

**Ticket to Work  
and Work Incentives Advisory Panel**

**UPDATE, SIMPLIFY, AND  
EDUCATE:**

**A National Call to  
Optimize Incentives to Work**



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## EXECUTIVE SUMMARY

Section 101(f) of Public Law 106–170, the Ticket to Work and Work Incentives Improvement Act of 1999 establishes the Ticket to Work and Work Incentives Advisory Panel (the Panel) within the Social Security Administration (SSA). The purpose of the Panel is to provide insight, advice, and recommendations to the President, Congress, and the Commissioner of the Social Security Administration that will lead to increased employment and greater economic self-sufficiency for people with disabilities.

The Panel’s strategic plan supports the implementation of the Ticket to Work and Work Incentives Improvement Act (the Ticket Act) and the continuous improvement of SSA’s return-to-work efforts.<sup>1</sup> This report is the result of a review of utilization of existing work incentives associated with the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs administered by SSA, as well as related Medicaid and Medicare provisions, and their interaction with other federal benefit programs. It provides background information and recommendations. The report is based on a literature review and careful consideration of the beneficiary summit recommendations and past recommendations made by other federal entities and advisory groups focused on the increased utilization and improvement of existing work incentive programs. The short-term, incremental recommendations in this report form the foundation for the transformational recommendations that will be included in the Panel’s Final Report.

The Panel strongly believes that there is no “one size fits all” solution to the under-performance and under-utilization of existing work incentives. We were guided in the development of this report by four historic and current realities related to work incentive utilization. These are:

- SSDI and SSI are programs of last resort. They are an essential part of the nation's safety net, providing both cash and health insurance benefits. The strict and frugal legislative design of the programs does not provide strong induced entry incentives for people with significant disabilities to apply for benefits instead of working.

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<sup>1</sup> Throughout the paper, references to returning to work also include the efforts of people who may be attempting to enter the workforce for the first time.

- Beneficiaries want to work. Beneficiaries may be able to work on a full time, part time, or intermittent basis, under certain circumstances and depending on a myriad of complex and interrelated factors.
- Work incentives are complicated, poorly understood and underutilized. However, they can serve as a safety net to transition from benefits to work and self-sufficiency.
- Work incentives are labor-intensive to administer. SSA's post-entitlement workload, which includes processing earnings reports and handling other work related issues, has been a low priority for many years due to increased initial claims, limited administrative resources and new legislative mandates.

Keeping these realities in mind, there is a series of actions that could be taken to create the conditions and policy environment that would better support work beyond the outcomes currently being achieved by some beneficiaries with disabilities. This series of actions under consideration fall into three primary categories:

1. **UPDATING** existing work incentives to make them more applicable to the realities and employment support needs of beneficiaries in 2007 and beyond.

### *RECOMMENDATIONS*

**Recommendation 1:** SSA should change the order in which impairment related work expenses (IRWE) are deducted when calculating the SSI cash payment to allow for up to a 100 percent cost recovery.

**Recommendation 2:** SSA should allow health insurance premiums to be used as IRWE, when the beneficiary can document that the coverage is disability-related and supports work.

**Recommendation 3:** SSA should eliminate the condition that family members must suffer financial loss for their compensation by the beneficiary to count as IRWE if they provide attendant care and/or transportation to/from work to a person with a disability.

**Recommendation 4:** Congress should increase and index the key income exclusion amounts and the resource limits under the SSI program.

**Recommendation 5:** SSA should approve proposed rule changes to the Ticket to Work Program to enable Employment Networks (ENs) to receive ticket outcome-only payments while a beneficiary is receiving a SSI cash payment resulting from an active Plan for Achieving Self-Support (PASS).

**Recommendation 6:** SSA should allow state vocational rehabilitation agencies to receive traditional cost reimbursement if and when an individual is receiving a SSI cash payment resulting from an active PASS or claim of Blind Work Expenses (BWE).

2. **SIMPLIFYING** the maze of work incentives programs that exist not only within SSA but other federal benefit programs so that those programs mutually support a common work agenda and make work pay while at the same time reducing the risk of overpayments for beneficiaries and other unintended adverse program interactions.

## *RECOMMENDATIONS*

**Recommendation 7:** SSA should reduce the complexity and improve the consistency of work incentives across the SSI and SSDI programs and other federal entitlements so that they universally support work.

**Recommendation 8:** SSA should establish mechanisms to monitor post-entitlement workloads, develop performance standards (similar to those established for initial claims in terms of processing time and decisional accuracy), and Congress should allocate sufficient resources to address post-entitlement workloads.

**Recommendation 9:** SSA should establish a cross-component internal SSA Task Force on post-entitlement workload issues to identify resources needed to perform critical program integrity activities that address post-entitlement workloads such as processing work reports and preventing and detecting overpayments. Publish these findings annually.

**Recommendation 10:** SSA should continue to expand systems for reporting wages electronically, ensuring that concurrent beneficiaries have a single point of earnings reporting and that timely receipts are sent to all beneficiaries.

3. **EDUCATING** and equipping the array of stakeholders that intersect the return-to-work process is multi-pronged, focused on ensuring that beneficiaries interested in going to work have access to customized, responsive, timely, relevant and accurate information and services to support their efforts.

### ***RECOMMENDATIONS***

**Recommendation 11:** SSA and Congress should strengthen both the Work Incentives Planning and Assistance (WIPA) and Protection and Advocacy for Beneficiaries of Social Security (PABSS) networks by establishing performance standards, adjusting funding levels and resources to levels necessary to achieve the desired results, and invest in ongoing training and technical assistance that improves the accuracy of information and quality of services provided with particular attention to underserved populations and valued employment outcomes.

**Recommendation 12:** SSA should identify clear, objective performance standards and indicators to evaluate the activities and impact of Area Work Incentives Coordinators (AWICs) and Work Incentive Liaisons (WILs), and collect, analyze, document, and publish evidence annually (by SSA region and system-wide) of customer satisfaction, improved employment outcomes, and advanced self-sufficiency.

**Recommendation 13:** SSA should collect workload information on the number of PASS applications submitted and approved, including the processing (wait) time by state, and publish this information annually in SSA's *SSI Disabled Recipients Who Work* report. Provide high quality training and support, and fiscal resources for the effective administration and outreach of the PASS program. Recruit, develop, and support PASS specialists (travel, technology, et al).

**Recommendation 14:** SSA should improve reporting of data and analysis pertaining to SSDI (including Disabled Adult Children and concurrent SSDI/SSI beneficiaries) and issue an annual report comparable to SSA's *SSI Disabled Recipients Who Work* report.

**Recommendation 15:** SSA should establish a performance management and return to work tracking system, providing benchmarks for each state, and track utilization over time as part of a continuous quality improvement plan.



**Recommendation 16:** SSA should empower beneficiaries by making SSA policies and procedures easier to understand and accessible, e.g. minimize “SSA Speak” and use plain language all can understand.

**Recommendation 17:** SSA should ensure that the availability and relevance of work incentives are frequently included in communications received by beneficiaries from SSA and the information is available in alternative formats, and languages (e.g. Braille, large print, video foreign/sign languages, etc).

**Recommendation 18:** SSA should increase beneficiary awareness of earnings reporting requirements including the waiver process for overpayments, and promote greater self-efficacy.



## Introduction

Section 101(f) of Public Law 106–170, the Ticket to Work and Work Incentives Improvement Act of 1999 (the Ticket Act) establishes the Ticket to Work and Work Incentives Advisory Panel (the Panel) within the Social Security Administration (SSA). The purpose of the Panel is to provide insight, advice, and recommendations to the President, Congress, and the Commissioner of SSA that will lead to increased employment and greater economic self-sufficiency for people with disabilities. A list of current Panel members is provided in Appendix A.

The Panel’s strategic plan supports the implementation of the Ticket to Work and Work Incentives Improvement Act and the continuous improvement of SSA’s return-to-work efforts. This report is the result of a review of utilization of existing work incentives associated with the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs administered by SSA, as well as related Medicaid and Medicare provisions, and their interaction with other federal benefit programs. It provides background information and recommendations. The report is based on a literature review and careful consideration of the beneficiary summit recommendations and past recommendations made by other federal entities and advisory groups focused on the increased utilization and improvement of existing work incentive programs. The short-term, incremental recommendations in this report form the foundation for the transformational recommendations that will be included in the Panel’s Final Report.

SSI and SSDI beneficiaries<sup>2</sup> with disabilities, in fact, all people with significant disabilities have historically been, and remain, largely unemployed or significantly underemployed. Beneficiaries with disabilities clearly want gainful employment, yet SSA’s work incentives remain significantly underused.

In their March 1988 report to the Congress, the 1986 Disability Advisory Council reported that, in any given year, "fewer than 15 percent of beneficiaries are referred for VR services, and only a small portion of these individuals received services." Historically, SSA’s published statistics have also shown that less than one-half of one percent of disabled individuals approved for SSDI or SSI are removed from the disability rolls due to their return to work. The Government Accountability Office

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<sup>2</sup> Note that individuals eligible for SSI are termed “SSI recipients”, because SSI is an entitlement program, while individuals eligible for SSDI are termed “SSDI beneficiaries” as SSDI is an insurance program. This report will use the term “beneficiaries” when referring to both groups collectively.

(GAO) published a report in 1994 that reported that rehabilitation alone contributed little to benefit terminations in the SSA system. These outcomes remained unchanged over the next decade. The National Academy of Social Insurance's Disability Policy Panel's final report in 1996, "Balancing Security and Opportunity: The Challenge of Disability Income Policy," clearly stated that disability policies can improve work outcomes by addressing any of the factors that together produce work disability.

The 1986 Disability Advisory Council made several primary recommendations, including increasing access to health care; improving existing work incentives by updating them and making them more work friendly; implementing the existing work incentive programs effectively; and ensuring that beneficiaries have access to assistance in understanding how to use work incentives effectively. Some of the health care and work incentive recommendations were implemented with the passage of the Ticket Act, specifically adding the Medicaid Buy-In, updating some incentives, and establishing a national network of benefits and work incentives specialists. Still, the changes do not appear to have gone far enough to enhance work incentive utilization or the employment outlook for SSA beneficiaries.

Using existing SSA administrative data, this report documents that little improvement has occurred in the use of work incentives and ultimately on the return of beneficiaries with disabilities to the workplace. Building on the prior work of past federal commissions, advisory councils, and panels, as well as the recurring experiences of beneficiaries, the Panel presents a framework for how the President, Congress, SSA and other federal partners can work together to update and simplify existing work incentives and to educate beneficiaries and other stakeholders in the return-to-work (employment) process.

The Panel strongly believes that there is no "one size fits all" solution to the under-performance and under-utilization of existing work incentives and was guided in the development of this report by four historic and current realities related to work incentive utilization. These are:

- SSDI and SSI are programs of last resort. They are an essential part of the nation's safety net, providing both cash and health insurance benefits. The strict and frugal legislative design of the programs does not provide strong induced entry incentives for people with significant disabilities to apply for benefits instead of working.
- Beneficiaries want to work. Beneficiaries may be able to work on a full time, part time, or intermittent basis, under certain circumstances and depending on a myriad of complex and interrelated factors.

- Work incentives are complicated, poorly understood and underutilized. However, they can serve as a safety net to transition from benefits to work and self-sufficiency.
- Work incentives are labor-intensive to administer. SSA's post-entitlement workload, which includes processing earnings reports and handling other work related issues, has been a low priority for many years due to increased initial claims, limited administrative resources and new legislative mandates. Keeping these realities in mind, there is a series of actions that could be taken to create the conditions and policy environment that would better support work beyond the outcomes currently achieved by some beneficiaries with disabilities. The actions under consideration fall into three primary categories:

1. **UPDATING** existing work incentives to make them more applicable to the realities and employment support needs of beneficiaries in 2007 and beyond. This would include improving existing work incentives and ensuring that they accommodate the dynamic nature of disability while assuring access to health care as work incentives are utilized.
2. **SIMPLIFYING** the maze of work incentives programs that exist not only within SSA but other federal benefit programs so that those programs mutually support a common work agenda and make work pay while at the same time reducing the risk of overpayments for beneficiaries and other unintended adverse program interactions.
3. **EDUCATING** and equipping the array of stakeholders that intersect the return-to-work process is multi-pronged, focused on ensuring that beneficiaries interested in going to work have access to customized, responsive, timely, relevant and accurate information and services to support their efforts. The stakeholders that need to be included in order for work incentive provisions to be effective include: SSA field personnel, employment networks and other community providers, educators, and beneficiaries. Education would include increasing the awareness of beneficiaries regarding work incentives through information dissemination, expanded outreach, and increased numbers of work incentive practitioners available and providing ongoing training of SSA personnel. It would also include putting in place systems to inform SSA regarding return-to-work efforts by improving the collection, organization and use of data about work incentive utilization for decision-making.

The recommendations included in this report are intended to support the Panel belief that, if existing work incentives are updated and simplified, and stakeholders are educated regarding their availability, expanded opportunities and conditions for supporting work will be created. In addition, these recommendations are intended to be incremental and achievable in the short term.

While the Panel believes that the current Medicaid Buy-In and Medicare programs for beneficiaries with disabilities need to be reformed, the Panel has not included recommendations for these programs in this advice report. Instead, the Panel will consider including these recommendations in its Final Report, which will be delivered later this year to the President, Congress, and the Commissioner of Social Security.

## Historical Context -- Background

In 1956, Congress expanded the Social Security program (which was created in 1935) by creating SSDI, which provided disability insurance benefits to workers over age 50 who had disabilities that met the requirement of inability to engage in any substantial gainful activity (SGA) by reason of a medically determinable physical or mental impairment which could be expected to result in death or to be of long-continued and indefinite duration<sup>3</sup>.

This legislation was the result of Congress' struggle to reconcile the creation of a program to help people who were totally and permanently unable to work with efforts to return people to work. The program was essentially a disability insurance program rather than a return-to-work program. However, the legislation expressed the intent to rehabilitate as many applicants as possible. In 1956, the SSDI legislation combined cash benefits with referral to State Vocational Rehabilitation Services (VR), resulting in the SSDI program.<sup>4</sup> Eligibility determinations were to be made by State agencies on SSA's behalf to speed referrals.

By June 1958, more than 800,000 had been referred to State VR agencies, but only about 550 beneficiaries (.02% of the beneficiary population) had been successfully rehabilitated.<sup>5</sup> Subsequent amendments added benefits for younger workers, disabled widows, individuals who became disabled prior to age 22, and those whose working parent died or became eligible for Social Security retirement benefits. The original requirement of a disability of indefinite duration was reduced to include disabilities lasting as little as a year, and health insurance under Medicare was added for beneficiaries who had passed a 24-month waiting period.

