

CASE STUDIES FROM THE BENEFIT OFFSET NATIONAL DEMONSTRATION

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Social Security Disability Insurance beneficiaries who return to work and earn above a substantial gainful activity level can lose their cash benefits, which is often considered a disincentive to employment. The Benefit Offset National Demonstration (BOND) project tests a policy that removes this sudden loss by gradually reducing cash benefits through an offset and by offering varying levels of benefits counseling. These case studies share the experiences of three individuals who are successfully reaching their return-to-work goals as they participate in the BOND project.

Introduction

As the Social Security Administration (SSA) faces growing budget challenges and an increasing number of Social Security Disability Insurance (DI) beneficiaries, policymakers are testing changes to the DI program to determine whether those changes lead to an increase in work and earnings among DI beneficiaries, and therefore a decrease in their reliance on DI benefits. The Benefit Offset National Demonstration (BOND) is a project that tests the use of a benefit offset and benefits counseling in the DI program. While DI beneficiaries normally stop receiving benefits because of their work and earnings, those participating in the BOND project receive an offset—a gradual decline in their benefits depending on their level of work and earnings.

We present three case studies of BOND participants to examine their participation in the project and the ways in which the BOND intervention has assisted them in the process of returning to work. These case studies represent the unique experiences of the participants who were interviewed and should not be generalized to the entire DI beneficiary population. As part of the BOND project, we are conducting an evaluation that will provide nationally representative estimates of the impact of the benefit offset. We begin by providing

background information on DI, work incentives, and returning to work. We introduce the BOND project and then present the three case studies. To close, we discuss the ways in which the components of BOND have influenced these beneficiaries' return to the labor market.

Background

In order to qualify for DI benefits, an individual must meet SSA's definition of disability and have enough employment and earnings history to be covered under the program. SSA defines disability as a medically determinable physical or mental impairment that prevents an individual from performing substantial gainful activity (SGA) and that has lasted or is expected to last at least 1 year, or that is expected to

Selected Abbreviations

BOND	Benefit Offset National Demonstration
DI	Disability Insurance
EPE	extended period of eligibility
EWIC	enhanced work incentives counseling
SGA	substantial gainful activity
SSA	Social Security Administration

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Selected Abbreviations—*Continued*

TWP	trial work period
VR	vocational rehabilitation
WIC	work incentives counseling

result in death. SSA defines SGA in terms of monthly earnings; in 2014, the monthly SGA earnings level was \$1,070 for nonblind individuals and \$1,800 for blind individuals.

Once individuals are determined eligible for DI benefits and they are receiving them, the DI program offers some provisions to support those beneficiaries in their efforts to return to work. The trial work period (TWP) allows a beneficiary who wants to attempt reentry into the workforce to test working for 9 months (not necessarily consecutive) within a rolling 60-month period and still be considered disabled. During those months, the beneficiary continues to receive his or her benefits, regardless of the level of earnings. If the beneficiary completes the TWP, the 3-month grace period, and continues to work above the SGA level, he or she could lose DI benefits. SSA conducts work continuing disability reviews to determine whether the beneficiary's work is at the SGA level. If the beneficiary is engaging in SGA, DI benefits cease. The beneficiary then enters a 36-month extended period of eligibility (EPE), during which benefits will resume in months when he or she is not engaged in SGA. After the EPE, benefits will terminate when the beneficiary resumes work at the SGA level.

The loss of benefits, also known as the “cash cliff,” is considered a disincentive to DI beneficiaries returning to work. One commonly cited statistic is that just one-half of 1 percent of beneficiaries have their benefits terminated because of work each year (SSA 2013). However, one study looked at work activity longitudinally for a cohort of beneficiaries who were first awarded benefits in 1996. In that study, 6.5 percent of beneficiaries had their benefits suspended because of work activity at some point between 1996 and 2006, and 28 percent were employed at some point during that period (Liu and Stapleton 2010). According to Livermore (2009), approximately 40 percent of respondents in the 2004 National Beneficiary Survey (NBS) reported having work-related goals or expectations. DI beneficiaries may want to return to work, but they may also face

multiple barriers to employment. Along with the fear of losing benefits, other barriers include poor health status, lack of information about employment supports, and a lack of information about the impact of earnings on benefits (Livermore 2011).

