to a half (42.2 percent across all sites) of those who ultimately volunteered for the demonstration did so as a result of proactively calling into the demonstration in response to an outreach letter.

Exhibit 3-4. Enrollment Targets Achieved

BOND Site	Projected Enrollment (1)	Achieved Enrollments (2)	Percent of Projected Enrollment Achieved (3)	Percent of Enrollments Who Made Initial Inbound Call (4)
Alabama	1,802	1,313	72.9%	48.7%
Arizona/ SE California	1,334	1,633	122.4%	30.4%
Colorado/Wyoming	880	1,032	117.3%	32.6%
DC Metro	628	1,032	164.3%	34.1%
Greater Detroit	1,167	1,167	100.0%	39.9%
Greater Houston	1,048	1,102	105.2%	49.4%
Northern New England	1,343	1,216	90.5%	47.9%
South Florida	1,867	1,718	92.0%	39.2%
Western New York	1,315	1,219	92.7%	50.9%
Wisconsin	1,217	1,522	125.1%	50.1%
Total	12,601	12,954	102.8%	42.2%

Source: BODS.

Exhibit 3-5 details the flow of beneficiaries who ultimately volunteered for the demonstration. The exhibit provides information about the mode of contact that ultimately yielded each site's enrollment total. The much larger number of beneficiaries receiving letters (column 2) versus the enrollment projections (column 1) reflects the demonstration's assumption of a 4 percent volunteer rate. Although a small minority (3.8 percent) of beneficiaries receiving letters placed a call to BOND (column 3), over half of these (60.3 percent) eventually enrolled in the demonstration. Conversion rates of those beneficiaries to whom BOND placed a call were much lower (4.5 percent; column 6). This makes sense, given the fact that those who initiated the call themselves have shown interest in the demonstration.

It is worth noting, however, that process study data suggest nuances with respect to beneficiary "responsiveness" to BOND outreach. Statements made by respondents during site visits and beneficiary interviews indicate that beneficiaries placed calls to the demonstration not only when they were positively disposed toward BOND, but also when they were confused by the letter, concerned that BOND might require them to work, or worried about what the demonstration might mean for their benefits. This helps to explain the fact that about 40 percent of all those who initiated phone contact with the demonstration did not ultimately enroll (Exhibit 3-5, column 4).

Exhibit 3-5. Beneficiary Response to Outreach and Enrollment Efforts

BOND Site	Projected Enrollment (1)	Number who received a letter (2)	Percent who made initial inbound call, of those who received a letter (3)	Percent who enrolled, of those initiating phone contact (4)	Percent with outbound initial phone contact or attempt (after letter receipt) (5)	Percent who enrolled, of those with outbound initial phone contact (6)
Alabama	1,802	33,618	3.4%	55.5%	71.2%	2.8%
Arizona/ SE California	1,334	24,829	3.0%	66.6%	72.5%	6.3%
Colorado/Wyoming	880	16,382	3.4%	60.8%	68.3%	6.2%
DC Metro	628	11,715	4.7%	63.5%	71.8%	8.1%
Greater Detroit	1,167	21,749	3.4%	63.1%	67.3%	4.8%
Greater Houston	1,048	19,531	4.5%	62.5%	69.2%	4.1%
Northern New England	1,343	25,027	3.9%	60.0%	68.7%	3.7%
South Florida	1,867	36,162	3.6%	51.9%	68.0%	4.2%
Western New York	1,315	25,438	4.2%	57.4%	70.2%	3.4%
Wisconsin	1,217	23,619	4.7%	68.2%	69.4%	4.6%
Total	12,601	238,070	3.8%	60.3%	69.6%	4.5%

Source: BODS.

Note: The figures in Columns 2-6 exclude the first approximately 200 beneficiaries to whom letters were mailed because accurate outreach data was unavailable for that first group.

3.2.3. Potential Influences on Enrollment Outcomes

Exhibits 3-4 and 3-5 also provide some information about the factors that could have potentially influenced the observed enrollment outcomes for the demonstration as a whole, as well as the variation in outcomes between sites. Specifically, the differences in enrollment rates by site (shown in Exhibit 3-6) raise the possibility that geographic, economic, and other factors may have affected enrollment. Moreover, when coupled with information from the process study, the data support inferences about the influence of BOND site operations on the observed outcomes. It should be noted that although these patterns in the quantitative and qualitative data are suggestive, they do not provide definitive evidence of what caused the observed outcomes.

Geographic, Economic, and Other Site Characteristics

First, Exhibit 3-4 shows that all of the distinctly metropolitan sites (DC, Detroit, and Houston) met or exceeded their projected enrollments. This is not surprising, given that the greater density of beneficiaries in urban areas allowed field interviewers to spend more time in enrollment sessions and less time traveling between sessions. It is also consistent with reports from site visits, indicating that outreach and enrollment in rural areas presented greater logistical challenges than in urban areas. Field staff from several sites noted that the need to line up multiple interviews before visiting rural areas may have resulted in delays or disengagement among beneficiaries, which could have impeded enrollments.

Second, Exhibit 3-5 suggests cross-site variation in the responsiveness of the beneficiary pool to the BOND outreach letters (column 3). The proportion of beneficiaries who, after receiving a letter from BOND, called the site office or call center ranged from 3.0 percent in Arizona/SE California to 4.7 percent in the DC metro area and Wisconsin. It is impossible to attribute these differences to any specific characteristic of the respective beneficiary populations, but respondents interviewed during the DC site visit universally characterized the beneficiary population there as motivated to work and enthusiastic about BOND. In contrast to other sites, they reported that BOND had not been “a difficult sell.”

The observed difference in beneficiary responsiveness is also in line with the fact that the DC metro area had the lowest unemployment rate of all the BOND sites, whereas Detroit had the highest, as shown in Exhibit 3-6, below. Indeed, a pattern emerges when beneficiary responsiveness is considered in light of area unemployment: Among the five sites with the highest unemployment rates (in order: Greater Detroit, South Florida, Arizona/Southeast California, Alabama, and Colorado/Wyoming), three of these also had among the lowest enrollment yields. As the exhibit shows, these three sites (Alabama, Greater Detroit, and South Florida) were also marked by relatively high disability insurance receipt among their working-age populations. While the evidence is not definitive, it suggests that a national program might be less appealing in the context of relatively high unemployment combined with relatively high SSDI receipt.

BOND Site Office Operations

While beneficiaries’ inherent interest certainly influenced their decision to enroll in the demonstration, Exhibit 3-5 also reveals a pattern in the data, suggesting that site-level operational approaches may also have influenced the variation in enrollment outcomes observed across the sites. Columns 4 and 6 display the proportion of beneficiaries who placed the initial phone call to the demonstration or who were initially called by the demonstration, respectively, and then eventually enrolled in the program. As such, these figures represent the “conversion rate” for each mode of engagement (initial inbound or outbound call) and for each site. Taking the two conversion rates together, we see that five sites (Arizona/Southeast California, Colorado/Wyoming, DC Metro, Greater Detroit, and Wisconsin) performed consistently well, enrolling beneficiaries who placed inbound calls and who received outbound calls at rates higher than the group as a whole. Conversely, four sites performed consistently worse than the group as a whole (Alabama, Northern New England, South Florida, and Western New York), with lower conversion rates from both inbound and outbound calls. These were the same four sites that did not meet their enrollment projections (Exhibit 3-4). The remaining site (Greater Houston) showed mixed results, converting only inbound calls to enrollments at greater rates than the group as a whole. What is more, the pattern does not appear to depend on the area population’s “receptiveness” to the demonstration (as potentially suggested by the proportion placing initial inbound calls, column 3).

Exhibit 3-6. Enrollment and Site Characteristics

BOND Site	Percent Enrolled of those Solicited	Annual Unemployment Rate	Percent of Working-age Population Receiving DI
Alabama	3.9%	8.0	8.1
Arizona/ SE California	6.6%	9.0	4.0
Colorado/Wyoming	6.3%	7.6	3.2
DC Metro	8.8%	5.3	3.2
Greater Detroit	5.4%	9.1	6.0
Greater Houston	5.6%	7.5	3.7
Northern New England	4.9%	5.9	6.4
South Florida	4.8%	9.9	4.7
Western New York	4.8%	7.4	4.5
Wisconsin	6.4%	7.0	4.7

Sources: The percent enrolled of those solicited are from authors' calculations using BODS data. Unemployment rates are based on the Bureau of Labor Statistics Local Area Unemployment Statistics in 2011. The percent of working-age population receiving DI is from Annual Statistical Report on the Social Security Disability Insurance Program, 2011.

Notes: The annual unemployment rate is reported at the state level for the largest or only state in the Alabama, Arizona, and Wisconsin sites. The unemployment rate was calculated as a weighted average of state rates in the Colorado/Wyoming and Northern New England sites (Maine, New Hampshire, and Vermont). The unemployment rate is reported at the metropolitan statistical area (MSA) level for the DC Metro, Greater Detroit, Greater Houston, South Florida (weighted average of the Miami and Tampa MSAs), and Western New York (weighted average of the Syracuse, Buffalo, and Rochester MSAs). The percent of working-age population receiving DI refers to the number of disabled beneficiaries aged 18 to 64 in current-payment status as a percent of the population aged 18 to 64. This statistic refers to the largest state in the BOND site, with the exception of the Colorado/Wyoming, for which we used a weighted average of both states and the Northern New England site, for which we used a weighted average of Maine, New Hampshire, and Vermont.

Information gleaned from the sites is informative as to the particular issues sites were dealing with, which may have influenced their respective enrollment outcomes. Disruptions in staffing may have affected enrollment. These disruptions were an issue in all but one site (see Exhibit 2-7 in Chapter 2), Colorado/Wyoming, which was also among the high performers noted above. Two of the other four sites with the highest enrollment conversion rates (Arizona/Southeast California and DC Metro) also experienced relatively minor staffing disruptions, with each experiencing vacancies only in the specialist position. In contrast, three of the four lower performing sites (Alabama, Northern New England, and Western New York) experienced a vacancy in the director's position. The fourth (South Florida) was for a time without a specialist, as was the fourth high-performing site (Greater Detroit). The site with arguably the most disruption (Greater Houston) was able to meet its enrollment projection, but showed mixed results in converting calls to enrollments, exceeding the group average for enrolling inbound calls but lagging for outbound calls. The Implementation Team also reported that some site office staff had extensive previous experience with the SSDI program that allowed them to be more effective at answering beneficiary questions and ultimately more successful at enrolling beneficiaries.

In addition to turnover among BOND specialists and directors, turnover and changes in job organization among field interviewers may also have influenced enrollments, though our data in this area are less

systematic. Staff in two of the four sites that did not achieve their projected enrollment numbers (Northern New England and Western New York) reported that turnover, especially in the field interviewer position, resulted in large queues, delays, and other problems, which may have negatively impacted enrollments there.

Successes and Challenges across Sites

As noted previously, enrollment efforts were generally successful, with six sites meeting or exceeding their projections and the others performing well enough to allow the demonstration to meet the overall target of 12,600 volunteers. The over-sampling of short-duration beneficiaries into the solicitation pool allowed the recruitment effort to both meet the goal of at least 50 percent of volunteers being short-duration beneficiaries and to meet the overall target (given the relatively high volunteer rate of short-duration beneficiaries). The steady increase in enrollments over time (Exhibit 3-3) is consistent with site visit reports indicating growing comfort and confidence among BOND staff with the organization and processes of their jobs (for example, adaptation to BTS, changes to the scheduling process). Site visits also indicated that site office staff treated their enrollment projections as targets and worked hard to achieve them. There was also mutual support among sites, which facilitated efforts to meet enrollment goals. For example, after the DC site had achieved its projected enrollment, staff there were assigned to make calls on behalf of Alabama, which had not reached its projection. Similarly, as described in Chapter 2, the Houston site director covered for the Alabama office during a vacancy in the director position.

Although the total enrollment target was achieved and the adaptation of BOND staff to changing circumstances was commendable, the evolving nature of the demonstration posed persistent challenges for outreach and enrollment efforts. Some of these challenges might have contributed to variation in enrollment rates across sites. In particular, several sites continued to struggle with the shift in field enrollment scheduling responsibilities away from the site office and to the field interviewers. In general, site visit reports suggest that the change resulted in interviewers being over-utilized, and coordination between interviewers and the site office staff remained problematic. Interviewers themselves were generally amenable to the shift, but other site staff had mixed reactions. In one site (Alabama), site office staff were skeptical of the field interviewers' ability to complete enrollments in a way that did not risk disengaging beneficiaries. Site office staff cited delayed, changed, and missed appointments, lack of attention to detail, and misinformation as problems among the interviewers. In contrast, Alabama enrollment interviewers suggested that beneficiaries might not always provide correct information or that site office staff sometimes failed to upload beneficiary information into BTS in a timely way. In three other sites (Arizona/Southeast California, Colorado/Wyoming, and Greater Houston), BOND specialists reported that the increase in their time spent making outreach calls had diminished their job satisfaction. They felt like "telemarketers" and expressed disappointment that their jobs had become mostly clerical, lacking interaction with beneficiaries. They also expressed concern that the field interviewers did not have the SSDI content knowledge required to fully address beneficiaries' needs.

A related challenge that was reported in some sites was that the site office location was not convenient to beneficiaries, further pushing work away from site office staff and toward field interviewers. Respondents in two sites (Colorado/Wyoming and Greater Houston) referred explicitly to problems with the site office location (the first in a downtown area with expensive parking; the second in an area the respondent considered "very upper class and White"). Indeed, the majority of enrollments took place in the field (51.3 percent) compared to satellite locations (33.6 percent) or site offices (15.1 percent). These

proportions are in contrast with the original projections of field (22 percent), satellite locations (29 percent), and site offices (49 percent).

Regarding the design goal of consistent outreach across sites, there is some evidence that the recruitment effort fell short of the desired level of uniformity. The selection of beneficiaries into the solicitation pool was performed at equal probabilities across sites and site zones (albeit at a higher likelihood for short-duration beneficiaries—who were oversampled into the solicitation pool—than for the longer duration beneficiaries). In every site the outreach effort to beneficiaries in Waves 1-11 was a combination of five letters and phone calls to each beneficiary. The effort to Waves 12-14 was part of the phase-down of enrollment and only included an initial letter in order to limit above-target enrollments. In addition to this difference in effort between early and late waves, the decision to have the same amount of staff in each site office even though projected enrollments varied greatly seems, in retrospect, to be at odds with the goal of uniform outreach effort across sites. There is qualitative evidence that outreach and enrollment efforts were hampered by insufficient staff at the larger sites. Differences in volunteer rates across sites of beneficiaries who initiated telephone calls to field staff, an apparent relationship between high volunteer rates and low staff turnover, and anecdotal accounts of larger enrollment backlogs at some sites are additional evidence of non-uniformity of outreach.

A final challenge, evident from site visit data and expected at the outset of the demonstration, appears to have been the general credibility of the demonstration. In virtually all sites, BOND staff indicated that some participants may have misunderstood and/or mistrusted the demonstration. These concerns were supported by participant interviews. Specifically, staff in four sites (Arizona/Southeast California, Greater Detroit, Greater Houston, and Northern New England) reported that beneficiaries sometimes misunderstood the services offered as part of the demonstration: They were reported to believe that the demonstration offered job placement, while others reportedly thought it required work. Similarly, staff in six sites (Alabama, Arizona/Southeast California, Colorado/Wyoming, Greater Houston, Northern New England, and Wisconsin) reported that beneficiaries sometimes—justifiably—feared that participation in the demonstration would negatively impact their SSDI and other benefits (such as housing or SNAP benefits).

In addition to concerns about misunderstanding, staff also reported that beneficiaries may mistrust the demonstration (this was also echoed in participant interviews). Beneficiaries were reported to view BOND as a “scam,” with staff respondents citing the language and format of the outreach letters, among other things, as a factor contributing to beneficiary wariness. And in three sites (Colorado/Wyoming, Northern New England, and Wisconsin), site staff specifically mentioned beneficiaries’ mistrust of SSA, while in two sites, staff cited mistrust of government more generally (Alabama and Arizona/Southeast California). Finally, staff in one site (DC Metro) cited beneficiaries’ perceptions of the “stigma” of relying on government services as a challenge to their outreach and enrollment efforts. Although such individuals already rely on SSDI, the respondent noted that they might like to think they can “do it themselves, without help.”

3.2.4. Characteristics of Stage 2 Volunteers Differed from Non-Volunteers

The anticipated result of BOND outreach and enrollment efforts was a pool of demonstration participants representative of the SSDI beneficiary population most likely to use the benefit offset. Exhibit 3-7 compares the baseline demographic and impairment characteristics of (i) the entire Stage 2 solicitation pool, (ii) those members of the pool who volunteered to enroll in the demonstration, and (iii) those who

did not volunteer. The exhibit also displays characteristics of the non-volunteer group in terms of their movement through the enrollment process (no telephone contact, telephone contact but no appointment, appointment but no enrollment).

The exhibit shows that those beneficiaries who volunteered to enroll in BOND differed from non-volunteers in several key characteristics. Women volunteered for the demonstration at a higher rate than men and volunteers tended to be younger than non-volunteers, with a mean age of 47.6 years vs. 49.2 years for non-volunteers. Volunteers were generally representative of the solicitation pool in terms primary impairment, although it is notable that people with mental disorders were slightly more likely than other beneficiaries to volunteer. Beneficiaries with short-duration SSDI receipt (defined here as having received benefits for 36 months or less) volunteered at higher rates than those with longer SSDI receipt, resulting in a mean duration among volunteers of 53.4 months compared to 73.2 months among non-volunteers. While monthly SSDI benefit amounts were similar between volunteers and non-volunteers, disabled adult children were less likely to volunteer as were those who had a representative payee. With the possible exception of women's over-representation in the volunteer group, these findings are perhaps unsurprising. Younger and shorter-duration beneficiaries may be more interested in work than those who are older and have longer experience of benefits receipt. Similarly, beneficiaries who do not require a representative payee may also be more able to work.

Exhibit 3-8 provides information on non-volunteers' movement through the various stages of the enrollment process. A large majority of non-volunteers (79.7 percent, column 2) never responded to the initial outreach letter and had no telephone contact with BOND staff. Still, over 45,000 individuals (just over 20 percent of all non-volunteers, column 3) had telephone contact with BOND staff. Among those non-volunteers who had telephone contact with BOND staff, the majority—82.9 percent—did not schedule an enrollment appointment and thereafter disengaged from the demonstration. However, 7,813 individuals (17.1 percent of non-volunteers with telephone contact) did schedule an appointment, but they did not ultimately enroll in the demonstration. To the extent that the non-volunteers moving further along in the enrollment process differ from the non-volunteers as a whole, they reflect the differences observed between volunteers and non-volunteers—that is, those who went so far as to schedule an appointment but not enroll were somewhat more likely to be female, younger, and have shorter duration on SSDI.

Exhibit 3-7. Characteristics of Volunteers and Non-Volunteers

Baseline Characteristic	Stage 2 Solicitation Pool (1)	Volunteers (2)	Non-volunteer Total (3)	P-value
Number of Beneficiaries	238,070	12,954	225,116	
Gender				
Male	53.0%	49.4%	53.2%	0.000***
Female	47.0%	50.6%	46.8%	
Age				
20–29 years	4.5%	6.1%	4.4%	0.000***
30–39 years	11.3%	14.2%	11.1%	
40–44 years	10.0%	11.4%	10.0%	
45–49 years	15.3%	16.1%	15.2%	
50–54 years	23.9%	23.7%	24.0%	
Over age 55	35.0%	28.4%	35.3%	
Mean age (years)	49.1	47.6	49.2	0.000***
Primary Impairment				
Neoplasms	4.2%	4.3%	4.2%	0.000***
Mental Disorders	27.0%	31.0%	26.8%	
Back or Other Musculoskeletal	28.2%	25.7%	28.3%	
Nervous System Disorders	7.5%	7.0%	7.6%	
Circulatory System Disorders	7.2%	6.5%	7.3%	
Genitourinary System Disorders	2.0%	2.8%	1.9%	
Injuries	4.5%	4.5%	4.5%	
Respiratory	2.5%	2.2%	2.5%	
Severe Visual Impairments	1.9%	2.6%	1.8%	
Digestive system	1.9%	2.1%	1.9%	
Other impairments	13.1%	11.3%	13.2%	
Length of SSDI Receipt				
Short duration (36 months or less)	53.2%	63.6%	52.6%	0.000***
Mean Number of Months Received SSDI	72.2	53.4	73.3	0.000***
Benefit Amount and Status				
Monthly SSDI Benefits (\$)	\$1,119	\$1,091	\$1,121	0.004***
Disabled adult child (DAC)	6.7%	3.3%	6.9%	0.000***
Disabled widow beneficiary (DWB)	1.9%	1.2%	1.9%	0.001***
Dually-entitled disabled adult child	1.4%	1.1%	1.4%	0.017**
Dually-entitled disabled widow beneficiary	1.0%	0.7%	1.1%	0.002***
Payee is other than self	11.8%	8.0%	12.0%	0.000***
<i>Chi Squared Statistic^a</i>	χ^2 value =	1,994.7	p-value=	0.000***

Source: BODS.

Notes: ***/**/* indicate statistical significance at the 0.01/0.05/0.10 levels.

^a The Chi Squared statistic is the result of an omnibus test of whether volunteers are a random draw from the Stage 2 Solicitation Pool. The test result is highly significant (indicating a systematic difference in characteristics between volunteers and the non-volunteers).

Exhibit 3-8. Characteristics of Non-Volunteers with and without Telephone Contact with BOND

Baseline Characteristic	Non-volunteer Total (1)	No Telephone Contact (2)	Telephone Contact ^a (3)	P-value
Number of Beneficiaries	225,116	179,307	45,809	
Gender				
Male	53.2%	53.5%	51.9%	0.000***
Female	46.8%	46.5%	48.1%	
Age				
20–29 years	4.4%	4.6%	3.7%	0.000***
30–39 years	11.1%	11.6%	9.1%	
40–44 years	10.0%	10.3%	8.5%	
45–49 years	15.2%	15.5%	14.1%	
50–54 years	24.0%	23.6%	25.4%	
Over age 55	35.3%	34.3%	39.3%	
Mean age (years)	49.2	48.9	50.1	0.000***
Primary Impairment				
Neoplasms	4.2%	4.2%	4.4%	0.000***
Mental Disorders	26.8%	27.6%	23.7%	
Back or Other Musculoskeletal	28.3%	27.6%	31.1%	
Nervous System Disorders	7.6%	7.3%	8.5%	
Circulatory System Disorders	7.3%	7.2%	7.4%	
Genitourinary System Disorders	1.9%	2.0%	1.7%	
Injuries	4.5%	4.5%	4.3%	
Respiratory	2.5%	2.4%	3.1%	
Severe Visual Impairments	1.8%	1.8%	2.1%	
Digestive system	1.9%	1.9%	1.8%	
Other impairments	13.1%	13.5%	11.9%	
Length of SSDI Receipt				
Short duration (36 months or less)	52.6%	50.0%	62.6%	0.000***
Number of Months Received SSDI	73.3	76.8	59.3	0.000***
Benefit Amount and Status				
Monthly SSDI Benefits (\$)	\$1,121	\$1,108	\$1,172	0.000***
Disabled adult child (DAC)	6.9%	7.2%	6.0%	0.008***
Disabled widow beneficiary (DWB)	1.9%	1.9%	2.0%	0.271
Dually-entitled disabled adult child	1.4%	1.4%	1.4%	0.969
Dually-entitled disabled widow beneficiary	1.0%	1.1%	1.0%	0.789
Payee is other than self	12.0%	12.3%	10.8%	0.001***
Chi Square Statistic ^b	X ² value =	4,091.0	p-value=	0.000***

Source: BODS.

Notes: ***/**/* indicate statistical significance at the 0.01/0.05/0.10 levels.

^a The group of beneficiaries with telephone contact with BOND (N = 45,809) includes 37,996 individuals who had phone contact (initiated themselves or by the demonstration) but did not schedule an enrollment interview, as well as 7,813 individuals who scheduled an interview, but ultimately did not enroll in the demonstration.

^b The Chi Squared statistic is the result of an omnibus test of whether volunteers are a random draw from the Stage 2 Solicitation Pool. The test result is highly significant (indicating a systematic difference in characteristics between volunteers and the non-volunteers).

4. Characteristics of Stage 2 Subjects

This chapter describes the background characteristics of beneficiaries who volunteered for Stage 2 random assignment in greater depth than Chapter 3. The chapter draws its data from the baseline survey completed by Stage 2 volunteers immediately prior to random assignment as well as from the same SSA administrative records used to profile the entire Stage 2 solicitation pool in Chapter 3. It also compares these characteristics across the T21, T22 and C2 groups to establish that they reflect equivalent populations at random assignment. The differences that exist between randomized groups of volunteers are small and appear to be due to chance, indicating that the random assignment process was performed as designed. Finally, the chapter concludes with a comparison of characteristics of those Stage 2 volunteers who are currently known to be using the offset with those who have not yet used the offset.

4.1. Detailed characteristics of Stage 2 Volunteers

Exhibits 4-1 through 4-4 are based on data collected in the baseline survey administered to Stage 2 volunteers just prior to their random assignment.⁴⁵ The survey covered a range of topics including demographic characteristics, employment, work readiness, and physical health. This section describes the Stage 2 volunteer sample in terms of these factors through a series of tables that focus first on the full pool of 12,869 volunteers for whom baseline survey data are available. The subsequent section 4.2 considers how the T21, T22, and C2 groups match up on these traits based on later columns of the same tables.

4.1.1. Demographic Characteristics and Educational Attainment

As shown in Exhibit 4-1, about 32 percent of Stage 2 volunteers were married at the time of enrollment, about 39 percent were widowed, divorced, or separated, and 30 percent had never been married. About 8 percent of Stage 2 volunteers are living with an unmarried partner.

Of the Stage 2 volunteers, 55 percent are white, non-Hispanic, 26 percent are Black or African American, non-Hispanic, 9 percent are Hispanic, and 9 percent are non-Hispanic of other races. About 5 percent of Stage 2 volunteers have a primary language at home that is not English.

Exhibit 4-2 also shows the educational attainment of the Stage 2 sample. At enrollment, 58 percent of Stage 2 volunteers had at least some post-secondary education, with 17 percent holding bachelor's degrees or higher. About 8 percent of Stage 2 volunteers were currently enrolled in school or taking classes, with a little less than half of these beneficiaries enrolled full-time.

⁴⁵ Of the 12,954 Stage 2 volunteers who were randomly assigned, 85 are missing baseline survey data. Therefore, Exhibits 4-2 through 4-5 report unweighted results from the 12,869 volunteers for whom baseline survey data is available.

Exhibit 4-1. Demographic Characteristics and Educational Attainment of Stage 2 Volunteers at Time of Study Enrollment

Characteristic	Percent of All Stage 2 Volunteers	Percent of Volunteers in:			<i>p</i> -Value
		T21	T22	C2	
Number of Beneficiaries	12,869	4,902	3,069	4,898	
Marital Status					
Married	31.5	30.5	31.1	32.8	0.143
Widowed, Divorced, or Separated	38.9	40.1	38.6	38.0	
Never married	29.6	29.5	30.3	29.3	
Currently living with spouse or partner	38.3	36.9	38.7	39.4	0.075
Race / Ethnicity					
White, non-Hispanic	55.2	54.9	56.9	54.6	0.046
Black or African American, non-Hispanic	26.4	26.5	26.7	26.2	
American Indian or Alaska Native, non-Hispanic	0.7	0.7	0.6	0.7	
Asian, non-Hispanic	0.4	0.3	0.4	0.6	
Native Hawaiian or Other Pacific Islander, non-Hispanic	0.4	0.4	0.4	0.3	
Some Other Race or Multiracial, non-Hispanic	7.7	8.0	6.5	8.2	
Hispanic (All Races)	9.1	9.1	8.6	9.5	
Language Spoken at Home					
Primary language at home is not English	4.9	4.9	4.6	5.0	0.439
Educational Attainment					
8 th grade or less	2.3	2.4	2.3	2.2	0.735
9 th – 12 th grade, No HS diploma or GED	8.7	8.5	8.7	8.9	
High school diploma or GED	31.4	32.1	30.3	31.5	
Some college or postsecondary vocational courses	25.4	25.5	26.5	24.6	
Associate's degree or vocational school diploma	15.2	14.7	15.6	15.5	
Bachelor's degree	10.4	10.3	10.2	10.8	
Some graduate work (no degree)	1.5	1.6	1.4	1.5	
Graduate or professional degree	5.0	4.9	5.1	5.0	
Currently In School					
Currently enrolled in school or taking classes	7.7	8.0	8.0	7.2	0.247
Currently working toward degree, certificate, or license	6.5	7.0	6.4	6.0	0.131
Full-time student	3.4	3.7	3.1	3.3	0.342
Part-time student	4.1	4.2	4.5	3.8	0.156

Source: BOND Stage 2 Baseline Survey

Note: p-values shown are from statistical tests of differences in percentages across the T21, T22, and C2 groups. Groups of mutually-exclusive characteristics were tested for differences with chi-squared tests. Single characteristics not part of a mutually-exclusive group were tested for differences by F-tests.

4.1.2. Employment

Exhibit 4-2 presents employment-related information for the Stage 2 sample. As expected in a group interested in using the BOND benefit offset, employment connections were stronger than for SSDI beneficiaries generally but still fairly modest. About 25 percent of Stage 2 volunteers were working at a job at the time of study enrollment. Another 30 percent of the Stage 2 sample had looked for work in the past four weeks before the baseline survey.

Three-quarters of the Stage 2 volunteers had no earnings in the 12 months prior to the baseline survey. About 18 percent of volunteers had at least some earnings but less than the 2011 BOND Yearly Amount (monthly SGA amount \times 12) of \$12,000. About 6 percent of volunteers had earnings greater than \$12,000.

Of those working, the median hours per week was 20 and the median job tenure was about a year. About a quarter of those currently working used special equipment related to their disability at work (such as a brace or a walker). Only about 1 in 14 of those working used a personal assistance service (such as a job coach) at work.

