

**SOCIAL SECURITY DURING COVID:  
HOW THE PANDEMIC HAMPERED ACCESS  
TO BENEFITS AND STRATEGIES FOR  
IMPROVING SERVICE DELIVERY**

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**HEARING**

BEFORE THE

**COMMITTEE ON FINANCE  
UNITED STATES SENATE**

ONE HUNDRED SEVENTEENTH CONGRESS

FIRST SESSION

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**THURSDAY, APRIL 29, 2021**

U.S. SENATE,  
COMMITTEE ON FINANCE,  
*Washington, DC.*

The hearing was convened, pursuant to notice, at 10:07 a.m., via Webex, in the Dirksen Senate Office Building, Hon. Ron Wyden (chairman of the committee) presiding.

Present: Senators Stabenow, Menendez, Cardin, Brown, Bennet, Warner, Whitehouse, Hassan, Cortez Masto, Warren, Crapo, Thune, Portman, Cassidy, Lankford, Daines, and Young.

Also present: Democratic staff: Tom Klouda, Senior Domestic Policy Adviser; and Joshua Sheinkman, Staff Director. Republican staff: Gregg Richard, Staff Director; and Jeffrey Wrase, Deputy Staff Director and Chief Economist.

**OPENING STATEMENT OF HON. RON WYDEN, A U.S. SENATOR  
FROM OREGON, CHAIRMAN, COMMITTEE ON FINANCE**

The CHAIRMAN. This morning, the Finance Committee meets to discuss ways to improve Social Security after a difficult pandemic year.

The employees at Social Security have worked hard to get payments out on time, while undergoing big changes to the way the agency operates. Despite that, the reality is, social distancing and Social Security go together like water and oil.

The Social Security Administration has tens of thousands of employees and 1,500 field offices around the country. Sixteen of those offices, and more than 500 employees, serve Oregon alone. It takes a lot of hard work to uphold the promise of Social Security, and that work often looks awfully old-school: face-to-face interaction and lots of paper documents.

Social Security closed their field offices when the country went into lockdown. That is because gathering seniors and those with disabilities in confined offices would have been the worst imaginable idea 12 months ago. Social Security also needed to protect their own employees. But the fact is, the level of service dipped when Social Security's old-school approach no longer worked during the pandemic.

Being cut off from face-to-face service is hardest on seniors and folks who rely the most on Social Security. They often have very

modest incomes and may not even have Internet access. The number of new applications for certain types of Social Security benefits plummeted during the pandemic. There is an extra layer of difficulty coming between a lot of Americans and Social Security benefits they are eligible to receive.

With fewer employees working in person, work that cannot be handled remotely, such as handling mail or verifying documents, has piled up. Social Security's ability to process applications and other important data has slowed. Some Americans have been asked to put their most sensitive personal documents in the mail—not a copy, the original, including driver's licenses and birth certificates.

That would have been an unattractive prospect to a lot of people even before Louis DeJoy arrived at the Postal Service. These days, particularly because of the pandemic, the big challenge facing Social Security is reaching people who are unable or prefer not to deal with the government online. In the future, Social Security could face the opposite challenge. More people will want to interact with Social Security through a smartphone or a computer, and the face-to-face approach may be less common.

When you are talking about changing business as usual at Social Security, it is not just a question of responding to the pandemic. There are big challenges ahead. This committee and the Social Security Administration need to explore new ways of meeting the needs of Americans to provide the benefits they have earned, need, and deserve. Making smart improvements to Social Security based on the experience of COVID-19 can pay off big in the future.

All of these areas fall under the far-out, revolutionary agenda I describe as "making government actually work better." There has never been a more important time, as far as I am concerned, for Social Security. For me, this hard work goes back to the days when I was co-director of the Oregon Gray Panthers and ran the legal aid service for the elderly.

In the course of that job, I visited with a lot of seniors who were walking an economic tightrope, barely able to cover their bills. Social Security was a lifesaver for them. With too many of today's seniors, we still find them going through that kind of hardship that is made even more difficult by a global pandemic and a year of isolation.

So this committee, on our watch, is going to uphold the promise of Social Security. I am glad we are going to be able to have this opportunity to discuss improving access to the benefits and services.

We have excellent witnesses today. We will have their introductions shortly.

[The prepared statement of Chairman Wyden appears in the appendix.]

The CHAIRMAN. Senator Crapo?

**OPENING STATEMENT OF HON. MIKE CRAPO,  
A U.S. SENATOR FROM IDAHO**

Senator CRAPO. Thank you, Mr. Chairman, for holding today's hearing on Social Security service delivery during the pandemic. Social Security employees were informed in March of last year that

they would be teleworking indefinitely, and that field offices would be closed to the public because of the COVID-19 pandemic.

Within days of announcing a shutdown, the majority of field office employees and a large number of teleservice center employees were teleworking. Initial challenges included lack of equipment, software licensing, and data capacity. The leadership, management, and the workforce at the Social Security Administration responded rapidly to increased data capacity and stabilized networks after only a few weeks.

During the pandemic, conducting office and processing center work in person was not possible because of lockdowns and worker safety concerns. With those constraints, SSA has had to innovate, relax some procedural rules, and perform in many previously untested ways.

Thus far, the agency has performed admirably and rapidly to ensure that beneficiaries, including at-risk populations, obtain the services they need.

I have been impressed by the dedication and diligence of SSA's workforce, the field office and processing center managers, and the leadership all the way to the top. Customer service and service delivery have been at the forefront of their efforts during the pandemic.

We are fortunate to have SSA's head of operations, Ms. Grace Kim, with us today. I am interested in her assessment of where SSA has been during the pandemic, where things stand currently, and lessons learned thus far to help us inform the future.

From the beginning of the pandemic, field office management staff have continued to physically go into the offices to handle incoming and outgoing mail, scan documents and support those working from home, provide in-person service for critical-need cases, and handle facilities-related duties.

Ms. Peggy Murphy is also with us today, and I look forward to hearing about her experience and insight as a representative of field office management.

I am also interested in the experiences and service-delivery perspectives of our other two witnesses, Ms. McGuinness and Mr. Causeya—I hope I pronounced that right.

During the pandemic, it has been important to focus on at-risk populations, including many on Supplemental Security Income, Disability Insurance beneficiaries, and homeless beneficiaries. I am interested in hearing today about service delivery to at-risk beneficiaries and outreach.

My understanding is that the Social Security Administration has engaged in an unprecedented amount of outreach to community organizations, beneficiary advocate organizations, and directly to at-risk beneficiaries themselves. I commend the Social Security Administration's commitment and dedication to ensure that beneficiaries receive their service and benefits.

Commissioner Saul has stayed true to the focus on beneficiary service that we all expected when he was confirmed on a bipartisan basis by this committee and the full Senate. Solid leadership and a dedicated workforce have been key to enabling the agency to confront the service-delivery shock of the pandemic.

Thus far, the SSA has risen to that challenge.

Thank you, Mr. Chairman.

[The prepared statement of Senator Crapo appears in the appendix]

The CHAIRMAN. Thank you, Senator Crapo.

Now I would like to introduce our four witnesses. Our first witness will be Ms. Grace Kim, Deputy Commissioner of Operations for Social Security. She is headquartered in Baltimore. She is joining us today from San Francisco.

Our next witness, Kascadare Causeya, is up early in my home town of Portland, OR. He is program manager at Central City Concern. Central City helps those with life's biggest challenges to end or avoid homelessness and build healthy housing resilience and an engaged life. Kasc, as he is known by his friends, heads up BEST—Benefits and Entitlement Specialist Team—and works with the homeless to assist them in applying for benefits.

Our third witness will be Peggy Murphy, immediate past president of the National Council of Social Security Management Associations. Ms. Murphy is the District Manager of the Social Security office in Great Falls, MT.

And our final witness is Tara Dawson McGuinness, the founder of the New Practice Lab and a senior adviser to New America in Washington, DC.

We will begin with you, Ms. Kim.

**STATEMENT OF GRACE KIM, DEPUTY COMMISSIONER FOR OPERATIONS, SOCIAL SECURITY ADMINISTRATION, BALTIMORE, MD**

Ms. KIM. Chairman Wyden, Ranking Member Crapo, and members of the committee, I am Grace Kim, Deputy Commissioner for Operations at the Social Security Administration. In my current position, as a former regional commissioner, and as a career SSA employee for over 30 years, I understand how vital SSA's programs and services are to the public.

Thank you for inviting me to discuss our service delivery during the coronavirus pandemic. I appreciate the opportunity to share some of our accomplishments and challenges as we prioritize health and safety, while delivering vital services.

I am so proud of the agency's employees who have worked to serve our customers, despite their own personal challenges, during the pandemic. It is my honor to lead over 44,000 employees in more than 1,200 local field offices, 24 teleservice centers, and eight processing centers.

I am also pleased to oversee the work of the 15,000 employees in the Disability Determination Services, the State agencies that make our medical determinations.

Since the beginning of this crisis, Commissioner Andrew Saul's priority has been safety for our employees and the public. Many of the people we serve, older individuals and those with serious health conditions, are at a higher risk for the effects of COVID-19. To allow for physical distancing and to limit close contact, in March 2020 we made the unprecedented decision to have our employees work from home and to limit in-person services to appointment only.



No one anticipated the length of the pandemic, but we have been working hard throughout the last year to implement policies that support the public and focus on delivering mission-critical services.

We published our local field office phone numbers. We extended time frames to submit documents. During the critical period in the pandemic, we deferred certain workloads to preserve beneficiaries' income and health care. Due to the uncertain course of the pandemic and our stewardship obligations, we resumed most workloads late last year and provided flexibilities to help the public.

We are implementing new ideas to expand access to our programs and reduce paper workloads, like creating electronic signature options and an online process for Medicare Part B Supplemental Medical Coverage.

For customers who must visit a field office, we developed service options that limit time spent in the office, like the option to submit evidence in secure drop boxes, and shortened interview times.

We are testing an online video process that allows certain U.S. citizens to apply for replacement Social Security cards. We are also using video to hold certain consultative examinations and hearings to make disability decisions.

Helping our most vulnerable population—individuals with low income, limited English proficiency, homelessness, or mental illness—access our services is our priority. To reach them, we expanded outreach to these groups through close partnerships with community-based advocates and ongoing robust, targeted outreach efforts.

The pandemic has also created workload challenges. Some work can only be handled in the office, like issuing certain Social Security cards, and processing and scanning mail. We depend on nearly 3,000 field office employees each day, mostly managers and volunteers, to process these nonportable workloads on site.

These workloads have increased dramatically since the beginning of the pandemic. Our field offices are handling three times as many phone calls compared to pre-pandemic, and on-site employees are scanning over a million and a half documents per week, ten times the volume before the pandemic.

Scanning these documents into our system is a workaround we put in place to allow our employees to work remotely, but this process also reduces our productivity. Like much of the world, we have been affected by the challenges caused by the pandemic.

The fiscal year 2022 SSA discretionary budget request of nearly \$14.2 billion, which is \$1.3 billion more than what we received this year, will strengthen our service to the public. We hope you will support this request.

I want to thank the public for their continued cooperation, and especially our extraordinary employees who care so much for the people we serve, and you for being patient and supportive of our mission during this national health emergency.

I look forward to answering any questions you may have.

[The prepared statement of Ms. Kim appears in the appendix.]

The CHAIRMAN. Thank you very much, Ms. Kim. And now, up early in my hometown, Kascadare Causeya. Welcome.

**STATEMENT OF KASCADARE CAUSEYA, PROGRAM MANAGER,  
CENTRAL CITY CONCERN, PORTLAND, OR**

Mr. CAUSEYA. Thank you, Chairman Wyden, Ranking Member Crapo, and members of the committee. My name is Kascadare Causeya. I am a program manager for the Benefits and Entitlements Specialist Team, BEST, for Central City Concern in Portland, OR. I am on the board of directors for New Narrative—formerly LukeDorf—and a member on SOAR's National Experts Panel, all organizations serving people experiencing poverty and homelessness. My team has been using the SOAR model for developing and filing our claims since 2008.

SOAR, a national project funded by the Substance Abuse and Mental Health Services Administration, was designed to help increase access to SSI/SSDI for people with severe conditions that could not go through the SSA disability process on their own.

Since March of 2020, the barriers for those needing Social Security benefits have increased in various ways. Applicants just cannot walk into the field office, and prearranged appointments are hard to get. This means people have trouble getting help understanding the nuances of going through the disability process; for example, a woman new to homelessness listening to the myths about SSA and disability, suffering from the residual effects of a severe bipolar decompensation, being so disorganized and afraid that she slept on the sidewalks during the day and began using meth at night to stay awake for fear of being harmed. She is going to struggle until she finds help.

Two, people might not always have a working phone number, a mailing address, a printer, or a way to check mail if Social Security tries to get in touch with them. For those without necessary technology and understanding to begin and complete the process, there is limited or no access to SSA staff and information that could help them complete applications and the various other tasks requested of them. We helped a person with an intellectual disability who was estranged from his family and choosing to live on the streets rather than to admit to his family that he just could not understand things.

Three, increased hopelessness and feelings of apathy for those attempting to become more self-sufficient, like an older gentleman suffering from a multitude of conditions who had been falling through the social service cracks for decades, losing trust in the system, that his life will ever have any meaning, and even losing trust in those who attempted to help him.

Fortunately, the people I have described here were the lucky ones, because they were able to get help from BEST, but there are so many more who cannot get access to my program and are just as ill and vulnerable.

Although these issues exist in all homeless communities, it is particularly true for blacks, Native Americans, and Latin communities who disproportionately experience homelessness at higher rates compared to their white counterparts.

Here are a few statistics from my program related to years prior to the pandemic compared to during the pandemic.

For the 3 years prior to March 2020, we averaged 806 referrals a year, and average time to an SSA decision was 79 days. Since

March of 2020, we received 673 referrals, and time to an SSA decision is 110 days. National numbers reflect this local trend.

Many people suffering from severe and persistent conditions have nothing in the way of resources to help them survive. A maximum of \$794 a month they get from SSI is still below the Federal poverty level, but it can open housing doors, offer the ability to get from place to place using public transportation for things like primary care appointments and counseling, can offer some hope for the future, and allow them to set their own level of self-sufficiency and quality of life that previously was not available to them.

So here are some possible solutions.

Safely re-open the SSA field offices for drop-in appointments. Make the SSA application available online, and simplify the questions.

The current My Social Security electronic access is too complicated for most people, and requires an email address that not everyone has or can remember passwords to. People should be able to access SSA services with their Social Security number, even if all they can do is schedule a phone call. People also do not have phone minutes to wait on hold for 40 minutes or more.

More funding for nonprofit organizations to help vulnerable people apply for SSI and SSDI. More flexible scheduled call-in times for the public.

The COVID pandemic has caused us to rethink how we do what needs to be done, and what the new normal will look like. Let's consider making things a little bit easier for those whose abilities are a little more challenged than ours.

Thank you for listening to my testimony, and I look forward to answering your questions.

[The prepared statement of Mr. Causeya appears in the appendix.]

The CHAIRMAN. Mr. Causeya, thank you. And Central City Concern in Portland has been there for vulnerable folks since my days with the Gray Panthers, and I just want everybody there to know how much we appreciate the incredible leadership.

Our next witness is going to be Peggy Murphy, past president of the National Council of Social Security Management Associations.

**STATEMENT OF PEGGY MURPHY, IMMEDIATE PAST PRESIDENT, NATIONAL COUNCIL OF SOCIAL SECURITY MANAGEMENT ASSOCIATIONS, GREAT FALLS, MT**

Ms. MURPHY. Hello, Chairman Wyden, Ranking Member Crapo, and members of the committee. My name is Peggy Murphy. In addition to being the immediate past president of NCSSMA, I am the District Manager of the Great Falls, MT Social Security office. On behalf of the National Council, thank you for the opportunity to be here today to provide our front-line perspective of SSA service during the pandemic.

On Friday, March 17, 2020, the majority of Social Security employees were informed that effective Monday, March 20th, they would be teleworking indefinitely, and that field offices would be closed to the public because of the pandemic.

This was a colossal undertaking, given that most employees had never teleworked, and our telework pilot had just ended a few

months before. We rose to the occasion, and within a couple of weeks the majority of field office employees, and a large number of teleservice center employees, were up and running taking care of customers from home.

I manage four offices that had not been part of the telework pilot, and my employees were not so interested in teleworking. We met the challenge, though, and my employees went home on Friday and were successfully serving customers on Monday.

My employees were anxious about working from home and, like the rest of the world, we did not expect this to go on as long as it has. Thirteen months into it, I can say that my employees, my management team, and I are very proud of the way we were able to mobilize and continue to serve the public.

I am confident that customers in my service area are being served, regardless of how they contact us. However, there have been many challenges. I have four Indian reservations in my service area that, prior to the pandemic, had access to us via video service delivery. Through existing partnerships, we continue to serve those customers via phone and online services, and look forward to expanding those services again.

Due to our current policies and the nature of SSA's work, dedicated field office management staff have continued to come into the office every day to handle incoming and outgoing mail, nonportable work, and to provide in-person service to critical cases such as immediate payment.

This current model is not sustainable because it leaves managers with very little time to perform their duties, which include facility and personnel responsibilities. Most of our employees remain at home, while managers are in the office. Each office is managing their own unique service area challenges the best they possibly can, and some face additional obstacles depending on size, location, demographics, and available resources.

We have realized the advantages of telework, and so have our employees. However, we need to reopen our offices with the right mix of office workers and teleworkers to ensure customers are getting the service they need. And in some cases, that is definitely face to face.

It was not until the fall of 2020 that a very small number of non-management employees began returning to field offices on a voluntary and rotational basis to assist with the substantial volume of incoming and outgoing mail. In most cases, there are between one and three employees coming into the office to assist.

Besides increasing on-site personnel, SSA has made efforts to improve public access to facilities. These efforts include field office drop boxes and the use of Microsoft Teams to conduct certain enumeration interviews.

Overall, the agency's response to serving the public during COVID-19 has shown our commitment to serving the public. However, in order to overcome our preexisting inefficiencies and apply the lessons learned, SSA needs resources. We need front-line staff. And even with the recent investments in IT modernization, SSA's computer system continues to have many challenges. We continue to rely on 40-year-old COBOL systems. SSA must continue to modernize.

We must expand existing services and implement technologies that will assist our more vulnerable population, including the deaf and hard-of-hearing community, non-English-speaking customers, the homeless, and those who live in rural and tribal locations.

It is critically important that Congress and SSA address the need to improve upon outdated program policy that makes administering SSA's programs inefficient and ultimately does not provide the level of service the public expects and deserves.

The pandemic caused us to reevaluate some of our existing policies and make changes quickly to gain efficiencies that we need to build on post-pandemic. Agency leadership has placed customer service at the forefront and has made efforts to provide the full range of services to the American public.

The pandemic has changed the agency and the way we serve the public. We must take this opportunity to reassess the customer experience and what it means to provide world-class service. Our agency's limitations with IT, policy, and resources became more apparent once the pandemic hit. Closing offices and relying on management to serve and support our staff, working from home, made matters even worse.

This is the moment where SSA must redefine itself and move into the 21st century. Thank you for the opportunity to be here today and to provide our front-line perspective. We are committed to the mission of the agency and giving the American public the best customer service, which they deserve.

[The prepared statement of Ms. Murphy appears in the appendix.]

The CHAIRMAN. Thank you very much, Ms. Murphy.

Our final witness will be Tara Dawson McGuinness, founder of the New Practice Lab and an adviser at New America.

**STATEMENT OF TARA DAWSON McGUINNESS, FELLOW AND SENIOR ADVISER, NEW PRACTICE LAB, NEW AMERICA, WASHINGTON, DC**

Ms. McGUINNESS. Thank you very much, Chairman Wyden, Ranking Member Crapo, and members of the committee. I am so grateful to join you and these tremendous public servants this morning to talk about really making the Federal Government work for the public.

President Lincoln was perhaps the first President to truly drill down on this question of how are we delivering benefit to those who elected us. In my new book, I talk about how he reopened the doors to the White House after breakfast and heard not only from government officials but from citizens, welcoming their petitions and concerns.

But as the U.S. has grown to ten times the size of the populace of Lincoln's time, the practicality of this exercise has changed, not to mention the dynamics of the global pandemic.

The challenge, however, remains for today's agency leaders: how can government adapt to reach people in this digital age? Just because government structures were built for a different time does not mean they cannot adapt. This is very hard. Massive digitization has come to the private sector, and very few of the Fortune

500 companies around at the turn of the century actually survived this disruption.

While companies can be replaced by startups, the government is not going to be replaced. It needs to adapt to meet the times. Millions of Americans depend on it.

And there are new tools to do this, the modern equivalent of Lincoln's one-man effort to understand what citizens need. There are new units in the U.S. Digital Services and 18F, and there are growing capacities that are happening at the State level.

There are nonprofits like mine that work to serve and help people make this adaptation. And we are seeing in the Federal Government new possibilities. Another agency inside the Food and Nutrition Service moved to remote validation for food assistance to serve millions more people during the pandemic.

This process takes work, but it is not impossible. I want to highlight one example in the State of Michigan, which once had America's longest public benefits application, 40 pages long. This form was an inhumane barrier between the people desperately in need of emergency services and the State of Michigan.

One resident described it as being left up to fate as to whether you make it through. This is borne out in the data of how many people got stuck in the process. A team of remarkable agency leaders and one nonprofit tackled this form. The results were stunning. The form can now be completed in 20 minutes, and it is processed by the State in half the time.

Michigan is not alone. Similar transformations have happened across the country, from California's work on SNAP to Vermont's edit processing.

I want to share four key lessons from existing efforts across the country to improve benefit delivery. They apply to Social Security and other agencies, and they come from a book of serving needs across the country called "Power to the Public."

First, increasing outreach does not help if the front door is locked. You heard this in earlier testimony. Agency leaders need to think of their forms and applications as the front door. They are often the equivalent of either a welcome mat or a locked gate that says "need not apply."

Agency leaders—and I am very sympathetic to the role of public servants in these times; I have often been in the seats of other witnesses—but we need to test our forms with typical beneficiaries. Grab a group of beneficiaries and see where people get stuck before you subject millions of people to these forms.

You can collect data about what questions are not working. Many times, backlogs are the result of a single confusing question that requires requests for more information and more processors to process it.

Second, we need to map the user experience of the client journey end to end. Very often, there is no single person in charge of an application process end to end. One part of an agency runs a call center, another part runs a website. We need to trace the journey and what it feels like to someone on it, from the beginning to the end, to really understand where the bottlenecks are.

Third, we need to measure what matters in real time. Agency administrators need real-time data to see who they are serving, to be

able to understand where there are decreases in certain populations, without doing retroactive analysis.

Finally, one word of caution about modernizing, and I think you could hear this. There are some client populations that may never be served through an online process. But many government agencies have taken to digitizing the broken process. And when you digitize a broken process, you get a digitized broken process. In more than one instance, governments have tried to turn an existing process digital only to make things worse.

Making service delivery work is about understanding truly who we serve, really engaging the front-line office leaders and adjudicators who work with them. Some of the best innovations come from front-line agency offices and being able to monitor and see the applications, and to make changes. This cannot happen if call centers are short-staffed or agency budgets are crunched.

In closing, I am so grateful for the attention this committee has paid to how these benefits really reach people. While policy matters a great deal, it matters very little if it does not reach those who need it most, when they need it most, in crisis.

Thank you, very much.

[The prepared statement of Ms. McGuinness appears in the appendix.]

The CHAIRMAN. Thank you very much, Ms. McGuinness.

Colleagues, we are going to have a number of votes at 11:30, and so we are going to keep this to 5-minute rounds.

Ms. Kim, if I could begin with you. Can you hear me? Great. As I mentioned in my statement, one of the problems in delivering first-rate service is the requirement that some people have to put their most sensitive, important documents in the U.S. mail.

Now I think we all understand why some people are reluctant to do that. And they just cannot get by without their driver's license. If they do mail their documents, it can take weeks to get the documents back.

So why don't you begin by telling us what Social Security is doing to fix this clearly unacceptable issue?

Ms. KIM. So thank you, Senator Wyden, for that question. We share your concern, and the concern of the members of the public who have had to mail in those types of original documents for proof of their various transactions. Usually, it is enumeration transactions.

We have put a number of things in place to mitigate the need for our public to have to mail in their primary forms of evidence such as driver's licenses, State IDs, and those sort of identity proofs.

For States that have our online replacement card in place, we have a data exchange with the driver's license, the DMV. And in those States, we are able to conduct no-change replacement card applications entirely online and by video. So that is one way that we have been able to prevent members of the public from having to part with their primary forms of identification.

We have also had secure drop boxes. So in every field office where it is appropriate and we are able to place one, we have put in these secure drop boxes where members of the public can drop off their proofs of identity instead of relying on the mail, which in

the beginning of the pandemic was causing a delay. They can drop those identity proofs in those drop boxes instead of mailing them, and then we can process those documents there.

Currently during the pandemic, we are also being very flexible with our policies. So now, in appropriate situations, we are allowing members of the public to provide secondary types of proofs of identity instead of driver's licenses, passports, and things of that nature. So certified medical records might be an appropriate form of verifying someone's identity. There are other types of documents other than driver's licenses that we will accept as verification of someone's identity.

The CHAIRMAN. Ms. Kim, because time is short, we have to get this straightened out. There are too many people for whom this is a huge burden, because they need their driver's licenses if they go for other government services. There are various other places they visit, businesses and elsewhere. So we are going to follow this up with you, and I recognize there may be a bit of politics associated with this as well.

But I want you to know, as chairman of this committee, I am committed to getting this corrected. We cannot have people's original documents flying around in the mail and putting it in a drop box, and wondering when it is going to get returned, and the like. We just absolutely have to do better, because these are some of the most vulnerable people.

One other question for you, if I might. Members of Congress wrote the agency asking about the decline in applications in November, and what the agency was doing to reach at-risk populations. The agency said that you all were doing targeted mailings to a number of people, that you sent 200,000 letters.

What are the results so far? And what has been done as a result of those responses?

Ms. KIM. So, Senator Wyden, we initially identified about 2 million title II beneficiaries who might be eligible for SSI. And so what we did was, we sent notices to the first 200,000 of those individuals to let them know that they might be eligible for SSI and invited them to apply if they believed that they were eligible.

After that 200,000 mailing, which concluded in March, we analyzed the results of that mailing, further refined the universe of the individuals who might be eligible for SSI, and now we have identified a remaining universe of approximately 1.2 million individuals who we will begin to reach out to in June.

So we will be sending out notices to 1.2 million individuals, again notifying them that they might be eligible for SSI and inviting them to contact us if they think so.

The CHAIRMAN. I am over my time, Ms. Kim. I would like a written answer to that question within 10 days. Specifically, what you all have heard in those mailings, and when, with dates and times, those reforms are going to be put in place. Thank you, very much.

Senator Crapo?

Senator CRAPO. Thank you very much, Mr. Chairman. And you actually took a couple of my questions. You are focused on the same kind of things that I wanted to focus on, so I will go beyond that.



Let me start also with you, Ms. Kim. You know, one of the lessons that I think we have learned in terms of our health-care system is that the telehealth that we resorted to during the pandemic has become a really significant improvement in our health-care system and—I think Senator Wyden and I agree on this—we need to try to figure out how to make permanent the adjustments and improvements that we made to telehealth as we go past the pandemic.

The question I have for you is kind of a broad one here. Do you believe that the experience that Social Security has gone through during the pandemic has given an increased and appropriate focus on digital service, on tele-Social Security service, if you will?

Ms. KIM. Senator Crapo, I believe that during the pandemic we have definitely focused on where we can use digital services to enable us to overcome some of the challenges that we have faced during the pandemic.

So in terms of processing our disability applications, the DDSs, the State agencies that adjudicate disability claims, they were successfully using telehealth consultative examinations for psychiatric and psychological cases in order to get evidence to support those claims. So our experience in using telehealth in that arena has been very, very successful.

I would like to be able to see us broaden the ability to use video in that manner to be able to enhance and help our disability process.

Senator CRAPO. All right; thank you very much.

And Ms. McGuinness raised the question, she kind of made, I think, a very significant analogy. She said the front door, if I understood her right, may be too restrictive, meaning—and she referred there to the forms and applications that people need to provide in order to gain access to Social Security to get in that front door.

Do you agree with that? And how can—I mean, I think that most Americans can immediately identify with the notion that the government's forms and applications are a real problem. Do you agree that there is a way we can significantly improve access by addressing the complexity and sort of the restrictiveness of the forms and applications that we currently use?

Ms. KIM. I do, Senator. And in fact what we are looking at right now is our SSI application. That is a lengthy application, more than 20 pages long. And the detail of information that is required in that application has been a barrier in the past for the agency in putting that application online.

So the agency, during the pandemic, has been working across components within the agency, and with community-based advocates. This is an initiative that we are working on with advocate groups around the country. And what we are looking to do is to simplify the SSI application so that it is much easier and much more approachable for individuals who are applying for that benefit. And then eventually, once we are able to streamline that, we will put it online for those individuals who would be able to access it online.

But I do agree that there are some of our applications that are very, very difficult for the members of the public who need them.

Senator CRAPO. Well, thank you. And for my last minute I would like to go to Ms. McGuinness in this area to elaborate a little more about what you were referring to when you talked about the problem we have with forms and applications and getting in the front door.

Ms. MCGUINNESS. Certainly, Senator. I think, having been a person at a Federal agency overseeing forms, I know how much I do not know about how the average person views the forms. And so the best way to improve them is to allow the people for whom you are designing the program to try them out. It is unexpected what acronyms they get caught on, and you can dramatically reduce the front-load work of the offices by understanding that nobody knows where to find their EIN number.

So when it comes to forms, I think the first piece is to test them out on the actual humans. Collect oral data. Forty people filling out a form will tell you what percentage of people really get stuck on number 2. Try to improve it. Test the forms again on 40 humans before you send the forms to 2 million humans.

There are excellent best practices. I cannot say enough about the tremendous work in the State of Michigan. The same thing has happened in California. Communities are studying more models of what forms look like. There are teams inside the program and outside that are experts on this. If we can improve and make it easier to purchase a pair of shoes on the Internet, we can also make it easier for seniors to get their benefits.

Senator CRAPO. Thank you. I appreciate that, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Crapo.

You are being way too logical, Ms. McGuinness, to actually test some of these forms on people. That is far too logical [laughing].

Senator Stabenow?

Senator STABENOW. Well, good morning. And thank you, Mr. Chairman, and our great ranking member, for this really important discussion.

I just have to start out and join all of us in echoing a “thank you” to the staff, the people who have remained during this pandemic and kept things going when the whole world and the workplace was turned upside down because of COVID-19. And so, it is important to learn those lessons. I think there are a lot of things that we can learn going forward, and that we need to learn. But first, a big “thank you.”

I have been sitting here this morning also with a smile on my face as, Ms. McGuinness, you were talking about Michigan. I know that—and I appreciate your citing our reform of the application process for a number of benefits, especially the form used to apply for benefits, which was one of the longest and most Byzantine in America, I think.

You described the tangible relief that the people who need these benefits felt after the reform; that they could successfully apply, get answers from the State much faster, and they really focus on the problems of people who are getting through the application process. And so it was hard work, but I am very proud of what Michigan did.

But I wonder if you might just talk a little bit more about applying what Michigan did to the Social Security Administration. And

can you talk more about mapping the user experience for accessing benefits, especially for beneficiaries who may be older or not have access to technology to apply?

Ms. MCGUINNESS. Certainly, Senator. I think many agencies at the State and Federal level have found the mapping of the experience of a journey—this needs to be done. We have talked this morning about a couple of different types of benefits. Social Security users are not the same for SSDI as they may be for other benefits. Really understanding who is the average user—are 70 percent of people in communities that do not have Internet access—and this is done by front-line staff as well as community partners like we have heard from this morning. You take the steps step by step, and you literally map it out.

What happens first? We fill out a 20-page application. Then, who receives it? What is the average wait time for the reception? What does it take to pass “Go”? What share of the forms need to go back to their original beneficiary for more information? How many forms are 100-percent correct on the first go? They are very quickly processed. But in many agencies, you have upwards of 40 percent—and this is true for everything from your EITC at IRS, or your Child Tax Credit, or your unemployment insurance. Very frequently Federal agencies spend a ton of effort going back to people and asking them for more information.

This is expensive. This is costly. People miss the letter in the mail. And so, thinking step to step from when a form is filled out, to what share of forms get stuck, to how they get adjudicated, to how a person knows where they are on the journey, sometimes taking pressure off of call centers—this has been the case in unemployment insurance; 90 percent of people are calling for one thing. If you could make it clearer that they could check on their own on a website, you could make it easier to get through.

So it is literally making a map of what the experience is. And this type of map needs to be made with beneficiaries, but also with front-line workers who have done tremendous work through COVID to try to make this work.

Senator STABENOW. Great. Thank you very much.

And then, Mr. Causeya, thank you so much for all of your great work, and for talking about the reality for folks you are working with trying to work through this system.

I wonder if there is anything else you would want to share with us about the human toll that delays and difficulties in applying for benefits take on people in need as you are working with them.

Mr. CAUSEYA. Can you hear me?

Senator STABENOW. Yes.

Mr. CAUSEYA. Okay. People who are living outside, or who are close to being outside, who have severe mental health conditions, these questions that are asked on the application are just overwhelming for them. You have many people who suffer from a variety of disorders, and they just cannot focus long enough, or they cannot get over the fear inside them when it comes to dealing with having to trust the government.

A lot of our people, they really have a problem with trusting the government. And I am not sure where it comes from. But it is very difficult for those people. It is also difficult for the people who are

housebound because of their physical condition to actually get to a place where they can get access to a computer, or to have a phone, or someone who can assist them. Office closures are very difficult on these groups of people.

Senator STABENOW. Thank you.

Thank you very much, Mr. Chairman. I look forward to working with you to make this system better.

The CHAIRMAN. We will be working together.

Kasc, thanks so much for that really thoughtful answer.

Our next Senator in line of appearance is Senator Menendez. Are you there?

[No response.]

The CHAIRMAN. Senator Thune—there is Senator Menendez. Yes, Senator Menendez.

Senator MENENDEZ. Thank you, Mr. Chairman.

Ms. Kim, I have a constituent who was on SSI and was laid off during the pandemic. They followed Social Security rules and filed for emergency unemployment that Congress authorized last spring. However, because of their unemployment benefits, they now have a large amount of unearned income, and their SSI benefits were suspended. They run through the 12 months of suspension. They will have to reapply for SSI.

So my question is, why has the agency not used their regulatory authority to exclude disaster relief UI from being counted against beneficiaries?

Ms. KIM. So, Senator Menendez, this is an issue that we are currently looking at right now. I do not—because we are in the middle of analyzing how to proceed, looking at the EIP payment as disaster relief assistance, I would like to provide additional information for the record. This is an issue that we are currently talking about right now.

Senator MENENDEZ. Well, I hope we do more than talk about it, because I do not think that Congress intended to provide individuals the type of relief that we did during the pandemic only to have them lose their SSI. That could never have been Congress's intent at the end of the day.

Let me ask you this. Do you support automatic renewal of SSI for people who lost their benefits due to the pandemic, with issues with unemployment insurance income, when the time comes?

Ms. KIM. That is another issue that we are looking at. The bottom line is, in appropriate circumstances, I fully support that.

Senator MENENDEZ. All right. I look forward to hearing what your ultimate decisions are on this question.

Mr. Causeya, for the work your organization and other similar ones do in helping people with severe disabilities, applying for SSI, do you have sufficient resources to help your clients?

Mr. CAUSEYA. No, we do not. We try and make it work with what we get, but it is difficult because each case is different. And so each case requires a different amount of effort and resources. But we most certainly could use more resources.

Senator MENENDEZ. How difficult is the process for people with disabilities who may need some assistance to fill out their applications, but do not have access to organizations like yours?

Mr. CAUSEYA. It is almost prohibitive. I mean, I think of Ms. McGuinness, who was talking about the difficulties with understanding the acronyms, and the use of the information, or terminology that Social Security uses. The majority of people who are homeless do not really understand the terminology or understand the questions. Whereas people who have been trained and who are working in that field, when they look at it, they think it is a simple question. But for someone who is not familiar with it, they get stuck. And so, if they answer it the wrong way, then of course, you know, that could result in a denial of their claim or prolong the process by having SSA send them more requests for information from them.

Senator MENENDEZ. Thank you.

Ms. Kim, beneficiaries encounter numerous challenges when going through their application process for SSI, and they require assistance from the field offices. But with the field offices closed, many people have been running into challenges accessing this needed help.

What is SSA's timeline for reopening offices safely so that older adults and people with disabilities can access the help they need?

Ms. KIM. So currently, Senator, SSA is operating under its current workplace safety plan, which aligns with the President's executive order and OMB guidance. And that right now permits SSA workplaces to operate up to 25 percent of normal occupancy.

So we are working within the parameters of our workplace safety plan, and that plan does limit our ability to bring in additional staff on site. We have been open throughout the pandemic—I want to make that very clear. But we have only been open to the public if they have an appointment.

And we are currently, within the parameters of the plan, incrementally increasing staff on site to handle workloads such as critical workloads that serve vulnerable populations. But we are doing that in a way to ensure the safety of our employees, as well as the public that has to come into our field offices.

But one way that we are also trying to reach the SSI population and help them with their applications as part of the vulnerable population outreach efforts that we have done with community-based advocates—that I mentioned in my opening, that I discuss in my hearing testimony—is that we have established SSA points of contact in every area where we have a field office.

And those points of contact are working directly with community organizations and advocates, and working with them to facilitate the SSI claims-taking and referrals of SSI claims to SSA. And in those instances, we are processing—

The CHAIRMAN. We are going to have to move on. Senator Menendez, did you need to say anything else?

Senator MENENDEZ. Yes, just briefly, Mr. Chair. I appreciate the answer, but it is not working for people, I can tell you that. And one of the things we could do is streamline this application. It is a 23-page application for SSI. I mean, I think in the 21st century, we can do a lot better than that. So I look forward to working with the chair to try to make it better.

The CHAIRMAN. Great. Thank you, Senator Menendez.

Senator Thune will be coming later, and that means Senator Cardin is up for questions.

Senator CARDIN. Well, thank you, Mr. Chairman. And let me thank you for conducting this hearing on COVID-19 and SSA. And I want to thank all of our witnesses.

I want to start by just acknowledging the extraordinary work being done by the SSA workforce. I am honored to represent the State of Maryland, the principal location for SSA in Woodlawn. The workforce there are dedicated public servants working under very difficult circumstances before COVID-19, which have been made even more complicated because of COVID-19.

So, Ms. Kim, I want to start and ask you a question as it relates to the workforce issues in two respects. First, we have learned from COVID-19 that telework is a much more efficient way, where appropriate, to use the workforce, and that moving forward, we would hope that there would be a progressive telework policy for workers to be able to be more efficient in carrying out their mission at SSA.

On the other hand, you are now bringing more of the workforce back in person, and there is concern that that be done in a way for safety for the workforce. So we had both issues of safety for those who are going to be physically present and interacting with constituents, and those who believe they can do their work more efficiently and safely from their home environment.

My question to you is, how are you engaging the workforce? How are you working with the unions for the workers at SSA, and the workers themselves? How are they engaged in the discussion moving forward on the policies of telework and safely returning to their work stations?

Ms. KIM. So, thank you for that question. Currently we are engaging with the union on a number of fronts. So the workplace safety plan that I mentioned, the plan that is kind of the blueprint for how SSA is operating right now, we implemented that safety plan in accordance with the President's executive order, and we implemented that plan in the middle of March.

And when we did so, we notified the union and gave them the opportunity to bargain, which we are doing in good faith right now. So we are engaging with the union, bargaining our workplace safety plan, and that negotiation is ongoing.

We are also—

Senator CARDIN. I would just say, on that issue, just so I can point out, it is always best if you work together in a nonconfrontational way, to work with the same set of facts. And the way you sort of presented that, it looks like you presented the plan, and now you are negotiating.

It seems to me that the union should have been involved in the initial aspects of developing the plan. But I take it they were not?

Ms. KIM. They were not. This was—we were entering into post-implementation bargaining for the workplace safety plan. But President Biden's executive order and the OMB guidance that followed did permit agencies to move forward with their workplace safety plans because of the health and safety concerns—and the necessity of agencies having such a plan in place—and then entering into post-implementation bargaining at that point.

So that is what we have done in our agency, and we have met our labor obligations by engaging in negotiations with them.

Going forward, however, we are actively engaging with the union about issues, not just post-implementation, but looking for their input on a variety of other issues. Right now, the issue of telework is still in the future. That is an area where, when we have further guidance from the White House about our ability to reopen beyond the 25 percent that is currently in our workplace safety plan, we will certainly, and I will certainly, engage with the union about any telework program that we put forward in Operations, because I want to make sure that that program reflects the interests of our employees.

Senator CARDIN. I thank you for that. Clearly, we had challenges under the previous administration, and I was pretty vocal about that. We expect you to follow up on what you just said. And if you could keep my office informed, I would certainly appreciate that.

We have regular contacts with the workers at SSA, and I think engaging them early in the process will make it best for all. So thank you very much for that commitment.

The CHAIRMAN. Thank you, Senator Cardin, not just for this but for your long years of advocacy for Social Security and your constituents.

Senator Portman?

Senator PORTMAN. Thank you, Mr. Chairman. And it sounds like the COVID-19 experience at Social Security has taught us a lot of lessons, and those have been discussed today. And I hope we have learned from them, including in the remote work environment.

I want to talk for a moment about program integrity, not just good public policy but also about being good stewards of hard-earned taxpayer money.

In your written testimony, Ms. Murphy, you addressed the importance of fully funding your program integrity activities. For Fiscal Year 2022, I see the President has requested \$1.9 billion, which is a big increase, a \$283-million increase over 2021.

Would you please elaborate on how program integrity activities ensure beneficiaries are well served, while safeguarding taxpayer resources?

Ms. MURPHY. Thank you for that question, Senator. And yes, the integrity workload is definitely what we want to be investing in, and we want to be making sure that we are paying the right folks at the right time, and that we are reassessing benefits, whether they are medical CDRs, whether they are redeterminations of SSI benefits. Not because we want to get people off the rolls, but we want to make sure that we are paying people correctly, and that if they are due benefits, that we are actually increasing their benefits.

So, having those integrity workloads is very, very vitally important to the work that we do in making sure that, once we get somebody on benefits, and as they continue and they are due those benefits, we can review and, if their living arrangements have changed, or anything has changed in regard to their entitlement, they are getting relooked at regularly and we are making sure that we are paying people correctly the benefits that they are due.

Senator PORTMAN. Can you talk a little about the return on the investment, essentially the \$283-million increase in 2022 compared to 2021, as an example? If we were to do that, what would you expect the return to be on that to the Treasury, to the taxpayer?

Ms. MURPHY. I would—the return would be that we would be able to increase the number of medical CDRs, of work CDRs, and redeterminations that we are able to complete. You know, those take a lot of time. They are one of our biggest workloads. They take a couple of hours for each one of our customers—a lot of man-hours to do those redeterminations. But I do not have the number that I could actually put forward for the agency, but I know that if we have the resources, then we can deliver more redeterminations, more integrity workload, and we can make sure that, again, we are paying people correctly.

Senator PORTMAN. Okay. We will follow up on that, if it is all right, and see if we can come up with some numbers to be able to support this increase. Because I think it is a good idea to make sure that the program integrity is working properly, including the CDRs being more available, and that you have the resources to do it.

And if you have any other ideas on program integrity, let us know. On this committee, the chair and ranking member and others have worked a lot on unemployment insurance, and that is another area where we want to work on program integrity. And I think we have some common ground there to try to figure that out so that the benefits are going to the right people. We have had a lot of issues in Ohio, and I know other States as well, with regard to fraud in that program.

So, Mr. Chairman, I look forward to working with you on that.

On solvency, just quickly, the big issue is, Social Security is facing insolvency, as we know. According to the latest report, the Old-Age and Survivors Insurance could pay benefits only through 2034, and then we see substantial reductions under current law.

I know you are not responsible for these actions, Ms. Murphy, or others before us today, but what sort of impact would this have on the many clients whom your members serve, Ms. Murphy and others as well, if we were not to address this looming insolvency?

Ms. KIM. So, Senator Cardin, I will respond. I would have to get you more information on that for the record, because I do not have that information off the top of my head.

Senator PORTMAN. Senator Cardin would not have asked such an open-ended question. This is Senator Portman.

Ms. KIM. Oh, I apologize, Senator Portman.

Senator PORTMAN. Well, thank you. I mean the bottom line is, all of us want to be sure the Social Security benefits are there. And today we are talking about the Administration more, but the looming insolvency obviously will be a huge dislocation for beneficiaries and for the program.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Portman.

And now the chair of the Social Security Subcommittee, Senator Brown.



Senator BROWN. Thank you, Mr. Chairman, for holding this. I have committed, as you and I have talked about many times, to working together to protect and expand Social Security.

Sadly, based on their track record, it appears that Commissioner Andrew Saul and Deputy Commissioner David Black do not share that commitment that Chairman Wyden and I do. Senator Casey has spoken up. We need leadership that believes in the promise of Social Security, not leadership that has actively worked to dismantle it.

Commissioner Saul and Deputy Commissioner Black should resign.

Ms. Kim, as a means-tested program in a period of economic downturn, SSI should be helping more people than ever. Instead, we find SSI applications and awards at historic lows. Field office closures during a global pandemic—Senator Menendez mentioned that—explain part of the decline, but at the heart of this we must acknowledge how difficult an SSI application is. You basically need to have a law degree to successfully apply.

Here is what I have observed. The Social Security Administration under Commissioner Saul spent a lot of time and regulatory energy making it harder for people to qualify for and retain these benefits. And he has continued that effort even after the switch-over in the White House.

The President and I want to see a different agenda. Instead of finding ways to deny disability benefits, I want to see you helping people successfully get the benefits they are eligible for.

If you would, answer this “yes” or “no.” Will you help shift the focus from denial to assistance, Ms. Kim?

Ms. KIM. Thank you, Senator Brown. I do not know that I can give you a “yes” or a “no” answer. What I would say is that I am committed to ensuring that, for the individuals who apply for benefits, it is easier for them to understand the benefit for which they are applying, and the entitlement criteria as well.

I want to make sure that whoever receives benefits from us is entitled to them. And we are looking at ways right now to simplify and clarify our programs so that people who are in need of these benefits can access them.

Senator BROWN. Ms. Kim, I get that. And I do not put this on you entirely, by a long shot; I put it much more on Mr. Saul and Mr. Black, but you need to do better on this too.

Mr. Causeya, if you can answer this quickly, from your experience with the SOAR program—which helps the hardest-to-reach individuals gain access to benefits—do you think we would benefit from a broader nationwide navigator program that would help individuals complete the SSI application process? Be as brief as you can answering that question.

Mr. CAUSEYA. Yes, I do. Right now, for the most part, if a person goes through Social Security and files for an application, the Social Security Administration will gather records, medical records. And medical records do not tell the whole story of a person’s life. And so I think that organizations like mine that can take the time to develop the case and tell the person’s whole story will give the applicant a much better chance at being successful.

Senator BROWN. Thank you, Mr. Causeya.

I want to turn to the Social Security workforce. As one of his first acts, President Biden signed an executive order directing agencies to return to the bargaining table with unions after years of union-busting practices. At the Social Security Administration under Commissioner Saul, this took many forms, including eliminating the option of remote work. According to AFGE, SSA leadership has not returned to the bargaining table yet and has not reopened the 2019 agency employee contract.

Ms. Kim, why has SSA delayed this process after a clear directive to return to the table?

Ms. KIM. So, Senator Brown, we have actually returned to the table. We are bargaining currently over the workplace safety plan, which right now limits our ability to bring employees in beyond 25 percent. Under the workplace safety plan, we are still utilizing maximum telework.

So at the point where we get further White House guidance on our ability to reopen, and we are at a point where we can revisit instituting a telework program, at that point we will be engaging with the union in good-faith negotiations about that.

And I look forward to that. I look forward to that, actually.

Senator BROWN. Thank you for that, Ms. Kim. I expect you to double down on efforts to improve relationships with your employee unions. It is something—throughout the Trump administration, they were dismissive of unions generally. Their politics was that, their behavior was that, their treatment of workers was that.

Another question, though, about the workforce and the time the telework pilot ended months before the pandemic began. Was Mr. Saul working out of Social Security's Woodlawn office personally?

Ms. KIM. Yes, he was.

