

# Mathematica's Center for Studying Disability Policy Webinar

## SSI at 50: Modernizing the Social Safety Net for People with Disabilities and Older Adults

### Transcript

October 8, 2024

[Derek Mitchell] Good morning or good afternoon, wherever you might be joining us from today.

Hello, my name is Derek Mitchell, an Event Producer with Mathematica. Thank you for attending today's webinar, "SSI at 50: Modernizing the Social Safety Net for People with Disabilities and Older Adults." Before we begin, we want to cover a few housekeeping items.

All participants logged into this webinar have been muted upon entry for the best sound quality possible. Closed captioning is available and located in the lower-left corner of your screen. You can click on the "CC" icon or press "Control+Shift+A" on your keyboard to enable the closed captioning.

We welcome audience questions throughout today's webinar through the Q&A window, which is located at the bottom-right corner of your screen. If you would like to submit a question, please use the Q&A window and select "All Panelists" from the drop-down menu; and then click "Send" to submit your questions.

If you experience any technical issues, such as slides not advancing or audio issues, typically exiting the Web-Ex platform and returning resolves the issue. If the issues continue to persist, please submit a question through Q&A to reach out to us. Select "Chris Talbot" in the drop-down menu, and then click "Send" to let us know how we can help you as quickly as possible.

One final reminder, we want to let everyone know that today's webinar *is* being recorded. Now before I turn it over to Gina Livermore, the moderator for today's discussion, I'll play a short video to kick off the webinar.

[Mia Ives-Rublee] SSI has been one of the most important anti-poverty programs in the U.S. history, providing disabled people with cash funds to become more independent. It provides *real* money to allow disabled people to make their own choices, like where they want to live, where they want to eat, et cetera.

[Maria Town] SSI is a vital program for disabled people and older adults, and I speak from experience. I have lived more of my life as a recipient of SSI than not. For me, SSI made it possible to ensure that I had food on the table and that I had access to other benefits like home health aides that helped support my family as I recovered from multiple surgeries as a child. It helped me make sure that as I navigated a job market that wasn't accessible to me, I still had some income as a young adult. In my opinion, SSI in many ways provided the foundation for what has been possible for me today in my what has become a very meaningful career.

[Gina Livermore] Thanks, Derek.

Hello, everyone, and thank you for joining our discussion on modernizing the SSI program.

My name is Gina Livermore, and I am the Director of Mathematica's Center for Studying Disability Policy. I'll be moderating today's discussion, which the Center is pleased to co-sponsor with the National Academy of Social Insurance.

Today we have a great panel of speakers who bring a variety of perspectives on the SSI program. I'm going to let them introduce themselves in a moment; but first, I'm going to spend a few minutes, give you some background on SSI to help frame our discussion today.

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Supplemental Security Income, or SSI, was established in 1972 and began making payments in 1974. Congress used a set of principles to design the program; and now, 50 years later, these principles still guide it today. SSI is designed to offer assistance of last resort to people with disabilities and older adults with limited income and resources. It uses common eligibility rules nationwide, replacing a range of state programs that used to use different eligibility rules and benefit amounts. It provides incentives for people able to work to do so and potentially reduce their reliance on public assistance.

SSI coordinates with other assistance programs, such as Medicaid and Food Stamps; and the program allows states to supplement federal SSI payments. So even though SSI replaced many state programs, states can still add to the basic federal benefit if they choose to.

SSI has substantially reduced poverty among people with disabilities and older adults. The Census Bureau estimates that in 2022, the program listed 2.5 million people at poverty. It's also been credited with reducing institutionalization and increasing the independence of people with disabilities and older adults by providing an income source that allows them to live in the community.

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The maximum federal SSI benefit is \$943 for individuals, or 75% of the federal poverty level, and \$1,415 for couples, or 83% of the federal poverty level. So, although SSI lifts many people out of poverty, it does so by supplementing other income sources. But for many people, receiving SSI is their only source of income. As a result, about half of SSI recipients have incomes below the federal poverty level.

To qualify for SSI, one must have countable income that is less than the maximum benefit; and the program will exclude \$20 of general income and \$65 of earnings and then half of earnings from work after other exclusions. There are a variety of other exclusions that apply to people with disabilities who work; for example, SSA can exclude impairment-related work expenses from countable income when they determine eligibility and benefits. A person must also have limited assets, such as savings and retirement accounts, to qualify for SSI. Countable assets must be less than \$2,000 for an individual and less than \$3,000 for a couple.

Each year, the program adjusts benefits for inflation; but it has not adjusted the asset limits or the \$20 and \$65 income exclusions since the 1980s. In addition to the income and asset rules, people under age 65 must also meet the program's criteria for disability.

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Right now, about 7.4 million people receive SSI with more than half of those being people ages 18 to 64. The size of the program peaked in 2013 and has declined since then, mainly due to fewer children and working-age adults participating.