Exhibit 4-2. Employment of Stage 2 Volunteers at Time of Study Enrollment

Characteristic	Percent of All Stage 2 Volunteers	Percent of Volunteers in:			<i>p</i> -Value
		T21	T22	C2	
Number of Beneficiaries	12,869	4,902	3,069	4,898	
Labor Force Participation					
Currently working at a job	24.6	25.1	23.5	24.8	0.081
Currently looking for work	29.7	29.4	29.9	29.7	0.862
Of those not working, # of months since last worked (Median) ^a	35.8	36.4	35.1	35.6	0.999
Job Characteristics (for those currently working)					
Hours worked per week (Median) ^a	19.6	19.6	19.6	19.6	0.897
Tenure (in months) at current job (Median) ^a	11.9	11.7	12.9	11.7	0.103
Annual Earnings					
\$0	75.5	75.2	76.0	75.5	0.270
\$1-2,999	6.1	6.3	6.1	5.8	
\$3,000-5,999	4.4	4.0	4.0	5.0	
\$6,000-8,999	4.0	4.2	4.1	3.8	
\$9,000-11,999	3.9	4.1	3.6	4.0	
\$12,000-14,999	2.0	2.0	2.5	1.8	
\$15,000 or above	4.1	4.1	3.7	4.2	
Work Accommodations					
Use of special equipment related to disability at work	5.9	6.6	5.2	5.7	0.073
Use of personal assistance service at work	1.7	1.7	1.7	1.7	0.977

Source: BOND Stage 2 Baseline Survey

Note: *p*-values shown are from statistical tests of differences in percentages across the T21, T22, and C2 groups. Groups of mutually-exclusive characteristics were tested for differences with chi-squared tests. Single characteristics not part of a mutually-exclusive group were tested for differences by F-tests.

^aFor the characteristics shown in the exhibit as medians, statistical tests were conducted as tests of differences in group means.

4.1.3. Work Readiness and Resources for Work

Information about the work-readiness of the Stage 2 sample appears in Exhibit 4-3. Not surprisingly, about 89 percent of Stage 2 volunteers responded that they had a physical or mental condition that limits their ability to work. Most of those who are currently working responded that they have limited ability to work (79 percent, not shown).

The baseline survey asked volunteers about their usual modes of transportation. About 71 percent of Stage 2 volunteers use their own vehicle. About a quarter of the volunteers (24 percent) use public transportation and a little more than half (53 percent) commonly rely on friends or relatives for transportation assistance. Most of the Stage 2 volunteers (84 percent) are able to drive a car.

The survey responses revealed mixed knowledge of SSDI program rules regarding work. Almost three-quarters of Stage 2 volunteers (73 percent) have heard of the trial work period (TWP), while only a fifth (20 percent) have heard of the extended period of eligibility (EPE).

Exhibit 4-3. Work Readiness and Resources for Work of Stage 2 Volunteers at Time of Study Enrollment

Characteristic	Percent of All Stage 2 Volunteers	Percent of Volunteers in:			p-Value
		T21	T22	C2	
Number of Beneficiaries	12,869	4,902	3,069	4,898	
Ability to Work					
Has physical or mental condition that limits ability to work	89.5	88.9	92.9	88.0	0.854
Had someone help with baseline interview	0.5	0.4	0.5	0.6	0.273
Usual Mode of Transportation					
Own car, truck, or van	71.1	71.6	70.5	71.1	0.541
Public transportation	24.1	24.0	24.5	24.0	0.825
Friends or relatives	52.7	52.7	53.7	51.9	0.452
Walk	30.4	31.0	29.7	30.4	0.570
Taxi, van, or paratransit service	18.2	18.0	19.0	17.8	0.206
Wheel or motorized scooter	5.9	5.5	6.2	6.2	0.082
Other	5.1	5.2	4.9	5.0	0.836
Ability to Drive					
Able to drive a car	83.9	84.5	83.0	83.9	0.288
Have a valid driver's license	82.9	83.1	82.6	82.9	0.866
Access to a car that runs	89.4	89.2	89.2	89.7	0.600
Knowledge of Program Rules					
Ever heard of trial work period (TWP)	72.8	72.2	73.0	73.2	0.088
Ever heard of extended period of eligibility (EPE)	20.1	19.7	20.4	20.2	0.724

Source: BOND Stage 2 Baseline Survey

Note: p-values shown are from statistical tests of differences in percentages across the T21, T22, and C2 groups. Groups of mutually-exclusive characteristics were tested for differences with chi-squared tests. Single characteristics not part of a mutually-exclusive group were tested for differences by F-tests.

4.1.4. Health

Exhibit 4-4 presents information about the health status of Stage 2 volunteers. The baseline survey asked volunteers to rate their own health status. Only about 10 percent reported excellent or very good health. Most volunteers rated their health as good (27 percent) or fair (45 percent). About one-fifth of volunteers (19 percent) rated their health status as poor.

Almost one-third of volunteers (31 percent) had stayed overnight in a hospital in the previous 12 months. The median stay for these subjects was about 4 nights. The vast majority of volunteers (93 percent) reported that they have health insurance.

Exhibit 4-4. Health of Stage 2 Volunteers at Time of Study Enrollment

Characteristic	Percent of All Stage 2 Volunteers	Percent of Volunteers in:			<i>p</i> -Value
		T21	T22	C2	
Number of Beneficiaries	12,869	4,902	3,069	4,898	
Self-reported Health Status					
Excellent	2.4	2.3	2.4	2.6	0.564
Very good	7.2	7.4	6.7	7.4	
Good	26.6	25.7	26.9	27.2	
Fair	45.0	45.6	44.6	44.6	
Poor	18.8	19.0	19.4	18.2	
Hospital Use					
Stayed overnight in hospital in last 12 months	30.8	30.1	31.7	31.0	0.238
Number of nights in hospital in last 12 months (Median) ^a	4.1	4.4	4.1	4.0	0.084
Health Insurance					
Have health insurance	92.8	93.1	92.5	92.6	0.667

Source: BOND Stage 2 Baseline Survey

Note: *p*-values shown are from statistical tests of differences in percentages across the T21, T22, and C2 groups. Groups of mutually-exclusive characteristics were tested for differences with chi-squared tests. Single characteristics not part of a mutually-exclusive group were tested for differences by F-tests.

^aThe statistical test for number of nights in the hospital last 12 months was conducted as a test of differences in group means.

4.2. Baseline Equivalency of T21, T22, C2

As shown in Exhibit 4-5, the Stage 2 sample is evenly composed of men and women. About half of Stage 2 volunteers are age 50 or more and the mean age of all volunteers is 47.6 years old. The two most common types of primary impairment are mental disorders and back or other musculoskeletal disorders; about 58 percent of all Stage 2 volunteers have one of these two types of primary impairment. About 64 percent of Stage 2 volunteers had received SSDI benefits for 36 months or less (short-duration) at the time their name and contact information were released for solicitation for Stage 2.

Monthly SSDI benefits are about \$100 higher per month than those of all beneficiaries in BOND, due to the lack of concurrent SSI receipt among the volunteers. Concurrent beneficiaries tend to have lower SSDI benefits than SSDI-only beneficiaries. As noted in Chapter 3, few volunteers (3 percent) are disabled adult children and few (8 percent) have a representative payee.

4.2.1. Statistical Equivalence of Assignment Groups

The Stage 2 volunteers were assigned to the T21, T22, and C2 assignment groups in an 8:5:8 ratio (see Chapter 1, section 1.2). The final sample sizes for the three groups reflect this ratio. The original target for Stage 2 enrollment was 12,600 volunteers, with 4,800 volunteers to be randomly assigned to T21 and C2, and 3,000 to be assigned to T22. Total enrollment exceeded the target by a small amount, reaching a total of 12,954 volunteers. Correspondingly, the sizes of the three assignment groups (shown in Exhibit 4-5) each slightly exceeded their original target sizes.

The p-values in the rightmost columns of Exhibits 4-1 through 4-5 are from statistical tests for differences in means or distributions across the three assignment groups. When testing many characteristics for differences across groups, it is expected that a few characteristics will be different across groups at a statistically significant level due to chance. Of the 47 characteristics presented in Exhibit 4-1 through 4-5, all but 7 show no statistically significant (at a 0.10 level) differences across groups. In all of the characteristics that showed statistically significant differences, the magnitude of differences appears relatively small (within 2 or 3 percentage points).

An omnibus test for differences across all the characteristics in Exhibit 4-5⁴⁶ (i.e., the chi-squared test statistics in the last row of the exhibit) shows that there is not a statistically significant difference between groups.⁴⁷ These results show that the three assignment groups are well-matched on these particular key characteristics.

Overall, the differences that exist between groups are small and appear to be due to chance, indicating that the random assignment process was performed as designed.

⁴⁶ The full sample characteristics shown in Exhibit 4-5 are repeated from Exhibit 3-6 in Chapter 3. These characteristics are discussed in Chapter 3, Section 3.2.4.

⁴⁷ The p-value for this test is 0.857.

Exhibit 4-5. Characteristics of T21, T22, and C2 BOND Subjects at Random Assignment

Characteristic	Percent of All Stage 2 Volunteers	Percent of Volunteers in:			p-Value
		T21	T22	C2	
Number of Beneficiaries	12,954	4,935	3,089	4,930	
Gender (percent)					
Male	49.4	48.8	49.6	49.9	0.527
Female	50.6	51.2	50.4	50.1	
Age at Outreach Wave Creation (percent)					
20–29 years	6.1	5.9	6.0	6.3	0.856
30–39 years	14.2	14.9	13.8	13.8	
40–44 years	11.4	11.5	11.4	11.3	
45–49 years	16.1	16.0	16.2	16.3	
50–54 years	23.7	23.4	24.5	23.6	
55 years and over ^a	28.4	28.4	28.1	28.7	
Mean age (years)	47.6	47.5	47.7	47.6	0.464
Primary Impairment (percent)					
Neoplasms	4.3	4.0	4.5	4.5	0.493
Mental Disorders	31.0	32.1	29.6	30.9	
Back or Other Musculoskeletal	25.7	25.4	26.1	25.6	
Nervous System Disorders	7.0	6.3	7.0	7.6	
Circulatory System Disorders	6.5	6.2	6.8	6.5	
Genitourinary System Disorders	2.8	2.9	2.7	2.8	
Injuries	4.5	4.3	4.7	4.6	
Respiratory	2.2	2.1	2.5	2.0	
Severe Visual Impairments	2.6	2.6	2.9	2.4	
Digestive system	2.1	2.1	2.1	2.1	
Other impairments	11.3	11.9	11.1	11.0	
Length of SSDI receipt					
Short duration (36 months or less)	63.6	64.0	62.9	63.8	0.413
Number of Months Received SSDI	53.4	52.7	55.3	52.8	0.196
Benefit Amount and Status					
Monthly SSDI Benefits (\$)	\$1,091	\$1,086	\$1,095	\$1,093	0.567
Disabled adult child (DAC)	3.3	3.2	3.6	3.3	0.585
Disabled widow beneficiary (DWB)	1.2	1.2	1.0	1.2	0.668
Dually-entitled disabled adult child	1.1	1.1	1.2	1.0	0.635
Dually-entitled disabled widow beneficiary	0.7	0.6	0.6	0.8	0.313
Payee is other than self	8.0	8.1	7.2	8.2	0.255
X ² Statistic		X ² value =	39.5	p-value =	0.857

Source: BODS.

Note: p-values shown are from statistical tests of differences in percentages across the T21, T22, and C2 groups. Groups of mutually-exclusive characteristics were tested for differences with chi-squared tests. Single characteristics not part of a mutually-exclusive group were tested for differences by F-tests. Chi-squared statistic shown at bottom is from omnibus statistical test of difference between groups across all characteristics.

^aThe age category "55 and over" includes ages 55-61. The age eligibility for the BOND evaluation was ages 20-59 as of May 1, 2011, with a handful of exceptions involving very early pilot cases whose age eligibility was established as of December 2010. The ages reported in this table are as of the date when a beneficiary's name and contact information were released to the recruitment team. A few beneficiaries had reached their 61st birthday by the time their name was released to the recruitment team in May 2012.

4.3. Characteristics of Stage 2 Volunteers by Site

Exhibit 4-6 shows selected characteristics of Stage 2 volunteers by site. There is relatively small variation by site in the percentage of male volunteers, age, monthly SSDI benefits, and the percentage of volunteers who are short-duration. Although the differences are relatively small, they are all statistically significant at the 0.10 level and may reflect differences in the beneficiary populations of the sites and in the interest that the offset holds for them.

4.4. Characteristics of Stage 2 Volunteers Currently Using the Benefit Offset

Exhibit 4-7 shows a comparison of baseline characteristics between those Stage 2 treatment subjects who are known to be using the offset (as of April 22, 2013) and those who have not yet used the offset. Most of these early offset users were eligible for the offset at the time of their enrollment into the study. Compared to those who have not yet used the offset, the early offset users are more likely to be under age 45; more likely to have primary impairments of neoplasms, nervous system disorders, and injuries; have higher benefit amounts; and are less likely to be short-duration beneficiaries, disabled widow beneficiaries, or to have a representative payee.

Exhibit 4-6. Select Characteristics of BOND Stage 2 Subjects at Random Assignment, by Site

Characteristic	Alabama	Arizona/ SE California	Colorado/ Wyoming	DC Metro	Greater Detroit	Greater Houston	Northern New England	South Florida	Western New York	Wisconsin
Sample Size	1,316	1,631	1,026	1,029	1,162	1,101	1,218	1,724	1,226	1,521
Percent Male	49.3	50.6	49.2	45.2	46.6	50.8	47.1	50.7	49.1	52.7
Mean Age (years)	47.8	48.2	48.2	47.1	47.4	47.2	46.8	47.8	48.1	46.8
Monthly SSDI Benefits (\$)	1031	1122	1080	1123	1113	1085	1107	1090	1075	1085
Short-Duration (36 months or less)	61.0	64.1	62.8	62.4	61.3	65.8	63.4	63.7	66.8	64.7

Source: BODS.

Notes: Mean age and Short-duration status are timed to the release of the BOND outreach wave that included the beneficiary. Monthly SSDI benefit amount is as of April or July 2011. Statistical tests show that the null hypothesis of no differences across sites is rejected for all characteristics at the 0.10 level.

Exhibit 4-7. Comparison of Stage 2 Early Offset Users With Other Treatment Subjects

Characteristic	Percent of All Stage 2 Treatment Subjects	Percent of treatment subjects (as of April 22, 2013):		p-Value
		Using Offset	Not Yet Used Offset	
Number of Beneficiaries	8,024	322	7,702	
Gender (percent)				
Male	49.1	48.1	49.1	0.748
Female	50.9	51.9	50.9	
Age at Outreach Wave Creation (percent)				
20–29 years	5.9	8.7	5.8	0.000
30–39 years	14.5	19.3	14.3	
40–44 years	11.5	13.7	11.4	
45–49 years	16.1	16.8	16.0	
50–54 years	23.8	18.9	24.0	
55 years and over	28.3	22.7	28.5	
Mean age (years)	47.6	45.4	47.7	0.007
Primary Impairment (percent)				
Neoplasms	4.2	9.3	4.0	0.002
Mental Disorders	31.1	30.4	31.2	
Back or Other Musculoskeletal	25.7	18.6	26.0	
Nervous System Disorders	6.6	9.0	6.5	
Circulatory System Disorders	6.4	6.2	6.5	
Genitourinary System Disorders	2.8	3.7	2.8	
Injuries	4.4	5.9	4.4	
Respiratory	2.3	0.6	2.4	
Severe Visual Impairments	2.7	1.9	2.8	
Digestive system	2.1	2.8	2.1	
Other impairments	11.6	11.5	11.6	
Length of SSDI receipt				
Short duration (36 months or less)	63.6	50.3	64.1	0.000
Number of Months Received SSDI	53.7	59.3	53.5	0.142
Benefit Amount and Status				
Monthly SSDI Benefits (\$)	1,090	1,194	1,085	0.005
Disabled adult child (DAC)	3.3	3.7	3.3	0.622
Disabled widow beneficiary (DWB)	1.1	0.0	1.2	0.000
Dually-entitled disabled adult child	1.1	2.2	1.1	0.204
Dually-entitled disabled widow beneficiary	0.6	0.0	0.6	0.000
Payee is other than self	7.8	4.7	7.9	0.022
X ² Statistic	X ² value =	142.0	p-value =	0.000

Sources: Beneficiary characteristics: BODS; Identification of offset users: BSAS.

Note: p-values shown are from statistical tests of differences in percentages between the Using Offset and Not Yet Used Offset groups. Groups of mutually-exclusive characteristics were tested for differences with chi-squared tests. Single characteristics not part of a mutually-exclusive group were tested for differences by t-tests. Chi-squared statistic shown at bottom is from omnibus statistical test of difference between groups across all characteristics.

5. BOND Counseling Services

Benefits counseling is a key component of BOND. The counseling developed for BOND was intended to allow beneficiaries to understand and take advantage of the offset. This chapter describes early findings regarding use of BOND counseling services by Stage 2 beneficiaries. We begin by providing an overview of planned WIC and EWIC services, and then use qualitative information from site visits, quantitative information from BTS, and interviews with beneficiaries to document the delivery of BOND services and the experiences of Stage 2 beneficiaries. This chapter concludes with early findings on the extent to which beneficiaries in T21 and T22 treatment groups are receiving different counseling services, recognizing that a full appraisal is not possible at this early juncture.

5.1. Overview of the Design of WIC and EWIC Services

Under Stage 2, volunteers were assigned to a current law control group (C2), a treatment group that received the benefit offset with WIC (T21), or a treatment group that received the offset plus EWIC (T22). This design allows the evaluation to test the effects of enhanced counseling. This section discusses the intended design for WIC and EWIC services. Sections 5-2 and 5-3 discuss implementation experiences.

Both WIC and EWIC were designed to offer benefits counseling to explain how BOND rules operate and to help beneficiaries understand how BOND would affect total income under varying earnings scenarios. WIC was designed to provide a range and intensity of services similar to those delivered through SSA's Work Incentives Planning and Assistance (WIPA) program that offered benefits counseling to SSDI beneficiaries under current law, until the program ended June 30, 2012. The goal of the WIPA program was to assist SSDI beneficiaries to take advantage of SSA work incentives and other employment supports. Community Work Incentives Coordinators (CWICs), the front-line WIPA staff, assisted beneficiaries in making informed choices about the potential effects of work on SSDI and other benefits. This counseling was designed to reduce beneficiary uncertainty and fear about potential loss of benefits due to increased earnings. The WIPA program offered beneficiaries services that ranged from providing basic information and referral (I & R) to assistance with developing and carrying out long-term plans to use SSA work incentives and other employment supports. Although the type and intensity of WIC services mirrors those provided by WIPAs, the content of the counseling differs because of the benefit offset.

EWIC was intended to provide an increased intensity of services beyond WIC; the design for EWIC and WIC services, and comparison of the two, is shown in Exhibit 5-1. The EWIC design focuses on developing a detailed employment support plan based on assessments of vocational skills and interests, helping beneficiaries obtain the resources and support they need in order to find employment, and ongoing support they need to keep it. As compared to WIC counselors, EWIC counselors were intended to have substantially more contact with beneficiaries on a broader range of issues. EWIC staff were instructed to contact all T22 beneficiaries within two weeks of random assignment and to contact them thereafter at least once per month over the course of BOND. EWIC staff contact T22 participants by telephone, email, or letter to engage them in services. In contrast, WIC services were designed to be demand-responsive, provided only to beneficiaries who request them. In addition, compared to WIC, the EWIC design called for more intensive work-focused interviews and assessments than for WIC and closer coordination with referral partners as well as follow-up with beneficiaries to make sure services are being

delivered. EWIC also was designed to provide more integrated services than would otherwise be available to beneficiaries—it was envisioned that EWIC would link benefits planning and referrals for employment counseling under one agency, thus enabling the beneficiary to receive a vigorous employment-focused intervention that includes benefits counseling.

Exhibit 5-1. WIC and EWIC Design: Comparison of Intended Services

Counseling Activity	EWIC	WIC/WIPA (Control)
Outreach and engagement	Contact beneficiaries by phone (or other methods if phone not available) at least once per month.	Only group outreach is conducted such as through WISE events or media. No individual outreach to beneficiaries is conducted.
Work-Focused Interviews: (1) Barriers and Needs Assessment	Administer a psycho-social needs assessment, which contains employment-relevant information on daily living, lifestyle, health, and identifies employment barriers and needs, such as transportation, child care, skill deficits, and interviewing.	Assessments focus on benefits and work incentives through the BS&A.
Work-Focused Interviews (2) Skills assessment and transfer of skills (TSA) analysis	Use two on-line vocational assessment systems—OASYS and Career Scope—to conduct aptitude and skills assessment and TSA, match skills and abilities to occupational requirements, and provide wage data.	Refer beneficiaries to SVRA, ENs, or other organizations for employment planning and support.
Developing an Employment Services Plan	Help beneficiaries develop vocational goals and tailor services to overcome barriers, meet needs, and reach goals. This is documented in the Employment Support Plan (ESP), which expands the WIP. EWIC staff do not deliver direct employment services.	Work Incentive Plans (WIPs) describe goals and action steps specifically related to work incentives and referral to other services; no assessment software is used. WIC and WIPA staff do not deliver direct employment services.
Service Coordination	Provide the services specified in the ESP or provide referrals to the local network of service partners. The EWIC will monitor the services provided by partners to completion.	Refer beneficiaries for employment services, but do not provide direct employment support services and do not monitor services provided by others.
Referrals to and coordination with organizations that provide pre-employment skills development	Referrals and coordination with organizations that provide assistance with interviewing, resume preparation, appropriate dress and comportment, and expectations of employers. These include on site seminars and sessions that can be hosted by EWIC counselors but will utilize technical experts from other organizations.	Referrals to SVRA, ENs, or other organizations for pre-employment counseling.
Partnering with organizations that provide employer development	Partner with organizations that provide employers with information on the potential to hire beneficiaries and follow up with beneficiaries to ensure they are linked with organizations that conduct employer development activities	Refer beneficiaries to other providers—employer development is conducted by partners.
Referrals and coordination with organizations that provide job placement	Refers and coordinates with organizations that provide outreach to employers to identify employment opportunities; connect beneficiary with potential employers, accompany individual to job interview (as needed). Follow up with beneficiaries to ensure services are being provided by appropriate organizations.	Refer beneficiaries to SVRA, ENs, or other organizations for job placement.
Referrals to and coordination with organizations that provide job retention	Continue to support the beneficiary and employer in achieving post-placement success. Follow up with beneficiaries to ensure services are being provided by appropriate organizations.	Provide no follow along support post-placement.

Source: Abt Associates, O'Day, and Vandergoot, 2010.

SSA did not design either the T21 or T22 interventions to include the delivery of employment services. Since SSA already funds rehabilitation and return-to-work services from state vocational rehabilitation (VR) and Ticket to Work providers, SSA decided that facilitating awareness of and referral to these services was the more appropriate and cost-effective route. Employment services (such as additional work supports) can be obtained by SSDI beneficiaries from a number of sources outside the demonstration, including state VR agencies and the Ticket to Work program.

5.1.1. WIC Services

As with WIPA counseling, WIC was designed to inform beneficiaries about the impact of earnings for SSDI benefits, but under the benefit offset instead of current rules. WIC counselors were instructed to work with the beneficiary to map out different earnings scenarios to determine how earnings under BOND might affect his or her SSDI benefits and total income. WIC counselors may also help beneficiaries access other services such as vocational rehabilitation, and provide advice on how earnings might affect benefits from other public assistance programs (for example, Supplemental Security Income [SSI], the Supplemental Nutrition Assistance Program [SNAP], and Medicaid). WIC counselors also may assist beneficiaries to obtain needed work supports and accommodations, and specialized treatment (for example, mental health or substance abuse treatment).

Information and Referral and Initial Service

In response to inquiries from beneficiaries, agencies contracted to supply WIC services are to provide information and referral services (I&R) to T21 beneficiaries. When requested, the WIC conducts an I&R assessment, during which the beneficiary provides basic information, such as type of benefits received, employment status, and reason for the inquiry. If possible, the WIC counselor provides the requested information immediately and documents the call. However, if the answer to the question hinges on intensive exploration, the WIC counselor will provide the beneficiary with more individualized services beyond I&R.

Work Incentive Counseling

WIC staff members were instructed to respond to questions from T21 subjects through one-on-one counseling about how the offset would affect the individual's SSA benefit calculations and receipt of other benefits, such as SNAP and health care coverage. Under the WIC design, providers were to use the written Benefits Summary and Analysis (BS&A) to summarize current benefits and to offer case-specific options on the use of work incentives to support a beneficiary's employment objective. The BS&A is similar to what CWICs provided, but is based on the benefit offset and depends on the beneficiary's circumstances.

WIC providers may also prepare a Work Incentives Plan (WIP), which is a long-term support plan for the beneficiary that delineates immediate actions the staff and the beneficiary should take to implement the steps outlined in the BS&A. These actions are limited to implementation of work incentives (those available within the standard SSDI program as well as the benefit offset) or referral to employment support providers. A WIP specifies what action is needed, who will take the action, and by what date the action will be taken. Under the BOND design, WIC staff members are not required to write a WIP for each BOND subject, but they are instructed to do so if the beneficiary is going to be taking advantage of work incentives or referred to an employment service provider.

Finally, WIC was intended to connect beneficiaries to the services needed to prepare for, find, and maintain employment. WIC counselors address beneficiaries' health needs through referrals to partner agencies, such as state Medicaid, mental health, aging, and intellectual and developmental disability agencies. WIC counselors offer information to staff of these agencies to ensure that eligibility for services is calculated correctly for beneficiaries using the benefit offset. Similarly, WIC counselors link interested beneficiaries to state VR agencies and Ticket to Work providers as sources of vocational rehabilitation and training. But, as noted previously, WIC staff do not provide any of these services directly, because BOND-related counseling is intended to facilitate access to existing work supports rather than expand the supply thereof.

5.1.2. EWIC Services

The design of EWIC called for providers to offer T22 subjects assistance in identifying an employment goal and in identifying needed employment supports to reach that goal, in addition to the regular WIC services described above. EWIC providers were instructed to proactively contact T22 beneficiaries; contact was intended to be attempted at least once each month by mail, telephone, and/or email. The one-on-one contact is meant to ensure that all T22 participants are aware of the EWIC available to them and are encouraged to use it. Unlike WIC providers, EWIC providers have counseling benchmarks they are expected to meet. The types of EWIC services provided and corresponding benchmarks are described below.

Conduct Barriers and Needs Assessment for 90 Percent of T22 Subjects

During the first or second counseling session, EWIC staff were instructed to use a validated on-line assessment tool to assess the beneficiary's return-to-work barriers, although they had some latitude to choose their preferred assessment tool. Conducting an assessment should enable EWIC counselors to identify and address these issues early in the process to facilitate the beneficiary's trust and encourage ongoing participation. After identifying needs, EWIC staff were supposed to locate resources within their communities to address these needs, but not to supply them directly.

Conduct Skills Assessment and Transfer of Skills Analysis (TSA) for 90 Percent of T22 Subjects

TSA and career assessments are an early and regular feature of the intended EWIC service. EWIC counselors were given training to use two commercial on-line tools, OASYS and Career Scope, to identify existing work skills and find the most suitable job in a minimal amount of time. EWIC staff received training and access to these tools but were not to be required to use them if their organization has comparable tools for conducting skills assessments.

OASYS matches a job seekers' skills and abilities to occupational requirements and provides salary and wage data for matching occupations. OASYS has built its application around a TSA based on the skills—including use of tools, materials and subject matter—required to perform particular jobs. OASYS also provides a systematic procedure for introducing functional limitations to the analysis so that the real impact of an individual's disability can be factored in.

The Career Scope system provides a valid and reliable aptitude and interest assessment, with audio output and other options for individuals with disabilities. Career Scope can be used to identify additional possibilities to include in the "what if" scenarios to broaden consideration of possible job opportunities. It is particularly useful for those with little or no work history, or for those who have only worked in

unskilled jobs. These systems, when used in tandem, are designed to provide a great deal of vocational information and assistance for decision making related to setting vocational goals.

Develop an Employment Support Plan (ESP) for 90 Percent of T22 Beneficiaries

The ESP is the heart of the EWIC design. The ESP focuses on the range of potential jobs that will result in beneficiaries achieving their employment goals and describes how to remove barriers and address needs that could prevent them from reaching goals. The EWIC counselor is intended to work with the beneficiary to develop the ESP, an expanded version of the WIP. The EWIC counselor should coordinate the ESP with other service plans if the beneficiary is already working with the SVRA, an EN, or another employment provider. The ESP constitutes a long-term support plan that creates a strong platform for achieving employment objectives and maintaining an extended counseling relationship. The plan is a “living document” that is intended to be regularly updated as circumstances change.

Coordinate Services with Other Entities as Outlined in the ESP

EWIC providers are to ensure that T22 subjects are linked to other community agencies that provide employment supports, including SVRAs, ENs, and other public and private agencies that were identified in the ESP. EWIC counselors collaborate with a beneficiary’s VR counselor and/or mental health service provider, as well as with other agencies and organizations, in plan development and to help ensure that the necessary resources are made available in implementing the ESP. This coordination entails an ongoing follow up effort to ensure that services provided by agency partners are being implemented.

Referrals to and Coordination with Organizations that Provide Pre-employment Skills Training as Outlined in the ESP

When developing the ESP, the BOND design calls for EWIC counselors to assess the beneficiary’s need for pre-employment services. When necessary, EWIC counselors should arrange for referrals to local service providers who will provide the pre-employment services. EWIC counselors are also expected to help beneficiaries access training and information from multiple sources to assist with job preparation—including Ticket to Work providers and Department of Labor One-Stop Centers.—irrespective of where they are in their job search.

Referrals to and Coordination with Organizations that Develop and Cultivate Potential Employers

EWIC counselors in BOND were instructed to provide outreach to organizations that market employment support services for people with disabilities as a means for employers to acquire productive employees at less cost and greater return than from any other recruiting resource.

Referrals to and Coordination with Organizations that Provide Job Placement Services to T22 Subjects

Building upon the beneficiary’s goals, the TSA, and the relationships with agencies that work with employers in prior steps, the EWIC design called for counselors to actively engage with T22 subjects to lay plans for finding employment. Counselors were instructed to work with the beneficiary to develop a deliberate strategy to identify employment and career opportunities and cultivate job offers. The strategy is developed and outlined in the ESP and updated as beneficiary goals and employment opportunities change.

Referrals to and Coordination with Organizations that Provide Job Retention Services as Needed, to Assist T22 Subjects to Retain Employment

Provision of job retention services—or post-placement follow-up—is also part of the EWIC design. The EWIC counselor is intended to develop a follow up schedule in advance with the EN, One Stop and SVRA or other job placement organizations and informs the beneficiary of it. The EWIC refers and coordinates with organizations that provide job retention services, and at the request of the beneficiary, initiates contact with these organizations.

5.2. Enrollment, Caseloads, and Staffing

Site visits and program data provide an opportunity to examine the implementation of WIC and EWIC staffing model and services during the first two years of their implementation. This section provides evidence on the actual enrollment, caseloads, and staffing for WIC and EWIC agencies and highlight areas where the implementation may have deviated from the initial design. In this early assessment, the caseload size is the primary quantitative measure of average service intensity. As such, this is the key measure for determining whether WIC and EWIC services differed as intended in the BOND design. In future reports, we will analyze BTS service data to more directly measure average service intensity.