Health status is often a challenge for beneficiaries who want to or attempt to return to the labor market. Livermore and Roche (2011) reported that health conditions preventing work was the most commonly cited barrier in their study of Ticket to Work participants. Beneficiaries may not have the health supports and resources they need, or they may experience fluctuations in their health status and changes in their capacity to work, which pose challenges for remaining in the labor market.

In addition to the uncertainty of their health status, many beneficiaries live in a household in which financial stability may depend on their benefit checks. In 2010, just 29 percent of DI beneficiaries lived in households with earnings higher than 300 percent of the federal poverty level (Bailey and Hemmeter 2014). Beneficiaries may also be concerned about earnings jeopardizing their continued eligibility for public benefits, including health insurance coverage. DI beneficiaries are eligible for Medicare benefits after 24 months of DI eligibility. Although provisions allow beneficiaries to keep their health coverage after returning to work,¹ 11 percent of respondents in the 2004 NBS cited the fear of losing health insurance coverage as a barrier to returning to work (Livermore, Goodman, and Wright 2007). Additionally, beneficiaries often lack the necessary information regarding how earnings may affect their benefits. Testing interventions designed to address these barriers may help policymakers determine how to support beneficiaries in their attempts to return to work. BOND is testing interventions that address the cash cliff, a commonly noted disincentive to returning to work.

The BOND Project

BOND is a congressionally mandated demonstration project included in the Ticket to Work and Work Incentives Improvement Act of 1999. BOND tests whether a \$1-for-\$2 benefit offset impacts employment and earnings among DI beneficiaries. Under current rules, beneficiaries lose their benefits when they complete their TWP and continue to work and earn above the SGA level. Under BOND rules, beneficiaries receive the benefit offset rather than losing all of their benefits when they exhaust their

TWP and continue to work and earn above the BOND yearly amount, which is equivalent to the annualized monthly SGA amount (for 2014, the BOND yearly amount was \$12,840— equal to the monthly SGA amount of \$1,070 * 12). SSA calculates the benefit offset based on the beneficiary’s annual earnings. Beneficiaries are encouraged to submit annual earnings estimates at the beginning of each calendar year. If a beneficiary does not provide an estimate or if his or her estimate is incorrect, an adjustment is made through a reconciliation process conducted in the following year.

Table 1 provides an example of the benefit offset calculation. In that example, the beneficiary completed the TWP, ceased benefit receipt because of SGA, provided an annual earnings estimate for 2014, and had no noncountable earnings.² In the calculation, the amount deducted from the BOND participant’s monthly DI benefit is \$250. If the beneficiary receives a \$750 monthly DI benefit, the benefit offset reduces that amount to a \$500 monthly DI benefit. Under current DI rules, the beneficiary in the example would receive no DI benefit.

BOND’s design includes a two-stage random assignment process for selecting participants. Stage 1 represents the part of the demonstration project where beneficiaries were randomly assigned to either a benefit-offset-only treatment group (T1) or a control group. Stage-1 beneficiaries did not volunteer for the demonstration project, and after random assignment, the treatment group participants were automatically eligible to receive the benefit offset for their earnings. In addition to the opportunity to use the benefit offset, stage-1 treatment group beneficiaries receive work incentives counseling (WIC), which provides information on how BOND participation and earnings could affect their benefits. WIC is comparable to the benefits

counseling available to all DI beneficiaries through the Work Incentives Planning and Assistance program, but it provides information specific to BOND. WIC services are demand responsive; thus, counselors do not conduct outreach to individual beneficiaries. Once beneficiaries engage their counselors, activities can include assessments of benefits and work incentives in addition to development of related work-incentive plans that describe employment goals and include action items and referrals to other providers. WIC staff members do not provide direct employment services, but refer individuals to organizations such as state vocational rehabilitation (VR) agencies, employment networks, or other agencies that provide employment services and support.

Stage 2 was designed to test the impacts of the benefit offset and enhanced work incentives counseling (EWIC). Stage-2 beneficiaries volunteered to participate in the demonstration project. They were then randomly assigned into one of the following three groups: a benefit offset group that also receives WIC services (T21), a benefit offset group that also receives EWIC services (T22), or a control group. Beneficiaries in the offset-plus-EWIC group receive more intensive, BOND-specific benefits counseling with follow-up services. EWIC differs from WIC, in that EWIC providers conduct outreach to individuals, and counselors follow up with beneficiaries and monitor those participants’ progress. EWIC services include those available in WIC, in addition to activities such as psychosocial needs assessments and vocational assessments. Similar to WIC, EWIC does not include direct employment services, but providers do refer beneficiaries to other organizations that provide direct employment services. Unlike WIC, EWIC providers coordinate and monitor those referrals as part of their follow-up services.