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About 2% of the U.S. population participates in SSI, and studies suggest that as many as half of all eligible children and older adults are not participating. There are a bunch of reasons why it may be difficult for people to access SSI, but I'm hoping our panelists will talk a little bit about that in a moment.

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Okay, well, I'll end by highlighting a few recent and proposed changes to the SSI program: Recently, Social Security has made it easier for an agency to pay underpayments more quickly. The program has stopped counting certain kinds of supports from household members in determining eligibility and

benefits, so this reduces the reporting burden on participants and might actually increase the benefits for some.

The Agency is trying to make the application process easier. In December, it's planning to roll out a simplified online application. Currently, SSI applications are taken via phone or in-person and by appointment only. Starting in 2026, people who experience disability onset before age 46 will be eligible to have Achieving a Better Life Experience, or ABLE, account. Previously, these accounts were limited to people who experienced disability onset before age 26. ABLE accounts allow people to save money for disability-related expenses and basic needs, and up to \$100,000 of these funds are not counted in determining SSI. So ABLE accounts are an important means for getting around the SSI asset limits.

Finally, last year a bill was proposed to increase the SSI asset limits and adjust them each year for inflation, though last I saw it had not yet been passed.

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Let's bring on the panelists, Derek.

[Pause]

I'm not seeing them yet. Oh, there they are, okay.

Thanks for joining us today. I want to go around and have each of you introduce yourself and say a few words about your policy and research interests and the lens you bring to the issue of SSI modernization. Let's to alphabetically starting with Tracey.

[Tracey Gronniger] Wow, I'm not used to being so early in the alphabet.

I am Tracey Gronniger. I am Managing Director of Economic Security and Housing at Justice in Aging. We focus on advocacy for low-income older adults, especially older adults in communities that historically have been underserved – so older adults of color, women, LGBTQ older adults, limited English proficient older adults. It runs the gamut, and we have a particular focus on SSI because of how important it is for extremely low-income older adults who don't often have access to other income or resources.

[Gina Livermore] Jeff?

[Jeff Hemmeter] Hi, I'm Jeff Hemmeter. I'm the Deputy Associate Commissioner for the Office of Research, Demonstration, and Employment Support at the Social Security Administration. We're the office that runs/tests the new policies and programs called demonstrations. We do a number of other research projects, and we also run our Return-to-Work programs at Social Security, including the Ticket to Work program and our work incentives. I also do research on my own as part of my job, which is related to largely the SSI program and transition-age youth and children on the program.

I'll take this moment to also note that anything I say is not the opinion of the Social Security Administration or the Federal Government. Thanks.

[Gina Livermore] Duly noted.

Katie?

[Katie Savin] Hi, everyone. My name is Katie Savin. I'm an Assistant Professor at the School of Social Work at California State University-Sacramento. My research uses qualitative and mixed methods to look at working-age SSI, which spans working-age adults and how they experience Social Security policy in their daily life. I collaborate with the University of Wisconsin, RDRC, on some research projects.

Also, what I bring to this topic is my former experiences as a medical social worker as well as as a former SSDI recipient and Ticket to Work participant and currently a disabled adult navigating work now that I'm no longer on those programs. Glad to be here.

[Gina Livermore] Thanks, Katie.

Jack?

[Jack Smalligan] I'm Jack Smalligan. I'm a Senior Policy Fellow at the Urban Institute since 2018. Before that, I spent 27 years at Office of Management and Budget, most of which I spent working on, among other things, Social Security and the SSI program. At Urban, I've co-authored with colleague Chantel Boyens a series of papers on looking at how to improve the SSI program, as well as how to improve the overall processing and disability claims including the backlogs in initial claims, as well as the challenges facing both SSI and SSDI with overpayments.

[Gina Livermore] All right, thank you. Oh, I'm getting a little bit of an echo. Okay, maybe I'm talking too loud.

Let's go to the next slide and jump into the discussion topics.

I'd like to spend a few minutes thinking about the SSI program in terms of how people first learn about it and apply for benefits and then the rules that determine their ongoing eligibility and monthly payments. So given the estimates that we saw quickly as I ran through them suggesting that SSI participation rates are lower than they could be or they might be, what are some of the challenges people experience in trying to access SSI; and what are some things that SSA or others could do to reduce them?

Maybe I'll start with Tracey. We presented the statistic that half of eligible older adults are not participating in the program; and it seems like for older adults, it would be easy for them to access SSI at the time they get Medicare and Social Security retirement at age 65. So, what are your thoughts on challenges facing older adults receiving or trying to access SSI?

[Tracey Gronniger] I think there are so many layers to that question; but for me, I think one of the simplest answers is that it *shouldn't* be so complicated or difficult to participate in SSI. But there are all these barriers to access in the program and complications. It's really hard to understand how it works, who is eligible, how to get it. There are just these really complex things that people who are already living in poverty – older adults who may or may not have access to family help or even the Internet or legal assistance.