As the program evolved to include younger workers and shorter periods of disability, work incentive provisions were added, to facilitate returning beneficiaries to work. In 1960, the first SSDI work incentive provision was enacted, which provided a nine-month Trial Work Period (TWP) during which a beneficiary could test his or her ability to work without suffering a loss of benefits. If the beneficiary continued to work above SGA following completion of the TWP, benefits would be terminated.

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<sup>3</sup> Social Security Administration. Kearney, John R., 2007, Social Security and the "D" in OASDI: The History of a Federal Program Insuring Earners Against Disability, Social Security Bulletin, Vol. 66, No. 3, August 2006. Washington, DC. <http://www.ssa.gov/policy/docs/ssb/v66n3/v66n3p1.html>

<sup>4</sup> Social Security Advisory Board. The Social Security Definition of Disability, October 2003, pp 8-10. Washington, DC. [http://www.ssab.gov/documents/SocialSecurityDefinitionOfDisability\\_002.pdf](http://www.ssab.gov/documents/SocialSecurityDefinitionOfDisability_002.pdf)

<sup>5</sup> Ibid.

Still, few SSDI beneficiaries returned to work. In 1967, 14,500 were rehabilitated, which was 1.2% of the beneficiary population.<sup>6</sup>

In 1972, Title XVI of the Social Security Act was signed into law, creating the needs-based program of SSI. The program is a federally administered income assistance program restricted to qualified individuals who have countable resources not exceeding \$2,000 for an individual and \$3,000 for married couples. The SSI program includes cash assistance for children and adults with disabilities. SSI recipients who work and have earnings have their SSI benefits partially offset to adjust for this additional source of income. Earnings exclusions that are applied before the offset is made result in the beneficiary losing less than one dollar in benefits for each two dollars of earnings. These exclusions recognize the additional costs associated with employment and assure that a recipient will always have higher gross income when he or she works than if he or she does not.

Since the beginning of the SSI program in 1974, Congress has included work incentive provisions to provide beneficiaries with support to move from benefit dependency to independence through work. During the 1970s, the number of disability beneficiaries doubled. Ongoing beneficiary payments increased by a factor of five.<sup>7</sup> In response to rising disability rolls, Congress provided additional incentives to support work for SSI and SSDI disability beneficiaries through the 1980 amendments to the Social Security Act. These incentives included the ability to deduct Impairment-Related Work Expenses (IRWE) in determining whether earnings demonstrate SGA, an EPE within which to test ability to work while retaining disability status after completion of the TWP, provisions for SSI recipients to continue to receive SSI payments beyond SGA under certain conditions, and extension of Medicare coverage for SSDI beneficiaries. The Section 1619 SSI/Medicaid work incentives began in 1981 and were made permanent effective July 1, 1987.

Even with these changes, few SSI or SSDI beneficiaries were leaving the rolls for work. Barriers to health care and other supports needed for work were viewed as being a primary reason. A 1992 study found that about 10% of beneficiaries entitled in 1980-1981 performed some work over a period of approximately 10 years, but only

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<sup>6</sup> Ibid.

<sup>7</sup> Ibid.



about 2% left the rolls.<sup>8</sup> Additional research showed that over 80% of beneficiaries were unaware of the work incentives and few used them.<sup>9</sup> Vocational rehabilitation “seemed to have a positive effect on work resumption”, but only about 2% of beneficiaries received VR services. Physical therapy, vocational training, general education, and job placement efforts all seemed to increase the tendency to go back to work.<sup>10</sup>

To further encourage beneficiaries to work, Congress enacted the 1999 Ticket to Work and Work Incentives Improvement Act which addressed the threat of losing health benefits by extending Medicare coverage to 102 months from 36 months, and established a state option to offer a Medicaid buy-in program for workers with disabilities. The Ticket Act expanded work incentives providing SSDI and SSI beneficiaries with the option to receive a ticket to secure vocational rehabilitation services, training and employment, and other supports from employment networks (ENs) of their choice—a market-driven approach to expanding employment service options for beneficiaries.

The Ticket Act also eliminated work-triggered continuing disability reviews (CDRs); provided a work incentives outreach program to provide information, planning, and guidance to SSI and SSDI beneficiaries; and provided the expedited reinstatement (EXR) provision for both SSDI and SSI. The Ticket Act was viewed as greatly expanding both opportunities and incentives for people with disabilities to go to work. The Ticket program was outcome-based, authorizing payments to ENs based upon employment outcomes. Despite the outcome-based payments, EN participation was low. Revised SSA regulations are pending to improve payment schedules and encourage greater EN participation.

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<sup>8</sup> Social Security Administration. Muller, L. Scott, 1992, Disability Beneficiaries Who Work and Their Experience Under Program Work Incentives, Social Security Bulletin Vol.55, No.2:2-19, April 1992. Washington, DC.

<sup>9</sup> Social Security Administration. Hennessey, John C. and L. Scott Muller 1994, Work Efforts of Disabled-Worker Beneficiaries: Preliminary Findings from the New Beneficiary Follow-up Survey, Social Security Bulletin Vol. 57, No.3:42-51, July 2004. Washington, DC.

<sup>10</sup> Social Security Administration. Hennessey, John C. and L. Scott Muller 1995, The Effect of Vocational Rehabilitation and Work Incentives on Helping the Disabled-Worker Beneficiary Back to Work, Social Security Bulletin Vol. 58, No.1:15-28, January 1995. Washington, DC.  
<http://www.ssa.gov/policy/docs/ssb/v58n1/v58n1p15.pdf>



## SSI Efforts to Support Work

Since the program began in 1974, the needs-based SSI program has provided a \$1 for \$2 gradual reduction in earnings after an initial \$85 income exclusion. The monthly Federal benefit rate (\$623 for an individual and \$934 for couples in 2007) is reduced by the amount of the individual's "countable" income, increased by a State supplement if applicable. Since the beginning of the SSI program, incentives have been provided to support work.

### *Overview of the SSI Program and Existing Work Incentives*

The SSI program has attempted to support efforts to work by providing work incentives that exclude earnings and resources. When determining an individual's countable income, there is a general \$20 income exclusion, which is applied to an individual's unearned income. Then there is an earned income exclusion of the first \$65 and one-half of the remainder of earned income. This greater exclusion for earned income acts as a work incentive for all SSI recipients. In addition, the Student Earned Income Exclusion (SEIE) allows an individual with a disability who is under age 22 and regularly attending school to exclude up to \$1,510 of earned income per month (up to an annual exclusion of \$6,100) before applying the earned-income exclusion. The SSI program also includes the Infrequent/Irregular Income Exclusion. Its purpose is to simplify program administration by permitting SSA to overlook small amounts of earnings received from sporadic employment. Specifically, the first \$30 of earned or \$60 of unearned infrequent or irregular income received in the calendar quarter is excluded.<sup>11</sup>

In addition, IRWE allows a beneficiary to deduct from earned income work expenses directly related to the individual's disability. The IRWE is deducted from monthly earnings prior to the \$1 for \$2 reduction equating to a maximum of up to 50% of the actual cost of expenses paid out of the beneficiary's own pocket. Subsequently, Blind Work Expenses (BWE) allows the deduction of certain work-related expenses for individuals who are blind from their earned income when determining SSI eligibility and cash benefit amount; however the expense is deducted following the \$1 for \$2 reduction, allowing up to a 100% recoup of expenses paid for out of pocket. The

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<sup>11</sup> Before publication of final rules on August 9, 2006, the evaluation period for this exclusion was on a monthly rather than a quarterly basis, and the total could not be greater than \$10 of earned income or \$20 of unearned income, if the SSI recipient received the income only once in a calendar quarter from a single source, or if the income could not have been reasonably expected.

BWE is more advantageous than the IRWE for two reasons. First, BWE only needs to be an expense related to the cost of going to work paid by the beneficiary as opposed to an impairment-related work expense. Second, because of the way it is calculated, BWE provides a greater financial incentive to the blind and recognizes that the costs attributed to going to work for a beneficiary are greater than just the expenses that are impairment-related.

Under SSI, income set aside under a Plan for Achieving Self-Support (PASS) may also be excluded. A PASS is established to help beneficiaries who are blind or disabled become self-supporting over time. A PASS allows a beneficiary to self-direct his or her plan for employment, although it must be approved by SSA and the conditions of the plan must be fulfilled. The PASS allows a beneficiary to exclude income and resources that are set aside to help the individual reach a specific occupational goal. Funds can be set aside for education, vocational training, the purchase of a vehicle or equipment, etc. related to the work goal. The income and resources set aside are excluded under the SSI income and resources tests.<sup>12</sup>

Effective March 1, 2006, the PASS qualified as an appropriate program of employment services for benefit continuation purposes.<sup>13</sup> This means that SSI recipients who have medically recovered from a disability are potentially eligible for continued monthly payments if they comply with the self-sufficiency goals of their PASS. As with vocational rehabilitation and other employment service programs, SSA encourages the completion of a PASS as a means by which beneficiaries can be permanently removed from the SSI rolls.

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<sup>12</sup> SSDI beneficiaries who do not also qualify for SSI because their income is too high can set aside part of their SSDI benefit payment to finance their PASS expenses, possibly making them eligible for SSI.

<sup>13</sup> This continued payment authority is sometimes referred to as “section 301,” as it originated in section 301 of the Social Security Disability Amendments of 1980 (P.L. 96-265). Expanded by subsequent legislation, it allows continued payment of SSI benefits to individuals whose disability is medically ceased, if the individual is participating in the Ticket to Work program or another approved program of vocational rehabilitation services, employment services, or other support services, or if the individual is a student aged 18-21 who is participating in an Individualized Education Program (IEP) in an approved educational institution. Benefits continue if SSA determines that completion of the program will increase the likelihood that the individual will be permanently removed from the disability or blindness benefit rolls. Final rules regarding the expansion of payment authority were published on June 24, 2005 (70 FR 36494), with the PASS inclusion specified in SSA’s Program Operations Manual System, Section SI 00870.010 (February, 2006). (From: Social Security Administration. Annual Report of the SSI Program. May 2006. P.2, Footnote 2. Office of the Chief Actuary, Washington, DC.)

Property Essential to Self-Support (PESS) was one of the original SSI work incentives and applies to unincorporated for-profit businesses such as sole proprietorships, partnerships, and limited liability companies. PESS allows a person to build unlimited funds in a small business operating account, and to exclude from counted assets tools or equipment used for work, or inventory needed for a business, inventory, equipment, land, vehicles, commercial buildings. SSA counts the owner's share of a corporation as a resource, which cannot be excluded for PESS. For beneficiaries who are employees, PESS may be used to exclude tools or equipment used for work.

The 1619 provisions of the Social Security Act provide additional substantial incentives supporting work for SSI recipients. Section 1619(a) provides continued eligibility for SSI when earnings exceed SGA levels until the amount of earnings would cause the beneficiary to become ineligible for cash benefits under SSI income counting rules. Section 1619(b) provides for continued Medicaid when SSI recipients lose their benefits because of earnings and provides continued attachment to SSI after earnings reduce benefits to zero. This continuation of Medicaid under Section 1619(b) also applies to those who are dually eligible for SSI and SSDI and who lose their SSI cash benefits before they exceed the SGA earnings level because they have countable income from SSDI.

The 1619 provisions allow an individual to move from SSI cash benefit status to Medicaid only status, and back again without the need for either a new application or request for Expedited Reinstatement (EXR). Thus, an individual in 1619(b) status can return to cash benefits when wages decrease. EXR applies when an individual's eligibility for SSI is terminated, and provides that SSI benefits may be reinstated without a new application if the individual files for reinstatement within 60 months of entitlement with the same (or related) disability. The person would have to satisfy the SSI income and resource limits and be incapable of earning SGA. EXR permits up to six months of provisional benefits while the reinstatement is processed.

Finally, under the Ticket Act, Congress enhanced the Medicaid Buy-In program created two years earlier by the Balanced Budget Act of 1997. The Buy-In, implemented in 38 states, allows beneficiaries to obtain or retain Medicaid at higher earnings and resource levels by paying income-based premiums if states choose to require them.

## *Current Beneficiary Efforts to Work and Use SSI Work Incentives*<sup>14</sup>

The number of SSI recipients who work increased by 102% between 1987 and 2006, from 173,000 to 349,000; however this is discounted by the fact that, during the same period, the number of SSI recipients aged 18 to 64 increased from 2,118,710 to 4,152,130—an increase of 96%. In December 2006, 349,420 individuals connected to the SSI program had earnings. Of those, 16,537 were receiving SSI benefits under the provisions of Section 1619(a) and 84,226 were not receiving SSI benefits but, under the provisions of Section 1619(b), were considered to be SSI recipients for purposes of Medicaid eligibility. An additional 228,838 SSI recipients had earnings that reduced their SSI benefits.

Table 1 illustrates the number of SSI workers working below SGA, in 1619(a) status, and in 1619(b) status, by year. The total number of working SSI recipients peaked in 2000 at 360,427 and in 2006 it was 349,420. The number of 1619(b) participants grew from 15,632 in 1987 to 89,350 in 2006. (Note that roughly 2/3 of 1619(b) beneficiaries may not be earning above SGA but receive SSDI payments.)

In December 2006, 7.9 percent of all SSI recipients ages 18 – 64 had earnings, with a wide variation among the states in the percentage of SSI recipients with earnings.<sup>15</sup> It is not known for certain the reasons for the variations. The list of tangible and intangible variables set out in two December 2005 reports by Jensen and Silverstein: "Gradual Reduction Choice Option and Related Policy Projects" and "A Framework For Preparing Cost Estimates for SSDI \$1 for \$2 Gradual Reduction Demonstration Project", provide some insight.

Among the tangible variables they identified are the variations among the states in the availability and use of comprehensive employment-related services and ongoing support services as well as the age, type and severity of disability. In addition, the intangible variables can include, but are not limited to, level of encouragement and attitudes toward employment by both public and private service providers in combination with the level of encouragement by agencies, employers and family and other support.

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<sup>14</sup> See Appendix B.

<sup>15</sup> States with more than 15 percent of SSI recipients with earnings: Iowa, Minnesota, North Dakota, South Dakota; Wyoming. States with less than 5 percent of SSI recipients with earning: Alabama, Arizona, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Tennessee, West Virginia. See Appendix B (Table B-2).