Senator BROWN. He was working out of the office itself; okay.

Ms. KIM. I'm sorry? At the time the pilot ended? Is that what you are asking, Senator Brown?

Senator BROWN. Yes.

Ms. KIM. Yes, he was.

Senator BROWN. Okay. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Brown. We will be working closely with the subcommittee.

Senator Cassidy?

[No response.]

The CHAIRMAN. Senator Bennet?

[No response.]

The CHAIRMAN. Senator Lankford is next.

Senator LANKFORD. Thank you, Mr. Chairman. I appreciate everyone's testimony; obviously an incredibly difficult season for everyone as we actually walk through the time of the pandemic. No one saw this coming, obviously, and you had a rapid response, as everyone else said, as several of you have testified.

Everyone went home for a couple of weeks and thought this would be a couple of weeks, and now we are a year into it. But there are some lessons learned in this, and I want to make sure I drill down on a couple of these.

Ms. Kim, in your testimony you noted that express interviews were offered at 81 offices. Some of those offices were actually in

Oklahoma. What have you learned from that pilot? What will remain that you have learned from that pilot?

Ms. KIM. So, Senator Lankford, the express interviews are one of the things that we instituted during the pandemic to shorten the time that members of the public are in our field offices. And that is to protect their safety as well as our employees’.

And we have learned the response to that pilot has been overwhelmingly favorable. And we are rolling out express interviews nationwide because of the effectiveness that that process has had in enabling us to process certain transactions more quickly, and to be able to serve our customers in a better way.

Senator LANKFORD. So obviously, people do not want to spend a long time in the office, pandemic or no pandemic. At this point, when we talk about this, this is something you are going to continue to expand on one way or the other, and what is your anticipated timeline for that expansion?

Ms. KIM. We are in the process of expanding now. I would have to add some additional information for the record, if you want a specific timeline, but we are in the process of expanding express interviews to all 1,200 of our field offices.

Senator LANKFORD. If I can just get a follow-up on that from you; I do not need an exact date, but give me generalities on times in a follow-up for the record, that would be helpful. Just so we will know if it is going to take 10 years to implement, or is this going to take 10 months to implement, so we can get a good feel for that.

Ms. KIM. I would be happy to do that.

[The information appears in the appendix on p. 77.]

Senator LANKFORD. So the disability case processing system has had a few questions, as you know well, and the Inspector General has raised some issues. There are some outside third-party groups that have done some audits and have raised some issues.

My State has not fully implemented that yet, based on some of those questions and issues on security. Tell me the status on that, because, obviously, that is a lot of private information that is out there. We want to have a more efficient system that is helpful, but we’ve got to make sure it actually works, and that it is actually secure. So give me an update on it.

Ms. KIM. So in July of last year, Andrew—Commissioner Saul—made the decision to have DCPS as the national case processing system. So since that time, we have been working with each State to transition DCPS to all States.

Currently we have 47 States that are now rolled onto DCPS, and we are continuing to work with those remaining States that are not yet on DCPS. And what we are doing is, we are deploying staff to States like Oklahoma to ensure that they have the support that they need to address the unique questions and concerns and issues arising for those States.

And so I am confident that we are going to be able to transition all States to DCPS in the next year or so.

Senator LANKFORD. Are you confident in the security of the system as well?

Ms. KIM. I am.

Senator LANKFORD. Okay. We will be able to follow up from there, but I appreciate that very much.

There is a lot, again, that we have learned from this time in the pandemic. One thing is how much we have done by remote that we never thought we could do remote. So, as we look forward in the future, are there opportunities, or an examination at least, to be able to look at hiring Social Security employees who may never come into the office, who could work in more remote areas a long way from the office, but could still fulfill those job opportunities?

I am thinking especially of people who work, who are spouses of those who are active duty, who may be transferred every 2 or 3 years to very remote areas of the country on bases and posts. They would like to be able to have a stable job and a place to be able to work.

Are there job listings that you have seen now that say, we have not had this as a permanent remote work task, but we could do this as a remote work task in the future? And so, are you open to listing it that way on USA Jobs and opening it up?

Ms. KIM. So, we have not made any decisions about precisely that type of job listing, but I am open to considering it, because we have learned many lessons during this pandemic, particularly what is truly portable work that could be performed at a location away from the office, as if the person is in the office themselves.

And so I think we have opportunities, as we have identified those workloads that are truly portable, to think about hiring future staff who may not ever set foot in an SSA facility.

Senator LANKFORD. That would be very helpful to be able to have the search capability in any office, because they could work from anywhere, or to be able to increase the number of highly qualified people that you could actually recruit to be able to work with SSA, because you could recruit them from anywhere. So I appreciate that very much.

Thank you.

The CHAIRMAN. Thank you, Senator Lankford.  
Senator Cassidy?

Senator CASSIDY. Thank you, Mr. Chairman. And to tag along with that which Senator Lankford just asked, I know from passports, the material being used was so sensitive it could not leave the office. It had to be processed in the office.

But when the pandemic hit and the office was shut down, there was not an agreement with the unions for people to wear PPE in order to continue to work. And the only people actually processing passports were management. Did that same situation occur in SSA? Because it seems you, as well, would have sensitive information which could not leave the premises.

First, let me start with that.

Ms. KIM. So, I am sorry, Senator Cassidy. Are you asking whether we have protections in place for employees—

Senator CASSIDY. No, whether there was a period of time in which the majority of the employees were unable to come to work because of the pandemic saying that you could not come in, and the union placing restrictions upon the use of PPE to allow these employees to show up, and so therefore there being kind of the pause, if you will, in the processing.

Ms. KIM. We did not encounter that, Senator. At the beginning of the pandemic, and for the first part of the pandemic, the major-

ity, the vast majority of people who were on site, were managers. So they were nonbargaining employees who were on site.

Those were the individuals who were processing the work that came on site, scanning appropriate materials into our system so that our teleworkers could process those workloads. So we did not encounter, I think, the situation that you have described.

And since that time, we have added about 1,000 nonbargaining staff on site to assist with only those workloads that can be performed on site, and we have not encountered that situation.

Senator CASSIDY. So I guess what I am interested in—the 1,000 nonbargaining staff and the managers were presumably safe. You would not endanger them. But nonetheless, those represented by the union, their union would not allow them to come onboard.

First, is that a fair statement? And if so, for how long did the union not allow them to come in?

Ms. KIM. So, even though the union has filed ULPs, unfair labor practices, with the FLRB, and has challenged the agency's decision to allow nonbargaining unit staff on site, we are currently bargaining that post-implementation right now.

So because it is a necessity, the—

Senator CASSIDY. I'm sorry, just a second. Am I to understand that the bargaining employees are still not on site?

Ms. KIM. No. The bargaining employees are on site, Senator. So we have about 1,000—

Senator CASSIDY. For how long did the bargaining employees not show up on site for work?

Ms. KIM. Oh, I see what you are saying. For probably the first 4 months or so of the pandemic, 4 or 5 months.

Senator CASSIDY. And were they able to be fully employed from home? Because I presume you gave them computers, if they did not have them, but some of the material I am sure would be very sensitive. So how many were actually doing work related to processing? And how many were just being paid but not working?

Ms. KIM. So we had some employees who were unable to work from home because they lacked Internet, or they had other issues which prevented them from working. But for the most part, Senator, all of the employees, bargaining unit and nonbargaining, were working successfully from home.

Senator CASSIDY. And "some" is an elastic number. Would "some" be 5 percent, or 45 percent?

Ms. KIM. That changed over the course of the pandemic. We had to work through issues because, initially, there were some employees who just did not have appropriate Internet at home, or no connectivity—

Senator CASSIDY. But do you have any sense of the percent at the outset? And for how long did that percent remain constant and then begin to fall?

Ms. KIM. Yes. We do have percentages, and I can share that for the record.

Senator CASSIDY. But you cannot tell me now?

Ms. KIM. Not off the top of my head, no, Senator.

Senator CASSIDY. I would appreciate that.

With that, I yield back.

The CHAIRMAN. Thank you, Senator Cassidy.

Senator Thune?

Senator THUNE. Thank you, Mr. Chairman.

Ms. Kim, thanks for the work that you and the agency leadership have been doing to ensure that Social Security continues to provide critical customer service during the pandemic. I know that the chairman covered the issue of mailing in sensitive documents at the top of the hearing. I want to echo that I have heard from a number of women in my State who got married during the pandemic and had to mail in multiple documents to change their name.

I am not sure what the chairman was suggesting. He mentioned earlier that this is political. I think it is probably just inconvenient. So I hope the agency will continue to work to expand options, as in-person services are still limited.

On that note, as we have all adapted to this virtual world, I expect there are things about it we can keep in place moving forward. And I also expect that there are folks who are hopeful to be able to resume their business with Social Security in person as things begin to return to normal.

I understand that Social Security's workplace safety plan for field offices provides that the occupancy rate should be no more than 25 percent, and that field offices have been operating well below that rate.

Is that correct?

Ms. KIM. That is correct.

Senator THUNE. So, as vaccines are becoming more widely available, what plans does the agency have to bring employees back safely and increase that capacity to serve customers in person?

Ms. KIM. So, as we have seen the nonportable workloads grow—and by “nonportable” I refer to the number of in-office appointments that we are handling right now—and the volume of mail that we are seeing in our field offices, both have grown significantly over the course of the pandemic.

I am going to start incrementally increasing staff on site well within the workplace safety plan, but we have to increase on-site staffing in order to meet the demands of the public and in order to ensure that we are processing the 1½ million pieces of mail that need to be scanned in, in a timely manner, so that our employees who are working from home can process them.

So, so long as I can do so safely, I plan to incrementally increase staff on site to meet the demand.

Senator THUNE. Thank you, Ms. Kim. I lost you there. I do not know if the cut-out was on my end or your end, but I will try and get that full answer for the record. But I would hope that, as everybody gets vaccinated, you can start getting folks operating again in a normal work environment. Because I just think the customers that you serve are really anxious to be able to get back to where they can contact you in a direct way, as opposed to through all these virtual technologies, which served their purpose during the course of the pandemic, but certainly are not as effective when it comes to taking care of your customers out there as the one-on-one personal experience I think that everybody who comes in to the Federal Government is looking for.

So I encourage you to, as quickly as you can, given the fact, I mean assuming people are vaccinated, begin to get people back into the workplace.

So thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Thune.

Senator Warner?

Senator WARNER. Thank you, Mr. Chairman. I appreciate you holding this hearing.

I want to build upon what my friend, John Thune, was just talking about on how we make sure, Ms. Kim, that we get these offices reopened. And again, I want to thank you for your 30-plus years of public service.

I know you have this OMB rule that says you cannot put more than 25 percent of your personnel back in the office at this point, but I still do not understand why that would preclude at least some level of in-person appointments.

And again, I know this has been a hard, hard time for you and your workforce, but I am getting inundated with constituents who have really heart-breaking stories. I had a constituent named Marie who had a young son, literally a 1-year-old son, who had his Social Security number stolen, and she did not know his Social Security number. Obviously, if they are an adult, they can remember it. So she was told she had to send in all this paperwork, including the original copy of her driver's license, which is just baffling to me. Because she knew if she sent her driver's license in, she had to still drive to work, and if she did not have her driver's license, she was going to get fined.

And when she finally tried to get some response, they said, "Well, you can file an extension on your taxes," but it is causing some real consternation. And I really do hope you will, even working with the OMB restrictions, be willing to get more of these in-person sessions scheduled.

I also want to talk to you about outreach to vulnerable communities. I know the number of SSI applicants during the pandemic went down, but I am really afraid about where we are going to go from here.

What kind of outreach are you going to be able to do? Because my understanding is that of the couple of million people eligible, you only sent out 200,000 notices of this eligibility. It feels like, even with the COVID restrictions, you have a lot of vulnerable populations that are not being told about what they can benefit from.

Can you talk about this outreach to vulnerable populations?

Ms. KIM. Absolutely, Senator Warner. So this is one area that I have been very, very proud of, considering our limitation in the number of people that we can see in our field offices.

So, over the course of the pandemic, and as I laid out in my testimony, we have engaged in unprecedented partnerships with national and community-based advocacy organizations. And these organizations and advocates represent and serve the most vulnerable populations.

And I characterize our effort as unprecedented because of the breadth and the number of groups with which we have partnered, and the scope and number of initiatives that we are currently working on with these partners. And these initiatives encompass a

number of areas of broad-based national and local campaigns to educate the public about how to reach us, the kinds of benefits that are available. As I mentioned earlier, we are establishing SSA points of contact in every area where we have a field office. And those points of contacts are working directly with organizations to help those organizations file SSI claims on behalf of those they serve and get those claims to SSA, or to help those organizations access other types of services for their clients and customers.

We are also developing training tools and videos for these organizations, as well as for the public, and anyone who might be able to assist another person in filing an SSI application or any other kind of claim. And the 200,000 mailers that you mentioned, we are about ready to start that mailer for an additional 1.2 million individuals in June.

So we are going to be reaching out to an additional 1.2 million individuals who might be eligible for SSI, and invite them to apply for SSI if they think they meet the requirements.

And then as I also mentioned—

Senator WARNER. Ms. Kim, I think the chairman wants to move to the next, but I will follow up with you, because I appreciate that 200,000 have been sent out, but 2 million are eligible. But I will follow up.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you. An important point, Senator Warner. Next is Senator Daines.

Senator DAINES. Mr. Chairman, thank you. In particular I want to thank Ms. Murphy for taking the time to join us from Great Falls, MT. My mom saw her first rodeo when she was 4 years old in Great Falls, so, a lot of family members in that part of our State.

I want to start by commending the leadership and the workforce of the Social Security Administration for their hard work over the past difficult 14 months. They were tough times, and I think the SSA really did step up to the plate.

Social Security is really relevant, it is truly relevant and important to Montanans, and that is why I care deeply to ensure that benefits are accessible and service delivery is smooth. In fact, when we look at the State of Montana, we are actually one of the oldest States west of the Mississippi. In fact, we are among the top 10 oldest in the country. So this is a very important issue in many ways for the people of Montana.

One thing I have heard from my constituents is that they would prefer to have the ability to sit down in person with a Social Security staff member. They tell me it is just not the same to talk to somebody over the phone.

Coincidentally in fact, I heard this exact concern just last week from a constituent in Great Falls, MT, and I think it does make sense from a service delivery perspective to have Social Security's workforce safely returned to the workplace as soon as possible.

Ms. Murphy, again, thanks for joining us from Montana. Have you heard any similar stories from Social Security beneficiaries in Great Falls? And would you say that Social Security Administration employees would like to be back in the office as well?

Ms. MURPHY. Thank you, Senator Daines. I am happy to be here, and happy to be in the State of Montana. And I would like to tell



you, in Montana and in my service area, I have four offices. And our customers are probably a good representation of customers all across the United States.

They like service delivery options. And so I have some folks who say, "Yes, I want to sit down and have a face-to-face." I have others who are very happy and say, "Oh, I do not have to come in? Great. I am happy to do this over the phone."

So I think the key in Montana and every other State is that we have options for customers. And that is face-to-face service. That is on the phones. That is online. And it is also video service delivery. And in my oral testimony, I said that we have video service delivery, especially in rural areas. The four reservations are in my service area. We have video service delivery at every IHS clinic there.

And so, that means folks do not have to travel. They love having that video service delivery option, because a customer in the IHS clinic can directly see one of my employees in my office. The problem with that is, the IHS clinics have also been closed, so customers cannot come in there to have that service delivery channel.

So I would say the most important thing is having all of the options. And that is what we want to advocate for. However people want to do business with us, should be the option that they have to do business with us. And that includes face-to-face.

And as far as employees coming back, I think that is a mixed bag. We were very, very nimble in being able to go to telework, more than we actually expected. My employees, particularly in Great Falls, MT, Havre, and Glasgow, were not excited to be teleworkers. Now they love it. So we have to balance that as well.

The work that makes sense to do teleworking, great. The work that makes sense to do in the office, we want our employees back in the office as well.

Senator DAINES. Ms. Murphy, thank you. It is refreshing to hear your focus on the customer in terms of their needs and the multi-channel approach you apply towards customer service. Thank you.

Ms. Kim, I know you have touched multiple times on Social Security's plan to return to normal operations, but could you talk about the back-to-work plan that takes into account the regional—the regional—differences?

Ms. KIM. So currently, as I mentioned, we are still operating under our current workplace safety plan. So we are limited in the numbers of individuals that we can bring on site, and I want to make sure that anyone we do bring on site will be safe.

So those plans to bring additional employees on within the parameters of our current workplace safety plan are really going to be dependent on where the workload need is. So the way we are—the way I am handling how we will be staffing up is really looking to my regional Commissioners. They are the primary executives in every region, and they are working with their area directors—

Senator DAINES. I am running out of time. Thank you. You answered my question.

Squeezing in one last question, we hear a lot about scams targeting seniors. We hear news reports from Great Falls and elsewhere in Montana of scammers using local numbers to target the elderly. These scammers are pretending to be Social Security em-

ployees in an attempt to get seniors to hand over their Social Security numbers.

Ms. Murphy, have you seen an uptick in Great Falls and other parts of Montana, during the pandemic, of these kind of scams?

Ms. MURPHY. Yes, Senator, we definitely have. And how we have been combating that is just basically by communication. Any person who calls us, we routinely are letting folks know, do not give your Social Security number out to anybody who calls. We will not ask you for your Social Security number. They have gotten more and more clever. They are using actual, it looks like a local phone number, and saying that they are the Social Security Administration.

In my particular area in Montana, we also go the extra step to say the best way to spread the news is to tell somebody else. So tell your neighbors, tell your friends, tell your relatives: do not take any calls from these scammers. Do not give out your Social Security number. And if Social Security calls you, it is because you asked us to call you.

So sometimes it is just spreading that message.

Senator DAINES. Thanks, Ms. Murphy. You just made a public service announcement for us. Thank you.

Thanks, Mr. Chairman.

The CHAIRMAN. That is very important. Thank you.

Senator Whitehouse is next.

[No response.]

The CHAIRMAN. And then Senator Young.

[No response.]

The CHAIRMAN. And then Senator Hassan.

[Pause.]

The CHAIRMAN. Senator Hassan?

Senator HASSAN. Thank you very much, Mr. Chair, and thank you, Ranking Member Crapo, for holding this hearing. And thanks to the witnesses for being here to discuss this important topic. Social Security programs certainly serve as a lifeline to our most vulnerable citizens, and we have to ensure that these programs are accessible.

I want to start with a question to you, Deputy Commissioner Kim. A year ago, I helped lead efforts to ensure that Social Security recipients automatically received Economic Impact Payments. Unfortunately, Social Security beneficiaries did not receive their latest automatic payment until more than a month after the American Rescue Plan was signed. I have also heard from constituents who have still not received their automatic payment.

Deputy Commissioner Kim, how is the Social Security Administration working with the IRS to ensure that Economic Impact Payments reach beneficiaries who should have automatically received their payments but have not?

Ms. KIM. So, Senator, the Commissioner is working directly with the IRS to ensure that SSI beneficiaries and recipients are automatically receiving their Economic Impact Payments. And it is something that the Commissioner has done with every Economic Impact Payment. We have shared information with the IRS to enable them to send the payments to our beneficiaries and SSI recipients.

And, as we have done with the other Economic Impact Payments, we are providing information to our beneficiaries and recipients on our website. We are working through our advocate groups to share information about how they can get their questions answered about these Economic Impact Payments. And so, we are doing everything that we can to ensure that our beneficiaries and recipients will receive those payments automatically.

Senator HASSAN. Thank you. I appreciate that. I will urge you to keep trying to be as creative as you can be, and innovate there, because people really do need these Economic Impact Payments, and they are still having difficulty getting them automatically. So I look forward to continuing working with you and your agency on it.

I want to turn to Ms. Murphy, to an issue that the chairman talked about at the top of this hearing with the Deputy Commissioner. Ms. Murphy, New Hampshire is one of five States where residents cannot request a replacement Social Security card online.

Over the last year, with Social Security field offices closed for in-person services, my office heard from a number of constituents who sought to replace their Social Security cards and were directed to complete the process through the mail. It included mailing in driver's licenses, leaving individuals without their IDs for long periods of time.

In March 2021, the Social Security Administration permitted individuals to use other forms of identification to meet this requirement, but they still required identification documents to be mailed.

Ms. Murphy, how do you think the Social Security Administration can streamline this process, as field offices remain closed for most appointments, and make this process more accessible going forward?

Ms. MURPHY. Thank you for that question, Senator.

Definitely, that has been one of our biggest challenges during the pandemic, is folks who would normally come into the office to take care of a simple transaction not having that opportunity. And moving forward, I would like to see that we do streamline that process, be it data exchange, so that we have opportunities to verify people's documents.

Sometimes—this has caused us to really re-look at our policies and say, "Why do we have to have this document?" So I think we have done a good job of being flexible during this pandemic. And what I am really hoping—and I know Grace is too—is that we will be able to realize some of these things that we have had to put in place temporarily that really make sense, so that we can serve our customers in the way that is easiest for them.

And the change in the policy for secondary evidence has really made a huge difference for the constituents in my area, and across the Nation, because it is easier to get one of those documents and part with it than is a driver's license.

Senator HASSAN. Well, thank you for that. And I thank you for your service and your work, and we really should just be focusing on our customers, our citizens.

So I have one more question for the Deputy Commissioner. On Tuesday, I led an oversight hearing where we discussed the Federal Government's use of outdated legacy IT systems. The Social

Security Administration's reliance on legacy IT and paper-based systems hurts the American people's ability to access benefits, increases security threats to the agency, and creates more opportunities for waste, fraud, and abuse, costing taxpayers money.

So, Ms. Kim, how will you work with the Chief Information Officer at the Social Security Administration to execute the agency's modernization plans to these systems? And when can we expect the agency to fully dispose of its legacy IT platform?

Ms. KIM. So that is an excellent question, Senator. And Operations is working hand-in-glove with Systems, as well as other components that all have a stake in the IT modernization effort underway with SSA. It is why it is so important that there continues to be investment in SSA's IT modernization, because for my employees especially—and this is something that we have learned and that was highlighted during the pandemic—we do not have end-to-end systems that allow a customer to seek to do business with us, and that let our employees be able to, from end to end, process that transaction seamlessly.

Instead, the pandemic highlighted the number of workarounds and stops and starts that we have because of the use of our legacy system. I do not have an end date yet for when all legacy systems will be eliminated, but we are making headway every day on our IT modernization plan. And I am very, very excited for the opportunity that modernizing our systems will bring Operations and all front-line employees.

Senator HASSAN. Well, thank you very much. And thank you, Mr. Chair, for your indulgence in letting us go over time.

The CHAIRMAN. A very important question.

Senator HASSAN. It is very important. Thank you.

The CHAIRMAN. Thank you, Senator Hassan, and for your good work.

We are now waiting for several Senators who would like to ask questions. There is Senator Whitehouse. Very good. And I am going to run and go vote, and we have several other Senators who are going to ask questions, and then I want to make sure we wrap up with clear instructions about what needs to be done going forward.

Senator Whitehouse? And thank you, Senator Crapo; we will go back and forth and keep this going.

Senator Whitehouse?

Senator WHITEHOUSE. Thank you.

I share the concerns of many of my colleagues who have heard from our constituents about a variety of problems that have followed from the transition to pandemic-safe remote work by Social Security. I appreciate the effort that you all have gone through to keep your employees safe, but it has had these effects. And the quicker they can be resolved, the better.

Two questions. One is, where are we on finding other ways to have access to people's personal documentation, like passports, for identity verification? Because people get spooked when they have to put their passport physically in the mail. Have we solved that?

Ms. KIM. Senator, I'm sorry, I needed to get off mute. Senator, what we are doing during the pandemic is allowing for individuals to use secondary evidence to verify their identity. The fact of the matter is, there are certain types of transactions, Social Security

number transactions, that require us to look at primary forms of identity, and to meet with individuals in person. That is a regulatory requirement.

Senator WHITEHOUSE. Have you adapted that for Zoom? I mean, we are adapting everything for Zoom. This hearing is being done for Zoom. If you have somebody in front of you and they can show you, wave their passport at you, it seems to me that there are ways to make that work.

Ms. KIM. There are. There are certain types of Social Security cards where we are able to successfully use video to verify someone's identity that way. But those are really no-change replacement cards.

But for original cards and other types of Social Security cards, the law does require us to verify primary forms of identity proofs, and also to interview the person in person. So—

Senator WHITEHOUSE. Can we change that legislatively? Or is the clock going to run out as you come back to work, so that this is a problem whose horizon is close enough that we do not need to take action?

Ms. KIM. So we are currently looking at that very issue internally, Senator. And I hope that we will have an opportunity to revisit the legal requirements for what we need to do to process the Social Security card.

But for purposes of the pandemic, we have tried to alleviate the burden on the public by allowing for secondary forms of evidence, or identity proofs, that do not require someone giving up their passport or their driver's license.

So, in appropriate circumstances, individuals can use certified medical records or other forms of proof to verify their identity.

Senator WHITEHOUSE. Well, I would encourage you to try to get an answer to us within the window that the chairman is going to provide for questions for the record as to what you are going to need. Because we do not want to be in a situation where, because we are not getting a timely answer from Social Security, we end up not taking action that we could probably do with a huge bipartisan, instantaneous, almost unanimous consent on the Senate floor, and then we find out in fact this is a problem that is going to endure for several months and continue to bedevil our constituents.

So I think, if Ranking Member Crapo and Chairman Wyden could get a clear signal from you within the QFR time about what is needed, we can then respond appropriately and not have people caught in this quagmire of indecision.

A separate question for Ms. McGuinness. Just over half of Social Security Disability applications have been submitted online in 2020. Is there a way—what do you recommend—is there anything we should do to be able to make electronic submission of Social Security Disability applications more prevalent?

Ms. MCGUINNESS. I think it is really important to try to understand the beneficiaries' needs. There may be some beneficiaries for whom you will never move them online. There may be some beneficiaries for whom if the process were more straightforward, it would be easier to move online. And I think a close look at the

trends in the pandemic would be the first step in trying to up the number of folks.

Second is, we found in other benefit delivery experiments that complex online processing can be beaten by paper. So you may be driving people to in-person assistance because of the complexity of some online systems. So I think a closer look, really testing with folks you are serving, understanding what the feeling is of people to be able to move online—I suspect some of the Social Security population, as we have heard, really does need to go into the office. But trying to maximize the efficiency of folks who do not is going to be the first step.

Senator WHITEHOUSE. Well, you could, I think, help us if you could make a recommendation, again in the QFR window of this hearing. Treat it as a question for the record from me, if you must, and see if you can make a recommendation that is simple and clear and obvious enough that it would be amenable to unanimous consent by the Senate to work our way through this problem.

I know there are going to be some complexities and some difficulties, but to the extent you can follow the KISS—keep it simple, you-know-what—rule and give us a recommendation, I think we would be in a position to act on it.

Thank you all very much.

Senator CRAPO. Thank you, Senator Whitehouse.

Next is Senator Warren.

Senator WARREN. Thank you very much.

When the pandemic hit and Social Security offices across the country had to close their doors, millions of Americans faced delay in receiving their benefits, or they were unable to apply for benefits at all. And this is particularly the case for some of our most vulnerable Americans who depend on the Supplemental Security Income program, or SSI. SSI is the part of Social Security that serves as a lifeline for low-income seniors and people with severe disabilities, people who otherwise would have little or no income to live on.

So SSI is really about survival. And it helps keep more than 8 million people, including a million children, afloat. But the program has been neglected for decades now. And it is not providing beneficiaries with the economic security they need.

Mr. Causeya, you have helped hundreds of people in your community access SSI. Let me just get your opinion on this. Is the program doing enough to provide adequate support for people with disabilities, and seniors with very low incomes?

Mr. CAUSEYA. They are doing, I guess, what they can under the circumstances, but it is not—I would not say it is adequate. There are hundreds of people who need basic assistance that they are not able to get right now through SSI benefits.

Senator WARREN. Well, thank you. You know, we need to improve SSI so that Americans who are most in need have access to this support. And that is why I have called for increasing SSI benefits to at least the Federal poverty line, eliminating the asset limits that prevent beneficiaries from saving for the future, and ending the rules that force people to choose between their benefits and marrying the person they love.

Now, President Biden also supports many of these reforms, and I joined several of my colleagues, including Senator Brown and

Chair Wyden, in urging him to include them in the American Families Plan. Congress should make good on the President's promises and strengthen SSI now.

Mr. Causeya, let me just ask you, would these SSI reforms—increasing benefits, eliminating asset limits, ending outdated rules—would they meaningfully change the lives of the vulnerable Americans that you work with every day?

Mr. CAUSEYA. Absolutely. Absolutely. We have clients who comment about how being on benefits has changed their lives, has increased their hope in their lives.

We have counselors who work with these people with severe and persistent mental illness all day, every day, and one of them wrote to us to say that they cannot tell us enough about how much of a change is made in people's lives when they have a stable income. They go from being very stuck and really struggling, to quickly making immense progress. Not only that, you know, it opens doors for people who are living on the street or who are at risk of being put out on the street, who are in shelters and transitional housing units, that are probably on a short-term grant for housing.

So SSI is immense when it comes to improving the quality of lives.

Senator WARREN. Well, thank you. Thank you for the work you do, and thank you for your up-close and personal testimony about this.

We need to strengthen SSI, but we also need to make sure that people have the help they need to access SSI and other benefits. SSI applications and awards have been at historic lows during the pandemic, a time when the program should have been helping more people, not fewer.

Field office closings are one of the reasons, but another is decades of disinvestment in the Social Security Administration. Congress has starved the agency of funding for years. And its operating budget is now 12 percent smaller than it was a decade ago, even though the number of beneficiaries is up by 21 percent.

Ms. McGuinness, I am running out of time, but can you just say very quickly what have been the consequences of this disinvestment in SSA on low-income seniors, people with disabilities, and other people who rely on benefits?

Ms. MCGUINNESS. Senator Warren, the consequences of disinvestment are real and formidable. Low-income families go without food. They are forced to move, and they scrimp on life-saving medications. It is really clear that improving the process is necessary, but funding the fundamentals is essential. And State and Federal agencies must have the basics. It does not matter if the form is useful if there is no one there to pick up the phone.

Senator WARREN. Thank you. And thank you for your work.

You know, for people with disabilities who rely on SSI to get by, these investments in our safety net are long overdue. We need to make it easier for people to access the benefits they desperately need, and we need to rewrite the rules of SSI so that recipients have a fighting chance at building some real economic security for themselves.

President Biden should do this today.

So thank you, Mr. Chairman. Thank you for having this hearing.

Senator CRAPO. Thank you, Senator Warren. And I am waiting right now for Senator Wyden to return. We have a number of Senators still on the list, but we are also in a vote. Actually, we are in the process of four consecutive votes, and we expect that that may cause a number of our Senators to be unable to return.

Are there any Senators who have not had an opportunity to ask their questions who are with us?

[No response.]

Senator CRAPO. All right; seeing that there are none, I am going to recess the hearing. I apologize for the delay to each of our witnesses, but I am going to recess our hearing temporarily while we wait for either one of our Senators to get back, or for the chairman to return and make the determination as to whether we should wrap the hearing up.

So at this point in time, we will be in recess.

[A brief recess is taken.]

Senator CRAPO. Mr. Chairman, this is Senator Crapo. I see that you have returned. I have put the hearing into recess awaiting your return, and so I think that if you are ready to begin again, you will just need to bring us back into order.

The CHAIRMAN. You are ever gracious, Senator Crapo, and I thank you. I have one additional question, and then a short closer, and we will wrap up.

Senator Crapo, do you have any additional questions you would like to ask?

Senator CRAPO. No, I do not.

The CHAIRMAN. Okay.

Mr. Causeya, thank you again for your good work and all you do to help the vulnerable in Portland. We have met so many times with Central City over the years. We are very appreciative.

I would be interested in hearing what would be the major changes you would like to see at Social Security that could be helpful to your folks who come to Central City. I know that you really made the point about the acronyms and all the government lingo and the like that is just kind of a blizzard of verbiage for people. Are there other things that you think would be particularly helpful for the folks you see at Central City?

Mr. CAUSEYA. Yes; thanks for asking. I think that if the field offices could dedicate more time or more access for their claims reps with community partners, or people who are helping others, the non-attorney or attorney reps who are helping people file for Social Security, that would go a long way. Because like my organization, for example, we do our best to maintain contact with our clients. We go out in the streets and find them. We gather all the information that we need if Social Security has a request of them, and we do our best to ensure that that information gets to Social Security. That is one thing.

I think there could possibly be kiosks in places where homeless populations frequent. That would be very helpful too. I mean, maybe there is a lot that might not be able to be done, but at the very least it could be a phone-in time for a scheduled phone call with the rep at Social Security to get your question answered, rather than having to wait on the phone for 40 minutes to an hour, or



even longer, and then take the risk of, after you have been waiting for a while, getting hung up on because of technical issues.

I think that making the Social Security application different, making it easier, would be a great help. We have a lot of people whom we serve who start the application process on their own because of the time it takes for us to get to them. So it would be great if they did not make so many errors in filing the application by not understanding what SSA is asking of them. And really a more flexible call-in time, more time for the public to actually reach out to Social Security.

And I am not sure—I know that there are a lot of organizations that have been working face to face with people, like our clinics, or most clinics. They use plexiglass when they are having face-to-face interactions with clients. That is possibly something that Social Security could look into.

So I just think that during this time—and we are looking at new ways to move forward during the pandemic, and possibly after the pandemic. I guess my major point would be that Social Security could engage more with community organizations that are helping people file for Social Security Disability.

The CHAIRMAN. Thank you very much. And we just appreciate all your good work, and getting up early to make this important testimony.

Ms. Kim, what kind of wrap-up do we have, kind of a game plan here going forward? Because we know that you are here testifying on behalf of the agency, but there are many parts of the agency that are involved in these issues.

First, I believe that it is critically important to end this requirement that some people have to produce the original documents like driver's licenses in the mail to start this process of securing their benefits. And I will tell you, listening to my colleagues today, one Senator after another brought this up.

This requirement is just a prescription for bedlam and making lives increasingly difficult, when I know that is not your intent. You have been a professional there in the field for a long time, and I know you care deeply about people.

So my first request is, I would like a detailed plan, whether it is a tech fix—and it occurred to me, and I do a lot of privacy work, that you have to be scrupulous about protecting people's privacy. But it would seem to me that there are some questions with respect to whether you could get this data from the DMV in a way that protects people's privacy. But you know, the point is, we need a detailed plan with respect to how this is going to get done.

Is it tech? Is it appropriations? Is it legislation? But this just is not right, period, full stop. So I would like to set a 2-week deadline to get from you what your plan is to not force vulnerable people to be sending hither and yon their driver's licenses and these original documents, because this is just unacceptable to me.

Can we agree that we will get a plan within 2 weeks on how this is going to end?

Ms. KIM. Yes; we will get you something, Senator.

The CHAIRMAN. Very good. Thank you.

Second, I think we already talked about the targeted outreach letters, and you indicated that you would get us the results of the

letters and what you all are doing on that as well. Is that still acceptable to you?

Ms. KIM. Yes. And I just want to reiterate we are going to start reaching out to the 1.2 million. We are sending out letters to them.

The CHAIRMAN. Very good. Well, why don't you get us in writing what we discussed earlier: you know, the plan for using the data. And you touched on a number of things. I was trying to keep track of them, and I did not get them all. And so it would be helpful to do that as well.

And then the third area that Senators were talking about is this 23-page application process where you have to get people through all of this verbiage and the like. And I think it was you, Ms. McGuinness, who was touching on some of the forms and trying them out on people before you went ahead, and the like.

It would seem to me possibly there is a Kim-McGuinness alliance here that could figure out how we could get the process simplified there as well. Why don't we say, for purposes of that, Ms. Kim, how about over the next month you put together for the Finance Committee a plan on how we can reduce the size of all that. And I suspect Ms. McGuinness could be conscripted into working with you on all that. But again, it just seems that it cries out for simplification. Okay? All right.

Those are the three follow-up requests, Ms. Kim, and we thank you for being here.

And let me again note my respect for—I believe you have been at the agency for 30 years?

Ms. KIM. That is correct; 33 to be exact.

The CHAIRMAN. That is a long run of public service. And we say to you and to the many employees at Social Security, this has been obviously a year like none other. Back in the days before I was an elected official, I was co-director of the Gray Panthers. I ran the senior citizens law service. And I saw so many dedicated people who work at Social Security, and I think our challenge is that the kinds of issues we need follow-up on are not necessarily going to involve decisions that they make every single day. But we want their input. We want their ideas, and we want to get results for people who are walking an economic tightrope every day in America.

So I want to thank our witnesses for their patience. And the information and questions for the record need to be submitted by the close of business on the 6th of May, a week from today.

We thank our witnesses and all the Senators for their helpful questions. And with that, the Finance Committee is adjourned.

[Whereupon, at 12:24 p.m., the hearing was concluded.]

# APPENDIX

## ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

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PREPARED STATEMENT OF KASCADARE CAUSEYA, PROGRAM MANAGER,  
CENTRAL CITY CONCERN

Chairman Wyden, Ranking Member Crapo, and members of the committee, hello, my name is Kascadare Causeya. I am the program manager for the Benefits and Entitlements Specialist Team (BEST) for Central City Concern, on the board of directors for New Narrative (formerly LukeDorf), and a member on SOAR's National Experts Panel; all organizations serving people experiencing poverty and homelessness. I have been working for Central City Concern and those suffering from severe medical and/or mental health conditions since 2008.

I want to thank Chairman Wyden and this committee for the invitation to present here today, on this topic which impacts many people struggling with homelessness, and those at risk of homelessness, who suffer from severe and persistent conditions. I want to also say that although I will be addressing some of the issues caused by the closure of SSA offices, I have the utmost respect for those within SSA. They are tasked every day, for much of the day, with reading about, listening to and witnessing the pain and suffering that their fellow Americans endure; and so you know, that can, and does take a toll on you, many times in ways you don't even realize. However, for all of us serving that population, it is our passion to help others that gets us out of bed each morning and takes us to the place where we can assist those needing our help. In the work that my team does, we have been using the SOAR model for developing and filing our claims to SSA since BEST (Benefits and Entitlements Specialist Team) began in 2008. SOAR, a national project funded by the Substance Abuse and Mental Health Services Administration, was designed to help increase access for SSI/SSDI for people with severe conditions that could not go through the SSA disability process on their own. It teaches social service and mental health providers how to help their clients submit a completed SSA applications, complete with records, testimonies and other supporting documents that show the claimant's difficulties functioning.

Since March of 2020, the barriers for those needing Social Security benefits have increased in various ways.

(1) Applicants can't just walk in to the field offices, and a pre-arranged appointment is hard to get. This means people have trouble getting help understanding the nuances of going through the disability process: for example, a woman new to homelessness listening to the myths about SSA and disability, suffering from the residual effects of a severe bipolar decompensation, being so disorganized and afraid that she slept on the sidewalks during the day and began using meth to stay awake at night for fear of getting harmed. She is going to struggle until she finds help.

(2) That even for those who have access to the various forms of technology needed to complete the application process, there has been an increase in the time demands on the claimant for completing the process, such as technical issues and dropped calls. This is hard for people: an example is a young woman who graduated *cum laude* from one of the major universities in the land, but suffered from severe depression since her teen years, and underwent over 30 electroconvulsive therapy (ECT) treatments, resulting in a significant loss of IQ points and extreme labile moods, and no longer has the ability to be patient or struggle to complete tasks.

(3) For those without the necessary technology and understanding to begin and complete the process, there is limited or no access to SSA staff and information that could help them complete applications and the various other tasks requested of

them: we helped a person with an intellectual disability who was estranged from his family and choosing to live on the streets rather than admit to his family he just couldn't understand things, which was a lifelong embarrassment for him.

Also it should be recognized that many in these categories will be applying for SSI, and there is only a PDF application for SSI (which requires printing it out to complete) this creates another barrier because most people are not familiar with the SSA disability process and don't know the difference between SSI and SSDI. And people might not always have a working phone number, a mailing address, a printer or a way to check mail if Social Security tries to get in touch. Also if a person doesn't have enough earned income credits the online SSDI application will be denied, and for many without the knowledge of the disability process, believe that denial is for SSI as well.

(4) For those whose conditions prevent them from being mentally and physically capable to respond to SSA requests, the closures of the field offices can cause many to fall through the cracks, such as a man in advanced years suffering from metastasized cancer and having one leg amputated, but continuing to work albeit in a supported employment role, not knowing the option of claiming early retirement benefits while applying for disability.

(5) Increased hopelessness and feelings of apathy for those attempting to become more self-sufficient, like an older gentleman suffering from a multitude of conditions, who had been falling through social service cracks for decades, losing trust in systems, that his life will ever have meaning and even losing trust in those who attempt to help him.

Fortunately, the people I have described here were the lucky ones because they were able to get help from BEST, but there are so many more that can't get access to my program, and are just as ill and vulnerable. Unfortunately our capacity is limited and we can only accept referrals from approved sources within our community. People referred are screened by the referral source, then screened by us to see if they meet our criteria for acceptance into the program.

Although these issues exist in all homeless communities, it is particularly true for blacks, Native Americans, and Latinx communities, who disproportionately experience homelessness at higher rates, compared to their white counterparts.

A few statistics from my program related to years prior to the pandemic, compared to during the pandemic:

For the 3 years prior to March 2020 (2017–2019).

We averaged 806 referrals a year.

Time to an SSA decision was 79 days.

Since March 2020.

We received 673 referrals.

Time to an SSA decision is 110 days.

I know that a small program serving some of the community doesn't compare with all of those being served by SSA, but I share these numbers to show the impact office closures to walk-in clients has had. SSA closures can be expected to result in a significant impact to the wider community as well. National numbers reflect this local trend—applications are down approximately 15 percent and awards for people with disabilities are at their lowest rate in 20 years. In Oregon, the average number of initial disability claims from 2017–2019 was 2202 a month; in 2020 it was 1907. That's a 13.4-percent drop. And even as applications went down, the number of people waiting for an initial decision went up 48.4 percent in Oregon comparing 2020 to the 3 years before it. SSI-only claims dropped even faster and the backlog rose an even greater percentage. When you consider the initial and reconsideration levels together, 139 more low-income, low-asset Oregonians received favorable disability determinations for SSI each month in 2017–2019 than in 2020. That's 139 children and adults every single month of 2020—we don't have the 2021 data yet. And Oregon is just one State.

National numbers reflect this local trend.

Many people suffering from severe and persistent conditions have nothing in the way of resources to help them survive. Many have a work history but their conditions have persisted for years and in some cases decades, so by the time they can qualify for disability benefits, they are completely dependent on these funds. The

\$794 a month they get from SSI is still below the Federal poverty level, but can open housing doors, offer the ability to get from place to place using public transportation for things like primary care appointments and counseling, can offer them some hope for the future, and allow them to set their own level of self-sufficiency and quality of life, that previously wasn't available to them. These benefits are needed, appreciated, and life-changing. We often have people comment how this has changed their lives, saved their lives, and we get to see them with a new sense of hope. A counselor at Central City Concern, who works daily with those with severe and persistent mental illness wrote to us: "I cannot tell you enough how much of a change it makes for people to have secure income, it is often the thing that gets people from being very stuck and really struggling to really quickly making immense progress and improvement."

So here are some possible solutions:

- Safely re-open field offices for drop-in appointments. Many clinics are and have been doing this for many months now.
- Simplify the SSI application and make it more accessible. Many people struggle with SSA terminology and understanding what to the trained person seems a simple question.
- The current My Social Security electronic access is too complicated for most people, and requires an email address that not everyone has or can remember passwords to. People should be able to access SSA services with their SSN, even if all they can do is schedule a phone call. Please remember that wait times can be very difficult on a person with severe mental health issues. A remedy for this might be kiosks that are located in places like grocery stores, libraries, homeless resource centers, etc., kiosks located in places where people in poverty and without homes frequent, these would provide a viable option to walking into the local branch. For those with phones, symptoms of mental illness are barriers to having the ability to sit on hold and be hung up on multiple times when calling the general line. People also don't have phone minutes to wait on a 40-minute hold period. People need something between the My Social Security site and the option of walking in the office. This could also be a resource for SSA communicating with people for things like replacement SS cards, reporting additional income, benefit verification letters (often needed for housing), and other services the field offices provide. Communication between SSA and the public is an absolute necessity; it was time consuming before the pandemic, and now it's become prohibitive for many.
- More funding for nonprofit organizations to help vulnerable people to apply for SSI/SSDI through SOAR. Many people who need SSI will not be able to get through the complex form on their own. There is and will be a backlog of cases this year, due to the delays resulting from the pandemic.
- More flexible and scheduled call in times for the public.
- More access to reliable community based mailing addresses so people have a place that will receive and hold their mail for them.

In the Portland area, SSA has established the Auburn/WSU (Work Support Unit). Many of the disability claims that go to that unit are for people over age 62 and eligible for early retirement benefits, which they could receive while a decision on their disability claim was pending, but because of not being able to communicate directly with staff there, claimants are not able to make an informed decision based on the details of their claim. It would be very helpful if this and other SSA offices were to commit resources to increasing claimants' and their representatives' accessibility to SSA staff; especially since the representatives are doing the work to maintain contact as well as walk these very vulnerable people through the complicated process of applying for disability and other needed resources they may be entitled to.

Another challenge is SSA's tendency now to move away from checks, encouraging claimants to choose direct deposit or Direct Express, or a third-party debit card. Unfortunately, many don't have bank accounts for various reasons, and it's difficult to communicate with customer service staff if they have Direct Express or a third party debit card. Many people suffering from severe mental health issues often do not have the best memories and need help figuring out what they need to do: like a homeless gentleman we had as a client, so disorganized that he couldn't keep track of his important documents, wallet, phone or keys. Remembering his current and past addresses was also a problem which resulted in the inability to prove his

identity to the staff at Direct Express so they would help him. It's understood that many of these measures are in place to protect the claimant, but they rely on the person having adequate memory and a certain level of organization.

The COVID pandemic has caused us to rethink how we can do what needs to be done, and what the new normal will look like. Let's consider making things a little easier for those whose abilities are a little more challenged than ours.

Thank you for listening to my testimony today. I look forward to answering any questions you may have.

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QUESTIONS SUBMITTED FOR THE RECORD TO KASCADARE CAUSEYA

QUESTIONS SUBMITTED BY HON. RON WYDEN

*Question.* What is the BEST program, Central City Concern and the community doing to address the barriers faced by SSA field office closures?

*Answer.* We remind community partners and clients that the SSA disability process is slow during the best of times, and to expect an even longer process now that we are in a pandemic.

We have created interview rooms complete with phones, computers, and webcams so that clients who can get to our office can have privacy for their appointments with SSA and treating sources. We have also gone to three party calls with SSA for those with cell phones and who can find a private place to talk. Many programs are handing out cell phones, unfortunately our benefits programs doesn't have the budget for this.

We have tried to increase involving community partners in the process for getting documents signed, helping their clients with a private place with a phone for interviews with BEST and SSA. Many outreach workers are considered essential during the pandemic and in more and more instances we are relying on them to help us maintain contact with clients who are living on the streets without a means to be contacted.

We are asking primary care clinics to put flags in patient's files for them to reach out to us when we or SSA need additional information.

We have relied heavily on using the US postal system for getting documents signed by clients and to SSA.

We are keeping clients files open longer than we should once their benefits have been awarded and are flowing, in case there are payment or payee issues post eligibility.

*Question.* Two practical ideas stand out from your testimony. You mentioned the struggle people have contacting SSA by phone and suggest "people should be able to access SSA services with their SSN, even if all they can do is schedule a phone call," and later you state, "people need something between the My Social Security website and the option of walking in the office."

Can you tell the committee more about what you have in mind for this new communication option?

*Answer.* When a person walks into a field office, they have to sign in using a kiosk which notifies claims representative they are in the office and ready to be seen. Our idea is that if we could place kiosks in various places throughout the community, people needing help from SSA could use them to schedule phone calls at a specific time with a specific representative; they could use them to check the status of claims or requested information; use them to document income; and use them to get the SSA address, email address or fax number to submit documents. This would cut down on call wait times as well as in some rudimentary way could let the person know that SSA needs something from them, as well as let SSA know what the person needs something from it (we would hope that these kiosks would be a little more interactive than those if the field offices). They could be used much like "chat with an operator" features when visiting various sites for information and technical help.

Simplify the SSI application and put it online just as the SSDI application is. Also use common language instead of SSA terminology, or offer a help screen where people can look-up the terms.