Some people say you need a law degree to apply for SSI. If you look in the older adult population, there are people who don't have *any* of those things; and right now, they cannot apply online for SSI. So even if they did have access to a computer, that wouldn't be helpful for them. They'd still have to go through all these kinds of difficult hoops to try to access the program.

So, I think that looking at all of the ways that it is difficult to get into the program, we can also think do we need all of these rules and regulations in place when we're trying to really identify who people in need are and how we can support them. You mentioned, for example, the asset limit. I don't think that you can say a person who has \$2,001 in assets but no income, no resources, may be homeless, that they don't need help. So, is that a rule that is actually serving the purpose of providing help to people who need it, or is it a barrier to access? I think it *is* a barrier to access.

Similarly, rules around the kind of help that people can receive from family and friends – and I'm so excited that the rules have changed recently so that food is no longer included in whether or not a person will receive the same level of SSI benefits. That's great. I want to get rid of even more of those kinds of rules. So, if a family member gives money to someone, that doesn't count against them in terms of their eligibility for SSI.

So I think that those kinds of complexities, barriers, all of those things, are part of the reason that we see such a large number of older adults who either don't know about the program, don't understand the program, think they aren't eligible, or just can't figure out how to get onto it. So, I think it's just so overwhelming and not meeting the needs of the people that we should be helping. That's a big challenge that we really need to look at.

[Gina Livermore] All right, other than – I mean, it sounds like you’re saying simplifying the rules would help a lot. But are there other things -- that people just plain don’t know about it? However complicated the rules are, they’re not going to get there. Are there other -- I’m thinking about older adults specifically.

[Tracey Gronniger] I mean, I think that people don’t necessarily understand the program at all. Like they don’t know that it exists separately from other programs. So, to your point that it would be helpful for the Government to identify people who might be eligible and then reach out to them, I think that would be really useful. Because for example, if you’re receiving a Social Security benefit but it’s extremely low, that could be an indicator that you might be eligible for SSI. Some kind of outreach to those individuals saying, “Hey, there is an additional program that we administer called SSI; and you may be eligible,” like that kind of information would be really helpful for people.

But then the next step beyond that goes back to how difficult is it then to get access. So you can tell people that it exists; but then if you put up a bunch of barriers so that they still can’t quite get it; that’s not going to be enough, which is why I think really looking at how complex the program is and how easy it is or isn’t to stay on it is really important.

[Gina Livermore] Thank you.

[Jack Smalligan] And for people—

[Gina Livermore] Jack, you were trying to speak, and I interrupted you, sorry.

[Jack Smalligan] No problem.

For people with disabilities, I think it’s important for them to understand that the process involves more adjudication than for the people who are elderly. In the current circumstance, SSA has been underfunded substantially for many years. With the COVID pandemic and the staffing disruptions and some of the fairly high turnover at state disability examiner levels, we basically have a very stressed program. We’ve gone from a bit over 500,000 pending cases in 2017 to 1.2 million pending cases just for the initial review; and there’s further backlogs for reconsiderations and for appeals.

So, what that means for an individual is they’re having to wait for twice as long as people did five or seven years ago. That amounts to like 230 days for an initial determination and pretty much the same length for a reconsideration. So, I think people shouldn’t *not* apply. They should understand that the Agency is under stress and that Congress needs to provide a much more substantial appropriation for what is basically a discretionary process of appropriating funds for SSA to then determine whether a person is eligible for something that is a legal entitlement.

I mean, the SSI program is a benefit that people are legally entitled to; but SSI only has as much funds to administer the program as Congress chooses to appropriate, and that’s a serious obstacle for people.

[Gina Livermore] All right, maybe I’ll go to Katie. Then I have a couple questions for Jeff.

Katie, do you have any – I know your work is focused on working-age people with disabilities, and they may experience things different from older adults. Do you have anything to add to what Jack and Tracey have talked about so far?

[Katie Savin] Yeah, absolutely, so the whole adjudicating of disability is a component of this that is of course distinct for working-age adults with disabilities. SSA has a very specific and narrow binary definition of disabilities that is tied to the labor market, to education; and in order to be able to become eligible, people not only have to jump through these very complicated hoops that Tracey talked about, they also need to present their disability in a way that matches how SSA perceives it and in a way that SSA’s own doctors often will acknowledge it.

So, health care providers in this whole system are gatekeepers to be able to access SSA. Often applicants have to go through SSA’s medical providers to have their disability documented. These

providers might see them once. They might not really know them, know the context of what disability looks like in their life and how it interacts with work.

There are also ways in which SSA non-clinician employees are involved in this adjudication. When working-age adults are applying and simply talking to a field office worker, that worker can document their observations of that person and their perceptions of their own disability. So, while people are having to navigate this extremely complex process, which requires a lot of functional capacity – it requires executive functioning, interpersonal skills, communication skills, and sometimes even writing skills, managing providers, managing paperwork. They're also being assessed in that process to see, "Are you demonstrating an incapacity to work," which often really puts people in this kind of Catch-22.