**Table 1**  
**SSI Federally-Administered Blind or Disabled Working Recipients**  
**as of December, 1987-2006**

Year	SGA Level <sup>1</sup>	In current-payment status		1619(b) Workers <sup>4</sup>	Total Workers
		<u>1619(a) Workers<sup>2</sup></u>	<u>Other Workers<sup>3</sup></u>		
1987	\$300	14,559	142,664	15,632	172,855
1988	300	19,920	153,599	15,625	189,144
1989	300	25,655	161,928	18,254	205,837
1990	500	13,994	182,421	23,517	219,932
1991	500	15,531	186,824	27,264	229,619
1992	500	17,603	199,665	31,649	248,917
1993	500	20,028	210,322	35,299	265,649
1994	500	24,315	217,478	40,683	282,476
1995	500	28,060	223,573	47,002	298,635
1996	500	31,085	225,310	51,905	308,300
1997	500	34,673	228,093	57,089	319,855
1998	500	37,271	229,662	59,542	326,475
1999	700 <sup>5</sup>	25,528	245,825	69,265	340,618
2000	700	27,542	249,313	83,572	360,427
2001	740	22,100	247,555	76,455	346,110
2002	780	17,271	241,462	82,177	340,910
2003	800	17,132	235,453	71,097	323,682
2004	810	17,114	237,409	73,681	328,204
2005	830	17,621	240,744	78,205	336,570
2006	860	17,394	242,676	89,350	349,420

Source: 2007 Annual Report of the SSI Program, Social Security Administration, Table V.E1.

<sup>1</sup>Increases in 2001 and subsequent years are based on increases in the national average wage index.

<sup>2</sup>Workers' earnings are above SGA level.

<sup>3</sup>Workers' earnings are at or below SGA level.

<sup>4</sup>1619(b) recipients are not in current-payment status but retain SSI recipient status for Medicaid purposes.

<sup>5</sup>Increased to \$700 in July 1999.

As shown in Table 2, the numbers of workers using IRWEs or BWEs have declined over the past 15 years. In 2006, just 1.6% used IRWEs and 0.7% used BWEs. That year, utilization of IRWEs and BWEs was at its lowest level since 1990.

The usage of PASS plans is also exceedingly low. In December 2006, 0.5% percent (1,583) of SSI recipients had PASS plans. Four hundred and nine PASS participants had earnings, which averaged \$792 per month. However, exclusions under a PASS are not limited to earnings. Of the 1,583 disabled recipients with a PASS, over 69% did not have any earnings reported for December 2006. Out of all PASS participants, 435 had a PASS that excluded only resources.<sup>16</sup>

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<sup>16</sup> See Appendix B (Table B-4).



**Table 2.**  
**SSI Federally-Administered Blind or Disabled Individuals with SSI**  
**Recipient Status Participating in Other Work Incentives**  
**as of December, 1990-2006**

Year	PASS			IRWE	BWE	Total Workers
	Non-workers	Workers	Total			
1990	1,215	1,040	2,255	5,384	4,385	219,932
1991	1,969	1,601	3,570	6,546	4,330	229,619
1992	3,189	2,658	5,847	7,813	4,454	248,917
1993	4,528	3,602	8,130	8,629	4,406	265,649
1994	5,842	4,487	10,329	9,484	4,380	282,476
1995	5,719	4,603	10,322	9,940	4,433	298,635
1996	2,760	1,944	4,704	9,799	4,230	308,300
1997	1,290	708	1,998	9,637	4,116	319,855
1998	712	362	1,074	9,301	3,802	326,475
1999	698	347	1,045	9,520	3,971	340,618
2000	862	520	1,382	9,422	3,895	360,427
2001	1,024	576	1,600	8,798	3,642	346,110
2002	1,150	571	1,721	8,047	3,386	340,910
2003	1,181	524	1,705	7,604	3,074	323,682
2004	1,112	486	1,598	6,874	2,827	328,204
2005	1,089	493	1,582	6,310	2,552	336,570
2006	1,174	409	1,583	5,650	2,370	346,309

Source: SSI Recipients Who Work 2006, Social Security Administration.

In general, utilization of SSI work incentives (other than the Section 1619 provisions) is very low. In addition to low PASS utilization, the utilization of IRWE and BWE by SSI recipients has continued to decline. Participation under section 1619(b), now at 87,216 now exceeds participation under section 1619(a) by more than five to one.<sup>17</sup> Utilization of PASS, IRWE, and BWE vary by state.<sup>18</sup> The reasons for state-to-state

<sup>17</sup> SSA has collected data on IRWE, BWE, PASS, 1619(a) and 1619(b) utilization by SSI recipients, and has published this information annually in the Annual Report of the SSI Program and its SSI Disabled Recipients Who Work publications.

<sup>18</sup> Social Security Administration. SSI Disabled Recipients Who Work, Reports from 1990 – 2006. Washington, DC. <http://www.ssa.gov/policy/>. See Appendix B (Table B-1).

variation are not known.<sup>19</sup> Medicaid Buy-In utilization continues to increase but results vary significantly from state to state.

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<sup>19</sup> For example, Virginia (482), New York (479), and California (475) led in IRWE utilization, but while California also led with 414 PASS plans, no other state came close and half of the states had fewer than 20 beneficiaries with PASS plans. Some states, like Vermont, had 4 times as many beneficiaries with PASS plans as with IRWE. No pattern or trend emerged. Social Security Administration. SSI Annual Statistical Report, 2005. Table 31. Office of Policy. Washington, DC.

[http://www.ssa.gov/policy/docs/statcomps/ssi\\_asr/2005/sect06.html#table31](http://www.ssa.gov/policy/docs/statcomps/ssi_asr/2005/sect06.html#table31)

## **SSDI Efforts to Support Work**

In the SSDI program, benefits are determined based upon the beneficiary's work history and the amount the individual has contributed under the Federal Insurance Contributions Act. Given that SSDI is an insurance program and not means-tested, income and resources do not have the same impact and effect. Incentives are provided to encourage work, although those offered through SSDI are different from those of the SSI program.

### ***Overview of the SSDI Program and Existing Work Incentives***

The return-to-work process under the SSDI program is complicated and guided by a series of time and earnings-sensitive benchmarks. The TWP allows beneficiaries to test their ability to work for nine months without losing benefits. The nine months do not have to be consecutive, but they must occur within a 60-month rolling window. For 2007, a TWP service month is a month in which the individual earns more than \$640 or works more than 80 self-employed hours. There is no limit to the amount of money that may be earned during the TWP without losing the SSDI cash benefit. An SSDI beneficiary is allowed one TWP during a period of entitlement to benefits. Effective January 2001, the new EXR rules allow for a new TWP after the person receives reinstatement of benefits for 24 months.

Once a TWP has been completed, there is a 36-month EPE, or re-entitlement period. The 36 months run consecutively, and the EPE allows the person whose SSDI benefits payments have stopped because of exceeding SGA to have their SSDI payments start again if earnings dip below SGA. In the first month of the EPE in which a beneficiary earns over SGA, that individual will receive their full cash benefit for that month and the next two months. This three-month period is referred to as the grace period. Following the grace period, any month in which a person's earnings are over SGA, they will not receive a cash payment.

Under SSDI program rules, any earnings above SGA in a given month that occur after completion of the TWP and the EPE result in a loss of all cash benefits. This is a situation commonly called the "cash cliff." This is widely believed to be the most significant barrier to work efforts, as it provides a financial disincentive to earning above the SGA level and leaving the SSDI benefit rolls. Over the years, there have been numerous proposals to remove the cash cliff through a gradual benefit offset similar to provisions in the SSI program. In fact, Congress mandated a demonstration project in both the Social Security Act Amendments of 1980 and the 1999 Ticket Act

to test if a gradual reduction of benefits after work above SGA would result in an induced entry or to reduce exits from the SSDI rolls. SSA's benefit offset demonstration project is currently under development.

Under the SSDI program, work incentives reduce the amount of income that is counted in the determination of whether or not an individual has earned above SGA. IRWEs include deductible disability-related work expenses paid for by the beneficiary and may be subtracted from a SSDI beneficiary's earned income to determine whether or not the SGA test has been met. People who are blind must follow the rules for IRWE rather than BWE, which is only an SSI work incentive.

"Subsidy" and "special conditions" are supports received on the job that result in an individual receiving more pay than the actual value of the work performed. If the individual is not fully earning the wages paid because the work is performed under special conditions (e.g., close and continuous supervision, on-the-job coaching and substitution during which the job coach performs part or all of the job duties), then SSA must deduct that part of the wages that are not "earned" by the worker from his or her average gross wages. This is true whether or not the employer or someone else provides the special (on-the-job) conditions.

Before the EXR provisions became effective in 2001, if an SSDI beneficiary went off benefits and later lost a job or had wages reduced below SGA, he or she would have to reapply for benefits. The Ticket Act provided that a recipient who loses benefits due to wages can apply for reinstatement and have benefits reinstated (without a new application) if they apply within 60 months of the last month of eligibility, and they meet all eligibility requirements. EXR permits up to 6 months of provisional benefits while the request is processed. The EXR work incentive protects those who work above SGA after the EPE and later are not able to continue to work above SGA.

When an SSDI beneficiary goes to work, Medicare continues for the nine-month trial work period and at least 93 additional months. After premium-free Medicare coverage ends due to work, some individuals who have returned to work may buy continued Medicare coverage, as long as they remain medically disabled. Some individuals with low incomes and limited resources may be eligible for state assistance with this cost. In contrast to SSI, a Medicaid Buy-In appears to be the only work incentive that enables SSDI-only beneficiaries to go to work and maintain Medicaid coverage of disability-related expenses needed to work (i.e., attendant care).

## *Current Beneficiary Efforts to Work and Use SSDI Work Incentives*

From 1990 to 2006, the number of disabled workers receiving SSDI benefits more than doubled, increasing from about three million to 6.8 million. The termination rate (terminations per 1000 beneficiaries) due to recovery (which includes both return to work and medical recovery) has declined, and is less than one-half of one percent of disabled worker beneficiaries.<sup>20</sup>

Little or no data was found on utilization of TWP, EPE, IRWEs for SSDI beneficiaries, subsidy and special conditions, EXR, or extended Medicare. This lack of information prevents SSA analysis of the success or failure of these work incentives in returning SSDI beneficiaries to work.

Until a few years ago, SSA did not track monthly earnings of SSDI worker beneficiaries, or their utilization of these work incentives. SSA has not published any analysis of SSDI work incentive utilization. Particularly given the low rate of SSDI worker beneficiaries returning to work, SSA should provide regular reporting of data and analysis pertaining to SSDI work incentive utilization. This could provide SSA with better insight into how to support local Area Work Incentive Coordinators (AWICs) in encouraging other SSA staff, Community Work Incentive Coordinators (CWICs), community agencies and beneficiaries/recipients to more fully utilize work incentives.

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<sup>20</sup> Social Security Advisory Board. The Social Security Definition of Disability, October 2003, pp 8-10. Washington, DC. [http://www.ssab.gov/documents/SocialSecurityDefinitionOfDisability\\_002.pdf](http://www.ssab.gov/documents/SocialSecurityDefinitionOfDisability_002.pdf)



## The Integration of Work Incentives: Complexity of Rules

SSI and SSDI beneficiaries have to deal with the complexities of an array of work incentives. It is not a matter of being informed about and using a single work incentive, but rather understanding all the applicable work incentives and managing them to avoid pitfalls.

In 2000, SSA produced an internal report to Commissioner Kenneth S. Apfel that discussed the evolution of the SSI program, issues of benefit adequacy, and the challenge of simplifying the program.<sup>21</sup>

The report notes that, by definition, complexity is unavoidable in any means-tested program. SSI is no different. In the SSI program, the complexity extends beyond an earnings test to include an extensive set of initial and continuing eligibility rules that govern not only all types of income but also resources, living arrangements, and documentation of any changes. SSA must take account of all income and resources that an individual has or can obtain. The amount of an individual's income and resources are the measure of that individual's need for assistance.

The report describes the tension that exists between:

- reducing the complexity of program rules to make them easier for beneficiaries to understand and for SSA to administer, and
- the objectives of the SSI program to (1) ensure a minimum level of income to meet the basic necessities of living (2) ensure by objective criteria that people with like income and resource levels are treated in the same way and (3) ensure that benefits are paid accurately, efficiently, and with no tolerance of fraud.

The Panel has heard from many beneficiaries about their fear of losing benefits and access to health care. In addition, many have told us that they are reluctant to risk losing their benefits after undergoing a lengthy and rigorous eligibility process. Further, incentives often do not go far enough in offsetting not only the impairment-related but also other expenses associated with going to work. It may not be reasonable to expect beneficiaries to deal with confusing and seemingly arbitrary time

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<sup>21</sup> Social Security Administration. Simplifying the Supplemental Security Income Program: Challenges and Opportunities, Office of Policy, December 2000. Washington, DC.  
<http://www.ssa.gov/policy/programs/SSI/simplification/simplification.pdf>

frames and dollar amounts as they try to understand the impact of earnings on their benefits.

For SSDI, the complexity includes:

- A 24-month waiting period before Medicare benefits begin;
- A nine-month (not necessarily consecutive) TWP within a rolling 60 month timeframe, which allows unlimited earnings but requires a "work" continuing disability review (CDR). (Note that rules governing whether or not a month of work counts as a TWP month include both hours worked and earnings thresholds unrelated to SGA);
- A 36-consecutive month EPE, during which earnings are limited to less than SGA, with no questions about why earnings dropped;
- A three-month grace period before payments are stopped if the beneficiary has earned SGA;
- A five-month waiting period before payments can be started;
- A five-year period during which benefits can be reinstated if earnings are less than SGA but unlike the EPE it applies only if benefits ended because of work;
- A time limit that the 37th month after the end of the nine-month (not necessarily consecutive)TWP is latest that benefits can be restarted; and,
- A maximum of 93 consecutive months of Medicare after cash benefits stop, starting with the last month of 9 month (not necessarily consecutive) TWP.

For SSI recipients, the complexities due to timing are not as great. The \$1 for \$2 reduction avoids the all-or-nothing situation with regard to benefits and health insurance, and the 1619 provisions provide for a smoother transition.

Table 3 identifies the work incentives and indicates whether they apply to SSI, SSDI, or both programs.