Simplify My SSA log-in and navigation. Consider that many of the people using it will have mental health issues as well as limited computer skills. Many will have intellectual barriers, and struggle with normal activities in life. Understanding and going through the SSA process is beyond their ability to understand it.

Have SSA and DDS develop more work flows and grant more access to certain non-profit community partners and to programs like BEST, who are committed to making SSA's jobs easier by doing all they can to make sure the claimant understands and is getting SSA the needed information in a timely manner.

Safely reopen field offices for limited walk-in clients. It can be done safely by using screening before entry, masks, sanitizer, cleaning and plexiglas stations for face to face interactions. Kiosks in the community could be helpful in scheduling these walk-in appointments.

*Question.* The committee was informed that a SOAR program found it useful to provide clients with a smartphone. When asked about this, a program official remarked, "We absolutely believe that smartphone access would improve access to SSA benefits and help beneficiaries with managing and maintaining their benefits. It's also key to their ongoing communication and support with case management, housing providers, etc. and so it leads to greater stability in the community." Do you agree that smartphone would help SOAR clients? Does Central City Concern have a similar program?

*Answer.* Yes, I absolutely believe smartphones would be helpful to people in poverty manage and maintain their benefits or in the application process. CCC does have several programs that are able to offer their clients smart phones. Unfortunately my program is not one of them, due to limited and restricted funding. One of the regrettable things we have had to do is put potential clients on a waitlist, because we're not able to make or maintain contact with them. After COVID closures there have been many who couldn't get in to see providers face to face, case managers and in many cases addiction service providers. Phones would allow those people to be reached and have virtual or phone visits, whereas without them they have none; and when their condition or symptoms become to problematic to cope, they resort to using emergency rooms or are picked up by police for causing disturbances. Smart phones for those living in poverty with severe medical and or mental health issues would be a great help in maintaining their connection to the people and programs in place to help them, as well as with SSA.

*Question.* Regarding smartphones, I recently learned that Treasury's Direct Express card cannot be used by Apple Pay or Google Wallet. I contacted Treasury about this and Treasury reported that they are working with Comerica Bank on a potential solution. Similar to having transit benefits on a smart phone, it seems it would be useful for smart phones to be set up to pay with Direct Express. Do you agree or do you see any concerns with allowing phones to pay with Direct Express?

*Answer.* My concern would be for those who have a tendency to lose track of documents and possessions or have them stolen (which happens frequently with some people experiencing homelessness). However the ability to access all ones needed information and pay for goods or services all with the phone, would be a great convenience for many. The new normal after and during COVID is going rely more and more on phones and computers. People with severe limitations will need all the help they can get to make their lives more manageable. The use of the phone will go a long way in helping many to recognize and reach their own level of self-sufficiency and independence. There are many people with medical issues, like heart, respiratory and mobility issues that this will add a chance for more independence in their lives. And I have to add, reduce the risk of a vulnerable person being taken advantage of for carrying cash and needing to pull it out for routine purchases.

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QUESTION SUBMITTED BY HON. ROB PORTMAN

*Question.* During my questioning, I discussed how critical it is to ensure that the Social Security trust funds remain solvent. Can you discuss the human costs that would occur if we run into a situation where we reached insolvency and the Social Security Administration were forced to trim benefits?

*Answer.* If Social Security benefits were to decrease or further limit eligibility we would see an increase in homelessness, housing insecurity, food insecurity, and disrupted access to health care. It would become difficult or impossible for people to purchase basic household supplies, transportation, clothing, pay rent, or any other

obligations that require income. People would become even more reliant on things like SNAP, food banks, emergency room care, and increase the likelihood that someone will lose their housing and end up sleeping in shelters or on the street. All of these things cause stress, trauma and social instability that can and will exacerbate underlying mental illness, substance use disorders and chronic health conditions that lead people to apply for and obtain social security benefits.

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PREPARED STATEMENT OF HON. MIKE CRAPO,  
A U.S. SENATOR FROM IDAHO

Thank you, Mr. Chairman, for holding today's hearing on Social Security service delivery during the pandemic.

Social Security employees were informed in March of last year that they would be teleworking indefinitely and that field offices would be closed to the public because of the COVID-19 pandemic. Within days of announcing a shutdown, the majority of field office employees and a large number of teleservice center employees were teleworking.

Initial challenges included lack of equipment, software licensing, and data capacity. The leadership, management, and the workforce at the Social Security Administration—or SSA—responded rapidly to increase data capacity and stabilize networks after only a few weeks.

During the pandemic, conducting office and processing-center work in-person was not possible because of lockdowns and worker-safety concerns. With those constraints, SSA has had to innovate, relax some procedural rules, and perform in many previously untested ways. Thus far, the agency has performed admirably and rapidly to ensure that beneficiaries, including at-risk populations, obtain the services they need.

I have been impressed by the dedication and diligence of SSA's workforce, field office and processing center managers, and leadership, all the way to the top. Customer service and service delivery have been at the forefront of their efforts during the pandemic.

We are fortunate to have SSA's head of operations, Ms. Grace Kim, with us today. I am interested in her assessment of where SSA has been during the pandemic, where things stand currently, and lessons learned thus far to help inform the future.

From the beginning of the pandemic, field office management staff have continued to physically go into offices to handle incoming and outgoing mail, scan documents to support those working from home, provide in-person service for critical need cases, and handle facility-related duties. Ms. Peggy Murphy is also with us today, and I look forward to hearing about her experiences and insights as a representative of field office management.

I am also interested in the experiences and service-delivery perspectives of our other two witnesses, Ms. McGuinness and Mr. Causeya.

During the pandemic, it has been important to focus on at-risk populations, including many on Supplemental Security Income, Disability Insurance beneficiaries, and homeless beneficiaries.

I am interested in hearing today about service delivery to at-risk beneficiaries and outreach. My understanding is that the Social Security Administration has engaged in an unprecedented amount of outreach to community organizations, beneficiary-advocate organizations, and directly to at-risk beneficiaries themselves. I commend the Social Security Administration's commitment and dedication to ensure that beneficiaries receive service and benefits.

Commissioner Saul has stayed true to the focus on beneficiary service that we all expected when he was confirmed, on a bipartisan basis, by this committee and the full Senate. Solid leadership and a dedicated workforce have been key to enabling the agency to confront the service-delivery shock of the pandemic. Thus far, SSA has risen to the challenge.

Thank you, Mr. Chairman.



PREPARED STATEMENT OF GRACE KIM, DEPUTY COMMISSIONER  
FOR OPERATIONS, SOCIAL SECURITY ADMINISTRATION

Chairman Wyden, Ranking Member Crapo, and members of this committee, I am Grace Kim, Deputy Commissioner for Operations. In my current position, as a former Regional Commissioner, and as a career employee with more than 30 years of service with the Social Security Administration (SSA), I understand how vital SSA's programs and services are to the public. Thank you for the opportunity to discuss service delivery at SSA. Today, I will share some of our accomplishments and challenges as we work to keep our employees and the public safe while delivering vital services during the Coronavirus (COVID-19) pandemic.

I am honored to lead a team of over 44,000 Federal employees providing critical services across our vast network of over 1,200 community-based field offices, 24 tele-service centers (TSC), 8 regional processing centers and our support offices across the country. I am equally proud to oversee the work of the nearly 15,000 employees in the State offices responsible for making medical determinations for Social Security's disability programs. Our employees help millions of people, often at significant and stressful points of their lives, like the birth of a child, onset of a disability, retirement, or death of a loved one. During this unprecedented time, I am inspired by their resilience and dedication as we adapt our business processes to continue to meet the needs of the people we serve, especially the most vulnerable and those directly affected by the pandemic.

OUR AGENCY

For more than 85 years, SSA has provided income protection for retirees, individuals with disabilities, or for families that lose a wage-earner. Almost 90 percent of seniors over the age of 65 receive Social Security benefits. To provide context for our services during the pandemic, I would like to highlight some of our pre-pandemic service delivery measures. In fiscal year (FY) 2019, we paid more than \$1 trillion in benefits to over 70 million Social Security beneficiaries and Supplemental Security Income (SSI) recipients; assisted 43 million individuals in our community-based field offices; processed 18 million applications for SSN cards, 10 million of those in our field offices; handled 33 million calls on our 800 number; processed 288 million annual earnings reports in our processing centers; and conducted nearly 2.7 million non-medical reviews (redeterminations and limited issues) and 713,000 full medical continuing disability reviews (CDR) to ensure program stewardship.

Our field offices serve a critical role for individuals experiencing homelessness, those with mental illness, people transitioning between incarceration and temporary living arrangements, and those in need of Federal, State, and local benefits, such as housing support and temporary assistance for needy families. Our programs are also a critical gateway to health care, including Medicare and Medicaid.

OVERVIEW: RESPONSE TO THE PANDEMIC

Since the beginning of this public health crisis, Commissioner Saul's priority has been keeping our employees and the public we serve safe. The people we serve—older individuals and people who have serious health conditions—are also often vulnerable to the most serious effects of COVID-19.

For this reason, in March 2020, we made the unprecedented decision to direct employees to work from home and limit in-person services to limited critical situations by appointment only, which allows us to implement physical distancing and limit close contact. This decision presented a significant change — to quickly shift nearly all operations to a remote work environment.

While prior to the pandemic less than 25 percent of our front-line employees had experience teleworking, all employees had laptops that enabled a rapid shift to remote work. We deployed hardware such as headsets to answer calls on agency laptops, cell phones and Internet hotspots, training, and technology support to our employees. Within a few weeks, by early April 2020, we successfully redeployed over 90 percent of our Operations' employees to remote work. During this period, all SSA offices continued to provide ongoing service to the public by phone, with a small number of employees, most of them managers, on site to handle non-portable work and critical in-office interviews.

We worked as a team to overcome challenges. For example, our 800 number platform requires specialized equipment to enable agents to work remotely. We had approximately 1,300 of these remote answering kits for the 4,500 agents who serve the

public in our TSCs, so we engineered a solution that allowed 800 number calls to transfer to softphone technology installed on the laptops of another 2,000 agents within 10 days and the remaining 1,200 agents within 30 days. As a result, we were quickly able to reestablish our 800 number service and provide millions of callers who need our services critical access to our telephone agents. This softphone technology also allows employees in our local offices to answer calls from the public as if they were in the office.

In the State Disability Determination Services (DDS), the component responsible for making medical determinations on our behalf, only two sites initially possessed the experience and equipment to telework when we moved to a remote work environment. However, within 10 days, we established a virtual private network (VPN) solution to provide a secure option for State DDS employees to work from home using their desktop computers.

To communicate with the public, we have continued to update our website, social media, and our Social Security Matters blog, featuring posts about how to reach us, online services, and benefit programs. We marketed our field office telephone lines, so the public could directly reach employees in local offices by telephone. We posted signs in our offices, messaging the availability of services online, by mail, telephone, and limited in-office appointments. We are also working with the White House Office of Faith-Based and Neighborhood Partnerships and have entered into an unprecedented partnership with claimant advocates and other organizations to promote our services and ensure they are accessible to our most vulnerable populations.

#### SUPPORTING THE PUBLIC: EMERGENCY POLICIES AND ACTIONS

We understand the challenges that the public has faced during the pandemic and we have been working hard to implement policies and engage in activities that support the public during this difficult time. In our field offices, we implemented emergency policy flexibilities and initially limited services to concentrate on delivering mission-critical workloads. For example, we expanded telephone attestation procedures in place of requiring wet signatures; enhanced telephone authentication procedures in place of in-person identity proofing; extended time frames for the submission of evidence and appeals due to mail delays or limited access to our offices; suspended policies that adversely impacted beneficiaries, such as failure to cooperate and failure to provide information; expanded our evidence policy to accept secondary proof of identity for replacement SSN cards instead of requiring primary evidence such as an original driver's license or U.S. passport; promoted existing policies that enabled benefit continuation throughout the administrative appeals process and expanded the ability to sign and submit certain forms online; focused on key workloads during the initial weeks of the pandemic, including disability claims intake, payment for priority disability claims such as terminal illness, Presumptive Disability, Quick Disability, Compassionate Allowances, and Veterans Affairs permanent and total disability claims, and other payments and reinstatement of benefits, such as adjudicating claims allowances, reinstatements, and appeal awards; prioritized Medicare enrollments and adjustments and SSI claims for those in need of Medicaid to ensure ongoing access to health care for seniors, individuals who have limited income and resources, and children with disabilities; and limited in-person SSN replacement card services, which can be completed by mail and online in most States using our Internet SSN Replacement Card application.

At the same time, we temporarily deferred specific workloads to protect beneficiaries' income and health care during a critical time in the pandemic, including certain program integrity workloads and actions that rely on evidence from the claimant, third parties, and medical service providers. Given the uncertain duration of the pandemic and our stewardship obligations, we resumed processing adverse actions in September and October of 2020. We continue to apply maximum flexibility when deciding whether to extend good cause provisions related to the timely filing of applications as well as the submission of evidence, appeals, hearings, redeterminations, and continuing disability reviews.

In addition, we continue to work with our Treasury partners to ensure our beneficiaries get their economic impact payments (EIPs) quickly. From the first round of EIPs, Commissioner Saul has pushed to ensure our beneficiaries receive their payments automatically, and he continues to reach out to vulnerable populations to ensure those who qualify for payments for themselves or their dependents receive them.

To further help the public, we published an interim final rule to streamline the overpayment waiver process for beneficiaries who incurred overpayment debts be-

tween March and September 2020 due to our deferral of certain workloads. Under the streamlined waiver process, we can more quickly waive recovery upon receiving a verbal request for qualified debts.

We also minimally increased the number of employees on site in our field offices to support non-portable work and critical in-office interviews that cannot be handled online, through the mail, or over the phone. For the small number of employees and public in our offices, we implemented health and safety protocols based on Centers for Disease Control and Prevention (CDC) guidance and model safety principles. Employees and visitors perform a self-screening for COVID-19 symptoms, and masks and physical distancing have been, and continue to be, mandatory. We provide masks and hand sanitizer for anyone entering our facilities (employees, public, and contractors), provide gloves for employees to use as desired such as for mail handling, and installed protective barriers between the public and our employees in our field offices.

#### ONLINE AND VIRTUAL SERVICE DELIVERY EXPANSION

The pandemic has presented challenges for many organizations including ours; however, it has also driven service delivery innovation. Our workforce is strongly committed to serving the public, as is evidenced by the employees who have volunteered to work on site during the pandemic and by other employees working behind the scenes to adapt business processes and push service improvements through. We are a large organization with a nationwide footprint; yet, we have learned that we are more nimble than we realized.

We are using external online video platforms to access our customers virtually, expanding access to *my Social Security* online services, and adding options for individuals to complete, sign and submit certain forms online. We are also testing new business models for handling in-person workloads and engaging in broad and targeted outreach campaigns to reach vulnerable customers who are seeking our services, such as elderly beneficiaries, children with disabilities, and those with limited English proficiency. For example:

- In April 2020, as unemployment nationwide spiked, we quickly implemented an online process for handling Medicare Part B Supplemental Medical Coverage (Form CMS-40B) applications for seniors suddenly unemployed and without employer-sponsored health-care coverage. To date, more than 350,000 seniors at risk of losing their employer-sponsored health care have used our online and fax applications to apply for Medicare Part B Supplemental Medical Insurance coverage.
- We have continued to work with the States to expand the availability of our Internet SSN replacement card application, and we are testing an online video process that allows certain U.S. citizens to apply for replacement cards remotely.
- We launched an online video solution for hearings conducted in our Office of Hearings Operations and for State Protection and Advocacy grantees conducting payee-monitoring reviews.
- We now accept electronic signatures on notices of Appointment of Representative (Form SSA-1696), allowing claimants and their representatives to submit the form electronically. We implemented an online application for representatives and their clients to complete the entire representative appointment process online.
- We implemented an electronic transfer of non-medical paper appeals from our field offices to the Office of Hearings Operations for processing.

#### NEW IN-PERSON SERVICE DELIVERY INITIATIVES

Some workloads continue to require in-person appointments and the inspection of original evidence. For these workloads, and for customers who may not have access or would prefer not to use technology, we are exploring several solutions. For example, we tested an evidence drop-box option in 100 high-traffic enumeration offices, offering customers a secure drop-off location for applications and original evidence documents and will continue to use this service based on local office needs. We tested an express interview process in 81 offices to limit in-person transaction time to reduce the risk of exposure to COVID-19, and are expanding this service option.

#### OUTREACH TO VULNERABLE POPULATIONS

The pandemic continues to impose hardships on our country's most vulnerable citizens, many of whom are elderly, have low incomes, limited English proficiency,

face homelessness, or suffer from mental illness. We realize that these populations may rely on in-person service, so we have made outreach to this population a priority during the pandemic. We are monitoring our progress as we continue these efforts.

To ensure awareness of and access to our benefit programs, we have worked extremely closely with the advocate community for many months. In fact, our collaboration with advocacy groups has been unprecedented—both in scope of outreach and in our commitment to ongoing dialogue. For example, we conducted a national outreach campaign blanketing thousands of organizations with information. Many of these organizations committed to broadcast our message, reaching millions of people across the Nation. Likewise, we established two advocate-executive workgroups, the Workgroup on COVID-19 Emergency Response and Service Delivery Outreach and the Workgroup on SSI/SSDI Administrative Simplifications and Evidence-Based Outreach, to address outreach to vulnerable populations. Participants in these workgroups include SSA executives and a diverse group of advocates with varying missions and from numerous geographic locations who assist our applicants and beneficiaries. It has been an honor to work together with our partners in the advocacy community to reach the people we are here to serve.

We have also enhanced our communications and online content targeted to people who can help others file for benefits, resolve an overpayment debt, or appeal a decision. We added online tools and information pages to our website including a national advertising campaign to support all outreach efforts on TV, radio, and social media, with special emphasis on children with disabilities; a dedicated webpage with resources for people helping others; outreach materials for partner groups; and information for Faith-Based and Community Groups including a new toolkit in collaboration with White House Office of Faith-Based and Neighborhood Partnerships.

In March 2021, we hosted a national conference call with more than 1,500 attendees interested in learning more about how they can partner with SSA to share information about our programs, assist in taking SSI claims, or actively refer individuals potentially eligible for SSI to our field offices. Participants included representatives of the non-profit community, health-care organizations, private industry, Federal, State, and local government, and Congress.

We are also conducting mailed outreach to individuals who may be eligible for SSI. Between December 2020 and March 2021, we released approximately 200,000 notices to current Social Security beneficiaries who may be eligible for SSI, encouraging them to contact us to apply. While this first effort focused on elderly and limited English proficiency populations, we are planning to continue this type of mailed outreach, by reaching out to other targeted groups in the future.

#### WORKLOAD CHALLENGES

While we have implemented flexibilities and workarounds, not all of our work is portable. The ability for our employees to work virtually rests on a small number of mostly managers and volunteers handling non-portable workloads and in-person appointments. In the early days of the pandemic, out of more than 27,000 field office employees, only 2,000 were on site daily. Over this past year, we have slowly increased on-site staff to about 3,000 employees—most of whom are managers—which represent about 10 percent of all field office employees. These employees handle an ever-increasing volume of in-person appointments each month in addition to all other non-portable workloads and their managerial responsibilities.

Limiting visitors has also resulted in an influx of incoming mail and phone calls. To illustrate the magnitude of this increase, before the pandemic, field offices scanned and uploaded about 150,000 paper documents weekly for processing. Offices are currently scanning and uploading approximately one and a half million paper documents weekly. In FY 2020, the unit time for the 47 million field office actions increased by 20 percent in part due to scanning, copying, indexing, and returning mailed documents, which significantly reduced our productivity. Throughout the pandemic we have worked hard to reduce the volume of mailed documents we receive by establishing paperless workarounds, like accepting electronic signatures, creating electronic forms, and marketing and expanding our online services, but we continue to see increases in these non-portable workloads due to the nature of our services.

Similarly, field offices are now handling three times as many phone calls as they did pre-pandemic. We are on track to answer over 60 million calls in our field offices in FY 2021—up from 20 million calls handled in FY 2019.

Further, many of the workarounds we had to put in place to enable employees to work remotely are inefficient and erode productivity. For example, when an individual mails to us inaccurate or unacceptable evidence or incomplete forms, employees must make additional contacts with the individual through mail or phone calls, requiring the employee and individual to handle documents and evidence multiple times. It is also harder to reach people when we need to re-contact them, particularly more vulnerable populations, such as those people who may have been forced to move during the pandemic and no longer receive mail at their address of record. The pervasive nature of phone scams also makes customers hesitant to take our phone calls. By comparison, before the pandemic, our employees could frequently complete all or most of a customer's business at the first point of contact, with minimal need for additional re-contacts, and the ability to quickly obtain needed documentation in our offices.

Obtaining evidence needed to adjudicate claims in both initial and post-entitlement situations has also been challenging throughout the pandemic. For example, at least 30 percent of all disability applications require a consultative examination (CE) to determine disability. The pandemic has made it more difficult for our customers to schedule medical providers for routine appointments and access public transportation to attend scheduled meetings. Some may also have limited phone access for telehealth appointments. In addition, only about 72 percent of our CE service providers nationwide are scheduling in-person CEs. Scheduling CE appointments and obtaining evidence is taking almost twice as long now, up from 21 days before the pandemic to 37 days during the pandemic. When the Department of Health and Human Services temporarily modified the enforcement of the Privacy, Security, and Breach Notification rules under the Health Insurance Portability and Accountability Act (HIPAA), we expanded plans to use video communication technology to offer CEs via telehealth appointment, but we were constrained to only psychiatric and psychological examinations. Additionally, organizations we depend on for other types of evidence, such as schools, community and State advocates, and social service agencies, are also experiencing their own challenges adapting to the current environment.

All these challenges have strained our resources, particularly given significant increases in costs that we do not control, such as government-wide pay increases. Moreover, due to the pandemic, some program integrity work, such as CDRs and SSI redeterminations, has slowed, which also affects our funding. We deferred these workloads in the early part of the pandemic to protect beneficiaries' income and health care, and to reduce the burden on the medical community, which had stopped most elective services. While we restarted these workloads at the end of FY 2020, we are handling them through the mail and over the phone. During the pandemic, these complex workloads often require multiple contacts with a beneficiary, which slows our ability to complete this work. In addition, over 30 percent of CDRs require a CE. We have focused our limited CE capacity on initial disability claims to ensure that we can provide benefits to people who qualify. As a result of these pandemic-related challenges, including the need to prioritize processing of initial disability claims in FY 2021, we reduced our planned full medical CDRs by almost 30 percent, the lowest level since FY 2013.

#### CONCLUSION

Like much of the world, we have not escaped the challenges caused by the pandemic. While we have made tremendous strides in quickly enabling a remote work posture to keep everyone safe and continue service during the pandemic, the last year has made clear that we have more work to do. We have some workloads that are not portable or are not as efficient to handle remotely, and we are working on solutions, including getting input from our unions, employees, and managers. Technology has proven vital and reminded us again that we must continue to press forward on modernization even after the pandemic.

We are doing everything we can within our available resources, but our current budget will challenge our recovery. The FY 2022 SSA discretionary request of \$14.2 billion, which is \$1.3 billion more than what we received this year to operate our agency, will strengthen our service to the public. No one anticipated the duration of the pandemic and the ongoing challenges it presents. We hope you will consider these challenges and support this request to help us improve service.

I want to thank the public, our extraordinary employees, and you for being patient and supportive of our mission during this national emergency.

I look forward to answering any questions you may have.

## QUESTIONS SUBMITTED FOR THE RECORD TO GRACE KIM

## QUESTIONS SUBMITTED BY HON. RON WYDEN

*Question.* As I mentioned in my statement, one of the problems delivering first rate service is the requirement that people put their most sensitive and important documents in the U.S. mail. I understand some people are reluctant to do that and I understand why. Some people just cannot go without their driver's license. If they do mail their documents—it can take weeks to get the documents back. Tell me more about what Social Security is doing to fix this clearly unacceptable issue?

*Answer.* Please see our COVID-19 Pandemic SSN Service Delivery Improvement Plan provided to the committee on May 13th.

*Question.* Do you agree with Ms. Murphy's testimony that a "comprehensive remote printing initiative" should be developed? If so, what is the status of that initiative?

*Answer.* We agree that a remote printing capacity could improve our efficiency and ability to operate during unforeseen events. The pandemic has clearly highlighted this issue. We are currently pursuing offsite vendor printing options through the Government Publishing Office, and will keep you updated on our progress.

*Question.* What is the status of the on-line application for SSI?

*Answer.* We are converting the current SSI application into a fillable PDF document that our third-party partners can use to help individuals complete their applications.

We have a number of initiatives underway to expand service delivery to individuals interested in applying for SSI.

In the near term, we are working on an online service to allow the public to indicate their interest in filing for SSI benefits. This service will establish a protective filing date<sup>1</sup> and will provide a lead to one of our technicians to schedule an appointment to complete the SSI application. We are hoping to have this service live this summer.

We are also expanding our telephone services so that an individual interested in filing for SSI can use the automated interactive voice response system to protect their intent to file for SSI at the earliest possible date. We will give the individual the option to have us call them back so they do not need to wait on hold. Our technicians can assist in scheduling an appointment.

For more information on the SSI filing experience and our efforts to improve the process, please see the attached Plan for Simplifying the Supplemental Security Income Application (as requested by this committee) that we sent under separate cover on May 27th.

*Question.* SSA has a work group to redesign the application process for SSI, which I think everyone would agree is needed. Mr. Causeya mentioned printing out the PDF for SSI—the form is 23 pages long! That's pretty daunting, especially for someone who may be in a challenging situation health and income wise. I want to highlight work done by the State of Michigan that Ms. McGuinness referred to about improving a 40-page application form: "After an intensive user-centered redesign that spanned almost 2 years, the process resulted in a beautiful, streamlined application that was 80-percent shorter and could be processed in nearly half the time." It seems to me the Michigan case is one model SSA should study. Do you agree?

*Answer.* We are interested in studying successful efforts to streamline applications for government benefits, and we agree to look at the revamped Michigan application.

We would note that our application seeks a lot of information from SSI applicants given the statutory requirements of the complex SSI program. That said, as noted above, we have begun a number of initiatives to make it easier for individuals to apply for SSI.

*Question.* In the Agency Financial Report for 2016 (Table 2.3—page 190), SSA "developed a process for addressing all 80 items on the original Potential Entitlement workload list and have defined deliverables for each stage of that process." Please

<sup>1</sup>In general, SSA establishes a "protective filing date" on the date SSA receives a written statement of intent to file for title II, title VIII, or title XVI benefits or an oral inquiry about title XVI benefits, <https://secure.ssa.gov/apps10/poms.nsf/lrx/0200204010>.

provide the committee with the list of 80 items that were identified by the dedicated Potential Entitlements workgroup.

*Answer.* The 2016 AFR referenced the attached list of potential entitlements, which SSA created in 2013. Creating the list is part of an ongoing effort to consider a range of input—including internal quality review findings, audit findings, and recommendations from external sources—to explore groups of people who might be eligible for a new type of benefit or who might be due a higher benefit on a current record. These situations of potential entitlement might be due to changed circumstances over time or needed improvements in agency processes.

Since that time, we have completed numerous Potential Entitlement projects to date that have resulted in approximately 768,000 notices released; 221,000 claims filed as a result of the notices; and \$529.5 million in retroactive and total monthly benefit increases paid.

*Question.* In the most recent Agency Financial Report, SSA indicates it will conduct outreach this year to 20,000 disabled workers whose children were not awarded benefits because SSA did not properly close out applications for the children. What is the status of this year's outreach to these families? What were the errors that led to the children missing benefits and what corrective action has been taken since the error was discovered? What evidence is available to establish that the corrective action has solved the problem?

*Answer.* We are in the process of data mining to identify the universe of specific cases that meet the selected criteria.

There are numerous reasons why these claims may not have been filed. In some cases, the agency may not have done sufficient follow-up outreach to beneficiaries. In other cases, beneficiaries may not know the whereabouts of the children, and SSA may not be able to locate them. We must evaluate each case individually.

In 2016, we implemented enhancements to address this issue, including:

- Reminding technicians to address potential entitlement for each listed child on the application.
- Enhancing the diary function to control this workload.
- Improving notice language on the beneficiary's award letter to provide information regarding potential entitlement for the children listed on the application.

Once we identify these cases, we will conduct outreach and take claims as appropriate. We will also track outcomes and ensure that the problem is no longer recurring based on the enhancements we have made.

*Question.* The 20,000 cases of missed child benefits appears to be for 1 year's worth of applications. How many children in total does the agency estimate have been affected prior to SSA's discovery of the error? Does the agency have any plans to contact other disabled families who did not receive benefits?

*Answer.* The 20,000 cases cover May 2011 through May 2016, when we implemented improvements to prevent this situation from recurring.

*Question.* In the most recent Agency Financial Report, SSA indicates it has postponed analysis to identify potential entitlements due competing coronavirus (COVID-19) pandemic-related workload priorities. Given that potential entitlements mean children, widows, veterans, low-income Americans, and others may not be receiving benefits, this work seems like it should be one of SSA's top priorities. Why was this work postponed? What is needed to get this work done and to prevent any future postponements?

*Answer.* We agree these initiatives are of great importance. We temporarily postponed two potential entitlement initiatives in 2020 as we focused on ensuring continuity of service during the COVID-19 pandemic. The two initiatives include outreach to approximately 3,000 retirement beneficiaries and 500 SSI recipients who may be due additional benefits. In March 2021, we resumed work on these two initiatives.

Additionally, recognizing the importance of reaching people facing barriers, between December 2020 and March 2021, SSA mailed 200,000 notices to potential Social Security beneficiaries—individuals receiving benefits less than the Federal benefit rate for SSI—to encourage SSI filing. Because of this outreach, since December, SSA has received 5,162 applications, approved 2,271 SSI applications, and paid over \$451,000 in underpayments. As noted in our attached May 7th Supplemental Secu-

rity Income Targeted Mailers Progress Report to the committee on this initiative, we continue to review the results of this mailing, and will begin mailing notices to the remaining population of about 1.2 million Social Security beneficiaries potentially eligible for SSI benefits.

Four additional potential entitlement projects are scheduled to begin over the remainder of this Fiscal Year.

Project	Description
Unreduced Aged Widow Claims with Retroactive Aged Wife Entitlement	This project identifies claimants who could be eligible for retroactive benefits as a spouse based on a current entitlement as a survivor.
Cases that have been awarded Social Security/SSI benefits but have not been paid	This project is to determine whether claimants were determined to be eligible for benefits but not yet paid.
Individuals with Lawfully Admitted Permanent Residence completed in our records yet payments withheld pending citizen status	This project investigates claimants who have Lawfully Admitted Permanent Residence status issue completed on the MBR yet payments are missing or not being paid.
Child named on parent's application	This project identifies if a child was named on a parent's application and no claims were taken.

The pandemic drove us to make hard choices. Going forward, we will continue to balance our post-entitlement work with our other priority workloads. The FY 2022 SSA discretionary request of \$14.2 billion, an \$1.3 billion increase over FY 2021, will strengthen our service to the public, including performing important potential entitlement work.

*Question.* SSA has policies to provide benefits quickly—such as presumptive disability (PD) and compassionate allowance (CAL)—that should be especially helpful during a pandemic.

Has there been an increase in the use of these policies?

Answer. Use of our expedited processes to adjudicate claims for disability or SSI benefits has remained consistent.

*Question.* How does SSA measure the effectiveness of these policies?

Answer. We measure the effectiveness of our presumptive disability (PD) policies by comparing the level of PD usage with the denial rate of cases that received PD status. The effectiveness of the CAL policy is measured by the overall processing time for cases identified as CAL.

*Question.* Are there plans to expand these policies, such as presumptive disability for title II or CAL for applicants in hospice care or the homeless with chronic mental disorders?

Answer. We continually evaluate new conditions to add to our CAL process. From 2017 to 2020, SSA added 17 new CAL conditions, and are evaluating additional potential conditions in FY21.

Presumptive disability (PD) benefits are authorized by statute only for SSI benefits (42 U.S.C. 1383(a)(4)(B)); we do not have authority to offer PD benefits under Social Security Disability Insurance.

We are reviewing whether additional impairments should be considered under our PD policy. However, hospice claims are generally identified as terminal illness claims and, on average, processed faster than presumptive disability findings.

Claims involving homelessness and chronic mental impairment do not have a higher allowance rate; therefore, we do not make presumptive disability findings for mental impairments, other than intellectual disability or neurodevelopmental impairments meeting certain criteria.

*Question.* I'm very interested in Targeted Denial Reviews. I—working with Senator Grassley—amended the FY 2020 Budget Resolution during Budget Committee



consideration to potentially allow SSA to use program integrity funds to conduct Targeted Denial Reviews. Ideally, SSA would review denied applications at a similar level to the statutory requirements to review allowances. What are SSA's plans to increase the use of Targeted Denial Reviews?

Answer. The Targeted Denial Review (TDR) is a discretionary workload that uses a predictive model to identify disability determination services (DDS) denials most likely to be reversed to allowances. In the developing the predictive model, we considered variables with a statistically significant correlation to decision reversal. The current predictive model uses age of the applicant, the type of application (title II or title XVI), the primary impairment code, the secondary impairment code, and the regulation basis code of the denial determination. The model scores each case on the likelihood the initial denial would be reversed if that case were selected for TDR. The highest scoring cases are selected for review, up to a threshold set to meet the annual workload target.

We determine the volume of TDR cases we conduct in light of our mandatory workloads (such as quality assurance and pre-effectuation reviews), our available resources, and our other priorities. In FY 2020, we reviewed 36,786 TDR cases, with a reversal rate of approximately 10 percent. We plan to review 25,000 cases in FY 2021 and increase the review of TDRs to 75,000 cases in FY 2022.

*Question.* Overpayments often occur because earning reports from beneficiaries are not processed timely. Many have described the agency's overpayment waiver process as cumbersome and time-consuming. What steps is SSA taking to improve the over payment waiver process?

Answer. To help the public during the pandemic, we published an interim final rule to streamline the overpayment debt waiver process for beneficiaries who incurred overpayment debts between March and September 2020 due to our deferral of certain workloads. Under the streamlined waiver process, we can more quickly waive recovery upon receiving a verbal request for qualified debts.

Beyond the pandemic, we have been looking at ways to streamline and improve the waiver process more broadly. Our focus has been on modernizing the systems we use to manage debts, including how we recover overpayment debt and the ways the public can request that we waive recovery of debt. In addition to enhancing our systems, we are evaluating ways to reduce administrative burdens for individuals who request a waiver such as by exploring how we might improve our form.

*Question.* SSA strives to pay the right person, the right amount at the right time to reduce improper payments. Both under payments and over payments are improper payments. What policies are in place to prevent or remedy underpayments and ensure that claimants and beneficiaries receive all benefits to which they are eligible? How much of SSA's program integrity spending is used to reduce underpayments and ensure claimants and beneficiaries are receiving all eligible benefits?

Answer. We conduct annual stewardship reviews that identify and quantify the amount of improper payments, both overpayments and underpayments, in our programs, as well as the leading causes of error. In addition, we conduct other targeted reviews of complex and therefore error-prone workloads that may lead to the identification of improper payments. We take corrective action whenever we identify an improper payment.

We have policies in place to ensure that claimants and beneficiaries receive all benefits to which they are eligible.

Post-adjudication, our systems detect most underpayments. For SSI, during redeterminations, policy instructs technicians to consider recipients' potential eligibility to other benefits. Employees are required to explore any allegations or statements made by recipients or their representative payees during the redetermination interview that indicate potential entitlement to other benefits. We explore potential eligibility for title II benefits and other benefits such as Federal employment, military service, railroad, State or local government, private employer, or foreign government.

We use dedicated program integrity (PI) funding to conduct continuing disability reviews, SSI non-medical redeterminations, work CDRs, and in support of our Cooperative Disability Investigation units and Special Assistant U.S. Attorneys. The funding is used to ensure beneficiaries and recipients continue to qualify for benefits and meet program requirements. We do not capture the amount of PI funding spent on cases with identified underpayments.

*Question.* I have heard reports that ALJ hearings involving paper documents (in contrast to cases involving electronic files) have been subject to great delay. Is this accurate? What steps has SSA taken to ensure that claimants appealing “paper cases” get due process and timely decisions on their case?

*Answer.* When hearing offices closed in March 2020 due to the COVID-19 pandemic, SSA temporarily paused processing paper-based cases while we worked through options to address this non-portable work. Since then, we have implemented information technology enhancements that improve our business processes for paper cases, which allowed us to resume processing both disability and non-disability paper cases in September 2020.

*Question.* As you know, Economic Impact Payments (EIP) are excluded as a countable resource for SSI for 12 months after receipt. Yet the committee has been informed by advocates that SSA has suspended SSI benefits and assessed overpayments due to excess resources for months when EIP have not been properly excluded for 12 months after receipt. What steps has SSA taken to prevent these overpayments and suspensions from occurring? Will SSA require each individual negatively impacted to file an appeal?

*Answer.* In April 2020, we instructed technicians that EIPs are excluded from income, and that any retained balances the month after the month of receipt are excluded from resources for 12 months, as these payments are considered advanced tax credits. Before the end of the 12-month exclusion period, we issued guidance to hold any resource decisions on EIPs until we issue new guidance, and we recently issued our updated guidance about excluding payments from resources.

*Question.* I’m concerned about time between when a disability case is approved and when the claimant receives monthly benefits. What data does SSA collect and what goals does SSA have for the timeliness and accuracy of effectuating disability benefits once a favorable decision has been issued?

*Answer.* We have goals for overall processing time for initial claims and for effectuating hearing level decisions. Our goal is to process 95 percent of favorable hearing decisions within 60 days, with most processed within 30 days. We are meeting our goals for effectuating favorable decisions.

*Question.* How does the time to effectuation differ depending on if the claim is SSI only, title II only, or concurrent?

*Answer.* The agency’s FY 2021 goal for overall average processing time for all initial disability claims (SSI, Social Security Disability, and concurrent) is 171 days. Our overall average processing time for initial claims through March 2021 is 166 days. Average overall processing time to adjudicate initial SSI Blind and Disabled claims is 174 days through March 2021; average overall processing time to adjudicate initial Social Security Disability claims is 157 days through March 2021.

*Question.* Does SSA track payment of retroactive benefits separately from starting ongoing benefits?

*Answer.* Yes, we do.

*Question.* Does SSA track whether benefits are properly withheld for a representative fee?

*Answer.* Yes. As part of an every 3-year review of initial claim awards and disallowances, we review claimant representative fees to determine whether they were correctly withheld or not withheld, based on the information in file at the time of claim adjudication.

*Question.* Does SSA track whether the authorized fee is paid to the representative?

*Answer.* Yes. Our automated programs generate alerts in our processing centers (PCs) to track payments to representatives. When we withhold to pay fees from beneficiaries’ retroactive benefits, technicians receive alerts until corresponding representative fee payments are resolved.

*Question.* Does SSA track cases separately depending on what stage of the application process (initial, reconsideration, ALJ hearing, Appeals Council) the award was made?

*Answer.* Yes, we track awards for each stage of the application process. We are providing below two charts with data for each stage of the application process. The first chart contains the average processing time for FYTD through March 31, 2021

for initial claims and reconsiderations. The second chart contains the average processing time for FYTD through March 31, 2021 for ALJ hearings and Appeals Council cases.

### FYTD Through March 31, 2021

Stage of Application	Average Processing Time
Initial Claims	166 days
Reconsiderations	141 days
ALJ Hearings	314 days
Appeals Council	163 days

*Question.* Are there specific types of cases that take especially long to effectuate or where SSA's accuracy is especially low? What steps is SSA taking to improve those cases?

Answer. We are not aware of specific types of disability claims meeting that description.

*Question.* How does SSA's statistics on these issues during the pandemic compare to the year before the pandemic? Looking back over the last 10 years, what trends stand out?

Answer. Below are SSA's statistics on these issues with comparison points from FY 2019, FY 2020, and FY 2021. We are compiling the data over the last 10 years for trend analysis.

The overall average time for processing claims has steadily increased throughout the pandemic. We ended FY 2019 at 120 days and at the start of the pandemic, we were around 127 days. For FY 2019, the overall average processing time was 126 days for SSI Blind and Disabled claims and 115 days for Social Security Disability claims.

When the pandemic began in March 2020, the overall average processing time was 134 days for SSI Blind and Disabled claims and 121 days for Social Security Disability claims.

### FY 2019 to FYTD 2021 Through March 31, 2021

Fiscal Year	Overall Average Processing Time for Initial Claims	Overall Average Social Security Disability Insurance Processing Time for Initial Claims	Overall Average SSI Blind/Disabled Processing Time for Initial Claims
FYTD 2021	166 days	157 days	174 days
FY 2020	132 days	126 days	139 days
FY 2019	120 days	115 days	126 days

*Question.* In preparing for this hearing, my staff attempted to find an SSI application on the SSA website. My staff was not able to use the website to find the application. It was only when my staff Googled "SSI application PDF" that this link was discovered—[https://www.ssa.gov/legislation/Attachment%20for%20SSA%20Testimony%207\\_25\\_12%20Human%20Resources%20Sub%20Hearing.pdf](https://www.ssa.gov/legislation/Attachment%20for%20SSA%20Testimony%207_25_12%20Human%20Resources%20Sub%20Hearing.pdf)—and from the looks of that link, it looks like the document is related to a congressional hearing. My staff asked advocates if this is a common situation. Here are the replies that were received:

The advocates I know who work on applications know to Google "SSA Form 8000" in order to get a copy. When we complained about the lack of access to the form, SSA said they have declined to do it because it is not designed for the public—it is too complex for the general public! . . . when completed and submitted by third parties, SSA staff have to key in all the information all over again anyway. SSA IT staff said this would be the case even with a fillable PDF version. When a person starts an SSDI application and indi-

cates interest in SSI, there is an instruction to file the SSI app separately but no actual information, link, instruction, etc.

I have an SSI application in PDF form from years ago that I still use. Or if we do an SSDI claim, in the remarks I say to treat it also as an SSI claim.

Our sub-workgroup on the SSI application has repeatedly asked SSA to make the PDF of an application form (there are two—Form 8000 and 8001) available on their website, and they say no. SSA states that it is not a “self-help” form, *i.e.*, not a form that a member of the public can complete successfully on their own . . . [advocates] know the number of the forms, and if you google it, you can find a PDF of the form online and print it off (the 8000 is 23 pages long), complete it with your client, and mail or fax in that hard copy. Even though it is not publicly available on their website, they still receive lots of hard copies this way. . . .

. . . some people can file the SSI application online but only if they are age 18–64, never married, never made another SSI or title II claim, and not blind. So you can imagine that leaves out a lot of claimants. . . .

What is going on here? Why is the SSI application form not easily available on the SSA website?

Answer. For information on the SSI filing experience and our efforts to improve the process, please see the Plan for Simplifying the Supplemental Security Income Application provided to the committee on May 27th.

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QUESTION SUBMITTED BY HON. MARIA CANTWELL

BROADBAND

*Question.* The COVID–19 pandemic has forced us to rethink longstanding systems, including the delivery of Social Security benefits. Over the past year, the Social Security Administration (SSA) has worked to transition services to their online platform. While accessing services online instead of in-person may be more convenient for some, it is important to remember that millions of Americans around the country still do not have access to reliable Internet and millions more find it difficult to pay the monthly cost of broadband service.

Beneficiaries have been left to navigate the complex system of applying for benefits and submitting appeals online, reduced assistance from SSA due to the closure of field offices, and long wait times for phone calls. I have heard from constituents who waited on hold for 5 hours to verify a document scanned and sent to SSA. We must work to ensure that the SSA has the adequate technology to handle online services and that more people in rural and underserved areas have access to reliable, affordable broadband connections.

Moving forward beyond the pandemic, how will SSA determine which components will remain online and which will be in-person? How could expanded broadband help support SSA?

Answer. We provide multiple service channels for people to reach us. Our goal is to provide effective online services because many people prefer to do business that way. These self-service options then free up resources for us to help people who cannot use them. During the pandemic, we have further strengthened our outreach and partnership with advocacy groups to improve access to our programs and services. This partnership will inform future improvements to our service model. Expanded broadband is an important tool that helps customers in rural areas reach us.

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QUESTIONS SUBMITTED BY HON. BENJAMIN L. CARDIN

*Question.* Will SSA commit to reestablishing meaningful labor-management forums and actively participating in them?

Answer. We are fully committed to maintaining and fostering a culture of compliance, civility, and compromise in all of our labor relations. In 2021, we increased official union time for two of our unions by thousands of hours, offered to renegotiate all collective bargaining agreement articles with one of our unions, successfully bargained mid-term agreements with all three unions, and engaged on a variety of

other workplace matters. These efforts will continue even as we deal with the many challenges and pressures related to our pandemic response.

*Question.* SSA has indicated it will follow Executive Order 14003 and reopen the collective bargaining agreement with AFGE, which was bargained under directives from previous executive orders issued by the last administration. When does SSA anticipate that process beginning with the union?

*Answer.* We are in full compliance with Executive Order (EO) 14003, “Protecting the Federal Workforce.” EO 14003 does not require an automatic reopening/renegotiation of entire collective bargaining agreements (CBAs). Rather, EO 14003 required agencies to identify select actions related to the three rescinded EOs issued by President Trump in May 2018 and, “as soon as practicable, suspend, revise, or rescind” those actions. We promptly conducted a review from January 25–28, 2021, identified relevant actions taken pursuant to the three rescinded EOs from May 2018, and reviewed personnel policies as required.

On March 18, 2021, we expanded our review of the CBAs, in accordance with OPM guidance issued on March 5, 2021. On April 23, 2021, we informed AFGE that we had completed the review required by EO 14003, and invited AFGE to meet to discuss the preliminary findings of the review and to receive any additional input the union may have before finalizing the results. On April 29, 2021, AFGE declined to meet and requested that we provide preliminary findings in writing. We provided these preliminary findings in a written format on May 19. We will continue to engage AFGE on this topic in good faith and as required by EO 14003. Once the findings of the review are finalized, we will engage AFGE to suspend, revise, or rescind the actions covered in identified CBA provisions.

*Question.* Will SSA commit to including bargaining for telework in the bargaining for a new CBA?

*Answer.* We have offered to renegotiate all articles in the collective bargaining agreement with the Association of Administrative Law Judges (AALJ), including the telework article. We have not yet determined whether we will seek to renegotiate either the SSA–AFGE National Agreement or the SSA–NTEU National Agreement when the two current agreements expire in 2025. We are currently assessing changes to pre-pandemic telework plans. We will comply with all contractual and statutory obligations related to any renegotiation when that time comes.

*Question.* Legal services advocates in my State have raised concerns over an uptick in the number of SSI applications denied due to failure to cooperate, or FTC, since the start of the COVID–19 pandemic.

What is the process for contacting an applicant before denying a case for this reason?

*Answer.* We work to prevent denying claims based on “failure to cooperate.” For initial claims, our employees assist applicants and pursue all leads before considering denying the claim. In some situations, we may also provide a good cause exception to extend the time requirement to provide us with the evidence. We instruct our employees to contact the claimant directly (or third parties) to provide assistance. We:

1. Issue a written request providing 30 days to respond and provide the necessary information.
2. Send a reminder after 15 days to ensure the claimant knows we have not received the information.
3. Contact the claimant by telephone making several attempts at different times on different days. We also contact other sources, such as relatives, friends, medical professionals, or community organizations, to try to reach claimants and provide assistance.
4. Document our attempts before denying the claim.

*Question.* Do you agree that there has been an increase in the number of cases denied for this reason nationwide in the last year? If so, what factors do you believe drive this increase?

*Answer.* We agree there has been an increase in the raw number of cases denied for failure to cooperate during 2021 as compared to 2020, given that we are now processing adverse actions that we had deferred processing during 2020. We have not, however, seen a significant change in the rate of FTC denials during 2021 as compared to pre-pandemic levels.

We recently conducted a quality review study to assess whether State Disability Determination Service (DDS) employees were incorrectly denying applicants for insufficient evidence or failure to cooperate (FTC). A cadre of experts reviewed 450 randomly sampled cases and found that DDSs generally followed emergency procedures. The cadre also offered recommendations for improving outreach to identify and involve third parties in cases that require special handling.

*Question.* What policy changes have you considered or are you considering to ensure that field offices are taking every possible step to avoid denying cases for this reason?