Often the very disability itself people may be applying for -- things like intellectual and developmental disabilities, learning disabilities, psych disabilities – make that process very stressful to navigate, to a point that it can often be people may give up on it or simply not be able to successfully navigate it.

Also, like Tracey mentioned, so often people are told to see lawyers or social workers. Most of the people I talk to who have received SSI did get help from some kind of a professional; and that is, of course, not accessible for many people. It also makes it so that those who are most vulnerable who are disabled are least likely to be able to access it.

Folks who I've talked to really kind of emphasized just how complicated it is to understand what SSA is looking for. People talk about even terms that might be very legible to us, like "head of household," people don't know what that means. People often think that the language itself is *intended* to deter people from becoming eligible because it is so complicated.

So, I'll stop there, but those are just a few of the components.

[Gina Livermore] All right, thanks, Katie.

Jeff, do you have thoughts about, well, anything the speakers have said so far or about kids in particular, your area of expertise, about why they might not be participating or what the Agency or others could do to help more eligible people participate?

[Jeff Hemmeter] Sure, yeah, thanks.

I think a lot of what the others said is definitely -- holds for children as well. But I want to point out that first of all, SSI is a federal program; and it's often not part of the services that are discussed by state and local support teams. So, finding a way to ensure that state and local programs, including those that are partially federally-funded, are aware of SSI might be a good starting point for discussions about how to reach people who are not eligible.

I think additionally as, Tracey, you noted, SSI doesn't have an online application, especially for kids. So, SSI *is* working on that; let me make that clear. But there is a need to call up SSA or go to a field office, and that may not be convenient for and not something everybody with mobility, cognitive, or other impairments or that has a low-income working parent can actually do during business hours.

I think once you do find SSI, the program by *statute* – I want to make it clear – asks for incredible amounts of information, not only about the child but about the parents and anybody else who lives in that household and their sources of income. Those statutory rules are *really* complex, so it isn't always clear to know that your eligible without going through the application process itself and filling out the application. There are more; but I also just want to know that those complex income and asset rules and the need – sorry, the need for severe impairments and limitations means that it's really hard to identify clearly-eligible people using just data alone.

People think there's a data exchange. It's actually very difficult. I do want to note that Tracey mentioned doing outreach to low-benefit seniors. They actually did do that, and it makes a big difference – just that

kind of mailing notice that somebody has a low benefit from Social Security, the Title II, or the Old Age program. It actually increased applications and awards by a lot.

Then finally, I just want to note that in the 1990s and 2000s, SSA conducted several outreach studies. It showed that funding to third parties to provide application supports was actually a very successful way of conducting outreach. But -- and this is going to be a theme of the things I'm going to say a lot -- SSA actually doesn't appear to have the authority to make grants to organizations that do that type of outreach outside of its research portfolio. So, it's hard to kind of institutionalize those lessons from the research without the authority to do things which are very binding on the (inaudible).

[Gina Livermore] Great, thanks, Jeff.

Okay, let's move on to the next topic. So, we're going to talk a little bit more about the eligibility rules and payments.

But before we get into that, Derek, you're going to play a quick video so we can hear directly some of the experiences of people who participate in the program. So, Derek, take it away.

[Patrice Jetter] One of the issues that I have with SSI is that if I were to get married, I would lose my benefits. I'm in love with someone, and I want to get married; but it's not worth it if I'm going to lose everything.

The other thing that's hard with SSI is the assets limit. As a single person, I'm only allowed to have \$2,000 in the bank. My van broke down again. I need to get myself a van. Most vans cost more than \$2,000, especially if you want one when the engine is still running; or you're going to plan on pushing it like Fred Flintstone.

[Steve Grammer] The drawback to SSI is that I'm not allowed to have more than \$2,000 in my bank account. This does not allow me to save for emergency situations. Also, when I had a job Social Security took out a portion of my check if I went over the allowed amount. Unfortunately, I am better off not working so I don't get penalized for going over the limit.

[Gina Livermore] All right, thanks, Derek.

The video suggests that participants may struggle with some of the program rules. The SSI rules are complex, and some of them may be outdated. Although there are work incentives built into the program, they might be inadequate to help people achieve self-sufficiency. So, the question I'm throwing to the panel is which SSI program rules do you think make it most difficult for people to live independently, work, or save money?

Jack let's start with you. I know you've written a lot on this topic with respect to people with working-age disabilities. So, the features of SSI that discourage work or otherwise undermine the program's goal of promoting economic self-sufficiency?

[Jack Smalligan] Well, in terms of promoting work, I think it's really important for policymakers to understand that the structure of the work income disregards are so limited because they haven't been indexed for inflation for decades that after anywhere from \$65 to \$85 has been disregarded in earnings, the program is required to take back \$0.50 on the dollar for every additional dollar of earnings. What that means is that for someone who is only relying on SSI, the program is taking half their benefit when they're still potentially living in poverty. I think it's just hard to understand why you would want to reduce someone's benefit who is working and trying to get above the poverty line.