**Table 3**  
**Work Incentive Application to SSI and SSDI**

Work Incentive	Applies to SSI	Applies to SSDI
Earned Income Exclusion	Yes	
Student Earned Income Exclusion (SEIE)	Yes	
Impairment-related work expenses (IRWE)	Yes	Yes
Blind Work Expenses (BWE)	Yes	Yes
Plan for Achieving Self-Support (PASS)	Yes	
Property Essential to Self-Support (PESS)	Yes	
1619(a), Working above Substantial Gainful Activity (SGA)	Yes	
1619(b), Medicaid While Working	Yes	
Expedited Reinstatement (EXR)	Yes	Yes
Medicaid Buy-In	Yes	In some states
Trial Work Period (TWP)		Yes
Extended period of eligibility for reinstatement of benefits (EPE)		Yes
Subsidy and Special Conditions	Yes (initial eligibility)	Yes
Extended Medicare		Yes

***Concurrent Beneficiary Efforts to Work and Use SSI and SSDI Work Incentives Simultaneously***

As outlined above, work incentives and eligibility for both the SSI and the SSDI programs are complex. This complexity is compounded for concurrent beneficiaries (individuals receiving both SSI and SSDI benefits) who must navigate two sets of work incentives and eligibility provisions, which are often at odds.

According to a recent GAO report,<sup>22</sup> concurrent beneficiaries account for about 14 percent of SSA's disability population, and about 11 percent of concurrent

<sup>22</sup> U.S. General Accounting Office. 2002. SSA Disability: Enhanced Procedures and Guidance Could Improve Service and Reduce Overpayments to Concurrent Beneficiaries. GAO-02-802. Washington, DC: September 2002. <http://www.gao.gov/new.items/d02802.pdf>

beneficiaries worked, compared to eight percent of SSI-only recipients. While a greater percentage of concurrent beneficiaries worked than that of SSI-only recipients, the average median monthly earnings of concurrent beneficiaries was less: \$250 compared to \$400 for SSI-only recipients. This GAO report explored the implications that uncoordinated program rules have on overpayments and underpayments.

Findings include:

- Information affecting benefits or eligibility is not reported timely and/or reported information affecting benefits or eligibility is not processed timely;
- Field office staff generally specialize in only one of the programs, so they may not be fully aware of rules for both programs, making it difficult for them to offer guidance; and,
- Reliable public information materials clearly explaining the complex interaction of the two programs are not available, so it is difficult for beneficiaries to make informed decisions about working.<sup>23</sup>

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<sup>23</sup> For additional information, see Livermore, G. A. (2003). Wage Reporting and Earnings-Related Overpayments in the Social Security Disability Programs: Status, Implications, and Suggestions for Improvements. Report prepared for the Ticket to Work and Work Incentives Advisory Panel. Cornell Center for Policy Research: Washington, DC  
[http://www.ssa.gov/work/panel/panel\\_documents/briefingpapers.html](http://www.ssa.gov/work/panel/panel_documents/briefingpapers.html)

## **Discussion of Issues and Recommendations**

The Panel feels strongly that the President, Congress and SSA can take additional steps, beyond those incorporated into the initial Ticket Act, to create an enhanced policy environment that supports work and creates conditions needed by some beneficiaries to work. Prior to outlining these issues and recommendations, it is important to state that the Panel recognizes that beneficiaries invest great resources and effort into their attempts to work in the current return-to-work policy environment and that current policy does not equitably distribute risk. The recommendations highlighted below attempt to balance this risk, encouraging the government to make a greater investment in the work efforts of all beneficiaries. The Panel calls for continued investment in the lives and efforts of beneficiaries.

### **UPDATE Existing Work Incentives**

The Disability Advisory Panel in 1996 clearly stated the need for Congress and SSA to update existing work incentives to make them more applicable to the realities and employment supports needed in 2007 and beyond. This would include improving existing work incentives and ensuring that they accommodate the dynamic nature of disability while assuring access to health care as work incentives are utilized.

#### *Update IRWE*

IRWE applies to both SSDI and SSI. However, under the SSI program, the reimbursement for expenses paid for by the beneficiary only allows for up to a 50% cost recovery – not dollar for dollar as is true of BWE or PASS. This poses a considerable barrier to work for those beneficiaries starting out in positions that do not provide adequate earnings to offset the loss of income associated with paying for these expenses and the potential loss of SSI cash benefits. This is important to beneficiaries trying to survive on limited income. For example, a working SSI beneficiary with \$100 of IRWE would get an extra \$50 of SSI, which is 100% recovery of some the costs involved in working. This would be significant for an SSI beneficiary who has under a thousand dollars a month to spend on food and shelter, and would likely encourage more beneficiaries to go to work.

**Recommendation 1:** SSA should change the order in which impairment related work expenses (IRWE) are deducted when calculating the SSI cash payment to allow for up to a 100 percent cost recovery.<sup>24</sup>

While the definition of IRWE is the same regardless of the program, as are the conditions necessary for approval by SSA, items and/or services can be allowed as IRWE even if they are also needed for normal daily activities. However, the cost of *routine* drugs and medical services, such as a yearly physical, are not deductible *unless* they are needed to control the impairment and enable the person to work. The cost of health insurance premiums is listed in the Program Operations Manual System as a “non-deductible” item.<sup>25</sup> One could argue that because Medicare is *only* available to individuals who have a disability (or are retired), the premium cost should be recognized as an impairment-related expense and necessary for work. Certain individuals will purchase supplemental coverage due to co-insurance or deductibles. For example, a disability beneficiary with degenerative joint disease can only continue working if he or she has systematic joint replacement, which is costly surgery only partially covered by Medicare Hospital Insurance. The supplemental policy covers the deductible portion of the costs, but cannot be used as an IRWE. This problem became more evident when Medicare Part D was implemented. Prior to Part D, a disability beneficiary without drug coverage could use the out-of-pocket medication costs as IRWE. Now, if a beneficiary enrolls in Medicare Part D to get the drug coverage, the IRWE deduction is lost because the Part D premium cost is not allowed. For this reason, individuals who could benefit from Medicare Part D coverage may not be enrolling in the program.

**Recommendation 2:** SSA should allow health insurance premiums to be used as IRWE, when the beneficiary can document that the coverage is disability-related and supports work.

The assistance of family members in providing transportation to and from work and attendant care services is essential. Delegates to the Panel’s 2007 Beneficiary Summit selected “Support family caregivers who provide personal assistant and other services” as one of their key recommendations. Many beneficiaries rely on family members to drive them to and from work because they are unable to drive themselves, cannot afford a car, public transportation is not available and/or

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<sup>24</sup> This recommendation is identical to one recommended by the U.S. Department of Human Services, 1986 Disability Advisory Council.

<sup>25</sup> Social Security Administration. Program Operations Manual System (POMS) DI 10520.001 Impairment-Related Work Expenses (IRWE). <http://www.ssa.gov/regulations>

accessible. They also rely on family members to provide attendant care services because other providers are difficult to find and often are unreliable. If a person with a disability pays a family member to perform attendant care services, the payment will generally not be deductible as an IRWE *unless* it is established that the family member has been “otherwise employed and suffers economic loss by reducing the number of work hours or terminating his or her own employment in order to perform such service”.<sup>26</sup> This is the case even though, at age 18, parents no longer have a legal responsibility to care for their son or daughter unless there is a court decision requiring it.

**Recommendation 3:** SSA should eliminate the condition that family members must suffer financial loss for their compensation by the beneficiary to count as IRWE if they provide attendant care and/or transportation to/from work to a person with a disability.

### *Update Income Exclusions*

The four key income exclusions are: \$65 earned income exclusion; \$20 general income exclusion; \$30 infrequent/irregular earned income exclusion; \$60 infrequent/irregular unearned income exclusion; and \$2000/\$3000 resource limit. These amounts were not indexed when the SSI was enacted in 1972 and have not changed despite the 1996 Disability Advisory Panel’s call to action regarding annually indexing of all work incentives. “Raise the SSI resource limit to today’s dollars” was a key recommendation of the delegates to the Panel’s Beneficiary Summit.

In March 2000, a SSA report on SSI exclusions mandated by the Ticket legislation included a detailed range of options for updating the dollar amounts and the estimated costs.<sup>27</sup> In a recent statement, the Social Security Advisory Board (SSAB) calculated that if the earned income and the general income exclusions had kept pace with inflation, they would exceed \$90 and \$290 per month, allowing disabled beneficiaries to earn up to \$380 per month without reducing their benefits.<sup>28</sup> The

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<sup>26</sup> Social Security Administration. Program Operations Manual System (POMS) DI 10520.001 Impairment-Related Work Expenses (IRWE). <http://www.ssa.gov/regulations>

<sup>27</sup> Social Security Administration. Report on Supplemental Security Income: Income and Resource Exclusions and Disability Insurance Earnings-Related Provisions, March 2000. Office of Policy. Washington, DC.

<sup>28</sup> Social Security Advisory Board. Statement on the Supplemental Security Income Program, May 2005, p.8. Washington, DC. <http://www.ssab.gov/documents/2005SSIRreport.pdf>

upcoming increase in minimum wage means that beneficiaries will be able to work even fewer hours before impacting their benefits. The Panel recognizes, as did the SSAB, that changes could be expensive. It is impossible to predict what the implications would be for other SSI provisions and related programs such as Medicaid and State supplementation. Nevertheless, the current exclusions are failing to meet congressional intent because of their significantly reduced value.

For example:

- \$65 earned income exclusion is worth less than \$15;
- \$20 general income exclusion is worth less than \$5;
- \$30 infrequent/irregular earned income exclusion;
- \$60 infrequent/irregular unearned income exclusion;
- \$3000 resource limit is worth less than \$400 value.

**Recommendation 4:** Congress should increase and index the key income exclusion amounts and the resource limits under the SSI program.

### *Update PASS and the Ticket to Work Program*

Disincentives for use of PASS can be found in existing policies that regulate the interaction of PASS and rehabilitation programs. PASS could be used to supplement the Ticket to Work program by providing the initial investment in employment supports, which the Ticket payments could then maintain. Under current policies, an EN cannot receive a Ticket outcome-only payment while the individual is receiving an SSI cash payment resulting from an active PASS. This creates a disincentive for ENs to support PASS use. Also, PASS funds cannot be used to pay an EN for services.

**Recommendation 5:** SSA should approve proposed rule changes to the Ticket to Work Program to enable Employment Networks (ENs) to receive ticket outcome-only payments while a beneficiary is receiving a SSI cash payment resulting from an active Plan for Achieving Self-Support (PASS).

### *Update the Traditional Cost Reimbursement Program*

The Traditional Cost Reimbursement Program administered by SSA with State VR programs is based on sustained individual participant gross earnings over SGA<sup>29</sup>. While utilization of most work incentives do not count against the agency seeking reimbursement, two specific incentives can impact an agency receiving their reimbursement if the programs are used by the beneficiary—BWE and PASS. These are incentives excluded by SSA under current procedures because they are not impairment-related. The use of either of these incentives negatively impacts the ability of a State VR agency to claim reimbursement because earnings often fall below SGA once BWE and PASS have been accounted for. The unintended negative consequence is that the policy provides a disincentive to VR in promoting the use of BWE and PASS because their claim for reimbursement may be disallowed.

**Recommendation 6:** SSA should allow state vocational rehabilitation agencies to receive traditional cost reimbursement if and when an individual is receiving a SSI cash payment resulting from an active PASS or claim of Blind Work Expenses (BWE).

## **SIMPLIFY Existing Work Incentives**

The maze of work incentives that exist, not only within SSA but other federal benefit programs as well, are complex, difficult to understand, challenging to manage and do not appear to support a common, universal approach to work. In many cases they do not make work pay. Instead, they increase the risk of overpayments for beneficiaries and unintended adverse program interactions. Beneficiaries may understand how to use the work incentives but other disincentives keep them from working.<sup>30</sup>

### *Align Existing Work Incentives*

In general, the two types of federal government programs concerning disability are employment support programs and income support programs. When the term “benefits” is mentioned, many assume the reference is to either the SSDI or SSI

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<sup>29</sup> Social Security Administration, Vocational Rehabilitation Provider’s Handbook, Chapter 12. Baltimore, MD. <http://www.ssa.gov/work/ServiceProviders/providers.html>

<sup>30</sup> For additional information see 1) U.S. General Accounting Office. SSA Disability: Enhanced Procedures and Guidance Could Improve Service and Reduce Overpayments to Concurrent Beneficiaries. GAO-02-802. Washington, DC: September 2002. <http://www.gao.gov/new.items/d02802.pdf> and 2) Livermore, G. A. (2003). Wage Reporting and Earnings-Related Overpayments in the Social Security Disability Programs: Status, Implications, and Suggestions for Improvements. Report prepared for the Ticket to Work and Work Incentives Advisory Panel. Cornell Center for Policy Research: Washington, DC [http://www.ssa.gov/work/panel/panel\\_documents/briefingpapers.html](http://www.ssa.gov/work/panel/panel_documents/briefingpapers.html)

programs administered by SSA. Although both SSA programs are the primary public disability-support programs in this country, the scope and complexity of the broader benefits circumstances for individuals with disabilities frequently extends beyond Social Security. Other equally important income support and employment support programs that provide benefits to individuals with disabilities include, but are not limited to Housing and Urban Development, Temporary Assistance for Needy Families, Veteran's Benefits and VR, Worker's Compensation, Unemployment Insurance, Food Stamps, Energy Assistance, and programs operating under the authority and funding connected with the Workforce Investment Act. Adding to the complexity is the fact that, while most programs are fully or partially funded with federal resources, many are administered at the State and local levels.

The interplay between earnings and public benefits is unique to each participant. Although information regarding programmatic constraints and work incentives within public programs are consistently available to participants, it is the diversity of program requirements that makes the issue complex. Although the work incentive provisions in one program may be generous, they may be limited in another, which unintentionally negates the potential of the work incentives available in the first program.

There are two primary ways that work incentives can be simplified. First, SSA should conduct a careful review of their existing work incentives and develop legislative proposals to remove the complexity.<sup>31</sup> As discussed earlier, the dollar amounts governing specific incentives vary greatly. For example, the SGA and TWP amounts are different. Simply adjusting and aligning existing work incentives would go a long way toward simplifying and minimizing the amounts of information beneficiaries need to learn and manage as they attempt to go to work. Second, SSA and their federal partners who administer other means-tested entitlements should evaluate their existing work incentives and ensure they all mutually and universally support a common work agenda. For example, a beneficiary who receives SSDI and is also residing in HUD-sponsored housing has specific complexities to manage when first attempting to work. When that individual decides to begin working they are entitled to a nine-month TWP during which there are no limits on their earning potential and impact on their cash benefit. In comparison, for HUD, the first 12 months of earnings are subject to a 100 percent income exclusion and not counted against them in the computation of their rent share. This requires the beneficiary to know in great depth how earnings are treated by each public entitlement or benefit they receive, and

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<sup>31</sup> U.S. General Accounting Office. SSA Disability: Enhanced Procedures and Guidance Could Improve Service and Reduce Overpayments to Concurrent Beneficiaries. GAO-02-802. Washington, DC: September 2002 <http://www.gao.gov/new.items/d02802.pdf>



they must track using different time tables the points at which their gross monthly income may be impacted. This is one example across two programs where the work incentives provided do not clearly align in support of a universal work agenda—there are many more examples that could be provided, which would further illustrate the magnitude of this problem.