*Answer.* We have extended several policy flexibilities, including allowing pandemic-related issues to be good cause for late filing and providing leniency with our failure to cooperate policies.

*Question.* The issuance of expedited disability allowance policies for clearly eligible disabled individuals, like the presumptive disability and compassionate allowance policies, has declined in recent years.

Why does the agency believe that this decline has occurred?

*Answer.* Use of our expedited processes is consistent over the past 3 fiscal years (FY). For FYs 2018, 2019, and 2020 the CAL percentages are 3.4 percent, 3.5 percent, and 3.5 percent respectively; and the PD percentages are 3.7 percent, 3.6 percent, and 3.3 percent respectively.

*Question.* What programmatic responses has the agency considered or is the agency considering to respond to this decline and to reduce administrative burdens to accessing benefits for clearly eligible disabled individuals?

*Answer.* We have not seen a meaningful decline in PD or CAL cases.

*Question.* Will SSA consider expanding the criteria for such allowances, for example, to include those in hospice care and/or homeless individuals with chronic mental health disorders?

*Answer.* SSA continually evaluates new conditions potentially to add to our CAL process. From 2017 to 2020, we added 17 new CAL conditions.

PD benefits are authorized by statute only for SSI benefits (42 U.S.C. 1383(a)(4)(B)); therefore, there are no plans at this time to offer PD benefits under Social Security.

We are reviewing whether additional impairments should be considered under our presumptive disability policy. However, hospice claims are generally identified as terminal illness claims and on average, processed faster than presumptive disability findings.

Claims involving homelessness and chronic mental impairment have neither a medical denial rate that is well outside the national average nor a higher allowance rate; therefore, we do not make presumptive disability findings for mental impairments, other than intellectual disability or neurodevelopmental impairments meeting certain criteria.

*Question.* The current system of reviewing disability eligibility decisions places significant focus on reviewing allowances, while denials do not receive the same level of scrutiny. As you know, the system of Targeted Denial Reviews is discretionary and results in a very small percentage of denials reviewed. A much higher percentage of allowances are reviewed. This imbalance may improperly influence adjudicators' decision making.

How does SSA plan to ensure greater parity between reviews of denials and terminations of benefits and allowance reviews?

*Answer.* The Targeted Denial Review (TDR) is a discretionary workload that uses a predictive model to identify disability determination services (DDS) denials most likely to be reversed to allowances. Our current target for FY 2022 is 75,000 cases.

*Question.* Reducing fraud and overpayments is important work. Just as critical to program integrity is the prevention of wrongful denials and erroneous terminations of benefits.

How does SSA plan to expand the scope of current program integrity work to include not just improper overpayments, but improper underpayments?

*Answer.* We conduct an annual stewardship review that identifies and quantifies the amount of improper payments (overpayments and underpayments) in our pro-

grams, as well as the leading causes of error. In addition, we conduct other targeted reviews of error-prone workloads that may lead to the identification of improper payments. We take corrective action whenever we discover an improper payment.

Redeterminations of eligibility are an effective way to identify changes that result in improper payments, as they can uncover underpayment errors as well as overpayment errors. These redeterminations are periodic reviews of non-medical eligibility factors, such as income and resources, for the means-tested SSI program and can result in a revision of the individual's benefit level. Also, SSI recipients are more likely to initiate a redetermination of eligibility if they believe there are underpayments. We anticipate completing approximately 2.4 million redeterminations in FY 2021, and 2.9 million in FY 2022.

*Question.* As you know, Economic Impact Payments (EIPs) are supposed to be excluded as a countable resource for SSI for 12 months after receipt. We understand from advocates that SSA has already begun suspending SSI benefits and charging recipients with overpayments due to excess resources for months during which EIP payments have not been properly excluded. SSA could obtain EIP data from the IRS that would allow the agency to avoid generating these improper actions in the first place without placing the onus on elderly and disabled individuals to appeal suspensions during a pandemic. During the hearing, you commented that SSA is currently considering how to handle such cases and that you would be supportive of automatic re-instatement of benefits "in appropriate circumstances."

Will you commit to effectively implementing this EIP resource exclusion protection, as well as automatically reinstating benefits for those who have been suspended improperly?

*Answer.* In April 2020, we instructed technicians that EIPs are excluded from income and that any retained balances the month after the month of receipt are excluded from resources for 12 months, as these payments are considered advanced tax credits. Before the end of the 12-month exclusion period, we issued guidance to hold any resource decisions on EIPs until we issue new guidance. We recently issued new guidance about excluding these payments from resources beyond 12 months.

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QUESTIONS SUBMITTED BY HON. SHERROD BROWN

*Question.* Legal services advocates are reporting that their clients are receiving Notice SSA-L8155-U2. Is the Social Security Administration reducing, suspending, or terminating SSI benefits for otherwise eligible beneficiaries as a result of them receiving any Economic Impact Payment?

How many reductions, suspensions, or terminations have occurred as a result of otherwise eligible beneficiaries receiving any Economic Impact Payment?

How is the Social Security Administration determining whether otherwise eligible beneficiaries who have resources in excess of the statutory limit are over the resource limit due to the second and third Economic Impact Payments, issued to SSI recipients in January 2021 and April 2021?

If otherwise eligible beneficiaries who have resources in excess of the statutory limit are over the resource limit due to the second and/or third Economic Impact Payments, does the Social Security Administration agree that eligible beneficiaries are facing SSI reduction, suspension, or termination in error?

How do you plan to rectify this urgent problem, given that SSI beneficiaries losing critical economic support is clearly contrary to Congress's intent when authorizing relief through the EIPs?

*Answer.* We agree that ensuring SSI recipients have access to economic support is critical and have worked make sure that SSI recipients received their EIP payments automatically.

Under the Social Security Act, EIPs should be excluded from resources for 12 months. We published additional policy guidance, released supplemental training, and provided verbal reminders on national, regional, and all manager calls about the need for employees to carefully adjudicate all types of pandemic-related assistance excludable under our rules, and in particular, the receipt of EIPs. We recently released new guidance about excluding these payments from resources beyond 12 months.

We do not have a specific count of reductions, suspensions, or terminations that occurred as a result of EIPs received by SSI recipients. However, we are reviewing SSI reductions, suspensions, and terminations resulting from receipt of EIPs that individuals may have held in their financial accounts. For these cases, we will determine whether employees properly applied policy that excludes the EIP from counting as a resource for 12 months. We will correct any errors, such as by reinstating suspended benefits.

*Question.* In 2019, SSA's telework pilot ended. Before the COVID-19 pandemic, this meant the 12,000 affected workers were required to return to their duty stations. After the end of telework pilot, and before the beginning of the COVID-19 pandemic, what was Commissioner Saul's official duty station and how often was he physically present there?

*Answer.* The Commissioner's official duty station was SSA's Washington, DC office. He also reported to the agency's headquarters in Baltimore, MD.

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#### QUESTIONS SUBMITTED BY HON. SHELDON WHITEHOUSE

*Question.* As you know, field office closures have disrupted how the SSA delivers its services to beneficiaries.

Given the increasing number of Americans who have received COVID-19 vaccinations, does SSA have a timeline for when they expect to have field offices open to the public?

*Answer.* We want to emphasize that throughout the pandemic, we have been and remain open for business. Most SSA services are available online and by telephone. We also provide in-person appointments for limited, critical situations such as individuals without shelter who have the need to apply for or reinstate benefits, or individuals who need to update SSN information to obtain income, resources, or medical care. Social Security continues to operate under our Workplace Safety Plan (WSP),<sup>2</sup> consistent with the President's executive order<sup>3</sup> and government-wide guidance.<sup>4</sup> This WSP is currently being updated in accordance with more recent government-wide instructions.<sup>5</sup> We are in the process of increasing on-site staffing, which should result in service improvement. We are also engaged in post-implementation bargaining of the WSP.

*Question.* What does the SSA need in order to ensure a safe and productive environment for workers and the public?

*Answer.* We are following government-wide health guidance, our workplace safety plan, and planning and preparing for a safe increased return to physical workplaces as appropriate. We are also encouraging employees to get vaccinated and allowing administrative time to do so.

*Question.* What are the metrics that you will use to determine when a field office should be opened back up to the public? Would it be based on COVID-19 infection and vaccination rates?

*Answer.* We will continue to follow government-wide guidance, include health and safety guidance informed by science. In the interim, we are increasing on-site staffing within our WSP, as noted in our previous answer above.

*Question.* Social Security offices also provide the essential service of assisting seniors with enrolling in Medicare and helping individuals to decide which coverage is right for them. In addition, if an individual doesn't enroll in Medicare when they first become eligible, they can face financial penalties for the duration of the time they are enrolled in the program. What affect has the closure of Social Security offices had on your ability to help seniors enroll in Medicare?

*Answer.* We are aware that because of pandemic-related job losses, beneficiaries may have lost their employment-related medical coverage and needed Medicare Part B Supplementary Medical Insurance coverage through a special enrollment period (SEP).

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<sup>2</sup> <https://www.ssa.gov/coronavirus/assets/materials/ssa-covid-19-workplace-safety-plan.pdf>.

<sup>3</sup> <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-protecting-the-federal-workforce-and-requiring-mask-wearing/>.

<sup>4</sup> <https://www.whitehouse.gov/wp-content/uploads/2021/01/M-21-15.pdf>.

<sup>5</sup> <https://www.whitehouse.gov/wp-content/uploads/2021/06/M-21-25.pdf>.



Working in collaboration with the Centers for Medicare and Medicaid Services (CMS), we initiated two new service delivery channels: fax and online application options. Both of these options expedite the handling of beneficiaries requesting enrollment in Medicare Part B under the SEP provisions. The new service channels offer the beneficiaries the ability to fax or submit online the forms CMS-40B, Application for Enrollment in Medicare—Part B (Medical Insurance) and the CMS-L564, Request for Employment Information applications for enrollment in Medicare Part B.

As of May 3, 2021, we received and cleared 105,770 Medicare enrollment requests from the fax option and processed 238,002 applications through the online application.

In addition, working with CMS during the onset of the pandemic, we extended certain time frames for beneficiaries requesting enrollment in Medicare. We also offered an extended equitable relief period to those eligible individuals who could not submit a timely Medicare enrollment due to the impact COVID pandemic-related national emergency had on SSA's processing.

*Question.* Due to office closures, some applicants have had to physically send in their personal documentation, like a driver's license or passport, to verify their identity. I have heard from Rhode Islanders concerned about this process, which is inefficient and opens up applicants to a host of potential security issues if they are without their identification.

*Answer.* Please see our COVID-19 Pandemic SSN Service Delivery Improvement Plan, which outlines the steps we are taking now to reduce or eliminate the need to mail original important documents.

*Question.* How can the SSA better coordinate with other Federal, State, and local government agencies to improve security and application processing?

*Answer.* Please see our COVID-19 Pandemic SSN Service Delivery Improvement Plan for descriptions of our decades-long partnerships with Federal and State governments to automate SSN service delivery and more recently to provide an online application for certain replacement card requests.

We continue to work to increase the scope of these service delivery options. For example, we are working with the Department of Homeland Security (DHS) to expand Enumeration Beyond Entry (EBE) to noncitizens who DHS approves for lawful permanent residence (LPR) and naturalized U.S. citizenship. Through EBE, DHS collects and verifies the information we need to assign an SSN when approving the request for work authorization. DHS then sends the information to us. We assign an SSN and issue the card automatically. If the noncitizen already has an SSN, we issue a replacement card. EBE is currently limited to noncitizens whose work authorization DHS approves. Expanding it to those granted LPR and naturalized status would automate the processing of an estimated 1.3 million SSN requests a year.

We are also working to expand our online replacement card application, known as Internet Social Security Number Replacement Cards (iSSNRC). iSSNRC is available in all but six States—Minnesota, Nevada, New Hampshire, Oklahoma, West Virginia, and Alaska.<sup>6</sup> Expanding iSSNRC to these States would affect approximately 5 percent of the population.

*Question.* What recommendations do you have for Congress to address this issue legislatively?

*Answer.* We appreciate the offer of support and will advise Congress should we identify a need for legislative change.

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#### QUESTIONS SUBMITTED BY HON. CATHERINE CORTEZ MASTO

*Question.* In your testimony you mentioned various flexibilities that have been implemented to address the challenges brought on by the pandemic and field office closures. Nevadans, like many others, are experiencing long wait times on the phone or getting disconnected with SSA representatives, drop boxes are only offered for a

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<sup>6</sup>As of May 28, 2021, the State of Alaska decided to no longer participate in the American Association of Motor Vehicle Administrators (AAMVA) Driver's License Data Verification (DLDV) service. Therefore, Alaska residents can no longer request a replacement card online. SSA is working with AAMVA and the State of Alaska to identify a solution for resuming their participation in iSSNRC.

couple of hours once a week or a couple of days, field offices are not offering in-person appointments, and there's a lack of Spanish-speaking services for them to assist with appeals. All of these limitations have further delayed constituents getting their needs met. My office has also received inquiries regarding foster youth facing issues requesting a replacement card, as Nevada is one of five states that is not currently participating in the program that allows for Social Security card replacements to be done online. I appreciate SSA's work with the State and DMV in Nevada in getting this program up and running, until this is active, Nevadans are still faced with mailing sensitive documents to SSA. While my office was able to coordinate a temporary solution for our foster youth facing this issue in Clark County, many Nevadans have had to endure this procedure.

What has the Administration done to raise awareness of these flexibilities among entities like legal aid organizations that help clients navigate SSA benefits?

Answer. SSA is actively engaging external stakeholders to raise awareness of service flexibilities during the COVID-19 pandemic. Beginning over a year ago, agency leadership began holding recurring meetings with national advocacy groups to share updates on service changes and receive feedback on service challenges. Those meetings evolved into two advocate-executive workgroups—one focused on solving short-term challenges caused by the pandemic and another focused on solving long-term challenges that pre-dated the pandemic. Representatives of legal aid and other legal professional organizations nationwide participate in both work groups.

In addition to providing suggestions for short- and long-term service improvements, the advocate workgroup members have advised on, and assisted with, disseminating emergency communications to the public. For example, they suggested new topics for questions and answers on the agency's COVID-19 website,<sup>7</sup> including using certified secondary identity documents, rather than primary identity documents, for a replacement Social Security card. Advocate workgroup members also provided critical input on new outreach resources that we launched for anyone assisting a person with accessing our services and benefits, such as our new Information for People Helping Others website.<sup>8</sup>

Other agency communications to the public on service flexibilities during the COVID-19 pandemic have included: press releases; article placements online and in print; email blasts; social media and blog posts; search engine marketing; radio and television public service announcements; mailers; and national conference calls on serving the public during the COVID-19 pandemic.

Additionally, SSA has established the Interventional Cooperative Agreement Program (ICAP) to provide a process through which we can systematically review proposals from outside organizations and enter into cooperative agreements with them for data sharing, funding, and waivers. ICAP will prioritize research that examines the structural barriers in the labor market, including for racial, ethnic, or other underserved communities. We envision ICAP will help us leverage local, external knowledge about potential interventions relevant to SSA beneficiaries, especially those in underserved communities, so that we can better serve our recipients.

*Question.* My office has heard that Nevada is working closely with the Administration and is expected to start participating in the online replacement card application. If this issue is addressed how will SSA work with beneficiaries that were unable to submit their identification to waive any potential delays or penalties?

Answer. We look forward to providing Nevadans with replacement cards via our online iSSNRC process.

*Question.* If greater changes are to be implemented after the public health emergency to streamline the process and delivery of services in the administration, how do you plan to work with states to reduce the potential for any delay in the use of a new process?

Answer. Working well with our State partners is integral to the success of many service delivery enhancements we deploy. Providing time, support, and clear communication has proven a useful model for successful deployment of improvements in our processes and equipment.

*Question.* Does the Administration have a timeline as to when District offices will reopen to the public once again?

<sup>7</sup> <https://www.ssa.gov/coronavirus/>.

<sup>8</sup> <https://www.ssa.gov/thirdparty/>.

Answer. We want to emphasize that throughout the pandemic, we have been and remain open for business. Most SSA services are available online and by telephone. We also provide in-person appointments for limited, critical situations such as individuals without shelter who have the need to apply for or reinstate benefits, or individuals who need to update SSN information to obtain income, resources, or medical care. Social Security continues to operate under our Workplace Safety Plan (WSP),<sup>9</sup> consistent with the President's executive order<sup>10</sup> and government-wide guidance.<sup>11</sup> This WSP is currently being updated in accordance with more recent government-wide instructions.<sup>12</sup> We are in the process of increasing on-site staffing, which should result in service improvement. We are also engaged in post-implementation bargaining of the WSP.

*Question.* Is it the intention of Social Security Administration to resume in-person appeals hearings or offer both virtual and in person at the beneficiaries' preference?

Answer. We do intend to resume in-person hearings, focusing first on critical and aged cases for individuals who have declined telephone or online video hearings during the COVID-19 pandemic. We plan to continue offering telephone and online video hearings as voluntary hearing options.

*Question.* With a lot of conversation around digitizing the process, do you believe SSA will move to accepting e-signatures for the appointment of personal representatives? Why has the agency expended the resources to litigate this issue rather than move the agency to an electronic format?

Answer. We currently accept electronic signatures for the appointment of personal representatives. On March 8, 2021, we released an electronic version of the Claimant's Appointment of Representative form (e1696), which allows users to complete the form to appoint a representative electronically, including electronic signing, via Adobe Sign technology. The e1696 is the third release in a series, and is located on our website, on the representative webpage at [www.ssa.gov/representation](http://www.ssa.gov/representation).

To complete the e1696, representatives can begin an electronic password-protected submission of the form, and they and their clients (claimants) can complete, sign, and submit the form to the agency entirely electronically.

*Question.* What specific actions will SSA take to address the serious backlog of cases and the drop in awards for people that are disabled? How long does SSA anticipate this work will take?

Answer. Disruptions due to the pandemic caused a backlog of initial disability cases. Between September 2019 and April 2021, the backlog grew by approximately 115,000 cases. While applications for benefits were lower than we projected prior to the pandemic, our pending level of cases rose significantly because we were not able to complete as many cases. It was difficult to complete disability cases due to a reduced number of medical providers to conduct Consultative Exams, an inability to reach individuals by phone, and a lag in receiving mailed documents. These factors, along with the operating adjustments made to safely serve the public, reduced our ability to complete our workloads and contributed to increased backlogs and wait times.

We must work down this backlog while also handling an increase in disability applications that we project to see in the second half of FY 2021 and in FY 2022. We received nearly 190,000 fewer applications in FY 2020 than we expected. We expect many of these individuals to apply for benefits as we emerge from the pandemic. During the pandemic, some people may have been isolated from the community groups who would normally assist them and provide them with information about our programs. We are conducting outreach to reach these communities.

In FY 2021, we are replacing DDS staff losses and providing an additional 1,300 hires to position the DDSs to address the disability claims backlog and a potential spike in claims.

With the President's FY 2022 budget, we plan to maintain these new hires in FY 2022 and fund increased overtime for a total FY 2022 increase of nearly 1,400 work years, or 10 percent, allowing us to significantly increase our capacity to process dis-

<sup>9</sup> <https://www.ssa.gov/coronavirus/assets/materials/ssa-covid-19-workplace-safety-plan.pdf>.

<sup>10</sup> <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-protecting-the-federal-workforce-and-requiring-mask-wearing/>.

<sup>11</sup> <https://www.whitehouse.gov/wp-content/uploads/2021/01/M-21-15.pdf>.

<sup>12</sup> <https://www.whitehouse.gov/wp-content/uploads/2021/06/M-21-25.pdf>.

ability claims. Compared to FY 2020, we plan to complete nearly 300,000 more claims in FY 2021 and over 700,000 more claims in FY 2022.

In FY 2016, we began implementing our Compassionate and Responsive Service plan to reduce the backlog of hearings. With Congress's support and the hard work of our employees, we have dramatically improved service. From September 2017 through April 2021, we have reduced the average monthly wait time for a hearing by 310 days. We expect to eliminate the hearings backlog and reduce the average annual wait time to 270 days by the end of FY 2022.

*Question.* What can Congress do to support SSA in addressing the issues around service delivery that have been amplified by the pandemic?

*Answer.* Congress can continue to assist us through your support of the President's budget. Over the past year, technology has proven vital and reminded us again that we must continue to press forward on IT modernization even after the pandemic. The FY 2022 SSA discretionary request of \$14.2 billion, which is a \$1.3 billion increase over FY 2021 enacted, will strengthen our service to the public.

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QUESTIONS SUBMITTED BY HON. MIKE CRAPO

*Question.* Some constituents have expressed concerns about providing original documents, such as a driver's license, to SSA in order to gain certain beneficiary services. For example, understandably, people are apprehensive about sending a driver's license through the mail. I understand, however, that SSA has responded to concerns in a number of ways, including installation of more drop boxes. I wonder if you could discuss how SSA is handling original or sensitive document processing.

*Answer.* Please see our COVID-19 Pandemic SSN Service Delivery Improvement Plan, which outlines the steps we are taking now to reduce or eliminate the need to mail important documents.

*Question.* Please briefly discuss telephone responsiveness at SSA prior to the pandemic, during the pandemic, and where you think SSA will be working to improve responsiveness.

*Answer.* Before the pandemic, we were improving telephone service on SSA's national 800 number network. The average length of time it took a caller to reach an agent was almost 24 minutes in fiscal year 2018 and just over 20 minutes in fiscal year 2019. By February of 2020, the average wait time had improved to 15 minutes. In addition, the percentage of calls that could not reach an agent went from nearly 15 percent in fiscal year 2018 to 14 percent in fiscal year 2019 to 11 percent in February of 2020.

During the initial stage of the pandemic, the agency worked quickly to enable 800 number agents to work remotely. Although the months of March and April were challenging, by the end of 2020, the average time it took callers to reach an agent was just over 16 minutes and the percentage of calls unable to reach an agent due to all agents being busy was 7.4 percent.

The average wait time through April 2021 is 16.9 minutes and the agent busy rate is down to 0.3 percent. Moving forward post-pandemic, we will focus on process efficiencies and more self-service opportunities to reduce the wait time and keep the percentage of unanswered calls low.

*Question.* Under the leadership of Commissioner Saul and Deputy Commissioner Black, SSA has been remarkably transparent with Congress about its responses to challenges generally, and those presented by the pandemic in particular. SSA has provided briefings from senior officials to staff of the Senate Finance Committee and House Ways and Means Social Security Subcommittee on at least a weekly basis, and on a daily basis during the onset of the pandemic. Between mid-March and the date of our hearing, SSA officials have spent an estimated 2,600 hours of SSA staff time to preparing for and executing 160 conference calls with congressional staff of the Finance Committee and Ways and Mean Social Security subcommittee, lasting roughly 105 hours in total. SSA has also engaged in unprecedented outreach to community, faith-based, and advocacy organizations with attention paid to service deliver for "at risk" populations. Please provide data and information on SSA's outreach efforts to those populations during the pandemic.

*Answer.* We have prioritized ongoing communications with all our external stakeholders during the COVID-19 pandemic, with a focus on at-risk populations and those assisting them.

As we have discussed with you, during the pandemic we experienced a reduction in applications for benefits, particularly Supplemental Security Income (SSI) and Disability benefits, and we are concerned that there may be a significant number of Americans facing barriers who needed our help but were unable to reach us. Since the start of the pandemic, we conducted more than 46,000 outreach activities.

In response, we are conducting community outreach to ensure that people facing barriers and the most under-resourced communities, including homeless individuals, children with disabilities, and those with mental and intellectual disabilities can access our programs. We are implementing strategies to address the complex challenges facing underserved communities. We are working with the White House Office of Faith-Based and Neighborhood Partnerships, claimant advocates, and other organizations to ensure our services are accessible to those most in need. We created a liaison position in our field offices to complement the work of other regional employees in reaching out to community based groups, asking them to help their constituents apply for benefits. In March 2021, we enhanced our outreach to focus on partnerships with groups that could help us reach at-risk populations. Many of these organizations agreed to assist us by referring applicants for SSI benefits and completing applications.

We created new public information products and implemented additional outreach activities. For example, we launched our COVID-19 website with answers to common service questions; created a new Information for People Helping Others website to assist anyone helping another person access our services and benefits; published new outreach toolkits for partners, including faith and community leaders; expanded communication through print and social media, mailers, radio and television advertising; established advocate-executive workgroups to receive continuous feedback on short- and long-term service challenges; and continued other agency communications to the public on service flexibilities during the COVID-19 pandemic, including press releases, article placements online and in print, email blasts, social media and blog posts, search engine marketing, radio and television public service announcements, mailers, and national conference calls on serving the public during the COVID-19 pandemic.

We will continue to prioritize external engagement with all our external stakeholders to ensure continuous service to the public, with a particular focus on at-risk populations and the people serving them.

Please refer to the 2022 Congressional Justifications for additional details regarding FY 2021 outreach efforts and planned actions for FY 2022.

*Question.* It was asserted in the hearing that SSA's operating budget is 12 percent smaller than it was a decade ago. Similar assertions about double-digit declines in SSA's budget have been put forward repeatedly in the past by groups outside of SSA, and are typically subject to numerous qualifiers, such as: some notion of a "core operating budget;" crude "inflation adjustments," and the like. SSA identifies in its FY 2021 Congressional Justification that its "main administrative budget" is the Limitation on Administrative Expense (LAE) account. Please provide a time series of enacted LAE amounts over the period 2000 through the most recently available enacted data.

*Answer.* Below is a table with our Limitation on Administrative Expenses history from 2000–2021.

Year	Limitation on Administrative Expenses Appropriations <sup>1</sup> (dollars in millions)	Program Integrity Funding (dollars in millions) <sup>2,3</sup>
2000	\$6,572.00	\$605
2001	\$7,124.00	\$650
2002	\$7,562.10	\$633
2003	\$7,885.10	–
2004	\$8,313.20	–
2005	\$8,732.50	–

Year	Limitation on Administrative Expenses Appropriations <sup>1</sup> (dollars in millions)	Program Integrity Funding (dollars in millions) <sup>2,3</sup>
2006	\$9,108.60	–
2007	\$9,297.60	–
2008	\$9,744.60	–
2009	\$10,453.50	\$504
2010	\$11,446.50	\$758
2011	\$11,423.60	\$756
2012	\$11,446.20	\$756
2013	\$11,045.60	\$743
2014	\$11,697.00	\$1,197
2015	\$11,806.00	\$1,396
2016	\$12,161.90	\$1,426
2017	\$12,481.90	\$1,819
2018	\$12,872.90	\$1,735
2019	\$12,876.90	\$1,683
2020	\$12,870.90	\$1,582
2021	\$12,930.90	\$1,575

<sup>1</sup>Total LAE includes funding for program integrity and user fees.

<sup>2</sup>Program integrity is a subset of total LAE.

<sup>3</sup>Congress did not authorize or appropriate dedicated funding for program integrity workloads from FY 2003–2008.

*Question.* There were assertions made in late March that nearly 30 million Social Security and Supplemental Security Income beneficiaries were awaiting economic impact payments because SSA had not sent payment files to the IRS. Indications from SSA's Office of Inspector General are that such an assertion, at best, ignores constraints, protocols, legal and funding restrictions, and that attributing delays to SSA or any of its officials is inaccurate. Please identify whether SSA followed all requirements—legal, budgetary, and otherwise—in sharing data to facilitate economic impact payments with IRS and/or the Treasury Department generally, and whether any unnecessary delays were introduced.

*Answer.* We followed all requirements—legal, budgetary, and otherwise—to assist the IRS in its issuance of the third round of Economic Impact Payments (EIP 3). The American Rescue Plan Act of 2021, enacted March 11, 2021, authorized EIP 3, but did not provide direct funding to SSA. We worked quickly with IRS to sign a Memorandum of Understanding and Reimbursable Agreement (RA) by March 17, 2021, and released the necessary files to support IRS on March 24 and 25.

The SSA Press Release,<sup>13</sup> Statement from Andrew Saul, Commissioner of Social Security About Economic Impact Payments, dated March 25, 2021 describes our work to assist IRS.

*Question.* It currently appears that the overwhelming majority of SSA staff in the office presently are volunteers. Please identify how SSA is able to find an adequate number of volunteers, and how the agency has communicated with and safely brought in the very small number of non-volunteers that have been needed.

*Answer.* We have had volunteers coming into our field offices since the beginning of the pandemic. This small number of employees has continued to be the backbone of our service, working on site to upload paper documents so that their co-workers

<sup>13</sup> <https://www.ssa.gov/news/press/releases/2021/#3-2021-4>.

can work safely from home. In July 2020, the agency instituted several health and safety policies in compliance with CDC guidance. These policies included, but are not limited to, mandatory face coverings, temporary barriers, physical distancing restrictions, screening protocols for both employees and the public, and cleaning protocols. We have shared and enforced these policies down to the employee level, and remind on-site staff of safety protocols. When we identify a workload need, local on-site managers discuss with local union officials and solicit volunteers.

In the minority of instances where there are not sufficient volunteers, we direct employees without underlying conditions or dependent care responsibilities to rotate in office responsibilities. This rotation could be 1–5 days per week, depending on the workload need.

*Question.* Testimony for the hearing has addressed the importance of fully funding SSA's program integrity activities. For FY 2022, the President has requested \$1.9 billion for these activities, marking a \$283 million increase over the FY 2021 enacted level. Please elaborate on how program integrity activities ensure beneficiaries are well-served and while safeguarding taxpayer resources.

*Answer.* We take seriously our responsibilities to ensure eligible individuals receive the benefits to which they are entitled, and to safeguard the integrity of benefit programs to better serve recipients. We have a number of strategies in place to serve the public while also protecting the public's tax dollars. Program integrity funding helps ensure eligible individuals receive the benefits to which they are entitled, and it safeguards the integrity of benefit programs to better serve recipients by confirming eligibility and preventing fraud. Dedicated program integrity funding helped us to eliminate the backlog of CDRs in FY 2018. In addition, program integrity funding allows us to conduct SSI redeterminations, expand the anti-fraud CDI program, and support special attorneys for fraud prosecutions.

Due to the COVID-19 pandemic, we completed fewer full medical CDRs and SSI redeterminations in FY 2020 than we have in recent years because we temporarily deferred certain workloads during a critical time in the pandemic, such as medical CDRs, so that we could prioritize service to the public and maintain beneficiaries' payments and healthcare. In addition, we initially implemented a moratorium on scheduling in-person CEs to protect the safety of claimants and reduce the burden on the medical community. We are working to restore our program integrity workloads to our pre-pandemic levels and anticipate eliminating the CDR backlog in 2023.

The budget includes \$1.7 billion in dedicated funding for PI activities, including a \$1.4-billion allocation adjustment. This is a \$150-million decrease from the discretionary request for PI released on April 9, 2021, and a \$133-million increase over FY 2021. Our LAE topline remains unchanged, and using PI carryover allows us to devote more resources to improve frontline services while maintaining our commitment to completing PI work. We are using \$150 million of unanticipated carryover from FY 2021 resulting from COVID-related impacts to support the same level of PI activities in the discretionary request.

The proposed funding is essential in providing the resources needed to carry out associated activities that provide effective stewardship of program dollars. Access to approximately \$20 billion in discretionary funding over 10 years, including approximately \$17 billion in allocation adjustments, would produce \$73 billion in gross Federal savings (\$54 billion from allocation adjustments), with net deficit savings of approximately \$37 billion in the 10-year window and additional savings in the out-years (the budget excludes funding for the now withdrawn proposed rule regarding increasing the number and frequency of CDRs).

Full funding of CDRs and redeterminations will save billions of taxpayer dollars. We estimate that CDRs conducted in FY 2022 will yield net Federal program savings over the next 10 years of roughly \$9 on average per \$1 budgeted for dedicated program integrity funding, including OASDI, SSI, Medicare, and Medicaid effects. Our estimates indicate that non-medical redeterminations conducted in FY 2020 will yield a return on investment of about \$3 on average of net Federal program savings over 10 years per \$1 budgeted for dedicated program integrity funding, including SSI and Medicaid program effects.

## QUESTIONS SUBMITTED BY HON. CHUCK GRASSLEY

*Question.* Scam artists often use an emergency that disrupts normal practices and procedures to their advantage. I've received a number of reports from my constituents that they have received fraudulent phone calls and letters claiming their benefits were in danger due to the closure of Social Security offices. Could you speak to what types of scams you have seen using the pandemic and recent changes in procedures to prey on vulnerable seniors? Also, please, address what SSA is doing to alert seniors of potential scams and how to avoid being defrauded.

*Answer.* We take reports of Social Security-related and government imposter scams seriously, and we have continued to work closely with our Office of Inspector General (OIG) to educate the public about the potential scams during the pandemic.

On March 20, 2020, during the pandemic's initial stage, the OIG issued a fraud advisory<sup>14</sup> warning to alert the public that SSA will not suspend or discontinue Social Security payments, or offer a benefit increase, as a result of us suspending in-person service during the pandemic. The advisory urged the public to be cautious of any unsolicited calls, letters, emails, or texts offering a benefit increase. To help spread the word, we posted the advisory to our website and blog. We also worked with OIG to update its online scam reporting form in May 2020. This update enabled OIG to begin monitoring COVID-19 related scams. For the first half of this FY, OIG reports that these scams represent only about 1 percent of the allegations they receive.

We also keep our COVID-19 web page up-to-date with the latest scam information, help publicize additional OIG fraud advisories, and continue to increase our outreach efforts. A few examples include:

- Publishing information on our COVID-19 web page<sup>15</sup> alerting the public to fraud and scam schemes and how to report them.
- Blogging frequently about scam awareness, new scam trends, and OIG fraud advisories.
- Adding “scam alert” messages to routine correspondence with the public—to date that is over 274 million mailed envelopes.
- The United States Postal Service displaying scam awareness posters in over 30,000 Post Offices.
- Collaborating with OIG to hold our second annual “Slam the Scam” Day, which included a series of social media events and partnerships with Walmart and CVS to help spread the word.

We appreciate the interest in this topic. Scammers create fear and wreak havoc on their victims. They also potentially damage trust in government programs. We would appreciate help in educating the public and below are links to two fact sheets to share with your constituents:

Slam The Scam—Beware of Phone Scams ([https://oig.ssa.gov/sites/default/files/Beware%20of%20Phone%20Scams%20Infographic\\_0.pdf](https://oig.ssa.gov/sites/default/files/Beware%20of%20Phone%20Scams%20Infographic_0.pdf))

Protecting Personal Information ([https://oig.ssa.gov/sites/default/files/Protecting%20Personal%20Information\\_2.pdf](https://oig.ssa.gov/sites/default/files/Protecting%20Personal%20Information_2.pdf))

*Question.* As life starts to return to normal, how are you going about serving more people in your field offices? What is the strategy for a full return to in-person services?

*Answer.* We want to emphasize that throughout the pandemic, we have been and remain open for business. Most SSA services are available online and by telephone. We also provide in-person appointments for limited, critical situations such as individuals without shelter who have the need to apply for or reinstate benefits, or individuals who need to update SSN information to obtain income, resources, or medical care. Social Security continues to operate under our Workplace Safety Plan (WSP),<sup>16</sup> consistent with the President's executive order<sup>17</sup> and government-wide guidance.<sup>18</sup> This WSP is currently being updated in accordance with more recent government-wide instructions.<sup>19</sup> We are in the process of increasing on-site staffing, which

<sup>14</sup> <https://oig.ssa.gov/newsroom/news-releases/march20-advisory>.

<sup>15</sup> <https://www.ssa.gov/coronavirus/>.

<sup>16</sup> <https://www.ssa.gov/coronavirus/assets/materials/ssa-covid-19-workplace-safety-plan.pdf>.

<sup>17</sup> <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-protecting-the-federal-workforce-and-requiring-mask-wearing/>.

<sup>18</sup> <https://www.whitehouse.gov/wp-content/uploads/2021/01/M-21-15.pdf>.

<sup>19</sup> <https://www.whitehouse.gov/wp-content/uploads/2021/06/M-21-25.pdf>.



should result in service improvement. We are also engaged in post-implementation bargaining of the WSP.

*Question.* During my time in the Senate, I have worked to combat fraud in our Federal benefit programs, including Social Security. Agencies play a crucial role in reducing the risk of fraud within their own programs. In Fiscal Year 2019, the Social Security Administration developed the disability fraud risk profile and completed two additional fraud risk assessments focused on key electronic services and administrative areas, such as payroll, contracts, and travel purchase cards. You also finalized your Enterprise Fraud Risk Management strategy. What were the key takeaways from these assessments? What policies have you implemented or plan to implement as a result of these assessments?

*Answer.* Our Enterprise Fraud Risk Management (EFRM) Program has provided us with valuable insights into our major fraud risk areas and created a thorough and strategic process to evaluate and address our fraud risks. Some of our key takeaways from these assessments include:

1. We have already put many controls in place to prevent and detect fraud, making the residual risk for the vast majority of our risks either low or very low.
2. Developing a comprehensive and enterprise wide fraud risk assessment process has helped enhance awareness and knowledge of fraud risk management strategies across SSA, resulting in more proactive consideration of fraud risks when program changes are considered.
3. Effective fraud risk assessments and management requires collaboration and buy-in from all parts of the agency, and our EFRM Program has done an excellent job in ensuring all key stakeholders (Operations, Policy, Systems, etc.) are at the table in the development of fraud risk assessments and in the planning of new mitigation strategies to further reduce our fraud risks.

After we complete a fraud risk assessment, our senior leadership reviews each risk identified and determines whether the current controls reduce the residual risk to an acceptable level, or whether certain risks need additional mitigation strategies. In response to our Disability Fraud Risk Assessment, we identified 18 new mitigation strategies to help further reduce specific risks, to include training, expansion of our Cooperative Disability Investigation Units, and enhancements to our OIG referral process. We have implemented 8 of those 18 mitigations thus far and the remaining mitigations are on track to be implemented by the established implementation dates.

We are also in the process of implementing mitigations to our eServices Fraud Risk Assessment and are developing a mitigation plan in response to our Representative Payee Fraud Risk Assessment. Our mitigation strategies are both preventive and detective in nature, and encompass a wide range of strategies to include strengthening our digital identity procedures for online services, training for front line staff, and conducting studies to determine the extent of potential fraud in certain areas.

*Question.* A common concern I've heard from Iowans during the pandemic is the requirement to mail in certain original documents, including driver's licenses and certificates of citizenship, to apply for benefits. One of my constituents has reported that when SSA mailed her documents back, her daughter's certificate of citizenship was missing. My staff is currently working with SSA to try and locate the document for the constituent. Could you discuss how SSA is handling original or sensitive document processing?

*Answer.* We take our duty to protect personally identifiable information seriously and do our best to carefully handle evidence we receive. Unfortunately, we know that errors happen, and we are working to reduce and even eliminate the need to mail important documents. For more information about our plans, please see our COVID-19 SSN Service Delivery Improvement Plan.

When we become aware of missing or lost documents, we provide reimbursement for the cost of the document and offer credit monitoring.

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QUESTION SUBMITTED BY HON. ROB PORTMAN

*Question.* During my questioning, I discussed how critical it is to ensure that the Social Security trust funds remain solvent. Can you discuss the human costs that would occur if we run into a situation where we reached insolvency and the Social Security Administration were forced to trim benefits?

Answer. The administration is committed to protecting and strengthening Social Security. We understand how vital SSA's programs and services are to the public. For more than 80 years, SSA has provided income protection for retirees, individuals with disabilities, or for families that lose a wage-earner. Almost 90 percent of seniors over the age of 65 receive Social Security benefits. Our programs are also a critical gateway to healthcare, including Medicare and Medicaid.

Under current law, the 2020 Social Security Trustees report predicts that the combined trust funds will deplete their reserves in 2035, after which time Social Security will only be able pay approximately 79 percent of scheduled benefits. While this does not present near-term risks to either beneficiaries or the Nation's finances, the President is committed to working with Congress to address this important long-term challenge and ensure that this country will always meet its commitments to seniors and people with disabilities.

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QUESTIONS SUBMITTED BY HON. TODD YOUNG

*Question.* Over the course of the pandemic, men and women of the Social Security Administration (SSA) have worked tirelessly to serve Hoosiers. Over the past year, my office has worked to secure over a million dollars in benefits owed to Hoosiers. This was made possible in no small part thanks to the tireless efforts of SSA employees.

Amid great uncertainty, the SSA rapidly adapted to a new mode of work, going from an in-person service model to one almost entirely telework-based within a matter of weeks. Of course, challenges still persist, and I would like to explore further your thoughts on the past year and the SSA's ability to adapt and meet future challenges.

Can you please briefly share one or two of the SSA's greatest successes over the past year?

TRANSITIONING TO WORK AT HOME

Answer. In March 2020, to keep the public and our employees safe and continue key services, we made the unprecedented decision to direct employees to work from home and limit in-person services. This decision presented a significant change—to quickly shift nearly all of Operations 44,000 employees to a remote work environment. Before the pandemic less than 25 percent of our front-line employees had experience teleworking. We adapted procedures, provided training, deployed hardware and software that enabled a rapid shift to remote work. Within a few weeks, by early April 2020, we successfully redeployed over 90 percent of our Operations' employees to remote work and currently serve more than 90,000 in-office visitors each month. In a normal year we answer around 20 million phone calls in our field offices. A key shift was to channel the public online and to our phones, including having the same employees who would have seen the public in person in the office handle that work by phone. In FY 2020, we answered 33 million phone calls in our field offices and we are on track to answer 60 million phone calls in FY 2021. We also relied on mail to accomplish some work, which increased our mail volume ten-fold to 1.5 million items received each week. Finally, in April 2020, our customers successfully completed 18.5 million online transactions with us. One year later, in April 2021, our customers successfully completed 31.5 million online transactions, which is approximately 13 million more than 2020.

RECONSTITUTING THE NATIONAL 800 NUMBER

We worked as a team to overcome challenges on our national 800 number. Our 800 number platform requires specialized equipment to enable agents to work remotely. We had approximately 1,300 of these remote answering kits for the 4,500 agents who serve the public in our Teleservice Centers (TSCs), so we engineered a solution that allowed 800 number calls to transfer to softphone technology installed on the laptops of another 2,000 agents within 10 days and the remaining 1,200 agents within 30 days. As a result, we were quickly able to reestablish our 800 number service and provide millions of callers who need our services critical access to our telephone agents.

*Question.* What are the SSA's most significant ongoing challenges, and what is the SSA doing to address them?

Answer. Our most significant and ongoing challenges are handling non-portable workloads and in-person appointments with a small number of staff on site ranging from 7 to 9.5 percent of our overall field office staff, which we are currently increasing to the maximum allowed per our WSP. This cadre of on-site staff handles an ever-increasing demand and must use systems not designed for that purpose to make non-portable work like mail actionable for remote workers.

Workarounds including telephone appointments and mailed evidence in lieu of in-person options have resulted in an influx of incoming mail and phone calls. Before the pandemic, field offices scanned and uploaded about 150,000 paper documents weekly for processing. Offices are currently scanning and uploading 1.5 million paper documents weekly.

Some of how we have operated during the pandemic is intended as temporary workarounds to allow us to better serve our recipients. However, these challenges are also opportunities to rethink the status quo. We are breaking our processes down to better understand the customer experience. For example, we realize that many office visits happen because we need something (evidence) from someone but we do not need to interview the person. Thus, we are considering how we can safely and efficiently get the evidence we need without requiring a person to come to or wait in an office. We have been expanding the use of the appointment only process we have used during the pandemic, which allows us to predict who is coming in for what reason and to staff accordingly and to quickly serve the customer. We can also reduce the time a customer must spend in our office for a SSN card by asking the person to complete the application in advance of the appointment, reducing time spent in the office. While we initially took this step to limit close contact during the pandemic, it is an efficiency for us and better service for the public.

Other steps we have taken include: in April 2020, as unemployment nationwide spiked to unprecedented levels, we quickly implemented an online process for handling Medicare Part B Supplemental Medical Coverage (Form CMS-40B) applications for seniors suddenly unemployed without employer-sponsored health-care coverage. To date, more than 300,000 seniors at risk of losing their employer-sponsored health care have used our online and fax applications to apply for Medicare Part B Supplemental Medical Insurance coverage.

We launched a video solution for hearings conducted in our Office of Hearings Operations, and for use by State Protection and Advocacy grantees conducting payee-monitoring reviews. In November 2020, we tested the use of video to 100 of our high-volume SSN card sites to process simple replacement cards for U.S. citizens using the same data exchange we use to verify identity evidence for the online replacement SSN card. We are interested in exploring how video might be a part of our service delivery in the future.

We have also continued to work with the States to expand the availability of our online SSN replacement card application during the pandemic. This service, which is located behind our secure *my Social Security* portal, allows adult U.S. citizens to apply for a no-change replacement card using a data exchange with the American Association of Motor Vehicle Administrators that electronically verifies the individual's State ID or driver's license in real-time.

In our disability program, the greatest ongoing challenge involves reducing pending workloads relates to scheduling and conducting consultative examinations (CE). Some of the common CE challenges reported by the State DDSs include the following: lack of available CE providers within the State—nationally, 73.9-percent availability as of April 23, 2021; and CE provider safety protocols in place due to COVID concerns, and claimant reluctance to attend in-person CEs, and those who opt out of telehealth appointments.

*Question.* As we all know, this pandemic has presented unique hardships for Americans and has had a disproportionate impact on those who were medically and economically vulnerable. From the onset, Commissioner Andrew Saul and Deputy Commissioner David Black have shown great leadership in their outreach to at-risk beneficiaries, particularly homeless individuals and those that depend on Supplemental Security Income, to ensure they have access to the resources they desperately need.

In your opening testimony you outlined several steps the SSA has taken to address this issue. Can you please speak to the impact you have seen on these at-risk beneficiaries as a result of those efforts?

Answer. We have engaged with our partners in the advocate community and are working to find new ways to reach people facing barriers. Since June 2020, we have been engaging in a vast community-based outreach campaign, blanketing communities with our message. That grassroots campaign yielded thousands of organizations committing to broadcast our message that our offices are reachable by phone to help people. This campaign has reached millions of people across the Nation.

We have also enhanced our online resources dedicated to people helping others to assist with inquiries like filing for benefits, resolving an overpayment, or appealing a decision. In March, we circulated a new toolkit we created for faith-based organizations, and recently hosted a national session with more than 2,000 registered attendees interested in learning more about how they can partner with SSA to share information about our programs, assist in taking SSI claims, or actively refer individuals potentially eligible for SSI to our field offices.

We are also conducting mailed outreach to individuals who may be eligible for SSI. Between December 2020 and March 2021, we released approximately 200,000 notices to beneficiaries potentially eligible for SSI benefits, encouraging them to contact us to apply. This effort, which is the first of many, focused on elderly and limited English proficiency populations. We are planning on continuing mailed outreach later this summer and in FY 2022. For more information about this effort, please see the report provided to the committee on May 7th.

More recently, we began a new initiative seeking the help of organizations to assist people in their community access SSI benefits. We continue to work with our partners to ensure we find and serve those facing barriers during this challenging time.

Please refer to the 2022 Congressional Justifications for additional details regarding FY 2021 outreach efforts and planned actions for FY 2022.

*Question.* What metrics does the SSA use to track success in its outreach efforts and, ultimately, service delivery?

Answer. We rely on feedback through a variety of sources to help us gauge our success in outreach and service delivery. Our longstanding relationship with advocacy groups continues to inform opportunities to improve our services through valuable feedback. We also use other mechanisms to solicit feedback from the public. For example, we use the Foresee survey to inform level of satisfaction of our online services and occasionally hire private contractors to conduct surveys directly with the public for their opinions on our service.

Additionally, we strengthened our outreach communication to raise awareness of our programs and how to access them. Since the beginning of the pandemic, we have reached out to thousands of organizations to help reach underserved individuals. We continue to monitor application trends to help measure the success of our outreach efforts.

*Question.* How has the delivery of services to at-risk populations shifted amid the pandemic protocols?

Answer. As discussed, reaching at-risk populations has been one of the greatest challenges we currently face.

We are serving the majority of customers today by telephone, online, and via mail. We continue to limit our in-person services to certain critical situations by appointment only. The appointment-only model is the best way to balance the safety of our staff and your constituents with our mission of public service.

For individuals able to access the Internet, online services will often be the easiest way to conduct business with us during this time. Those people who cannot use our online services should call their local office or use our national 800 number for assistance. For needs that we cannot handle by phone, the local office can determine whether an in-person appointment is needed or another option may be available.