Table 1.
Benefit offset calculation: Hypothetical BOND participant case

Step	Process	Amount (\$)
1	DI beneficiary (and BOND participant) provides his or her annual earnings estimate	18,840
2	SSA uses (for calculation purposes) the BOND yearly amount for 2014	12,840
3	SSA determines the beneficiary’s annual earnings that exceed the BOND yearly amount limit	6,000
4	SSA deducts \$1 for every \$2 above the BOND yearly amount limit	3,000
5	SSA determines the beneficiary’s monthly benefit offset amount	250

SOURCE: Authors’ example.

NOTES: BOND = Benefit Offset National Demonstration; DI = Disability Insurance; SSA = Social Security Administration.

In 2009, SSA awarded a contract to Abt Associates Inc. (Abt) to implement BOND. Implementation began in 2011 in 10 sites across the United States.³ Abt initially informed the stage-1 treatment beneficiaries ($n=79,440$) of their status as project participants by mailing two letters between May and October 2011. The letters introduced the BOND project and supplied resources for beneficiaries to access further information. For the stage-1 treatment group beneficiaries who had not participated in the project during the first 2 years after implementation began, Abt also conducted follow-up outreach that included a letter and two phone calls. Abt recruited and enrolled stage-2 treatment group beneficiaries ($n=8,024$)⁴ in the project from March 2011 through September 2012. Beneficiaries who were eligible

for participation in BOND had to be at least age 20 and younger than age 60 and residing in 1 of the 10 BOND sites. They had to be entitled to DI benefits, currently receiving benefits, and not be current or former participants in any other SSA demonstration projects. Treatment group participants have until September 2017 to complete the TWP, and they can receive the benefit offset for up to 5 years once they are eligible to use it.

Table 2 provides demographic characteristics of treatment group participants at the time of random assignment. We include this table to provide context about the population of BOND treatment group participants before presenting a focused look at the three BOND participants in the Case Studies section.

Table 2.
Demographic characteristics of BOND participants at random assignment (in percent)

Characteristic	T1	T21	T22
Total	79,440	4,935	3,089
Sex			
Men	51.6	48.8	49.6
Women	48.4	51.2	50.4
Diagnosis			
Mental disorders	30.0	32.1	29.6
Nervous system	7.1	6.3	7.0
Musculoskeletal system	24.5	25.4	26.1
Circulatory system	6.6	6.2	6.8
All other ^a	31.8	30.0	30.5
Age group at randomization			
20–29	7.7	5.9	6.0
30–39	13.2	14.9	13.8
40–49	26.9	27.5	27.6
50–59	52.2	51.8	52.6
Site			
Alabama	14.2	10.1	10.1
Arizona/Southeastern California	9.8	12.7	12.3
Colorado/Wyoming	7.0	8.0	8.0
District of Columbia Metro Area	5.3	7.9	8.0
Greater Detroit	10.0	9.0	9.1
Greater Houston	8.7	8.5	8.5
Northern New England	9.8	9.4	9.4
Southern Florida	15.4	13.2	13.4
Western New York	9.9	9.4	9.5
Wisconsin	9.9	11.7	11.7

SOURCE: Authors' calculations based on BOND project administrative records.

NOTES: BOND = Benefit Offset National Demonstration; T1 = stage-1 benefit offset plus work incentives counseling (WIC); T21 = stage-2 benefit offset plus WIC; T22 = stage-2 benefit offset plus enhanced work incentives counseling (EWIC).

Rounded components of percentage distributions do not necessarily sum to 100.0.

a. Includes diseases of the digestive, genitourinary, and respiratory systems; injuries; neoplasms; severe visual impairments; and other conditions/impairments. All diagnoses except for "other conditions/impairments" were less than 5 percent.

Case Studies

We solicited the project's WIC and EWIC providers for individual stories that demonstrate how BOND participants interact with project providers and utilize the services available. We interviewed three BOND participants and the WIC or EWIC providers that work directly with them. We use fictitious names for the participant beneficiaries to protect their identities. These case studies highlight how the selected beneficiaries initially learned about BOND, how they were impacted by the project, and how they took advantage of certain opportunities the project offered. These case studies represent three unique stories of individuals successfully returning to work, and thus are not representative of all BOND participants.