SSA and their other federal partners should consider how to streamline the work incentives and reduce program complexity. Making work incentives easier to understand will make it easier for beneficiaries to use them successfully in their path to work, as well as make them easier to administer.

**Recommendation 7:** SSA should reduce the complexity and improve the consistency of work incentives across the SSI and SSDI programs and other federal entitlements so that they universally support work.

### *Address Post-Entitlement Issues*

Existing work incentive provisions demonstrate a commitment by SSA to support the employment efforts of people with disabilities. The work incentives, however, also illustrate how complicated the issue of benefit levels and eligibility become when a disability beneficiary pursues employment and experiences changes in earned income. SSA recognizes that, while many individuals may want to return to work, there are multiple barriers that may hinder employment; work related overpayments are identified as one of these barriers.<sup>32, 33</sup> Overpayments are benefits that a SSI and/or SSDI beneficiary receives for which Social Security determines the beneficiary was not entitled. There are two primary reasons why an overpayment situation would occur in either program: Beneficiaries do not report information affecting benefits or eligibility in a timely manner, and/or SSA does not process the information affecting a beneficiary's benefits or eligibility in a timely manner.<sup>34</sup> Overpayments, or the risk of

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<sup>32</sup> Social Security Administration. Strategic Plan FY 2006 – FY 2011. Baltimore, MD. <http://www.ssa.gov/strategicplan.html>.

<sup>33</sup> Social Security Administration. Social Security Administration Budget, Justification of Estimates for Appropriations Committees FY 2008. Baltimore, MD. <http://www.socialsecurity.gov/budget/2008cjapp508.pdf>

<sup>34</sup> Livermore, G. A. (2003). Wage Reporting and Earnings-Related Overpayments in the Social Security Disability Programs: Status, Implications, and Suggestions for Improvements. Report prepared for the Ticket to Work and Work Incentives Advisory Panel. Cornell Center for Policy Research: Washington, DC [http://www.ssa.gov/work/panel/panel\\_documents/briefingpapers.html](http://www.ssa.gov/work/panel/panel_documents/briefingpapers.html)

experiencing an overpayment, can affect a beneficiary's decision to go to work, or the decision to continue working.

SSI redeterminations and work continuing disability reviews (CDR) represent two of SSA's main efforts towards processing the information affecting a beneficiary's benefits or eligibility in a timely manner helping to prevent and detect improper payments. SSI redeterminations yield a savings of \$7 for every \$1 spent in administering them, and work CDRs in the SSDI program save \$10 in program benefits for every \$1 spent.<sup>35</sup> SSI redeterminations assess whether a SSI recipient continues to meet the financial eligibility requirements or has experienced a change of circumstances that would affect his or her monthly benefit amount.

SSA is implementing efforts to increase the number of SSI redeterminations processed and to improve the profiles that are used to select cases for review.<sup>36</sup> In FY 2005, SSA completed 1,724,875 redeterminations, and it is estimated that this effort produced \$1.5 billion in overpayment benefits.<sup>37</sup> CDRs conducted in 2005 are estimated to yield more than \$5 billion in program savings.<sup>38</sup> SSI redeterminations and work CDRs have been identified as cost effective efforts to detect and to help reduce overpayments in the SSI and SSDI programs. However, due to budget cuts in FY 2006, Commissioner Barnhart<sup>39</sup> determined that workloads "such as processing retirement and disability claims have priority over other workloads, including...CDRs and SSI non-medical redeterminations." According to testimony heard before the

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<sup>35</sup> U.S. Office of Management and Budget. Budget of the United States Government, FY 2007 and FY 2008. <http://www.whitehouse.gov/omb>

<sup>36</sup> The prevention of SSI overpayments will be accomplished by testing and implementing, as appropriate, electronic means for SSA to access records of financial institutions to detect unreported resources. Social Security has tested methods to electronically access recipient financial account records, and this tool has been expanded to additional field offices in the New York Region. This process is also being used to study and identify characteristics of records likely to have accounts over the SSI lines. The results of the study will be used to determine if it is feasible to support development of systems changes and expansion of the initiative nationwide. (From Social Security Administration. Social Security Administration Budget, FY 2008 and Revised Final FY 2007 APP, Appendix A: Service – Improve Service Through Technology (1.3 a-g) Means/Strategies p.51. Baltimore, MD. <http://www.socialsecurity.gov/budget/2008cjapp508.pdf>)

<sup>37</sup> Social Security Administration. Fiscal Year 2008, p. 179.

<sup>38</sup> U.S. Office of Management and Budget. Budget of the United States Government, FY 2008. <http://www.whitehouse.gov/omb>

<sup>39</sup> U.S. Government Printing Office. U.S. House of Representatives. Committee on Ways and Means. Social Security Service Delivery Challenges: Hearing before the Subcommittee on Social Security of the House of Representatives. 109th Congress, 2nd Session, May 2006. Washington, DC. <http://www.gpoaccess.gov/chearings/index.html> Washington, DC., GPO., 2007.

Subcommittee,<sup>40</sup> the lack of resources to conduct CDRs and SSI redeterminations will adversely impact SSA's ability to significantly reduce overpayments.

**Recommendation 8:** SSA should establish mechanisms to monitor post-entitlement workloads, develop performance standards (similar to those established for initial claims in terms of processing time and decisional accuracy), and Congress should allocate sufficient resources to address post-entitlement workloads.

**Recommendation 9:** SSA should establish a cross-component internal SSA Task Force on post-entitlement workload issues to identify resources needed to perform critical program integrity activities that address post-entitlement workloads such as processing work reports and preventing and detecting overpayments. Publish these findings annually.

### **Simplify Wage Reporting**

SSI recipients are required to report changes in their income, resources and living arrangements that may affect eligibility or payment amount. SSA conducted wage reporting pilots for workers at risk for wage-related overpayments to develop easier ways for recipients to report their wages in a timely manner. Through a pilot conducted in 2003 and again in 2006, SSA is using telephone voice recognition/touchtone technology as a means to improve wage and income reporting by determining if, given an easily accessible automated format, individuals will increase compliance with reporting responsibilities. The initial SSI Monthly Wage Reporting Pilot<sup>41</sup> was conducted in 2003. Evaluation of the pilot<sup>42 43</sup> determined that the wage reports were much more accurate, and the use of a system like this could prevent approximately \$200 in annual SSI overpayments for every person who reported wages monthly. Further, it was estimated that if 10,000 beneficiaries participated, \$2 million in overpayments would be prevented per year. This pilot required a password authentication process, which half of the participants found

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<sup>40</sup> Ibid, pp. 29, 39-40, 51, and 60.

<sup>41</sup> Livermore, G. A. (2003), p. 24.

<sup>42</sup> Social Security Administration. Performance and Accountability Report for Fiscal Year 2004. Baltimore, MD. [http://www.ssa.gov/finance/fy04\\_accountability.html](http://www.ssa.gov/finance/fy04_accountability.html)

<sup>43</sup> Social Security Advisory Board. Statement on the Supplemental Security Income Program, May 2005, p.8. Washington, DC. <http://www.ssab.gov/documents/2005SSIRReport.pdf>

difficult to use. As a result, SSA made software changes and, in January, 2006,<sup>44, 45, 46</sup> began a new telephone wage reporting pilot using a knowledge-based authentication process. No data on the impact of the new pilot was found. In its FY 2008 budget,<sup>47</sup> reference is made to “expanded telephone wage reporting” as one way that SSA is developing easier ways for SSI recipients to report their wages.

**Recommendation 10:** SSA should continue to expand systems for reporting wages electronically, ensuring that concurrent beneficiaries have a single point of earnings reporting and that timely receipts are sent to all beneficiaries.<sup>48</sup>

## **EDUCATE Beneficiaries and their Supporters Regarding Work and Use of Work Incentives**

There are a myriad of stakeholders involved in the return-to-work process, including the beneficiary, their family members, service providers, and other entities. Going to work is a multi-pronged process that should be focused on ensuring that beneficiaries interested in going to work have access to customized, responsive, timely, relevant and accurate information and services to support their efforts. These efforts need to include SSA field personnel, employment networks and other community providers, educators, and beneficiaries in order to expand the use of work incentives. Not only should an emphasis be placed on continuing to increase the awareness of beneficiaries regarding work incentives, but efforts need to be focused on educating families, service providers, and SSA as well. This is particularly important to ensure that stakeholders stay informed regarding return-to-work efforts of beneficiaries, that SSA effectively administers the programs, and that the collection, organization and use of data about work incentive utilization impacts decision-making.

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<sup>44</sup> U.S. Government Printing Office. Federal Register. Agency Information Collection Activities: Proposed Request, Vol. 70 No. 172, September 7, 2005, p. 53266. <http://www.gpoaccess.gov/fr/index.html>

<sup>45</sup> Social Security Administration. Annual Report of the SSI Program. May 2006. Office of the Actuary. Washington, DC..

<sup>46</sup> U.S. Office of Management and Budget. Budget of the United States Government, FY 2007. <http://www.whitehouse.gov/omb>

<sup>47</sup> Ibid, FY 2008.

<sup>48</sup> See the Panel’s May 3, 2006 letter to Commissioner Barnhart (Issuance of Receipts to Acknowledge Submission of Reports of Changes in Work or Earnings Status of Beneficiaries with Disabilities) for additional details. [http://www.ssa.gov/work/panel/panel\\_documents/official\\_correspondence.html](http://www.ssa.gov/work/panel/panel_documents/official_correspondence.html)

## *Expand Current Work Incentives Marketing and Outreach*

SSA's Strategic Plan for 2006-2011 recognizes the importance of increasing awareness of beneficiaries of opportunities to achieve greater financial independence through employment. As part of the Strategic Plan and in support of the President's New Freedom Initiative, SSA details three specific objectives: 1. Provide improved marketing materials to beneficiaries with disabilities to increase awareness of the Ticket to Work Program; 2. Make beneficiary planning services more available and useable for beneficiaries to increase their awareness of return to work options; and 3. Focus on the improvement and expansion of the Agency's partnerships with other public and private community-based organizations.<sup>49</sup> Title I, subtitle C of the Ticket Act authorizes important strategies to inform, assist, and protect beneficiaries interested in pursuing work by establishing the Benefits Planning, Assistance and Outreach (BPAO) program (currently known as the Work Incentives Planning and Assistance (WIPA) program), and the Protection and Advocacy for Beneficiaries of Social Security (PABSS) program. The Act also authorized that SSA create an internal corps of work incentive specialists.

In the SSA Strategic Plan, there is no specific mention of the WIPA or PABSS programs as a method to ensure that individuals with disabilities who want to work have the opportunity to do so or even to increase awareness of opportunities to achieved "greater financial independence through employment." No measures are offered as to how SSA will track their level of achievement of these proposed long-term outcomes through internal staff capacity or external (WIPA and PABSS) program relationships.

The challenges of marketing and outreach to beneficiaries to provide accurate, consistent information and to attract a new level of interest and use of available work incentives are formidable. Challenges identified by diverse stakeholders include; inadequate resource allocation to support either the internal AWIC infrastructure at SSA or the external support systems of WIPA and PABSS programs, inadequate quality assurance mechanisms to continue to evaluate and improve timely and effective service delivery systems, and a continuing need to improve coordination and clarify complimentary roles and responsibilities among these specialists (AWICs, WILs, WIPA, and PABSS) and other relevant community partner agencies and organizations.

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<sup>49</sup> Social Security Administration. Strategic Plan FY 2006 – FY 2011. Baltimore, MD. <http://www.ssa.gov/strategicplan.html>

The Ticket Act offers individual beneficiaries a new opportunity to access a variety of supports and work incentives that will change expectations about life-long dependence on cash benefits for subsistence. Without a coordinated, comprehensive outreach strategy that focuses not just on the Ticket to Work Program but also the range of work incentive options, millions of beneficiaries will remain afraid to attempt to work and increase income.

The Panel continues to recommend a broad marketing and outreach strategy addressing these challenges. The following sections detail our recommendations.

### *Work Incentives Planning and Assistance*

SSA established 116 BPAO<sup>50</sup> programs in all 50 states and five territories. The purpose of the BPAO was to provide SSI and/or SSDI beneficiaries accurate information about work incentives and to help make informed choices regarding work and potential impact of earnings on their benefit status. BPAO programs nationwide were administered by State VR agencies, centers for independent living and other community-based organizations. Data were reported on activities from over 500 benefit specialists in the 116 projects to a centralized data management system at Virginia Commonwealth University. The BPAO program operated from 2000-2006 and served over 252,000 beneficiaries nationwide.<sup>51</sup> The BPAO program served individuals across the full range of age and disability type. Over 84 percent of individuals served were between ages 22 and 59.<sup>52</sup> One-third of the individuals served identified psychiatric or emotional disability as their primary disability.<sup>53</sup> Of individuals provided services, there was equal representation of women (50.2 percent) and men (49.8 percent).<sup>54</sup> The range of services provided included information and referral (90.9 percent), problem solving and advocacy (31.9 percent), benefits analysis and advisement (43.4 percent), benefit support planning (13.9 percent), and benefits

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<sup>50</sup> The Benefits Planning Assistance and Outreach (BPAO) program was the predecessor of today's Work Incentives Planning and Assistance (WIPA).

<sup>51</sup> Virginia Commonwealth University. Rehabilitation Research & Training Center on Workplace Supports. Benefits Assistance Resource Center. BPAO National General Report. <http://www.vcu-barc.org/NatReport/CurrentReport.html>

<sup>52</sup> Ibid.

<sup>53</sup> Ibid.

<sup>54</sup> Ibid.

management (5.3 percent).<sup>55</sup> Work incentives recommended most frequently for access and use included Ticket to Work Program (53.6 percent), extended period of eligibility (EPE) (49.9 percent), 1619(b) (31.9 percent), extended Medicare coverage for SSDI beneficiaries (28.9 percent), and Medicaid Buy-In (19.9 percent).