Our office locator is available at <https://secure.ssa.gov/ICON/main.jsp>. Constituents who are unable to use our online office locator may call our national 800 number at 1-800-772-1213 and use the automated prompts to obtain the phone number for their local office.

*Question.* What unique challenges have been presented when trying to access vulnerable populations in urban areas as opposed to rural?

Answer. Based on our outreach efforts, it is clear that homelessness and transiency pose significant barriers to being able to reach and maintain contact with

people. We also identified challenges through some of the demonstration programs, such as travel time, lack of local resources, and lack of high-speed Internet access.

Another of the greatest challenges we face accessing people with barriers—whether in rural or urban areas—is identifying third-party partners who can assist. Some organizations report they are interested in working with us but have resource constraints, including staffing and technology limitations. Other organizations interested in working with us report their facilities are closed due to the COVID-19 pandemic and they do not currently have access or contacts with those who are in the greatest need. We appreciate how helpful our third-party partners have been and understand how crucial they are to helping individuals.

*Question.* While the adaptations made to accommodate remote work in the SSA have been impressive, we have all come to understand over the last year the limitations of remote work. For example, I have heard from a number of constituents who have been told by the SSA to send original documents such as birth certificates or passports by mail. While I understand that SSA policy has recently shifted to allow secondary documentation to be used in place of a driver's license, there is still concern about parting with these items for an indefinite period of time.

*Answer.* To keep our visitors and employees safe during the pandemic, we implemented temporary workarounds for some workloads. For example, we agree that people need their important documents. As you note, in February 2021, we instituted a temporary policy flexibility to accept alternative forms of evidence of identity for replacement cards; however, while this flexibility provides some relief, we are also increasing service options to address SSN card requests, including additional in-person express appointments. For more information about our plans, please see our COVID-19 SSN Service Delivery Improvement Plan, which balances safely improving service during the pandemic with our obligation to protect the integrity of the SSN issuance process. Through our plan, we will reduce or eliminate the need to mail important documents.

*Question.* Is there an SSA policy in place regarding the maximum amount of time these documents can be held?

*Answer.* No, although we strive to review and return documents as quickly as possible. We are adding additional staffing to our offices consistent with our Workplace Safety Plan to be able to expedite handling mail. At the same time, we are expanding express appointments, which do not rely on mailed evidence.

*Question.* How quickly are these documents being processed and returned to the owner?

*Answer.* We have a goal of processing all mail within a 2-week period. However, the amount of time to return documents varies based on mail time and limited on-site staffing and may range from 4–8 weeks, which we agree is too long. We are increasing staffing in our offices consistent with the Workplace Safety Plan to respond timelier to mail and reduce reliance on mail by expanding express appointments.

*Question.* Given the concern of documents getting lost or damaged in the mail, does the SSA provide tracking information to the recipients when returning the documents?

*Answer.* We generally return documents via USPS certified mail or UPS. We receive tracking information that reduces the likelihood of lost documents, but unfortunately, occasionally some documents are lost. When we become aware of missing or lost documents, we provide reimbursement for the cost of the document and offer credit monitoring.

*Question.* In addition to the concern about not having access to these original documents, there is also a risk that documents could be lost or damaged during the mailing process. I understand that field offices have begun to set up secure drop boxes for members of the public to safely submit this documentation.

Could you please share some information about the implementation of these drop boxes, including a list of locations where operational drop boxes can be found?

*Answer.* Our COVID-19 SSN Service Delivery Improvement Plan focuses on adding express interview options so that individuals can keep their important documents with them at all times. Moving forward, we expect to reserve the drop box option for customers dropping off information for initial claims, reconsiderations, hearings, and other workloads.

We tested drop boxes in 100 offices with the highest number of critical, in-person appointments. After successful testing, we began national implementation of drop boxes in mid-March 2021. We currently have 376 offices providing this service and expect to have about 875 drop boxes in use in the near future.

We have submitted an attachment which contains the list of locations where operational drop boxes can be found.

*Question.* How exactly do these secure systems work? Are individuals able to submit as well as retrieve their original documents through them?

*Answer.* Drop boxes are located securely within SSA offices, either in a vestibule or reception area and within sight of security guards and SSA management. Customers can drop off their documents during office hours, and we return them via mail or UPS.

*Question.* As the Nation returns to normal and the SSA moves to reopen its field offices and operation centers, it is worth examining the investments and modifications made by the SSA in response to the pandemic.

As Americans are vaccinated and the immediate threat of the pandemic subsides, how is the SSA planning to reopen field offices for in-person services?

*Answer.* We want to emphasize that throughout the pandemic, we have been and remain open for business. Most SSA services are available online and by telephone. We also provide in-person appointments for limited, critical situations such as individuals without shelter who have the need to apply for or reinstate benefits, or individuals who need to update SSN information to obtain income, resources, or medical care. Social Security continues to operate under our Workplace Safety Plan (WSP),<sup>20</sup> consistent with the President's executive order<sup>21</sup> and government-wide guidance.<sup>22</sup> This WSP is currently being updated in accordance with more recent government-wide instructions.<sup>23</sup> We are in the process of increasing on-site staffing, which should result in service improvement. We are also engaged in post-implementation bargaining of the WSP.

*Question.* How do you envision the experiences of the past year shaping the long-term management at the SSA? Are there any modifications resulting from the pandemic that improved the SSA's ability to fulfill its mission and should be adopted on a permanent basis?

*Answer.* Much of the public has embraced phone, online, and video services, which frees resources to focus on people facing barriers and those who cannot use alternate service options.

We also plan to continue the use of drop boxes and express interviews for customers.

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## COVID-19 Pandemic Social Security Number (SSN) Service Delivery Improvement Plan

May 2021

### **Background**

On April 29, 2021, the Senate Committee on Finance held a hearing titled, "Social Security During COVID: How the Pandemic Hampered Access to Benefits and Strategies for Improving Service Delivery." During the hearing, Committee Members discussed concerns that constituents who seek replacement Social Security cards need to mail their evidence, including driver's licenses or passports. Chairman Wyden asked us to submit a plan within two weeks for how we can improve service by not requiring people, especially vulnerable populations, who apply for Social Security Numbers (SSNs) and replacement cards to mail important original documents to us.

<sup>20</sup> <https://www.ssa.gov/coronavirus/assets/materials/ssa-covid-19-workplace-safety-plan.pdf>.

<sup>21</sup> <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-protecting-the-federal-workforce-and-requiring-mask-wearing/>.

<sup>22</sup> <https://www.whitehouse.gov/wp-content/uploads/2021/01/M-21-15.pdf>.

<sup>23</sup> <https://www.whitehouse.gov/wp-content/uploads/2021/06/M-21-25.pdf>.

### Pre-Pandemic SSN Service Delivery

In Fiscal Year (FY) 2019, we processed about 17.5 million SSN requests, including assigning about 5.5 million new SSNs (we refer to these as “original SSNs”) and issuing about 12 million replacement SSN cards. We have a number of decades-long partnerships with Federal and State governments to automate the issuance of certain original and replacement cards. Because we obtain the information we need directly from government entities—the custodians of record for the physical evidence we require—these partnerships ensure the security and integrity of our SSN issuance processes, and eliminate the need for an in-person visit to present original documentary evidence. The individual simply asks the government agency to share their information with us so that we can issue the number or card.

In 2015, we implemented a new online service, known as the Internet Social Security Number Replacement Card (iSSNRC), to allow adult United States (U.S.) citizens seeking certain replacement cards to apply online through our *my Social Security* portal. Through iSSNRC, we establish the identity of the applicant using information from applicants’ evidence—a State-issued driver’s license (DL) or identification (ID) card—and directly verifying the information with the State’s Department of Motor Vehicles. iSSNRC is available in 45 States.

In FY 2019, we issued about one-third of SSN cards through these automated and online options.<sup>1</sup> We processed the remaining 11.87 million in our field offices and card centers. Our COVID–19 Pandemic SSN Service Delivery Improvement Plan focuses on SSN cards issued by field offices.

### SSNs Processed in Field Offices and Card Centers in FY 2019

(in millions)

<b>Grand Total In-Office SSN Actions</b>	<b>11.87</b>
<b>Original SSNs</b>	
U.S. Citizens	.16
Noncitizens	.95
<b>Total</b>	<b>1.11</b>
<b>Replacement SSNs</b>	
U.S. Citizens	10.05
No Change	5.95
Change	4.11
Noncitizens	.7
No Change	.42
Change	.28
<b>Total</b>	<b>10.76</b>

### Current SSN Service Delivery

To protect those we serve and our employees during the COVID–19 pandemic, we provide in-person service by appointment only for critical services that we cannot handle online or over the phone. Accordingly, we prioritized requests for in-person SSN services for individuals:

- Age 12 or older applying for their first SSN card,<sup>2</sup> or
- Who need to update or correct their SSN information (such as their name, date of birth, or citizenship) to obtain income, resources, or medical care or coverage, or other services or benefits (for example, filing a tax return, applying for housing, or seeking an Economic Impact Payment).

<sup>1</sup> To learn more about these automated and online services, as well as our evidentiary requirements, please see the Appendix.

<sup>2</sup> Our longstanding regulations at 20 CFR § 422.107 require in-person interviews for these individuals.

U.S. citizens not eligible for in-person services may request replacement cards online through iSSNRC, or mail the SSN card application with original evidence.

We recognize people need their important documents, and in February 2021, we instituted a temporary policy flexibility to accept alternative forms of evidence of identity for replacement cards. Temporarily, U.S. citizens who mail a replacement card application are not required to submit primary evidence of identity (*i.e.*, State-issued DL or ID card, or U.S. passport). Instead, applicants may mail unexpired and valid secondary evidence (*e.g.*, U.S. military dependent identification card, Certificate of Naturalization, etc.), or other evidence when secondary evidence is not available.<sup>3</sup>

While this flexibility provides some relief, we are increasing service options to address requests for SSN cards.

#### **Service Delivery Moving Forward During the COVID-19 Pandemic**

We will improve SSN service delivery during the pandemic for original SSNs and replacement cards by ending the need to mail SSN applications and evidence. Specifically, we will:

- Direct eligible individuals to use iSSNRC because it is the easiest and fastest option to obtain a replacement SSN card if the individual is not seeking a change to our records.<sup>4</sup>
- Expand video service delivery to U.S. citizens and noncitizens for replacement SSN cards if they are unable to use iSSNRC.
- Expand in-person service delivery by appointment for original and replacement SSN cards for individuals who we are unable to serve online or via video.

We are starting to implement these service improvements now, within the framework of our Workplace Safety Plan (WSP), which was approved in accordance with Executive Order (EO) 13991, Protecting the Federal Workforce, and M-21-15 COVID-19 Safe Federal Workplace: Agency Model Safety Principles. To ensure we have capacity in our field offices and card centers to help those who must visit us, we will direct customers to online and video options first. Video options afford us flexibility in meeting fluctuating demands for service across the country, provide a convenient and secure option for the public, and allow an employee to process an SSN application without geographic limitations.

We will incrementally increase our in-office staff within the WSP guidelines to handle additional in-office appointments. We will monitor the effect of our plan on reducing the need to mail applications and evidence, evaluate customer feedback, and make adjustments as needed.

Details regarding in-person and video service delivery follow.

#### *Microsoft (MS) Teams—U.S. Citizen “No Change” Replacement Cards*

We will expand the use of MS Teams video interviews for replacement SSN cards nationwide.<sup>5</sup> MS Teams will be available to U.S. citizens requesting “no change” replacement cards if they are unable to use iSSNRC.

Through MS Teams, individuals can securely apply from any location using a computer, tablet, or smartphone with Internet service, and our employees will conduct a remote video interview.<sup>6</sup> We will send the applicant a link to the MS Teams application; the applicant does not need to download any software to participate in the interview. During the interview, our employee asks knowledge-based questions, views the individual’s evidence—either a State-issued DL or ID card—and verifies the information from the evidence directly with the State Department of Motor Vehicles (DMV).

We will continue to engage with the union on these changes.

#### *Video Service Delivery (VSD) Expansion—U.S. Citizen “Change” Replacement Cards; All Noncitizen Replacement Cards*

We will expand our use of VSD to provide replacement card services to U.S. citizens and test it for noncitizens. We will direct U.S. citizens requesting “no change” re-

<sup>3</sup><https://secure.ssa.gov/poms.nsf/lnx/0110210420>.

<sup>4</sup>“No change” replacement cards are duplicate SSN card requests. “Change” replacement cards are those where the applicant requests a change to their SSN record, including a name, date of birth, or citizenship status change.

<sup>5</sup>MS Teams requires a verification with the State DMV, just like iSSNRC. Accordingly, MS Teams will not be available in the five States that do not yet participate in iSSNRC.

<sup>6</sup>These devices must have a working camera capable of interacting with MS Teams.



placement cards to iSSNRC or MS Teams first, reserving VSD for U.S. citizens who do *not* have a State-issued DL or ID card or who need to change information in our records, and for noncitizen replacement SSN card requests.

Through VSD, an employee visually inspects the authenticity of evidence of identity or immigration status, as well as evidence to support requests for changes (*e.g.*, marriage record for name changes, birth certificates for date of birth changes). VSD offers high-resolution magnification—1920 × 1080P, the resolution available on most High Definition Televisions—and black light capability, allowing for in-depth review of the security features and authenticity of the evidence presented.

Applicants must visit one of our offices or a participating third-party partner site to use VSD. We are adding software to our employees' laptops so they can connect to the in-office VSD equipment from their remote workstations.<sup>7</sup> We currently have VSD units in approximately half of our field offices, and in 97 third-party sites. We have begun shipping an additional 170 VSD units to field offices with high volumes of noncitizen SSN requests, with a focus on States that do not currently have iSSNRC.

We will continue to engage with the union on these changes.

#### *In-Person Express Appointments—Original SSN Requests and More, As Needed*

We will expand capacity at field offices and card centers to increase the number of express in-person appointments we offer for individuals we are unable to serve through iSSNRC and video appointments. When scheduling these interviews, we ask the applicant to complete the paper SSN application prior to their visit, and advise them of the evidence documents they will need to bring. We have found that this model minimizes the time spent in office to 5–7 minutes.

We will expand these appointments in accordance with the safety measures in our WSP. We are iteratively increasing staff over the coming weeks subject to WSP limits, as explained to Congressional staff in a briefing on April 22, 2021.

#### **Appendix:**

##### SSN Eligibility Requirements

Section 205(c)(2)(B)(ii) of the Social Security Act requires that we obtain evidence of age, identity, and citizenship or current work-authorized immigration status from applicants for original SSNs. Generally, newborns receive an original SSN through our automated Enumeration at Birth program. Individuals (other than newborns) must come into a field office or Social Security Card Center to apply for an original SSN. We require an in-person interview for all original SSN applicants age 12 or older. During the interview, we attempt to locate a prior SSN to help ensure that we do not assign an SSN to an individual assuming a false identity.

For replacement SSN cards, we require proof of identity from U.S. citizens. For non-citizens, we require evidence of current immigration/work authorization status as well. Individuals needing to update their SSN record must present evidence to support the update—a marriage certificate, divorce decree, or birth certificate, etc.

For noncitizen original SSN and replacement card requests, we verify work authorization and immigration status directly with Department of Homeland Security (DHS) via an electronic process called the Systematic Alien Verification for Entitlements (SAVE) Program. If DHS does not verify the applicant's status, we will not assign an SSN. Per our SAVE agreement with DHS, we must visually inspect the original immigration/work authorization document presented by the applicant.

These stringent policies comply with requirements enacted by Congress in the Intelligence Reform and Terrorism Prevention Act of 2004 (Pub. L. 108–485), which include:

- Rigorous minimum standards for verification of documents submitted in connection with an SSN;
- Adding death and fraud indicators to SSN verification routines for employers and for State agencies issuing driver's licenses and identity cards; and,
- Limiting individuals to 3 replacement SSN cards per year and 10 per lifetime (with limited exceptions).

<sup>7</sup> VSD is currently available to U.S. citizens requesting no-change replacement SSN cards. However, the current capability requires employees and applicants to be in our offices. Thus, this expansion allows more applicants to use VSD and our employees to assist the public remotely.

#### Automated SSN Services

##### Enumeration at Birth

The Enumeration at Birth (EAB) program—established in 1987—allows parents to obtain SSNs for their newborns as part of the birth registration process. The evidence required to process an SSN application is the same evidence gathered by hospitals and birthing facilities and verified by bureaus of vital statistics (BVS) during the birth registration process. Through EAB, BVSs electronically send us the information we need; we assign the number and issue an original card. Today, all 50 States plus Puerto Rico, New York City and the District of Columbia participate. The vast majority of parents choose to use EAB. In FY 2019, we assigned 3.8 million original SSNs through EAB, which represents nearly 99 percent of original SSN cards for children under the age of one.

##### Enumeration at Entry

The Enumeration at Entry (EAE) program—established in 2002—allows lawful permanent residents to obtain SSNs as part of the immigrant visa process. Once Department of State approves the visa, it transmits identifying information from the visa application to DHS; DHS then transmits to us the data we need when the person enters the country. We assign the number and issue an original card. If the permanent resident already has an SSN, we issue a replacement card. In FY 2019, we assigned almost 213,000 SSNs and issued almost 17,000 replacement cards through EAE.

##### Enumeration Beyond Entry

The Enumeration Beyond Entry (EBE) program—our newest automated program, implemented in 2017—allows lawfully present noncitizens to obtain an SSN when DHS provides them temporary work authorization. DHS sends us the information it collected and verified when approving the request for work authorization. We assign the number and issue an original card. If the noncitizen already has an SSN, we issue a replacement card. In FY 2019, we assigned about 350,000 SSNs and issued almost 63,000 replacement cards through EBE.

##### Online Replacement SSN Card Service

Internet Social Security Number Replacement Cards (iSSNRC)—implemented in 2015—allows U.S. citizens requesting “no change” replacement cards to apply online through our partnerships with States’ Departments of Motor Vehicles. To mitigate the potential risk of eliminating face-to-face interviews and in-person visual document inspections, iSSNRC has built-in controls. For example, iSSNRC is behind the *my Social Security* portal to take advantage of the portal’s authentication protocols. It also includes a verification of the DL and ID card information submitted as proof of identity with the States’ DMVs through the American Association of Motor Vehicle Administrators. iSSNRC is available in all but five States: Minnesota, Nevada, New Hampshire, Oklahoma, and West Virginia. In FY 2019, we issued about 1.3 million replacement cards through iSSNRC.

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## Plan for Simplifying the Supplemental Security Income Application

May 2021

### **Background**

On April 29, 2021, the Senate Committee on Finance held a hearing titled, “Social Security During COVID: How the Pandemic Hampered Access to Benefits and Strategies for Improving Service Delivery.” During the hearing, Chairman Wyden asked us to submit within a month a plan for how we can simplify the application for Supplemental Security Income (SSI) benefits.

### **The Supplemental Security Income Program**

Congress enacted the SSI program in 1972 to replace the varied Federal-State programs of Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled in the 50 States and the District of Columbia. In 1974, the SSI program began paying benefits.

The program provides monthly benefits to people who are blind, disabled, or at least age 65. The maximum monthly benefit amount in 2021 is \$794 for individuals (about 75 percent of the Federal, individual poverty line) and \$1,191 for couples

where both members are eligible and either married or “holding themselves out” to their community as being married.

About 8 million people currently receive monthly Federal SSI benefits. The States can—and in some cases must—provide supplemental benefits to residents who are eligible for SSI. In 12 States, we determine on behalf of the State whether SSI beneficiaries are eligible and pay the appropriate amount of the State supplement, using the criteria set forth in an agreement we reach with that State.

The law requires us to determine a person’s eligibility for SSI benefits every month, using information verified from independent and collateral sources. This includes not only accounting for all of the income and resources that the beneficiary or applicant has or can access, but also accounting for the income and resources of spouses (from either a legal marriage or holding-out relationship, as mentioned above), parents (of child beneficiaries under 18), and sponsors (of certain noncitizen beneficiaries) who live in the household.<sup>1</sup>

Eligibility for and the amount of SSI benefits depend on a person’s countable income. The Social Security Act defines income broadly and requires us to count more than 20 types of income, such as wages, self-employment, and pensions, as well as support and maintenance provided “in-kind,” which can include the provision of food or payment of all or some of a person’s household expenses.

The law distinguishes between income that is “earned” and income that is “unearned,” and applies different basic exclusions to each type; we exclude up to \$20 of a person’s unearned income. If a person has less than \$20 in unearned income, we apply the remainder of this exclusion to their earned income. We then exclude \$65 plus one-half of the remainder of earned income.

The Social Security Act and other Federal laws further exclude from counting some or all of over 86 other types of income, including assistance based on need, advance refundable tax credits, disaster assistance, earned income of students of a certain age, certain payments for participation in clinical trials, various payments Tribes provide their members, and payments in reparation for Nazi genocide or certain eugenics programs. Please see the Appendix for a list of these exclusions.

Eligibility also depends on a person’s countable resources. The Social Security Act allows someone to own up to \$2,000 in resources and a couple to own up to \$3,000 in resources; when resources equal or exceed these limits, the person or couple are ineligible for SSI.

The Social Security Act also provides specific procedures for evaluating certain resources, such as a home, burial expenses, the cash surrender value of life insurance, and trusts. The Social Security Act and Federal law further exclude some or all of the value of dozens of other types of resources, some indefinitely and others for only a certain period. Finally, the law requires us to consider a person’s resources for the 3-year period *before* he or she filed for SSI in order to determine whether the applicant sold or disposed of any assets for less than fair market value, which can result in a period of ineligibility for SSI. The Appendix also has a list of the SSI resource exclusions.

In addition to income and resources, the law requires us to consider a host of other factors in determining whether a person is eligible and the amount of benefits he or she will receive. People who reside in a hospital operated by a State are not eligible, whereas those who reside in a private hospital are eligible, although their monthly benefit may be capped at \$30 per month if Medical Assistance is paying a substantial portion of their care. Individuals are not eligible for SSI benefits if they fail to apply for other benefits for which they may be eligible, are fleeing to avoid prosecution or confinement for a felony, or are violating a condition of probation or parole. Individuals who reside outside the United States are not eligible,<sup>2</sup> but students or the children of American service members temporarily abroad remain eligible.

The rules concerning eligibility for people who are noncitizens are particularly complex, requiring us to, for example, evaluate a person’s current immigration status and prior statuses and when they were attained, as well as the person’s work his-

<sup>1</sup> We are also required to consider the income and resources of a sponsor even if the sponsor doesn’t live with the beneficiary.

<sup>2</sup> Residents of the Commonwealth of the Northern Mariana Islands are eligible for SSI. However, residents of Guam, American Samoa, the Commonwealth of Puerto Rico, or the U.S. Virgin Islands are not eligible.

tory and in some cases the work history of a parent or spouse. The additional factors that apply only to people who are noncitizens determine whether the person must serve a waiting period before receiving SSI, whether the person can be eligible for SSI immediately and indefinitely, and whether the person's eligibility will be limited to seven years from first obtaining a qualifying immigration status.

#### **Plan for Simplifying the SSI Application**

Commissioner Saul has made improving the administration of the SSI program a top priority for SSA. We appreciate the Committee's interest in this topic. Paper applications are long and detailed, which make them challenging for many people to complete on their own. Although the applications are used to gather the information needed to decide whether someone is eligible for this complex program,<sup>3</sup> we generally do not expect people to complete the applications on their own. When someone applies for SSI, we do not require them to complete the paper forms. Rather, we interview the applicant, and that conversation allows us to explain the questions and the program rules and answer any questions.

The COVID-19 pandemic has underscored the need for more simple SSI applications. Simpler applications would make it easier for organizations to help us reach people who have been unable to participate in the traditional interview. In the longer term, simpler applications will facilitate the development of an online application for SSI.

Outlined below is our plan to simplify the SSI applications, as well as other efforts to improve the overall application process, including plans to use our existing authority to administratively simplify the program rules.

As we proceed, we must balance the need for simplification with our obligations to be good stewards of taxpayer funds and to provide timely and efficient service to everyone who needs our help. We must ensure that the simplified applications continue to collect the level of information needed for us to accurately determine eligibility for this complex program. Furthermore, the simplified applications must continue to allow us to determine early in the application process whether a person is ineligible for benefits. This ensures that we provide good service and a timely decision on such applications. It also conserves the resources of the Disability Determination Services—which perform the critical function of determining whether people meet the program's disability standards—by reducing the likelihood that we forward to them an application from someone who is ineligible for SSI based on other factors.

#### **Creating a Fillable, PDF Version of the Application for SSI (SSA-8000-BK) (by May 2021)**

We have enlisted the aid of national and community-based advocates and organizations to help us ensure that vulnerable people across the country can continue to access our programs during the pandemic. We have trained these groups on how they can help someone complete an SSI application. To help these organizations help people apply for SSI, we are creating a fillable PDF application. This meaningful step will make it easier for these trusted partners to complete the form. After the applicant signs the application, our partners will fax it to us.

We plan to make this version available by the end of May 2021.

#### **Streamlining the Applications for Supplemental Security Income (Recommendations by the End of September 2021)**

We are reviewing the applications and are developing recommendations on ways to simplify them further while still ensuring we capture the information needed. We expect to have these recommendations by the end of September 2021.

After internal review and revision of the applications is complete, we will request feedback from advocates and stakeholders on the draft, revised applications. We will test the revised applications to ensure that the public can understand and successfully complete them. And any new applications will ultimately require approval by the Office of Management and Budget. We will keep the Committee apprised of our progress as we finalize the recommendations and determine implementation dates.

<sup>3</sup> When we refer to "applications" in this plan, we mean the SSA-8000, the "full" SSI application that includes all questions, and the SSA-8001, a shorter application we use when we defer asking some questions and development until after we've decided whether the applicant is disabled.

**Implementing Online and Automated Telephone Protective Filing Services (by the End of September 2021)**

We will also implement an online and automated telephone service to allow the public to record their interest in filing for SSI. Although this will not be an application, this service will provide the important function of allowing a person to establish a “protective filing date,” which ensures that benefits are not lost when an application cannot be immediately filed (SSI benefits can be paid no earlier than the month of filing). When someone uses this service, we will contact them to obtain the actual application.

We plan to implement these services by the end of September 2021.

**Updating Our Claims Systems and Implementing an Online, SSI-only Application (by November 2023)**

Once we have revised the SSI applications, we will make any necessary corresponding updates to the software our technicians use to take applications. We will also use the simplified forms as the basis for developing and implementing an online, SSI-only application that can be used by many people to apply for benefits. Since April 2017, we have allowed people who meet certain criteria to file an SSI application when they also file online for Social Security Disability Insurance Benefits (DIB). However, that option is not available to everyone and it collects only the bare minimum of information needed to start an SSI application. By November 2023, we plan to implement a more robust online application, for use when a person is only eligible for SSI or for people who are 65 and older.

**Administrative Simplifications (by the end of Fiscal Year 2022)**

In addition to our efforts improve the applications, we intend to make the following improvements to SSI policies under our existing authority.

**Rules Regarding In-Kind Support and Maintenance (ISM)**

In 2005, we revised our rules to stop counting the value of clothing given to SSI recipients as in-kind support and maintenance. We will explore what other similar changes to our rules we might make.

**Increase the \$5 Sharing Tolerance to \$20**

When figuring whether a beneficiary pays for his or her pro rata share of the household expenses (a step in determining whether a beneficiary is receiving in-kind support and maintenance), we consider beneficiaries to be paying their share when they contribute within \$5 of the actual, pro rata amount. We intend to increase this tolerance to \$20.

**Streamline Process for Temporarily Institutionalized (TI) Individuals**

Beneficiaries can remain eligible for up to the full amount of SSI benefits for the first 90 days in which they reside in an institution, provided they request they need the benefits to pay the expenses of the household they intend to return to and an attending physician certifies that the person’s stay is expected to be 90 days or less. We intend to improve the process by creating a standard form to collect this information from a physician. We also intend to develop a demonstration project to assess the effect of automatically providing these temporary benefits in the first 90 days without requiring the person to demonstrate their need to maintain household expenses or provide the physician’s certification.

**Appendix—Current Program Exclusions**

**Earned Income Exclusions**

- Any refund of Federal income taxes received under section 32 of the Internal Revenue Code (relating to earned income tax credit (EITC)) and any payment received under section 3507 of the Internal Revenue Code (relating to advance payment of EITC);
- Amounts received pursuant to the Making Work Pay tax credit set forth in the American Recovery and Reinvestment Act of 2009;
- Any refundable child tax credit;
- The first \$30 of earned income in a quarter if it is infrequent or irregular, that is: (1) if it is received only once in a calendar quarter from a single source and is not also received in the month immediately preceding or the month immediately following the month of receipt regardless of whether or not these payments occur in different calendar quarters; or (2) if its receipt cannot reasonably be expected;

- Up to \$1,930 per month but not more than \$7,770 in a calendar year received by a blind or disabled recipient who is a working student under age 22 and regularly attending school;
- Any portion of the monthly \$20 exclusion not used to exclude unearned income;
- \$65 of earned income in a month;
- Amounts used to pay impairment-related work expenses if a recipient is disabled (but not blind) and under age 65 or is disabled (but not blind) and receiving SSI (or disability payments under a former State plan) before age 65;
- One-half of remaining earned income in a month;
- Earned income used to meet any expenses reasonably attributable to the earning of the income if the recipient is blind and under age 65 or if he or she received SSI as a blind person prior to age 65;
- Any earned income received and used to fulfill an approved plan to achieve self-support if the recipient is blind or disabled and under age 65 or is blind or disabled and received SSI as a blind or disabled individual in the month before he or she attained age 65;
- Cash or in-kind income provided under an AmeriCorps program;
- Any earned income deposited into either a Temporary Assistance for Needy Families (TANF) or "Assets for Independence Act" Individual Development Account (IDA); and

#### Unearned Income Exclusions

- Any public agency's refund of taxes on real property or food;
- Assistance based on need wholly funded by a State or one of its political subdivisions. This exclusion includes State supplementation of Federal SSI benefits but does not include payments under a Federal/State grant program such as TANF;
- Any portion of a grant, scholarship, fellowship, or gift to an individual used for paying tuition, fees, or other necessary educational expenses;
- Food raised by a household if it is consumed by that household;
- Assistance received under the Disaster Relief and Emergency Assistance Act and assistance provided under any Federal statute because of a catastrophe that the President of the United States declares to be a major disaster;
- Assistance received under a program for flood mitigation activities;
- The first \$60 of unearned income in a quarter if it is infrequent or irregular, that is: (1) if it is received only once in a calendar quarter from a single source and is not also received in the month immediately preceding or the month immediately following the month of receipt regardless of whether or not these payments occur in different calendar quarters; or (2) if its receipt cannot reasonably be expected;
- Any unearned income received and used to fulfill an approved plan to achieve self-support if the recipient is blind or disabled and under age 65, or if the recipient is blind or disabled and received SSI as a blind or disabled individual in the month before he or she attained age 65;
- Periodic payments made by a State under a program established before July 1, 1973 and based solely on the recipient's length of residence and attainment of age 65;
- Payments for providing foster care to an ineligible child placed in the recipient's home by a public or private nonprofit child placement or child care agency;
- Any interest earned on excluded burial funds and any appreciation in the value of an excluded burial arrangement left to accumulate and become part of the separately identifiable burial fund;
- Certain support and maintenance assistance provided in the form of home energy assistance;
- One-third of support payments made by an absent parent if the recipient is a child;

- The first \$20 of unearned income in a month other than income in the form of in-kind support and maintenance received in the household of another and income based on need;
- The value of any assistance paid with respect to a dwelling unit under the United States Housing Act of 1937, the National Housing Act, section 101 of the Housing and Urban Development Act of 1965, Title V of the Housing Act of 1949, or section 202(h) of the Housing Act of 1959;
- Any interest accrued on and left to accumulate as part of the value of an excluded burial space purchase agreement (effective April 1, 1990) and any interest earned on the value of nonexcludable burial funds and burial space purchase agreements is excluded from income (effective July 1, 2004);
- The value of any commercial transportation ticket for travel by a recipient or his or her spouse among the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands that is received as a gift and is not converted to cash;
- Payments received from a fund established by a State to aid victims of crime;
- State-provided pensions to aged, blind, or disabled veterans (or their spouses);
- Relocation assistance provided by a State or local government that is comparable to assistance provided under title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
- Hostile fire pay received from one of the uniformed services pursuant to 37 U.S.C. 310 and other kinds of additional pay received by military personnel in a combat zone;
- Interest or other earnings on a dedicated account excluded from resources;
- In-kind gifts not converted to cash and the first \$2,000 annually of cash gifts made by tax-exempt organizations, such as the Make-A-Wish Foundation, to, or for the benefit of, individuals under age 18 with life-threatening conditions;
- Payments made under the Ricky Ray Hemophilia Relief Fund Act of 1998;
- Up to \$2,000 per calendar year in compensation for participating in clinical trials researching treatment of rare diseases and conditions;
- TANF funds made available to an SSI recipient as part of an IDA;
- Amounts received from the Filipino Veterans Equity Compensation Fund set forth in the American Recovery and Reinvestment Act of 2009;
- Amounts received by Medicaid recipients from the “Incentives for Prevention of Chronic Diseases in Medicaid” program established by the Affordable Care Act of 2010;
- Payments to Indian landowners made in accordance with the *Cobell et al. v. Salazar et al.* lawsuit settlement as ratified by the Claims Resettlement Act of 2010;
- Refundable tax credits (or advance payment of such credits);
- Deposits made by a participating individual or a sponsoring nonprofit organization or State or local government into an IDA under the Assets for Independence Act IDA demonstration project and interest earned on these deposits;
- Unearned income excluded by other Federal laws. See Federal Regulations Appendix to Subpart K 20 CFR 416;
- Generally, all interest and dividend income earned on countable resources;
- Lump sum payments made under the Energy Employees Occupational Illness Compensation Program Act of 2000 (the EEOCIP Act), including reimbursement for medical expenses, are excluded from income for SSI purposes;
- Contributions to an Achieving a Better Life Experience (ABLE) account are excluded for the account’s beneficiary. In addition, interest and dividends accrued by and retained within an ABLE account are also excluded; and
- Payments made by a State program intended to compensate individuals who had been sterilized under the authority of a State.
- Many Federal laws in addition to the Social Security Act provide for the exclusion of assistance received in the form of food, housing and utilities, educational

and employment benefits, or benefits derived from being a member of a Native American Tribe.

#### Resource Exclusions

- The home in which an individual has ownership interest and that serves as the individual's principal place of residence (including the land appertaining thereto);
- Household goods and personal effects;
- One automobile if used for transportation for the recipient or a member of the recipient's household;
- Property used in a trade or business that is essential to self-support;
- Up to \$6,000 of nonbusiness property that is essential to self-support;
- Resources of a blind or disabled individual that are necessary to fulfill an approved plan to achieve self-support;
- Stock in regional or village corporations held by natives of Alaska during the 20-year period in which the stock is inalienable pursuant to the Alaska Native Claims Settlement Act;
- Life insurance owned by an individual (and spouse, if any) provided that all life insurance on any person does not exceed a face value of \$1,500;
- Restricted allotted Indian lands;
- Disaster relief assistance;
- Assistance received under a program for flood mitigation activities;
- Burial spaces and certain funds up to \$1,500 for burial expenses;
- SSI or Old-Age, Survivors, and Disability Insurance retroactive payments for 9 months following the month of receipt;
- The value of any assistance paid with respect to a dwelling unit under the United States Housing Act of 1937, the National Housing Act, section 101 of the Housing and Urban Development Act of 1965, title V of the Housing Act of 1949, or section 202(h) of the Housing Act of 1959;
- Refunds of Federal income taxes and advances made by an employer relating to an EITC for 12 months following the month of receipt;
- One-time economic recovery payment received under the American Recovery and Reinvestment Act of 2009, for the month of receipt and the following 9 months;
- Amounts received pursuant to the Making Work Pay tax credit set forth in the American Recovery and Reinvestment Act of 2009 for the month of receipt and the following 12 months;
- Amounts received from the Filipino Veterans Equity Compensation Fund set forth in the American Recovery and Reinvestment Act of 2009;
- Refundable child tax credit for 12 months following the month of receipt;
- Refundable tax credits or advance payment of such credits for 12 months following the month of receipt;
- Grants, scholarships, fellowships, or gifts to be used for tuition or educational fees for 9 months following the month of receipt;
- Payments received as compensation for replacement or repair of losses, damages, or theft for 9 months following the month of receipt;
- Relocation assistance from a State or local government for 9 months following the month of receipt;
- Payments made from State-provided pensions to aged, blind, or disabled veterans or their spouses;
- Dedicated financial institution accounts for disabled children;
- In-kind gifts not converted to cash and the first \$2,000 annually of cash gifts made by tax-exempt organizations, such as the Make-A-Wish Foundation, to, or for the benefit of, individuals under age 18 with life-threatening conditions;



- Up to \$2,000 per calendar year in compensation for participating in clinical trials researching treatment of rare diseases and conditions;
- Amounts received by Medicaid recipients from the “Incentives for Prevention of Chronic Diseases in Medicaid” program established by the Affordable Care Act of 2010;
- Payments to Indian landowners made in accordance with the *Cobell et al. v. Salazar et al.* lawsuit settlement, as ratified by the Claims Resettlement Act of 2010 (for 12 months following the month of receipt);
- Payments made under the Ricky Ray Hemophilia Relief Fund Act of 1998;
- Amounts deposited into either a TANF or Assets for Independence Act IDA, including matching funds and interest earned on such amounts;
- Certain trusts (*e.g.*, those established by will or certain Medicaid trusts that will repay the State, upon the death of the recipient, for the costs of medical assistance provided to that individual);
- Payments or benefits provided under a Federal statute other than title XVI of the Social Security Act where exclusion is provided by such statute;
- Up to \$100,000 held in a qualified ABLÉ account. Furthermore, any distribution from an ABLÉ account for a qualified disability expense that is not housing-related is excluded from resources in the month it is used or in a month for which it is intended to be used for such expenses; and
- Payments made by a State program intended to compensate individuals who had been sterilized under the authority of a State.

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### Potential Entitlements From 2013 Brainstorming

The list of Potential Entitlements was developed in May 2013, to develop ideas and suggestions for further analysis or investigation.

- Medicare Only Beneficiaries, who are fully insured but either elect entitlement only to Medicare or have end stage renal disease, who should convert to Retirement Benefits.
- Medicare Only Beneficiaries who have at least 20–39 quarters of coverage and are eligible for reduced Buy-in fees.
- Spouse to Retirement Benefits.
- Combined Family Maximum.
- Title 2 (T2) Retroactivity—ensure retroactive benefits due are paid.
- Number holder (NH) is uninsured but names a spouse on their application for benefits, who is insured.
- Possible T2 Auxiliary Entitlement—Individual on Supplemental Security Income (SSI) with ineligible spouse who receives T2.
- Parisi Cases—Dually entitled individuals subject to deduction-before reduction in order to maximize benefits to other auxiliaries/survivors entitled on the social security number (SSN).
- Possible T2 Auxiliary/Survivor Entitlement.
- SSI Diary was set-case, not worked due to non-pay status.
- SSI Diary was set-case, never worked due to non-pay status.
- 2049 Cases—systems limitation with the recovery of overpayment accounting and reporting.
- Deemed Military Wage credits were not considered in the insured status computation.
- 12/68 Military Wage Report for Navy Reserve was not posted as military wage.
- Military Retirees who did not receive military service (MS) credits for years prior to 1968.
- Children in suspense pending a decision on a need for payee.
- Underpayment is due the estate or family of deceased NH.
- Underpayment is due to unnegotiated checks.
- Master beneficiary record (MBR) in suspense with SSI entitlement.
- Medicare for Qualified Government Employee earnings involved-eligible for cash and/or Medicare.
- Individual eligible after consideration of Totalization Agreement A.
- NH alleges wages from totalization country.

- Individual has lawfully admitted for permanent residency (LAPR) issue on MBR and some payment has been withheld pending citizenship/lawful presence.
- Administrative Law Judge allowance and case was never effectuated by the processing center.
- T2/T16 allowance decision with Disability Determination Services (DDS) allowance and not adjudicated after 180 days.
- Cases that were awarded for T2/SSI and award was never processed.
- Military Service Annual Earning Reappraisal Operation—Annual selection can reduce the incidence of occurrence by obtaining verified military service credits and posting to record.
- Individual filed T2 only claim—alleging visual impairment—denied using incorrect computation.
- Child named on application of a parent(s) and no claim taken.
- The agency may be using a prior record to establish LAPR when in fact it was never proven to SSA.
- T2 did not correct the DDS or Disability Quality Branch (DQB) date of onset change.
- Possible problem with Primary Insurance Amount (PIA)—at Full Retirement Age (FRA) new computations are not being considered in all cases.
- T2 Disability medical cessations are not being effectuated timely.
- NH filed for Medicare along with spouse or disabled child/subsequent application for RIB, but spouse/child were overlooked.
- Young widow-to-widow benefits terminated when youngest child reached age 16—child was subsequently entitled as Disabled Adult Child (DAC)—Need to determine if widow can be re-entitled.
- Most advantageous election of Aged Widow with Disabled Number holder entitlement.
- Simultaneous Disabled Worker/Aged Widow(er) over age 60 entitlement overlooked.
- T2 Adjustment of Reduction Factor.
- Unreduced Aged Widow (D) claims with retroactive Aged Wife (B) entitlement.
- Conversions from Wife to Aged Wife at FRA.
- Divorced Spouse terminated due to marriage and alerted spouse over age 62, who remarried after age 60.
- Possible disability insurance benefit (DIB) Entitlement - Individual receiving T2 Disabled Adult Child (CDB ) benefits has worked and/or gained insured status on own SSN and now has higher PIA on own record.
- T2 CDB denials with possible child entitlement prior to age 18 after retro consideration.
- Possible T2 CDB Entitlement—SSI DI applicant was disabled prior to age 22 but SSI was established after age 22, parents now in receipt of T2 benefits or are deceased.
- Possible T2 CDB Entitlement—Previous childhood disability awarded on SSI.
- T2 CDB was awarded in the past—the NH on the CDB account was terminated or suspended and later reinstated. Upon reinstatement, the CDB entitlement was missed.
- Previous childhood disability awarded on SSI. Student benefits previously awarded on T2 and no conversion to CDB on the record of the entitled parent.
- Possible T2 CDB entitlement Individuals without a payee in an institution now potentially entitled on their parents SSN- Disability began as a child. No current entitlement.
- Individuals without a payee but NOT in an institution—now potentially entitled on their parents SSN—Disability began as a child.
- Previous childhood disability awarded on SSI—now converted to adult and one parent or the other (or both) in receipt of T2.
- Possible T2 CDB Entitlement.
- Possible T2 CDB Entitlement. Individuals with a payee but residing in an institution. Now eligible for auxiliary/survivors benefits based on parents' SSN.
- Individuals with a payee but NOT residing in an institution. Now eligible for auxiliary/survivors benefits based on parents' SSN.
- CDB charged with a 5 month waiting period.
- In receipt of SSI payments and eligible for Retirement.
- In receipt of SSI payments and eligible for Retirement; birthday in last 9 months of the year. Individual receives disabled benefits.
- In receipt of SSI payments and eligible for Retirement; birthday in last 9 months of the year. Individual receives blind benefits.
- Disabled child/adult is listed on another's SSI application.
- In receipt of SSI/Type A income, diary not setting.

- Individuals who are ceased on T2 DIB still show up on the annual diary run-creates duplicate work.
- Individual has a divorced spouse and spouse files for benefits. NH is eligible if 10-year duration is met.
- Part B Medicare in non-auto accrete States is not being filed for.
- SSI-Special Disability workload Fallout.
- JR Diary SSI.
- SSI Blind individual-filed for T2 and denied -did not use Blind Fully insured computation.
- Type of master record is Disabled Individual but the individual is Statutorily Blind. SSA 831 information was not recorded in Modernized SSI Claims System—creates incorrect payment if NH works (10/1/09).
- SSI Individual who is terminated due to work and earnings but 1619a is not being considered.
- Wife to Widow approaching age 50 receiving SSI DIB.
- SSI Diary-need to automate and identify.
- T16 technical denial taken-but NH is insured for T2 and no T2 claim taken.
- SSI diary was set/T2 not taken/T16 was technical denial/NH insured for T2.
- SSI diary was set/T16 claim taken/NH insured for T2.
- SSI Veteran-Eligible for Veteran Administration pension.
- Supplemental Security Record/MBR Interface Failures.
- SSI diary sets annually. Current PIA on another record is always higher.
- SSI date of onset changed-and SSI did not properly pay the case with new onset.
- Veteran's Pension posting problems. Veteran's Pension is not verified and attendance was posted to the Veteran rather than the spouse, and/or other posting issues.
- Individual was referred for T2 but no claim was taken.
- T16 medical cessations are not timely effectuated.

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## **SOCIAL SECURITY**

The Commissioner

May 7, 2021

The Honorable Ron Wyden  
Chair  
U.S. Senate  
Committee on Finance  
Washington, DC 20510

Dear Committee Chair Wyden:

At the April 29, 2021 hearing titled "Social Security During COVID: How the Pandemic Hampered Access to Benefits and Strategies for Improving Service Delivery," you asked us to provide information on our efforts to encourage Old-Age, Survivors, and Disability Insurance (OASDI) program beneficiaries who might also be eligible for Supplemental Security Income (SSI) benefits to apply for them. Enclosed please find a progress report on this initiative.

I hope this information is helpful. If you have questions or wish to discuss this issue in more detail, please contact me, or have your staff contact Dennis Foley, our Assistant Deputy Commissioner for Legislation and Congressional Affairs, at (202) 358-6030.

Sincerely,  
Andrew Saul  
Commissioner

Enclosure

## Supplemental Security Income Targeted Mailers

### Progress Report

### May 2021

#### *Background*

The Supplemental Security Income (SSI) program provides monthly cash benefits to people with limited income and resources who are age 65 or older, blind, or disabled. SSI also serves as a gateway program that can provide beneficiaries with automatic eligibility for other programs, including Medicaid and the Supplemental Nutrition Assistance Program.

In addition to the SSI program, we also administer the Old-Age, Survivors, and Disability Insurance program (OASDI; also often referred to as “Social Security”), which provides monthly benefits to retired and disabled workers and their dependents and to survivors.

Our data analyses indicated that, during the pandemic, there has been a disproportionate decrease in SSI applications among several groups, including people who are age 65 or older, children with disabilities, and people with limited English proficiency. Other impacted groups include people diagnosed with mental illness, people experiencing homelessness, veterans, and people recently released from incarceration.

The goal of our SSI Targeted Mailer project is to increase SSI program participation by encouraging certain OASDI beneficiaries who may also qualify for benefits from the SSI program to contact us and apply.

#### *Initial Mailing*

For the initial mailing, we selected OASDI beneficiaries from three of the groups that have experienced the most significant decrease in SSI applications, specifically beneficiaries who are:

- age 18–64 and receiving disability benefits;
- age 65–84; or
- age 65–84 and have limited English proficiency (LEP).

We excluded from this outreach OASDI beneficiaries whose income—based on the Social Security benefits they receive as well as other income information in our records—would preclude SSI eligibility because it exceeds the maximum monthly Federal SSI benefit (the “Federal Benefit Rate”).

From late December through March, we mailed 200,000 notices in total to the initial group selected for outreach. The notice encouraged these OASDI beneficiaries to contact us and apply for SSI.

#### *Interim Results*

We expect to complete a full analysis of the initial mailing by November 2021. This timeframe is because some people selected to receive the initial mailing continue to contact us and apply for SSI, and we continue to process some of the applications we have received.

Below are interim results for the initial mailing as of April 23rd:

- 5,162 SSI applications received (2.58% of total mailers sent);
- 2,271 SSI applications approved (1.14% of the total mailers sent);
- \$198.70 per month—the average Federal SSI benefit for newly eligible SSI beneficiaries in this group. This does not include benefits from Medicaid, the supplements that certain States provide SSI recipients, and other programs these people may now qualify for as a result of SSI eligibility; and
- \$451,238.40—the total Federal SSI benefits paid.

#### *Next Steps*

In June 2021, we will begin mailing notices to the remaining population of about 1.2 million OASDI beneficiaries potentially eligible for SSI benefits who are in the three groups mentioned above,<sup>1</sup> in addition to those age 85 and older. We will send these notices over the course of a year to ensure that we can provide high-quality

<sup>1</sup>We had previously estimated sending this notice to about 2 million OASDI beneficiaries. After applying additional refining criteria, the potentially eligible population is now about 1.2 million beneficiaries.

service to the beneficiaries who contact us and as well as to the rest of the public we serve.