We could increase the earnings disregard to adjust for the inflation over the last many decades; and we'd be closer to the original intent of the program, which was to disregard enough income to a person above the poverty line and then gradually kind of phase out the benefits but do it in a much gentler manner. That's only one of many, but I'll let others touch on the other rules that need updating.

[Gina Livermore] all right, Katie, how about you? Are there others that you think that make it difficult for people on SSI to do well economically (laughing)?

[Katie Savin] Absolutely, I think there are many features and then there are the sum total of all the features; and those are two different things. What I mean by that is a good many features we talked about – the income reporting requirements, the asset limits, the complex eligibility criteria – are all things people are constantly navigating and while typically living – potentially living in poverty or near poverty. They have to manage a whole host of other benefits at the same time. So, they're often managing a Medicaid, potentially their housing benefit – like Section 8 or public housing. They're also managing likely a SNAP benefit or Food Stamps. They also may be navigating home- and community-based services to allow them to remain living in the community.

These are all administered at different levels of government and have often different eligibility requirements, different recertification procedures. So, in my interviews with over 75 recipients of SSI in California's Bay Area and Central Valley, people again and again say sort of ironically, "This is like a full-time job." Recognizing that they're in it because theoretically they can't work, but it's all-consuming for people. It keeps them stuck in the sense of managing benefits, trying to survive, kind of being on the edge of survival.

The fact that there's so little room for error on the end of the participant -- if they are \$1 over the asset limit, then they are ineligible. If they have \$1 over the disregard, they could encounter an overpayment; but they're *always* on this very stressful cliff. I had a participant use the term "post traumatic Social Security stress." I had a number of people talk about how *terrified* they are that they could lose their benefits – that's their livelihood, that's their health insurance, that's everything. That's they're life, and they have the sense that there's no room to fail in that.

So, I think some of the rules that make it so difficult are just how they have to navigate all of this at once, and they have no room to fail. However, SSA *errs* frequently. They're under resourced, understaffed. Frequently there's miscommunication, there are underpayments. So, there's the sense that SSI recipients are always kind of the ones who have to take accountability for any error even though for them it's their livelihood not their job.

I could also go on and on here, but I'll pass it over.

[Gina Livermore] All right, thank you.

Tracey, thinking about older adults, to me it seems like the retirement savings that could disqualify them from benefits would be a big barrier for them; and older people are unlikely to benefit from the ABLE account, get around, because they're older and their onset might have been later if they even have a disability. Do you think the asset limit is the most difficult provision for older adults, or are there other ones as well?

[Tracey Gronniger] I mean, I think that the income and asset rules *are* really problematic. I agree with Jack and Katie. I think they really talked about some of the problems that people see. But not allowing individuals who are already struggling to supplement their benefits doesn't really make sense when we're not providing – to Jack's point -- we're not providing even poverty-level benefits. So, for people who are receiving Social Security, they only get to keep \$20; and then that's all. Then they get SSI, but that makes no sense. You know what I mean? People need more than that to live, and we're not allowing them to have that; and it doesn't really help the people that we're trying to help.

Similarly, to the point of retirement accounts, if you don't have access to an ABLE account, even if you have a retirement account, you're using that to support yourself, to support your needs. It's not enough. If you force people to spend down to zero dollars or to \$2,000 and then give them a sub-poverty income benefit, that's not actually meeting the needs of the people that you're trying to help.

So, I don't think that the way that we've structured the program is actually helping people. To Jack and Katie's point, it's *not* providing the level of assistance that folks need. The way that we're thinking about it

is flawed because we don't acknowledge that people need more than SSI to actually meet their essential needs and be able to live a full life.

[Gina Livermore] Thank you.

Jeff, do you have anything you'd like to add to what the speakers have mentioned?

[Jeff Hemmeter] Sure, but I will say I think this is an interesting question; and I think it would be interesting to actually consider the premise of it. SSI, by definition, is meant to be supplemental to something. It was created in the early 1970s and embodied a spirit of the time with respect to what an antipoverty program for people with significant disabilities that prevent work should look like. Fundamentally, the program's basic rules do not assume an outcome of independence. So that people have been able to receive it and thrive is actually a really great outcome and sometimes might be even surprising.

I will note that while many groups downplay whether the work incentive policies really are work incentives, it's always good to consider the alternative of what would really happen -- which was generally you work, you don't receive a benefit at all. But if you are working in the SSI program, your total income -- meaning your benefits plus earnings -- will be higher than if you're not working. I'll note that there are extra costs in going to work; but I'll note that impairment-related work incentives *do* exist, and so that those extra costs actually shouldn't count as income. You still have them, but they shouldn't count as income than. So, there should be a reduction of barriers there as much as possible.