In the first two years of BOND, both the WIC and EWIC caseloads and staffing have been in flux. It was difficult to project both the amount of demand for counseling services and the timing of demand. Predicting demand for WIC services was particularly complicated because WIC staff do not pro-actively call beneficiaries and because WIC staff also serve Stage 1 treatment subjects. The total EWIC caseload was more predictable, but the timing of enrollments still created challenges for staffing.

5.2.1. WIC Enrollment, Caseloads, and Staffing

While the Implementation Team made detailed projections of the extent of services likely to be needed from WIC staff in each year of the study, it did not calculate average point-in-time caseload sizes. Even without precise comparison figures, take-up of WIC services by T1 and T21 subjects appears to be lower than expected. The Implementation Team assumed that WIC take up would be highest in the first two years following random assignment, and would decline in later years. During the first two years of the demonstration, only 12 percent of the anticipated number of WIC clients over the full BOND period (January 2011 - September 2017) had contacted WIC staff (Exhibit 5-2).

Original projections were that 24,000 T1s would receive WIC services over the full BOND period and that take up would be highest in the first two years after random assignment. Based on contacts initiated to date, it seems unlikely that the number of T1 subjects expressing interest in WIC services will reach even one-third of the original projection by the end of the demonstration.

T21 subjects were eligible to receive counseling on BOND's work incentives and procedures through WIC provider agencies. After random assignment, BOND site office staff provided T21 subjects with the contact information for the WIC agency, and T21 subjects interested in counseling contacted the WIC provider. Under the BOND design, WIC counselors were not allowed to make the initial contact with T21 beneficiaries. Instead, the counselors needed to wait for T21 beneficiaries to initiate the service relationship. We find that a relatively small share of Stage 2 beneficiaries assigned to the T21 group contacted the WIC providers. As of December 2012, 28 percent of T21 beneficiaries had contacted their assigned WIC provider (Exhibit 5-3), which compares to an anticipated 82 percent contact rate for the full

BOND period.⁴⁸ We find sizable variation across sites in the take-up rate of WIC counseling, from 18 percent in the Colorado/Wyoming site to 42 percent in the Greater Detroit site.

Interviews with WIC counselors and BOND site office staff suggest some possible reasons for the low take-up of counseling services among T21 subjects, including possible breakdowns in the implementation of demonstration procedures. Some counselors encountered beneficiaries who had been told by site office staff or field interviewers that WIC counselors would contact them, contrary to the design. Other WIC counselors hypothesized that beneficiaries might have believed that all necessary information was provided during the enrollment, which it may have been in many cases, particularly for beneficiaries who were not working. One WIC counselor hypothesized that beneficiaries might have been overwhelmed by the amount of information provided during orientation, and thus confused about the next step.

The caseloads of WIC counselors are determined by the take-up rate of T21 and T1 beneficiaries and the number of WIC counselors serving beneficiaries. As of December 2012, WIC counselors were serving 3,324 beneficiaries, with T21 beneficiaries accounting for 41 percent of the caseload (Exhibit 5-3). Across all sites, the average caseload per WIC FTE position was 146 beneficiaries. Using the projections for number of hours of services to be delivered, the anticipated caseload of a full-time WIC counselor would have been in the range of 175 to 451 beneficiaries if serving only T21 subjects and in the range of 457 to 705 beneficiaries if serving only T1 subjects.⁴⁹ Even though the total number of WIC staff shown in Exhibit 5-3 represents a substantial reduction from the original staffing plan, WIC counselors were still underutilized on average relative to plan. It is important to note, however, that the planned caseload sizes reported here do not include time for the post-entitlement responsibilities (such as AEE preparation, documentation of non-countable income, developing work reports, and assisting with appeals) that were placed on WIC staff during the demonstration. Hence, underutilization of staff is somewhat less than the caseload numbers alone would suggest.

Although every site appears to have smaller caseloads than anticipated, there is still substantial variation in WIC caseloads per FTE from a low of 92 beneficiaries in the Northern New England site to a high of 281 beneficiaries in the South Florida site. This level of variation is large enough to suggest that T21 WIC clients in sites with low caseloads per FTE were receiving more counseling support than T21 WIC clients in sites with much higher caseloads per FTE.

In addition to caseload variation across sites, qualitative evidence from the site visits also suggest significant variation in caseload across counselors within sites. New hires who have not received suitability clearance or completed the required training have caseloads of zero. Even after a new counselor is ready to begin serving clients, supervisors could not rebalance caseloads instantaneously.

⁴⁸ Abt Associates, O'Day, and Vandergoot, 2010.

⁴⁹ Anticipated caseloads for WIC staff only serving T1 subjects were higher than those for WIC staff serving only T21 subjects because it was expected that a much higher percentage of T1 subjects who contact WIC would need I&R only (without needing counseling). The number of projected WIC full-time staff was calculated by using the Implementation Team's projected number of hours for service delivery and assuming that full-time WIC staff would spend 90 percent of their work hours delivering WIC services to beneficiaries. At the current proportions of WIC staff having 41 percent of their clients as T21 subjects and 59 percent as T1 subjects, the intended caseload size at this point in the demonstration would be 340-600 beneficiaries per full-time WIC counselor.

Another source of within-site variation in caseload size in the early stages of the demonstration was the geographically staggered outreach to Stage 2 beneficiaries. WIC providers that assigned cases by the beneficiary's location to match the geographic dispersion of their counseling staff found that all of their early Stage 2 beneficiaries lived near the site office. As a result, WIC counselors located near the site office could have a large caseload, while WIC counselors in outlying areas were limited to serving T1 subjects, whose notification of eligibility for the offset did not begin until May 2011.

WIC caseloads per FTE would have been even smaller than their observed level were it not for reductions in WIC staff from their originally planned level. Two factors were responsible for the reduction in WIC staffing during the first two years. First, WIC agencies responded to the originally-planned spike in second year staffing by "smoothing" staffing from the second to the third year in order to avoid having to layoff some staff after only a year of employment. Second, in December 2011, in response to take-up of WIC that was substantially lower than anticipated, budgets for WIC providers were decreased.

In January 2012, partly as a response to low take-up of WIC services, the Implementation Team reassigned some WIC staff into the new position of Work CDR Specialists to assist with work CDR development. This action also addressed the growing number of work CDRs that needed to be completed. When SSA assumed responsibility for work CDR development and verification in May 2012 (see Chapters 2 and 6), the role of Work CDR Specialist was no longer needed. From that point, the Work CDR Specialists assisted with AEE development and other beneficiary support until the position was discontinued in November 2012.

Appropriate staffing of WIC was complicated by errors in the initial calculation of expected caseloads per WIC FTE. In 2010, the Implementation Team calculated the anticipated average point-in-time caseload per WIC FTE as 151 for WIC staff serving only T21 subjects and 251 for WIC staff serving only T1 subjects. These point-in-time caseload sizes were widely used for planning by the Implementation Team and were conveyed to the agencies providing WIC services. These sizes were substantially lower than the sizes that should have been anticipated, based on the Implementation Team's own projection of take-up rates for WIC services. It is unknown whether any staffing decisions would have been different had correctly calculated projections been available.

The WIC caseload will continue to evolve over time. Both T21 and T1 subjects may decide to contact WIC agencies in 2013 or future years as they return to work or encounter challenges with their SSDI benefits. Difficulty projecting the future caseloads for WIC agencies significantly complicates the challenge of keeping WIC providers appropriately staffed.

Exhibit 5-2. Total WIC Caseload in First Two Years of BOND Compared to Anticipated Total Caseload for Full BOND Period

Study Subjects	Anticipated Caseload for Full BOND Period (Jan. 2011-Sept. 2017)	Total Caseload in First Two Years of BOND (Jan. 2011 - Dec. 2012)	Total Caseload in First Two Years as Percent of Anticipated Caseload
T21 subjects	3,936	1,372	34.9%
T1 subjects	24,000	1,952	8.1%
All WIC Clients (T21+T1)	27,936	3,324	11.9%
T21 subjects as percent of all WIC clients	14.1%	41.3%	-

Sources: Anticipated caseloads: Abt Associates, O'Day, and Vandergoot, 2010.
Total Caseloads in first two years of BOND: BODS.

Exhibit 5-3. WIC Caseload Sizes as of December 2012

BOND Site	WIC T21 Caseload (1)	WIC T21 Caseload as a Percent of Enrollments (2)	Total WIC Caseload (T1+T21) (3)	FTE Positions (4)	Average Cases Per FTE (5)
Alabama	85	17.0%	251	1.69	148.5
Arizona/ SE California	183	29.1%	420	2.95	142.4
Colorado/Wyoming	72	18.3%	172	1.27	135.4
DC Metro	81	20.7%	239	1.51	158.3
Greater Detroit	188	42.3%	362	2.38	152.1
Greater Houston	100	23.8%	254	2.65	95.8
Northern New England	119	25.7%	369	4.00	92.3
South Florida	229	35.0%	495	1.76	281.3
Western New York	148	32.0%	321	2.10	152.9
Wisconsin	167	28.9%	441	2.50	176.4
Total	1,372	27.8%	3,324	22.81	145.7

Source: WIC data on caseload sizes from BTS data as of December 31, 2012. FTEs are the Year 3 staff allocations provided by the BOND implementation team. FTE calculations were limited to staff with a counseling position and assumed an FTE of 2080 hours.

Notes: Total WIC caseload is the number of T1 and T21 subjects who had a contact for WIC services recorded in WIC agencies data systems (ETO through June 2012 and then BTS). The FTE positions (column 4) refers to the number of WIC counselors in each site. WIC cases per FTE (column 5) is column (3) divided by column (4).

5.2.2. EWIC Enrollment, Caseloads, and Staffing

Exhibit 5-4 shows that the total EWIC caseload in the first two years of BOND was 2,986 beneficiaries. With Stage 2 enrollment ending in September 2012 and T22 subjects requiring proactive EWIC counselor contact, the EWIC caseload has already reached its highest level. This caseload can be directly compared to the anticipated total caseload of 2,655 beneficiaries over the full BOND period.

One of the key differences between the WIC and EWIC service models is that EWIC counselors engage in proactive outreach. Both the quantitative and qualitative evidence indicate that EWIC counselors effectively implemented this component of the design. Approximately 97 percent of T22 beneficiaries received a first contact from an EWIC counselor (Exhibit 5-5), which exceeds the BOND design assumption of an 88.5 percent contact rate.⁵⁰ The total actual caseload is 13 percent higher than anticipated due to this higher than expected contact rate and the slightly higher overall number of T22 subjects than originally planned (3,089 versus 3,000 planned). High contact rates were observed across all sites with a minimum of 94 percent. While EWIC counselors are instructed to make contact with all T22 beneficiaries, beneficiaries can opt out of continued engagement with the EWIC. However, a relatively low share of beneficiaries have exercised that option.

Unlike WIC caseloads that are smaller than planned in all sites, EWIC caseloads per FTE are slightly larger than planned in most sites due to restrained hiring by EWIC agencies and low T22 beneficiary withdrawal rates⁵¹ as well as Stage 2 enrollment in some sites exceeding the original targets. EWIC staffing was adjusted upwards in mid-2012 (see Section 2.2.3) in response, and as of December 2012, the average caseload per FTE is 85 beneficiaries (Exhibit 5-5). Using the projections for number of hours of services to be delivered, the anticipated caseload of a full-time EWIC counselor was about 74 beneficiaries.⁵² EWIC caseloads per FTE vary across sites from a low of 69 in the South Florida site to a high of 101 in the Wisconsin site. As with WIC caseloads, this EWIC caseload variation suggests that intensity of EWIC services per client may not be uniform across sites.

⁵⁰ Abt Associates, O'Day, and Vandergoot, 2010.

⁵¹ Once randomized to the T22 group, beneficiaries only come off the EWIC caseloads if they request removal or are deceased.

⁵² The number of projected EWIC full-time staff was calculated by using the Implementation Team's projected number of hours for service delivery and assuming that full-time EWIC staff would spend 90 percent of their work hours delivering EWIC services to beneficiaries.

Exhibit 5-4. Total EWIC Caseload in First Two Years of BOND Compared to Anticipated Total Caseload for Full BOND Period

Study Subjects	Anticipated Caseload for Full BOND Period (Jan. 2011-Sept. 2017)	Total Caseload in First Two Years of BOND (Jan. 2011 - Dec. 2012)	Total Caseload in First Two Years as Percent of Anticipated Caseload
T22 subjects	2,655	2,986	112.5%

Sources: Anticipated caseloads: Abt Associates, O'Day, and Vandergoot, 2010.
Total Caseloads in first two years of BOND: BODS.

Exhibit 5-5 EWIC Caseload Sizes as of December 2012

BOND Site	EWIC T22 Caseload (1)	EWIC T22 Caseload as a Percent of Enrollments (2)	FTE Positions (3)	Average Cases Per FTE (4)
Alabama	303	96.8%	3.19	95.0
Arizona/ SE California	367	95.1%	4.00	91.8
Colorado/Wyoming	238	96.4%	2.60	91.5
DC Metro	235	95.5%	2.90	81.0
Greater Detroit	272	97.5%	3.81	71.4
Greater Houston	260	99.2%	3.54	73.4
Northern New England	287	98.6%	2.90	99.0
South Florida	393	95.6%	5.72	68.7
Western New York	292	100.0%	3.06	95.4
Wisconsin	339	93.6%	3.37	100.6
Total	2,986	96.7%	35.09	85.1

Source: EWIC data on caseload sizes from BTS data as of December 31, 2012. FTEs are the Year 3 staff allocations provided by the BOND implementation team. FTE calculations were limited to staff with a counseling position and assumed an FTE of 2080 hours.

Notes: Total EWIC caseload is the number of T22 subjects who had a contact for EWIC services recorded in BTS. The denominators for the percentages in column (2) are from Exhibit 4-1 (column 1). The FTE positions (column 3) refers to the number of EWIC counselors in each site. EWIC cases per FTE (column 4) is column (2) divided by column (3).

While increased EWIC staffing since mid-2012 has decreased the average caseload size, the average caseload masks variation between the caseloads of long-tenured EWIC counselors and the caseloads of newly-hired EWIC counselors. For example, during the summer 2012 visit to the Greater Detroit site, the longest-tenured EWIC counselor had a caseload of 116, while two newer EWIC counselors had caseloads of 55 and 65, and the most recent hire, who had joined the staff three months prior, had just received suitability clearance and had only begun taking on cases.

An incorrect calculation of expected caseload per EWIC FTE contributed to confusion and frustration on the part of EWIC providers. In 2010, the Implementation Team incorrectly calculated the anticipated caseload per EWIC FTE as 27 beneficiaries. This caseload size was widely used for planning by the Implementation Team and was conveyed to the agencies providing EWIC services. This size was only about one-third the caseload size that should have been conveyed, based on the anticipated take-up of EWIC services. The incorrect expectation of caseloads of size 27 per EWIC counselor contributed to a sense among EWIC providers that they were very much understaffed when caseloads quickly rose above this level. While frustration might have been avoided, it is unknown whether any staffing decisions would have been different had a correctly calculated projection of EWIC caseloads been available.

In contrast to the uncertainty faced by WIC providers, the size of the EWIC caseload should remain relatively stable for the remainder of the demonstration. The enrollment portion of EWIC service provision has ended, and removal from the caseload due to death or withdrawal will presumably come slowly. But there is still some uncertainty about the intensity of demand for counseling per T22 subject in future years.

5.3. Service Delivery

5.3.1. WIC Approach to Service Delivery

The initial appraisal of WIC service delivery will necessarily be incomplete, particularly as regards “downstream” services following initial contact by the beneficiary. Still, it is informative.

Consistent with the BOND design, WIC counselors reported waiting for beneficiaries to make the initial contact. Once beneficiaries made the initial call, WIC counselors uniformly reported making efforts to ensure that clients understood BOND. For the majority of T21 beneficiaries, services provided by the WIC agency went further than basic information about BOND. Of the T21 WIC users enrolled in 2011, 20 percent received only basic information and referral information (Exhibit 5-4). The other 80 percent received more intensive WIC services, similar to the services traditionally provided to SSDI beneficiaries who contacted WIPAs. These services included obtaining more in-depth information on benefit receipt and work history so the counselor can provide specific counseling on work incentive use, earnings goals, and needed employment and personal supports. A breakdown between early enrollees—who entered BOND in 2011—and those enrolled in 2012 reveals important information. Use of WIC services through December 2012 might be lower in the latter group due to its “late start.” In fact, although fewer of the most recent enrollees had received intensive WIC services as of December 2012, the difference in service receipt between early and late enrollees was relatively small. Longer follow up may reveal that the latter group has a stronger preference overall for counseling services, or simply affirm that initial WIC services utilization indeed occurs quickly after enrollment.

In contrast, there was significant variation in the pattern of service receipt across sites. According to the BTS data, all early enrollees in Greater Houston received services beyond information and referral, while only 60 percent of enrollees in Western New York received more intensive services (Exhibit 5-4). The original BOND design anticipated this variation in WIC service utilization, given variation in service utilization under the WIPA program from place to place.

Exhibit 5-4. WIC Services for T21 Subjects as of December 2012

BOND Site	2011 Enrollees			2012 Enrollees		
	Percent of 2011 T21s receiving WIC (1)	Of those Receiving WIC, Percent Only Information and Referral (2)	Of those Receiving WIC, Percent with Additional WIC Services (3)	Percent of 2012 T21s Receiving WIC (4)	Of those Receiving WIC, Percent Only Information and Referral (5)	Of those Receiving WIC, Percent with Additional WIC Services (6)
Alabama	21.8%	20.4%	79.6%	13.1%	30.6%	69.4%
Arizona/ SE California	31.6%	36.7%	63.3%	27.5%	33.7%	66.3%
Colorado/Wyoming	20.3%	6.5%	93.5%	17.0%	34.1%	65.9%
DC Metro	27.7%	27.3%	72.7%	15.9%	24.3%	75.7%
Greater Detroit	39.6%	16.7%	83.3%	44.5%	18.2%	81.8%
Greater Houston	29.1%	0.0%	100.0%	20.3%	11.5%	88.5%
Northern New England	34.3%	15.0%	85.0%	20.5%	23.7%	76.3%
South Florida	35.8%	9.2%	90.8%	34.5%	22.5%	77.5%
Western New York	42.2%	40.0%	60.0%	26.3%	55.1%	44.9%
Wisconsin	25.7%	20.6%	79.4%	31.3%	17.3%	82.7%
T21 Total	30.8%	20.4%	79.6%	25.8%	26.5%	73.5%

Source: WIC data on services from BTS as of December 31, 2012.

Notes: Information and Referral WIC/EWIC services (columns 2 and 5) refers to T21 WIC users who only received information and referral services. The additional WIC services (columns 3 and 6) refers to T21 subjects who received work incentives and benefits counseling for BOND. 2011 enrollees are defined as those who enrolled between March 1, 2011 and December 31, 2011 and 2012 enrollees are defined as those who enrolled between January 1, 2012 and September 26, 2012.

Unlike EWIC counselors, WIC counselors are not required to follow-up with beneficiaries each month. WIC counselors in some sites have caseloads of more than 150 beneficiaries and reported needing to prioritize certain beneficiaries for follow up and more intensive services. In particular, WIC counselors described prioritizing beneficiaries with overpayment issues and beneficiaries who are already employed or actively looking for work. Other beneficiaries assigned to these counselors may have suffered from insufficient attention to their needs, at least in comparison to similar beneficiaries whose counselors were not so overburdened.

At this early stage in the demonstration, it is difficult to assess how completely WIC services were delivered as originally envisioned in the BOND design. In future reports, we will be able to assess how the usage of benefits counseling services under WIC by T21 subjects evolves and how it compares to services received by C2 subjects. The latter is of particular interest because WIC services were designed to be similar to the services available from a WIPA counselor. However, the end of the WIPA program in

July 2012 has altered the service environment for the control group in ways that may change the contrast between T21 and C2 subjects' experiences.

5.3.2. EWIC Approach to Service Delivery

EWIC counselors were required to conduct outreach to all T22 subjects. Most EWIC counselors reported making the first contact attempt within three days of random assignment as their standard practice. EWIC counselors at one site even reported contacting beneficiaries before the latter had been informed of the results of the random assignment by the site office, a clear breach of demonstration protocol.⁵³ While most EWIC counselors would start with phone outreach, they would also contact beneficiaries by mail if beneficiaries were unresponsive to phone outreach. The high engagement rate of T22 subjects suggests that the outreach efforts were very successful.

Once EWIC counselors made contact with T22 subjects, the counselors would initiate a structured intake and assessment process for any beneficiaries interested in one-on-one counseling. While some counselors reported that the barrier-and-needs-assessment tool provided for their use was too long and did not use it, all counselors described using a structured approach to interviewing beneficiaries and gathering information on benefit receipt, barriers to employment, and work experience. The EWIC counselor toolbox also included two online vocational assessments, OASYS and Career Scope, designed to help beneficiaries identify suitable employment goals. However, some counselors reported that these tools are cumbersome to use. EWIC counselors reported that the vocational assessments were too long, required internet access (not always available for appointments in the field), and were not appropriate for all beneficiaries, including those already on a career path. These assessments were also very similar to tools used by the VR agencies to which many T22 subjects were referred, and EWIC counselors reported some client frustration with duplicative assessments.

Eighty-five percent of EWIC participants received services beyond basic information and referral (Exhibit 5-5) in the form of personalized benefits counseling. Almost all of those subjects received at least one of the EWIC-specific tools or assessments: a barriers and needs assessment, employment support plan, skills assessment, or pre-employment skills training. Measured service receipt was fairly consistent across all sites with at least three-quarters of early enrollees in each site receiving EWIC services beyond information and referral. Documented service receipt was also similar for the 2011 enrollees and the 2012 enrollees, suggesting quick utilization of services or, a point that longer-run follow up will clarify, greater overall interest in EWIC services in the latter group.

At this early stage in the demonstration, it is difficult to assess how fully EWIC services were delivered as originally envisioned in the BOND design. During the site visits, many EWIC counselors reported feeling overwhelmed by their caseload. They placed the highest priority on new enrollments and any beneficiaries with overpayment or benefit cessation issues, perhaps underserving other beneficiaries. Staffing has increased since the last round of site visits in response to larger than expected T22 caseloads, and with the end of Stage 2 enrollment, EWIC counselors may have more time to provide intensive counseling services to their existing caseload. In future reports, we will be able to assess how service

⁵³ The EWIC counselors learned the identities of beneficiaries randomly assigned to T22 from BTS shortly after assignment took place. Official demonstration protocol was that Stage 2 volunteers assigned to T22 were to be informed of their random assignment status by site office staff prior to being contacted by EWIC staff.

delivery evolves as the EWIC caseloads stabilize and the staff effort is reallocated from new enrollments to focus more heavily on ongoing service delivery.

Exhibit 5-5. EWIC Services for T22 Subjects as of December 2012

BOND Site	2011 Enrollees				2012 Enrollees			
	Percent of 2011 T22s receiving EWIC (1)	Of those Receiving EWIC, Percent Only Information and Referral (2)	Of those Receiving EWIC, Percent with Additional EWIC Services (3)	Of those Receiving EWIC, Percent with Use of One or More EWIC-Specific Tools or Assessments (4)	Percent of 2012 T22s receiving EWIC (5)	Of those Receiving EWIC, Percent Only Information and Referral (6)	Of those Receiving EWIC, Percent with Additional EWIC Services (7)	Of those Receiving EWIC, Percent with Use of One or More EWIC-Specific Tools or Assessments (8)
Alabama	96.4%	23.3%	76.7%	72.9%	97.1%	11.8%	88.2%	85.3%
Arizona/ SE California	90.9%	19.3%	80.7%	79.3%	97.8%	32.6%	67.4%	61.7%
Colorado/Wyoming	96.9%	11.8%	88.2%	88.2%	96.0%	7.6%	92.4%	91.7%
DC Metro	98.0%	13.1%	86.9%	85.9%	93.8%	11.8%	88.2%	88.2%
Greater Detroit	99.2%	5.7%	94.3%	92.6%	96.2%	11.3%	88.7%	86.7%
Greater Houston	100.0%	21.2%	78.8%	78.8%	98.7%	25.6%	74.4%	74.4%
Northern New England	97.3%	11.2%	88.8%	85.0%	99.4%	10.0%	90.0%	88.3%
South Florida	95.4%	22.1%	77.9%	75.2%	95.8%	15.7%	84.3%	81.5%
Western New York	100.0%	6.9%	93.1%	92.1%	100.0%	11.5%	88.5%	87.4%
Wisconsin	96.8%	13.3%	86.7%	85.3%	91.3%	8.5%	91.5%	89.4%
T22 Total	96.8%	15.2%	84.8%	83.0%	96.6%	15.2%	84.8%	82.6%

Source: EWIC data on services from BTS data as of December 31, 2012.

Notes: Information and Referral WIC/EWIC services (columns 2 and 6) refers to T22 EWIC users who only received information and referral services. The additional EWIC services (columns 3 and 7) refers to T22 subjects who received work incentives and benefits counseling for BOND. Use of EWIC tools or assessments (columns 4 and 8) includes T22 subjects who completed the guided interview, barriers and needs assessment, skills assessment, or employment support plan. 2011 enrollees are defined as those who enrolled between March 1, 2011 and December 31, 2011 and 2012 enrollees are defined as those who enrolled between January 1, 2012 and September 26, 2012.

5.3.3. Comparison of WIC/EWIC Services

The BOND evaluation was designed to test the impact of enhanced work incentive counseling (EWIC) in contrast to basic work incentive counseling (WIC). This design requires that Stage 2 beneficiaries randomly assigned to the T22 group receive more counseling services than beneficiaries assigned to the T21 group. Exhibit 5-1 above shows what the distinctions should be. Early findings are mixed as to the extent of the actual differences between WIC and EWIC services (and, as noted above, are at this point incomplete).

In particular, the caseload sizes for WIC and EWIC counselors are not as different as in the initial design due to much lower (to date) than expected take up among potential WIC participants in the T21 group, a slightly higher than assumed EWIC participation rate for T22 subjects, and restrained hiring of counselors by EWIC agencies. In one of the sites, Northern New England, the average caseload per FTE is actually larger for EWIC counselors than for WIC counselors. During site visits, EWIC counselors reported that they anticipated serving a caseload of 30 clients and believed that with caseloads of 80 to 90 beneficiaries it was very difficult to provide all of the intensive counseling components and the required monthly follow-up. As noted above, the anticipated caseload of 30 clients on the part of EWIC counselors was due to the incorrect expected caseload calculation that was disseminated to EWIC providers by the Implementation Team. The initial design for BOND assumed that EWIC counselors would spend substantially more time with each beneficiary than a WIC counselor. From the largely qualitative evidence examined in this report, the achievement of this service differential cannot be definitively established.

We also observed that WIC and EWIC counselors make very similar service referrals, suggesting that services received by those reaching this stage of the counseling process may not be that different. Both T21 and T22 subjects were commonly referred to VR for services, although a much larger share of the T22 group enter the referral process than the T21 group. Once initial referrals are made, EWIC counselors were more likely than WIC counselors to indicate that they followed up on the referral and/or attempted to coordinate service delivery with the VR counselor for any given beneficiary.

While many aspects of WIC and EWIC counseling appeared similar, we observed at least three critical differences during site visits: (1) EWIC counselors use proactive outreach; (2) EWIC counselors have a more systematic approach to assessing the employment goals of beneficiaries; and (3) EWIC counselors are more oriented toward providing follow up on cases. We discuss each of these points below.

Proactive outreach by EWIC counselors appears to generate significant service receipt differences between T21 and T22 subjects. Once beneficiaries are in contact with a benefits counselor, similar shares of T21 and T22 beneficiaries receive one-on-one counseling, but the rates of contact with a counselor are very different. Among 2011 enrollees assigned to the T21 group, only 28 percent had had contact with a benefits counselor through the end of 2012. In contrast, 97 percent of 2011 enrollees assigned to the T22 group had been in contact with an EWIC counselor.

During site visits, EWIC counselors also appeared to have a more systematic approach for assessing the employment goals of beneficiaries. While few of the EWIC counselors were using all of the official BOND tools, in many cases they had developed alternative tools to conduct barrier and needs assessments and identify suitable employment goals for beneficiaries. In interviews with beneficiaries, T22 subjects described discussing employment goals with their EWIC counselors and developing formal plans for reaching these goals.

Another important difference between the WIC and EWIC approach to service delivery is the emphasis on follow up. EWIC counselors are required to make a monthly contact attempt by mail, telephone, or email. While the large caseloads limited the EWIC counselors' ability to meet this target, the counselors thought of regular follow up as a key component of their job. In addition to contacts with the beneficiaries, EWIC counselors described follow-up calls with referral organizations to confirm service delivery and coordinate services where possible.

5.3.4. Summary

In the first two years of the Stage 2 demonstration, delivery of work incentive counseling to T21 and T22 subjects differed both between the two models—WIC and EWIC—and in terms of actual versus planned staff intensity. Many fewer T21 beneficiaries sought counseling from their WIC agencies than assumed by SSA and the Implementation Team in planning, resulting in smaller than planned caseloads for WIC counselors in all sites. EWIC caseloads were slightly larger than intended in the original design. This may have led to a lesser difference in intensity between the two counseling interventions than their service delivery models called for, although this fact cannot be definitively established.

In terms of content, the referral sources that WIC and EWIC counselors recommended to beneficiaries do not seem to be strikingly different. What is different is the degree of follow up and coordination supplied by EWIC counselors following referral (and in general). By design the extent of follow up and coordination is less prevalent for WIC counselors. Finally, EWIC counselors did more systematic assessment of the employment goals and potential of their clients at the start of the counseling process than did WIC counselors.

At this early stage in the demonstration it is difficult to assess how completely each of the WIC and EWIC services delivered to beneficiaries matched what was envisioned in the BOND design. Regardless of the difference in service intensity per client served, however, it is clear that there is a large difference in the proportions of T21 and T22 beneficiaries who are receiving services. Later evaluation reports will draw on additional data, including BTS data on service delivery and self-reported use of counseling from beneficiary follow-up interviews, to more completely understand the WIC versus EWIC contrast on the ground.

6. Using the Offset: Findings from BOND Beneficiaries Who Are Working

BOND is designed to test whether the \$1 for \$2 benefit offset either in combination with enhanced work incentives counseling or alone increases work among SSDI beneficiaries. This chapter first explains the conditions under which BOND treatment subjects start having the offset applied to their benefits. It then traces the processes developed for BOND to determine if the benefit offset should be applied to the SSDI benefits of a BOND treatment subject. Next, the chapter describes the procedures designed to calculate and administer SSDI benefits according to BOND rules. We then switch to an examination of evidence of progress toward offset payments during the first two years of Stage 2.⁵⁴ Difficulties of implementation and administration related to offset payments—along with attempted solutions—are also discussed. Finally, the chapter concludes with a summary of challenges and responses in administering the offset benefit rules over the first two years of the Stage 2 demonstration and their possible implications for how BOND may affect Stage 2 treatment group outcomes when the evaluation later focuses on impacts.