In anticipation of this larger mailing we have improved the process based on what we learned from the initial mailing:

- We refined our data screening to better target the mailing to people who are more likely to be eligible for SSI. For example, we added additional screening criteria to more precisely identify and exclude individuals who would not be eligible for SSI because our records indicate they receive a pension in addition to their Social Security benefits.
- We shortened and simplified the notice and will now include with it a one-page fact sheet about the SSI program.
- We will send an email notification to OASDI beneficiaries who have given us an email address. This email will be in addition to the paper notice.
- As in the initial mailing, the notice we send for the full mailing will encourage OASDI beneficiaries to apply for SSI by calling us at a toll-free number dedicated solely to this purpose and staffed by bilingual employees in our national call center who are fluent in Spanish and English. We have expanded capacity on this dedicated line, and in June it will include new features made possible by an upgrade to our telephone system, such as improved call routing capability and giving the caller the option to have us call them back. Like our main toll-free number (1-800-772-1213), the dedicated line will offer telephone translation in 200 languages.

#### *Estimated Costs*

We estimate that we will spend about \$3 million on this project in fiscal year 2021 and about \$5.5 million in fiscal year 2022. This includes both printing and mailing costs and staff time to answer calls and process the applications.

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### National Drop Box Status List

Office Code	Office	Region
620	GWINNETT GA	ATL
00G	ORLANDO SSCC	ATL
723	MIAMI SOUTH FL	ATL
322	RALEIGH NC	ATL
260	SOUTH BROWARD FL	ATL
262	HIALEAH FL	ATL
328	DURHAM NC	ATL
C29	LITTLE HAVANA FL	ATL
C19	FT LAUDERDALE W	ATL
320	CHARLOTTE NC	ATL
949	CARROLLWOOD FL	ATL
568	CHATTANOOGA TN	ATL
661	WEST PALM BEACH FL	ATL
261	PERRINE FL	ATL
619	KENNESAW GA	ATL
565	NASHVILLE TN	ATL
663	GAINESVILLE FL	ATL
344	CONCORD NC	ATL
628	DOTHAN AL	ATL
C27	FAIRHOPE AL	ATL
631	FLORENCE AL	ATL
632	HUNTSVILLE AL	ATL
624	MOBILE AL	ATL
264	ALLAPATTAH FL	ATL
A57	BELLE GLADE FL	ATL
265	BRADENTON FL	ATL
257	CLEARWATER FL	ATL
A98	DADE CITY FL	ATL
266	EAST HILLSBOROUGH	ATL
665	FT LAUDERDALE EAST	ATL
672	KEY WEST FL	ATL
C24	LITTLE RIVER FL	ATL
671	MIAMI BEACH FL	ATL
C18	NAPLES FL	ATL

## National Drop Box Status List—Continued

Office Code	Office	Region
709	NEW PORT RICHEY FL	ATL
722	NORTH BROWARD FL	ATL
A06	PT CHARLOTTE FL	ATL
667	SARASOTA FL	ATL
C26	SOUTH PALM BEACH	ATL
662	ST PETERSBURG FL	ATL
656	TAMPA FL	ATL
A14	VENICE FL	ATL
A20	FT WALTON BEACH FL	ATL
663	GAINESVILLE FL	ATL
263	JACKSONVILLE NORTH	ATL
255	LAKE CITY FL	ATL
658	LAKELAND FL	ATL
258	LEESBURG FL	ATL
657	ORLANDO FL	ATL
00G	ORLANDO SSCC	ATL
664	PORT ORANGE FL	ATL
602	ALBANY GA	ATL
604	ATHENS GA	ATL
606	AUGUSTA GA	ATL
614	BRUNSWICK GA	ATL
605	COLUMBUS GA	ATL
C96	COVINGTON GA	ATL
615	DUBLIN GA	ATL
612	GAINESVILLE GA	ATL
616	GRIFFIN GA	ATL
608	LAGRANGE GA	ATL
603	MACON GA	ATL
610	MILLEDGEVILLE GA	ATL
I15	NEWNAN GA	ATL
609	ROME GA	ATL
601	SAVANNAH GA	ATL
A44	STATESBORO GA	ATL
611	THOMASVILLE GA	ATL
C95	TIFTON GA	ATL
B23	TOCCOA GA	ATL
613	VALDOSTA GA	ATL
E69	VIDALIA GA	ATL
607	WAYCROSS GA	ATL
C31	WINDER GA	ATL
645	GREENWOOD MS	ATL
B14	GRENADE MS	ATL
642	HATTIESBURG MS	ATL
B15	KOSCIUSKO MS	ATL
652	LAUREL MS	ATL
651	NATCHEZ MS	ATL
481	ALBEMARLE NC	ATL
323	ASHEVILLE NC	ATL
325	GREENSBORO NC	ATL
B10	HENDERSON NC	ATL
331	HICKORY NC	ATL
334	NEW BERN NC	ATL
326	ROCKY MOUNT NC	ATL
321	SALISBURY NC	ATL
484	SMITHFIELD NC	ATL
327	WILMINGTON NC	ATL
324	WINSTON SALEM NC	ATL
585	CHARLESTON SC	ATL
587	FLORENCE SC	ATL
588	ROCK HILL SC	ATL
590	ANDERSON SC	ATL
592	MYRTLE BEACH SC	ATL
594	ORANGEBURG SC	ATL
595	SUMTER SC	ATL

## National Drop Box Status List—Continued

Office Code	Office	Region
C16	CLINTON SC	ATL
C94	ATHENS TN	ATL
574	CLARKSVILLE TN	ATL
581	CLEVELAND TN	ATL
569	COLUMBIA TN	ATL
573	COOKEVILLE TN	ATL
570	DYERSBURG TN	ATL
558	GALLATIN TN	ATL
575	GREENEVILLE TN	ATL
580	JACKSBORO TN	ATL
571	JACKSON TN	ATL
572	JOHNSON CITY TN	ATL
579	KINGSPORT TN	ATL
567	KNOXVILLE TN	ATL
B08	LAWRENCEBURG TN	ATL
C37	MADISON TN	ATL
B19	MCMINNVILLE TN	ATL
C90	MEMPHIS NORTH TN	ATL
556	MEMPHIS SOUTH TN	ATL
566	MEMPHIS TN	ATL
576	MORRISTOWN TN	ATL
578	MURFREESBORO TN	ATL
A51	OAK RIDGE TN	ATL
582	PARIS TN	ATL
D00	SELMER TN	ATL
577	TULLAHOA TN	ATL
B03	UNION CITY TN	ATL
450	CAMPBELLSVILLE KY	ATL
452	DANVILLE KY	ATL
442	FLORENCE KY	ATL
441	FRANKFORT KY	ATL
446	HAZARD KY	ATL
439	LEXINGTON KY	ATL
437	LOUISVILLE DOWNTOWN	ATL
A45	LOUISVILLE EAST KY	ATL
428	MAYSVILLE KY	ATL
448	PIKEVILLE KY	ATL
454	SOMERSET KY	ATL
032	CAMBRIDGE MA	BOS
030	BOSTON MA	BOS
072	PROVIDENCE RI	BOS
085	NEW HAVEN CT	BOS
087	STAMFORD CT	BOS
041	LAWRENCE	BOS
003	AUGUSTA	BOS
022	BURLINGTON	BOS
A23	EAST HARTFORD	BOS
011	PORTSMOUTH	BOS
347	GRAND RAPIDS MI	CHI
485	CHICAGO LOOP IL	CHI
00L	TWIN CITIES SSCC	CHI
499	CHICAGO NORTH IL	CHI
D63	COLUMBUS NORTH	CHI
350	PONTIAC MI	CHI
532	MOUNT PROSPECT IL	CHI
399	HAMILTON OH	CHI
857	HOUSTON SOUTHEAS	DAL
A76	MCKINNEY TX	DAL
A73	DENTON TX	DAL
814	DALLAS NORTH TX	DAL
873	MID CITIES TX	DAL
A74	CONROE TX	DAL
763	FAYETTEVILLE AR	DAL
820	AMARILLO TX	DAL

## National Drop Box Status List—Continued

Office Code	Office	Region
813	AUSTIN TX	DAL
784	TULSA	DAL
792	MOORE	DAL
787	MUSKOGEE	DAL
B45	OKMULGEE	DAL
791	MIAMI	DAL
785	CHICKASHA	DAL
798	CLINTON	DAL
765	FORREST CITY	DAL
802	MONROE	DAL
A71	KENNER	DAL
D18	ST. TAMMANY	DAL
E36	BATON ROUGE N	DAL
810	OPELOUSAS	DAL
809	NATCHITOCHE	DAL
828	LEAGUE CITY	DAL
841	MCALLEN	DAL
E45	GEORGETOWN	DAL
843	CORSICANA	DAL
D20	WAXAHACHIE	DAL
837	SHERMAN	DAL
00K	RIO RANCHO, NM	DAL
B53	HOBBS, NM	DAL
860	SANTA FE, NM	DAL
862	CLOVIS, NM	DAL
00Z	MANHATTAN CARD C	NY
00Q	BRONX SOC SEC CARD	NY
144	MELVILLE NY	NY
00E	QUEENS SOC SEC CAR	NY
SSCC-Broo	BROOKLYN SSCC	NY
170	NEWARK NJ	NY
173	PATERSON NJ	NY
186	PARSIPPANY NJ	NY
182	HACKENSACK NJ	NY
171	TRENTON NJ	NY
176	JERSEY CITY NJ	NY
158	HUNTS POINT	NY
113	YONKERS	NY
118	NEWBURGH	NY
154	MONTICELLO	NY
B93	PEEKSKILL	NY
148	WHITE PLAINS	NY
B95	EAST VILLAGE	NY
149	WEST NYACK	NY
134	INWOOD HILL	NY
D58	HYLAN BLVD	NY
132	NORTH BRONX	NY
133	POUGHKEEPSIE	NY
128	NEW ROCHELLE	NY
C01	LONG ISLAND CITY	NY
150	FLUSHING	NY
163	RIVERHEAD	NY
160	BEDFORD HEIGHTS	NY
151	FREEMPORT	NY
137	NEW UTRECHT	NY
B97	WEST BABYLON	NY
139	CYPRESS HILLS	NY
138	MINEOLA	NY
130	TROY	NY
142	OLEAN	NY
129	WATERTOWN	NY
141	GENEVA	NY
115	NIAGARA FALLS	NY
116	OGDENSBURG	NY



## National Drop Box Status List—Continued

Office Code	Office	Region
146	ONEONTA	NY
B89	MANATI	NY
A31	CAROLINA	NY
271	SAN JUAN	NY
380	SAN PATRICIO	NY
272	PONCE	NY
B00	HATO TEJAS	NY
528	AGUADILLA	NY
C71	FAJARDO	NY
198	TOA ALTA	NY
177	CLIFTON	NY
B99	BRIDGEWATER	NY
A26	TOMS RIVER	NY
175	WOODBIDGE	NY
180	BRIDGETON	NY
181	NEPTUNE	NY
C73	MOUNT LAUREL	NY
A25	GLASSBORO	NY
174	UNION TWP	NY
188	SPRINGFIELD AVE	NY
178	EGG HARBOR TWP	NY
184	EAST ORANGE	NY
D24	AURORA CO	DEN
900	SALT LAKE CITY UTAH	DEN
887	COLORADO SPRINGS C	DEN
902	PROVO UT	DEN
771	DODGE CITY KS	KC
779	JOHNSON COUNTY KS	KC
692	SIOUX CITY IA	KC
697	FORT DODGE	KC
737	ST JOSEPH	KC
693	WATERLOO	KC
738	SPRINGFIELD	KC
751	COLUMBIA	KC
734	ST. PETERS	KC
234	FAIRLESS PA	PHI
294	ALEXANDRIA VA	PHI
231	PITTS EAST LIBERTY P	PHI
318	FAIRFAX VA	PHI
C07	GREENBELT MD	PHI
A33	ROCKVILLE MD	PHI
282	SILVER SPRING MD	PHI
270	DC DOWNTOWN	PHI
227	NORRISTOWN PA	PHI
B56	VIRGINIA BEACH	PHI
B68	ACCOMAC VA	PHI
96	ELKTON MD	PHI
A35	CARLISLE PA	PHI
235	CHAMBERSBURG PA	PHI
205	ERIE PA	PHI
7	MEADVILLE, PA	PHI
216	YORK PA	PHI
292	DANVILLE, VA	PHI
301	FARMVILLE, VA	PHI
299	WISE, VA	PHI
298	WYTHEVILLE, VA	PHI
A92	CULPEPPER, VA	PHI
309	CLARKSBURG WV	PHI
310	ELKINS WV	PHI
312	MORGANTOWN WV	PHI
D36	GARDEN GROVE CA	SFN
972	SANTA ANA CA	SFN
B58	MISSION VIEJO CA	SFN
908	TUCSON AZ	SFN

## National Drop Box Status List—Continued

Office Code	Office	Region
001	SACRAMENTO SSCC	SFN
984	SALINAS CA	SFN
960	SAN JOSE CA	SFN
062	CHATSWORTH CA	SFN
025	PAGO PAGO AM SAM	SFN
987	OCEANSIDE CA	SFN
066	HAYWARD CA	SFN
D44	WILSHIRE CENTER	SFN
068	SANTA MARIA CA	SFN
385	SAN JOSE EAST CA	SFN
946	LAS VEGAS NV	SFN
945	RENO NV	SFN
907	PHOENIX NORTH AZ	SFN
B60	FREMONT CA	SFN
976	BERKELEY CA	SFN
950	SAN FRANCISCO DT C	SFN
978	MODESTO CA	SFN
E31	GLENDORA CA	SFN
952	FRESNO CA	SFN
250	EL CAJON CA	SFN
253	UNIVERSITY VILLAGE C	SFN
249	ANAHEIM	SFN
D39	BREA	SFN
A78	FOUNTAIN VALLEY	SFN
168	GUAM	SFN
D41	KEARNEY MESA	SFN
B80	LA MESA	SFN
435	NATIONAL CITY	SFN
E02	SAIPAN	SFN
954	SAN DIEGO	SFN
931	SAN MARCOS	SFN
914	GLENDALE	SFN
939	MESA	SFN
A53	MORONGO BASIN	SFN
A15	NEEDLES	SFN
913	PHOENIX DTN	SFN
930	SOUTH TUCSON	SFN
B63	ANTIOCH	SFN
561	GILROY	SFN
A83	MOUNTAIN VIEW	SFN
383	RICHMOND	SFN
781	SF MISSION	SFN
E41	SOUTH SAN JOSE	SFN
967	SAN MATEO	SFN
988	SAN RAFAEL	SFN
061	SANTA CRUZ	SFN
248	WALNUT CREEK	SFN
948	WATSONVILLE	SFN
060	MERCED	SFN
E27	OROVILLE	SFN
E78	PLACERVILLE	SFN
969	REDDING	SFN
E77	ROSEVILLE	SFN
955	SACRAMENTO	SFN
E28	NORTH SACRAMENTO	SFN
E29	WEST SACRAMENTO	SFN
962	STOCKTON	SFN
A01	SUSANVILLE	SFN
A03	UKIAH	SFN
989	YUBA CITY	SFN
D35	AUBURN	SFN
979	CHICO	SFN
E08	FRESNO SOUTHEAST	SFN
386	FRESNO WEST	SFN

## National Drop Box Status List—Continued

Office Code	Office	Region
958	LONG BEACH	SFN
I55	ELKO	SFN
B69	FONTANA	SFN
906	HEMET	SFN
A00	HENDERSON	SFN
B73	MORENO VALLEY	SFN
D49	NORTH LAS VEGAS	SFN
251	RIVERSIDE	SFN
959	SAN BERNARDINO	SFN
A87	VICTORVILLE	SFN
943	WEST COVINA	SFN
D46	ALHAMBRA	SFN
434	COMPTON	SFN
968	HOLLYWOOD	SFN
966	HUNTINGTON PARK	SFN
059	LANCASTER	SFN
063	MONTEBELLO	SFN
562	NORWALK	SFN
957	PASADENA	SFN
982	WHITTIER	SFN
924	WENATCHEE WA	SEA
191	KENT WA	SEA
190	BELLEVUE WA	SEA
919	YAKIMA WA	SEA

PREPARED STATEMENT OF TARA DAWSON MCGUINNESS,<sup>1</sup>  
FELLOW AND SENIOR ADVISER, NEW PRACTICE LAB, NEW AMERICA

Thank you, Chairman Wyden, Ranking Member Crapo, and members of the committee. I am grateful to join you this morning to talk about making the Federal Government really work for the public.

- The effort to ensure that citizens and taxpayers are served by their government goes back over 100 years.
- When President Lincoln presided over a country of 31 million residents he was perhaps the first President to focus on this question—how are we delivering for those who elected us? He would open the doors to the White House after breakfast to hear from not only government officials, but citizens, welcoming their petitions and concerns.<sup>2</sup>
- But as the U.S. grew to *ten times* the size of the populace of Lincoln’s time, the practicality of this exercise has changed. The challenge however remains today for agency leaders: how do they bring this spirit of citizen connection and government delivery into the digital age?
- If government is going to deliver for people, it needs to constantly ask them what they need, and understand how they live their lives. This requires:
  - *Using data and technology* to make the process as seamless as possible, and *understanding what data and technology can’t do*.
  - *A focus on the people an agency serves*—really understanding their needs.
  - *A deep understanding of the approval process for services* and the role different State and Federal agencies play.
  - *A culture of learning, re-tooling and adjusting* to make sure the services keep up with the times and respond to crises like a pandemic.
- I am grateful that you have called this hearing to understand how responsive the Social Security Administration was to the COVID crisis, what we can learn from it, and how we can take these lessons forward to improve services into the future.

<sup>1</sup>See McGuinness and Schank, *Power to the Public: The Promise of Public Interest Technology*, Princeton, Princeton University Press, April 2021.

<sup>2</sup>Harold Holzer, “Abraham Lincoln’s White House,” *White House History* 25 (Spring 2009): <https://www.whitehousehistory.org/abraham-lincolns-white-house>.

## ADAPTING STRUCTURES AND USING NEW TOOLS TO SERVE THE PUBLIC

- Just because government structures and systems were built for a different time doesn't mean they can't adapt.
- Massive digitization has come to the private sector and the truth is—many of the Nation's leading companies didn't survive the digital revolution.
  - Very few of the *Fortune 500* companies at the turn of the century survived this disruption.<sup>3</sup> Failure is not an option for the critical services like those administered by the Social Security Administration.
  - While companies can be replaced by startups better adapted for the time, the government is not going to be replaced by a startup—it needs to adapt to meet the moment.
  - Millions of Americans depend on it.
- Transforming an organization, whether to meet the changes of a digital age or a global pandemic, is difficult.
- There are new tools to do this—the modern equivalent of Lincoln's one man effort to understand what citizens need and serve them.
- While the new Millennium brought a ruthless focus on delivering for customers in the private sector—testing messages, imagery, and even tweaking the timing of emails to increase customer response—this modern toolkit is not yet accessible to all government leaders trying to bring critical benefits to citizens.
- This isn't just about making paper applications digital. Digitizing a broken process gets you a digitized broken process.
- Many organizations make the mistake of just taking an existing process and digitizing it without understanding who they are serving or whether that process works.
- Making services work for people requires: building a culture of tracking the whole experience for consumers, de-siloing different lanes traditionally done by different departments and finding new ways to adapt processes to meet beneficiaries where they are.
- There has been progress. There are now multiple government units dedicated to the delivery of services from the US Digital Service which hires top technologists into term-limited tours to work alongside civil servants to build better tools for the people to 18F, an office within the General Services Administration, to help governments fulfill their mission, stay on budget and use leading technology practices.
- We have seen adaptations to COVID-19 that model new possibilities, and some of these models can be found in other Federal agencies:
  - The Food and Nutrition Service out of the Department of Agriculture moved to remote validation for SNAP (food assistance) during the pandemic.<sup>4</sup> More specifically, FNS allowed State agencies to adjust in several ways including:
    - By not requiring a household to complete an interview prior to approval, provided the applicant's identity has been verified and all other mandatory verifications are complete.
    - By not requiring a face-to-face interview or granting a request for a face-to-face interview to any household at application or recertification.
- This process takes work, but it isn't impossible. Here are a few examples of bureaucracies seeing a delivery challenge and making a change:
  - **In the State of Michigan—the Michigan Department of Health and Human Services and Civilla worked on project re:form**—the transformation of America's longest benefits application.<sup>5</sup>
    - DHS-1171, the application was the longest of its kind in America at over 40 pages.
    - The form was an inhumane barrier between people desperately in need and the emergency services the State of Michigan provides to over 2.5 million residents each year.

<sup>3</sup>Scott D. Anthony, S. Patrick Viguerie, Evan I. Schwartz, and John Van Landeghem, *2018 Corporate Longevity Forecast: Creative Destruction Is Accelerating* (Lexington, MA: Innosight, 2018).

<sup>4</sup>USDA Food and Nutrition Service, SNAP—Adjusting Interview Requirements Due to Novel Coronavirus (COVID-19) (Washington, DC: GPO, 2021), <https://www.fns.usda.gov/snap/adjusting-interview-requirements-covid-19>.

<sup>5</sup>"Project Re:Form," Design Awards, Core 77, accessed April 26, 2021, <https://designawards.core77.com/Service-Design/86102/Project-Re-Form>.

- One resident described the system as “a cosmic force” “it feels like it is left up to fate whether you will make it through.”<sup>6</sup>
  - After reviewing the stories of beneficiaries who could not get through the system and data on how the application was a maze for beneficiaries and State employees alike to navigate, a team of State agency leaders and external organizations tackled the design of the country’s longest benefits application.
  - After a massive redesign the experience is different, one resident said, “I feel like I can breathe again, after completing the process.”<sup>7</sup> So is the efficiency of processing, the form can be completed in under 20 minutes and processed by the State in half the time it used to take.
  - Why does it matter? Paying attention to form design, and ensuring it is accessible, could be the difference between a needy family receiving the help they need, and going hungry.
- Similar transformations have happened in **California’s SNAP application, Vermont’s process for accepting benefits applications supporting documentation**, and multiple States’ application process for accepting foster parents into the child welfare system. In Vermont, a document uploader (allowing people to upload documents without coming into the office), cut 9 days processing to 1 day.<sup>8</sup>
  - In the State of California, a collaboration of State, county, and external partners transformed the process of applying for SNAP (food assistance). The reach of CalFresh, California’s food and nutrition services for low-income families was very low—only 67 percent of those eligible used the program compared to many states where enrollment was 80 percent or 90 percent. A series of engagements, starting with fellows to the nonprofit Code for America, has become a multi-year public-private partnership for a statewide transformation to bring the SNAP enrollment process into the digital age. The results: while once an online application for CalFresh required *access to a desktop computer* and took the better part of an hour to complete, after the GetCalFresh transformation the application could be submitted from a smartphone and completed in 10 minutes. Applicants can get multilingual live chat support while applying, send necessary documents from their mobile phone, receive text and email reminders to guide them through the enrollment and reporting process, which saves countless hours of anxiety and stress for applicants, and reduces operational inefficiencies for the counties and State.
  - This didn’t happen overnight. The team did research with users, adjudicators, created a short minimum viable product, and over 5 years, transformed the experience of digital SNAP outreach and enrollment.<sup>9</sup> Harvard has written a case study about this work.<sup>10</sup>

Here are *four key lessons* for making this transformation to service delivery in the digital age:

**First, increasing outreach doesn’t help if the front door is locked (forms):**

- It is very important to make sure that the public knows and understands the benefits they are eligible to receive. Communication and outreach from trusted messengers is critically important, *but it is rarely enough to make the difference.*<sup>11</sup>
- Often forms or applications, online or on paper, and the approval process beneath them are the equivalent of either a locked gate or a welcome mat that says “need not apply.”
- Agencies should think hard about their forms for benefits:

<sup>6</sup>Interviews with Lena Selzer about original Re:form research and Zack Quaintance, Government Technology (e.Republic, June 2018), <https://www.govtech.com/civic/A-Blueprint-for-Human-Centered-Change.html>.

<sup>7</sup>McGuinness and Schank, *Power to the Public: The Promise of Public Interest Technology*, Princeton, Princeton University Press, April 2021.

<sup>8</sup>Domenic Fichera, “Integrating Eligibility and Enrollment for Health and Human Services,” Nava, accessed April 26, 2021, <https://www.navapbc.com/case-studies/integrating-eligibility-and-enrollment-for-health-and-human-services.html>.

<sup>9</sup>Francesca Costa, “Code for America Improves Access to Social Services During COVID–19,” Hunger and Health—Feeding America, June 3, 2020, <https://hungerandhealth.feedingamerica.org/2020/06/code-america-improves-access-social-services-covid-19/>.

<sup>10</sup>Laura Winig and David Eaves, *Hacking Bureaucracy: Reimagining California’s Food Stamp Program in the Digital Age* (Cambridge, MA: President and Fellows of Harvard College, 2016).

<sup>11</sup>Elizabeth Linos, Aparna Ramesh, Jesse Rothstein, and Matt Unrath, “Increasing Take-Up of the Earned Income Tax Credit” (California Policy Lab, 2020).

- Try them out on a few people before you subject them to millions of people.
- Talk to the beneficiaries who use the form in order to better understand the pain points and the experience.
- Understand who uses your form (paper and online)—and how they differ. There may be some clients that will need in person application processes.
- Talk to the front-line workers who adjudicate and process these forms, understanding their work and perspective on the process. Often great innovations come from those on the front lines of a broken process.
- Collect data on where people get stuck. Many times backlogs are the result of confusing questions that require requests for more information that must be processed through the mail, slowing down applications.
- User research with beneficiaries shouldn't just ask people what their experience was. Where possible, researchers should watch the process of filling out forms—ask people to think aloud, and see which questions are difficult and cause confusion.
- Testing forms takes iteration. Try new forms, and then test them again.<sup>12</sup>

**Second, map the user experience (client journey)—end to end:**

- Often there is no single person in charge of an application process end to end. Without tracing the journey (and what it feels like to someone on it) end to end, it is hard to know where the bottlenecks are.
- By moving step by step, you can come to understand the true experience on the customer side—often, people get lost in the transition from one part of the process to the next.
- Time and again, in the California and the Michigan examples above, and in countless others, this mapping of the user experience helps us understand how a person gets approved.

**Third, measure what matters, in real-time:**

- Understanding the universe of eligible populations and the recipients a program currently serves is the first step in assessing service delivery and identifying important gaps.
- Correspondence with this committee revealed that the Social Security Administration conducted a comparative analysis of pre- and post-COVID Supplemental Security Income (SSI) applications to identify any subgroups which showed a larger than average impact from the pandemic by analyzing demographic factors, disabilities, and local economic characteristics. This analysis identified two specific subpopulations which showed larger than average declines: individuals aged 65 and older and those with limited English proficiency. These groups were under-enrolled during the pandemic compared to prior years.
- This is an important insight. But a critical question is what data instrumentation does SSA have to see beneficiaries and where they are in the process in real-time?
- The ideal for service delivery is to establish monitoring real-time data for priority services. This will ensure that the policy is achieving the help it intended, and that people aren't being left out.
- The installation of real-time data monitoring was game-changing for the ad hoc team of engineers, designers, data scientists and contractors working to turn-around *Healthcare.gov* in its early days.
- The team didn't know what was broken until they could see where clients were stuck: the log-in, the identity verification, the part of the site where you pick a plan. It was impossible to prioritize fixes until you could see all parts of the system in one place and where people were getting through and where they met barriers.
- Often different services (log-in, identity verification, application validation) are run by different offices, agencies or contractors—many times agencies have a hard time creating a complete picture of the data because it requires seeing across these lanes of work.
- The ability to see in real-time who you are serving and how applications are being processed is a key part of modern benefit delivery operation.

<sup>12</sup>Brigid Schulte, "Want to design policies that really work? Test them on the users who need them first," *New America*, March 31, 2021, <https://www.newamerica.org/better-life-lab/blog/want-to-design-policies-that-really-work-test-them-on-the-users-who-need-them-first/>.

**Finally, fourth a word of caution: digitizing a broken process gets you . . . a digitized broken process.**

- In more than one instance, governments have tried to turn an existing process digital only to make things worse and experience few gains. In 2005, the U.S. Citizenship and Immigration Service (USCIS), the successor to the Immigration and Naturalization Service and the Federal agency responsible for green cards and citizenship applications, began a project to digitize the Nation's immigration system.<sup>13</sup> USCIS undertook this digitization process over the course of 10 years. Early work didn't account for how field offices actually functioned, and digitizing the process at first made it a lot worse. Leaders at the agency have since course corrected, and set USCIS on a strong course but the example is a warning. To modernize or digitize a process requires really understanding both the beneficiaries and the barriers they face, and the work an agency does on the other side.<sup>14</sup>

In closing, I am grateful for the attention this committee has paid to *how these benefits really reach people*. There are models across the Federal Government and across the country to build on.

While policy matters a great deal, it matters very little if it doesn't reach those who need it most when they need it most: in a crisis.

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QUESTIONS SUBMITTED FOR THE RECORD TO TARA DAWSON MCGUINNESS

QUESTIONS SUBMITTED BY HON. RON WYDEN

*Question.* Your testimony is extremely useful as we think of the challenge of ensuring all people have access to benefits. One key statement goes to the heart of the issues discussed during the hearing—this is all about making services work for people:

Making services work for people requires building a culture of tracking the whole experience for consumers; de-siloing different lanes traditionally done by different departments; and finding new ways to adapt processes to meet beneficiaries where they are.

From what you learned from testimony and heard at the hearing, where do you recommend SSA and agencies like it put their focus on meeting beneficiaries where they are? What particular considerations should these agencies have for people experiencing disability, homelessness, or other impacts on their access? Are there any near term solutions that could be implemented during the next six months that you recommend?

From what you learned from testimony and heard at the hearing, where do you recommend SSA and agencies like it put their focus on meeting beneficiaries where they are?

NEAR-TERM IDEAS TO MEET BENEFICIARIES WHERE THEY ARE

*Answer.* There are near-term solutions that SSA and other government agencies like it can undertake right away to start meeting their beneficiaries where they are. SSA should pick a place to start to make improvements in one area and move to the next. Three possible areas to consider starting service delivery improvement are: improving access to phone assistance, making applications mobile accessible; and reducing the application burden of the SSI application.

- **Improving access to phone assistance.** According to multiple beneficiary advocates it has, even prior to the pandemic, been difficult to get answers by phone from SSA's national line or field offices due to wait times and failure of SSA personnel to return phone calls. Improving this phone service is critically important as most applications cannot be processed without engaging SSA technicians. There are a number of performance measures SSA could focus on to improve phone assistance including: looking at the average num-

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<sup>13</sup>Office of Inspector General, "USCIS Automation of Immigration Benefits Processing Remains Ineffective" (Washington, DC: GPO, 2016), <https://www.oig.dhs.gov/reports/2016-03/uscis-automation-immigration-benefits-processing-remains-ineffective/oig-16-48>.

<sup>14</sup>Hana Schank and Tara McGuinness, "What Happened When the U.S. Government Tried to Make the Immigration System Digital," *Slate*, April 16, 2021, <https://slate.com/technology/2021/04/elis-uscis-digital-immigration-system.html>.

ber of calls per day, average call wait times, call abandonment (*i.e.*, the percentage of calls dropped before the customer speaks to an agent and the call resolution rate). A closer examination of call center and field office call data might reveal bottlenecks. By understanding which issues are receiving high volume and SSA could offer other channels to address these questions and reduce call volume, a successful tactic that has been deployed by other State and Federal agencies. It is also possible that SSA needs to extend the call center hours or adjust the size of the team off of predicted call volume. While national centers have flexible hours outside of the 9–4 window many field offices have more limited schedules.

- **Focus on making applications mobile accessible.** Among low-income clients, a mobile phone is a more common way to access the SSDI/SSI application, compared to other technology. Federal Government data analytics services suggest nearly 45 percent of users on the SSA site are using mobile phones to access information. Moving applications for SSDI and SSI to mobile-friendly could be a high impact way to improve access.<sup>1</sup> But first, SSA should estimate the number of the applications submitted online and the percent of those submitted from mobile, tablet, and desktop.
- **Reducing the application burden of the SSI Application.** The statistics about how many eligible beneficiaries for SSI never apply and how many applications are rejected on their first attempt are astonishing. According to the Center for Budget and Policy Priorities “of those who complete the 24-page application process for SSI disability, only about 1 in 4 receive benefits after the initial application. Another 1 in 10 receive benefits on appeal.”<sup>2</sup> One place to start is with the form 8000, the front door to SSI. SSA should run an assessment of the form 8000 (bringing policy and legal review together with designers) to understand what questions are mandated in statute and which can be skipped. Ultimately, the goal should be to create the leanest application possible, with only the most essential and mandatory information on the form, as all applicants must undergo further review regardless. Understanding that the questions that are frequently left incomplete, answered incorrectly, or require agency follow-up could provide clues as to where the form needs simplifications. Advocates report the most challenging factors with the paper form are the living arrangement section and the confusion that emerges from having various claimant types (adult/child/couple and disability/age) all using the same form. The current form is universal and covers various types of claims, including individual adult, child, or couple. It also covers claims for SSI based on age. SSA should consider creating several forms for the different categories of applicants/users who are likely to need to provide different information. Currently there are dozens of prompts to skip certain questions (if not relevant) these irrelevant questions confuse and overwhelm beneficiaries. Ultimately, online form should allow e-signatures (with verbal verification), and completion by third-party.<sup>3</sup>

**The best way for SSA to identify meaningful quick win opportunities and to unblock bottlenecks is by establishing basic data monitoring of existing benefit services.** This is something that should be able to be done rapidly (in a matter of days or just a few weeks) once SSA has an end to end picture of how people are using their systems today, it will be easy to identify high-impact opportunities to improve services. There are multiple resources throughout the Federal Government that can help SSA do this rapid review including the U.S. Digital Service, 18F, and the Federal Consumer Experience Office inside the Office of Management and Budget.

SSA also has tools at its disposal to assess how people use their site. SSA participates in the Digital Analytics Program,<sup>4</sup> this allows agency leaders to see how many people visited each webpage, what device (*e.g.*, desktop or mobile) they are using, and the “drop-off” rate across pages.<sup>5</sup> In assessing the current beneficiary journey

<sup>1</sup>U.S. General Services Administration, “Social Security Administration,” Washington, DC: GPO, 2021, <https://analytics.usa.gov/social-security-administration/> (accessed May 20, 2021).

<sup>2</sup>“Policy Basics: Supplemental Security Income,” Center on Budget and Policy Priorities, updated February 8, 2021, <https://www.cbpp.org/research/social-security/supplemental-security-income>.

<sup>3</sup>SSA SSI Application Workgroup has compiled design improvements from their experiences working through challenges with beneficiaries.

<sup>4</sup>U.S. General Services Administration, “Social Security Administration,” Washington, DC: GPO, 2021, <https://analytics.usa.gov/social-security-administration/> (accessed May 20, 2021).

<sup>5</sup>*Ibid.*



and experience, SSA may want to go beyond the website and consider measures that account for the accessibility of different routes including: call center effectiveness and application burden. If agency leaders are seeking key performance indicators to help size up quick areas for improvement there is a new tool out “A New Framework for Assessing Safety Net Delivery.”<sup>6</sup> This framework could guide a quick assessment in one or more of these service delivery including:

- Online accessibility.
- Mobile accessibility.
- Call center accessibility.
- In person.
- Application burden.

*Question.* What particular considerations should these agencies have for people experiencing disability, homelessness, or other impacts on their access?

*Answer.* Agencies should build with these populations in front of mind. In particular, the digital divide, inconsistent mailing addresses, forms and processes should be reviewed to consider whether there are structural barriers baked in preventing the unhoused or disabled from even reading or accessing or completing the process. A U.S. Interagency Council on Homelessness (USICH) Federal work group, established in 2013, was created to analyze SSI/SSDI access among adults experiencing homelessness and provide guidance to the field on key strategies for linking eligible adults to benefits their assessment identified the following barriers:<sup>7</sup>

They often lack required forms of identification and documentation. Due to their limited access of ongoing health-care services, people experiencing homelessness often do not have current or quality medical records that document their disabilities. The inability to document a disability can be a major barrier to receiving the SSI or SSDI benefits to which individuals are otherwise entitled. Individuals experiencing homelessness may not have a way to receive correspondence by mail, have limited experience working with computers, or have limited access to Internet connections to take advantage of electronic processes. Because of these challenges, many people experiencing homelessness often do not complete the SSI/SSDI application process, experience longer application and processing times, or have their applications denied due to lack of information.

A review of the form 8000 or any application processes should be done with these populations in mind and be built to allow for service providers to be the lead contact person or appointed representative. This or any application or digital programs should conduct usability testing with the disability community and the unhoused to identify and address accessibility issues early.<sup>8</sup>

Finally, the first step is to make short term improvements in delivering to those served by SSA today. It is critical that overtime SSA work to make sure it is effectively serving not those who apply today, but those who are eligible under the law. SSA must attempt to answer the question, “how are we doing reaching the population that is eligible for SSI and SSDI? This could be through a quick data analysis of the universe of potentially eligible beneficiaries for these two programs (*i.e.*, who is eligible to receive benefits under the law) and who is receiving benefits today. Studies suggest only 8 million families and individuals received SSI in 2020, a fraction of those likely eligible. Research suggests that 40–60 percent<sup>9</sup> of those eligible for SSI do not apply for benefits. Other studies like that conducted by the Institute of Medicine<sup>10</sup> found substantial under-enrollment among disabled children across a

<sup>6</sup>“The National Safety Net Scorecard,” Code for America, accessed May 20, 2021, <https://www.codeforamerica.org/programs/insight-and-impact/scorecard/the-national-safety-net-scorecard/>.

<sup>7</sup>Key Strategies for Connecting People Experiencing Homelessness to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Benefits, [https://www.ssa.gov/homelessness/docs/Final\\_Key-Strategies-for-Connecting-People-Experiencing-Homelessness.pdf](https://www.ssa.gov/homelessness/docs/Final_Key-Strategies-for-Connecting-People-Experiencing-Homelessness.pdf).

<sup>8</sup>American Association of People with Disabilities, “Lessons from COVID-19,” Medium, published February 26, 2021, <https://medium.com/disability-in-the-time-of-covid-19/lessons-from-covid-19-1d80f164c539>.

<sup>9</sup><https://www.jstor.org/stable/pdf/10.7758/rsf.2018.4.2.04.pdf?refreqid=excelsior%3A1f6227522f9f53baab2f63f72b997d0>.

<sup>10</sup>Committee to Evaluate the Supplemental Security Income Disability Program for Children with Mental Disorders; Board on the Health of Select Populations; Board on Children, Youth, and Families; Institute of Medicine; Division of Behavioral and Social Sciences and Education; The National Academies of Sciences, Engineering, and Medicine; Boat TF, Wu JT, editors. *Men-*

range of mental health diagnoses. While SSA might want to first focus on improving service delivery to the beneficiaries they are reaching, it is important to improve the experience of today's beneficiaries in the context of who is eligible to receive them.

*Question.* It was brought to my attention by a constituent that the MySSA website is only available from 5 a.m. to 1 a.m. weekdays. Apparently, the limited hours relate to SSA's legacy systems. The majority of SSA's production applications and services rely on mainframe processing. SSA needs to take its systems offline so the Agency can process the day's transactions (and address maintenance issues). Your testimony spoke to the need to be able to monitor applications in real time to see where people get stuck in the process. It seems that batch processing needs to go in order to provide the level of analysis you recommend, is that correct?

BATCH PROCESSING AND REACHING CONSUMERS IN "OFF HOURS"

*Answer.* It is not necessarily the case that batch processing needs to go to serve SSA clients well. When a complex application process is going to take weeks or months (SSI average wait time is 6–8 months), overnight batch processing is generally not a big contributor to the timeline of slowing down the application. It would be helpful if applicants were still able to see and interact with their application at all hours, but this can be implemented without eliminating batch processing, which is much more difficult. There are multiple examples across the Federal Government where agency systems are mainframe based and include overnight batch processing but the customer facing frontends run 24/7.

MONITOR APPLICATIONS IN REAL TIME TO SEE WHERE  
PEOPLE GET STUCK IN THE PROCESS

You don't necessarily need to end batch processing to set up real-time data monitoring. Instrumenting basic monitoring of existing services is critical to understanding how people are using your systems to access the benefit today. The best way for SSA to assess quick wins and opportunities to unblock bottlenecks is to undertake basic data monitoring of existing services to understand how people are using your systems to access the benefit today. This is something that should be able to be done rapidly (in a matter of days or just a few weeks) once SSA has an end to end picture of how people are using their systems today, it will be easy to identify high-impact opportunities to improve services. There are multiple resources throughout the Federal Government that can help SSA do this rapid review including the U.S. Digital Service, 18F, and the Federal Consumer Experience Office inside the Office of Management and Budget.

SSA also has tools at its disposal to assess how people use their site. SSA participates in the Digital Analytics Program,<sup>11</sup> this allows agency leaders to see how many people visited each webpage, what device (*e.g.*, desktop or mobile) they are using, and the "drop-off" rate across pages.<sup>12</sup> In assessing the current beneficiary journey and experience, SSA may want to go beyond the website and consider measures that account for the accessibility of different routes including: call center effectiveness and application burden. If agency leaders are seeking key performance indicators to help size up quick areas for improvement there is a new tool out "A New Framework for Assessing Safety Net Delivery."<sup>13</sup> This framework could guide a quick assessment in one or more of these service delivery including:

- Online accessibility.
- Mobile accessibility.
- Call center accessibility.
- In person.
- Application burden.

*Question.* Many of SSA systems still rely on COBOL. How does COBOL hamper SSA's ability to make services work for people? Do you think monitoring the number of lines of COBOL still in production would be a useful metric to gage SSA's IT modernization progress?

*tal Disorders and Disabilities Among Low-Income Children.* (Washington, DC): National Academies Press (U.S.); October 28, 2015. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK332882/> doi: 10.17226/21780.

<sup>11</sup> U.S. General Services Administration, "Social Security Administration," Washington, DC: GPO, 2021, <https://analytics.usa.gov/social-security-administration/> (accessed May 20, 2021).

<sup>12</sup> *Ibid.*

<sup>13</sup> "The National Safety Net Scorecard." Code for America, accessed May 20, 2021, <https://www.codeforamerica.org/programs/insight-and-impact/scorecard/the-national-safety-net-scorecard/>.

Answer. COBOL is not the problem.<sup>14</sup> The agency's use of COBOL doesn't hamper SSA's ability to work for people. It is possible to choose one piece of functionality and make it work better for users, and as needed turn off that function in the mainframe and replace it. This effort to migrate from a legacy system by gradually replacing specific pieces of functionality with new applications and services has worked effectively and has come to be known in IT software management as "the strangler pattern." This term refers to the strangling and turning off of the old system's features part by part eventually allowing it to be decommissioned.<sup>15</sup>

One note of caution with COBOL is that it is not a functionality issue as much as it is a human capital challenge. It is difficult to recruit experts and staff who can program in COBOL. While agencies build new functionality and turn off pieces of legacy systems, the Federal Government will still need to rely on COBOL and therefore it is of critical importance that government's talent and recruitment for use of COBOL meets the demand. This is a critical interim step as newer frameworks gradually replace old ones.<sup>16</sup>

Monitoring lines of COBOL would not be a useful metric to gage SSA's IT modernization progress. The next generation of metrics should focus on outcome for beneficiaries not on internal metrics about use of certain technologies.

There are other ways beyond mainframe improvements to speed things for beneficiaries. Beneficiaries aren't just stuck to do legacy computer systems. Beneficiaries are delayed and stuck due to the inability to simply call to ask questions about their applications without wait times and dropped calls. They are stuck due to complex forms and SSA's work load is such that it takes months for them to assess disability claims—the application process takes 6 to 8 months (on average). It is not just the mainframe system slowing things down. The current system overall designed to make it harder for people to apply and be approved for benefits.

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QUESTION SUBMITTED BY HON. SHELDON WHITEHOUSE

*Question.* According to the Congressional Research Service, in 2020 only 53.5 percent of Social Security disability applications were submitted online. What recommendations do you have for Congress to help the SSA increase the share of online applications versus other methods?

Answer. If SSA wants to improve its service it first needs to understand the different pathways of getting access to SSI and SSDI. Driving up applications online might not equate to improving processing and access for beneficiaries. Keep in mind that some beneficiaries may not be able to use an online service. So it is critical that any service design contemplates the 10 percent who will not be able to access this service either due to their circumstances or difficulties accessing the Internet. The SSA needs to understand how people are using these benefits today and what the blockers are before determining whether increasing online applications is the best path forward.

The best way for SSA to assess quick wins and opportunities to unblock bottlenecks is to undertake basic data monitoring of existing services to understand how people are using your systems to access the benefit today. This is something that should be able to be done rapidly (in a matter of days or just a few weeks) once SSA has an end to end picture of how people are using their systems today, it will be easy to identify high-impact opportunities to improve services. There are multiple resources throughout the Federal Government that can help SSA do this rapid review including the US Digital Service, 18F, and the Federal Consumer Experience Office inside the Office of Management and Budget.

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<sup>14</sup>Ben Miller, "An Apology to COBOL: Maybe Old Technology Isn't the Real Problem," GovTech, published February 25, 2021, <https://www.govtech.com/opinion/an-apology-to-cobol-maybe-old-technology-isnt-the-real-problem.html>.

<sup>15</sup>Chanaka Fernando, "How to migrate your on-premise system to cloud through strangler pattern," Solution Architecture Patterns, published February 4, 2020, <https://medium.com/solutions-architecture-patterns/how-to-migrate-your-on-premise-system-to-cloud-through-strangler-pattern-2c8ea69ba717>.

<sup>16</sup>Jennifer Pahlka, "How the Government's Multibillion-Dollar Plan to Modernize Its Tech Could Go Horribly Wrong," OneZero, published April 19, 2021, <https://onezero.medium.com/our-kill-it-with-fire-moment-f900aaabd743>.

SSA also has tools at its disposal to assess how people use their site. SSA participates in the Digital Analytics Program,<sup>17</sup> this allows agency leaders to see how many people visited each webpage, what device (*e.g.*, desktop or mobile) they are using, and the “drop-off” rate across pages.<sup>18</sup> In assessing the current beneficiary journey and experience, SSA may want to go beyond the website and consider measures that account for the accessibility of different routes including: call center effectiveness and application burden. If agency leaders are seeking key performance indicators to help size up quick areas for improvement there is a new tool out “A New Framework for Assessing Safety Net Delivery.”<sup>19</sup> This framework could guide a quick assessment in one or more of these service delivery including:

- Online accessibility.
- Mobile accessibility.
- Call center accessibility.
- In person.
- Application burden

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QUESTION SUBMITTED BY HON. ROB PORTMAN

*Question.* During my questioning, I discussed how critical it is to ensure that the Social Security trust funds remain solvent. Can you discuss the human costs that would occur if we run into a situation where we reached insolvency and the Social Security Administration were forced to trim benefits?

*Answer.* Sixty-five million Americans depend on Social Security, so any issues of SSA insolvency could impact millions. However the latest report “The 2020 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds,” suggests program solvency for many years depending on the program including that OASO trust fund should be able to pay scheduled benefits until 2034, the Disability Insurance (DI) trust fund, which pays disability benefits, will be able to pay scheduled benefits until 2065. While trimming benefits could be devastating to millions of families, the recent report from the Social Security trustees paints a different picture.

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PREPARED STATEMENT OF PEGGY MURPHY, IMMEDIATE PAST PRESIDENT,  
NATIONAL COUNCIL OF SOCIAL SECURITY MANAGEMENT ASSOCIATIONS

Chairman Wyden, Ranking Member Crapo, and members of the committee, my name is Peggy Murphy. In addition to being the immediate past president of the National Council of Social Security Management Associations (NCSSMA), I am the District Manager of the Great Falls, MT Social Security office. On behalf of the National Council, thank you for the opportunity to be here today to provide our front-line perspective of the Social Security Administration’s service delivery during the coronavirus (COVID-19) pandemic.

NCSSMA is a professional association of almost 3,000 management personnel in the field offices and teleservice centers of the Social Security Administration (SSA). Each day, NCSSMA members directly serve the American public in over 1,250 of SSA’s public-facing offices. For over 50 years, NCSSMA’s mission has been to provide a clear, credible and valuable perspective on public service from the front lines.