But I think it all brings up the question of what do you want as a society to actually accomplish and is that actually consistent with the foundational statute. And I think this matters because tinkering around the edges of SSI's laws and carving out this or that sort of income or making a work incentive without really considering the program as a whole is likely just going to add to program complexity. I think as a whole, just kind of like how do you make these changes, SSI is a permanently authorized program. So those potentially big legislative changes that people might think need to happen are rarely discussed with any sense of urgency.

So, if you look at the legislative history of SSI, there have been few very large changes; and a lot of these rules are statutory. So, it makes it difficult and a challenge to administer to be honest.

[Tracey Gronniger] Could I say just one thing? I totally hear what you're saying, Jeff. I would only disagree to the extent that some of these rules haven't changed for decades. So, if you're saying look at the original intent, when they said \$20 back in 1972, I don't think they meant \$20 in 2024. I mean, or they did but I think that to your point, that's not what the intent that we as a society agree with now. \$20 in perpetuity for the rest of time just doesn't feel like the right balance.

And I agree; Congress has to come in here.

[Jeff Hemmeter] Right.

[Tracey Gronniger] It's not like SSA is dictating these rules. But I think that in terms of what we believe in and how we as a society function, *not* changing these rules and being stuck in this decades-old mentality and decades-old numbers is not a thing that we should be maintaining. I think that's something that we need to look at and challenge ourselves on as kind of a country that we want to be. Okay, I'll stop there. I feel like I'm on my soapbox.

[Jeff Hemmeter] I do want to say, Tracey, I'm not disagreeing; I'm not agreeing. I'm just pointing out that it is statute -- that \$20. So, if society wants to change it, that's up to Congress to do it; and SSA will implement that change.

[Tracey Gronniger] I agree with you on that. I agree.

[Gina Livermore] Tracey, I've always been perplexed by lawmakers' hardwiring dollar amounts. So, I'd just like to -- is it on purpose, or are they ignorant of the impact of this down the road? I've never understood it.

Anyway, all right, we're running a little short on time. We want to get to some audience questions. But real quick, I'm just going to go around to – not Jeff because he's not allowed to advocate for changes – but I'm just going to ask Jack and Tracey and Katie to just quickly say if there was *one* thing you could change, what is the biggest thing that you think needs to be changed on the program that would benefit people?

You can go to the next slide, Derek, because I think the question is something related to that.

Which types of changes could SSA implement – well, Jeff is going to talk about that I hope if we have time -- but what changes to the program would most benefit participants? Let's start with Jack.

I think you're on mute.

[Jack Smalligan] Sorry about that.

So, one urban paper that Chantel Boyens took the lead on basically looked at if we enacted four of the modernization items in legislation that Congress has before it. That's raising the Federal benefit rate, indexing better the earned income and unearned income disregards, and addressing in-kind support and maintenance. If you took those four actions, you would pull 3.3 million people out of poverty; and you'd cut the number of people on SSI who are in poverty in half.

So, I think I wouldn't look at just one change; but I think if you enacted a package of changes, you'd really have a dramatic impact on the number of people in poverty.

[Gina Livermore] Tracey, how about you? What would be your thing you wanted to change...or things?

[Tracey Gronniger] I agree with everything that Jack said. In the interest of showing that I do not disagree with Jeff, SSA needs more money. They need more funding. So, let's implement everything that Jack has said and give more money to SSA so that they can actually do the work that they need to do to help people access these benefits. So, I'm just going to add to the list of things (laughing).

[Gina Livermore] Katie, what are your thoughts?

[Katie Savin] Well, I think one good thing about this dilemma we have about an under-resourced SSA, and an SSI recipient population overburdened by administrative burden is that administrative burden costs a lot of money. There's been data in the reports from the Urban Institute showing that while SSI is maybe 4% or 5% of benefits from SSA, it can be as much as 38% of its administrative costs. We can be reducing the toll of that administration on workers. It is one of the few Welfare programs that has continuous surveillance of assets, of income. We could be looking at this on an annual basis, just as programs like SNAP do. That would dramatically reduce costs, reduce burden.

I think this conversation is just so important to recognize that policy as it's written is *not* policy as it's experienced by recipients. SSA workers are often unfamiliar with the *very* complex SSA policy that we're talking about – of things like ABLE accounts, of work incentive programs like § 1619(b). So, in this context, we need to create a program that's possible for the existing infrastructure to administer without punishing recipients for having to live with the toll of that.

[Gina Livermore] Oops, someone's got a meeting.

Jeff, what are some of the kinds of changes that SSA could do on its own compared to – I mean, at least the ones that we've brought up in this discussion today – compared to things that Congress would have to make a change? I think there's some general either misunderstanding or ignorance on that topic, including with me. Take countable income; is that SSA decides exactly what's going to be in there, or some things are in statute, some things aren't?

[Jeff Hemmeter] It's complex – the best answer I could say. There are some things that are in statute, and a lot of it is but there are regulations, obviously, that are the interpretations of the statute, and then there are some things that are subregulatory. We can determine how we take an application. We can determine certain things like that; and we do have an Office of Customer Experience in our Office of Transformation

that is really making some headway on some of these things to have it more of a user- or customer-focused design for a lot of these things and policies.