Given the complexity of applying the BOND offset rules to SSDI benefit payments for Stage 2 treatment subjects who worked, some important problems arose during the first two years of Stage 2 operations. These challenges—summarized at the end of the chapter—often led to procedural changes initiated by SSA and, while potentially attenuating the impact of the offset incentives on work and benefits in the early years of the demonstration, do not appear to seriously compromise the policy test conducted in Stage 2.

6.1. Description of the Offset

A detailed review of SSDI work incentives available under current law is provided in Chapter Two of the BOND Design Report (Stapleton et al., 2010). Here we provide a brief overview of benefit adjustment under current law and procedures developed to administer the alternative rules tested in BOND.

6.1.1. Current Law

Under current law, the SSDI definition of disability includes the inability of an individual to engage in substantial gainful activity (SGA), a specified level of work activity and earnings which is adjusted for growth in average earnings every January. In 2011, the SGA amount for non-blind beneficiaries was \$1,000 per month and in 2012 it was \$1,010 per month. Under current law SSA uses the inability to engage in SGA to define disability for program eligibility purposes. It denies applications from individuals engaged in SGA. Once receiving SSDI, SSA does not immediately terminate benefits when a beneficiary begins engaging in SGA. Instead, SSDI has several work incentives that are designed to allow the beneficiary time to achieve and sustain SGA before benefits are terminated. These work incentives define three periods of benefit receipt that occur consecutively as employment unfolds:

⁵⁴ The chapter focuses on events for Stage 2 treatment subjects following random assignment. Because this early assessment report examines implementation experiences of these post-random assignment activities rather than presenting impact findings, the chapter does not examine the experiences of T21 and T22 subjects separately, and activities for the control group are not discussed.

- The **Trial Work Period (TWP)** tests an SSDI beneficiary's ability to work without affecting benefits. In 2011, when BOND Stage 2 implementation began, a TWP month was any month in which an SSDI beneficiary had monthly earnings of at least \$720 or was working at least 80 self-employed hours. Like SGA, the TWP earnings threshold is indexed to growth in average wages in January. The TWP consists of nine months in a rolling 60-month window.
- The **Extended Period of Eligibility (EPE)** begins immediately after completion of the TWP and may continue indefinitely (unless benefits are terminated under the conditions described in the next bullet). During the first 36 months of the EPE, also known as the re-entitlement period, benefits are **suspended** if the beneficiary engages in SGA—i.e., not paid in that month—except that each beneficiary has three *grace period* months in which full benefits are paid even if the beneficiary engages in SGA. The first grace period month is classified as the month of cessation. If SGA later ends (that is, countable earnings are below the SGA level) within the re-entitlement period, benefits are resumed, provided that the beneficiary has not experienced medical recovery (i.e., continues to meet SSA's medical eligibility criteria).
- Finally, benefits are **terminated** with the first month of SGA after the re-entitlement period ends or as soon thereafter as the grace period is completed. Once terminated, benefits do not resume simply because SGA ends. Beneficiaries may apply for expedited reinstatement of benefits, and might be eligible for provisional benefits while SSA reviews their application. But, unlike suspension during the re-entitlement period, the beneficiary must go through a reapplication and requalification process if he/she wants benefits to resume.

6.1.2. The BOND Innovation

The primary change in SSDI policy tested in BOND is a change in the way that countable earnings at or above the SGA amount affect benefits after the TWP and the grace period are completed. BOND replaces the cash cliff—suspension of all benefits when countable earnings reach the SGA threshold—with the benefit offset—a \$1 reduction in benefits for every \$2 in additional earnings over the SGA amount. Further, while under current law the benefit in any month is based on earnings in that month, under the BOND benefit offset, SSA uses average earnings as estimated at the beginning of the year to determine benefit amounts.⁵⁵ Benefits continue to be paid monthly, however, so in effect each month's benefits are based on estimated average monthly earnings over the entire year.

The period during which the beneficiary can use the offset is the 60-month “BOND participation period” starting with the first month after the TWP is completed and continuing for 59 consecutive months thereafter. Because the offset does not apply until after the three grace period months have been used following the end of the TWP, the maximum number of months during which the offset may be applied is 57 (i.e., the 60 months of BOND, less the three months of the grace period) for those individuals who have not completed their TWP prior to random assignment and 60 months for those who have already completed the TWP and three grace period months prior to random assignment. In the absence of medical recovery, SSDI benefits for BOND treatment subjects are not terminated if earnings are above SGA after

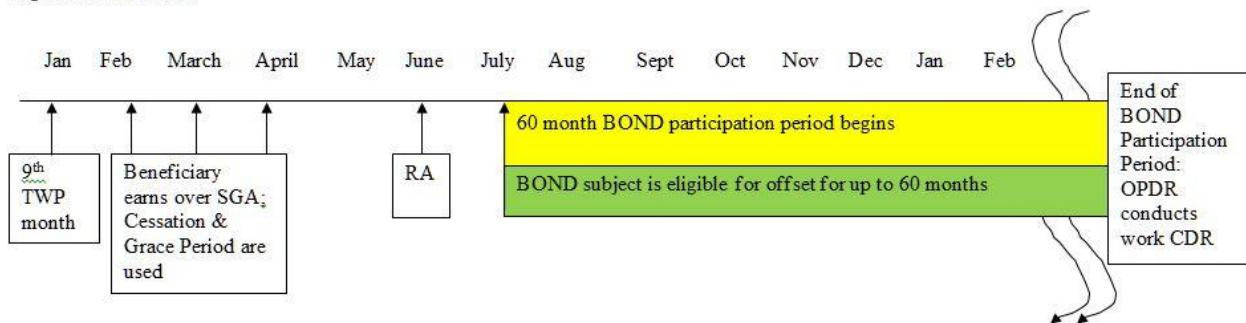
⁵⁵ Benefits paid under the offset are based on the beneficiary's beginning-of-year estimate of annual earnings. In BOND as under current law, SSA conducts an annual reconciliation to IRS data and this process will lead to adjustments if actual earnings deviate more than \$200 from the beneficiary's estimate, just as it often does under current law.

the re-entitlement period through the end of the 60-month BOND participation period although they may fall to \$0 in any month if estimated monthly earnings are sufficiently high.⁵⁶

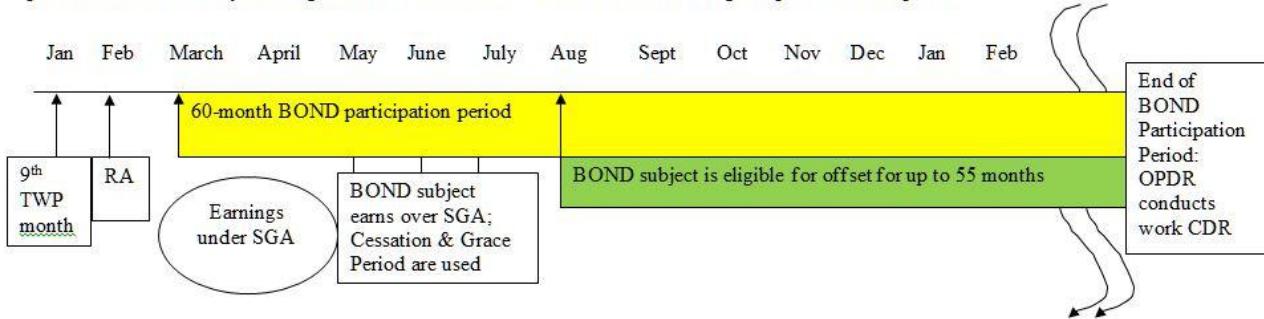
Exhibit 6-1 illustrates when the BOND participation period and eligibility for the BOND offset begins, under different scenarios about the timing of random assignment relative to the completion of the TWP and grace period.

Exhibit 6-1. Examples Illustrating When BOND Participation Period and Offset Eligibility Begin

Example 1 – In this example, random assignment occurs after the BOND subject has completed the TWP, cessation, and grace period. The 60-month BOND participation period begins the month after random assignment and the BOND subject is immediately eligible for the offset.

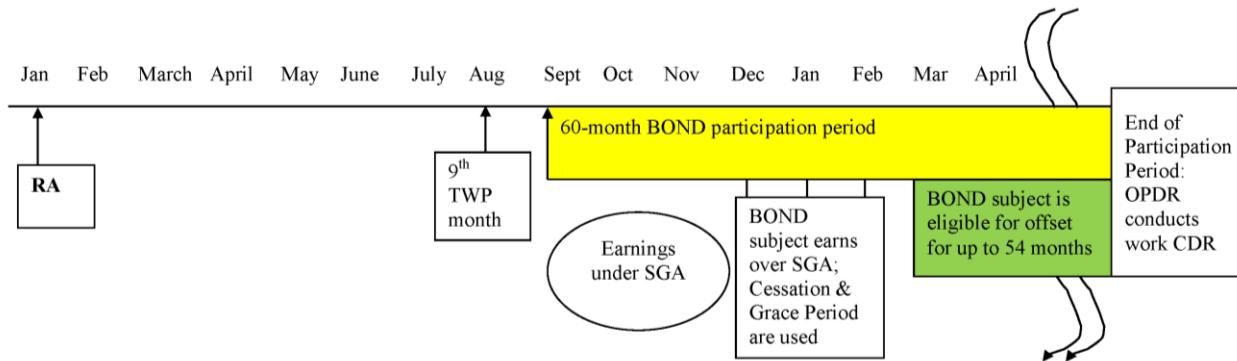


Example 2 – In this example, random assignment occurs after the BOND subject has completed the TWP but before the subject has completed the cessation and grace period months. The 60-month BOND participation period begins the month after random assignment. After several months of earnings below SGA, the BOND subject earns over SGA and uses the cessation and grace period. The BOND subject is eligible for offset the month after the cessation and grace period are completed.



⁵⁶ In addition, SSA has changed Ticket to Work payment rules for treatment subjects eligible to use the offset so that providers are not penalized if offset users receive partial benefits when countable earnings are above SGA.

Example 3 – In this example, the BOND subject is randomly assigned prior to completing the TWP. The BOND participation period begins the month after the TWP is completed, provided the TWP is completed prior by September 30, 2017. As the example illustrates, in some cases BOND subjects may not complete the TWP until several months after random assignment. In this example, the BOND subject has several months of earnings below SGA after the TWP is completed, and then earns over SGA and uses the cessation and grace period. The BOND subject is eligible for offset the month after the cessation and grace period are completed.



6.2. Pathway to the Offset

BOND established new processes outside the regular SSA field office operations. These processes were intended to (i) facilitate earnings reporting and review benefit adjustments for BOND subjects to expedite the process and (ii) reduce overpayments and underpayments. SSA established the SSA Work CDR Unit for BOND at SSA headquarters to complete the work CDRs for BOND subjects as well as the BOND Stand Alone System (BSAS) to calculate and administer SSDI benefits under the offset rules based on AEEs that are submitted. The work unit also processes beneficiary-initiated reconciliations, end-of year reconciliations, and requests for appeals for BOND subjects. The demonstration design called for BOND site office staff, WIC and EWIC staff, the Central Operations Unit, and the BOND Processing Center to support SSA's adjudicative role by obtaining information from BOND subjects about work and earnings, and forwarding this information to SSA. The design also called for BOND field staff (i.e., site office staff and WIC and EWIC staff) to have primary responsibility for obtaining AEEs from beneficiaries believed to be eligible for the offset and for transmitting these estimates to SSA.

As noted in the previous section, to actually use the benefit offset, a BOND treatment subject must complete the TWP and the grace period, and have countable earnings above the SGA amount after the grace period. However, even though eligibility for the offset is determined by the earnings of the treatment subject as soon as these conditions are satisfied, the benefit amount remains unchanged—at too high a level—until SSA completes two administrative steps:

- 1) SSA must complete a work continuing disability review (work CDR) and render a decision that “disability has *ceased* due to SGA”—that is, the subject is working at a level that would make him or her ineligible for continued benefit payments under current law, were it not for the grace period months. Benefits are eligible for adjustment under the offset starting with the first month after the last grace period month; and
- 2) SSA must receive an earnings estimate for the calendar year (or the remainder of the calendar year) from WIC, EWIC, or centralized BOND staff in order to calculate the beneficiary’s

monthly SSDI benefits under the offset. This earnings estimate is called the Annual Earnings Estimate (AEE).

Often, due to lags in administrative processing, subjects continue to receive their unadjusted SSDI benefit (even after the grace period ends) until these two steps are completed. SSA then adjusts benefits retroactively to the month after the final grace period month, and the difference between the benefit that was paid and the benefit due under the offset is an overpayment.⁵⁷ Although overpayments may be substantial if it takes many months to complete these two steps, any overpayment for BOND subjects is expected to be smaller than it would be for an equally-long delay in work CDR and AEE completion under current law. Normally, 100 percent of benefits paid for all months of SGA following the grace period would be overpayments; under BOND the overpayment equals the sum of the monthly offset amounts. Beneficiaries may appeal the amount of the overpayment and request a gradual repayment schedule rather than immediate full repayment.

In some cases, benefits may have been suspended prior to the subject's enrollment in BOND. In these cases, an underpayment will accrue until the subject's benefit is adjusted for the offset. Underpayments are addressed when earnings estimates are reconciled with IRS earnings records, unless the beneficiary requests a reconciliation prior to then.

We next discuss the sequence of steps involved as the beneficiaries enter the demonstration and progress toward offset payments within this structure. Administrative actions and the cognizant agency charged with taking each action are highlighted so that the examination of steps actually taken by T21 and T22 beneficiaries can be interpreted.

6.2.1. Beneficiary Enters Demonstration at Random Assignment

Random assignment officially marks BOND enrollment. Because people enter the demonstration with different levels of current and past work activity, the field staff need to assess the subject's readiness to actually use the benefit offset. A critical first step is to determine whether or not beneficiaries are currently engaged in SGA, or have in the past, and whether they appear to have completed the TWP and grace period, or are likely to do so in the future. For those who enter the demonstration and are currently engaged in SGA, it is desirable that the system quickly identify TWP status and whether, under SSDI rules, disability has ceased due to SGA.

The BOND design called for several processes and tools intended to make it possible for BOND field staff to identify likely offset users among BOND subjects. The BOND Operations Data System (BODS) was populated with data from SSA administrative systems at the start of Stage 2 outreach and updated periodically. These SSA data included information on TWP months completed and disability cessation dates. These data were available to BOND field staff to help them identify beneficiaries most likely to become eligible to use the offset. In addition, BOND field staff were instructed to complete *work report* screens in the Beneficiary Tracking System (BTS—a component of BODS) to document beneficiary's

⁵⁷ If SSA determines payments have been paid in error during the current calendar year, they are referred to as "incorrect payments" and are recovered during the current calendar year. Beneficiaries do not have the right to appeal incorrect payments. See [RS 02510.005](#) for more information about incorrect payments and overpayments.

work status and earnings, job start and end dates, wages, and employer name. Field staff were instructed to inquire about work status during interactions with beneficiaries and to complete the BTS work report screens. In addition, beneficiaries were instructed at enrollment to report work activity to the BOND Call Center, BOND site office staff, or WIC or EWIC staff. The work report screens are not formal work CDR materials used by SSA, but are intended to provide the BOND Implementation Team with information about which beneficiaries have work activity so that they can be monitored for possible offset eligibility and for the need for a work CDR.

6.2.2. Beneficiaries Working, Completing the TWP, and Engaging in SGA

Once a beneficiary begins working and earns over the TWP threshold, usage of TWP months begins. During the nine TWP months (not necessarily consecutive) and the three grace period months the beneficiary may earn any amount with no effect on benefits. Because the \$1 for \$2 benefit offset is applied only if a beneficiary has countable earnings above the SGA amount after the TWP and grace period are completed, SSA must evaluate a beneficiary's work and earnings to determine if the beneficiary has completed the TWP and grace period and has continued to engage in SGA thereafter.

6.2.3. SSA Completes a Work CDR

The evaluation of a beneficiary's work and earnings is called a "work continuing disability review" or work CDR. Work CDRs are a regular function performed under SSDI current law, and are used to track completion of the TWP and earnings during the EPE. For BOND, work CDRs are necessary to determine when the BOND subject becomes eligible for the benefit offset. A series of approaches was used to accomplish this administrative step for T21 and T22 subjects over the course of the demonstration's first two years, as described in separate subsections below. The heart of the exercise is to compile a beneficiary's recent employment and monthly earnings information so SSA can determine if her or his benefit payment status should change.

During the work CDR process, SSA reviews evidence provided by beneficiaries and employers concerning work and earnings. It also consults additional earnings information from IRS and quarterly updates from state Unemployment Insurance earnings records to evaluate work and benefit status. SSA uses a program called eWork to automate work CDR processing. eWork collects necessary data from SSA's mainframe databases, prepares forms, notices, and work report receipts, and incorporates policy and decision logic. Under BOND, the SSA Work CDR Unit processes work CDRs rather than the SSA field offices, which conduct this process for other beneficiaries, including those in the BOND control groups.

Initial Approach to Preparing Work CDRs

In the initial period of BOND Stage 2 enrollment (March 2011 through April 2012), the design called for BOND field staff to identify beneficiaries in need of work CDRs, request that SSA initiate a work CDR, and assist SSA by assembling evidence of employment and other documentation needed for SSA to render a work CDR decision. The BOND Implementation Team put a work CDR screening process in place to assist field staff in identifying beneficiaries in need of a work CDR. The screening tool used was incorporated into BTS and required field staff to enter answers to the following questions when interacting with treatment group beneficiaries⁵⁸:

⁵⁸ The screener process has been refined over time. Initially, field staff asked beneficiaries about whether they had completed TWP months, but changes were made so that the SSA data on TWP months is used instead.

- Does the current TWP code available in BTS indicate 7 or more TWP months completed?
- Does the beneficiary have an SGA cessation date in BTS?
- Does the beneficiary report current self-employment?
- Does the beneficiary report typical earnings of \$1,000 or more per month over the past 18 months?

After answers were entered, the work CDR screener returned a result to indicate to the field staff whether a work CDR appeared necessary. For beneficiaries determined in need of work CDRs, BOND field staff requested that SSA send pre-populated 820/821 forms to the beneficiaries. The pre-populated 820/821 forms are standard SSA forms documenting work activity reported to SSA. The forms list names and contact information for employers, employment start and end dates, wages, and other information about each episode of employment. (SSA Forms 820/821 are shown in Appendix E.) When sending these forms, SSA provided a postage-paid return envelope directed to BOND Central Operations Unit. Beneficiaries were instructed to complete and update the forms and return them to the BOND Central Operations. Once the beneficiary returned the 820/821 forms, BOND field staff would assist beneficiaries to complete and update the forms, assemble evidence to verify employment and earnings, impairment related work expenses, and employer subsidies. The field staff would then forward materials to the BOND Processing Center for review and submission to SSA. The BOND Processing Center's centralized case processing of work CDRs assisted SSA by ensuring that fully completed work CDR documents were submitted.

The initial process did not perform as efficiently or expeditiously as intended. The process was revised with the intention of increasing efficiency and accelerating the completion of work CDRs.

Revised Approach⁵⁹

Under the revised process, implemented in May 2012, the SSA Work CDR Unit initiates work CDRs for BOND participants based on review of SSA data on work and earnings. SSA is able to identify the highest priority cases for work CDR, using alerts from SSA's CDR Enforcement Operations (CDREO) generated through matches to IRS earnings records. SSA is setting priorities for when to initiate work CDRs, turning to the most urgently needed cases first. SSA sends the pre-populated 820/821 forms to beneficiaries and they are returned directly to SSA for review and processing. SSA also provides the BOND Call Center information to beneficiaries when sending the 820/821 forms and instructs beneficiaries with questions to contact the Call Center. In those cases, BOND site office staff and WIC and EWIC staff may assist beneficiaries' completion of 820/821 forms, just as they would have under the earlier process. However, under the revised process, SSA is responsible for assembling all evidence of

⁵⁹ In addition to the major change in the work CDR process described here, two other interim changes occurred in the process prior to May 2012. In the first several months of Stage 2 enrollment in 2011, SSA did not provide pre-populated SSA 821/820 forms to beneficiaries. Instead BOND site office staff who assisted beneficiaries with work CDR development began the process with blank forms. In mid-2011 SSA began providing beneficiaries with pre-populated forms that contained information from SSA administrative records about work activity. Secondly, beginning in January 2012, staff in the BOND Processing Center—rather than the site office staff, and WIC and EWIC counselors—completed wage verification for work CDR packages. This process only continued until May 2012 when SSA began conducting all work CDR development.

earnings and for any contact needed with employers to verify information needed to render a work CDR decision. Whereas BOND field staff were required to wait until receiving signed 820/821s from beneficiaries, SSA is authorized to begin contacting employers and to assemble other evidence of work prior to receiving the signed forms.

Importantly, under the revised process, if BOND field staff believe that a BOND beneficiary is in need of a work CDR, based on work reports indicating current work above SGA, or reports from a beneficiary about a history of work above SGA, they can request that SSA initiate the work CDR process, through an indicator in BTS.

6.2.4. SSA Renders a Decision of SGA Cessation

If, on the basis of information gathered for the work CDR, SSA determines that the beneficiary is engaged in SGA after the TWP, a formal decision is rendered that the disability is ceased because of work above SGA. This decision is documented by entering an *applicant disability cessation (ADC)* date to SSA's Master Beneficiary Record. In BOND, SSA also provides the disability cessation date to BTS. SSA provides information on ADC dates to BOND field staff by either manually updating individual beneficiary records in BTS, or through periodic updates provided to BTS from SSA administrative data.

If SSA determines disability cessation due to work above SGA, beneficiaries receive an SSA notice informing them of the cessation decision. Of course, for BOND treatment subjects, unless their earnings are so high as to make them ineligible to receive the BOND benefit, benefits will not be suspended, but instead continue at a lower level under the offset. In the next step of the process, beneficiaries with a disability cessation date must provide an AEE, which will become the basis for SSA's adjustment of benefits under the benefit offset.

6.2.5. Beneficiary Completes an Annual Earnings Estimate

BOND field staff assist beneficiaries to develop the AEE. The BOND staff calculate the AEE and record it in the AEE screen in BTS. BTS then transmits the earnings estimates to SSA's BSAS system and BSAS calculates monthly benefits under the offset.

If a BOND subject is eligible for the offset, benefits are not provided under BOND rules until the AEE is received at SSA. Delays with submitting AEEs put beneficiaries at risk for over or underpayment, depending on whether SSA has suspended benefits or not prior to receipt of the AEE. The BOND team was instructed to submit an initial AEE when the beneficiary is first eligible for the offset. Once a beneficiary begins receiving benefits under the offset, BOND procedures call for collecting and submitting AEEs toward the end of each calendar year for each subsequent year.

The BOND design called for implementing procedures to ensure that AEEs were developed promptly for beneficiaries eligible for the offset. These procedures included guidance for when and how to collect and submit an AEE. The goal for the BOND Implementation Team was to develop procedures that increased the likelihood that AEEs were submitted when needed, and to minimize the incidence of developing and submitting AEEs in cases where they are not necessary. As discussed later, it proved challenging to strike the correct balance between completing AEEs in a timely manner and not completing unnecessary AEEs.

The Implementation Team established procedures for monitoring the need for AEEs, and these procedures were modified over the early implementation period. The intention was to provide explicit indicators on beneficiary records in BTS, such as the presence of an SGA cessation date or an indicator from the beneficiary of earnings after the cessation date, to determine which beneficiaries require AEEs. BTS modifications added fields that SSA could use to indicate the need for an AEE. Initial guidance from SSA was to collect an AEE from all beneficiaries for whom SSA had assigned an SGA cessation date. However, because some beneficiaries do not continue to earn above SGA after the cessation month, this criterion was found to result in AEEs being submitted for some beneficiaries who were not in fact in need of the offset, since earnings below the SGA level means the beneficiary is entitled to full benefits.

6.2.6. Beneficiary Enters the Offset

If a beneficiary is eligible for the offset and an AEE is submitted, BSAS calculates the amount of monthly SSDI benefits due the beneficiary under BOND rules. Exhibit 6-2 displays an image of the BTS form used by field staff to prepare a full-year AEE. With this form, staff calculate SSDI monthly benefits under the benefit offset, taking into account estimated annual earnings, allowable deductions and non-countable earnings, and comparison to the BOND Yearly Amount. This form is used when a beneficiary is subject to the benefit offset for the full year. A different form is used when an offset is applied for a partial year. For partial years, SSA only counts earnings for the months the individual is eligible for the offset, even though the beneficiary provides an estimate of his or her annual gross earnings or net earnings from self-employment (NESE) for the entire calendar year for the purpose of this calculation.

SSA issues offset-adjusted monthly benefit payments just as it does for other beneficiaries. If beneficiaries have questions about the amount of benefits received they typically contact BOND field staff. Beneficiaries can submit revised AEEs during the year if earnings are expected to change so that SSA can adjust the monthly benefits under the offset prior to the automated reconciliation with IRS data.

Exhibit 6-2. Full Year AEE Benefit Computations

BOND – Full Year Offset Computation		
Beneficiary Name:	Date:	
Estimate Prepared By:	Estimate for Calendar Year	2012
BOND Staff Telephone:	Blindness:	Non-Blind
		No. of Months of Eligibility: 12
Step 1	Annual Earnings Estimate: (Gross Wages for Entire Calendar Year)	
Step 2	Total Non-Countable Income: (IRWEs + Subsidies+ Allowable Deductions)	\$ -
	<i>Estimated value of IRWEs for entire calendar year.</i>	
	<i>Estimated value of subsidies for entire calendar year.</i>	
	<i>Estimated value of any vacation, sick, or disability pay for entire calendar year.</i>	
Step 3	Determine annual BOND countable estimate: (Step 1 - Step 2 = Step 3)	Complete Step 1
Step 4	Determine BOND yearly threshold amount: (Monthly SGA amount x 12 months)	\$ 12,120.00
Step 5	Determine amount of earnings over the BOND yearly amount: (Step 3 - Step 4 = Step 5)	\$ -
Step 6	Factor in the \$1 for \$2 offset: (Divide the amount in Step 5 by 2)	\$ -
Step 7	Determine the monthly offset amount: (Divide the amount in Step 6 by 12 months, rounding up to the nearest dime)	\$ -

Status: Select a status from this dropdown

Remarks: [Replace this text with a description of the assumptions made about the beneficiary's work and earnings when preparing this AEE. If IRWEs or 'Other' deductions are claimed above, describe the type(s), amount(s), and timing of the IRWE or deduction(s) so that SSA and BPC staff can determine whether supporting documentation is appropriate.]

Remember to issue a receipt!

REMEMBER - SSA MAKES THE FINAL DETERMINATION ON THE BENEFIT OFFSET AMOUNT. THIS IS AN ESTIMATE. THE ACTUAL AMOUNT MAY VARY DEPENDING ON THE BENEFICIARY'S UNIQUE CIRCUMSTANCES.

6.2.7. SSA Reconciles the Difference between the AEE and IRS Data

After the end of the calendar year, SSA compares the last earnings estimate to earnings reported to the IRS. It also factors in documentation for claimed Impairment Related Work Expenses (IRWEs), employer subsidies, other special conditions, and non-countable income. This annual reconciliation is conducted in BSAS for the demonstration. The automated reconciliation for 2011 IRS data was completed in January 2013. For subsequent years, SSA plans to conduct reconciliation in August for the previous year (the reconciliation to 2012 IRS data is scheduled for August 2013). If the reconciliation shows discrepancies between the reported AEE and actual earnings reported in IRS data of more than \$200, BSAS will calculate the corrected benefit amount and will adjust monthly benefits accordingly. The beneficiary has the right to appeal the decision and provide any evidence demonstrating non-countable income that should be deducted from earnings in benefit calculations. The automated reconciliation may indicate overpayment, underpayment, and in some cases may indicate that a beneficiary not previously receiving the offset is eligible for the offset. This could occur if the beneficiary did not report earnings, or if a work CDR had not been completed.

6.3. Status of Beneficiaries in the Offset Process

In this section we provide statistics, based on BODS data, on the extent to which Stage 2 treatment subjects have progressed toward actually having their benefits adjusted under the offset. Specifically, we document the percentage of BOND treatment subjects (T21 and T22 combined) who have completed each of the following steps on the path to having benefits adjusted under the offset observable from SSA administrative data: TWP start, TWP completion, disability cessation date established, AEE successfully submitted to SSA, and, finally, actual adjustment of benefits under the offset. We also place this information in the context of what we learned from interviews with demonstration actors in BOND centralized operations, at SSA, and in the field.

Only two percent of Stage 2 treatment subjects had had their benefits adjusted under the offset rules as of December 2012. Others may have earned enough to qualify for the offset by that point, but not yet received a benefit payment under the offset due to failure to report work activity or to lags in the administrative processes needed to make benefit adjustments—e.g., delayed completion of a work CDR or lagged filing of an AEE. Still others may reach that earnings level in the future (i.e., in 2013 or beyond).

Exhibit 6-3 shows how progress toward benefit payments under the offset “cascaded” through observable checkpoints through December 2012. A quarter of T21 and T22 beneficiaries (24 percent) had started the TWP, with 16 percent completing it.⁶⁰ Thus, of those who started their TWPs, two-thirds had completed it by December 2012. A cessation date, based on earnings above SGA after completion of the TWP, had been established for 9 percent of Stage 2 treatment group beneficiaries by that date. AEEs were completed for 4 percent and 2 percent had received a benefit payment under the offset.

⁶⁰ For this analysis, we did not include the number of beneficiaries who have completed a work CDR. BODS records the number of beneficiaries for whom a work CDR has been initiated since enrolling in BOND. What it does not capture is the number of beneficiaries who completed a work CDRs prior to enrollment. As a result, BODS data likely underestimates the total number of work CDRs completed.

In terms of site-to-site variation, Northern New England had the highest TWP completion rate, with roughly a quarter (23 percent) of beneficiaries, compared to Alabama, which had the lowest rate at 11 percent (see Appendix B). These differences likely reflect both factors that are external to BOND—such as the strength of the site’s economy, the support system for people with disabilities, and regional differences in the characteristics of beneficiaries—and differences in BOND recruitment and enrollment practices across sites and differences in the completion of work CDRs. The percentage of beneficiaries who had a cessation date in Northern New England was twice that of Alabama—12 compared to 6 percent, respectively—the highest and lowest sites.