As our country continues to address the ongoing pandemic, we find ourselves in uncharted territory facing ever-evolving challenges. The pandemic and its ongoing threat to the health, economic security and well-being of our Nation have had an unimaginable impact on not only those seeking assistance from our agency, but also our own staff and their loved ones. What remains unchanged during these unprecedented times is that SSA has a critical mission of helping the American public. The role of the Social Security Administration has never been more important than it is today.

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<sup>17</sup>U.S. General Services Administration, “Social Security Administration,” Washington, DC: GPO, 2021, <https://analytics.usa.gov/social-security-administration/> (accessed May 20, 2021).

<sup>18</sup>*Ibid.*

<sup>19</sup>“The National Safety Net Scorecard,” Code for America, accessed May 20, 2021, <https://www.codeforamerica.org/programs/insight-and-impact/scorecard/the-national-safety-net-scorecard/>.

NCSSMA firmly believes that this is a time when we must not lose sight of the core mission of the Social Security Administration and, perhaps even more importantly, the many challenges that the agency faces in fulfilling that mission.

On Friday, March 17, 2020, the majority of Social Security employees were informed that effective Monday, March 20, 2020, they would be teleworking indefinitely and that field offices would be closed to the public because of the COVID-19 pandemic. The rest were informed on March 20, 2020, and sent home. This was a colossal undertaking for the agency given that the majority of employees had never teleworked, and the agency's telework pilot had ended just a handful of months before. Within days, the majority of field office employees and a large number of teleservice center employees were successfully teleworking. Initial challenges involved lack of equipment and software licensing as well as data capacity. SSA was able to increase data capacity and stabilize the network after a few weeks. Unfortunately, securing the software licensing and headset equipment for softphones to enable field office employees to answer incoming public calls and make outgoing calls took longer. Limited quantities of each were available from the previous telework pilot, but significant effort was required to quickly acquire and deploy new equipment and software.

Though field offices were closed to the public, given the nature of the work SSA does, it was not entirely possible for every field office employee to telework. Since the beginning, dedicated members of field office management staff continued to physically come into the office to handle incoming and outgoing mail, scan tens of thousands of documents to support those working from home, provide in-person service for critical cases such as immediate payments, and to handle facility-related duties. Early on, this situation was manageable because so many of our customers found themselves in lock-down and dealing with the impact of COVID-19. In addition, many probably believed that at some point in the near future, field offices would reopen, and therefore delayed contacting field offices or calling the teleservice center.

Around 4 months into the pandemic, those customers who delayed contacting us because they thought our lobbies would reopen, realized they would not, so they began contacting us in increasing numbers. The phone queue was our new lobby. While the majority of our services can be accomplished online or via telephone, one of the ongoing challenges facing customers has been the need for SSA to see original documentation in many situations. Customers began mailing more original documentation, placing an increasing amount of strain on management's ability to stay current on incoming and outgoing mail. Management also needed to address significantly delayed mail service which in many cases resulted in customers searching for their documents. It was an unsustainable situation that continued to deteriorate as demand increased. At around the same time, the agency was making plans to reinstate workloads that had been suspended at the start of the pandemic and increase the types of services that could be performed in the office. Yet, there were no plans to increase on-site staffing.

It was not until early fall of 2020 that a very small number of nonmanagement employees began returning to field offices on a voluntary and rotational basis to assist with the substantial volume of incoming and outgoing mail. Staffing numbers did not increase to higher levels in most locations until late January and early February 2021.

Though comments have been made that employees are more productive working from home, this is far from accurate. No doubt, many employees were more productive early on based on the way the agency measures productivity, meaning that they were able to process more work. However, they are only able to process more work, because of the clerical assistance they receive from on-site personnel and the easing of some programmatic requirements. Prior to the pandemic, individual employees would have been responsible for printing, mailing and faxing their own documents. With the time saved from these responsibilities and the easing of some programmatic requirements, some employees are able to be more productive, but it is not efficient, and it comes at the expense of management not being able to manage the operations in their respective offices.

SSA rarely takes a holistic approach in assessing how long it actually takes to process work from beginning to end. SSA monitors numerous workloads, including, but not limited to: claims, redeterminations (RZs) and continuing disability reviews (CDRs). What is not necessarily captured effectively is the amount of other work that SSA staff complete. The agency's current work unit calculations do not take into account the additional work associated with processing a specific action. This

has been exacerbated by the pandemic where many workloads now require additional handling and processing time in order to make the work or action portable for employees to process from home. The additional handling and time necessary to receive, scan, profile, assign, and mail documents associated with claims or post-entitlement actions is not reflected in the overall processing time.

In addition to increasing on-site personnel, SSA has made efforts to improve public access to facilities and lessen the clerical burden on field offices. These efforts have included field office drop boxes and the use of Microsoft Teams to conduct certain enumeration interviews. The drop box pilot began in late October 2020 and as of last month was expanded to every field office. If field offices have available space and a separate vestibule, they can install a drop box so that customers can drop off required proofs. This greatly reduces the chances their documents will be lost in the mail. SSA is testing using Microsoft Teams to conduct enumeration interviews with customers where customers can use their smartphone or computer to conduct business face to face. It is hoped that this can be expanded to other workloads.

Perhaps the biggest challenge field offices faced and will continue to face in providing service during the pandemic is policies that mandate face-to-face interactions to process certain workloads and the need for in-person service for some of our customers. During the pandemic SSA has relaxed face-to-face requirements for certain workloads and we recommend that these changes be made permanent. For the workloads where face-to-face interactions are required, SSA must find a way to satisfy policy requirements or indeed change such policies when feasible. A good example is enumeration for non-citizens, which requires the undue burden of a face-to-face interview. The incidence of fraud would be low considering that we must verify information with the Department of Homeland Security. If it is indeed a significant concern, then all non-citizens should be enumerated at entry by the U.S. Department of State or the Department of Homeland Security. While eliminating the requirements for face-to-face service can be achieved through changes in policy, procedures or legislation, changing the need for in-person service for some of our customers will be difficult to achieve. During the pandemic, those individuals who do not have Internet service, a telephone or easy access to mail service have not been able to access our services. Even during normal times, these individuals find it difficult to conduct business with SSA, but at least they could visit a field office. This is not a viable option so long as our lobbies remain closed to walk-in service.

While NCSSMA fully supports automation, and the pandemic has reinforced the need for technology upgrades, there is a compelling need for ongoing support of SSA's community-based field offices to adequately serve our most vulnerable customers and those without technology that would otherwise connect them with SSA. Field offices provide compassionate service to the most vulnerable members in our communities including those living in rural and tribal locations. Employees in local offices live and work in the community and, to SSA field office visitors, they provide an invaluable lifeline to essential services. Local field offices make a difference in their communities, beyond the execution of SSA's mission. Although the agency has engaged in an historically unprecedented amount of outreach to vulnerable populations by partnering with advocacy and support groups during the pandemic, the fact is that many community organizations and third-party sites that SSA relies on to connect our underserved populations with us have also been closed. This includes Indian Health Services, homeless shelters and other community advocate centers. Field offices that relied heavily on video service connections with third-party sites have been dormant during the pandemic. Coupling limited staffing in field offices with the closure of most third-party sites, connecting customers in our rural and tribal locations has been difficult.

The Social Security Administration upholds a high standard of superior customer service and maintains this through the employees who work in field offices. The coronavirus pandemic has emphasized how critical it is for SSA to continue to transition as an agency and embrace automation, technology and self-help tools such as Internet claims, online enumeration and telework for employees. SSA must provide additional ways for the public to access our services. Even with the shift to more online services, field offices and their employees are necessary to process much of the backend work on complex online cases including Supplemental Security Income (SSI), and to serve our customers who do not have access to the telephone or Internet.

SSA's computer systems face fundamental challenges. Some of SSA's core programs still rely on COBOL systems that are well over 40 years old. Although some

databases have been converted to a more modern and flexible platform, SSA must continue to modernize its computer language and database infrastructure, including moving its data to the cloud. It is critical that we focus on these efforts to reduce the risk of cyberattacks, service disruptions and reduced system performance and production.

It is also critical that we continue to advance SSA's IT modernization plan while maintaining an appropriate balance between the service delivery options available to the public. NCSSMA members nationwide are interested and willing to play an active role in development, testing and deployment of enhancements to existing systems in addition to new technology and programs. Our position on the front lines provides us with the best vantage point to offer assistance. We continue to encourage agency leadership to include managers and employees on the front lines in all aspects of software development and policy implementation. The challenges of the pandemic have only emphasized the need to include front-line experience and perspective to these efforts.

NCSSMA strongly supports SSA IT modernization. Dedicated funding is needed for IT investments to modernize systems to the standards the administration, Congress and the public expect. From our perspective, SSA needs to address four specific areas: modernize core agency applications; improve SSA's telephone system and associated management information; implement national scanning and remote printing; and implement technologies that will assist our more vulnerable populations, including the deaf and hard-of-hearing community, non-English-speaking customers, the homeless, and those who live in rural and tribal locations.

- **Modernize Core Agency Applications**

- Improve SSA's appointment and check-in system to allow for online appointment scheduling.
- Modernize both the Supplemental Security Income (TXVI), and the Retirement, Disability and Medicare (TII and TXVIII) claims processing systems utilizing a single claims-taking platform.
- Modernize the electronic Representative Payee System (eRPS) to both process and oversee the administration of SSA representative payees.
- Modernize the Electronic Disability Collect System (EDCS) to integrate the disability analysis process in the overall claims process. This includes eliminating all exclusions to the electronic file and the ability to file all appeals online.
- Work with the Department of Interior to modernize SSA's payroll system, Web Time and Attendance (WebTA).
- Modernize and consolidate all management information (MI) data into a single, user-friendly platform that managers can use to control and measure work production.
- In October 2020, the agency was able to make the SSA-455 CDR mailer available online that Wilkes-Barre mails, but the agency has not yet made the SSA-454 that field offices utilize available for online access. All medical CDR forms should be available online.

- **SSA's Telephone System**

- Ensure SSA moves forward expeditiously with a new comprehensive telephone system in order to provide consistency among the national 800 number, field offices and all other SSA components.
- Improve management information for assessing call volume, levels of customer service, and the overall customer experience.

- **National Scanning and Remote Printing**

- Implement dedicated scanning facilities where members of the public can send by mail, email, or facsimile, documents to a central location for scanning, profiling, and assigning.
- Implement a comprehensive remote printing initiative to direct all field office print traffic to one or more centralized locations for mailing.
- Expand the use of electronic notices behind the *my Social Security* portal.

- **Technology to Meet the Needs of Our Vulnerable Populations and Reduce Field Office Contacts**

- Implement alternative service methods that may include expanded video and video service delivery third-party contracts in rural locations.
- Make stand-alone, self-service kiosks available in locations where the public is already conducting business with other State and local government agencies.

- Provide enumeration at entry for all immigrants. This would eliminate the need for immigrants to visit SSA field offices.
- Expand the use of the American Association of Motor Vehicle Administration (AAMVA) verification process to include all 50 States. Allow verification of driver's licenses and State-issued identification via AAMVA for all enumeration activities that would normally require the technician to view the original document. This process is already in use with those States covered under Internet Social Security Replacement Cards online (iSSNRC). This would allow the agency to explore initiatives to provide replacement Social Security cards over video and enhance the current MS Teams enumeration pilot.
- Expand the use of verification methods through the Department of Homeland Security (DHS) and U.S. Department of State in order to further verify foreign documents and U.S. passports for enumeration purposes. This would allow the agency to issue replacement Social Security cards over video and enhance the current MS Teams enumeration pilot.
- Expand the use of the Social Security Electronic Remittance System (SERS) to include processing of all remittance types. This will reduce the time it takes to credit a remittance to a customer's account and eliminate the need to involve the remittance unit in the processing centers.
- Require members of the public to report wages using current electronic wage-reporting technology. This includes allowing the public to submit wage stubs electronically through *my Social Security*. This would provide a significant reduction in paper processing in field offices and virtually eliminate the need to copy, scan, profile, and mail pay stubs.

We understand modernizing SSA's computer systems is costly and will take time. The path established by the Commissioner and his team relative to IT modernization was making progress in this area, and while the pandemic has resulted in some shifts to address current needs, we must continue to address these challenges.

In addition to IT modernization, NCSSMA believes it is critically important that changes be made to the Social Security and SSI programs that have the potential to increase administrative efficiency, decrease operational costs, and ultimately provide better service to our customers. It is unfortunate that a pandemic has reinforced the need for streamlined and updated policies that better serve the public and make it easier for the agency to administer. The pandemic and the service delivery challenges associated with current policies and business practices in place certainly emphasize the need for change. We suggest the following:

- **Eliminate the Need for the Social Security Number Card.** This would reduce Social Security number fraud, significantly reduce in-office traffic and telephone calls and allow for the closure of Social Security number card centers so that employees could be redeployed to field offices, which would reduce SSA's real estate footprint and save money. In addition, as stated above, expand enumeration at entry, DHS interfaces, and AAMVA verification in order to enhance and support initiatives to obtain original Social Security numbers without the need to visit a field office. This would allow field offices to focus on customers with more complex issues that do not lend themselves to online or telephone service.
- **Simplify Disability Work Incentives and Pursue Early Intervention Measures** once a beneficiary is on the rolls. This would reduce the number of disability beneficiaries, minimize time developing complex issues, increase public understanding of work incentives, and return more beneficiaries to work. Early intervention measures, such as supportive employment services and targeted incentives for employers to help disabled workers remain on the job, have the potential to achieve long-term gains in employment.
- **Supplemental Security Income (SSI) Program Simplification** in order to improve the efficiency of program administration and yield savings to the American taxpayer. Continuous policy changes regarding resources, income and living arrangements make it difficult to administer the SSI program and ensure accuracy of payments. With growing agency workloads and diminished resources, the following SSI policy simplifications are recommended:
  - **Revise SSI Living Arrangements (LA) and In-kind Support and Maintenance (ISM) Rules** to eliminate administrative complexity and a source of payment errors. Reducing the myriad of living arrangement situations would eliminate complex development and save administrative costs, while still providing a support mechanism for SSI recipients.



- **Change SSI Retrospective Monthly Accounting (RMA) Rules Regarding Prisoners** allowing a beneficiary recently released from jail to collect SSI benefits until Social Security benefits are reinstated. This is a labor-intensive workload with little benefit. Changes would save administrative costs.
- **Eliminate the Dedicated Account and Installment Payment Provisions in SSI** to reduce administrative complexity. The first provision requires underpayments paid to SSI disabled children be set aside in a dedicated account for use on only approved expenditures. The second provision requires that underpayments in excess of three times the Federal benefit rate be released in no more than three installments. Eliminating these provisions will improve administration and management of money for SSI recipients.
- **Eliminate SSI Holding Out Provisions** for individuals who hold themselves out to be husband and wife to be considered a couple, the same as if legally married. The holding out provision, which also applies to same sex couples, is a carry-over from pre-1970 State welfare laws. It adds unnecessary complexity to SSI cases, and leads to unequal treatment of applicants in similar situations. Elimination would save administrative costs.
- **Simplify Workers' Compensation (WC) and Public Disability Benefit (PDB) Offset** through legislation to simplify WC and PDB offset computation by providing a flat benefit reduction would simplify the complex calculations now required to apply the offset and significantly reduce SSA's need to continually monitor the worker's receipt of, and fluctuations in, the number of WC/PDB payments. Replacing the existing complicated offset calculation with a uniform offset, would realize administrative savings without a significant impact on beneficiary payments.

Much of what we have discussed can be accomplished, but it requires resources. **SSA must have consistent and adequate funding** to ensure the American public receives the services for which they have paid for, expect and deserve. Our hope is that the Fiscal Year (FY) 2022 appropriations process will result in no less than the President's budget request of \$14.2 billion for SSA. Resource allocations in FY 2022 must be sufficient to improve the timely processing of disability claims, expand outreach to vulnerable populations, and ensure that SSA makes the correct payments to those who qualify while maintaining program integrity work. Resources are also necessary to advance SSA's ongoing IT modernization project that will significantly enhance the agency's systems and improve productivity, while at the same time increasing the accessibility of benefits for seniors and people with disabilities.

**Our customers deserve improved telephone and online services**, while still being able to request timely and safe in-person service. Our offices must continue to have the resources and staff necessary to address additional workloads and responsibilities. The President's FY 2022 budget request provides \$895 million in additional funding to provide better services at SSA's field offices, teleservice centers, and State disability determination services. Perhaps consideration should be given to multi-year funding for critical systems investments and expenditures. This would ensure that adequate planning could be completed for service delivery improvements.

**SSA must also continue to address critical stewardship workloads that save billions of dollars for taxpayers.** It is imperative that the workers and taxpayers who have paid trillions of dollars in FICA taxes to the trust funds have access to all the necessary services that they have paid for and receive timely benefit payments. The President's FY 2022 budget request includes \$1.9 billion for dedicated program integrity activities, including a \$283 million increase above the FY 2021 enacted level. The definition of program integrity funding should be expanded to include critical systems investments and expenditures that facilitate completion of program integrity initiatives.

From the beginning of the pandemic, the Commissioner and agency leadership have placed customer service at the forefront and every effort has been made for SSA to provide a full range of services to the American public. Management and employees have continued to provide the highest quality of compassionate service possible during these difficult times. Though the pandemic has changed this agency and the customers we serve, we should take this opportunity to reassess the customer experience and what it means to provide world class customer service. This is a moment for SSA to redefine itself, its mission and its place in the public sphere and finally move into the 21st century.

On behalf of the National Council of Social Security Management Associations, thank you again for the opportunity to be here today to provide our front-line perspective of the Social Security Administration's service delivery during the coronavirus pandemic. National Council members are not only dedicated Social Security employees, but are also personally committed to the mission of the agency, providing the best service possible to your constituents. We want to ensure the American public benefits from the lessons learned during these unprecedented times. We respectfully ask that you consider our comments and appreciate any assistance you can provide in ensuring the American public receives the critical and necessary service they deserve from the Social Security Administration.

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QUESTIONS SUBMITTED FOR THE RECORD TO PEGGY MURPHY

QUESTIONS SUBMITTED BY HON. RON WYDEN

*Question.* You stated in your testimony that a lot of the “nonportable work” involves the U.S. mail—both opening the mail and printing documents then stuffing envelopes. You mentioned that a “comprehensive remote printing initiative” should be developed. That seems like a good idea, especially when everyone is working remotely. Can you tell us more about how that would speed up service and reduce the need for people to be in the office?

*Answer.* While many of SSA's notices are automated and are mailed from a centralized location, field offices are responsible for manual notices, claims-related material such as receipts, numerous forms, appointment letters, and letters requesting proofs. The majority of these lend themselves to centralized printing, though the option to print in the field office should remain for situations where proofs are needed. In February 2021, NCSSMA was able to provide feedback to the agency and propose a phased approach to centralized printing. One of the difficulties in implementing centralized printing is that SSA has numerous programs that can print, and these programs use different methods to route print traffic. Unfortunately, there is no single solution to address this issue. Prior to the pandemic, employees were responsible for mailing or providing these documents directly to customers. Mailing of these documents takes time away from other, often higher priority, work. Managers and the limited number of bargaining unit employees who are physically in the field offices now find themselves mailing all documents that in many cases would have been provided directly to the customer during an in-office visit. Field office personnel must now balance the incoming mail with the outgoing mail, both of which take up most of the workday. As a result, managers are not able to dedicate time to manage other work and employees are not able to process higher priority work. Reducing this burden would decrease the number of on-site staff needed to process this workload. Centralized printing capabilities and employees assigned to this initiative would ensure that printed materials are mailed daily. This is not always possible in the current field environment.

*Question.* In your testimony you recommended eliminating the Social Security card. Times have changed. Employers can now use E-verify or other systems to check names and numbers. Can you tell us more about why NCSSMA recommends this change?

*Answer.* The purpose of the Social Security number (SSN) is to tie earnings to the Social Security number holder. It was not intended for any other purpose. However, over time the SSN and the Social Security card have been used by numerous other entities, such as financial institutions, medical providers and even States to identify an individual for reasons at odds with the SSN's intent. This was done as a matter of convenience, but this contributes greatly to identity theft and serves no purpose as far as the Social Security Act is concerned. Eliminating the Social Security card and its associated workload would allow field offices to redirect resources to address other workloads.

*Question.* Do you feel field offices were adequately staffed pre-pandemic?

*Answer.* No. Our field offices have been severely understaffed for many years. Though technology improvements have helped mitigate some staffing shortfalls, the fact remains that employees are needed to process the work. The primary reason SSA cannot provide timely service on most workloads is due to inadequate staffing.

*Question.* Do you feel field offices are adequately staffed now?

Answer. No. We have even fewer staff now than we did at the start of the pandemic and though some of the workload numbers have decreased such as claims, it now takes more time to process many of the workloads we have because of the need to scan everything into an electronic system to transfer to technicians to work from home.

*Question.* What resources do you need now to continue working under your current posture with limited on-site personnel?

Answer. We need more centralized printing and mailing capabilities, program simplification and the elimination of the paper Social Security number (SSN) card. We also recommend the elimination of the SSN for any purpose other than its original intent. If SSA had electronic interfaces with every bank, insurance company and wage provider, we could more easily verify eligibility for Supplemental Security Income (SSI) and Social Security Disability. We also need enumeration at entry for all non-citizens.

*Question.* Do you feel SSA has done all it can to ensure the safety of the public? Safety of employees?

Answer. Regarding the safety of the public, yes. Regarding the safety of employees, sending employees home was the best thing to do to ensure their safety. Unfortunately, that option was not available to field office managers. While the majority of SSA's bargaining unit employees were teleworking, field office managers were physically in the office every day. Some had concerns for their own health and safety and that of their families, but came in daily to serve the public and continue agency operations. This is not a sustainable model for customer service.

*Question.* What IT enhancement do you need now to help alleviate the stresses on applicants and field offices employees?

Answer. Adding more online options would provide the public with greater flexibility in how they do business with the agency. The following claims should be available online: Supplemental Security Income (SSI), Disability for everyone, SSI Aged, Lump Sum Death Payments (LSDP), children's claims, widow(er) claims, mother with child in care claims, Medicare for those already drawing, retirement claims, spouse's claims when filing after the number holder. The agency needs one integrated claims-taking system on the employee side. SSA is working towards that goal, but we needed it years ago. Dedicated self-help PCs at third-party sites such as senior centers, State offices and hospitals.

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QUESTION SUBMITTED BY HON. MARIA CANTWELL

BROADBAND

*Question.* The COVID-19 pandemic has forced us to rethink longstanding systems, including the delivery of Social Security benefits. Over the past year, the Social Security Administration (SSA) has worked to transition services to their online platform. While accessing services online instead of in-person may be more convenient for some, it is important to remember that millions of Americans around the country still do not have access to reliable Internet and millions more find it difficult to pay the monthly cost of broadband service.

Beneficiaries have been left to navigate the complex system of applying for benefits and submitting appeals online reduced assistance from SSA due to the closure of field offices and long wait times for phone calls. I have heard from constituents who waited on hold for 5 hours to verify a document scanned and sent to SSA. We must work to ensure that the SSA has the adequate technology to handle online services and that more people in rural and underserved areas have access to reliable, affordable broadband connections.

What are the unique technological challenges that the regional offices face when providing online services for people living in rural or underserved areas? What considerations should SSA take to address any gaps in technology and reliable broadband?

Answer. SSA should use available agency data and data from reliable third-party sites such as *broadbandnow.com* to target areas with low my Social Security participation rates, but widespread broadband availability. Many rural areas have fiber broadband availability. SSA should also consider locating self-help computers/kiosks in places where our customers already frequent such as senior centers, State gov-

ernment offices, libraries and hospitals. While some customers do not have Internet or phone service, many of our customers without in-home Internet service do have smart phones and therefore access to the Internet through cellular data. SSA should ensure that all online services are optimized for mobile phones. In addition, consideration should be given to providing free Wi-Fi to customers in field offices. The Wi-Fi should also be accessible in field office parking lots where feasible.

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QUESTIONS SUBMITTED BY HON. MIKE CRAPO

*Question.* Your testimony identifies that:

[T]he Commissioner and agency leadership have placed customer service at the forefront and every effort has been made for SSA to provide a full range of services to the American public. Management and employees have continued to provide the highest quality of compassionate service possible during these difficult times.

The Commissioner and agency leadership, by appearance and evidence, have continued their focus on service delivery to beneficiaries, and that focus has grown even sharper in response to the shock of the pandemic, including attention to providing service to at-risk populations. How has communication been with SSA's leadership during the pandemic, including with your co-panelist Ms. Grace Kim and her operations team?

*Answer.* SSA leadership has maintained open communication with NCSSMA. In addition to ongoing communication, NCSSMA has had several formal meetings with the Commissioner, Ms. Grace Kim, and components within DCO.

*Question.* It currently appears that the overwhelming majority of SSA staff in the office presently are volunteers. Please identify how SSA is able to find an adequate number of volunteers, and how the agency has communicated with and safely brought in the very small number of non-volunteers that have been needed.

*Answer.* SSA employees are committed to customer service, and many of them have volunteered to come into the office to assist management with non-portable workloads.

Unfortunately, some offices have limited to no volunteers and have been restricted from bringing in non-volunteer bargaining unit employees. Some employees do not volunteer for various reasons, but one primary reason is the time they spend in the office addressing mail, is time they do not have to process their claims workloads. The same is true for management as they are spending the majority of time on clerical duties and are often unable to keep up with their own management workloads. SSA should institute a measured and comprehensive approach to adequately staff all field offices both during and after the pandemic.

*Question.* Testimony for the hearing has addressed the importance of fully funding SSA's program integrity activities. For FY 2022, the President has requested \$1.9 billion for these activities, marking a \$283-million increase over the FY 2021 enacted level. Please elaborate on how program integrity activities ensure beneficiaries are well-served and while safeguarding taxpayer resources.

*Answer.* Program integrity activities ensure that beneficiaries receive the correct payment. Program integrity initiatives save taxpayer dollars and contribute to reducing the Federal budget and deficit. SSA's current estimates indicate that medical CDRs conducted in FY 2020 yielded a return of investment (ROI) of about \$8 on average per \$1 budgeted for program integrity funding, including Old-Age, Survivors, and Disability Insurance (OASDI), SSI, Medicare and Medicaid program effects. SSA estimates also indicate, in the same fiscal year, that non-medical redeterminations will yield a ROI of about \$3 on average of net Federal program savings over 10 years per \$1 budgeted for dedicated program integrity funding, including SSI and Medicaid program effects.

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QUESTIONS SUBMITTED BY HON. CHUCK GRASSLEY

*Question.* Scam artists often use an emergency that disrupts normal practices and procedures to their advantage. I've received a number of reports from my constituents that they have received fraudulent phone calls and letters claiming their benefits were in danger due to the closure of Social Security offices. Could you speak

to what types of scams you have seen using the pandemic and recent changes in procedures to prey on vulnerable seniors?

*Answer.* The scams are constantly evolving. Some of the more common telephone scams: your SSN has been used in a crime; there is a warrant for your arrest because your SSN was misused; your Social Security account has been frozen; your SSN is being retired; your SSN has been stolen. Regarding what SSA is doing to alert seniors of potential scams and how to avoid being defrauded: SSA has a banner with a link to more information on the agency's home page concerning scams. There is also a link to report scams to the Office of Inspector General (OIG). Employees also have access to various materials concerning fraud that can be mailed or emailed to customers.

*Question.* Your written testimony addressed the importance of fully funding SSA's program integrity activities. Would you please elaborate on how program integrity activities ensure beneficiaries are well-served while safeguarding taxpayer resources?

*Answer.* SSA's current estimates indicate that medical CDRs conducted in FY 2020 yielded a return of investment (ROI) of about \$8 on average per \$1 budgeted for program integrity funding, including Old-Age, Survivors, and Disability Insurance (OASDI), SSI, Medicare, and Medicaid program effects. SSA estimates also indicate, in the same fiscal year, that non-medical redeterminations will yield a ROI of about \$3 on average of net Federal program savings over 10 years per \$1 budgeted for dedicated program integrity funding, including SSI and Medicaid program effects.

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QUESTIONS SUBMITTED BY HON ROB PORTMAN

*Question.* During my questioning, we discussed the additional \$283 million for FY 2021 over FY 2020 enacted levels for program integrity activities. I said that I would follow up with you on the return on investment that would be yielded from such an increase. Could you clarify what the return on investment would be of this additional \$283 million?

*Answer.* Our estimates are based on SSA's numbers. SSA's current estimates indicate that medical CDRs conducted in FY 2020 yielded a return of investment (ROI) of about \$8 on average per \$1 budgeted for program integrity funding, including Old-Age, Survivors, and Disability Insurance (OASDI), SSI, Medicare, and Medicaid program effects. SSA estimates also indicate, in the same fiscal year, that non-medical redeterminations will yield a ROI of about \$3 on average of net Federal program savings over 10 years per \$1 budgeted for dedicated program integrity funding, including SSI and Medicaid program effects.

*Question.* During my questioning, I discussed how critical it is to ensure that the Social Security trust funds remain solvent. Can you discuss the human costs that would occur if we run into a situation where we reached insolvency and the Social Security Administration were forced to trim benefits?

*Answer.* NCSSMA does not take a position or comment on program solvency as it falls beyond the scope of our mission and ability to enact any change.

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QUESTIONS SUBMITTED BY HON. TODD YOUNG

*Question.* Over the course of the pandemic, thousands of SSA employees across the Nation have voluntarily elected to return to the office in order to assist in handling mail, processing key documents, and the other duties that are vital to the delivery of SSA's services.

Could you please describe the overall morale of SSA staff?

*Answer.* Overall morale for field office managers is low. The burdens and added responsibilities placed on managers are now at 15 months and counting. Managers have very little time to manage despite the assistance many are receiving from volunteer bargaining unit employees. For employees at home, many love teleworking, but just as many want to return to the office. Some employees feel isolated at home and are ready to see their customers and coworkers again.

*Question.* What ways have staff in offices across the Nation stepped up to address these unique challenges in the past year?

Answer. Managers in field office have been responsible for fulfilling management responsibilities in addition to serving as the mail clerk and support staff for the majority of the offices' administrative tasks. Processing the mail in an SSA office is very cumbersome due to the volume and the agency did not have a precedent to follow to establish a system that would work efficiently and be sustainable. Because employees cannot print at home, every claim they take must be printed in the office, management retrieves those claims and mails every document to customers. This can take several hours each day. In addition, every piece of mail that arrives must be opened, stamped, and scanned into SSA's system, and is then distributed electronically to the employees. All of the outgoing mail must be placed in envelopes, weighed, and metered, another time-consuming task. And finally, managers must take care of the dire need customers in the field offices who require a face-to-face visit. Developing an internal process in each of our offices to make this happen was a phenomenal undertaking. The commitment to keeping operations moving has been inspiring. Managers have made use of virtual staff meetings to stay in touch with employees for performance reviews, conversations, and staff meetings. While these efforts have been noteworthy and the unique challenges associated with the pandemic were addressed, this model is not sustainable.

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PREPARED STATEMENT OF HON. RON WYDEN,  
A U.S. SENATOR FROM OREGON

This morning the Finance Committee meets to discuss ways to improve Social Security after a difficult pandemic year. The employees at SSA have worked hard to get payments out on time while undergoing big changes to the way the agency operates. Despite that, the reality is, social distancing and Social Security go together like water and oil.

The Social Security Administration has tens of thousands of employees and 1,500 field offices dotted around the country. Sixteen of those offices and more than 500 employees serve Oregon alone. It takes a lot of hard work to uphold the promise of Social Security, and that work often looks awfully old-school: face-to-face interaction and a lot of paper documents.

SSA closed its field offices when the country went into lock-down. That's because gathering seniors and people with disabilities in confined offices would have been the worst imaginable idea 12 months ago. SSA also needed to protect its own employees. But the fact is, the level of service dipped when SSA's old-school approach no longer worked during the pandemic.

Being cut off from face-to-face service is hardest on the people who rely the most on Social Security, including seniors and individuals with very modest incomes who may not have Internet access. The number of new applications for certain types of Social Security benefits plummeted during the pandemic. There's an extra layer of difficulty coming between a lot of Americans and Social Security benefits they're eligible to receive.

With fewer employees working in person, work that cannot be handled remotely, such as handling mail or verifying documents, has piled up. SSA's ability to process applications and other important data has slowed. Some Americans have been asked to put their most sensitive personal documents in the mail, including drivers' licenses and birth certificates. That would have been an unattractive prospect to a lot of people even before Louis DeJoy arrived at the postal service.

These days, particularly because of the pandemic, the big challenge facing SSA is reaching people who are unable or prefer not to deal with the government online. In the future, SSA could face the opposite challenge. More people will want to interact with Social Security through a smartphone or a computer, and the face-to-face approach may be less common.

When you talk about changing business as usual at Social Security, it's not just a question of responding to the pandemic. There are big challenges ahead. This committee and the Social Security Administration need to explore new ways of meeting the needs of Americans to provide the benefits they've earned, need, and deserve. Making smart improvements to Social Security based on the experience of COVID-19 will pay off in the future in a big way.

All of these issues fall under the far-out, revolutionary agenda I like to call "making the government work better." That's never been more important than when you're talking about Social Security. For me, this hard work goes back to my days

as the co-director of the Oregon Gray Panthers, which was an advocacy organization for seniors in my home State. In the course of that job, I visited with a lot of seniors who were walking an economic tightrope every day, barely able to cover the bills.

Social Security was a life-saver for them. Far too many of today's seniors are still going through that kind of hardship, and it's made even more difficult by a global pandemic and a year of isolation. So this committee must maintain our commitment to upholding the promise of Social Security.

I'm pleased the committee has this opportunity to discuss improving access to the benefits and services provided by Social Security today. We have an excellent witness panel, and I thank them all for their thoughtful testimony.

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## COMMUNICATIONS

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### Introduction

On behalf of our 38 million members and all older Americans nationwide, AARP would like to thank Chairman Wyden, Ranking Member Crapo and the members of the Finance Committee for holding this important hearing on “Social Security During COVID: How the Pandemic Hampered Access to Benefits and Strategies for Improving Service Delivery.” We appreciate the committee’s efforts to better understand the impact the pandemic had on the Social Security Administration’s (SSA) service delivery to its customers. We also thank the committee for examining potential reforms and additional resources that SSA may need in order to better ensure millions of older Americans, those with disabilities and those who are at-risk can effectively access vital benefits and services.

### The Importance of Social Security Administered Benefits and Services

According to SSA, an estimated 178 million Americans paid into Social Security in 2019, and in March 2021, Social Security provided critical retirement, disability and survivor benefits to almost 65 million individuals. This included over 49 million retirees, almost 10 million Americans with disabilities, and their respective families.<sup>1</sup> In 2019, SSA administered over \$1 trillion in Social Security benefits to the American people. SSA also administers the Supplemental Security Income (SSI) program, which provides monthly cash benefits to about 7.8 million older adults, individuals who are blind, or people with disabilities, and who have very low incomes and resources.<sup>2</sup>

For most Americans, Social Security is the only inflation-protected, guaranteed source of retirement income they have or will have. Despite its critical importance, Social Security’s earned benefits are modest, and in March 2021, averaged only about \$1,550 per month for all retired workers. Disability benefits are even more modest, averaging about \$1,280 per month.<sup>3</sup> Nonetheless, Social Security keeps approximately 15 million older Americans out of poverty<sup>4</sup> and allows millions more to live their retirement years independently, without fear of outliving their income. For those receiving SSI, their modest benefits are crucial given their circumstances, averaging only \$586 per month.<sup>5</sup>

In addition to administering benefits, SSA also provides a substantial array of services to current and future beneficiaries, businesses, and the general public, primarily to keep its programs running smoothly. These services include, but are not limited to: helping individuals apply for retirement, disability, and SSI benefits; administering the disability appeals process; enrolling eligible individuals in Medicare; paying death benefits; managing the Representative Payee program; verifying

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<sup>1</sup> Social Security Administration, *Monthly Statistical Snapshot*, March 2021, [https://www.ssa.gov/policy/docs/quickfacts/stat\\_snapshot/](https://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/).

<sup>2</sup> *Ibid.*

<sup>3</sup> *Ibid.*

<sup>4</sup> Center on Budget and Policy Priorities, Kathleen Romig, *Social Security Lifts More Americans Above Poverty Than Any Other Program*, February 2020, Table 2, <https://www.cbpp.org/research/social-security/social-security-lifts-more-americans-above-poverty-than-any-other-program>.

<sup>5</sup> *Ibid.*

names and Social Security Numbers; replacing lost Social Security and Medicare cards; and managing reported wages from employers.

#### **The Impact of COVID-19 on SSA Service to the Public**

SSA primarily provides services to individuals at their 1,230 field offices throughout the country, via their online My Social Security Account, and through a national 800 number. In March 2020, however, SSA announced it would be suspending in-person, face-to-face services at local field offices in order to prevent the spread of COVID-19 and protect the health and well-being of their customers and staff.

In FY 2019, prior to the pandemic, an estimated 43 million people visited a Social Security office.<sup>6</sup> Without this option, SSA has primarily leveraged its online and phone services, while providing limited face-to-face interactions for those in dire need circumstances. AARP supported SSA's decision to temporarily close its field offices, which continues to this day, and we applaud SSA employees for their commitment to serving the public as many transitioned to and remain teleworking.

The closure of SSA field offices has, however, assuredly hindered service delivery for some individuals. The impact of these changes has likely been most acute for at-risk populations who need assistance with applications and other services. AARP remains especially concerned about these populations who may typically require or benefit from face-to-face interactions with SSA to receive critical services, including SSI.

In addition, many older Americans, those who live in rural communities, or those with low incomes may not have access to a computer or the Internet, or lack comfort with navigating online platforms like My Social Security in order to receive services. Some simply prefer speaking with a real person, either face-to-face or on the phone, especially when dealing with something as important as their Social Security benefits. While these individuals may have turned to SSA's phone lines during the pandemic, they likely experienced busy signals, as well as increased call volumes and wait times that made it more challenging to get the services they needed, especially when using SSA's national 800 number. Finally, the lack of face-to-face service availability has led to a troubling situation where some individuals must mail or drop off sensitive original documents such as birth certificates or drivers licenses. Many are understandably reluctant to do so.

#### **The Importance of Personal Interactions and Other Recommendations**

Once again, AARP applauds the agency and its staff for their ability to pivot to remote work, and we appreciate the dual challenge of both serving the public and protecting the workforce during the pandemic. We also appreciate that employees at field offices around the country continued to go into work to process files, open, scan, and send mail, attend the fax machines and provide valuable face-to-face services for those in serious need.

We recognize that, over the first year-plus of the pandemic, limiting face-to-face interactions was a necessary reality. As more people are immunized against COVID-19 and more safety measures are implemented, however, AARP looks forward to a time when these offices can be safely reopened to the public. SSA should consider the need to prepare for a possible surge in applications and other service requests when field offices are reopened.

We also believe SSA should focus additional resources, which Congress will need to provide, toward its phone services, both at local field offices and the national 800 number. Even after field offices reopen, SSA phone services provide the personal interaction that many customers prefer and need. AARP appreciates that SSA provided teleworking employees with the technology to answer phone calls during the pandemic. We also appreciate that SSA made public local field office numbers that were not previously available. In June 2020, "SSA's field offices and national 800 number received 30 percent more calls than June 2019, with field offices receiving most of the additional calls."<sup>7</sup> Despite this increase in volume, callers to field offices received fewer busy messages and shorter wait times. Callers to the national 800 number also experienced fewer busy signals, partly due to reduced hours, but wait-

<sup>6</sup>AARP.org, "Closed Social Security Offices Hinder Applying for Supplemental Security Income," Sharon Jayson, March 26, 2021, <https://www.aarp.org/retirement/social-security/info-2021/closed-offices-impact-ssi-applicants.html>.

<sup>7</sup>Social Security Administration, Office of the Inspector General, Congressional Response Report, "The Social Security Administration's Telephone Services During June 2020," April 2021, <https://oig.ssa.gov/audit-reports/2021-04-08-audits-and-investigations-audit-reports-A-05-20-50998/>.

ed longer for service.<sup>8</sup> SSA should seek to build on the phone service improvements made thanks to local field offices while improving performance at the national 800 number.

AARP also appreciates the steps the agency has taken to reach vulnerable populations through mailings—including plans to send an additional 1.2 million letters to those who may be eligible for SSI—and partnerships with other social services groups. SSA should continue to place particular emphasis on this work. To the extent that SSA can publicize these partner organizations to ease the burden on those seeking services, we believe this would be a worthwhile step. We also note that mailers alone will not be sufficient to reach all potential SSI beneficiaries, and the process of applying for SSI is still a very cumbersome endeavor. We encourage SSA to potentially expand its national communications campaign designed to raise awareness of SSI and disability programs and encourage people to apply. And we also encourage SSA to work to streamline SSI and other application processes and make them more user-friendly.

AARP is also hopeful to learn about the pending expansion of express interview options for those who want in-person services. We would encourage SSA to incorporate more identity verification options as part of this process in lieu of requiring people to send or drop off critical identifying documents. Given the importance of these documents to individuals and the ongoing challenges with the postal service, sending such sensitive information through the mail should be discouraged.

#### **The Importance of Administrative Funding for SSA**

SSA continues to face significant administrative challenges, largely due to demographics and chronic underfunding. AARP believes the President's proposed FY 2022 administrative funding level of \$14.2 billion, including \$895 million to strengthen SSA customer service and \$75 million in additional funding for outreach, would help prevent further erosion in service delivery to customers. However, several important details have yet to be provided by the Administration.

In addition, and as AARP has previously communicated to the Office of Management and Budget and the House and Senate Appropriations Committees, the definition of "program integrity" should, by regulation or legislation, specifically authorize cost-effective field office infrastructure improvements. At present, many offices lack the high speed connections necessary for real-time document and medical image transfers and related-privacy protocols. Communications infrastructure enhancements, among others, would also enable SSA to conduct far more Continuing Disability Reviews, Redeterminations and other customer services.

Finally, SSA Commissioner Saul recently advised House Social Security Subcommittee Chairman Larson that it will be unable to spend about \$200 million in FY 2020 program integrity funds, citing operating "issues receiving and verifying documents and medical evidence we need to make decisions." AARP strongly encourages the Administration and Congress to specifically authorize expenditure of the \$200 million for this purpose, prior to the end of the fiscal year.

#### **Closing**

Once again, AARP would like to thank Chairman Wyden and Ranking Member Crapo for holding this important hearing. We look forward to working with you and the members of the committee to ensure Americans can continue to rely on the Social Security benefits and services they and their families need. We also look forward to continuing to utilize our communications channels to share information about Social Security and its benefits and services with our members and the general public.

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AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO

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Chairman Wyden, Ranking Member Crapo and Members of the Committee, the American Federation of Government Employees, AFL-CIO (AFGE) appreciates the opportunity to provide this statement for the record of the Committee's hearing on "Social Security During COVID: How the Pandemic Hampered Access to Benefits and Strategies for Improving Service Delivery." We thank the Committee for explor-

<sup>8</sup>*Ibid.*

ing this important topic. AFGE represents more than 700,000 federal and District of Columbia employees in 70 agencies, including over 45,000 employees at the Social Security Administration (SSA). It is essential that union representatives be explicitly engaged in deliberations over decisions that affect the safety, working conditions and morale of the workforce. This is an even more urgent matter when employees and the public they serve are threatened by both a deadly virus and potential challenges to timely service delivery.

AFGE's members are proud of their success in maintaining operations throughout the pandemic of all of SSA's components. They have continued to serve the public and work down the backlog of cases in claims and appeals. We commend the Committee for exploring how the challenges presented by the COVID-19 pandemic and the management of the agency could have made that service delivery better.

#### **SSA Restriction of Telework in 2019 and Early 2020**

The unionized workforce's first challenge to continued service delivery during the pandemic was the abrupt migration to near-100 percent telework. This shift was made far more chaotic than necessary by SSA's earlier, ill-advised decision to revoke or severely limit telework for much of its workforce.

On October 27, 2019, the Social Security Administration informed SSA's Operations components (field offices, teleservice centers and data operations center) that all telework would end by November 22, 2019. Despite contractual and legal requirements, the agency did not provide a business rationale for ending telework. It simply revoked permission unilaterally.

On January 27, 2020, SSA informed non-Operations components, including the Office of Hearing Operations, that telework would be reduced in most components and that any employees currently using telework would have to submit a new telework agreement by February 7, 2020.

These poor decisions left the vast majority of the SSA workforce much less ready to shift to telework and virtual service delivery when the pandemic hit. Employees lacked equipment, training and had little or no input into the agency's continuation of operations plan.

Despite those poor management decisions, within a matter of weeks, SSA reported that wait times for calls were down and the number of calls answered per employee was up. The agency has also been able to reduce the pre-pandemic backlog of both newly filed claims and appeals claims. In the Office of Hearings Operations, the backlog of pending hearings requests also dropped. At SSA's headquarters in Maryland, the migration to telework was delayed for many who did not have a telework plan, including many who did not have access to the Internet at home. Their ability to work was delayed until equipment and connectivity to be acquired. Overall, SSA has not only maintained vital services, but performance has improved and wait times have decreased for many services. In order to meet all of the public's needs, however, SSA will need to address workloads that are not portable, or that have been suspended or altered because of the pandemic. As described below, this includes initial disability claims and continuing disability review (CDR).

#### **Most SSA Work Is Portable; Addressing Non-portable Work**

As telework in most components has continued throughout the pandemic, it is important to identify the non-portable workloads and consider how more of this work can be portable in the future.

In SSA field offices, work that is non-portable includes:

- Original Social Security number applications for applicants over age 12
- Dire need Social Security new or replacement card requests
- Immediate payments for claimants in critical situations
- Opening, sorting and scanning mail
- Processing remittances
- Interaction with members of the public who need to visit the office to receive Social Security checks and notices—individuals who do not have access to the Internet, telephone or have a fixed address
- Updating an SSA account for those who have blocked "mySSA" for fraud purposes (updates such as change of address)

In the Office of Hearings Operations, work has remained largely off-site. Hearings are being conducted by telephone and video. By providing these virtual service options, the backlog of immediate cases with hearings pending has decreased.

However, it is essential to recognize that individuals have the right to request an in-person hearing and may benefit from that personal interaction. It is therefore crucial that SSA return to the in-person hearing format as soon as it can do so safely and that SSA continue community-based service for disability hearings. It would be a mistake to centralize hearings and migrate to an all-video format that would impersonalize services for some of America's most fragile and vulnerable populations.

#### **AFGE's Recommendations**

##### **Engage the Unionized Workforce and Replace Leadership**

The past 4 years have seen a decline in employee satisfaction and a drastic upheaval of the treatment of the unionized workforce by agency management. It is essential to morale and efficient operations of SSA to restore regular labor-management relations. SSA needs leaders who view the unionized workforce as a partner and not an obstacle, and that views employees as the knowledgeable, professional and dedicated public servants that they are. SSA needs new leaders at the highest levels that will cooperate and collaborate with the unions representing the people who know best how to get the public's work done. A change in leadership will improve both public service and employee engagement and empowerment.

To make labor management engagement productive, meetings must include decision-makers among all parties with expectations to achieve results to build a better agency. SSA should engage with its unionized workforce through regular meetings and bargaining to find ways to further improve employee working conditions on issues such as technology, workstations, work processes, position descriptions and career development.

SSA must also work with AFGE to resolve as many outstanding disputes and grievances as possible, to further reset our relationship, improve morale and working conditions, and allow the parties to move forward less weighed down by the past four years.

##### **Plan for Expanded Telework in a Post-Pandemic Work Environment**

We have described the work conducted in the telework environment necessitated by the COVID-19 pandemic. Telework should continue into the future and SSA should identify additional portable work and the technologies needed make it possible.

Even before we envisioned the challenges of a pandemic, in a July 2017 Office of Inspector General report, employees utilizing telework in SSA Operations positions indicated:

- 68 percent completed more work when teleworking,
- 78 percent feel more satisfied with their jobs since the implementation of telework,
- 90 percent indicated no difference in communication with a supervisor when needed, and
- 67 percent indicated no problems accessing SSA's systems.

Equally important, the report found that telework productivity and customer service in Field Offices, Teleservice Centers and the Office of Hearings Operations was not markedly different between those employees performing telework and those in the office. Had the findings of this report been considered, the agency would have been better prepared for telework during the pandemic.