But again, I think there are surprising things that people don't understand are in statute – like it's in statute that SSA cannot refer people to VR to help them do better. It was something that was explicitly removed in the Ticket to Work Act to level the playing field with the ends, which I'm not saying either way that it's good or bad, but it's things like that that you'd be surprised are actually statutory. The \$20 is obviously statutory.

But there *are* things, and there have been some really interesting regulatory changes that have happened, like the omitting food from in-kind support and maintenance calculations and expanding the definition of a “public assistance household,” expanding the rental subsidy policy for SSI applicants. So, there are things that can be done in a regulatory framework, but you can't do dozens of those every year. There are limited staff who write these. I'll also say while SSA is an independent agency, the regulatory process is highly structured. OMB and the Administration need to approve them. There's a public comment and response period. There are statutory rules about cost and savings for regulations and changes.

I think in undergoing that, it also means that a change to any underlying systems, any program explanations, any forms, staff that needs to be trained. So going back to the resources, making those big changes actually taxes the Agency's resource base in some sense.

For people who are interested, the Administration does release a unified regulatory agenda twice a year. So, if you think something is on that, I think a good question is what do you think should be changed? What should be a higher priority than what's on those? Because there's some pretty high-priority things that address some of these issues, but not all of them.

I also want to note one thing. Eventually if Congress or the Legislative Branch or the Executive Branch doesn't make the change, the Judicial Branch often does. We've seen a lot of changes, like the (inaudible) change in the early '90s. There's been other things where there's acquiescence ruling where the new policy is only in a certain area, and that just adds to confusion because now you have this region having one policy and another region not having a policy or a similar policy.

I'm not advocating for any specific policy, but there are – and this is kind of a big issue in contractor reports and think tank pieces – is to really get to what *is* the change that needs to happen. Is it something SSA can do, or is it something Congress needs to do? Being able to identify that as much as possible is really helpful and otherwise kind of a missed opportunity because you're targeting the wrong stakeholder.

[Gina Livermore] All right, thanks, Jeff.

Derek, let's go to the next slide and bring Jody in so that she can do some questions from the audience.

So, Jody has been monitoring our Q&A panel. Just as a reminder, if you have a question, please – I think you click these three dots in the bottom right, and that will bring you to that panel to submit.

There you are, Jody! Okay, what do we have for the panel?

[Jody Schimmel Hyde] I'm here.

First, we've talked a lot about the challenges of the SSI program for the last few minutes, so I think we can all agree it's still remains a pretty critical part of the safety net and a crucial antipoverty program for vulnerable children and adults. In fact, I think that's part of why we spent time talking about why eligible individuals aren't receiving benefits and how to support them.

Tracey and Jeff, you guys talked a little bit about federal outreach being helpful for increasing SSI participation; but, Jeff, you noted that there are some barriers in doing that. Katie also talked a little bit about people needing assistance in the application process. We have a question about whether or not you know of local-level approaches that could help within the current context or examples that you know

might be a way that advocates can support people in applying for the critical benefits that they might be eligible for.

I don't know -- maybe, Tracie, Katie, or Jeff, since you all touched on this if there's anything you'd add about ways that we might better expand outreach at a local or state level.

[Tracey Gronniger] So honestly, I think advocates are doing a lot. If anything, they're kind of overwhelmed and overworked. Funding is always an issue; so, the time and energy that it takes to help people can be really intense, especially because the program is so complex. But we see advocates who are coming to us asking questions about kind of the program rules and how to help their clients. They're trying to stay informed and kind of keep up with the rules as they currently exist or as they're changing.

So, I think that it's a thing that they are currently doing and trying to make the best of the resources that they have. We are happy to always kind of keep them informed when things change -- like when rules change and it's easier for their clients to access benefits, we want to let them know about that, make sure that they're aware when things *are* better or when we've seen changes to things that have been in existence for however many years.

So, I think staying informed -- people watching right now, I think, are probably learning some things and really trying to impart that wisdom to their clients and help them to access benefits. But I think that it is a problem of it does take a lot of time, and it is intense. They're also dealing with limited funding in their states as well, so it can be a challenge even in various states that are trying to help and provide access to people to get benefits.

[Gina Livermore] Thanks, Tracey.

Katie or Jeff, anything you would add?

[Jeff Hemmeter] So I agree that outreach is key, and I think there are some promising leads in kind of mixing the use of data with outreach. I know Mike Laveer and Dave Whittenburg have recently been doing some stuff using state-level -- I think federal benefits, but at the state level SSI -- Medicaid data to kind of predict who might be eligible for SSI. I think they used a model based on hundreds of variables and not just a few bits of discreet information, like disability type or income level; and I think that kind of identification is going to be more helpful than kind of expecting there to be one data set that kind of identifies somebody who might be eligible.