Exhibit 6-3. Percentage of Stage 2 Treatment Subjects Having Completed Documented Steps Toward Offset Use as of December 31, 2012

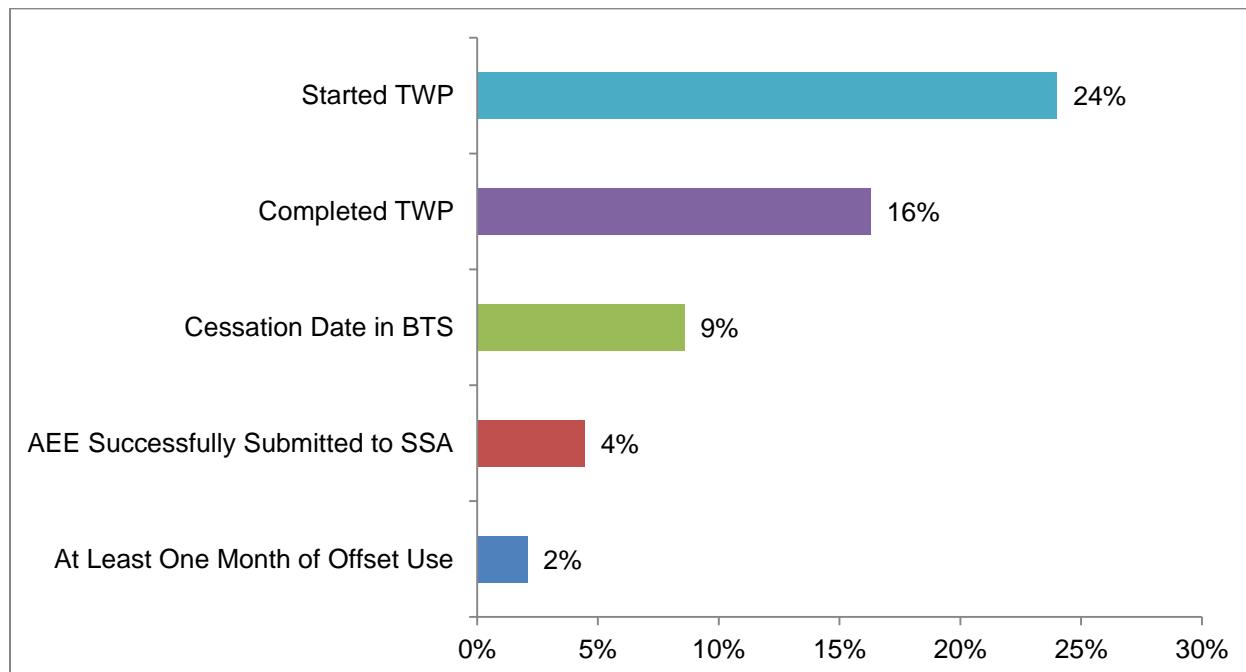
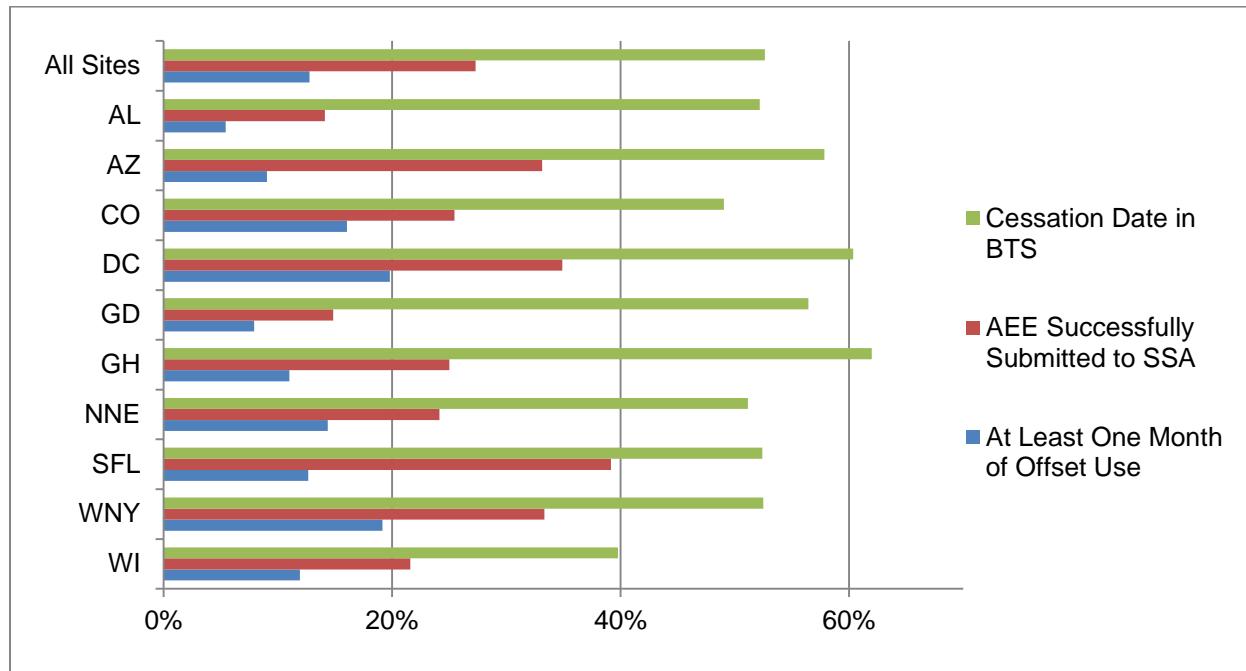


Exhibit 6-4 shows documented progress toward offset use through December 2012 for those who had used at least one TWP month by that date. About half (53 percent) of Stage 2 subjects had cessation dates in BTS, as shown in the “All Sites” columns of the exhibit. The percentage was highest in Greater Houston at 62 percent and lowest in Wisconsin at 40 percent. For those completing their TWPs, across all sites 27 percent had an AEE submitted to SSA. South Florida had the highest rate at 39 percent, two and one-half times the lowest percentage, for Alabama at 16 percent. As discussed, this variation might well reflect variation across sites in the process for initiating an AEE. Finally, across all sites, 13 percent of those who completed their TWP had had a payment under the offset for at least one month. This percentage was highest for Metro DC (20 percent) followed closely by Western New York (19 percent). The site with the lowest percentage was Alabama at 5 percent. This finding may reflect external factors, such as the strength of the labor market and regional wage variation⁶¹, but might also reflect variation across sites in the performance of the process leading to application of the offset to benefit payments.

⁶¹ In regions with low wages and costs of living, beneficiaries may be less likely to earn above the SGA level. This would lead to fewer beneficiaries using the offset in these regions.

Exhibit 6-4. Progress Toward Offset Use by Site for those Who Have Used At Least One TWP Month (December 2012)



6.4. Key Implementation Challenges

The above statistics reflect the documented steps toward use of the offset through the end of 2012. They do not necessarily reflect the full work experience of treatment subjects while on SSDI benefits due to administrative processing lags. The processes for administering the offset are complex. Since the initial implementation, there have been multiple instances where the procedures have not worked as planned (and of course many areas of implementation and operations for Stage 2 for which problems have not arisen).

Based on SSA administrative data and field research, the most serious identified problem facing Stage 2 of the demonstration is slow adjustment of SSDI benefit amounts for subjects whose benefits should have been paid under the offset. Slow adjustment leads to overpayments and subsequent pay-back obligations for beneficiaries and interferes with beneficiary understanding of how earnings affect benefits under the offset rules, both untoward outcomes. Administratively, slow benefit adjustment is a multifaceted problem with several contributing factors discussed below, along with some solutions adopted by the demonstration since its outset. One set of issues concerns the work CDR process and another set of issues concerns the AEE process. Both contribute to the overall delay in benefit adjustment.

A less serious but still important implementation problem is that Stage 2 treatment subjects have been at risk of receiving incomplete or incorrect information from field staff about the offset and its benefit payment rules. While the Implementation Team and SSA have taken actions to address each of these problems, they were not in our judgment fully resolved as of the end of 2012.

6.4.1. Issues Affecting the Work CDR Process

The work CDR process for Stage 2 treatment subjects has evolved over time in response to a number of difficulties documented in this section through interviews with BOND site and centralized operations staff, SSA personnel, and WIC and EWIC providers. The timeliness of benefit adjustment has been monitored by the Implementation Team and SSA since early in the enrollment period. The steps of the process identified by these teams along the way as problematic include initial difficulties in identifying those in need of a work CDR, initial difficulties in developing information needed for the work CDR, and ongoing delays in rendering a work CDR decision due to limited availability of staff performing this function at SSA. We discuss each of these elements in turn.

Initial Problems Identifying All Those in Need of a Work CDR

At the start of BOND (i.e., prior to May 2012), the BOND field staff held primary responsibility for identifying which beneficiaries were in need of a work CDR and for developing the needed information (e.g., wage verification and proof of impairment-related work expenses). During that time, based on reports from SSA staff in the work unit, many of the sites did not accurately identify those in need of a work CDR.⁶² Several reasons surfaced from interviews with BOND actors for why field staff ran into difficulties in the work CDR process during this period:

- First, field staff in some sites were unclear about who was required to initiate a work CDR—the BOND site office or the WIC and EWIC providers.
- Second, the already complex BOND work CDR process was further complicated by the series of changes described above in Section 6.2.3. These changes left field staff confused about who needed a work CDR and how to develop information for the work CDR package. The uncertainty about how to navigate the process may have created a reluctance to start the work CDR process for beneficiaries who needed it.
- Third, field staff had competing demands for their time. Site office staff were pressed for time because of their responsibility for recruitment and enrollment of new subjects, while WIC and EWIC staff had high caseloads (as described in Chapter 5) that made it difficult for them to stay current with all their assigned cases.
- Fourth, initially, beneficiaries in need of a work CDR were not always accurately flagged by the work CDR screening process.⁶³
- Fifth, information about number of TWP months in BTS was only refreshed sporadically, so field office staff were not always aware when the TWP had been completed, even if that information

⁶² Beneficiaries have some responsibility for initiating the work CDR. They are informed that they should inform SSA whenever earnings exceed the SGA threshold. However, the goal of the demonstration is to ensure that as many of these cases as possible are identified by the BOND infrastructure and work CDRs are initiated on an appropriate and timely basis even without beneficiary action.

⁶³ In the earlier version of the BTS work CDR screener, the first question asked beneficiaries how many TWP months they had completed. If they answered that they did not know, which most would, then the “unknown” answer would end the screening. As a result, there were many incomplete work CDR screening results. The current version of the screener asks field staff to answer the questions based on the TWP and cessation information already in BTS, which is a more accurate way of identifying those in need of a work CDR.

was present on SSA records. WIC staff were at even more disadvantage as they did not have access to BTS and the TWP information it contained until July 2012.

Though we cannot directly gauge the extent of delays and omissions that occurred for beneficiaries in need of work CDR development, it is clear that the process did not function as smoothly or quickly as would have been ideal.

In response to these issues, SSA decided that its OPDR BOND work unit should take responsibility for initiation of work CDRs for BOND participants beginning in May 2012. Because it now bases its scanning for appropriate cases on work and earnings data already in the SSA system, this unit is able to systematically identify the highest priority cases for work CDR development, and to do so consistently in all demonstration sites. It is assisted in this effort by alerts from SSA's CDR Enforcement Operations (CDREO) generated through matches to IRS earnings records. SSA staff report setting priorities for when to initiate work CDRs based on these data, turning to what they perceive as the most urgently needed cases first.

Sites Submitted Work CDR Paperwork with Inaccurate and/or Incomplete Information

According to staff at BOND site offices and benefits counseling providers, most staff had very limited, if any, experience developing work CDRs and in some instances limited prior acquaintance with SSDI program rules and procedures generally. Perhaps in consequence, and despite extensive training provided by the Implementation Team, BOND field staff reported struggling to complete accurate and complete work CDR documentation. Preparing work CDRs was labor intensive and time consuming for field staff, especially when beneficiaries had multiple jobs over an extended period or did not have their pay stubs and other employment-related documentation. Field staff also talked about how they were not always clear about what information to gather and how to complete the forms. According to the BOND Processing Center, many of the work CDR documents initially submitted by field staff needed extensive revisions before submission to SSA for further processing. By the time completed packages were submitted to SSA the information often was out of date and not useable for reaching a work CDR decision. This led to SSA staff having to collect more recent information in order to render the work CDR decision.

The change made by SSA in May 2012 to assume responsibility for developing work CDR information streamlined the process. Since that date, SSA has been able to generate pre-populated 820/821 forms when a review is initiated and to send them to beneficiaries. Beneficiaries can then mail the forms directly back to SSA for review and processing without BOND staff serving as conduits and intermediaries. Moreover, whereas BOND field staff were required previously to wait until receiving signed 820/821s from beneficiaries to begin contacting employers and assembling other evidence of work, SSA can begin doing so prior to receiving signed forms.

It is thus possible that the changes in May 2012 have effectively addressed the problem of incorrect and/or untimely work CDR packages entering the system SSA.

Work CDR Backlog at OPDR

SSA recognizes the backlog of work CDRs as a national problem for the SSDI program; in particular, an SSA report to Congress placed the average wait time for pending work CDRs in FY 2010 at 124 days.⁶⁴ One reason SSA created a separate BOND work unit within OPDR was to address the work CDR backlog problem for Stage 2 treatment group members. It was hoped that the separate unit would result in faster processing of work CDRs in the demonstration, avoiding SSA field office queues and ultimately allowing for benefits to be adjusted under the offset in a timely manner.

Unfortunately, under both the original and revised BOND work CDR processes, the number of work CDRs needed by BOND treatment group members for both stages 1 and 2 has substantially exceeded the processing capacity at the OPDR unit. In part this is due to work activity predating BOND enrollment and the general backlog for work CDR processing for the SSDI program. This backlog makes project operations more difficult by absorbing OPDR work unit resources and delaying the completion of newer work CDRs. SSA demonstration leadership has sought to increase staff resources devoted to processing the work CDRs of BOND treatment subjects. However, the OPDR unit does not believe that its current staffing level is sufficient to quickly reduce the backlog of work CDRs in BOND. To that effect, field staff report that some work CDRs have been processed quickly while others take up to six months to complete.

Given that work CDR processing is often delayed under current law, one should expect that Stage 2 control subjects may experience delays. Further, the benefit adjustments resulting from work CDRs after any given delay are likely to be much larger for the beneficiary under current law than under BOND because of the benefit offset. Still, when treatment subjects experience delays with the work CDR process—especially those that lead to overpayments or incorrect payments—they may develop negative impressions of the demonstration and cease to respond to its behavioral incentives to increase work effort.

6.4.2. Issues Affecting the AEE Process

Once a work CDR prompts benefit cessation, the affected beneficiary must provide an annual earnings estimate (AEE) which will become the basis for SSA's adjustment of benefits under the offset. As with the work CDR process, the AEE process for BOND treatment subjects has been refined over time in response to a number of difficulties. The steps of the AEE process that have proved problematic include identifying those in need of an AEE, correctly preparing AEEs, and the processing of AEEs by BSAS.

Sites Unclear about When to Complete an AEE

Unlike in the case of work CDRs, WIC and EWIC staff reported that they found AEEs relatively easy to complete; however, they were unclear about when to initiate them and where to send the completed information. The most recent BOND policy is that AEEs should be completed for beneficiaries who had a cessation date and were currently working. WIC and EWIC staff in three sites reported in recent site visits that they initiated an AEE whenever a beneficiary had a cessation date, regardless of current work activity, which was the previous BOND policy until approximately September 2012. Staff in three other sites said that they had been told to complete AEEs for all Stage 2 treatment group beneficiaries. Field staff in one site said that they initiate an AEE only after receiving a BTS alert, which may not be triggered

⁶⁴ Social Security Administration. "The Social Security Administration's Report on Continuing Disability Reviews Resulting from Work Activity." Report to House Appropriations Committee. January 26, 2011.

for all beneficiaries who meet current AEE submission requirements. Field staff also expressed confusion about how to complete partial-year AEEs and about where to send the information once compiled.

The BOND Implementation Team and field staff report giving higher priority to new Stage 2 BOND enrollments and to work CDR preparation than to preparing AEEs. The investments made in work CDR preparation may have limited attention given to AEEs. When the work CDR responsibilities shifted to SSA and enrollments were complete, AEEs became a higher priority. Recognizing the need for improvements in the AEE process, the Central Operations Implementation Team increased the amount of training in AEE preparation for benefits counselors. In addition, in September 2012, the team made enhancements to the BTS and improved coordination with SSA so that alerts indicating a need for an AEE became clearer. However, SSA's posting of these alerts for field staff use continue to be delayed in the view of field staff. The Implementation Team has also begun providing field staff with monthly lists of beneficiaries who require an AEE. The Implementation Team reported that they were hopeful that the functioning of the AEE process would continue to improve over time.

Sites Submitted Incorrect or Inaccurate AEEs to BOND Processing Center

While field staff reported being more confident completing the AEEs than developing information for work CDR packages, staff at the BOND Processing Center observed mistakes in AEE calculations through the quality control review process in place. Processing center staff review all AEEs submitted by a field staff member until the individual submits four error-free AEEs. After that, reviewers select 10 percent of the individual's AEE submissions for review, focusing on the more complicated estimates (partial year estimates and those involving non-countable income or other deductions). From September through December 2012 the Processing Center found that approximately 30 percent of AEEs reviewed contained errors. Staff there also report that AEEs have been submitted for subjects who are not yet eligible for the offset. While completed AEEs for beneficiaries who are not yet eligible for the offset are not required, the information contained in the AEEs is sometimes used by SSA's work CDR unit to initiate a work CDR. From SSA's perspective, there is no harm in unnecessary AEEs being submitted to BSAS, as BSAS automatically flags estimates for beneficiaries not yet eligible for the offset. The central Implementation Team provided additional AEE training in December 2012 and January 2013 with the goal of improving the quality and accuracy of the earnings estimates submitted. This training included hands-on BTS practice exercises illustrating the detailed handling of different case scenarios.

Start Up Challenges with BSAS

As described earlier, BSAS was designed to automate the process of benefit adjustment under the offset as well as end-of-year reconciliations, with the intent of rapidly completing benefit adjustments soon after SSA receives either valid AEE or IRS earnings data. BSAS experienced start-up challenges that contributed to delays in benefit adjustments for some treatment subjects at offset entry, caused some incorrect payments, and delayed end-of-year reconciliations for 2011.

On the whole, benefits were adjusted quickly for those who submitted valid AEEs, but initially there were many exceptions. According to BODS data, in 2011 the median processing time was three days, dropping to two days in 2012. However, the system initially had problems processing certain cases for beneficiaries with complicated administrative records and revised AEEs. As a workaround, some AEEs were processed manually by OPDR staff. Over time, BSAS was improved to automatically process more complex cases. However, BSAS could not process some AEEs until a very recent update, in December 2012. As a result, 9 percent of AEEs submitted by the end of 2012 took more than seven days to process, with 4 percent (20

beneficiaries) requiring more than 90 days to process. Currently, the system appears to be functioning as intended. Virtually all estimates submitted after the recent updates have been processed in a day or less.⁶⁵

Functional problems with BSAS also created delays in the end-of-year reconciliation process for 2011, which was scheduled for August 2012 (when 2011 annual earnings data became available from the IRS); reconciliation was postponed until January 2013. Due to these problems, beneficiaries who first accessed the offset through end-of-year earnings reconciliation faced an additional five-month delay between eligibility for offset use and actual benefit adjustment. Beneficiaries who accessed the offset by reporting earnings to BOND staff were also not free from late adjustments. When their actual 2011 earnings differed from their submitted estimated earnings for that year, SSA's notification of the correction was often delayed, with notification of over or underpayments lagging to an unwanted degree as a result. With refinements to the system BSAS can now process end-of-year reconciliations directly and the Implementation Team expects delays of this sort will be avoided in future years.

6.4.3. Consequence of Delayed Benefit Adjustment: Overpayments and Incorrect Payments

The main potential consequence of delays in work CDR processing and AEE processing is improper payments. Bottlenecks with processing work CDRs, incorrect and untimely AEEs, and limited communication between OPDR and site office and benefits counseling provider staffs may contribute to overpayments and incorrect payments for BOND beneficiaries. As noted previously, overpayments due to delays with completing work CDRs is a problem under the current non-BOND program).⁶⁶ While the actual number of overpayments for BOND treatment subjects and their size are not yet known, discussion with Implementation Team staff included many references to overpayments. In some cases, field staff talked about how they cautioned beneficiaries about spending their benefit payment because they were at risk for overpayment (working over SGA with a delayed work CDR).

Although in many cases overpayments and incorrect payments would have been more substantial in the absence of benefit offset for treatment subjects, the beneficiaries may hold BOND responsible for the overpayments. When beneficiaries reported earnings in their effort to use the offset, in some cases they learned that overpayments had occurred prior to BOND. While overpayments may not be a direct result of BOND, field staff reported that beneficiaries sometimes perceived them to be linked. Indeed, some beneficiaries have told field staff that they felt "punished" for an overpayment because of their participation in the demonstration, even though the overpayment was due to pre-BOND earnings.

Field staff reported that beneficiaries typically expressed feelings such as fear, anger, and frustration in response to overpayments and incorrect payments. They talked about how it sometimes sours the relationship between the beneficiary and WIC or EWIC staff by weakening the trust and raising questions about the counselors' competency. In addition, overpayment and incorrect payments may sour BOND beneficiaries on the demonstration, which could have critical implications for their future offset use.

⁶⁵ All AEEs for Stage 2 beneficiaries submitted from February 1, 2013 to June 30, 2013 have been processed by BSAS in four days or less, and 98 percent of these have been in one day or less.

⁶⁶ Social Security Administration. January 26, 2011.

6.4.4. Risk of beneficiaries receiving incomplete or incorrect information from field staff

A secondary problem is the risk of beneficiaries receiving incomplete or incorrect information from the field staff. This problem stems from two general causes: (1) the field staff's confusion and misunderstanding of BOND procedures noted above and (2) the reduction in communication between SSA staff and field staff that has accompanied SSA's assumption of responsibility for developing information for work CDRs. A potential future consequence of delivering incomplete or incorrect information could be a lack of trust in BOND field staff and a reluctance to engage with the demonstration on the part of beneficiaries. Future qualitative interviews with field staff will explore whether this hypothesized consequence has emerged.

Consequences of Complexity and Inexperience

Reflecting the newness of the intervention, the inherent complexity of the project, changes in procedures, and staff turnover, field staff over the first two years have not fully understood some critical BOND procedures. The main areas of misunderstanding have been in usage of BTS, development of work CDRs, and development of annual earnings estimates. Initial and follow-on training and technical assistance resources provided by the Implementation Team to the field staff over this period, while helpful, have not been wholly successfully in ameliorating field staff misunderstandings. Large amounts of information conveyed during training make it difficult for field staff to fully absorb all the important points, and opportunities to practice new procedures before actually using them have been limited.

Confusion of field staff about work CDR and AEE processes leads us to suspect that incorrect information may have been conveyed to beneficiaries about necessary steps for using the offset. Also, the completion of unnecessary AEEs, as reported by the Implementation Team and field staff, imply that incorrect information about how BOND procedures work has been given by field staff to the beneficiaries for whom these estimates have been prepared.

Limited Communication between OPDR and WIC and EWIC Staff

Under the original work CDR process, WIC and EWIC staff collected work-related information themselves and so had some knowledge when additional documentation was needed. The transfer of work CDR development responsibilities to the OPDR has left WIC and EWIC staff less informed about the status of the work CDRs that they asked SSA to initiate. SSA's standard process is to update BTS when work CDRs are completed. This process has maximized SSA staff resources devoted to work CDR processing. Unfortunately, in the minds of many field staff respondents, the process has also left them without up-to-date information prior to the completion of a work CDR.

The primary vehicle for communication with the SSA work CDR unit is faxing. However, faxing does not allow field staff to relay all the complexities of a case, and SSA's responses have typically arrived slowly. Many WIC and EWIC staff with experience counseling beneficiaries under current-law had previously contacted their local SSA field office to get quick status updates on work CDRs, in order to help their clients anticipate and avoid overpayments. Since administrative functions for BOND treatment subjects are not handled by SSA field offices, under BOND, WIC and EWIC counselors can no longer use this information resource.

The lack of communication has had two primary consequences. First, field staff report that though they can help beneficiaries gather missing documentation, they do not know what is needed. Second, field staff report that in some cases, the lack of information strains the relationship between the field staff and the

beneficiary, particularly when there is an overpayment for prior years or incorrect payment in the current year.

6.5. Summary

As described in this chapter, delivering the benefit offset to treatment group beneficiaries with earnings greater than SGA on a sustained basis poses major conceptual and operational challenges to the demonstration. First, it requires a complex interface between beneficiaries' anticipated (and later actual) earnings and the standard and special BOND rules for payment of SSDI benefits: the SGA threshold, the TWP, the benefit grace period, and the extended period of eligibility. The "pathway" through these rules involves several involved steps: work and earnings in the labor market, completion of a work CDR in the SSA administrative structure, a benefit cessation decision by SSA, an annual earnings estimate (AEE) by the beneficiary, calculation of benefit amounts subject to the offset, and later determination and rectification of over- or under-payments of benefits.

Some important challenges in implementation arose during the first two years of the Stage 2 demonstration, 2011 and 2012. These challenges—summarized in bullet form here—led to procedural changes. In particular, difficulties arose in:

- Identifying T21 and T22 beneficiaries in need of a work CDR. SSA addressed this issue by shifting responsibility for conducting work CDR development and initiating work CDRs from BOND field staff to SSA's OPDR work unit.
- Completing work CDR documentation correctly and on a timely basis. The BOND Implementation team provided training and technical assistance to attempt to improve the quality of the work CDR materials developed by field staff. The BOND Processing Center conducted detailed review of materials prior to submitting work CDR packages to SSA. Shifting responsibility for work CDR development to SSA was intended to address problems with quality and timeliness of work CDR development.
- Avoiding lags in processing work CDRs and rendering cessation decisions within the staffing constraints of the SSA BOND work unit. As of December 2012 this issue has not been remedied.
- Getting AEEs completed correctly for the right beneficiaries. The BOND Implementation Team has provided additional training and technical assistance to field staff, including detailed reviews of actual cases and demonstration of scenarios using BTS. The Implementation Team has also made enhancements to BTS to identify beneficiaries in need of an AEE and has begun providing field staff with monthly lists of beneficiaries who require an AEE. In addition, the completion of Stage 2 enrollment and removal of work CDR development responsibilities has allowed BOND field staff to shift priorities to AEEs;
- Implementation of offset-based benefit adjustments in the BOND Stand Alone System at SSA. As of December 2012 BSAS updates have improved these functions.
- Ensuring that BOND field staff have timely information about the status and results of work CDR processing at SSA in order to provide accurate information and appropriate guidance to BOND subjects.

Most if not all of these issues contributed to slower than ideal adjustment of SSDI payment amounts to offset amounts, for subjects whose benefits should have been paid under the offset during 2011 and 2012. We would expect slow adjustments to lead to benefit overpayments and subsequent pay-back obligations for beneficiaries. It may also have interfered with beneficiary understanding of how earnings affect benefits under the offset rules and thus suppress its work incentive effects in the short run.

However, in our judgment neither of these consequences appears to have seriously compromised the ability of the Stage 2 intervention to generate impacts on beneficiary earnings and SSDI benefits should the offset have that capacity intrinsically. Moreover, in several areas of early difficulty with benefits administration, procedures have improved.

7. Summary

This chapter summarizes the findings of this early assessment report on the implementation of Stage 2 of the Benefit Offset National Demonstration (BOND). Many of the challenges faced by the BOND Implementation Team are common to most demonstration projects. These challenges were described in Chapter 1 and they include: planning and implementing a new intervention with new policies and procedures, hiring and retaining staff for a temporary project with a known end date, and providing training and technical assistance for something newly created. In addition, some of the challenges faced by the Implementation Team have been specific to this demonstration. Foremost among these was the need to implement a new project infrastructure outside of the established SSA field offices. In addition, it has been necessary for the Implementation Team to perform its work in a relatively short amount of time in geographically large sites and to operate at a scale (in terms of number of study subjects) larger than most demonstrations.

BOND Infrastructure

As described in Chapter 2, despite these significant challenges, the project has put all infrastructure pieces in place to support recruitment, enrollment, and service delivery. The operation of these components has been largely successful and in many areas objectives have been achieved without significant problems. Overall, we believe Stage 2 of the demonstration is likely to successfully serve its purpose of testing impacts of the offset and of enhanced counseling as an add-on to the offset in a sample of beneficiaries who have expressed interest in the offset. However, the achievements of the demonstration have been accompanied by struggles in some areas where implementation has not gone as smoothly as might have been hoped. These include:

- Making demonstration procedures more efficient, accurate, and timely through staff training, data systems improvements, and accrued experience by front-line personnel in agencies charged with implementing the BOND infrastructure (as reported in Chapter 2).
- Potentially uneven recruitment efforts across sites and over time in inviting and processing SSDI beneficiaries into Stage 2 random assignment and (if assigned to a treatment group) BOND service delivery (Chapter 3).
- Unexpected caseload sizes for WIC and EWIC counselors and associated possible changes in the intensity of counseling supports provided (Chapter 5).
- Slow identification of treatment group beneficiaries needing work CDRs and difficulties processing and reaching cessation decisions on those reviewed in a timely way that allows application of the benefit offset when appropriate—issues that have been compounded by lack of consistent information reaching T21 and T22 beneficiaries and confusion over filing of annual earnings estimates (AEEs) once benefit offset calculations are needed (Chapter 6).

At a number of junctures when issues arose in the operation of the demonstration, the Implementation Team and SSA responded by making changes to procedures and tools. Examples of these changes include: SSA's moving responsibility for the development of information for work CDRs from BOND field staff to the BOND SSA Work CDR unit in May 2012; the Implementation Team shifting responsibility for enrollment appointment scheduling from the BOND site offices to the field interviewers; the Implementation Team using available project staff at the BOND Call Center and other

site offices to assist overtaxed site offices with outreach to prospective volunteers; the Team's improvements to the Beneficiary Tracking System; and SSA's improvements to BSAS and eWork.

Field staff (i.e., staff at BOND site offices and WIC and EWIC providers) did not fully understand some critical BOND procedures—not surprisingly given the newness of the intervention, the inherent complexity of the project, changes in procedures, and staff turnover. The main areas of misunderstanding have been in usage of the Beneficiary Tracking System, development of work CDRs (e.g., which beneficiaries need a work CDR, who was supposed to develop the work CDR package, and how to correctly develop the work CDR package), and development of annual earnings estimates (e.g., which beneficiaries needed an AEE and how to prepare an AEE). Training and technical assistance resources provided by the Implementation Team to the field staff, while helpful, were not wholly successfully in ameliorating field staff misunderstanding. Large amounts of information conveyed during training made it difficult for field staff to fully absorb all the important points, and opportunities to practice new procedures before actually using them were limited. Another issue for most site offices was disruptions in staffing that would temporarily limit the staff available for performing site office responsibilities. Turnover in site office staff was one contributing factor (among a few) to generally weak involvement of community partners in BOND. Although outreach to these partners was part of the design, in most sites, they had limited involvement with and knowledge of the demonstration.