Dolly from the District of Columbia

Dolly is a 51-year-old wife and mother who has been a DI beneficiary since 2001. Dolly continues to struggle with a variety of medical issues more than a decade after her entitlement. She suffers from constant headaches—some of which are severe enough to require hospitalization—because of a neurological condition.

Despite her health barriers, Dolly considered returning to work for about a year before she actually tried it. She first tested her ability to return to work more than 3 years ago by assisting with the census. She was hired on a temporary, part-time basis and did so well that she was asked to stay on for a few more months to perform quality control. Dolly stated that with this opportunity, "I proved to myself that I could return to work."

Dolly is a stage-2 BOND participant. She first heard about BOND through the initial outreach letter that encouraged potential participants to enroll. She was interested in learning more about the project because she continued to want to return to work. In May 2011, she completed an enrollment appointment and was excited to find out that she was randomly assigned to the treatment group that offered the benefit offset and EWIC services. Dolly said that she looked forward to having extra assistance because she did not think that she was making much progress returning to work on her own. Dolly and her EWIC provider at ServiceSource in Virginia have been working closely together since the first time the provider contacted her.

Dolly has a degree in political science and wanted to find a job in which she could use her skills; she specifically wanted a federal job because she lives in

the District of Columbia metropolitan area. Her EWIC provider referred her to resume workshops, including a workshop focused on applying for federal jobs. Dolly and her EWIC provider formulated a plan, set goals, and were in contact on a regular basis regarding return-to-work progress. In 2012, Dolly got a job at a federal agency. She worked part-time at that agency for over a year and eventually began full-time status. She takes advantage of any opportunities the job offers, such as taking training courses to improve her marketability. Dolly does not particularly enjoy this job, but has remained with the agency because she enjoys working. Her current position is very labor intensive, and she does not think that she is working at her full potential. Prior to her DI entitlement, she spent time working in a law library and would ultimately like to pursue further library work. She also thinks that it is beneficial to build time as a federal employee, in hopes that this will help her find more fitting and rewarding employment.

Dolly continues to apply for other positions, but has not yet found another job. She stays in regular contact with her EWIC provider about her job status, but also relies on that provider for other services. Before Dolly returned to work, she and her provider reviewed the BOND rules so that she would fully understand the benefit offset and how working as a BOND participant would affect her DI benefits. Dolly noted that her EWIC provider has been invaluable in explaining benefit rules, and she would probably not have been able to figure them out without the help of her provider. She also noted that receiving EWIC services has been the most valuable part of the BOND experience so far and wished that all DI beneficiaries could have the assistance of an EWIC provider.

Dolly and her EWIC provider submitted her work and earnings status to SSA in April 2013 to determine whether she had completed her TWP and would be eligible for the benefit offset. In November 2013, SSA reviewed Dolly's work and earnings levels and determined retroactively that Dolly had completed her TWP in February 2013, and her benefits had ceased because of SGA in March 2013. Under normal DI program rules, her benefits would cease after her 3-month grace period, but under BOND rules, Dolly was eligible for the benefit offset at the completion of her grace period in June 2013. Dolly's wait for a cessation decision and thus for eligibility for the benefit offset is not uncommon; SSA retroactively adjusts benefits for beneficiaries such as Dolly. As of November 2014, Dolly continues to receive the benefit offset.

Julie from Arizona

Julie is another DI beneficiary who was randomly assigned to the stage-2 treatment group, which offers the benefit offset and EWIC. Julie was also excited to learn of her assignment to that group because she had been afraid of working and earning too much and losing her benefits. She was most concerned about losing her health insurance coverage because she is reliant on her doctors and the medication they prescribe.

Julie started receiving DI benefits in 2009 for her anxiety issues. Julie noted that for many years, she was unable to work for more than 15 or 20 hours a week because of her anxiety; she would become too overwhelmed. After her initial entitlement, Julie took steps to improve her health. Once she was feeling more stable, she wanted to start working again and found a part-time merchandising position. That job required a lot of manual labor and travel, but did offer her earnings flexibility; the job allowed her to stop working whenever she was close to earning SGA during a given month. Some policymakers refer to Julie's efforts to ensure her earnings remained below SGA in order to avoid losing her benefits as "parking," yet there are few studies about that concept. Impact estimates based on a 1999 SGA level change suggest that in an average month from 2002 through 2006, 0.2 to 0.4 percent of all DI beneficiaries were parked below the SGA level (Schimmel, Stapleton, and Song 2011).