According to a customer satisfaction survey of 1,764 beneficiaries who received services from a BPAO provider, 89 percent of participants rated the services provided as excellent, very good, or good.<sup>56</sup> Before receiving counseling, 28 percent of participants indicated that they were working. Forty-seven percent indicated that they were working after contact with the BPAO, an increase of 19 percent.<sup>57</sup> However, according to beneficiaries who brought concerns to the Panel's attention, there were still not enough benefits planners, with some people waiting weeks for appointments. Because of the size of some geographic areas, some beneficiaries did not have any real access to planners to address their documented needs. Others complained that benefit specialists could not answer their questions or provided inaccurate information.<sup>58</sup> In response to concerns about the presentation of inaccurate information by some BPAO providers, the Panel sent a letter in February 2005 to the Commissioner of SSA that recommended the development of minimum standards for effective service delivery and minimum qualifications for benefit specialists.

The Panel also suggested to SSA that all BPAO programs have agreements with ENs and Disability Program Navigators in their geographic catchment area to better assist unserved and underserved populations. Increased collaboration between SSA field offices and the BPAO programs would also improve service to beneficiaries through joint problem solving.

In September 2006, SSA awarded 99 WIPA program cooperative agreements to a variety of community-based organizations nationwide. Of the 99 awardees, 84 previously served as BPAO organizations.<sup>59</sup> The change in name from BPAO to WIPA, as explained by SSA, was to move beyond providing high quality information

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<sup>55</sup> Ibid.

<sup>56</sup> Ticket to Work and Work Incentives Advisory Panel. Annual Report to the President and Congress, Year Four, July 2004, p17. Washington, DC. [http://www.ssa.gov/work/panel/panel\\_documents/reports.html](http://www.ssa.gov/work/panel/panel_documents/reports.html)

<sup>57</sup> Ibid, p17.

<sup>58</sup> Ticket to Work and Work Incentives Advisory Panel. Quarterly Meetings. Minutes: 2004, 2005, 2006. Public Comment. Washington, DC. [http://www.ssa.gov/work/panel/meeting\\_information/minutes.html](http://www.ssa.gov/work/panel/meeting_information/minutes.html)

<sup>59</sup> Social Security Administration. Social Security Quarterly Update, November 2006. Report prepared for the Ticket to Work and Work Incentives Advisory Panel.

to individuals with disabilities and to begin connecting beneficiaries to the employment supports they need so that the work incentives information they receive is put into action. The staff members of the WIPA projects are termed Community Work Incentive Coordinators (CWICs). The shift is from general information dissemination and outreach to strategic and intentional outreach with increased emphasis on practice and utilization that results in enhanced employment outcomes.<sup>60</sup> There are no performance standards for WIPA projects.

In October 2006, SSA published in the Federal Register a request for applications for WIPA projects in the geographic areas not covered by the first set of awards. In July 2007, SSA awarded a contract for a national training and technical assistance provider to WIPA projects. Between October 2006 and July 2007, SSA held monthly teleconferences with all WIPA projects and contracted for interim training and technical assistance.

### *Protection and Advocacy for Beneficiaries of Social Security*

In April 2001, SSA established the national system of services for the protection and advocacy of beneficiaries. The Ticket Act defined the role of agencies providing PABSS as “providing information and advice about obtaining vocational rehabilitation and employment services and advocacy or other services that a disabled beneficiary may need to secure or regain gainful employment.” PABSS grants were made to 57 states, territories and Native American protection and advocacy agencies. Since December 2001, PABSS programs provided information and advocacy services to over 9,500 beneficiaries. Since 2003 through the end of fiscal year 2006, PABSS programs had documented over 14,003 client concerns across 13 major categories requiring individual assistance. The top four areas of concern requiring advocacy and assistance were issues with Social Security overpayments (36 percent), vocational rehabilitation (20 percent), benefits planning (12 percent) and employment discrimination (10 percent). Services were provided to individuals with disabilities across the full range of age and disability type. PABSS program assistance resulted in outcomes such as new beneficiary knowledge concerning rights, resolution of overpayment situations, improved access to services from State VR agencies or ENs, and employment for individuals.<sup>61</sup> The Panel has heard from diverse stakeholders

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<sup>60</sup> Golden, T.P., Zeitzer, I. & Bruyere, S.M. Evaluation and Future Prospects of US Return to Work Policies for Social Security Beneficiaries. Korean Journal on Disability & Employment., 2007, pp. 59, 53-90.

<sup>61</sup> National Disability Rights Network. Protection and Advocacy for Beneficiaries of Social Security FY 2006 Final Report, March 2007.



that the funding level of seven million dollars nationwide is inadequate to meet demand.<sup>62</sup>

**Recommendation 11:** SSA and Congress should strengthen both the Work Incentives Planning and Assistance (WIPA) and Protection and Advocacy for Beneficiaries of Social Security (PABSS) networks by establishing performance standards, adjusting funding levels and resources to levels necessary to achieve the desired results, and invest in ongoing training and technical assistance that improves the accuracy of information and quality of services provided with particular attention to underserved populations and valued employment outcomes.

### *SSA Internal Corps of Work Incentive Specialists*

Prior to the implementation of the Ticket Act, SSA recognized the importance of marketing and outreach to beneficiaries regarding existing work incentives. From July 2000 – September 2001, SSA piloted new field positions titled Employment Support Representatives (ESRs) to serve as work incentive specialists to improve access to information for beneficiaries with disabilities who wanted to work. Thirty-two ESRs were assigned to serve 54 specific cities. ESRs were trained to be experts on all Title II and Title XVI employment support programs.

An evaluation of the pilot program identified the importance of locating ESRs on-site in SSA field offices to provide expert assistance to beneficiaries in concert with other SSA field staff. In 2002, a Strategic Partnerships and Outreach Team was created for the first time at SSA as part of SSA's Office of Employment Support Programs Division of Employment Policy. The purpose of the team was to develop a more comprehensive approach to outreach and public information focused on interdepartmental (federal, state, and local partners), employers, and advocacy group relationships.

In 2004, SSA established the position of AWICs that replaced the ESR pilot with permanent full time positions. AWICs were placed in 54 SSA field offices nationwide to outreach to beneficiaries and provide timely and accurate information on work incentives. In addition to AWIC's other responsibilities, each AWIC was responsible for training WILs in each field office. There were 1,335 individuals designated and trained as WILs to provide enhanced services to beneficiaries in all SSA field offices

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<sup>62</sup> Ticket to Work and Work Incentives Advisory Panel. Annual Report to the President and Congress, Year Five. December 2005. Washington, DC. [http://www.ssa.gov/work/panel/panel\\_documents/reports.html](http://www.ssa.gov/work/panel/panel_documents/reports.html)

nationwide. The WILs' responsibilities were to complement the role of AWICs with focused attention on assistance to other personnel in SSA's field offices regarding SSA's employment support programs and being directly involved with high profile individual cases that were the most complex and challenging. However, the WILs' responsibilities were in addition to other regular duties in the field office. On a quarterly basis, SSA has reported to the Panel on the training and outreach activities of AWICs and WILs nationwide. Despite the presentation of meetings attended and trainings offered within and outside SSA field offices to different target audiences, there has not been made public any type of performance-based indicators to try to objectively evaluate either the individual performance of an AWIC or a WIL in a specific geographic area or to collectively gauge the impact of the positions nationwide on improved customer satisfaction or change in employment status of beneficiaries with the use of specific work incentives.<sup>63</sup> Beneficiaries at Panel meetings as recently as November 2006 continue to report having received inaccurate information from SSA staff in field offices and that there are an inadequate number of AWICs able to access timely and consistent information that supports informed beneficiary decisions about work.

Because AWICS and WILS are under the jurisdiction of SSA's Office of Operations, resources tend to be redirected to other operational activity. SSA should clarify the results required to avoid long wait times and to process post-entitlement actions in a timely manner. In addition, SSA should ensure that adequate resources are devoted to achieve those results. This includes setting clear standards for hiring, continuing education, and skill and knowledge levels for AWICs and WILs, and establishing standards for service delivery to underserved populations. One way that this might be accomplished would be to require collaborative agreements between WIPA programs and the workforce development system. The SSAB has made repeated recommendations with the regard to the need for adequate resources in these areas.

**Recommendation 12:** SSA should identify clear, objective performance standards and indicators to evaluate the activities and impact of Area Work Incentives Coordinators (AWICs) and Work Incentive Liaisons (WILs), and collect, analyze, document, and publish evidence annually (by SSA region and system-wide) of customer satisfaction, improved employment outcomes, and advanced self-sufficiency.

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<sup>63</sup> Golden, T.P., Zeitzer, I. & Bruyere, S.M, 2007, p79.

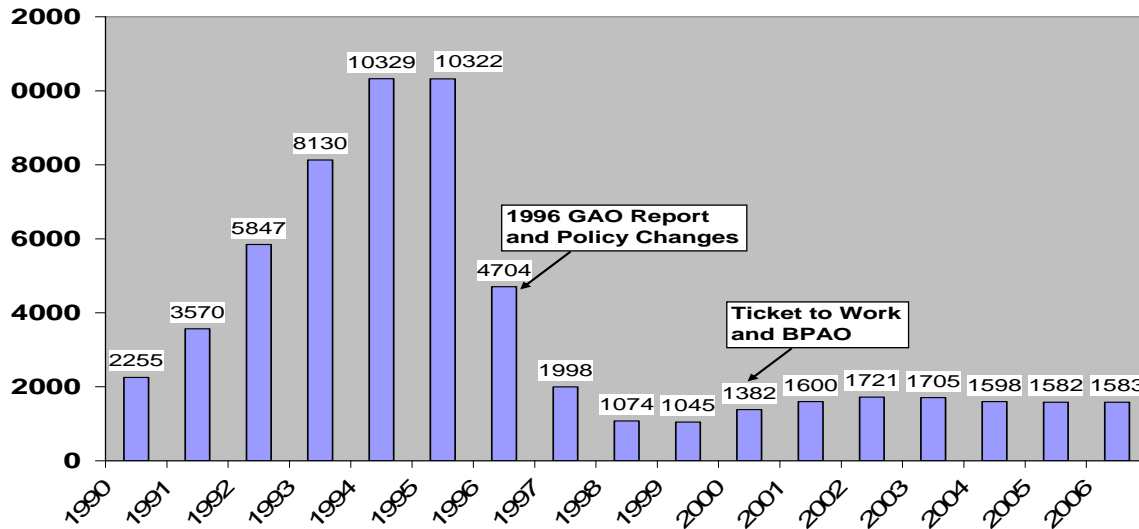
## *SSA's Cadre of PASS Specialists*

Social Security's PASS was enacted by Congress as a part of the original 1972 SSI legislation. PASS is self-determined, and is one of very few tools that can provide critical supports to assist individuals in achieving self sufficiency. Despite the enormous potential of PASS, the desire of many individuals with disabilities to work, and several policy and legislative changes to the program, PASS is currently significantly underutilized. Figure 1 below shows the number of PASS applications nationally in December of each year, from 1990-2006.<sup>64</sup>

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<sup>64</sup> Social Security Administration. SSI Disabled Recipients Who Work, 1990-2006 Reports. Washington, DC. <http://www.ssa.gov/policy/>

**Figure 1. PASS Utilization**



Through the work of the Adequacy of Incentives Advisory Group, several critical recommendations were provided in 2004<sup>65</sup> to address disincentives and barriers in using PASS. These included: allowing for the use of PASS and Ticket payments at the same time; providing outreach to targeted groups of beneficiaries who could benefit from the use of PASS and Ticket; partnering with vocational providers to promote PASS as an option; and, partnering with traditional financial institutions to incorporate PASS as collateral or assist in financing return-to-work efforts.

Enhancements needed for the PASS program were also identified as critical by beneficiaries at the February 2007 beneficiary summit. During the summit, beneficiaries drew from their own experiences to provide recommendations to the PASS work incentive. Those recommendations included: providing Federal or state matching funds, allowing a successful PASS to continue after its scheduled end date in order to promote greater self-sufficiency and to expand on a business opportunity, better communication between the PASS cadre and recipients during the application (appeal/denial) process, more trained PASS specialists available, better communication with youth about work incentives including PASS, and simplification and streamlining of the PASS application forms and process.

<sup>65</sup> Gallagher, Tanya M. Enhancing Earnings and Income Through Self-Determination for AOI Targeted Groups, Adequacy of Incentives (AOI) Advisory Group, September 2004. Report prepared for the Social Security Administration. Disability Research Institute: University of Illinois at Urbana-Champaign. <http://www.dri.uiuc.edu/research/p03-08h/AOIFinal.pdf>

Current active approved PASS applications total 1,583 (December 2006),<sup>66</sup> averaging 30.44 PASS applications per state, and outlying areas. Some PASS specialists and offices cover one state or one area of one state. Other PASS specialists cover entire regions of the country.

***PASS Workloads***—There is currently no publicly available workload information on the number of PASS applications submitted and approved or on processing (wait) times. However, based on subjective experiences, there appears to be a wide variance in PASS office work load. Based on statistics presented earlier, PASS approvals vary widely.

***PASS Specialist Training/Outreach***—While SSA engaged in an active national training campaign for PASS specialists in the spring of 1996, it is not clear whether SSA continues with national training. The Panel believes that PASS use would increase significantly with an enhanced focus on PASS outreach.

**Recommendation 13:** SSA should collect workload information on the number of PASS applications submitted and approved, including the processing (wait) time by state, and publish this information annually in SSA's *SSI Disabled Recipients Who Work* report. Provide high quality training and support, and fiscal resources for the effective administration and outreach of the PASS program. Recruit, develop, and support PASS specialists (travel, technology, et al).

### ***Improve Management by Data Practices***

In the same manner as its annual reporting for the SSI program, SSA should provide annual data reporting and analysis on SSDI work incentive utilization, including state-to-state variation. This report should also include the experiences of Disabled Adult Children and concurrent beneficiaries. In general, SSA has reported SSI work incentive utilization for many years. However, it has not reported the experiences of concurrent beneficiaries. According to a December 2005 analysis by Jensen and Silverstein, "Gradual Reduction Choice Option and Related Policy Projects", the percentage of the 1.2 million concurrent beneficiaries with earnings is significantly higher than the percentage of all SSI recipients who work.<sup>67</sup>

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<sup>66</sup> See Appendix B (Table B-1).