After enrollment in the study, Stage 2 treatment subjects are provided services by WIC and EWIC providers. These providers are well-respected agencies with experience providing benefits counseling and employment services to individuals with disabilities. The WIC and EWIC providers made their own decisions about how to structure their BOND staff. Most WIC providers relied on geographically dispersed community work incentive coordinators who devoted part of their time to BOND. In contrast, most EWIC providers used centralized, full-time staff to serve treatment subjects. There was no evidence to suggest that either staffing model was superior to the other.

Recruitment and Enrollment

As described in Chapter 3, BOND successfully reached (and slightly exceeded) its Stage 2 enrollment target of 12,600 volunteers during the recruitment period of February 1, 2011 through September 28, 2012. The total number of volunteers enrolled in the study was 12,954. The volunteer rate was higher than the anticipated 4 percent, with an overall rate across outreach waves of 5.4 percent. The early outreach waves that received the most concentrated staff attention had rates above 7 percent (and as high as 8 percent). The higher-than-expected volunteer rate allowed the Implementation Team to reduce the number of beneficiaries solicited for Stage 2 participation from an expected 315,000 beneficiaries to about 240,000 beneficiaries. The project also achieved its goal of having at least half of the volunteers be short-duration beneficiaries (i.e., those who had received SSDI benefits for 36 months or less at the time they were initially solicited for participation in the study). The fact that short-duration beneficiaries volunteered at a higher rate than longer duration beneficiaries (6.5 percent compared to 4.2 percent) made this goal easier to achieve.

Recruitment of the first three beneficiary outreach waves was conducted as a pilot test of outreach operations. The enrollment of volunteers during the pilot test was deemed to have been performed in a sound manner, and thus the volunteers enrolled during the pilot will be included in Stage 2 impact analysis. A notable finding about the entire recruitment process was that about half of study enrollments took place in the field (rather than in site offices), which was higher, and more costly, than anticipated.

An intent of the study design was to have Stage 2 recruitment be conducted in a uniform manner across and within all study sites. While it was expected that volunteer rates would differ across sites, the goal was to have variation in rates reflect differences in beneficiary interest, rather than differences in recruitment operations. Achieving this goal would produce a volunteer sample that was nationally representative of beneficiaries who would volunteer in response to the project's level of recruitment effort.

While many of the features of recruitment were conducted in a uniform manner, there is some evidence that the recruitment effort fell short of the desired level of uniformity. The selection of beneficiaries into the Solicitation Pool was performed at equal probabilities across sites and site zones (albeit at a higher likelihood for short-duration beneficiaries—who were oversampled into the Solicitation Pool—than for the longer duration beneficiaries). In every site, the outreach effort to Waves 1-11 was a combination of five letters and phone calls to each beneficiary. The effort to Waves 12-14 was part of the phase-down of enrollment and only included an initial letter in order to limit above-target enrollments. In addition to this difference in effort between early and late waves, there is qualitative evidence that outreach and enrollment efforts were not as uniform as desired. Differences in volunteer rates across sites of beneficiaries who initiated telephone calls to field staff, an apparent relationship between high volunteer rates and low staff turnover, and anecdotal accounts of larger enrollment backlogs at some sites are additional evidence of non-uniformity of outreach.

As shown in Chapter 3, an analysis of who volunteered reveals that the observable characteristics of study volunteers are similar to those of non-volunteers, apart from the higher proportion of short-duration beneficiaries in the volunteer sample. Chapter 4 shows that Stage 2 random assignment was successful in creating three well-matched assignment groups (T21, T22, and C2).

WIC and EWIC Services

The BOND evaluation was designed to test the impact of enhanced work incentives counseling (EWIC) compared to standard work incentives counseling (WIC). At this early stage in the demonstration, it is difficult to assess fully whether EWIC and WIC services are being delivered as originally envisioned in the BOND design. In part, this difficulty is because EWIC and WIC providers have only recently (September 2012) reached a steady state in terms of total caseloads. Thus far, EWIC and WIC services appear to differ qualitatively as intended, although the differences in caseload size are more modest than expected, mainly due to lower than anticipated take-up of WIC services by T21 subjects.

The main differences between EWIC and WIC services, as implemented, are that (1) the EWIC staff contact beneficiaries proactively, while the WIC staff wait for beneficiaries to request assistance before delivering services; (2) the EWIC staff follow up with beneficiaries and referral organizations after providing assistance; and (3) the EWIC staff use a more systematic approach to assessing the employment capabilities and goals of beneficiaries. Consistent with the design, a large majority of T22 subjects have been contacted by an EWIC counselor, whereas that is true for only a minority of WIC subjects. There is also evidence that the EWIC counselors are routinely following up with their clients, and that many are employing some of the tools designed to facilitate systematic assessments. The referrals made by EWIC and WIC staff are similar, however, and the caseload-to-staff ratios of the two interventions are not as different as envisioned in the study design. The initial design for BOND assumed that EWIC counselors would spend significantly more time with each beneficiary than a WIC counselor. In the evidence

examined for this report, it is not clear if this differential has been achieved. Future reports will examine additional evidence to further explore this important issue.

Implementation Challenges to Use of the Offset

As shown in Chapter 6, about 2 percent of Stage 2 treatment subjects were using the offset at the end of 2012. These subjects represent about 9 percent of those treatment subjects that have used at least one TWP month. As described in Chapter 6, there is evidence that one major problem and a secondary, related problem have hindered the use of the offset by treatment subjects thus far. The most serious problem facing the demonstration is that benefit adjustment for those subjects who are eligible to receive the offset is often not been completed on a timely basis. This is a multifaceted problem, with several contributing factors. A secondary problem is that treatment subjects have been at risk of receiving incomplete or incorrect information from field staff. While both the Implementation Team and SSA have taken actions to address these problems, they were not fully resolved as of the end of 2012.

The major problem of overall delay in benefit adjustment has been monitored by the Implementation Team and SSA since early in the enrollment period. One set of issues concerning the work CDR process and another set of issues concerning the AEE process both contribute to the overall delay in benefit adjustment. Prior to May 2012, difficulties on the part of BOND field staff identifying those in need of work CDRs and developing accurate and complete work CDR packages led to corrective work by the BOND Processing Center and ultimately to out-of-date (or unnecessary) packages being received by the SSA work CDR unit. In May 2012, SSA addressed this by moving responsibility for developing information for work CDRs to its own work CDR unit. Currently, however, the SSA work CDR unit does not have sufficient staff to quickly reduce the backlog of work CDRs (some portion of which existed prior to the demonstration). The consequences of delayed work CDRs include incorrect payments and overpayments and the possibility that treatment subjects will mistakenly attribute these improper payments to BOND and be soured on the demonstration.

Aspects of the AEE process have also proved problematic. In particular, BOND field staff have had some misunderstanding about when and how to complete AEEs, leading to delays in submitting AEEs and mistakes in preparation. The misunderstanding has also led to unnecessary AEEs being prepared, at the cost of staff and beneficiary time. In addition, at SSA, the development of BSAS delayed the use of IRS earnings data in reconciling benefits for 2011 until January 2013, five months after the scheduled date and delayed the processing of a handful of complicated cases. The BSAS issues have now been resolved and the 2011 reconciliation process has been completed. As with delayed work CDRs, the consequences of delays in receiving the offset include improper payments and the possibility of creating mistrust on the part of treatment subjects toward the demonstration. Overall, the problems associated with preparing and processing AEEs have been smaller in scale than those associated with work CDRs and have represented a smaller risk to the demonstration.

The secondary problem of incomplete or incorrect information being conveyed to beneficiaries by BOND field staff stems from two general causes. First, there continues to exist some misunderstanding on the part of field staff about BOND policies and procedures. Second, the move of work CDR development to SSA has been accompanied by a reduction in communication between SSA staff and BOND field staff. Often, field staff in contact with beneficiaries through BOND field offices and WIC and EWIC agencies are unable to provide beneficiaries with an update on what additional documentation is needed or the status of their review and potential cessation decisions. The consequence of delivering incomplete or

incorrect information could be a lack of trust in BOND field staff and a reluctance to engage with the demonstration on the part of beneficiaries.

Future Learning and Potential Implications for Demonstration Impacts

The consequences of these operational challenges, such as the frequency and magnitude of the delay in benefit adjustment under the offset, cannot be fully ascertained at present. However, we expect to be able to document additional aspects of demonstration operations from additional data (additional site visits, longer follow up from SSA administrative data, beneficiary outcome surveys) in the next Stage 2 implementation report and following documents. The next implementation report will contain, for example, a more comprehensive analysis of the services delivered by WIC and EWIC providers and a description of demonstration operations in the post-enrollment period. It will also examine more intensively delays in benefit adjustments for treatment group subjects (and C2 control group members) and resulting overpayments or underpayments for beneficiaries.

Impacts of the Stage 2 interventions will also be reported for the first time in 2014. One of the analyses will compare T22 subjects to T21 subjects to determine the impact of increasing work incentive counseling for beneficiaries with new work incentives (the offset) from the historical WIPA level—mirrored by WIC—to the pro-active EWIC model. Impacts in this comparison will hinge on how different EWIC assistance turns out to be “on the ground” from what WIC counselors provide. In this respect, the information in the current report is cautionary but hopeful. Evidence from the first two years of the demonstration suggests that for those beneficiaries who actively engage their counselors the kinds of assistance received differs only modestly between WIC and EWIC providers, the biggest difference being the extent of follow up done under the EWIC approach following referral to employment service providers. But there are large differences in the proportions of the T22 beneficiaries and T21 beneficiaries who work with counselors beyond initial contacts, making the potential for an impact *on average* in the more thoroughly engaged T22 EWIC sample considerable. Of course, it is possible that even comparing EWIC services provided to the lion’s share of T22 subjects to WIC services provided to a small minority of T21 subjects will not produce an impact if services are not sufficiently extensive or are ineffectual. Moreover, smaller than intended caseloads for WIC counselors may contribute to a smaller distinction between outcomes for T21 and T22 subjects.

The other impact comparisons for Stage 2 will contrast the two treatment groups not with one another but with equivalent beneficiaries in the C2 control group sample who continue under current law. This comparison could also be attenuated, at least for a time, by implementation factors documented in this report. For example, evidence in the first two years suggests that the impacts on benefits received will be delayed by lags in the benefit adjustment process. It is unclear if the total time for administrative processing for T21 and T22 subjects (from the end of the grace period to benefit adjustment) is longer or shorter than the equivalent interval for C2 subjects (from the end of the grace period to benefit suspension). Even if the intervals are of the same duration, they will postpone the appearance of whatever effects the offset will eventually have on benefit payments. It is also possible that a delay in issuing the offset could suppress beneficiaries’ awareness of the advantages of working under the offset and lessen the impact of the BOND intervention on earnings and other outcomes.

These potential attenuation influences could be exacerbated by two forms of incomplete or incorrect information about the benefit offset reaching beneficiaries: (i) the general rules for how partial benefits continue even with sustained earnings above SGA; and (ii) up-to-date information on where a beneficiary

stands in the work CDR process with respect to cessation status. Our assessment noted some difficulties in assuring complete, accurate information for Stage 2 treatment group beneficiaries in this regard. Both through misinformation and lagged benefit adjustment processes, treatment subjects (like C2 control group subjects) who successfully return to work may be hit with overpayment notices. Though the same outcome might have occurred absent the demonstration due to processing lags, it is possible that treatment group members will sour on the demonstration specifically because they believe it is responsible for their obligation to repay the government for excess benefits received.

Finally, non-uniformity of outreach efforts—to the extent this is indicated by cross-site variations in the indicators considered here—weakens the case for Stage 2 volunteers as a whole forming a nationally representative sample of the SSDI beneficiaries most likely to use the offset. The more heterogeneity in outreach across sites and over time, the less we can claim that Stage 2 findings represent the nation. Still, the random selection of sites for the demonstration overall and of beneficiaries for the Stage 2 solicitation pool—combined with the largely uniform number of beneficiary contacts made during outreach across sites and wave across waves—lead us to expect the set of volunteers on which impact findings will be based to more closely approximate a national representative population of likely offset users than a simple sample of convenience.

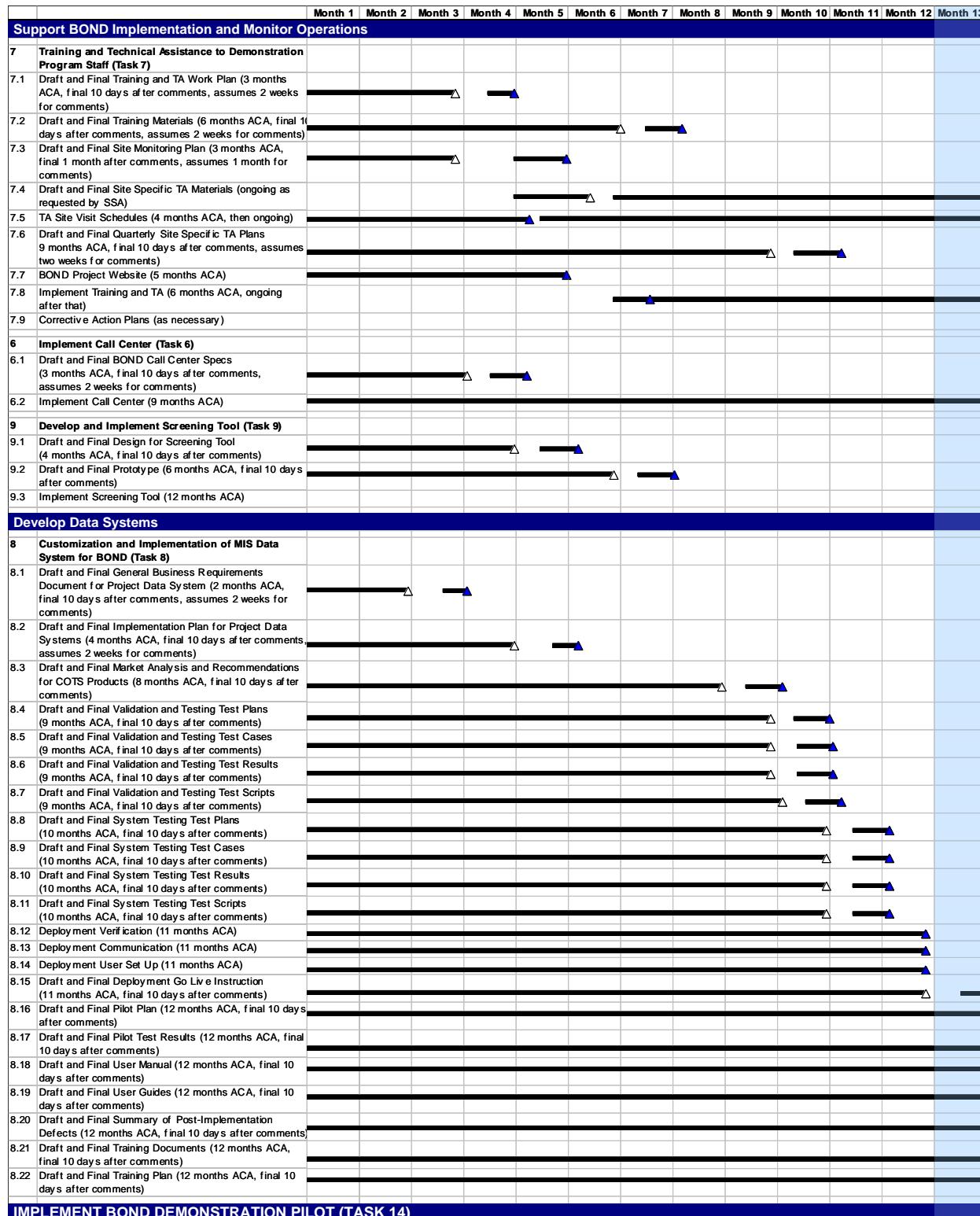
In sum, based on this early assessment, we believe Stage 2 of the demonstration is likely to successfully serve its purpose of testing impacts of the offset—and of enhanced counseling as an add-on to the offset—in situations where the potential for effects is greatest. Of course, we will continue to assess this situation as additional demonstration implementation information emerges in conjunction with future reports.

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Appendix A. BOND Timeline

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13
Prepare BOND Sites													
5 Implement BOND Site Offices (Task 5)													
5.1 Draft and Final Plan for BOND Primary Satellite Office Locations (3 months ACA, final 10 days after comments assumes 2 weeks for comments)													
5.2 Draft and Final BOND Detailed Site Specifications (2 months ACA, final 10 days after comments, assumes weeks for comments)													
5.3 Implement Bond Site Offices													
Develop BOND Interventions													
10 Implement Work Incentives Counseling (Task 10)													
10.1 Final Plan of Work Incentives Counseling and Enhanced Work Incentives Counseling Services (3 months ACA)													
10.2 Draft and Final BOND Informational Packet for WIC and EWIC (3 months ACA, final 1 month after comments)													
10.3 Written Summaries of Rationale for Recommended Providers (7 months ACA)													
10.4 Draft and Final Training Packages for WIC and EWIC Providers (7 months ACA, final 10 days after comments)													
10.5 Draft and Final Training Package for WIC and EWIC Providers (6 months ACA, final 10 days after comments)													
10.6 Draft and Final Memorandum Addressing Crossover Issues (3 months ACA, final 10 days after comments)													
13 Earnings Reporting and Work Continuing Disability Review (CDR) Development for All Participants (Task 13)													
13.1 Monthly Progress Report on Work CDR Development (9 months ACA, then ongoing)													
13.2 Nightly Batch File Containing Earnings Information (9 months ACA, then ongoing)													
13.3 Monthly Progress Report for \$1 for \$2 Benefit Offset Cases (9 months ACA, then ongoing)													
13.4 Monthly Progress Report on Deductions (9 months ACA, then ongoing)													
13.5 Nightly Batch File with Revised Earnings Estimates (9 months ACA, then ongoing)													
13.6 Monthly Progress Reports on Appeals/Waivers (9 months ACA, then ongoing)													
Prepare Participant Outreach, Intake, Random Assignment													
4 Communication Needs (Task 4)													
4.1 Final Public Information Campaign for Beneficiaries (Draft due 1 month ACA, 60 days for comments, Final due 4 months ACA)													
4.2 Draft and Final Project Letters, Stage One and Two (4 months ACA, Final 10 days after comments on draft, assumes two weeks for comments)													
4.3 Draft and Final Scripts for Outreach Calls, Stage Two (4 months ACA, Final 10 days after comments on draft, assumes two weeks for comments)													
4.4 Draft and Final FAQ for Beneficiaries, Families, and Stakeholders (6 months ACA, final 1 month after comments on draft, assumes 2 weeks for comments)													
4.5 Draft and Final Outreach Brochure for Stage Two Participants (5 months ACA, final 1 month after comments, assumes 2 weeks for comments)													
4.6 Draft and Final Letter to Volunteers -- Outcome of Random Assignment (5 months ACA, final 10 days after comments, assumes 2 weeks for comments)													
4.7 Draft and Final Outreach Letters for Stage Two Participants (5 months ACA, final 10 days after comments, assumes 2 weeks for comments)													
4.8 Draft and Final Logo for the Project (3 months ACA, final 10 days after comments, assumes 2 weeks for comments)													
4.9 Draft and Final FAQ for BOND Contract Staff (3 months ACA, final 10 days after comments, assumes 2 weeks for comments)													
4.10 Draft and Final Brochure for Stakeholders (4 months ACA, final 10 days after comments, assumes 2 weeks for comments)													
11 Implement Random Assignment Procedures (Task 11)													
11.1 Final Random Assignment Procedures													
11.2 Implement Random Assignment													
12 Recruitment of BOND Participants (Task 12)													
12.1 Updated Detailed Specifications and Procedures for Intake Based Upon SSA Business Process (4 months ACA)													
12.2 Weekly Recruitment and Enrollment Report for Stage One and Two (9 months ACA, then ongoing)													
12.3 Monthly Batch File Containing Assignment Information for BOND Participants (9 months ACA, then ongoing)													



Appendix B. Progression Toward Offset Use

Exhibit B-1. Percentage of Stage 2 Treatment Subjects Having Completed Documented Steps Toward Offset Use as of December 31, 2012

Site Office	Started TWP	Completed TWP	Cessation Date in BTS	AEE Successfully Submitted to SSA	At Least One Month of Offset Use
Alabama	17%	11%	6%	2%	1%
Arizona/SE California	22%	16%	9%	5%	1%
Colorado/Wyoming	22%	17%	8%	4%	3%
DC Metro	24%	17%	10%	6%	3%
Greater Detroit	21%	14%	8%	2%	1%
Greater Houston	23%	15%	9%	4%	2%
Northern New England	34%	23%	12%	6%	3%
South Florida	23%	16%	8%	6%	2%
Western New York	28%	19%	7%	4%	2%
Wisconsin	26%	16%	8%	5%	3%
Total	24%	16%	9%	4%	2%

Source: BODS.

Exhibit B-2. Progression Toward Offset Use by Site for those Who Have Used their TWP (December 2012)

Site Office	Completed TWP	Cessation Date in BTS	AEE Successfully Submitted to SSA	At Least One Month of Offset Use
Alabama	68%	36%	10%	4%
Arizona/SE California	73%	42%	24%	7%
Colorado/Wyoming	75%	37%	19%	12%
DC Metro	70%	42%	25%	14%
Greater Detroit	67%	38%	10%	5%
Greater Houston	63%	39%	16%	7%
Northern New England	67%	34%	16%	10%
South Florida	69%	36%	27%	9%
Western New York	67%	27%	14%	8%
Wisconsin	61%	32%	20%	12%
Total	68%	36%	19%	9%

Source: BODS.

Appendix C. BOND Outreach Materials

Initial Outreach Letter – Waves 1-6

[Beneficiary name]
[Beneficiary Street / P.O. Box address]
[Beneficiary city, state, zip code]

[DATE]
This beneficiary's unique Personal ID number:
(Use this to get more information)
[Unique Personal Identifier]

For Large Print, call toll-free 1-877-726-6309, TTY 1-877-726-6390. (Versión en español al dorso.)

Dear [Beneficiary Name],

Good news! The Benefit Offset National Demonstration (BOND) project, a research study by the Social Security Administration (SSA), is being piloted in your local area. Congress has asked SSA to test whether different Social Security Disability Insurance (SSDI) program rules help people who want to try to work. **You are invited to enroll today!**

Through BOND, SSA will allow you to **keep more of your SSDI benefits** as your ability to earn more increases. Under current Social Security Disability program rules, people earning more than \$1,000 per month (after their Trial Work Period) generally have their benefits stopped. Under the BOND project, an annual test is used. Benefits will be reduced \$1 for every \$2 in earnings above \$12,000 per year, rather than stopped.

The intent of BOND is to see whether these different program rules help beneficiaries who want to try to work have better financial outcomes. The benefit offset gives you a longer period of time when you can have earnings and a cash benefit. As your earnings increase, there is a gradual reduction in benefits. The project also includes work incentives counseling, so that you will be able to know ahead of time how your work and earnings will affect your benefit payment. The BOND project staff will help provide you with all the relevant information to decide whether to enroll.

You will receive \$40 in appreciation of your time, just for enrolling into the project. Not everyone that enrolls will have the chance to earn more and keep more, so contact us today to learn more.

Please contact your local BOND office at [NUMBER] or toll-free at [NUMBER] for more details about participating in BOND. Or for more information:

- ❖ Visit us on the web at www.bondssa.org.
- ❖ Call our toll-free number at 1-877-7BOND09 (1-877-726-6309). If you have a hearing or speech impairment, you may call our toll-free TTY number at 1-877-7BOND90 (1-877-726-6390).

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

Sincerely,

Judith D. Feins
BOND Implementation Director

Enclosures: 2

Initial Outreach Letter – Waves 7 - 14

[Beneficiary name]
[Beneficiary Street / P.O. Box address]
[Beneficiary city, state, zip code]

[DATE]
This beneficiary's unique Personal ID number:
(Use this to get more information)
[Unique Personal Identifier]

**For Large Print, call toll-free 1-877-726-6309,
TTY 1-877-726-6390. (Versión en español al dorso.)**

Dear [Beneficiary Name],

Good news! You are invited to enroll in the Benefit Offset National Demonstration (**BOND**) project, a research study being conducted by the Social Security Administration (SSA) in your local area. Congress has asked SSA to test whether different Social Security Disability Insurance (SSDI) program rules help people who want to work.

- Through BOND, SSA will allow you to **keep more of your SSDI benefits** as you earn more. Under current SSDI program rules, people earning more than \$1,000 per month (after their Trial Work Period) generally have their benefits stopped. Under the BOND project there is a more gradual reduction in benefits as your earnings increase. Using an annual test, benefits will be reduced \$1 for every \$2 in earnings (the "offset") above \$12,000 per year, for 2011.
- The project also includes work incentives counseling, so you may know ahead of time how your work and earnings will affect your benefit payment. The BOND project staff will provide you the relevant information so that you may decide whether to enroll. You do not have to enroll in BOND, but, if you do, you will receive important advantages if you are working or might work in the future. Regardless, **the choice is yours.**
- After you enroll, access to the various features of BOND is determined by a lottery-type process called "random assignment."
- The intent of BOND is to see whether these different program rules help people who want to try to work succeed in earning more than they can under the current rules. The benefit offset gives you a longer period of time when you can have earnings and a cash benefit.
- If you cannot find enough work to make over \$12,000 a year (in 2011), your SSDI benefits stay at the same level as under current rules.
- You will receive \$40 in appreciation of your time, just for enrolling into the project.

If you are interested in enrolling in BOND, please call your local BOND office at [NUMBER], or toll-free at [NUMBER], for more details. They will tell you how you can get started. You can also call us toll-free at 1-877-7BOND09 (1-877-726-6309). If you have a hearing or speech impairment, call us toll-free via TTY at 1-877-7BOND90 (1-877-726-6390). For more information, visit us on the web at www.bondssa.org. Enroll today and see how BOND can work for you. We look forward to speaking with you!

Sincerely,

Judith D. Feins
BOND Implementation Director

Enclosures: 2

Follow-up Outreach Letter

[Beneficiary name]
[Beneficiary Street / P.O. Box address]
[Beneficiary city, state, zip code]

[DATE]

This beneficiary's unique Personal ID number:
(Use this to get more information)
[Unique Personal Identifier]

For Large Print, call toll-free 1-877-726-6309,
TTY 1-877-726-6390. (Versión en español al dorso.)

Dear [Beneficiary Name],

Hello! This letter is a reminder that **you are invited to enroll** in the Benefit Offset National Demonstration (BOND) project, a research study by the Social Security Administration (SSA), being piloted in your local area. Congress has asked SSA to test whether different Social Security Disability Insurance (SSDI) program rules help people who want to try to work.

Through BOND, SSA will allow you to **keep more of your SSDI benefits** as your ability to earn more increases. Under current Social Security Disability program rules, people earning more than \$1,000 per month (after their Trial Work Period) generally have their benefits stopped. Under the BOND project, an annual test is used. Benefits will be reduced \$1 for every \$2 in earnings above \$12,000 per year, rather than stopped.

The intent of BOND is to see whether these different program rules help beneficiaries who want to try to work have better financial outcomes. The benefit offset gives you a longer period of time when you can have earnings and a cash benefit. As your earnings increase, there is a gradual reduction in benefits. The project also includes work incentives counseling, so that you will be able to know ahead of time how your work and earnings will affect your benefit payment. The BOND project staff will help provide you with all the relevant information to decide whether to enroll.

You will receive \$40 in appreciation of your time, just for enrolling into the project. Not everyone that enrolls will have the chance to earn more and keep more, so contact us today to learn more.

Please contact your local BOND office at [NUMBER] or toll-free at [NUMBER] for more details about participating in BOND. Or for more information:

- ❖ Visit us on the web at www.bondssa.org.
- ❖ Call our toll-free number at 1-877-7BOND09 (1-877-726-6309). If you have a hearing or speech impairment, you may call our toll-free TTY number at 1-877-7BOND90 (1-877-726-6390).

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

Sincerely,

Judith D. Feins
BOND Implementation Director

Enclosures: 2

Beneficiary Brochure

- ★ Do you want to start working again or earn more money at your current job?
- ★ Do you worry that you might lose your monthly check from the Social Security Administration (SSA)?
- ★ Find out how you can earn more and keep more of your Social Security Disability Insurance (SSDI) benefits.

How can I learn more?

To learn more about BOND, visit us online at www.BONDSSA.org.

Or call us:
Voice: 1-877-7BOND09
(1-877-726-6309)

TTY: 1-877-7BOND90
(1-877-726-6390)



BOND
Benefit Offset National Demonstration
Earn more.
Keep more.





Working Without the “Cash Cliff”

SOCIAL SECURITY DISABILITY INSURANCE INFORMATION FOR BENEFICIARIES



BOND is an SSA-funded project.



SSA knows that many SSDI beneficiaries worry about losing their cash benefits if they earn too much money.

A new demonstration program called BOND is designed to help eliminate this problem.

What is BOND?

BOND stands for Benefit Offset National Demonstration. It is a new program from SSA that will last 5 years and give you the chance to return to work or earn more than you do now.

Do I have to participate in BOND?

Some SSDI beneficiaries will get to use the benefit offset automatically. Others will be invited to volunteer.



Earn More. Keep More.

The BOND project helps beneficiaries who **earn more keep more of their SSDI benefits**. Under current Social Security Disability program rules, people earning more than \$12,000 per year (after their Trial Work Period) generally have their benefits stopped. Under the BOND project, benefits will be reduced \$1 for every \$2 in earnings above \$12,000, rather than stopped.

Contact us today to find out if BOND is right for you.



Stage 2 Outreach Call Scripts

Below are the scripts that were provided to BOND specialists to use for outreach calls. Similar scripts were also used by the BOND call center. Starting in late summer 2011, site office and call center agents were given permission to adlib, rather than read the scripts verbatim. While they could rearrange and paraphrase the scripts in an effort to sound more natural, outreach callers were still instructed to cover all of the main points about BOND detailed in the original scripts.

Stage 2 Outreach Call #1

BOND specialists were instructed to make stage 2 outreach call #1 two weeks after the second outreach letter was sent.