But that said, I think you could look at certain specific data. Like if you have an IEP and you're a Title I school, you might be eligible; and it might be in this case. But I think, as Tracey was saying, I think even for a lot of these to see a significant effect you'd need to have boots on the ground and supports. As I noted earlier, SSA doesn't have the authority for outreach grants; but we can partner with state and local agencies, like school systems and professional organizations -- like the National Association of Social Workers or school nurses -- to do kind of a Train the Trainer model, where we're making sure we have good resources for the people who are actually working directly with the potential beneficiary or potential recipient.

[Katie Savin] I think also a lot of what Tracey mentioned, I would second; but I think folks on the local level *are* the ones that are most overburdened with a lot of the outreach work. I do think something to consider is just, as we've been discussing, those most vulnerable or those multiply marginalized by language, by disability, by race and ethnicity, are the ones that will struggle the most to learn about the program, to navigate through it, and persist through the administrative burden.

So encouraging organizations to consider outreach and resource materials that are accessible and that cross different literacy levels, different languages, different strategies for communication. I think strategies to kind of advocate upwards to look at encouraging an expansion of SSP programs where possible, a combined application program so that people have dual applications to complete and may be more likely to be connected to SSI through an application to something they might be more familiar with, like a SNAP benefit or Medicaid.

[Gina Livermore] Thanks, Katie.

[Jody Schimmel Hyde] We may only have time for one more. At this rate, I have to pick carefully.

[Gina Livermore] I'm going to say that there is a lot of interest in knowing what SSA is doing to address a range of concerns – underpayments, overpayments, Medicaid and SSI eligibility. But I don't want to put Jeff fully on the hot seat for the rest of this time. So, I will say that we did a lot of questions in on that. But I think the one I would come back to is thinking about the kind of data or research that you would recommend to document for policymakers – the value of the SSI program or perhaps the challenges that are facing the program, either people who are eligible but not receiving benefits.

Jeff just highlighted some research that is going on, on the Medicaid side for the economic security. Sort of where are the places that you think we need more evidence or more information to get in the hands of policymakers to make some of the changes we've talked about that sort of signal the importance of the SSI program?

(Multiple voices)

[Jody Schimmel Hyde] What do they even think is compelling to make changes?

[Jack Smalligan] I think more research on how the disability determination process is functioning and how we can make it function better. If you look at the flow of claims, I think we've estimated that of the people who are initially denied at the disability determination service level that of those people who appeal, 45% of them eventually are allowed – either at reconsideration or at an AOJ level or beyond.

So, we have a process that requires people to kind of appeal at multiple levels, and that imposes burden on the individual; and it imposes costs on SSA; and it delays the people from being able to benefit from something that they're entitled to. Research on how we can make that initial determination more effective and allow more cases at that stage and avoid people having to appeal again and again and wait months or years for a determination.

[Gina Livermore] Thanks, Jack.

In our last couple of minutes, does anyone else want to add anything on what might be—

[Jody Schimmel Hyde] What evidence....

[Gina Livermore] ...what evidence would be helpful for moving the needle?

[Katie Savin] Well, I can just offer from my entirely biased perspective that I do think we need more qualitative research and more research that looks at how policy is administered both in terms of SSA offices; like Jack was mentioning, the disability determination review process and how it is *lived* by SSI recipients.

I think often in conversations with policymakers I hear things like, "Well, people maybe aren't aware there *is* a policy to address this issue." I'm often saying, "Okay, but if nobody hears the policy fall in the forest, how effective is it? How much does it actually exist for people? I think we really need to understand what this program looks like for the people who are living it, and that should be kind of the start and the end of the priorities.

[Jeff Hemmeter] Can I just note one thing? I do think we have a lot of evidence. Another kind of aspect of that is, is the evidence we have being used? I mentioned we did outreach stuff in the 1990s and 2000s, and then we're 2024. Are we using that information to move policy or to support (inaudible)? We've done multiple youth transition demonstration projects that really get at what the family component is and things like that. But are we using that as we kind of identify the partnerships with other agencies that need to happen?

Because I think ultimately it comes down to that SSI is a cash program. It's not a service program. So, if you're thinking about how somebody can thrive on the program, you're going to need to partner with other groups at the state and local levels through other federal programs. I would just argue that we do have a lot of evidence of what works and the effect of the program on people. We need to find a way to use it better.

[Gina Livermore] All right, we've got one minute left; so, I think we're going to say that's all the time we have unfortunately. We could only take two of your questions. I appreciate you people in the audience who submitted them, but we're out of time.

I want to thank the audience for joining us today. I also want to remember to thank the National Academy of Social Insurance for co-sponsoring the event; the videos that you saw today were provided by them, and of course a big thank you to the panelists.

So, thanks again, everyone, for joining us today.

Derek, I think that's a wrap.

[Derek Mitchell] Thanks, Gina.

Thank you, everyone, and thank you for attending today's webinar. That concludes our webinar. Have a great day!