<sup>67</sup> Jensen, Allen and Silverstein, Robert (2005). *Gradual Reduction Choice Option and Related Policy Proposals*. This research was developed as part of a research project funded through a

As earnings of SSDI beneficiaries are reported using e-Work, the Panel's understanding is that work incentive utilization information is being collected. As mentioned earlier in the report, analysis and reporting of work incentive utilization data will provide insight into the performance of the SSDI and SSI programs with regard to returning beneficiaries to work. This could provide SSA with a better understanding of how to support local AWICs in encouraging other SSA staff, CWICs, community agencies and beneficiaries/recipients to more fully utilize work incentives.

**Recommendation 14:** SSA should improve reporting of data and analysis pertaining to SSDI (including Disabled Adult Children and concurrent SSDI/SSI beneficiaries) and issue an annual report comparable to SSA's *SSI Disabled Recipients Who Work* report.

**Recommendation 15:** SSA should establish a performance management and return to work tracking system, providing benchmarks for each state, and track utilization over time as part of a continuous quality improvement plan.

### ***Improve Beneficiary Communication***

Delegates to the Panel's 2007 beneficiary summit overwhelmingly supported making SSA policies and procedures easier to find and understand, as well as making them more accessible. This would include using plain language (minimizing "SSA Speak"), explaining all acronyms, and ensuring that all communication is correct and accurately translated. All material should be reviewed by a diverse ethnic and disability community, perhaps by these delegates or a similar group. This would also include improving SSA's 1-800 # service by updating it to a 21<sup>st</sup> century system that is easy to use and responsive, as well as utilizing long-distance learning and training technology.

**Recommendation 16:** SSA should empower beneficiaries by making SSA policies and procedures easier to understand and accessible, e.g. minimize "SSA Speak" and use plain language all can understand.

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sub-award from the Disability Research Institute (DRI) at the University of Illinois at Urbana-Champaign. <http://www.dri.uiuc.edu/research/p05-12h/gradualreduction.pdf>

**Recommendation 17:** SSA should ensure that the availability and relevance of work incentives are frequently included in communications received by beneficiaries from SSA and the information is available in alternative formats, and languages (e.g. Braille, large print, video foreign/sign languages, etc).

With the addition of benefits and work incentive specialists, first through the BPAO, now the WIPA, program,<sup>68</sup> SSA has provided one way for SSI and SSDI beneficiaries to become more aware of the impact of work on their benefits. These projects represent a significant resource available to beneficiaries for information and guidance on work and disability benefit issues, which should include timely wage reporting and dealing with the issues that lead to overpayment problems. This network is limited, however, in their ability to provide the information necessary to ensure that all beneficiaries are aware of earnings reporting requirements, and SSA should explore other approaches to expanding beneficiary understanding in this area.

**Recommendation 18:** SSA should increase beneficiary awareness of earnings reporting requirements including the waiver process for overpayments, and promote greater self-efficacy.

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<sup>68</sup> U.S. Government Printing Office. Federal Register. Cooperative Agreements for Work Incentives Planning and Assistance Projects: Program Announcement No. SSA-OESP-06-1, Vol. 71 No. 94, May 16, 2006, pp. 28401-28413. <http://www.gpoaccess.gov/fr/index.html>

## Conclusion

These recommendations are intended to support the Panel's belief that, if existing work incentives are updated and simplified, and stakeholders are educated regarding work incentive availability and use, expanded opportunities and conditions for supporting work will be created.

This report does not include recommendations on several key return-to-work initiatives, which include, but are not limited to:

**Ticket Regulations**—SSA's implementation of the revised final Ticket regulations are expected to revitalize the Ticket program by recognizing the multi-step nature of returning to work and offering more frequent and earlier payments for ENs. It is reasonable to assume the final rules will generate significant beneficiary and EN participation in the program. The new rules are expected to be published early next year. The Panel looks forward to providing comments shortly on SSA's Notice of Proposed Rulemaking, which is intended to simplify and improve the definition of using a ticket and related requirements for measuring timely progress toward self-supporting employment.

**WIPA Program**—Implementation of the new WIPA program is expected to play a significant role in providing proactive pre-employment assistance that supports beneficiaries in making an informed choice to work. As mentioned earlier, SSA recently concluded that BPAO programs, which had been operating for six years and were doing an excellent job providing high quality information to beneficiaries regarding the impact of earnings on their benefit status, but the BPAOs fell short of assisting them in connecting to the employment they needed to use the work incentives effectively.

**State Medicaid Buy-In Programs**—Implementation of Medicaid Buy-In programs for working individuals with disabilities are still underway at this time. As mentioned earlier, to date, there are 38 states that have implemented a Buy-In program; however, only 22 of them have been operating a program for five years or more. In addition, each state's Medicaid Buy-In program is unique. There is very wide variation in the eligibility criteria, premiums charged, and unearned income eligibility limits, all of which impact the number of participants. According to beneficiary testimony to the Panel, the lack of awareness and understanding of eligibility criteria for a state's Buy-



In program is pervasive with rehabilitation counselors, SSA field office staff and also local Medicaid service coordinators.<sup>69</sup>

The Medicaid Infrastructure Grant (MIG) program is an eleven-year program, which is expected to end in the next few years. Not later than October 1, 2010, the Secretary of the Department of Health and Human Services, in consultation with the Panel, is required to submit a recommendation to the Congress regarding whether the MIG program should be continued after FY 2011.<sup>70</sup> The MIG funding (\$150 million for the first 5 years, with no state or local matching required) is intended to facilitate enhancements to State Medicaid programs, to promote linkages between Medicaid and other employment-related service agencies, and to develop a comprehensive system of employment supports for people with disabilities.<sup>71</sup>

**Demonstration to Maintain Independence and Employment—** The Demonstration to Maintain Independence and Employment is a grant program authorized by the Ticket Act and administered by Centers for Medicare and Medicaid Services (CMS). It provides funds to states for developing, implementing, and evaluating interventions intended to improve health care coverage and employment services for working adults with conditions that are potentially disabling, such as diabetes. The goal is to increase the likelihood of sustained employment. The program will be continuing over the next two years, and the program's contractor will begin completing annual interim reports and will submit a final report to CMS in 2010 on the national findings.<sup>72</sup>

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<sup>69</sup> Ticket to Work and Work Incentives Advisory Panel. Annual Report to the President and Congress, Year Seven, March 2007, p19. Washington, DC.  
[http://www.ssa.gov/work/panel/panel\\_documents/reports.html](http://www.ssa.gov/work/panel/panel_documents/reports.html)

<sup>70</sup> Ticket to Work and Work Incentives Improvement Act of 1999, Public Law 106-170; Sec. 203 (f).  
[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=106\\_cong\\_public\\_laws&docid=f:publ170.106](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=106_cong_public_laws&docid=f:publ170.106)

<sup>71</sup> U. S. Department of Health and Human Services. The Centers for Medicare and Medicaid Services. Funding Opportunity Number HHS-2008-CMS-MIG-0001.  
[www.cms.hhs.gov/TWWIA/downloads/2008\\_MIG\\_Solicitation.pdf](http://www.cms.hhs.gov/TWWIA/downloads/2008_MIG_Solicitation.pdf)

<sup>72</sup> Gimm, Gilbert W. and Bob Weathers. What is the Demonstration to Maintain Independence and Employment (DMIE) and Who is Participating. Mathematica Policy Research, Inc. Work and Insurance in Brief. Number 6, August 2007. [http://www.mathematica-mpr.com/publications/redirect\\_pubsdb.asp?strSite=pdfs/WWDdemonstration.pdf](http://www.mathematica-mpr.com/publications/redirect_pubsdb.asp?strSite=pdfs/WWDdemonstration.pdf)

All of these programs are critical to the success of work incentive implementation, and we anticipate making recommendations that relate to these programs in our final report.

The Panel believes that the Ticket legislation, other work incentives, and ongoing programs continue to be a major challenge for SSA and CMS to administer.



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## Appendix A -- The Panel

### Members of the Panel

Twelve individuals serve on the Panel: four appointed by the President, four by the Senate and four by the House of Representatives. The appointees represent a cross-section of experience and expert knowledge as recipients, providers, veterans, employers and employees in the fields of employment services, vocational rehabilitation and other disability-related support services. Most are individuals with disabilities or their representatives. Several have personal experience as beneficiaries of Social Security.

**Berthy de la Rosa Aponte – Chair,** Berthy De La Rosa-Aponte has been a disability advocate for over 20 years. She resides in Florida with her husband Milton Aponte and Luz Elena (Lucy), the youngest of her three children who has significant developmental disabilities. Mrs. De La Rosa-Aponte holds a Masters of Arts Degree and is a naturalized US citizen, born in Colombia, South America. Her professional experience has been in the social service and educational fields. She has served on numerous state and local boards. Currently, Mrs. De La Rosa-Aponte serves as a member of the National Advisory Board on Improving Healthcare Services for Seniors and People With Disabilities for the AMERIGROUP Corporation. In addition, she serves as Vice Chair and for the University of South Florida, University Center of Excellence For People with Developmental Disabilities and as a member of the local Memorial Hospital System Special Needs Advisory Board. Ms. De La Rosa Aponte was appointed to serve on the Ticket to Work and Work Incentives Advisory Panel by the House to serve a 4-year term ending in 2007 and designated by the President to chair the Panel for a 4-year term ending in 2008.

**Cheryl Bates-Harris –** Cheryl Bates-Harris, from Rising Sun, Maryland, is a Senior Disability Advocacy Specialist for the National Disability Rights Network, where she has over 20 years experience and expertise working with people with disabilities. She has an in-depth knowledge of cross disability issues and continues to focus on employment issues of people with disabilities, including Vocational Rehabilitation, Social Security and Return to Work, TANF, and other work programs that impact people with disabilities, including DOL One-Stops. Since the passage of Ticket to Work and Work Incentive Improvement Act she has conducted national training on TWWIA and Vocational Rehabilitation Services and has conducted extensive training on the intersection issues of the Ticket to Work with state vocational rehab services. Cheryl currently co-chairs the CCD Work Incentives Implementation task force and CCD Employment and Training task force and is an active member of the CCD



Social Security Task Force. The President appointed her to serve on the Panel in 2004.

**Katie Beckett** – Katie Beckett is 29 years old and currently working towards a graduate degree studying writing for children and young adults. Katie has been an advocate all her life and has done several presentations before various audiences and Congressional committees. She is also a HUGE professional wrestling fan, as well as a fan of basketball—especially the WNBA and college hoops and ALL football teams. She has traveled quite a bit to Washington DC to speak before policymakers about kids with special health care needs. She is a co-founder of Kids as Self-Advocates (KASA) and former co-chair of the KASA Board. Currently, Ms. Beckett is working as a volunteer Data Entry Specialist with Senator Hillary Clinton’s presidential campaign in the Cedar Rapids office. The Senate appointed her to serve on the Panel beginning in 2002.

**Libby Child** – Libby Child was Manager, Integrated Disability Management Services for Steelcase, Inc for 25 years before resigning in December 2002 to pursue consulting, writing endeavors and teaching workers’ compensation classes for Michigan State University. At Steelcase, she was responsible for the fully integrated claims system where workers’ compensation, short-term and long-term disability, permanent and total disability and compliance with the Family Medical Leave Act were fully coordinated and managed in one integrated unit. Since 1990, Ms. Child has lectured extensively throughout the United States on the topics of workers’ compensation and integrated disability management and continues to serve on many disability related boards, commissions and councils nationally and in the state of Michigan, representing employers’ interests. Ms. Child is also a member of the National Academy of Social Insurance. She resides in Grand Rapids, MI. She was appointed to the Panel by the President to serve a term starting January 2003.

**J. Russell Doumas** – Russ Doumas has more than 34 years of experience serving individuals with disabilities. He is the Chief Executive Officer for TESH, a community-based non-profit rehabilitation organization serving children and adults in Coeur d’Alene, Idaho. Prior to July 2005, he was the President of Job Point in Columbia, Missouri – a position he held since 1982. His responsibilities included operating a comprehensive employment and training center serving persons with disabilities and the economically disadvantaged. For ten years prior to that he was the Director of Metro Industrial Services in Lexington, Kentucky. Currently, he serves on the Idaho State Rehabilitation Council and as Secretary/Treasurer of the Idaho Association of Community Rehabilitation Programs. Mr. Doumas holds a MA in Rehabilitation Administration from the University of San Francisco and a BA in

Political Science from the University of Kentucky. The House of Representatives appointed him to the Panel in 2005.

**Loretta Goff** – Loretta Goff is a Registered Nurse with a BS in Health Care Administration, a MS in Community Mental Health Counseling and extensive experience with the New York State Office of Mental Hygiene and Office of Mental Retardation and Developmental Disabilities. In 2003, she retired from the New York State Commission on Quality of Care for the Mentally Disabled after 25 years of service as a Protection and Advocacy Specialist, where she provided oversight and advocacy for individuals with disabilities in New York State. Since retirement, she has served as a Compliance Evaluator in the Wyatt Settlement Agreement in Alabama, a member of the New York State Protection and Advocacy for Individuals with Mental Illness Advisory Council and has been recently appointed to the New York State Commission on Quality Care and Advocacy for Persons with Disabilities Advisory Council. She was appointed to the Panel by the Senate in 2005.

**Thomas Golden** – Thomas P. Golden is on faculty at Cornell University and serves as the Associate Director of the Employment and Disability Institute in the ILR School. Since joining faculty in 1991, he has directed several state and national initiatives focusing on training, technical assistance, and organizational development related to work incentives, transition systems change and employment for people with disabilities. Thomas is a founding member of the National Association of Benefits and Work Incentive Specialists and a member of the National Academy on Social Insurance. He currently serves on the Board of the U.S. International Disabilities Council, is a Trustee at Eastern Nazarene College in Boston, MA and is the incoming Chair of the New York State Rehabilitation Council. Thomas was originally appointed to the Ticket to Work Panel by President William Jefferson Clinton for a two-year term and re-appointed twice by the U.S. Senate.

**Frances Gracechild** – When Frances Gracechild joined the disability rights movement as Executive Director of Resources for Independent Living in 1981; she came with a rich and diverse background in civil rights advocacy. Frances is passionately interested in the root causes of poverty. Both as an AFDC social worker and later as a teacher in the barrio of San Bernardino she came to appreciate the day to day struggle of those left out of the American dream. Through her own struggle with the disabling effects of childhood polio, Frances identifies with other people reaching beyond oppressive stereotypes to live a life of dignity and purpose. Frances is a Congressional appointee to the Panel and has served since 2000.