Steps

When making the first Stage 2 outreach call, the BOND specialist:

- A. Accesses the report in BODS listing the beneficiaries in the pool who should receive a call. The BOND specialist can work through the list in any order he/she wants to, as long as all calls are made.
- B. Locates the beneficiary's record in BODS.
- C. Calls the beneficiary. If the BOND specialist reaches voice mail, proceed to **Step D**. If the BOND specialist reaches a person, skip to **Step F**.
- D. Leaves a detailed message, if possible, telling the beneficiary:

Hi, my name is [your name], calling about an important piece of good news for [Mr. / Ms. beneficiary last name]. We recently sent you a letter with the word that you have been selected for a new Social Security project called BOND. I'm calling to follow up and answer any questions you may have about this opportunity. Please contact your local BOND site office right away so one of our specialists can discuss BOND with you. The number is <insert your site office number> (Voice) or <insert your site office TTY number> (TTY) for the speech or hearing impaired. Have a great day.

- E. Logs the call details (including whether or not you were able to leave a voice message) and creates a tickler to call the beneficiary back in BODS.

END

If the BOND specialist reaches a person on the phone, the BOND specialist:

- F. Introduces him or herself and explains why he/she is calling by saying:

Hi, is [Mr. /Ms. beneficiary last name] available? My name is [give your name] and I'm with BOND, a new project in your local area sponsored by the Social Security Administration. [Mr. /Ms. beneficiary last name] has been selected to participate in this project. BOND allows individuals who receive Social Security Disability Insurance, or SSDI, to work and earn more while keeping more of their SSDI cash benefits.

If beneficiary cannot take the call, proceed to **Step G**. If the beneficiary comes to the phone, skip to **Step K**.

- G. If beneficiary cannot take the call, asks the person he/she reaches if the number called is the best number to reach [Mr. /Ms. beneficiary last name] and the most convenient time to reach him/her.
- H. Thanks the individual for his/her time.
- I. Ends the call.
- J. Updates BODS with the call details, including the alternate number and/or best day and time to reach the beneficiary, if provided, and creates a ticket for calling back the beneficiary.

END

If beneficiary comes to the phone, the BOND specialist:

- K. Introduces him or herself and explains why he/she is calling by saying:

Hi, [Mr. /Ms. beneficiary last name]. My name is [give your name I'm with BOND, a new project in your local area sponsored by the Social Security Administration. You have been invited to enroll in BOND, a project that allows individuals who receive Social Security Disability Insurance, or SSDI, to work and earn more while keeping more of their SSDI cash benefits. If you enroll, you will receive forty dollars for your time. We recently sent you a letter about the project—did you receive it?]

If the beneficiary does not recall receiving the letter, proceed to **Step L**. If the beneficiary recalls receiving the letter, skip to **Step P**.

- L. If the beneficiary does not recall receiving his/her letter, responds with:

That's OK. You will probably receive the letter in the next day or so, but I can tell you more about BOND now if you have time.

If the beneficiary does not have time to discuss at this time, proceeds to **Step M**. If the beneficiary does have time, skip to **Step P**.

- M. Asks the beneficiary when he/she is available to discuss BOND.
- N. Ends call by summarizing when he/she will call the beneficiary back and confirming the best number to reach him/her.
- O. Updates the beneficiary's record in BODS with the best number and time to reach beneficiary and creates ticket for following up with beneficiary.

END

If the beneficiary can take the call, the BOND specialist:

- P. Summarizes the demonstration (if the beneficiary does not recall receiving his/her letter) by saying:

BOND stands for Benefit Offset National Demonstration, and it offers some participants the opportunity to earn more and keep more SSDI cash benefits. Under current Social Security rules, individuals earning more than \$12,000 in 2011 generally have their benefits stopped. Under the BOND project, these individuals have their benefits reduced, rather than stopped. Their benefits are reduced by only \$1 for every \$2 earned over that same yearly amount. Some individuals who enroll will also receive personalized, enhanced work incentives counseling.

If you decide to enroll, you could be offered some of these opportunities. Please note, not everyone who volunteers receives all of the new services or benefits and some volunteers do not see any change at all. A computer randomly assigns volunteers to one of three groups, and everyone has the same chance of being assigned to any of these groups.

Note: *** The BOND specialist always needs to confirm in BODS whether the beneficiary is blind, as the annual SGA level for blind beneficiaries differs from the standard SGA amount. In 2011, the SGA level for blind beneficiaries is \$19,680.

- Q. Asks the beneficiary if he/she has any questions about what BOND might do for him/her. If yes, proceed to **Step R**. If no, skip to **Step T**.
- R. Responds to the beneficiary's question, if the answer is covered in an FAQ, and skip to **Step T**.

Note: ***The BOND specialist needs to be very careful about responding to questions not covered in an FAQ. Unless the question is on a topic the BOND specialist has direct experience in, the BOND specialist should tell the beneficiary that he/she needs to research the question and get back to him/her.

***It is critical that the BOND specialist provides the correct answer based on the caller's Stage 2 status.

If the BOND specialist cannot answer the beneficiary's question and needs to research the response, proceed to **Step S**.

- S. Enters the question(s) (verbatim) in BODS and categorizes the question and creates a ticket in BODS indicating that a question needs follow-up by Abt central ops. BODS sends Abt central ops a tickler if the question has not been closed within two business days.

Note: ***The BOND specialist needs to note in BODS how far in the script he/she made it through with the beneficiary so when the BOND specialist calls the beneficiary back with the answer he/she resumes at the right point in the process.

***The BOND specialist tells the beneficiary that his/her question will be researched and that someone will get back to him/her within two business days.

- T. Asks the beneficiary about scheduling an appointment by saying:

Can we schedule a time for you to meet with one of our local BOND staff members to find out more about the project, how it could help you, and how to enroll? Don't forget, just for enrolling, we will give you forty dollars in appreciation of your time if you complete the enrollment process.

If the beneficiary says yes, proceed to **Step U**. If the beneficiary says he/she needs to think about it, proceed to **Step X**. If the beneficiary says no, proceed to **Step AA**.

- U. Responds to the beneficiary:

Great! Let me tell you briefly about what you'll do during this meeting. First, our staff will explain more about BOND and how to enroll. If you decide to join the project, you will be asked to sign a paper that says you understand the project and agree to join. Then you will complete a short survey and be randomly assigned to one of the three BOND groups. In appreciation of your time for this meeting, you will receive forty dollars.

Note: ***If the beneficiary says he/she is **not able to travel** to the office or **would consider enrolling if not for the need to visit**, respond to the beneficiary with:

In that case, can we schedule a time for a BOND staff person to meet you somewhere more convenient?

Refer to **Section 2.13.1** to schedule an in-office session and **Section 2.13.2** to schedule a field enrollment session. When done, proceed to **Step V**.

- V. Ends the call by telling the beneficiary:

Thank you very much for your time today. You'll receive a reminder letter about your appointment in the mail soon, so I need to make sure we have the right address. [Read the beneficiary the mailing address we have, confirm or correct the record.] Have a great day.

- W. Updates BODS with call and appointment information.

END

If the beneficiary wants to think about scheduling an enrollment session, the BOND specialist:

- X. Responds to the beneficiary:

Sure. We'd be happy to contact you sometime soon to answer any additional questions you have about BOND. We could set up a time for a call if you like. [Schedule follow-up call]. Please feel free to contact me with any questions or to visit our website at www.bondssa.org. On this website, you can click on the TRY-BOND tool and enter your personal ID number to find out how you might benefit from BOND.

Note: ***If beneficiary does not have letter and is interested in getting online, give the personal ID number.

- Y. Ends the call by telling the beneficiary:

Thank you very much for your time today. Have a great day.

- Z. Updates BODS with call and appointment information for follow-up call.

END

If the beneficiary does not want to schedule an enrollment session, the BOND specialist:

- AA. Asks if the beneficiary has any questions. If yes, proceed to **Step BB**. If no, skip to **Step DD**.
- BB. Responds to the beneficiary's question, if the answer is covered in an FAQ, and skip to **Step DD**.

Note: ***The BOND specialist needs to be very careful about responding to questions not covered in an FAQ. Unless the question is on a topic the BOND specialist has direct experience in, the BOND specialist should tell the beneficiary that he/she needs to research the question and get back to him/her.

***It is critical that the BOND specialist provides the correct answer based on the caller's Stage 2 status.

If the BOND specialist cannot answer the beneficiary's question and needs to research the response, proceed to **Step CC**.

- CC. Enters the question(s) (verbatim) in BODS and categorizes the question and creates a ticket in BODS indicating that a question needs follow-up by Abt central ops. BODS sends Abt central ops a tickler if the question has not been closed within two business days.

Note: ***The BOND specialist needs to note in BODS how far in the script he/she made it through with the beneficiary so when the BOND specialist calls the beneficiary back with the answer he/she resumes at the right point in the process.

***The BOND specialist tells the beneficiary that his/her question will be researched and that someone will get back to him/her within two business days.

- DD. If the beneficiary still does not want to enroll, the BOND specialist can offer to:

- 1) Have the beneficiary speak with the site director, if the BOND specialist feels that the beneficiary may wish to discuss BOND with him/her.
- 2) Follow up with the beneficiary in the future, if the BOND specialist thinks that the beneficiary may need more time to consider the enrollment option.

Proceed to **Step EE**.

- EE. If beneficiary still does not appear interested, asks the beneficiary:

For our planning process, could you please share with me the reasons that at this time you will not be taking advantage of BOND's opportunity to earn more and keep more of your SSDI cash benefits?

Record response given in BODS and proceed to **Step FF.**

- FF. Ends the calling by telling the beneficiary:

[Mr. /Ms. beneficiary last name], thank you very much for your time today. Please contact us if your situation changes and you would like to take advantage of the opportunity BOND offers.

- GG. Updates the beneficiary's record in BODS.

END

If the beneficiary wants to think about scheduling an enrollment session, the BOND specialist:

- HH. Responds to the beneficiary:

Sure. We'd be happy to contact you sometime soon to answer any additional questions you have about BOND. We could set up a time for a call if you like. [Schedule follow-up call.]. Please feel free to contact me with any questions or to visit our website at www.bondssa.org. On this website, you can click on the TRY-BOND tool and enter your personal ID number to find out how you might benefit from BOND.

Note: ***If beneficiary does not have letter and is interested in getting online, give the personal ID number.

- II. Ends the call by telling the beneficiary:

Thank you very much for your time today. Have a great day.

- JJ. Updates BODS with call and appointment information for follow-up call.

Stage 2 Outreach Call #1.5

BOND specialists were instructed to make another outreach call (call #1.5) if the beneficiary did not respond to Outreach letter 1 or 2 and a message was left for the beneficiary when the first outreach call was made.

Steps

For call #1.5, the BOND specialist follows the same steps listed under **Stage 2 Outreach Call #1.**

Stage 2 Outreach Call #2

Another call (call #2) was to be made to Stage 2 solicitation pool members if the beneficiary asked for more time to think about enrolling in BOND during phone call#1 or #1.5.

Steps

When making the Stage 2 outreach call #2, the BOND specialist:

- A. Accesses the report in BODS listing the beneficiaries who should receive a call. The BOND specialist can work through the list in any order he/she wants to, as long as all calls are made.
- B. Locates the beneficiary's record in BODS.
- C. Calls the beneficiary and says:

Hello, may I please speak with [beneficiary name]?

- D. Introduces him or herself and explains why he/she is calling by saying:

"Hi, [Mr./Ms. beneficiary last name], my name is [give your name], and we recently spoke about a new program called BOND that the Social Security Administration is offering to some individuals like you who receive Social Security Disability Insurance, or SSDI. I'm just calling to follow up with you about enrolling in the project. Do you have any additional questions about BOND that I can answer?"

If the beneficiary has questions, proceed to **Step E**. If the beneficiary does not have questions, skip to **Step G**.

- E. Responds to the beneficiary's question, if the answer is covered in an FAQ, and skip to **Step G**.

Note: ***The BOND specialist needs to be very careful about responding to questions not covered in an FAQ. Unless the question is on a topic the BOND specialist has direct experience in, the BOND specialist should tell the beneficiary that he/she needs to research the question and get back to him/her.

***It is critical that the BOND specialist provides the correct answer based on the caller's Stage 2 status.

If the BOND specialist cannot answer the beneficiary's question and needs to research the response, proceed to **Step F**.

- F. Enters the question(s) (verbatim) in BODS and categorizes the question and creates a ticket in BODS indicating that a question needs follow-up by Abt central ops. BODS sends Abt central ops a tickler if the question has not been closed within two business days.

Note: ***The BOND specialist needs to note in BODS how far in the script he/she made it through with the beneficiary so when the BOND specialist calls the beneficiary back with the answer he/she resumes at the right point in the process.

***The BOND specialist tells the beneficiary that his/her question will be researched and that someone will get back to him/her within two business days.

- G. Asks the beneficiary if he/she is interested in scheduling an enrollment session by asking the beneficiary:

Great! Can we schedule a time for you to meet with one of our staff members to find out more about the program, how it could help you, and how to enroll in BOND? I'm sure you recall that you will receive forty dollars to reimburse you for your time if you complete the enrollment process. We are located at [give office address; if temporary, provide dates it will be open]."

If the beneficiary says yes, proceed to **Step H**. If the beneficiary says he/she needs is not sure about it, skip to **Step K**. If the beneficiary says no, skip to **Step L**.

H. Responds to the beneficiary:

Great! Let me tell you briefly about what you'll do during this meeting. First, our staff will explain more about BOND and how to enroll. If you decide to join the project, you will be asked to sign a paper that says you understand the project and agree to join. Then you will complete a short survey and be randomly assigned to one of the three BOND groups. In appreciation of your time for this meeting, you will receive forty dollars if you complete the enrollment process.

Note: ****If the beneficiary says he/she is not able to travel to the office or would consider enrolling if not for the need to visit, offer to schedule a time for an enrollment interviewer to meet with him/her somewhere more convenient?

Refer to **Section 2.13.1** to schedule an in-office session and **Section 2.13.2** to schedule a field enrollment session. When done, proceed to **Step I**.

I. Ends the call by telling the beneficiary:

Thank you very much for your time today. You'll receive a reminder letter about your appointment in the mail soon, so I need to make sure we have the right address. [Read the beneficiary the mailing address we have, confirm or correct the record.] To confirm, the location of the enrollment session is [insert address]. The meeting is on [insert date and time]. Have a great day.

J. Updates BODS with call and appointment information.

END

If the beneficiary is not sure about scheduling an enrollment session, the BOND specialist:

K. Asks the beneficiary:

Would you be interested in enrolling in BOND if we scheduled a time for a BOND staff person to meet you somewhere more convenient than the BOND site office?

If yes, refer back to **Step H** to schedule a meeting. If no, proceed to **Step L**.

END

If the beneficiary does not want to schedule an enrollment session, the BOND specialist:

- L. Asks if the beneficiary has any questions. If yes, proceed to **Step M**. If no, skip to **Step O**.
- M. Responds to the beneficiary's question, if the answer is covered in an FAQ, and skip to **Step O**.

Note: ***The BOND specialist needs to be very careful about responding to questions not covered in an FAQ. Unless the question is on a topic the BOND specialist has direct experience in, the BOND specialist should tell the beneficiary that he/she needs to research the question and get back to him/her.

***It is critical that the BOND specialist provides the correct answer based on the caller's Stage 2 status.

If the BOND specialist cannot answer the beneficiary's question and needs to research the response, proceed to **Step N**.

- N. Enters the question(s) (verbatim) in BODS and categorizes the question and creates a ticket in BODS indicating that a question needs follow-up by Abt central ops. BODS sends Abt central ops a tickler if the question has not been closed within two business days.

Note: ***The BOND specialist needs to note in BODS how far in the script he/she made it through with the beneficiary so when the BOND specialist calls the beneficiary back with the answer he/she resumes at the right point in the process.

***The BOND specialist tells the beneficiary that his/her question will be researched and that someone will get back to him/her within two business days.

- O. If the beneficiary still does not want to enroll, the BOND specialist can offer to:

- 1) Have the beneficiary speak with the site director, if the BOND specialist feels that the beneficiary may wish to discuss BOND with him/her.
- 2) Follow up with the beneficiary in the future, if the BOND specialist thinks that the beneficiary may need more time to consider the enrollment option.

Proceed to **Step P**.

- P. If beneficiary still does not appear interested, asks the beneficiary:

For our planning process, could you please share with me the reasons that at this time you will not be taking advantage of BOND's opportunity to earn more and keep more of your SSDI cash benefits? Record reason(s) given verbatim in BODS.

Record response given in BODS and proceed to **Step Q**.

- Q. Ends the calling by telling the beneficiary:

[Mr. /Ms. beneficiary last name], thank you very much for your time today. Please contact us if your situation changes and you would like to take advantage of the opportunity BOND offers.

- R. Updates the beneficiary's record in BODS.

Appendix D. BOND Informed Consent Pre-Screen and Informed Consent

Informed Consent Pre-Screen

PRE-SCREENER

- A. Introduce the informed consent pre-screen by reading the following to the beneficiary:

Now I will explain some facts about the Benefit Offset National Demonstration or BOND. After I explain these facts, I will ask you three questions so I can be sure my explanations were clear to you.

- B. Administer Screener **Question 1** by reading the following to the beneficiary:

Here's the first explanation. BOND is a demonstration project that is beginning in 2011. BOND will test a new way to treat earnings for Social Security Disability Insurance (SSDI) beneficiaries. BOND will help participants who want to earn more, keep more of their SSDI income. Please tell me in your own words, what BOND is about.

Refer to **the back of this sheet**, for the acceptable responses to score the beneficiary's response. Enter the beneficiary's score in spreadsheet/ BODS. A response of "Don't know" is scored a 0.

If the beneficiary scores a 0 or 1, proceed to Step C. If the beneficiary scores a 2 or 3, skip to Step D.

- C. Administer Screener **Question 1a** by reading the following to the beneficiary:

Let's try that again. BOND is a demonstration project that is beginning in 2011. BOND will test a new way to treat earnings for Social Security Disability Insurance (SSDI) beneficiaries. BOND will help participants who want to earn more, keep more of their SSDI income. Please tell me in your own words, what BOND is about.

Refer to **the back of this sheet**, for the acceptable responses to score the beneficiary's response. Enter the beneficiary's score in spreadsheet/ BODS.

If the beneficiary scores a 0 or 1, the beneficiary has failed the Informed Consent Pre-Screen. If the beneficiary scores a 2 or 3, proceed to Step D.

Informed Consent Pre-Screener Question 1/1A Scoring

Record the number of correct items beneficiary mentions. It is possible for you to probe by asking: "What else," or "Can you say a little more?" Listen carefully to be able to assess the correctness of the response.

Word	Acceptable Answer	Unacceptable Answer
BOND is a demonstration project that begins in 2011.	<ul style="list-style-type: none"> ❖ BOND is a program. ❖ BOND will start this year ❖ BOND started in 2011 ❖ It is about a demonstration that will test something. ❖ It is called BOND 	<ul style="list-style-type: none"> ❖ BOND will demonstrate how to do something in 2011.
BOND will test a new way to treat earnings for Social Security Disability Insurance (SSDI) beneficiaries.	<ul style="list-style-type: none"> ❖ BOND is for SSDI beneficiaries ❖ If I work, my earnings might be treated differently. 	<ul style="list-style-type: none"> ❖ BOND will test my earnings. ❖ Social Security will test my earnings ❖ BOND will change my earnings if I work
BOND will help participants who want to earn more, keep more of their SSDI income.	<ul style="list-style-type: none"> ❖ BOND will help me earn more money. ❖ I can keep my benefits ❖ I can work more and still keep my benefits ❖ I won't lose my SSDI income if I work 	<ul style="list-style-type: none"> ❖ I can get a bigger benefit ❖ BOND will let me earn more benefits.
Additional Understanding of BOND –not specifically part of this example but understood from outreach letters, calls etc.		
Definition	<ul style="list-style-type: none"> ❖ BOND is the Benefit Offset National Demonstration 	<ul style="list-style-type: none"> ❖
Voluntary	<ul style="list-style-type: none"> ❖ I get to choose whether to participate 	<ul style="list-style-type: none"> ❖ I must participate ❖ BOND is a law
References to counseling	<ul style="list-style-type: none"> ❖ BOND includes work incentive counseling ❖ Someone will help me figure out what will happen to my benefits if I work ❖ Work incentive counselors may be able to help me find a job 	<ul style="list-style-type: none"> ❖ BOND is an Agency that finds them work ❖ BOND will help them find work and keep all of their benefits

D. Administer Screener **Question 2** by reading the following to the beneficiary:

Here is the next explanation. If you decide to participate in the BOND program, you will be asked to take part in a survey. Taking part in this survey is completely voluntary. Completely voluntary means you can choose whether or not to take part in the survey. If you decide to take part, you can refuse to answer any questions you do not like and you can stop the interview at any time you choose. Whether you choose to take part or not, your disability benefits will not be affected in any way. When I say your participation is completely voluntary, what does that mean to you?

Note: ***This question asks about the more abstract concept of "voluntary." Does the beneficiary understand that he or she has the right NOT to participate in the demonstration? Does the beneficiary understand that he or she is allowed to choose not to answer any question at all? This is an important concept. For these questions, the respondent must listen, interpret and then tell you the meaning in his or her own words. Repeating back the phrase "it's voluntary" is not acceptable. The word must be interpreted and understood. If the beneficiary or proxy says "It is voluntary," probe and ask what does that mean.

Refer to **the back of this sheet**, for the acceptable responses to score the beneficiary's response. Enter the beneficiary's score in spreadsheet/ BODS. A response of "Don't know" is scored a 0.

If the beneficiary scores a 0, proceed to Step E. If the beneficiary scores a 1, skip to Step F.

E. Administer Screener **Question 2a** by reading the following to the beneficiary:

Let's try that one again. If you decide to participate in the BOND program, you will be asked to take part in a survey. Taking part in this survey is completely voluntary. Completely voluntary means you can choose whether or not to take part in the survey. If you decide to take part, you can refuse to answer any questions you do not like and you can stop the interview at any time you choose. Whether you choose to take part or not, your disability benefits will not be affected in any way. When I say your participation is completely voluntary, what does that mean to you?

Note: ***If the beneficiary says "It is voluntary," probe and ask what does that mean.

Refer to **the back of this sheet** for the acceptable responses to score the beneficiary's response. Enter the beneficiary's score in spreadsheet/ BODS. A response of "Don't know" is scored a 0.

If the beneficiary scores a 0, the beneficiary has failed the Informed Consent Pre-Screen. If the beneficiary scores a 1, proceed to Step F.

Informed Consent Pre-Screener Question 2/2A Scoring

Record the number of correct items beneficiary mentions. It is possible for you to probe by asking: “What else,” or “Can you say a little more?” Listen carefully to be able to assess the correctness of the response.

Concept	Acceptable Answer	Unacceptable Answer
Participation is voluntary	❖ I can decide if I wish to answer.	❖ I must participate
	❖ It's up to me whether I continue	❖ Voluntary...like I'm supported.
	❖ It's up to me to do it or not	❖ What you mean. Volunteer to help?
	❖ I answer anything I want voluntarily and I can stop anytime I want and my benefits are not affected.	❖ I must participate
	❖ I have free will.	

F. Administer Screener **Question 3** by reading the following to the beneficiary:

*Here's the last explanation. All your answers will be **kept confidential** and used only for the research purposes of the study. When I say that your answers will be **kept confidential**, what does that mean to you?*

Note: ***This question also addresses an abstract concept. If the beneficiary or proxy says “It’s confidential,” probe and ask what does that mean.

Refer to **the back of this sheet** for the acceptable responses to score the beneficiary’s response. Enter the beneficiary’s score in spreadsheet/ BODS. A response of “Don’t know” is scored a 0.

If the beneficiary scores a 0, proceed to Step G. If the beneficiary scores a 1, proceed to Informed Consent Document.

G. Administer Screener **Question 3a** by reading the following to the beneficiary:

*Let's try that one again. All your answers will be **kept confidential** and used only for the research purposes of the study. When I say that your answers will be **kept confidential**, what does that mean to you?*

Note: ***If the beneficiary or proxy says “It’s confidential,” probe and ask what does that mean.

Refer to **the back of this sheet** for the acceptable responses to score the beneficiary's response. Enter the beneficiary's score in BODS.

If the beneficiary scores a 0, the beneficiary has failed the Informed Consent Pre-Screen. If the beneficiary scores a 1, proceed to Informed Consent Document.

Informed Consent Pre-Screener Question 3/3A Scoring

Record the number of correct items beneficiary mentions. It is possible for you to probe by asking: "What else," or "Can you say a little more?" Listen carefully to be able to assess the correctness of the response.

Concept	Acceptable Answer	Unacceptable Answer
My responses are confidential.	<ul style="list-style-type: none">❖ No one will know my name.❖ It can't be held against me.❖ It will be kept quiet.❖ Nobody but researchers will know my name.❖ My name won't be used.❖ Nobody will know who I am.❖ My answers will be kept secret.❖ It won't be talked about❖ Nobody will know what I said	<ul style="list-style-type: none">❖ It's voluntary.❖ It's going to end up being an impartial survey.❖ This is between me and social services.

The beneficiary passes if:

Q1 or Q1a – 2 or 3 correct and

Q2 or Q2a – 1 correct and

Q3 or Q3a – 1 correct

Proceed to reading the informed consent document.

If beneficiary does not pass the Informed Consent Pre-Screening, you:

- H. Explain to the beneficiary that he/she cannot enroll in BOND at this time, reading to the beneficiary the following:

I am afraid that we are having some trouble communicating about joining the BOND program. Unfortunately, I am unable to enroll you at this time. I know this may be disappointing. You have the opportunity to try again in the future if you want. If you choose to do so, please contact the site office and schedule another enrollment session.

- I. Thank the beneficiary for his/her time and then leave the enrollment location or escort the beneficiary out depending on where the remote enrollment session took place.

BOND Participation Agreement

Social Security Administration Benefit Offset National Demonstration Stage 2 Participation Agreement

We invite you to volunteer to participate in a new research study that we are conducting under the Social Security Disability Insurance (SSDI) program. The study is called the Benefit Offset National Demonstration, or the BOND study for short.

What is the BOND study all about?

In this study, we are testing special rules for paying disability benefits to certain SSDI beneficiaries who work. The special rules are intended to assist SSDI beneficiaries in their efforts to work.

Specifically, we are testing the use of a benefit offset based on earnings as an alternative to certain rules that we currently apply to SSDI beneficiaries who work. Under the benefit offset, we will reduce SSDI benefits by \$1 for every \$2 that a beneficiary earns above a Substantial Gainful Activity threshold amount. The benefit offset will allow a beneficiary to receive reduced SSDI benefit payments when we would ordinarily stop payments or terminate entitlement under our usual rules because of the beneficiary's work and earnings.

Our goal in this study is to determine whether the availability of a benefit offset alone or in combination with enhanced benefits counseling services will encourage SSDI beneficiaries to return to work or increase their earnings. We have hired Abt Associates, an independent research company, to help us manage the study.

What will I get if I participate in the BOND study?

If you decide to participate in the BOND study, you may have the chance to return to work and keep more of your disability benefits than you can now. If you already are working and you decide to join this study, you may have the chance to increase your earnings while keeping more of your disability benefits. If you participate in the study you may also have the chance to work with a special counselor who can help you return to work.

Do I have to participate in the BOND study?

You do not have to participate in the BOND study. Your participation is completely voluntary. If you choose not to participate, we will continue to apply the usual SSDI program rules to you. If you decide to participate, you will become one of about 12,600 SSDI beneficiaries whom we expect to join the study.

How does working affect my benefits under the usual SSDI rules?

Going to work does not affect your benefits right away. We provide you with a Trial Work Period (TWP) that allows you to test your ability to work for at least nine months and still be considered disabled. During the TWP, you continue to receive full SSDI benefits no matter how much money you earn as long as you report your work activity and continue to have a disabling impairment. The TWP ends when you have completed nine trial work months, not necessarily in a row, within a 60-month period.

If you complete the TWP and continue to have a disabling impairment, we provide you with a 36-month reentitlement period that begins right after you complete the TWP. We explain below how working during the reentitlement period may affect the payment of benefits.

If you work after the TWP, we review your work and earnings to decide if the work is Substantial Gainful Activity (SGA). Usually, we consider your work to be SGA if your monthly earnings, after allowable deductions, average more than the monthly SGA amount. In 2012, the monthly SGA amount is \$1,010 a month for a person who is not blind or \$1,690 a month for a person who is blind. These amounts may increase from year to year.

We will decide that your disability has ended in the first month you do SGA after completion of the TWP. We pay you benefits for the month disability ended and the following two months, no matter how much you earn. This three-month period is the "grace period."

We will not pay benefits to you or any member of your family entitled on your earnings record for any month in which you do SGA after the grace period and during the 36-month reentitlement period. However, we will pay benefits for any month in which you do not do SGA during the reentitlement period. We will terminate your entitlement to SSDI benefits if you do SGA after the reentitlement period ends.

How would working affect my benefits under the special BOND rules?

The special BOND rules offer you the opportunity to work at an SGA level after the grace period and receive reduced SSDI benefit payments under a benefit offset. We will still apply our usual rules for the TWP, for deciding whether disability ended due to the performance of SGA, and for paying benefits during the grace period. We will not apply the benefit offset before you have completed the grace period. Under the benefit offset, you may receive reduced SSDI benefit payments when you would ordinarily not receive benefit payments under our usual rules because your earnings are at an SGA level.

To be eligible for the benefit offset, you must:

- Agree to participate in the BOND study;
- Be selected for one of the Offset Test Groups under a random assignment process described below;
- Complete the TWP by September 30, 2017;
- Perform SGA after the TWP so that we decide that your disability has ended due to SGA;
- Complete the grace period before the end of your BOND participation period; and
- Continue to have a disabling impairment.

You will be eligible for the benefit offset only during your BOND participation period. Your BOND participation period begins the month after you complete the TWP or, if you have already completed the TWP, the month after you are randomly assigned to an Offset Test Group. It continues for a period of up to 60 months. If you perform SGA after the BOND participation period ends, we will terminate your entitlement to SSDI benefits. This termination of entitlement is similar to what happens under our usual rules when you perform SGA after the 36-month reentitlement period.

Briefly, here is how the benefit offset works.

If you are eligible for the offset throughout a calendar year, we will ask you to provide us with an estimate of your earnings, after allowable deductions, for the calendar year. The counselors at Abt Associates can help you provide this estimate to us. Under the offset, we will reduce the

total of your SSDI benefits for months in the year by \$1 for every \$2 that your estimated yearly earnings are above the BOND yearly amount. If your estimated earnings for the year are not above the BOND yearly amount, we will not reduce your current benefit payments for months in that year under the offset. The BOND yearly amount is equal to twelve times the applicable monthly SGA amount. For example, in 2012, the BOND yearly amount is \$12,120 for a person who is not blind.

If you are eligible for the offset for only part of the calendar year, we will adjust the BOND amount based on the number of months for which you are eligible for the offset in that year. We will only consider your earnings and benefits for those months when we apply the offset.