When Julie began working with her EWIC provider, her first goal was to find a better-fitting job. They developed a resume, and her EWIC provider referred her to outside resources for interview clothing and computer classes. Julie described working with her EWIC provider closely through all aspects of the job search and making small steps toward her goals. Each time she took another step, she built confidence. She and her EWIC provider thoroughly discussed work incentives and the BOND rules.

In December 2012, Julie found a new job in the behavioral health field that was a better fit for her interests and health needs. In her first 9 months on the job, she was promoted to a supervisory role and received a salary increase. Because of her anxiety, the more social aspect of the new job was overwhelming at first, and that is something she has discussed with her EWIC provider. Julie is much happier in her new career and stated, "I found my passion."

Julie's goal is to be working full-time by the end of the BOND project. She said that because of her experience with BOND, she knows that she can handle

the full-time hours. Without BOND, Julie said that she would be making less money in a job that she did not particularly like. She is now able to better manage her personal life, including her health needs. She believes the progress in her career has also made her a more confident person.

Julie completed her TWP in February 2011, prior to her enrollment in BOND. Once she began working with her EWIC provider, they submitted documentation for a work continuing disability review, and SSA determined retroactively that her benefits had ceased because of SGA in January 2012. She began to receive the benefit offset in January 2013, once she began earning more than the BOND yearly amount. She continues to work closely with her EWIC provider on a variety of issues, including submitting her paystubs on a monthly basis and other reporting requirements. As of November 2014, Julie continues to receive the benefit offset.

Barbara from Maine

The third case study focuses on Barbara, who was randomly assigned to the stage-1 treatment group for BOND. Stage-1 participants were automatically enrolled and sent a notification letter indicating their placement in the BOND project. Unlike Dolly and Julie who receive EWIC services under BOND, Barbara receives WIC services that are specific to BOND but similar to benefits counseling available to all DI beneficiaries under current DI rules. Barbara received the initial BOND letter but did not think much of it at the time. She was unable to work because of a congenital hip defect. Prior to her DI entitlement, Barbara had worked for almost 30 years as an insurance agent, while managing the physical effects of her disability. Her health deteriorated, and she began to receive DI benefits in 2007. She eventually had two hip replacements and was in the midst of postsurgery rehabilitation when she received her introduction letter to the BOND project. Barbara knew little about the project, or the opportunity it would present, at that time.

In the fall of 2011, Barbara knew that she eventually wanted to try to work again and contacted her VR agency, which put her in touch with her BOND WIC provider at the Maine Medical Center. Barbara wanted to know about and fully understand her options to ensure she was taking the right steps, especially because she was unsure about her ability to work and to what degree she would be able to work. One of Barbara's main concerns was losing her medical insurance coverage. She worked with her WIC provider to understand what would happen to her benefits

and medical insurance if she returned to work under BOND rules. Barbara was surprised about the opportunity she would have participating in BOND.

As Barbara's health improved, she worked with VR service providers to assess her work interests and participated in work-readiness training. Barbara met with a VR counselor, established a relationship with a job coach, and—almost a year after initially meeting with her WIC provider—she underwent a 2-week, part-time work assessment to test whether or not she could work 20 hours per week. She performed so well, the company offered her a job. Barbara emphasized that attempting to return to work was an involved process and required a lot of communication with her VR counselor and her WIC provider.

Barbara lives in a rural part of Maine, where she noted that finding a job and transportation is very challenging. Once she became employed, she was determined to stick with it. She started as a part-time office support employee, was promoted to full-time status, and then received a promotion to a full-time bookkeeper. Barbara reported that she loves her job and has been employed for over a year.

Barbara began receiving the BOND benefit offset in August 2013. Before the offset went into effect, she met with her WIC provider to review the new benefit offset calculations. Barbara reported that she was surprised that she would still be able to receive some benefits, especially after paying her Medicare deductible. As of November 2014, Barbara continues to receive the benefit offset.