**Andrew J. Imparato** – President, CEO, American Association of People With Disabilities (AAPD). Andy has extensive experience in public policy work on behalf

of people with disabilities. He has served as General Counsel and Director of Policy with the National Council on Disability, as attorney-advisor to Commissioner Paul Steven Miller at the U.S. Equal Employment Opportunity Commission, and as Counsel to the U.S. Senate Sub-committee on Disability Policy, chaired by Senator Tom Harkin of Iowa. He graduated with distinction from Stanford Law School and received his undergraduate degree summa cum laude from Yale. He is a member of the Massachusetts Bar Association. He was appointed as President and CEO of AAPD in November of 1999. He is nationally known as a speaker and author on disability issues particularly for his work to dispel myths about people with mental illness. The Senate re-appointed him to serve a 4-year term ending in 2008.

**David Miller** – Mr. Miller is the Chief Compliance officer for Communication Services for the Deaf (CSD) in Sioux Falls, SD. He is responsible for goal setting, organizational accreditation, quality assurance, performance management and policy compliance. CSD provides telecommunication, interpreting, educational and community support services for deaf and hard of hearing consumers in various locations through out the United States. CSD is the nation largest provider of telecommunication relay service for the Deaf. Mr. Miller was formally the State Director of Rehabilitation Services in South Dakota and was responsible for administering vocational rehabilitation, independent living, personal attendant and disability determination services. Mr. Miller holds a masters degree in rehabilitation counseling and has 30 plus years of leadership experience in the development and management of large public and private disability programs. He has been a member of the Panel since 2003.

**Dorothy Watson** – Dorothy Watson is an independent consultant who recently retired from the Social Security Administration (SSA). During her lengthy career she served in a series of operational, staff and executive positions involving multi-programs. For over 15 years she provided objective technical assistance on numerous disability reform proposals originating in the Executive and in the Legislative branch of the federal government. She served a stint on Capitol Hill as Professional Staff to the Senate Special Committee on Aging during the intense debate on SSA solvency and disability reforms. This experience provided a unique view of the legislative and regulatory process. Dorothy was an invited participant of the Disability Research Institute's Adequacy of Incentives Advisory Group that made recommendations for improvements in the Ticket to Work Program. She is a member of the National Academy of Social Insurance. The President appointed her to a four-year term ending in 2008.

**Torrey Westrom** – In 1987, Torrey Westrom lost his eyesight in a farm related car accident. He graduated from Bemidji State University in 1995 with a B.A. in political science and a minor in business administration. In 1996, at the age of 23, he was elected to the Minnesota House of Representatives and became Minnesota's first elected blind state representative. In 2003, he was appointed by the Speaker of the House as the Chairman of the Regulated Industries Committee. He served as the committee's chairman until 2007. As a representative, he works on a wide-array of policy issues ranging from training/employment opportunities for persons with disabilities, transportation, energy and rural development issues. He has a J.D. degree from William Mitchell College of Law, is a member of the Minnesota Bar and owns his own law practice. He lives in Elbow Lake, MN with his wife and they have two children. The President appointed him to the Panel in 2002.

### **Responsibilities of the Panel**

The Ticket to Work and Work Incentives Improvement Act of 1999, Public Law 106-170 (the Act) established the Ticket to Work and Work Incentives Advisory Panel (the Panel) within the Social Security Administration (SSA) on December 17, 1999. The Panel is governed by the provisions of the Act; Public Law 92-463, as amended, which sets forth standards for the formation and use of advisory committees; and the General Services Administration (GSA) regulations on the Federal Advisory Committee Act. The original charter establishing the Panel was submitted to the GSA and filed with the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate on March 21, 2000; the charter was renewed in March 2004. The Commissioner of SSA swore in the original members of the Panel on July 24, 2000.

Panel duties include advising the President, the Congress and the Commissioner of Social Security on issues related to work incentives programs, planning and assistance for individuals with disabilities and the Ticket to Work and Self-Sufficiency Program. Operating procedures governing the activities of the Panel have been developed and approved. The Panel meets quarterly and transmits an annual interim report on the implementation of the Act to the President and Congress. A final report is due no later than December 17, 2007. The Panel terminates on January 16, 2008, 30 days after the submission of its final report.



## Appendix B -- Detailed Data on Specified Work Incentives, by State and Selected Characteristics

**Table B-1**  
**Supplemental Security Income Disabled Recipients Using Various Work Incentives, by State or Area, December 2006**

State or area	Plans to achieve self-support (PASS) <sup>a</sup>	Impairment-related work expenses (IRWE)	Blind work expenses (BWE)	1619	
				1619 (a)	1619 (b)
All areas	1,583	5,650	2,370	17,394	89,350
Alabama	23	143	28	284	1,195
Alaska	4	b	b	b	b
Arizona	7	59	27	281	1,424
Arkansas	16	48	20	164	897
California	371	366	391	4,067	9,945
Colorado	13	27	24	156	938
Connecticut	9	108	32	132	1,171
Delaware	0	27	9	46	303
District of Columbia	b	0	3	63	282
Florida	39	306	82	810	4,530
Georgia	26	194	48	322	1,839
Hawaii	5	7	8	58	338
Idaho	23	8	4	91	613
Illinois	43	191	57	702	3,603
Indiana	30	94	38	225	1,589
Iowa	53	50	47	159	1,592
Kansas	25	286	30	140	1,037
Kentucky	64	81	34	225	1,249
Louisiana	b	96	34	332	1,539
Maine	46	27	10	91	677
Maryland	18	161	34	286	1,658
Massachusetts	100	147	211	544	3,295
Michigan	43	95	78	504	3,159
Minnesota	52	113	44	279	2,493
Mississippi	7	36	22	188	938

State or area	Plans to achieve self-support (PASS) <sup>a</sup>	Impairment-related work expenses (IRWE)	Blind work expenses (BWE)	1619	
				1619 (a)	1619 (b)
Missouri	34	104	29	254	2,100
Montana	17	9	9	60	456
Nebraska	17	19	8	94	639
Nevada	b	19	13	104	561
New Hampshire	12	19	6	35	402
New Jersey	3	201	44	333	2,124
New Mexico	0	56	15	127	645
New York	86	477	185	1,598	7,568
North Carolina	73	293	93	310	1,974
North Dakota	<sup>b</sup>	7	3	35	357
Ohio	26	106	80	576	3,546
Oklahoma	6	65	21	132	1,019
Oregon	31	36	20	153	1,079
Pennsylvania	13	242	88	728	4,361
Rhode Island	10	10	8	63	468
South Carolina	20	60	31	153	992
South Dakota	7	12	6	44	508
Tennessee	20	101	36	223	1,360
Texas	22	284	156	737	4,131
Utah	<sup>b</sup>	36	13	100	690
Vermont	30	9	4	60	418
Virginia	7	465	58	331	2,018
Washington	33	89	45	482	2,197
West Virginia	11	25	13	150	654
Wisconsin	78	234	64	308	2,284
Wyoming	<sup>b</sup>	<sup>b</sup>	3	33	278
Outlying area					
Northern Mariana Islands	<sup>b</sup>	<sup>b</sup>	<sup>b</sup>	<sup>b</sup>	<sup>b</sup>
Source: SSI Disabled Recipients Who Work, 2006, Social Security Administration, 2007, Tables 14 and 6.					
<sup>a</sup> Includes 435 persons with a PASS that excludes only resources.					
<sup>b</sup> Data are not shown to avoid disclosure of information for particular individuals.					

**Table B-2**  
**Number and Percentage who work, by state or other area, December 2006**

State or area	All blind and disabled recipients	Recipients who work	
		Number	Percentage of all blind and disabled recipients
All areas	6,113,277	349,420	5.7
Alabama	149,300	4,268	2.9
Alaska	9,439	621	6.6
Arizona	87,205	4,263	4.9
Arkansas	84,700	3,858	4.6
California	876,326	46,849	5.3
Colorado	49,120	4,102	8.4
Connecticut	47,747	3,941	8.3
Delaware	13,041	969	7.4
District of Columbia	20,021	795	4.0
Florida	331,835	13,435	4.0
Georgia	180,879	7,213	4.0
Hawaii	16,810	926	5.5
Idaho	21,841	2,007	9.2
Illinois	234,207	14,242	6.1
Indiana	96,891	5,911	6.1
Iowa	41,920	6,985	16.7
Kansas	37,313	4,282	11.5
Kentucky	169,732	4,843	2.9
Louisiana	142,044	5,428	3.8
Maine	30,857	2,193	7.1
Maryland	82,612	6,277	7.6
Massachusetts	132,997	9,812	7.4
Michigan	211,639	13,664	6.5
Minnesota	68,020	10,430	15.3
Mississippi	110,460	3,164	2.9
Missouri	112,676	7,635	6.8
Montana	14,577	1,904	13.1
Nebraska	21,214	3,133	14.8
Nevada	26,206	1,814	6.9
New Hampshire	14,003	1,313	9.4



State or area	All blind and disabled recipients	Recipients who work	
		Number	Percentage of all blind and disabled recipients
New Jersey	122,884	7,869	6.4
New Mexico	47,370	2,316	4.9
New York	513,648	31,382	6.1
North Carolina	180,285	8,353	4.6
North Dakota	7,438	1,396	18.8
Ohio	242,316	17,170	7.1
Oklahoma	75,688	4,242	5.6
Oregon	55,410	4,227	7.6
Pennsylvania	301,386	16,180	5.4
Rhode Island	27,265	1,641	6.0
South Carolina	94,643	4,859	5.1
South Dakota	11,626	2,114	18.2
Tennessee	147,892	5,352	3.6
Texas	419,516	15,027	3.6
Utah	21,902	2,517	11.5
Vermont	12,753	1,255	9.8
Virginia	120,819	7,198	6.0
Washington	106,134	6,415	6.0
West Virginia	74,621	2,254	3.0
Wisconsin	87,723	10,488	12.0
Wyoming	5,658	875	15.5
Outlying area			
Northern Mariana Islands	666	13	2.0
Source: SSI Disabled Recipients Who Work, 2006, Social Security Administration, 2007, Table 2.			
NOTE: Includes section 1619(b) participants.			

**Table B-3**  
**Section 1619(b) Participants and Their Average Earnings, by State or Other Area, December 2006**

State or area	1619(a)	1619(b)
	Average earnings (dollars)	Average earnings (dollars)
All areas	1,166	1,193
Alabama	1,120	1,224
Alaska <sup>a</sup>	1,131	1,304
Arizona	1,144	1,280
Arkansas	1,115	1,147
California	1,279	1,549
Colorado	1,155	1,177
Connecticut <sup>a</sup>	1,135	1,130
Delaware	1,129	1,244
District of Columbia	1,104	1,443
Florida	1,115	1,233
Georgia	1,105	1,153
Hawaii <sup>a</sup>	1,162	1,311
Idaho <sup>a</sup>	1,178	1,078
Illinois <sup>a</sup>	1,110	1,182
Indiana <sup>a</sup>	1,107	1,057
Iowa	1,120	891
Kansas <sup>a</sup>	1,129	1,015
Kentucky	1,153	1,280
Louisiana	1,118	1,187
Maine	1,138	1,056
Maryland	1,134	1,257
Massachusetts	1,183	1,288
Michigan	1,126	1,064
Minnesota <sup>a</sup>	1,106	973
Mississippi	1,114	1,202
Missouri <sup>a</sup>	1,134	986
Montana	1,153	928
Nebraska <sup>a</sup>	1,123	979
Nevada <sup>a</sup>	1,120	1,377
New Hampshire <sup>a</sup>	1,153	1,064

	1619(a)	1619(b)
State or area	Average earnings (dollars)	Average earnings (dollars)
New Jersey	1,136	1,249
New Mexico	1,148	1,124
New York	1,172	1,325
North Carolina	1,102	1,073
North Dakota <sup>a</sup>	1,126	867
Ohio <sup>a</sup>	1,109	1,027
Oklahoma <sup>a</sup>	1,132	1,002
Oregon <sup>a</sup>	1,153	1,026
Pennsylvania	1,120	1,136
Rhode Island	1,152	1,216
South Carolina	1,119	1,013
South Dakota	1,130	863
Tennessee	1,119	1,160
Texas	1,115	1,139
Utah <sup>a</sup>	1,119	1,038
Vermont	1,150	1,090
Virginia <sup>a</sup>	1,128	1,192
Washington	1,138	1,242
West Virginia	1,130	1,332
Wisconsin	1,117	962
Wyoming	1,079	999
Outlying area		
Northern Mariana Islands	964	1,103

Source: SSI Disabled Recipients Who Work, 2006, Social Security Administration, 2007, Tables 10 and 11.

<sup>a</sup>For 1619(b) participants -- the Social Security Administration identifies persons as potential participants; the state makes final Medicaid determinations.

**Table B-4**  
**Other Work Incentive Participants: Number, by Selected Characteristics and Provision, December 2006**

Characteristic		Plans to achieve self-support (PASS) <sup>a</sup>	Impairment-related work expenses (IRWE)	Blind work expenses (BWE)
Total		1,583	5,650	2,370
Age				
	Under 18	1	4	4
	18–21	69	276	84
	22–29	308	1,813	579
	30–39	364	1,608	678
	40–49	461	1,102	536
	50–59	313	601	364
	60–64	57	145	67
	65 or older	10	101	58
Sex				
	Male	643	3,106	1,273
	Female	940	2,544	1,097
Earned income <sup>b</sup>				
	Wages	393	5,556	2,296
	Self-employment	101	117	91
Earnings (dollars)				
	None	1,098	0	0
	65 or less	33	469	150
	66–99	9	227	78
	100–199	32	798	229
	200–299	26	696	188
	300–399	40	663	154
	400–499	36	493	117
	500–599	40	497	116
	600–699	44	364	99
	700–799	45	269	103
	800–899	29	231	94
	900–999	23	141	86
	1,000 or more	128	802	956
Unearned income <sup>b</sup>				

Characteristic		Plans to achieve self-support (PASS) <sup>a</sup>	Impairment-related work expenses (IRWE)	Blind work expenses (BWE)
	None	317	2,367	1,217
	Social Security	1,228	2,978	1,023
	Other pensions	18	30	6
	Income based on need	0	1	0
	Asset income	58	345	153
	Other	54	195	63
Source: SSI Disabled Recipients Who Work, 2006, Social Security Administration, 2007, Tables 15.				
a.	Includes 435 persons with a PASS that excludes only resources.			
b.	The sum of the entries may be greater than the total because some recipients may receive more than one type of earned or unearned income or both earned and unearned income.			

## Appendix C -- Acknowledgements

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