If members of your family are entitled to benefits on your earnings record, we will pay them their benefits even if you receive reduced SSDI benefit payments under the offset. However, we will not pay benefits to them for any month for which your SSDI benefit is reduced to zero under the offset.

After the year is over, we will determine the actual amount of your earnings for the year (or the part of the year for which you were eligible for the offset) to decide whether we paid more or less in benefits than was due under the offset. We will make appropriate adjustments to future benefit payments if we determine that we paid you (or members of your family) too much or too little in benefits under the offset.

What do I need to do to participate in the BOND study?

To join the BOND study, you need to read and sign this Participation Agreement. Signing and returning this form to a member of the BOND staff at Abt Associates means you agree to be part of the research project known as the BOND study.

What happens once I agree to participate in the BOND study?

Once you agree to participate in the BOND study, a professional interviewer from Abt Associates will meet with you. The interviewer will ask you questions about your work experiences, health, ability to do certain activities, and health insurance coverage. The interviewer will also ask you about any benefits you receive, your income, and the people that live with you. The interview session will take about 60 minutes. You will be given \$40 as a way of thanking you for the time needed to complete the interview.

After you finish the interview, your name will be placed into one of three BOND study groups, through a process called random assignment. The random assignment process is like a lottery. A special computer program will be used to randomly determine the group assignment of each SSDI beneficiary who agrees to participate in the BOND study. Every beneficiary who agrees to participate in the study has an equal chance of being selected for one of the BOND study groups that receives the special BOND rules.

What are the three BOND study groups?

1. Control Group. We will assign approximately 4,800 beneficiaries to this group. If you are randomly assigned to this group, you will continue to be subject to our usual SSDI program rules. You will not receive the special BOND rules. You will have access to the work incentives available under the usual SSDI rules outlined above. If you return to work, you need to report your work activity and earnings to us right away.

2. Offset Only Test Group. We will assign approximately 4,800 beneficiaries to this group. If you are randomly assigned to this Test Group, you will have the opportunity for the benefit offset under the special BOND rules outlined above. A Work Incentives Counseling (WIC) provider in your area can help you understand how work and earnings will affect your SSDI benefits under the special BOND rules and can assist you in getting employment help. If you return to work, you need to report your work activity and earnings to us right away. The counselors at Abt Associates can help you do this. Also, if you become eligible for the benefit offset, you will need to provide estimates of your earnings to us. The counselors at Abt can help you provide this estimate to us.

3. Offset and Enhanced Counseling Test Group. We will assign approximately 3,000 beneficiaries to this group. If you are randomly assigned to this Test Group, you will have the opportunity for the benefit offset under the special BOND rules outlined above. As a participant assigned to this group, you will also receive enhanced counseling services from counselors in your area. These counselors can help you understand how work and earnings will affect your SSDI benefits under the special BOND rules and can assist you in getting employment help. These counselors will contact you to offer counseling you may need to help you get back to work or to make your work experience better.

If you return to work, you need to report your work activity and earnings to us right away. The counselors at Abt Associates can help you do this. Also, if you become eligible for the benefit offset, you will need to provide estimates of your earnings to us. The counselors at Abt can help you provide this estimate to us.

If I sign the Participation Agreement, what am I agreeing to do or allow?

By signing this agreement to participate in the BOND study, you are agreeing to be randomly assigned to any one of the three BOND study groups. You also are agreeing to participate in at least three surveys that Abt Associates is conducting for us for the BOND study. You will complete the first survey today after you sign this Participation Agreement. Interviewers from Abt Associates will contact you about 12 months from now to conduct the second survey with you. They will contact you for the third survey about two years after the second one. If needed for the BOND study, Abt Associates may contact you for additional interviews or surveys for the study.

Participating in the study also means that you give the BOND study staff and researchers permission to access other information about you, limited to the information described below. As a condition of, and for the length of your participation in the BOND study ***in any of the three study groups***, you are giving permission to us for the following information to be obtained by the BOND study staff and researchers at Abt Associates and the Social Security Administration (SSA) from the date of your enrollment in the BOND study until September 2022. The information collected includes:

- identifying information, including your name, address, Social Security number, and date of birth;
- the dates of your participation in the BOND study as well as participation in the SSDI program;
- Vocational Rehabilitation Program administrative records;
- SSA administrative records;
- Health and Human Services administrative records; and
- Self-reported employment and earnings data.

Who will see the information I provide and how will it be used?

All information you provide is confidential. Information you provide will be protected to the greatest extent allowed by law. We will use the information you provide in the BOND study only for research and demonstration program purposes. If you are assigned to one of the Offset Test Groups, we will use the information that you provide about your work and earnings to administer your benefits (and the benefits of family members entitled on your earnings record) for purposes of the BOND study. Otherwise, your answers to research study questions will not affect any benefits you receive now or in the future. Four groups of people will see the information you provide in the BOND study: the interviewer, the researchers doing the study, the office staff working on the study, and our BOND support staff and researchers at SSA. Your name will never appear in any research report. Research reports will only present summary information. The researchers will not use names or individual identifying information in any research report.

What are the potential risks of participating in the BOND study?

The risks of participating in this study are minimal. However, if you join, there are a few potential risks, including the possibility that:

- Additional earnings or income could affect your eligibility for public benefit programs other than SSDI (such as Food Stamps, housing assistance, or other programs).
- Additional earnings or income could affect the benefit amount you receive from benefit programs other than SSDI.
- Either an overpayment or underpayment of your SSDI benefits could result if your actual, end-of-year earnings do not match the estimate of your anticipated monthly earnings.
- While there are strict procedures in place to ensure that your confidentiality is protected, there is a remote risk of a breach of confidentiality. We would inform you if such a breach were to occur.
- The intent of the benefit offset is to make beneficiaries financially better off. The benefit offset provides for a longer period of time when you may have earnings and a cash benefit, and a gradual reduction of those benefits as your earnings increase. However, there may be instances where a combination of earnings and reduced benefits under the benefit offset is not the best choice for you, depending on your specific situation. The BOND study staff will help provide you with the relevant information for you to decide whether the benefit offset could help you financially.

Depending on your BOND study group, you will have access to the services of either Work Incentives Coordinators or Enhanced Work Incentives Counselors, who can help you review and avoid any risks resulting from your participation.

Are there any costs to me to participate in the BOND study?

NO, you do not have to pay anything to participate in the BOND study. Any services you receive from the BOND study will be provided to you at no cost.

What if I decide that I no longer want to be part of the BOND study after I have agreed to participate?

If you decide to participate in the BOND study and are assigned to one of the Offset Test Groups, you may withdraw from the study at any time in writing without penalty. We will apply our usual SSDI program rules to you beginning with the month your withdrawal from the study becomes effective. If you are assigned to an Offset Test Group and later want to withdraw from

the study, please contact Ms. Michelle Wood, the Abt Associates Project Director, at 301-634-1777.

Whom do I contact if I have questions about participation in the BOND study?

If you have questions regarding the BOND study, please contact Michelle Wood, Project Director, at 301-634-1777.

If you have any questions about your rights as a participant in the BOND study, you can call Ms. Teresa Doksum, the IRB Administrator at Abt Associates toll-free at 877-520-6835.

Consent by Participant

By signing this Participation Agreement, I confirm that:

- I have read the information presented in it.
- I understand the information presented in it.
- The information in it was explained to me.
- I have had the opportunity to ask questions about the BOND study.
- I understand my participation in the BOND study is voluntary.
- If I am assigned to an Offset Test Group, I can withdraw from the BOND study at any time in writing without penalty.
- I understand that I will be given a signed copy of this Participation Agreement for my records.
- I voluntarily agree to take part in the BOND study and be randomly assigned to any one of the BOND study groups.
- I voluntarily agree to participate in the research component of the BOND study, the purpose of which is to determine whether the special BOND rules for paying disability benefits to certain working SSDI beneficiaries and the amount of counseling provided to such beneficiaries were successful.

Participant's Name – PLEASE PRINT

Implementation ID

Participant's Signature

Date

Street, City, State, Zip Code(____) ____ - _____
Telephone

Benefit Offset National Demonstration -Participation Agreement
Privacy Act Statement
Collection and Use of Personal Information

Section 234 of the Social Security Act (42 U.S.C. § 434) authorizes us to collect this information. We will use the information you provide in this agreement to determine whether you are interested in participating in the Benefit Offset National Demonstration (BOND) study. If you agree to participate in the BOND study, we will also use the information you provide for a professional interviewer from Abt Associates to contact you to arrange to meet with you. Your participation in the BOND study is voluntary. However, if you do not sign this agreement, you will not be able to be a participant in the BOND study. Your current benefits will not be affected if you choose not to participate.

We rarely use the information you provide on this consent form for any purpose other than for the purposes explained above. We also may disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To a congressional office in response to an inquiry from that office made at the request of the subject of a record;
2. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits or coverage; and
3. To comply with Federal laws requiring the release of information from Social Security records to other agencies (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs).

A complete list of routine uses for this information is available in our System of Records Notice entitled, Disability Insurance and Supplemental Security Income Demonstration Projects and Experiments System, 60-0218. This notice, additional information regarding this agreement, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at any Social Security office.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this information collection is 0960-0785, expiring 2/28/2014. We estimate that it will take about 20 minutes to review this form, learn the facts about this new program, and ask any questions you may have. You may send comments on our time estimate above to: Social Security Administration, 6401 Security Blvd, Baltimore, MD 21235-6401. ***Send only comments relating to our time estimate to this address, not the completed form.***

Appendix E. SSA Forms and Letters

Social Security Administration

BOND PROJECT ORDP/OPDR/OPD
3-D-25B OPR
6401 SECURITY BLVD
BALTIMORE MD 21235

Date: [REDACTED]
Claim Number: [REDACTED]

We are writing to you because we need to know more about your work.

The enclosed pamphlet, "Working While Disabled...How Social Security Can Help", will tell you more about why we need to know about your work.

What You Need To Do

The enclosed form asks for facts we need to know. Please sign, date, and return the completed form within 15 days. We have enclosed an envelope for you to use. If there is no envelope with this letter, please send the form to us at the address shown above.

If You Have Questions

If you have questions, you should call, write or visit our office. If you call or visit our office, please have this letter with you and ask for R. FREEMAN. The telephone number is (410) 965-0047. We can answer most questions over the telephone.

Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.

Richard Balkus
Associate Commissioner

See Next Page

Enclosures:
SSA Pub No. 05-10095
Pre-addressed Envelope

Form SSA-821-BK (03-2001)
EF (03-2001)

Page 2 of 2

Work and Earning Summary

The following information is being provided to assist you in completing the enclosed Work Activity Report. It shows any employers and yearly earnings we currently have for you on record.

Earnings information is not available for work you did this year and will likely not be shown for any work you did last year. If you have worked any other places not shown on the enclosed Work Activity Report, please provide information on a separate piece of paper.

Employer	Year	Yearly Earnings
[REDACTED] CORPORATION	2010	\$30,400.00
	2009	\$64,078.56

Enclosures:
SSA Pub No. 05-10095
Pre-addressed Envelope

Form **SSA-821-BK** (03-2001)
EF (03-2001)

SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0059**WORK ACTIVITY REPORT - EMPLOYEE****IDENTIFICATION - TO BE COMPLETED BY SSA**

Name of Claimant or Beneficiary [REDACTED]	Claimant or Beneficiary's SSN [REDACTED]	<input type="checkbox"/> Blind <input checked="" type="checkbox"/> Not Blind
Name of Wage Earner (if different from Claimant or Beneficiary)		Wage Earner's SSN

Claimant or Beneficiary is Receiving:

- Social Security Disability Insurance (SSDI) Benefits Both SSDI and SSI Disability Benefits
 Supplemental Security Income (SSI) Disability Benefits Neither SSDI or SSI Disability Benefits

PART I - TO BE COMPLETED BY SSA

1. Please use this form to tell us about your work since _____ >	02/2009
2. We need to know this information because: You have been selected to participate in SSA's BOND project.	

ANSWER THE QUESTIONS ON THIS FORM AND RETURN IT AND ANY OTHER INFORMATION ABOUT YOUR CLAIM TO THE SOCIAL SECURITY OFFICE THAT GAVE (OR SENT) YOU THE FORM.

PART II - TO BE COMPLETED BY PERSONS APPLYING FOR OR RECEIVING BENEFITS

You should answer each of the questions below as best and with as many details as you can. This information will help us decide if you should get or keep getting benefits. For any question below, if you need more space use item 9, on pages 5 and 6. Remember to write the number of the question that you are answering in item 9.

1. HAVE YOU WORKED SINCE THE DATE SHOWN IN ITEM 1 OF PART I ABOVE?
<input type="checkbox"/> YES If you did work, go to item 3 below and answer the rest of the questions and sign and date the form. <input type="checkbox"/> NO If you did not work, but earnings were reported for you as shown in item 2 of Part I above, go to item 2 below.
2. REPORTED WORK EARNINGS If you did not work, but earnings were reported for you as shown in Item 2 of Part I, explain what the pay was for. For example, sometimes pay is sick pay, vacation pay or holiday pay that you earned, or for work that you did before becoming unable to work because of your condition. If you can't explain the earnings reported for you or you don't remember what the total earnings are for, ask your employer(s). If your employer(s) cannot help you, ask your local Social Security Office to help you. Explanation of Earnings: _____ _____ _____ _____
If you need more space, use item 9. Then go to items 8 and 10

Form SSA-821 (03-2001) Formerly SSA-821-F4 & SSA-3945-BK

<p>3. TELL US ABOUT YOUR WORK SINCE THE DATE IN ITEM 1 OF PART 1 ABOVE. (If you are not sure about some things, ask your employer to help you. If you need more space, use item 9, on pages 5 and 6. Remember to write the number of the question that you are answering in item 9.)</p>			
<p>A. Employer's Name [REDACTED]</p>		<p>Employer's Address [REDACTED]</p>	
Date Work Started [REDACTED] / [REDACTED] /2009	Date Work Ended	Starting Hourly Pay	Current or Ending Pay
Job Title	Number of Hours (on average) Worked <input type="checkbox"/> Per Day <input checked="" type="checkbox"/> Per Week	Supervisor's Name	Supervisor's Telephone Number
<p>Check each block below that is true for this work:</p> <p>I stopped working within 6 months, or I reduced my work hours and earnings within 6 months, or within 6 months I had to change the type of work I was doing (e.g., You were a plumber and changed to lighter work.) because:</p> <p><input type="checkbox"/> of my medical condition. <input type="checkbox"/> special conditions at work related to my medical condition that allowed me to work were removed. <input type="checkbox"/> I stopped working or changed the type of work I was doing for other reasons. (Tell us what the other reasons were below.)</p> <hr/> <hr/> <hr/>			
<p>B. Prior Employer's Name [REDACTED]</p>		<p>Employer's Address [REDACTED]</p>	
Date Work Started	Date Work Ended	Starting Hourly Pay	Current or Ending Pay
Job Title	Number of Hours (on average) Worked <input type="checkbox"/> Per Day <input type="checkbox"/> Per Week	Supervisor's Name	Supervisor's Telephone Number
<p>Check each block below that is true for this work:</p> <p>I stopped working within 6 months, or I reduced my work hours and earnings within 6 months, or within 6 months I had to change the type of work I was doing (e.g., You were a plumber and changed to lighter work.) because:</p> <p><input type="checkbox"/> of my medical condition. <input type="checkbox"/> special conditions at work related to my medical condition that allowed me to work were removed. <input type="checkbox"/> I stopped working or changed the type of work I was doing for other reasons. (Tell us what the other reasons were below.)</p> <hr/> <hr/> <hr/>			

C Prior Employer's Name		Employer's Address																																							
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<p>4. Since the date you started working on or after the date shown in item 1 of Part 1 above, have there been any months during which you earned over \$200 per month through 12/2000 or over \$530 beginning 01/2001 (before anything was withheld; e.g., taxes)?</p> <p><input type="checkbox"/> NO (Go to Item 5.) <input type="checkbox"/> YES (Tell us which month and year and the amount you earned that month in the chart below. If you need more space, use Item 9. on pages 5 and 6. Remember to write the number of the question that you are answering in Item 9.)</p> <table border="1"> <thead> <tr> <th>MONTH/YEAR</th> <th>AMOUNT</th> <th>MONTH/YEAR</th> <th>AMOUNT</th> <th>MONTH/YEAR</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$</td> <td></td> <td>\$</td> <td></td> <td>\$</td> </tr> </tbody> </table> <p>5. SPECIAL WORK CONDITIONS - Do (Did) you get special help on-the-job or extra pay in any of the jobs that you told us about in item 3?</p> <p><input type="checkbox"/> NO (Go to Item 6.) <input type="checkbox"/> YES Check all of the boxes that are true for you and tell us for which job(s) you received that help and tell us about any other special conditions(s) or help that you got on a job.</p> <table> <tbody> <tr> <td><input type="checkbox"/> I needed and got special help from other workers during my job</td> <td><input type="checkbox"/> I was given a job based on my past services to an employer.</td> </tr> <tr> <td><input type="checkbox"/> I was given special equipment or was given work that suited my condition.</td> <td><input type="checkbox"/> I worked irregular hours or took frequent rest periods.</td> </tr> <tr> <td><input type="checkbox"/> I was allowed to work at a lower standard of productivity.</td> <td><input type="checkbox"/> I worked in a sheltered work center.</td> </tr> <tr> <td><input type="checkbox"/> I worked for a relative or friend.</td> <td><input type="checkbox"/> I was hired through a special program for training or therapy (e.g., vocational rehabilitation, supported employment).</td> </tr> </tbody> </table>				MONTH/YEAR	AMOUNT	MONTH/YEAR	AMOUNT	MONTH/YEAR	AMOUNT		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$	<input type="checkbox"/> I needed and got special help from other workers during my job	<input type="checkbox"/> I was given a job based on my past services to an employer.	<input type="checkbox"/> I was given special equipment or was given work that suited my condition.	<input type="checkbox"/> I worked irregular hours or took frequent rest periods.	<input type="checkbox"/> I was allowed to work at a lower standard of productivity.	<input type="checkbox"/> I worked in a sheltered work center.	<input type="checkbox"/> I worked for a relative or friend.	<input type="checkbox"/> I was hired through a special program for training or therapy (e.g., vocational rehabilitation, supported employment).
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<input type="checkbox"/> I was given special equipment or was given work that suited my condition.	<input type="checkbox"/> I worked irregular hours or took frequent rest periods.																																								
<input type="checkbox"/> I was allowed to work at a lower standard of productivity.	<input type="checkbox"/> I worked in a sheltered work center.																																								
<input type="checkbox"/> I worked for a relative or friend.	<input type="checkbox"/> I was hired through a special program for training or therapy (e.g., vocational rehabilitation, supported employment).																																								

5. SPECIAL WORK CONDITIONS - Continued

Check all of the boxes that are true for you and tell us for which job(s) you received that help and tell us about any other special condition(s) or help that you got on a job.

My job duties were different than other workers' job duties doing the same work because:

- | | |
|--|---|
| <input type="checkbox"/> I worked fewer hours. | <input type="checkbox"/> I got different pay. |
| <input type="checkbox"/> I had different duties; fewer or easier duties. | <input type="checkbox"/> I had extra help, extra supervision, or a job coach. |
| <input type="checkbox"/> I was given special transportation to and from work. | <input type="checkbox"/> I got special help getting ready for work. |
| <input type="checkbox"/> I was paid for extra rest periods at work or extra time off from work and other workers were not. | |
| <input type="checkbox"/> Other special help. (Explain below.) | |

In the space below tell us for which job(s) you received the special help. If you need more space, use Item 9.

6. OTHER/SPECIAL PAYMENTS - Do (Did) you get any payment(s) from an employer in addition to regular pay? For example, did you get any tips, bonuses, sick or disability pay, vacation pay, meals, room or rent, transportation or use of a car or vehicle, or childcare?

NO Go to Item 7.

YES Tell us below what these payments were. If you need more space, use Item 9.

EMPLOYER	TYPE OF PAYMENT	AMOUNT OR ESTIMATE OF THE DOLLAR VALUE	MONTH & YEAR
		\$	
		\$	
		\$	
		\$	
		\$	

7. SPECIAL WORK EXPENSES (IMPAIRMENT-RELATED WORK EXPENSES) - Do (Did) you spend any money of your own earnings for any things or services related to your condition that allowed you to work and for which you did not get paid back?

For example, medicines, bandages, braces, wheelchair, artificial arm or leg, braille equipment, special telephone or computer equipment, modifications to home (wider doorways, roll-in shower, ramps, wheelchair-lift), or modifications to a car (automatic wheelchair-lift), personal assistance (personal care attendant).

NO Go to Item 8.

YES Tell us about the bills, or part of the bills, that you paid for things or services related to your medical condition that you needed in order to work. (Upon review, you may be required to provide proof of these expenses.)

or any other organization or person

or other organization or person. (Example: An insurance company might pay all or part of the bill at a later time.)

9. More Space - Continued. For any question above, if you need more space, use space below. Remember to write the number of the question that you are answering before you begin.

10. I authorize any employer, agency or other organization to disclose to the Social Security Administration or the state agency that may determine or review my entitlement to disability benefits any information about my medical condition or my work.

SIGN AND DATE THIS FORM

ANYONE MAKING A FALSE STATEMENT OR REPRESENTATION OF A MATERIAL FACT FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW.

Signature of Claimant, Beneficiary or Representative	Date	Telephone Number
Mailing Address (Number and Street)		
City and State	ZIP Code	County

Witnesses must sign ONLY if this statement is signed by mark (e.g.,X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses and telephone numbers.

1. Signature of Witness	2. Signature of Witness
Address	Address
Telephone Number	Telephone Number

PRIVACY ACT/PAPERWORK REDUCTION ACT STATEMENT

The Social Security Administration is authorized to collect the information on this form under Sections 205(a), 223(d), 1612, 1613 and 1633(a) of the Social Security Act. The information on this form is needed by the Social Security Administration to make a decision on your claim. While giving us the information on this form is voluntary, failure to provide all of the requested information could prevent an accurate or timely decision on your claim and could result in a loss of benefits. Although the information you furnish on this form is almost never used for any purpose other than making a determination on your disability claim, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist the Social Security Administration in establishing rights to Social Security benefits or coverage, (2) to comply with Federal laws requiring the release of information from Social Security records (for example, the General Accounting Office and the Department of Veterans Affairs), and (3) to facilitate statistical research and audit activities necessary to ensure the integrity and improvement of the Social Security programs (for example, to the Bureau of Census and Private concerns under contract to the Social Security Administration).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use programs to find or prove that a person qualifies for benefits paid by the Federal Government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 45 minutes to read the instructions, gather the necessary facts, and answer the questions.

FOR SSA USE ONLY - DO NOT WRITE ON THIS PAGE

<p>11. A. Contact Made:</p> <p><input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone <input type="checkbox"/> Other _____</p> <p>B. Completed by:</p> <p><input type="checkbox"/> Claimant <input type="checkbox"/> SSA Representative <input type="checkbox"/> Other _____</p> <p>If "Other", show:</p> <table border="1"> <tr> <td>Name</td> <td>Address</td> <td>Telephone Number</td> </tr> <tr> <td></td> <td></td> <td>Relationship</td> </tr> </table>				Name	Address	Telephone Number			Relationship																						
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<p>12. Interviewer/Reviewer Checklist. SSA interviewers and reviewers should check all items that apply and discuss all "YES" or "NO" answers below, except for reminder items or when a final determination is prepared.</p> <table> <tr> <td>A. Work within waiting period or within 12 months of onset (SGA denial or reopening/revision to denial applies)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>B. MIE diary involved - DDS referral needed</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>C. Title II TWP determination</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>D. Special considerations, situations, assistance (Subsidy - specific or nonspecific)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>E. IRWE</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>F. SGA (after applicable subsidy/IRWE deduction(s))</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>G. UWA (Initial claim - DDS jurisdiction. FO has documented significant break in work and made UWA recommendation to DDS for final determination)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>H. UWA (Continuing disability review - FO jurisdiction)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>I. EPE impairment severity issue - DDS referral needed (reminder item)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>J. EPE reinstatements/suspension/termination</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>K. Due process required</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>L. Concurrent Title II & Title XVI Income & Resources or 1619 action needed</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>M. Other issue(s)/comment(s) not noted above</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">Discussion</td> </tr> </table>				A. Work within waiting period or within 12 months of onset (SGA denial or reopening/revision to denial applies)	<input type="checkbox"/> Yes <input type="checkbox"/> No	B. MIE diary involved - DDS referral needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	C. Title II TWP determination	<input type="checkbox"/> Yes <input type="checkbox"/> No	D. Special considerations, situations, assistance (Subsidy - specific or nonspecific)	<input type="checkbox"/> Yes <input type="checkbox"/> No	E. IRWE	<input type="checkbox"/> Yes <input type="checkbox"/> No	F. SGA (after applicable subsidy/IRWE deduction(s))	<input type="checkbox"/> Yes <input type="checkbox"/> No	G. UWA (Initial claim - DDS jurisdiction. FO has documented significant break in work and made UWA recommendation to DDS for final determination)	<input type="checkbox"/> Yes <input type="checkbox"/> No	H. UWA (Continuing disability review - FO jurisdiction)	<input type="checkbox"/> Yes <input type="checkbox"/> No	I. EPE impairment severity issue - DDS referral needed (reminder item)	<input type="checkbox"/> Yes <input type="checkbox"/> No	J. EPE reinstatements/suspension/termination	<input type="checkbox"/> Yes <input type="checkbox"/> No	K. Due process required	<input type="checkbox"/> Yes <input type="checkbox"/> No	L. Concurrent Title II & Title XVI Income & Resources or 1619 action needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	M. Other issue(s)/comment(s) not noted above	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discussion	
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13. Signature and Title of SSA interviewer/reviewer	14. FO/PSC code	15. Telephone number	16. Date																												

Form SSA-821 (03-2001) Formerly SSA-821-F4 & SSA-3945-BK

**Social Security Administration
Retirement, Survivors and Disability Insurance**

6401 SECURITY BLVD
3RD FLOOR OPERATIONS
OPD 3-D-25B OPR
BALTIMORE, MD 21235
Date: May 01, 2012
Claim Number:
5MM

Dear

Earlier, we wrote to tell you that we had information about your work and earnings that could affect your Social Security disability benefits. We told you that we planned to decide that you performed substantial work and that your disability ended. We are now writing to tell you our decision.

We used the information we had to make our decision.

We have decided that you performed substantial work in February 2012 and that your disability ended in that month.

Our decision is only about the work you did and how the work showed you are able to do substantial work and that your disability ended. We may review your medical condition to see if your disabling condition continues.

Even though we have decided that your disability ended because of substantial work, you may still be able to receive benefits under the special rules for a qualified individual under the Benefit Offset National Demonstration.

Your claim will be reviewed from time to time to see if you are still eligible for benefits based on disability. When your claim is reviewed, you will be contacted if there is any question as to whether your eligibility continues.

Benefit Offset National Demonstration (BOND)

You have been selected to participate in the Benefit Offset National Demonstration (BOND) project.

As a BOND participant whose disability ended because of substantial work, you are a qualified individual under the BOND project and eligible for the special BOND rules beginning with the later of the following months:

- The third month after the month your disability ended because of

See Next Page

substantial work; or

- The month after the month you were selected to participate in the BOND project.

The BOND project offers qualified individuals a more generous treatment of earnings than under the current rules. A qualified individual is provided an

opportunity to work and earn over \$12120.00 and benefit from having only \$1 of benefits withheld for every \$2 earned over this amount. Under current Social Security rules, the same qualified individual working and earning over \$12120.00 generally has his or her benefits stopped.

Information About Your Payments

Your disability payments continued during the 9 trial work months. Your trial work period ended January 2012. You worked after your trial work period ended. Your work activity showed an ability to do substantial work as of February 2012 and your disability ended in that month. You were paid disability benefits for the month disability ended and the following 2 months. We call these 3 months the "grace period."

We can begin applying the BOND rules beginning May 2012 through January 2017 as long as your disabling condition continues,

If you expect to earn more than \$12,120.00 and you are a qualified individual, we can apply the \$1 for \$2 reduction rules as long as your disabling condition continues. If you are not working or do not expect to earn more than the BOND yearly amount of \$12,120.00, we will not reduce your current benefits based on BOND rules. However, if we find, after the year is over, that you actually earned more than the BOND yearly amount, we will determine the amount by which your benefits in that year should have been reduced under the BOND rules, and we will make appropriate adjustments to your future benefits.

A benefits counselor from our partner Abt Associates will contact you to discuss the BOND project and your work activity for this year. The benefits counselor at Abt Associates will help you to estimate how much you expect to earn this year. The benefits counselor at Abt Associates will send us your estimate of earnings so we can adjust your benefits as needed.

What Is Substantial Work

Generally, substantial gainful work is physical or mental work you are paid to do. Work can be substantial even if it is part-time. We consider the nature of your job duties, the skills and experience you need to do the job, and how much you actually earn.

Usually, we consider work to be substantial and gainful if monthly earnings, after allowable deductions, average over \$1010 a month (or \$1000 per month before January 1, 2012). If you are self-employed, we may give more consideration to the kind and value of your work, including your part in the management of the business, than to your income alone.

Your work now may be different than before your disability began. It may not be as hard to do and your pay may be less. However, we may still consider your work

to be substantial and gainful under our rules.

For blind individuals, we usually find work is substantial if monthly earnings, after allowable deductions, average more than the following amounts: \$1,690.00 a month for 2012; \$1,640.00 a month for 2011.

Information About Medicare

A special provision of the law allows for continuation of Medicare coverage for at least 93 months after the end of the 9-month trial work period if you continue to have a disabling impairment. This protection could be extended if you stop doing substantial gainful work or if your earnings are significantly reduced. If this should happen, you should contact any Social Security office. You will be notified later when your Medicare coverage will actually end.

If You Disagree With This Decision

If you think we are wrong, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us you did not get it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for a hearing.
- You have to ask for an appeal in writing. We will ask you to sign a form SSA-561-U2, called "Request for Reconsideration." Contact one of our offices if you want help.

Please read the enclosed pamphlet, "Your Right to Question the Decision Made on Your Social Security Claim." It contains more information about the appeal.

If You Want Help With Your Appeal

You can have a friend, representative, or someone else help you. There are groups that can help you find a representative or give you free legal services if you qualify. There also are representatives who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

Page 4 of 4

If You Have Questions About The BOND Project

Please visit our website at www.bondssa.gov for general information about the Benefit Offset National Demonstration (BOND) project. If you have any questions about the BOND project, you may call our partner Abt Associates. Their toll-free number is 1-877-726-6309. They will help you by phone or they will set up an appointment with the Abt local office that serves your area. If you have a

hearing or speech impairment, you may call their TTY number, 1-877-726-6390. When you call, please have this letter with you. It will help the counselors at Abt answer your questions.

Social Security Administration