Discussion

The case studies demonstrate three individual experiences with the BOND project, but they also share some similarities. Each beneficiary expressed a desire to work, but also the fear of losing cash benefits or health insurance coverage. Their fears partly stem from the uncertainty surrounding their health status and their capacities to work. The beneficiaries have health issues that may vary in severity over time. Their concerns were eased by the opportunity to attempt a return to work without losing all of their DI benefits. With this flexibility, these individuals were able to test their abilities to reenter the workforce, for example, by first working part-time hours and then testing their ability to handle full-time employment.

In our interviews, Barbara and Julie both noted the financial instability they experience while they receive DI benefits. Prior to participating in the BOND

project, Julie would ensure that her earnings were below the SGA level to mitigate the risks involved in losing benefits. The BOND offset eliminates the fear of the cash cliff by ensuring a gradual reduction in benefits as earnings increase. Under BOND, as a beneficiary's monthly earnings increase, generally his or her monthly income also increases, which is not the case under current DI program rules. Because these individuals were able to keep some of their DI benefits under BOND, all three beneficiaries were eager to return to work and to attempt to work more hours and earn more money. Additionally, Julie and Barbara discussed how the fear of losing Medicare and health insurance coverage contributed to their uncertainty about returning to work. Although they would be eligible for Medicare benefits under current DI rules, the continuation of benefits provided under BOND seemed to provide them with an additional layer of financial security as they attempted to reenter the workforce.

All three beneficiaries emphasized the importance of the benefits counseling provided by BOND. The counselors' assistance in understanding aspects of the DI program, work incentives, and how work and earnings under BOND would affect their clients' benefits was important to these project participants. Each of our case study beneficiaries noted an increased level of comfort in pursuing their employment goals after working with their BOND counselors.

Although some benefits counseling is available to all DI beneficiaries, none of the beneficiaries we interviewed were aware of those resources prior to their involvement in the BOND project. To ensure that BOND participants are aware of all available resources and support services, EWIC providers proactively contact beneficiaries upon enrollment in the demonstration project and then conduct follow ups. Julie and Dolly described working closely with their EWIC providers through various steps in the return-to-work process. The EWIC providers offer ongoing support; conduct barrier, needs, and skills assessments; and provide access to resources through key referrals. These activities allow those providers and beneficiaries to work together to create long-term personalized employment-support plans to aid those beneficiaries in reaching their employment goals. As our case studies highlight, the support and service needs of each beneficiary is unique, and EWIC services respond to individual needs.

As a stage-1 BOND participant, Barbara's employment support comes in the form of WIC services, intended to mirror current employment supports available to all DI beneficiaries. Barbara contacted the VR

agency when she was ready to attempt work and was directed to her WIC provider. She also received and continues to receive support and services that respond to her individual needs.

Conclusion

The selected case studies in this piece illustrate the major intervention components of the BOND project—specifically, the benefit offset and work-incentives counseling. For the three participants interviewed, those interventions eased some of the barriers they faced in returning to work. However, these case descriptions cannot be generalized, and the interviews were collected relatively early in the BOND timeline. The BOND evaluation will continue through 2017, and it may provide evidence as to whether these intervention components would have an impact on a larger pool of beneficiaries. This evidence will help guide policymakers in determining how to best encourage and support DI beneficiaries in their return to work.

Notes

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¹ If a beneficiary already has Medicare coverage and is working at or above the SGA level, he or she will continue to be eligible for continuation of Medicare coverage for up to 93 months (SSA 2014). For more information, see the *Red Book, 2014*, <http://www.socialsecurity.gov/redbook/index.html>.

² Noncountable earnings under the BOND project include items such as impairment-related work expenses or subsidies earned during the offset period. For further information on noncountable earnings under BOND or benefit offset calculations, see SSA's Program Operations Manual System, section DI 60099.040, <https://secure.ssa.gov/poms.nsf/lnx/0460099040>.

³ The 10 randomly selected BOND sites are (1) Alabama; (2) Arizona/Southeastern California; (3) Colorado and Wyoming; (4) the District of Columbia Metro Area; (5) Greater Detroit; (6) Greater Houston; (7) Northern New England (Maine, New Hampshire, Vermont, and Northern Massachusetts); (8) Southern Florida; (9) Western New York; and (10) Wisconsin.

⁴ Because we intend this article to focus on beneficiaries in the BOND treatment groups, we include numbers and demographic information exclusively for the treatment groups. Stage 1 also includes a control group of 891,598 beneficiaries; the stage-2 control group includes 4,930 beneficiaries.

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