##### **Making Expanded Telework Possible: Use Technologies to Deliver In-Person Services in a Virtual Environment**

Use of technologies such as electronic meeting platforms can enable SSA employees to meet with members of the public remotely. Secure platforms will allow for employees to verify documents through web cameras. This will make currently non-portable workloads such as application for Social Security cards and numbers available for video-meeting services. This will need to be conducted securely to avoid privacy concerns of both employees and beneficiaries.

Employees have identified as a service challenge the slow rate of answered outgoing phone calls. Numbers typically appear in caller ID as either random numbers or as

blocked or anonymous callers. SSA should change the caller ID on those outgoing calls to improve the connection rate and deliver better public service.

Additionally, SSA must review its Personally Identifiable Information (PII) policy, which is not reflective of current technologies. If updated with appropriate guidance and safeguards, this has the potential to continue to protect the public while increasing productivity.

#### **Provide In-Person Services in a Safe Manner**

**Mail:** Limited staff will be needed to open, sort and scan mail. This function involves only a small number of employees and is necessary to maintain portable work.

**Immediate Payments:** Immediate payments are an ongoing need. This will require that each field office have an authorized check signer in the office each day and could require additional employees be accorded check signing authority.

**Public Visits:** Our field offices must continue to interact with members of the public who do not have access to telephone or internet. This requires a small number of employees in the office who can maintain safe distances. This is an essential service, but demand is generally low.

**Paper Files:** Some files still exist only in paper format. Going forward, active files could be digitized and closed files could be destroyed in an appropriate manner.

#### **Disability Claims, Reconsideration and Medical Continuing Disability Review**

Continuing Disability Reviews (CDR) are a necessary part of SSA's function. Medical Continuing Disability Reviews were temporarily suspended during the pandemic to avoid cessation of benefits, but they have resumed. With this resumption comes a backlog of cases that must be reviewed. The last administration pushed to require CDRs to be conducted as frequently as every six months, a bad idea the current administration wisely reversed.

Of greater concern right now is the decision by the agency to extend Public Service Indicator measurements to complete disability claims, reconsiderations and CDRs. Instead of changing the goals, SSA should hire sufficient front line field office personnel to address this delayed backlog to continue to deliver these vital services in a timely manner.

#### **Office of Hearings Operations**

**Maintaining Community Operations:** As noted above, individuals filing appeals have the right to an in-person hearing and may very well benefit from that engagement. SSA should plan for the resources necessary to address the influx of delayed live hearings and keep this essential community-based service available to the public.

**Staffing:** The Office of Hearing Operations (OHO) provides the essential service of an administrative appeals process for benefits decisions. At the core of OHO's work is the position of Legal Assistant. These are among the individuals whose telework was severely and restricted in January 2020 without any business case for the decision.

In 2017, OHO consolidated the position descriptions of Legal Assistants, capping their career ladders and specializations. Many legal assistants were previously categorized as specialists in major workloads, such as master docket and case pulling, and were highly productive performing specialized work. OHO should review and revise position descriptions and create new career ladders to allow legal assistants to develop and build in their OHO careers, instead of being capped at GS-8 with little chance to advance. Developing this career ladder will realign hearing offices to maximize employee talents, increase opportunity, and improve service as the post-pandemic demand for service will only grow.

#### **Conclusion**

AFGE thanks the Committee for considering how essential a respected, engaged and well-resourced workforce is to the effective function of the Social Security Administration. We have outlined the need for personnel management improvements, identified areas where additional resources are needed, and recommended some simple, practical solutions to overcome service delivery challenges. These should be viewed as closely connected and not severable. As labor and management relations come into balance and technology and staffing needs are addressed the public's vital needs will be better served during this pandemic and in its aftermath.

## AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

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When a flower doesn't bloom, you fix the environment in which it grows,  
 not the flower.

—Alexander den Heijer

Chairman Wyden, Ranking Member Crapo, and Members of the Committee:

The leadership of the five AFGE C220 New York Region locals, on behalf of our bargaining unit, submit the following for the Committee's consideration in exploring the topic of improving service delivery by the Social Security Administration.

### Introduction

As Federal employees we embody the ideal of the American dream. An ideal whose origins date back to the Founding Fathers and their courageous struggles in the name of life, liberty, and the pursuit of happiness. Through the years, the American dream has encompassed the honest labor of the people for the benefit of themselves and others. Federal employees devote their careers to promoting and effectuating the very programs that promise financial security to all Americans in their years of retirement or failing health. As civil servants of the American public and employees of the Social Security Administration, it is with great respect that we administer the greatest anti-poverty program ever conceived by the American people. It is our passion for our country and our sense of duty that enables us to serve the public day in and day out with great pride and distinction. This is an honor that we cherish; although often proven to be challenging with government cutbacks, attrition of civil servants, and the perils of predisposed beliefs that often devalue the contributions of federal employees. As discouraging as this may be at times, we do not allow this to impede our duty to serve the American public. It is with this enthusiasm that we bring to you our concerns over the mismanagement of SSA that threatens the very mission we have sworn to uphold.

### Staffing Shortage Challenges

The customer service delivery issues encountered by SSA during the pandemic predate the current COVID-19 public health emergency. Our organization offers a unique perspective on the issues being discussed during hearings on this matter. The employees we represent are the public face of Social Security and interact with members of the public dealing with a wide range of their concerns. During the pandemic, the workforce has proven their dedication to the public by continuing to provide a high level of service, despite the limitations that the pandemic presents. However, there is a considerable amount of room for enhancing how SSA delivers service presently and in the future. This could readily be achieved if the Agency expressed a willingness to engage in a bona fide partnership with AFGE to provide the best customer service experience while maximizing the contributions of the employees without overburdening them.

Years of underfunding have left the Agency in desperate need of additional resources. While the need for SSA's services has increased exponentially over the years, staffing has been on a constant decline over the past decade, to the tune of approximately 20,000 front end employees. This failure to keep pace with public demand has caused an inordinate amount of stress on SSA bargaining unit employees. Every year, via retirement and lack of retention, the Agency loses decades of institutional knowledge that is not being replaced. The type of work that SSA does is complex and requires high level of commitment; and we deal with members of the public from diversified backgrounds and educational levels. SSA's computer infrastructure is mostly outdated, and any computer system modernization plan should target improving how work is processed and not be a substitute for direct customer service, especially when it appears to be at the expense of hiring much needed frontline employees. Whether service is being delivered by phone or in-person, it is important that the public can speak with a live individual in an efficient and timely manner. **It should be noted that most benefit applications that are completed at SSA are not paper applications, rather most, if not all, benefit applications are completed electronically by SSA employees.**

### **Telework Is Effective**

While SSA offices continue to struggle during the pandemic due to reduced staffing levels, telework has given SSA offices an alternative option to provide quality customer service, process current workloads, answer phone inquiries, and process backlogs. Restoring staffing to levels commensurate with public demand in all field offices is critical as we transition to a post-COVID environment; this is crucial to restore SSA's full scope of services to the public. Merely returning employees to offices is not going to solve the deficiencies in being able to serve the public effectively. It will only revert the Social Security Administration to ongoing pre-pandemic challenges which include long in-office wait times and unmanageable backlogs.

Moving forward, SSA workers, during this pandemic, have proven that telework is an essential component to effectively processing SSA workloads and must be incorporated into any post-pandemic work model. Of course, any future vision should include the public being able to receive face to face service in a safe manner. Many SSA field offices have been closed because staffing has been reduced to levels that have prevented those offices from maintaining the level of service required. In upstate New York alone, there have been 5 SSA office closures within the past 15 years and over a dozen in the New York City area. In New Jersey, there have been 2 field offices and 2 teleservice centers closures. At the same time, retention of new hires has been anemic with many recent hires leaving the Agency during their training period. The COVID-19 emergency has only exacerbated working conditions for new hires.

### **Labor/Management Relationship**

There are many approaches that can be jointly identified by the Union and SSA that would collaboratively motivate SSA to align itself with Executive Order 14003; recognizing the Federal Government as a model employer that should attract, as well as retain, the best and the brightest employees. First, field offices need to be reimagined to provide shared workspaces to accommodate teleworking on a sustained and rotating basis. This approach would allow for permanent workspaces for non-teleworkers who would continue to serve in-office visitors, and at the same time allow for offices to hire additional staff without the confines of a traditional office set up. Secondly, there needs to be mechanisms in place to properly staff SSA field offices based on the level of service being provided in a geographic area, accounting for attrition and customer demand. Having the Agency always telework ready will not only ease the transition to long-term telework, but it will also allow the Agency to effectively deal with any service disruptions, such as a pandemic or other hazardous condition.

### **Effective Training for Retention and Job Satisfaction**

SSA's training methods have deteriorated precipitously over the years, preventing new hire retention as well as causing journeyman employees to either seek early retirement or employment outside of the Agency. This severely impacts the delivery of quality customer service. Traditionally, new hires attended in-person training classes for anywhere from 12–16 weeks where they were immersed in policy and systems training with an in-person mentor. Circa 2010, the Agency abandoned this approach and initiated a virtual training model, where trainees spend a couple of hours per day with a mentor in a remote location. The rest of their day is spent at their assigned duty station doing assigned production work for the Agency, under the guidance of in-office mentors who often do not have the time to help the trainee because they are normally engaged in assigned duties dealing with the more complex issues of the office. While the Agency stated the shift to virtual training was a cost-saving measure nevertheless, it has created a training environment full of distractions and unacceptable consequences. This has made it more challenging for new hires to be proficient doing their job. In many understaffed offices, training is a secondary concern as these offices will rely heavily on trainees to interview the public and process workloads, severely impeding the effective training of new hires. The Agency is critically hindering the ability of new employees to become successful and in turn this has the cumulative effect on the Agency's ability to provide quality service to the public.

Initial training is only the first component of the training process. The claims specialist position, the most common position at SSA, is a journeyman position that is a three-year process involving increasing responsibilities with accompanying training. When the pandemic ends, the Agency needs to revert to traditional proven training methods for all employees. To achieve this, the Agency needs to be provided with dedicated funding to ensure that training can be dispensed in the most effective manner. A short-term investment in training ensures that SSA will have a pro-



ductive workforce in the long term. Likewise, meaningful improvements to the training process requires collaboration with the Union, who have been traditionally excluded from discussions and plans for new hire training and training in general.

#### **Supplemental Security Income (SSI) Service Delivery Issues**

The Agency has alleged that the number of SSI claims taken have declined since the start of the pandemic. It is unclear what hard data the Agency is using to support this claim. During the pandemic, applications for all SSA programs has continued to be consistent with pre-pandemic levels. SSI is a needs-based program and is only one type of program that SSA administers. Individuals who file for Retirement, Survivors, and Disability benefits are always screened for SSI eligibility. It should be noted that SSA policy offers the option of a closeout notice or the completion of an abbreviated application as a formal notice of ineligibility to individuals who are screened and do not qualify for SSI; with the latter process being much more time consuming for both the member of the public and the employee completing that abbreviated application. Most SSA field office management officials mandate the completion of abbreviated applications in order to inflate application statistics. The Agency needs to formulate a much more efficient method to address SSI ineligibility that promotes efficiency for employees and the public.

If there is truly a decline in the number of SSI applications taken during the pandemic, it could very well be attributable to the fact that a lot of potential SSI recipients supplement their monthly income from part-time work. A lot of these same individuals have been eligible for the enhanced unemployment benefits, which would preclude SSI eligibility. Perhaps, this explains why the working disabled are filing less SSI applications.

Processing SSI initial claims is only one workload component of the SSI program. The additional adjudication of redeterminations and post-entitlement actions involve more employee work hours than dealing with initial claims. Acerbating the situation are the volumes of regulations involved with administering the SSI program. Payments are determined on a monthly versus a yearly basis; and requires each month to be analyzed for income, resource, and living arrangement data. Likewise, the software “enhancements” that the Agency has utilized to modernize and speed up SSI claims processing instead, has slowed down the processing time of initial applications and post entitlement actions. Numerous software malfunctions are encountered by employees daily. This reinforces the argument that automation cannot be a substitute for adequate staffing in SSA field offices.

Another factor to keep in mind is that pre-pandemic, SSA field offices had limited appointment availability due to staffing shortages, which in turn contributed to reduced intake of SSI applications. An individual may have waited up to sixty days to get the next available appointment to file an application. This will continue to be a problem post-pandemic if adequate staffing is not restored to the Agency.

#### **Alternatives to Paper Documents**

Attempting to provide improved customer service during the pandemic, the Agency is piloting the use of document drop boxes. However, the use of drop boxes is only putting a band-aid on the immediate need to offer an alternative to mailing in documents and is not taking advantage of the opportunity to make bold changes in the way the Social Security Administration offers service delivery to the public. Moreover, while the use of the drop box facilitates the public in providing SSA with important documents, it still relies on the same undependable method of returning these documents, the mail system. This gives the appearance of being disingenuous; SSA shows great concern for the protection of vital documents to process claims but abandons those concerns when it comes to returning them. The Agency should explore alternative methods of document verification that would eliminate the need for the public to temporarily be separated from their documents. For example, the Agency should explore interfacing with other federal, state, and local government agencies to be able to verify information such as date of birth, marriage, citizenship, legal immigration status, etc. While the rest of the business world seems to have embraced technology, the Social Security Administration seems to be not only reluctant to find alternative methods, but also seems outright opposed to exploring these options.

The Agency should update their computer systems to be able to update records without the need to fill out and mail/drop off forms. In particular, the use of an SS5 (Application for Social Security card) should not be needed to update a claimant's citizenship on their record. The Agency should have the ability to update the record with appropriate verification of citizenship through an interface with U.S. Citizen-

ship and Immigration Services (USCIS). This simple example could have a ripple effect on the processing of claims by SSA. Not only would this eliminate the need for claimants to provide documentation, but applications for benefits would also be processed faster as a result. There are numerous other examples of how utilizing technology would better serve the public. Once again, the Agency is not even receptive to discussing or exploring any alternatives.

When the Union attempts to initiate any discussion concerning possible technological changes within the SSA systems, the Agency continues to disregard the Union's position as the exclusive representative of the bargaining unit. This failure to communicate and consult with the Union often results in vast amounts of taxpayer funded dollars being spent on outdated technology that often proves more cumbersome and ultimately creating an impediment to the efficiency of federal service. In the face of longer interviews with the public because of ill-conceived enhancements to the SSA systems, there are also less employees serving the public, thus creating an inefficient method of delivering vital public services at critical times. This is a failure by SSA to maintain a position of trust demanded by the American people. What makes this most egregious is that the solutions are not complex or unattainable. The hiring of sufficient new employees with a commitment to retaining them would enhance the Agency's ability to serve the public effectively and timely. The Agency has chosen the road of isolation rather than partnering with the Union to seek practical and pragmatic solutions. While the Union will always applaud the willingness to pursue new technologies, the application of new technology for its own sake with no measurable improvements represents poor judgement that reflects on the Agency's unwillingness to work with the Union.

#### **SSA's Most Valuable Asset**

SSA's most valuable commodity are the civil servants that are on the front line assisting the public. It has been proven time and time again that an employee that is motivated to be their best through an encouraging and positive work environment is likely to produce at a high level. Instead of providing a work setting that produces elevated office morale, the Agency is often alienating employees, detaching them from their sense of civic pride that is the driving force behind their desire to serve the public. Most employees enter civil service with the intent to make a difference in the lives of the average American. This should be fostered by the Agency instead of sabotaged. In violation of President Biden's Executive Order 14003, SSA has continued to operate under a collective bargaining agreement that was the result of President Trump's anti-federal employee executive orders that has diminished employee rights and made them feel unappreciated and dispirited. At the same time, the Agency continues its union animus that began over 4 years ago and has created a mistrust between the Union and the Agency that prevents SSA from fulfilling its mission effectively. After years of indignity and mistrust endured by the Union and the employees they represent, a complete reversal of course must be undertaken by SSA to rebuild the trust that has been shattered. The last four years have been traumatic for SSA employees and a once in a lifetime pandemic has only added to the challenges facing SSA front line employees. Employees need to feel appreciated and respected by their employer. Once again, they must be permitted to be guided by their love of their chosen vocation and their commitment to serving the American public.

#### **Conclusion**

AFGE Council 220 New York Region representing the bargaining unit employees at Field Offices and Teleservice Centers in New York, New Jersey, Puerto Rico, and the U.S. Virgin Islands, thank you for your time and consideration to our concerns regarding public service provided by the Social Security Administration. We have offered for your consideration the crisis of short staffing at the Agency, the importance of telework in providing possibilities to easily increase staffing while providing quality customer service, the need for effective training, the use of technology in moving the Agency forward effectively while not imposing hardship on the American public. We have provided some insight into the SSI program and welcome the opportunity to discuss potential improvement in the program and accessibility by the most vulnerable of the American public. We have offered the importance of a meaningful labor/management relationship for the benefit of the employees and the American public that are served by the Agency. Public service is at its best when the exclusive representative of the bargaining unit is respected, and the ideas of the bargaining unit brought forward on their behalf are valued by the Agency. It is in the interest of the public that the Agency engage with the Union in healing a broken relationship to move forward in a bold and effective manner.

Respectfully Submitted,

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#### **Statement of Michael G. Bindner**

Chairman Wyden and Ranking Member Crapo, thank you for the opportunity to submit these comments for the record to the Committee on this topic.

I will allow the scheduled witnesses to deliver the problems and success stories regarding service delivery, which I expect will greatly resemble conditions which occurred at every Driver's License Renewal office in the nation, although I will draw that parallel. There are more urgent matters, aka, bigger fish to fry, on how Social Security is responding to the Pandemic.

My Driver's License expired in November. It was disconcerting to need an appointment to get one, but because of the pandemic it was no problem with it expiring in the mean time (of course, I don't drive anyway, so it was no big deal). Years before, a new license renewal meant almost an hour waiting for my number to be called. When, pre-pandemic I was applying for temporary disability and to get a new card because of a new job, the lines were worse than at the DMV.

This time, there was very little waiting while my number was called to get a license. I imagine that my local Social Security office has done the same things to cope with COVID—at least I hope so. We need to preserve these lessons and create a new normal.

Money will be an issue. We need more Social Security offices and maybe, because they have similar functions, cooperation with the DMV might be in order. It would require cross training citizen service workers, but that just means we would have to pay them more and hire more of them. Just a stray thought. More importantly, building more offices for both DMV and Social Security will take money and it should not require higher driver's license fees or take away from the pool of money used for benefits.

Social Security has low administrative costs. It should not have any. The general fund already owes trillions of dollars to the Social Security Trust Fund. Preserve the trust fund a bit more and use general revenues now to fund administration, improvements and more office space. As the pandemic wanes, caution will still be necessary for a while. It is time to build out some infrastructure in both government and leased space.

Now for the bigger fish. In the last six months, I can no longer afford big fish. My SSDI was inadequate for food, medicine, clothing and cable. If I owned a vehicle, there is no way I could maintain it or even buy gas. I have an above average ben-

efit, high enough to be ineligible for SNAP or Medicaid. Many are not so lucky, even on a good day.

In the last few months, days have not been so good. Were it not for stimulus payments, I would be running out of food as I write this and would not have just bought new clothes, from socks and underwear to a jacket I can wear when the Committee finally asks me to testify in person. As it is, I will need to use the last \$600 from my December payment (which should have come through Social Security) to attend my upcoming high school reunion. While I have wi-fi, I cannot afford cable and a car is still out of reach.

Let me underline a point. In most months, new underwear is not an option, I rely on free bus rides due to the pandemic and subsidies from Ride On and there is never enough money in that last week before the check comes. When it does arrive, the cupboard is bare.

Double underline: food prices are skyrocketing. Part of the problem may be too much money chasing too few goods, but retirees and the disabled find (our) selves between a rock and a hard place. We don't need stimulus money, we need a COLA.

We don't need a COLA next year. We are thirsty now—or rather—hungry.

Please address this. Don't hold hearings, just pass a bill.

Thank you for the opportunity to address the committee. We are, of course, available for direct testimony or to answer questions by members and staff.

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May 12, 2021

Senator Ron Wyden

Chair

U.S. Senate

Committee on Finance

Dirksen Senate Office Bldg., Rm. SD-219

Washington, DC 20510-6200

Senator Mike Crapo

Ranking Member

U.S. Senate

Committee on Finance

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RE: April 29, 2021 Hearing on “Social Security During COVID: How the Pandemic Hampered Access to Benefits and Strategies for Improving Service Delivery”

Dear Chairman Wyden and Ranking Member Crapo:

This statement is submitted by the cochairs of the Social Security Task Force of the Consortium for Citizens with Disabilities, the nation's largest coalition of national disability organizations. We thank you for holding this hearing on the important topic of service delivery at the Social Security Administration (SSA). Our comments focus on issues related to SSA's Operations component because the Deputy Commissioner of Operations was the agency's witness for this hearing.

SSA faced difficulties in customer service before COVID-19; the pandemic worsened some challenges and introduced new ones. Many of these issues, new and old, were highlighted by the hearing and we were grateful for the substantial interest from members of both parties in ensuring that SSA processes are straight forward and easy to navigate and that beneficiaries can access the benefits to which they are entitled. To inform Congressional work, we wish to highlight problems that we as a coalition have also focused on or of which we have been made aware. Some ways of improving or fixing the agency's problems require changes to the law or increased administrative funding; others could be done by SSA itself, but would benefit from Congressional oversight.

We are grateful for SSA's communications with the public and with advocates throughout the pandemic. SSA is providing better services now than it was a year ago when we were only six weeks into stay-at-home orders. There even are some aspects of SSA's workloads that are being performed more efficiently than they were before the pandemic. But many challenges remain, especially for the lowest income and most disadvantaged beneficiaries.

## (1) Pandemic Disaster Relief and Supplemental Security Income (SSI) Beneficiaries

As Senator Menendez highlighted, many people with disabilities who rely on SSI are encountering challenges when dealing with pandemic relief, either related to unemployment insurance compensation or economic stimulus. Last year, we highlighted some of these issues in our statement for the record in response to the Finance Committee's hearing on Unemployment Insurance During COVID-19.<sup>1</sup> As Deputy Commissioner Kim said, we know that SSA has been working to determine if the disaster protections of 20 CFR § 416.1150 apply in this context—other agencies have applied disaster relief regulations since last year and this seems to be a reasonable interpretation to us.<sup>2</sup> It was clearly not Congress' intent to deprive people of benefits by providing relief.

We have received reports of children with disabilities receiving SSI benefits having their benefits cut because of their parents' receipt of unemployment benefits; SSI beneficiaries who do work having their benefits suspended or terminated because of unemployment compensation; and of SSI beneficiaries being inappropriately terminated for being over the asset or resource limit, despite a clear statute prohibiting the stimulus payments from being considered assets for the first 12 months. We know that these problems will continue in response to the recent additional stimulus checks. We believe that this confusion is actively harming beneficiaries. It is extremely frightening for beneficiaries to receive termination or suspension notices, incorrect or not, especially since eligibility for SSI benefits often conveys eligibility for health care. We would urge Congress to both increase asset limits (which have not been updated since 1984) and to work with SSA to ensure that no one is terminated inappropriately. No one on SSI should be have their benefits terminated due to pandemic relief assistance.

## (2) Redesign on the SSI Application

As mentioned by Mr. Causeya, the SSI application is only available online to an incredibly narrow group of applicants: people age 18–64 who are not blind, never married, and never made a claim for any SSA-administered benefit. With the field offices closed and the paper SSI application form only available buried on the SSA website, thousands of potential applicants have been unable to apply.<sup>3</sup> The phone lines are often too busy, leading to extended delays. A widely available online SSI application would help ensure that those who are eligible for SSI can apply, especially if accompanied by other reforms to ensure that the SSI application is understandable for those with disabilities who need to use it. During the working groups that SSA mentioned, we know that the many issues with the current application have been brought to SSA's attention. We would be glad to work with Congress and SSA to ensure that the application is available online and in a more understandable form.

## (3) Assistance for Assisters

Many people unable to navigate SSA's current systems have turned to legal services organizations, other community navigators such as the program run by Mr. Causeya, the media, or their members of Congress for assistance. Others simply are not receiving the benefits for which they qualify. We know that applications and awards for disability benefits have declined significantly<sup>4</sup> during the pandemic: this is detrimental to people who are going without financial supports and the Medicare or Medicaid that can accompany them. It also means that SSA must prepare now for a coming increase in people seeking the agency's services. These same individuals will also seek help from legal services organizations and other community navigators who assist with applications, increasing a burden on already stressed assistance system.

SSA's policies are complicated. People benefit from skilled assistance interacting with SSA—and when the public has more information so claimants can provide necessary documentation and complete forms accurately, the agency benefits too.

<sup>1</sup>[http://c-c-d.org/fichiers/FINAL\\_CCD-Statement-for-the-Record-re-UI-Disregards-6-23-20.pdf](http://c-c-d.org/fichiers/FINAL_CCD-Statement-for-the-Record-re-UI-Disregards-6-23-20.pdf).

<sup>2</sup>We will note that the Department of Labor is applying the Disaster Unemployment Assistance (DUA) regulations: <https://wisconsinexaminer.com/up-content/uploads/2020/07/Wisconsin-Department-of-Workforce-Development-SSDI-Inquiry.pdf>.

<sup>3</sup><https://www.aarp.org/retirement/social-security/info-2021/closed-offices-impact-ssi-applicants.html>.

<sup>4</sup><https://www.nytimes.com/2021/01/14/opinion/supplemental-security-income-ssa-disability.html>.

Ensuring that appointment of representative forms (SSA-1696) are processed quickly and accurately is critical: SSA should track this workload more closely and make efforts to improve it. Paying approved representative fees promptly is important too: it allows beneficiaries to receive any portion of withheld past-due benefits that exceeds the authorized fee and encourages skilled representatives to continue practicing in this area. Congress should also increase funding for legal services, SOAR, Protection and Advocacy for Beneficiaries of Social Security, and Work Incentives Planning and Assistance programs. These programs provide valuable services and help SSA work more efficiently. A specific navigator program for people with disabilities applying for SSI over the next several years would also help reverse the dramatic drops in application and award rates, provide access to needed benefits to COVID-19 long haulers, and reduce the burden on the agency and newly opened field offices.

#### (4) Issues Stemming from Field Office Closures

In Fiscal Year 2019, SSA had more than 174,000 visits each day<sup>5</sup> to its network of over 1,200 field offices. Some of those visits were successfully replaced during the pandemic with phone calls, faxes, online services, and mailed communications; indeed, some people with disabilities prefer to use such services when they are available and accessible. But many people lack technology, mailing addresses, or phone minutes. Some need services that SSA does not provide online, like new (or, in some states, replacement) Social Security cards; online SSI applications for most claimants; or reporting the death of a loved one and applying for survivors' benefits. And others are unable to verify their identities using SSA's system based on credit-bureau data, and thus cannot set up the mySSA accounts needed to receive many of the agency's electronic services. A disproportionate number of low-income people rely on Social Security and SSI benefits and are less likely to have access to regular Internet access, a problem compounded in rural areas.

We also note there is considerable variation across and within field offices as to how SSA's policies are applied and services are provided. Some field office staff are quick to return phone calls and others are not. Some offices scan mailed or faxed documents into the WorkTrack system quickly and assign them to workers; in other offices, field office staff are unable to review documents that have been submitted and ask for them to be re-sent multiple times. Looking in from the outside at such a massive agency with so many complex workloads, it is hard to know precisely how SSA should improve efficiency and consistency. Collecting and publishing management information, tracking how field offices compare to each other on different metrics and adopting best practices from high-performing offices, providing adequate training and resources, and ensuring that productivity measures do not reward inaccurate work or incentivize employees to ignore challenging cases are all parts of the solution.

We have received reports of numerous issues resulting from the closure of field offices and will discuss a few in detail.

#### A. Issues Related to Identity Verification Documents

One area where there is a lot of variation is getting in-person appointments versus needing to mail in documents. This issue was highlighted by many different Senators during the hearing. One of our organizations was recently contacted by the relative of an elderly person who was born in the former Yugoslavia. She was incredibly nervous about mailing in her marriage certificate because if it were lost, she would never be able to replace it when the issuing government no longer existed. Yet she was told that her only option to obtain widow's benefits was to mail it: numerous field office employees said she could not have an in-person appointment. We helped her relative connect with the District Manager and Area Director and the situation was quickly resolved. SSA has issued guidance<sup>6</sup> about when in-person appointments are available, but it is quite vague and even when the agency offers an appointment it might be weeks or months away. Although SSA finally stated in late December that people should not mail their lawful presence documents (green cards) to field offices, we are aware of people who have still been asked to do so. SSA has also created a "policy flexibility" whereby people who would normally have to submit their drivers' licenses can send other forms of identification instead, and drivers' license information can be verified via data sharing. We support these changes, because people generally cannot be without drivers' licenses for over a month when they need the licenses for identification and to drive legally.

<sup>5</sup> <https://www.ssa.gov/open/data/field-office-visitors-average-daily.html>.

<sup>6</sup> <https://www.ssa.gov/coronavirus/>.

However, this plan will not work for everyone, especially those who may not possess multiple forms of identification. SSA needs to create a plan to ensure that people can make in-person appointments to provide these forms of identification, or to use data sharing to verify information without hands-on examination of documents, and Congress should ensure that happens as promptly as possible.

#### B. The Intermediary Role of the Field Office

Field offices are also the intermediaries between the public and other SSA offices like payment centers, the Office of Central Operations, and Workload Support Units. Beneficiaries may not understand that their case is being handled by one of these offices and when they call the field office or 800 number the person who answers the phone may not have access to, or know how to, review all the information that these offices are reviewing. This causes a lot of confusion and inefficiency that SSA should consider how to improve.

An example of problems between field offices and program service centers is handling reports from beneficiaries who work. We know that SSA's work incentives are important to the agency and to Congress, but during the pandemic disability beneficiaries who returned to work are having difficulties reporting that work activity and having their benefits adjusted properly, causing both overpayments and underpayments. Those whose benefits were suspended in the past for work activity and then lost their jobs or saw earnings decrease are having difficulty obtaining the expedited reinstatements they should be receiving. Communications breakdowns within field offices and between field offices and program service centers/payment centers often mean that people are waiting months even for provisional benefits to start. In many cases, the agency has not decided on whether benefits can be reinstated by the time the six months of provisional benefits end. SSA's neglect of this important work incentive is unacceptable. People with disabilities who rely on SSI and other Social Security disability benefits should be encouraged to work to the best of their ability, not punished for doing so.

#### C. COVID Overpayments Caused by SSA

SSA has tried to simplify its process for waiving overpayments caused by the agency's suspension of certain workloads during the pandemic. Although we appreciate the agency's efforts, we made several recommendations<sup>7</sup> that have not been implemented. Furthermore, some field office employees seem much more aware than others of this temporary final rule.

Another area where we are beginning to see allegations of overpayments is when SSI recipients received stimulus payments. By law, these payments are considered tax refunds and exempted from SSI resource limits for 12 months. However, some SSI recipients are receiving notices stating that they were over resources during that time period, and this is due to the agency's failure to apply these policies. SSI recipients who are able to obtain legal services or other assistance can likely successfully contest these alleged overpayments, but we are concerned that some low-income, low-asset, people with disabilities and senior citizens will have their benefits reduced from their already low level (a maximum of \$794 per month, well below the poverty line) in order to recover overpayments that never should have been assessed.

#### D. DDS Difficulties and Delays

Every state has an agency funded by SSA (generally referred to as Disability Determination Services or DDS, though some states use different names) that decides if disability claimants meet medical requirements. Some state agencies adjusted much faster than others to the switch to remote work during the pandemic, and some states are still much more communicative with claimants and representatives than others.

There are major differences between different states in how DDS backlogs have changed. For example, according to SSA's data,<sup>8</sup> Alabama, New Hampshire, New Mexico, and Wyoming saw their initial level backlogs more than double from April 2019 to December 2020. Other states, such as Alaska, Hawaii, Rhode Island, and Vermont, reduced their initial level backlogs during the same time period.

Some cases take more time than others. We do not believe that DDSs should be pushed to decide cases before evidence is received or the appointment of representative form is processed. It is taking longer to gather medical evidence during the pan-

<sup>7</sup> [http://c-c-d.org/fichiers/SSTF-Comments-on-SSA-Waiver-Rule\\_final-for-signon.pdf](http://c-c-d.org/fichiers/SSTF-Comments-on-SSA-Waiver-Rule_final-for-signon.pdf).

<sup>8</sup> <https://www.ssa.gov/disability/data/ssa-sa-mowl.htm>.

demic and some delays are therefore to be expected. But it seems from the representatives that we have talked to that some cases are sitting for months after all evidence has been submitted and DDS staff in many of those cases are not responsive to attempts to contact them. We encourage Congress and SSA to closely monitor this situation.

#### E. Paper and Non-Disability Appeals

Some of the most challenging cases for SSA to consider are about the amount of benefits someone should receive or if they meet SSA's non-medical requirements. Such cases often involve evidence provided by SSA, financial documents like pay stubs and worker's compensation settlements, and other documents like birth and death certificates. They can touch on issues of tax law, immigration law, trusts and estates, family law, and more. Further complicating matters is the fact that these cases are often not electronic. They are paper files that get mailed to different Social Security offices when the beneficiary moves or appeals. Many of these paper files were stuck in field offices or hearing offices for months during the pandemic. Although SSA has recently begun tracking them, we know that there are some that the agency acknowledges have been misplaced, have systems issues that preclude processing them, or must be redeveloped. And we believe that there could be paper files in SSA offices that the agency is not tracking, if they are on someone's desk or in a file cabinet or another place that nobody has looked recently.

These are important cases, whether they involve hundreds of thousands of dollars—as did a recent survivors' benefits case, stalled for years, of which we recently became aware—or a change in SSI benefits of only a few dollars a month. SSA should institute better methods for tracking these cases and converting them to electronic cases so they can be more easily transferred across offices and more accessible to beneficiaries and appointed representatives

#### Conclusion

Thank you for your efforts on behalf of disability claimants and beneficiaries and the millions of others who interact with SSA. We stand ready to work with you, other members of Congress, and SSA to improve services to the public.

Sincerely,  
Stacy Cloyd  
National Organization of Social Security Claimants' Representatives

Tracey Gronniger  
Justice in Aging

Bethany Lilly  
The Arc of the United States

Jeanne Morin  
National Association of Disability Representatives

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May 12, 2021

U.S. Senate  
Committee on Finance  
Dirksen Senate Office Bldg.  
Washington, DC 20510-6200

Chairman Wyden, Ranking Member Crapo, and Members of this Committee:

Thank you for the opportunity to submit a statement for the record regarding the important issues discussed during the hearing held April 29, 2021, on Social Security Administration services during the COVID-19 pandemic. The COVID-19 pandemic has created an unprecedented challenge in service delivery for SSA—the agency charged with providing crucial income supports to individuals with disabilities and seniors. Although SSA took steps during the pandemic to change procedures to reflect the COVID reality and SSA front-line staff are undoubtedly working very hard, the agency's service delivery to the public is nonetheless in crisis.



Inner City Law Center (“ICLC”) is a non-profit legal services provider based in the Skid Row neighborhood of Los Angeles, California. For more than thirty years, ICLC has provided critical legal services to low-income individuals who are either experiencing homelessness or at risk of homelessness. This has included several decades of work representing clients whose Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits have been reduced, denied, or terminated. Currently, we represent hundreds of clients in appeals before the Social Security Administration, which necessitates daily contact with SSA field offices across Los Angeles County. In addition, we work closely with a Los Angeles County program based on the SOAR model that has assisted thousands of low-income Angelenos who are homeless or at risk of homelessness with applying for SSI and SSDI benefits. This program is in constant contact with SSA field offices and we advise them on how to resolve issues with SSA field offices related to individual applications.

#### **A. INTRODUCTION**

This statement responds to and challenges assertions that were made by SSA during the Senate Finance Committee hearing held April 29, 2021, and provides additional information to the members of the Committee on the crisis that we have witnessed unfolding on the ground. Failure to take immediate steps to improve service delivery at SSA’s field offices will have the continued effect that thousands of our nation’s most vulnerable individuals will either lose their urgently needed benefits or they will continue to be unable to even apply for benefits in the first place.

The most critical issues we have witnessed at SSA’s field offices include the lack of in-person access to SSA personnel, limited ability to make appointments, a phone system that is seriously overburdened, failure to implement effective policies within SSA’s discretion, SSA personnel misstating rules or policies that create additional burdens on the public, and SSA’s failure to leverage the knowledge of community organizations and advocates who have assisted the public with Social Security issues for decades.

There are approximately thirty SSA field offices in Los Angeles County, making it one of the largest, if not the largest, SSA service-delivery regions in the country. Our office has clients spread across Los Angeles County and so we interact regularly with many of these field offices. We also collaborate with advocate networks throughout California and nationwide. The problems noted below are not confined to one or two offices, or just to Los Angeles County, but are systemic problems that are occurring throughout the SSA system.

The impact of the field office closures has been immediate and catastrophic. SSI applications and awards plummeted during the pandemic. SSA statistics show that, from July to November 2020, “the Social Security Administration awarded benefits to about 100,000 fewer individuals compared with the same period last year. In July 2020 the agency distributed just 38,318 new awards—the fewest in 20 years of available data.”<sup>1</sup> Thus, the real-world consequence of field office closures is that tens of thousands of people who are impoverished and/or disabled will not receive the benefits to which they are entitled under federal law. This is a permanent loss of benefits to these individuals as the amount of money one is awarded is tied to when an application is filed. In other words, even if these individuals file an application for benefits in the future, they will never be able to get money for the period of time when their applications were not filed.

Moreover, SSA’s focus during the pandemic has overwhelmingly been to increase on-line and virtual service delivery. Although this is understandable, it further marginalizes members of the public who cannot access the Internet. Online access is far from universal in our country and access has eroded during the pandemic. As one example, many low-income individuals rely on public libraries to access Internet resources but many libraries have been closed or had limited operating hours since March 2020. Although the creation of online tools is useful, these tools cannot substitute for in-person and telephone access to SSA.

#### **B. THERE ARE SERIOUS ISSUES WITH THE PUBLIC’S ACCESS TO FIELD OFFICES**

SSA field offices play a critical role as the front-line of the public’s access to the Social Security Administration. In their written testimony, SSA did not acknowledge that phone service is an imperfect substitution for in-person service as some mem-

<sup>1</sup>Jonathan Stein, David Weaver, “Disabled Americans Are Losing a Lifeline,” *New York Times*, January 14, 2021.

bers of the public do not have access to phones or are unable to effectively communicate by phone. The promised in-person appointments for critical issues are illusory as there is no system for making such appointments. Most worrisome, the phone systems at SSA local offices are so overburdened that in many cases it is not possible to even reach offices by phone.

SSA stated in their written testimony that their efforts to maintain access to the public included that, “[w]e marketed field office telephone lines, so the public could directly reach employees in local offices by telephone. We posted signs in our offices, messaging the availability of services online, by mail, telephone, and limited in-office appointments.” (Deputy Commissioner Kim’s Written Testimony, p. 4.)

The measures implemented by SSA have been wholly insufficient to meet the needs of the public. As one example of this, Deputy Commissioner Kim lauds SSA for listing the phone numbers of SSA field offices on their website during the pandemic. She fails to explain that this was necessary only because SSA had previously scrubbed the field office phone numbers from the national website. Many advocates, including our office, had to maintain independent lists of field office numbers that we could provide to clients because this information was unavailable otherwise. Members of the public who previously did not have access to direct field office telephone numbers had to call the national 800 number, which typically has extended wait times, provides inconsistent information, and is unable to effectively communicate with the field office employees who are making the actual decisions in these cases. Providing a list of field office phone numbers is a minimal level of service to the public and not, as SSA implied, a dramatic improvement in service delivery.

1. SSA Had Serious Pre-existing Customer Service Issues that Have Been Exacerbated by the COVID-19 Pandemic.

It has always been difficult to get answers by phone from SSA field offices due to wait times and failure of SSA personnel to return phone calls. Individuals who lacked phones or were not able to communicate effectively by phone frequently visited field offices in person in order to get answers to their questions. Field office access thus provided a safety valve that enabled members of the public to bring in a written notice they did not understand, ask for the status of their cases, or submit an appeal in person.

Even when field offices were open to the public, this was an imperfect system because SSA has never had a system where the public or an advocate can make an appointment at an SSA office. A visit to an SSA field office typically meant getting to the office before it opened, waiting in line 30 minutes to an hour to check-in, and then waiting anywhere from one to two hours to speak to a representative at the window. Many claimants, due to physical or mental disabilities, were not able to access in-person services as their disabilities made it impossible for them to wait the one to two hours required to speak with an SSA employee. This already imperfect system is now in crisis.

2. SSA’s Offices are very difficult to reach by telephone.

The only way to communicate with SSA in real time over the last year has been by telephone but SSA’s telephone access is unpredictable and frustrating. SSA noted in their written testimony that the number of phone calls SSA receives has tripled in the last year. (Deputy Commissioner Kim’s Written Testimony, p. 8.) We have found that it has grown increasingly difficult to speak with both field office and hearings office employees via telephone due to wait times of 30 minutes or more, calls being dropped, phone lines not being operational, and employees failing to respond to voicemails in a timely manner or at all.

Below are two representative examples of what this actually looks like on-the-ground:

- We needed to confirm that the Lakewood, California field office had processed a client’s appeal after we submitted it on November 4, 2020. Our staff called the Lakewood Field Office more than fifteen times between January 5, 2021 and March 16, 2021. Eleven of those phone calls would not connect to an SSA representative either because the line was busy, we received an error tone, or the call simply ended in dead air. We were not able to confirm that the client’s appeal was processed until the end of March 2021 when we were given a particular employee’s extension. Even then, we had to call that employee repeatedly until they confirmed the claimant’s appeal was processed. The average unrepresented claimant would likely not have the telephone access, stamina, or

understanding of the process to enable them to follow up so extensively to ensure their case was moving forward.

- In another example, we contacted the Huntington Park, California Field Office after a client was awarded less money than he was due. We received busy signals, error messages, and unreturned voicemail messages on more than 10 occasions between December 2020 and April 2021.

These are only two examples, but we have found that calling SSA field offices and hearing offices frequently results in error messages (“your call could not be completed”), busy signals, dropped calls, and very long wait times to reach a representative. In the cases described above, we were ultimately only able to resolve the issues because we had the names and extensions of specific employees, which is not information that is available to the public. Even when armed with employees’ extensions, we still cannot reach them when the office’s phone line is busy or fails to connect.

Moreover, the average member of the public does not know how to access a supervisor if their case is languishing or they are provided contradictory information—and if by chance they are transferred to a supervisor’s voicemail from a frontline staff member, the supervisor far too often fails to respond to voicemail messages at all.

There are additional problems with reaching DDS—the state agency contracted by SSA to complete disability evaluations. Despite being a year into the pandemic, the Disability Determination Services’ notices in California do not include the correct telephone number to reach the person assigned to the case. Claimants call the telephone number listed on notices only to reach a voicemail that states that the person cannot accept calls at that number and a different telephone number must be called. This could be easily remedied if DDS updated their notices to reflect their employees’ remote work telephone numbers.

These problems are not just occurring at one or two SSA offices in Los Angeles, but across nearly all of the offices. We have heard similar feedback from other non-profit agencies across California and nationwide. For this reason, the SSA phone system needs to be overhauled with more rigorous oversight to track numbers of dropped calls, frequency and timeliness of returned voicemail messages, and accuracy of information provided. Re-opening field offices in a limited fashion with all Centers for Disease Control protocols rigorously enforced would be another way to increase the public’s meaningful access to SSA.

3. SSA Field Offices and Hearing Offices fail to timely process paperwork received by mail or by fax.

Prior to the pandemic, it was common knowledge among SSA advocates that SSA would frequently fail to process submitted paperwork or would process it only after a long delay and repeated telephone calls to follow-up. As the pandemic has forced most documentation to be sent via mail or fax, the processing has slowed down even further. As Deputy Commissioner Kim stated, they continue to have very few staff members in the office to process mail or faxes and they are receiving a massive increase of documents to be scanned in. Although we certainly appreciate the Administration’s need to keep their staff safe by having limited people on-site, they have to continue providing services to the American public in a reasonable and competent way. Too often, we have found that this is not the case, even more than a year after their offices closed to the public.

These delays and failures to process paperwork are made worse by the fact that the electronic systems of the different branches of SSA often do not update each other. Thus, for example, we regularly need to submit our Appointment of Representative forms more than three times in order for them to be processed by a field office and even then, the hearing office systems are not automatically updated to include the representative’s information.

SSA’s repeated failure to process critical forms received by mail or fax, including appeal forms, is a significant due process issue created by the agency. SSA must have an effective and error-free system to process forms and appeals. SSA has frequently lost appeals requests sent by our office. These failures lead to claimants being incorrectly told they missed an appeals deadline, claimant’s representatives not receiving timely notice of denials and approvals, and, most critically, claimants being incorrectly terminated from benefits.

Moreover, we have found that field offices frequently fail to process the Appointment of Representative (SSA-1696) forms we submit. When they do not update their system to reflect that we are the representatives, field offices refuse to provide us infor-

mation on the status of cases and do not send us notices in the case. This can lead to claimants missing critical appeals or submission of evidence deadlines in their cases. Offices have failed to send us notices about cases even after we represented the claimant at a hearing. This has led to claims being improperly closed. Further issues exist when organizations assisting individuals call field offices for information on their claim. SSA rules state that, if the claimant is on the phone, they may provide verbal authorization for an advocate to receive information from SSA. However, the countywide program we advise has found that this rule is frequently ignored. SSA representatives have told advocates that verbal authorization is not permitted, that there is no such rule, and will even refuse to connect the advocate to a supervisor when requested.

The new process SSA has initiated in the last few months to allow for electronic signing of the Appointment of Representative form is unlikely to remedy the above problems.<sup>2</sup> The process requires the claimant to have an email address and to be able to e-sign the form within five days after receiving the link from SSA in their email. Given our clients lack of access to the Internet and the step-by-step support they would need to follow the process, it is easier for our clients to receive and sign a paper form.

4. In-person appointments, even for critical issues, are an illusory promise by SSA.

SSA has never had a system that enabled members of the public to make their own appointments at a field office. An appointment could only be made if a particular SSA field office representative chose to do so. They frequently declined to do so prior to the pandemic and this has not changed over the last year.

SSA stated in their testimony that they have in-office staff available to handle “critical in-office interviews that cannot be handled online, through the mail, or over the phone.” (Deputy Commissioner Kim’s Written Testimony, p. 5.) The SSA website says that a “critical situation” exists when an individual lacks food or shelter and needs to apply for benefits or when an individual receives benefits and cannot receive a payment electronically.<sup>3</sup>

We have not heard of any in-person appointments, even in the above situations, being offered to claimants in our region. There is no online portal or centralized phone number to request an appointment for an individual in these critical situations. Calling a field office also does not guarantee that an appointment will be made as this has been left completely to the discretion of individual field offices. It is not clear from SSA’s testimony that SSA representatives are, in fact, scheduling appointments for individuals on a consistent basis. SSA should create an online and telephone system to request appointments and provide data on the number of appointments made for and attended by claimants at the field offices.

SSA’s poor results thus far in making in-person appointments available to the public stands in contrast to other public agencies. As an example, the California Department of Motor Vehicles moved quickly after the beginning of the pandemic to make limited in-person appointments available for critical issues. These appointments were available at limited offices in early May 2020, just two months after the pandemic began, and expanded to include additional offices later that month.<sup>4</sup>

5. SSA has not created a system that enables individuals to safely provide original documentation of their identity without sending original documents in the mail.

SSA lacks a secure system for individuals to provide original documentation. Although SSA explained in their testimony that they have begun to pilot using drop boxes at field offices, this is not a substitute for in-person verification of documents because it still requires individuals to give over their critical primary identification documents to a government agency without knowing when or how they will be returned. Early in the pandemic, our agency heard from a client who had been asked to mail her original Lawful Permanent Resident card to a field office so that they could issue benefits. We were very concerned due to the risk of inadequate security

<sup>2</sup>As one obvious example, the e-1696 portal does not work in Google Chrome as the link leads to a blank page that does not load. This is nearly unbelievable given that nearly 50% of Internet users use Chrome as their browser.

<sup>3</sup><https://www.ssa.gov/coronavirus/>. “I Need Help with Benefits.” Visited May 8, 2021.

<sup>4</sup><https://www.dmv.ca.gov/portal/news-and-media/select-dmv-field-offices-reopen-to-public-2/>. Announcing reopening of 25 facilities for critical appointments that must be done in person. Visited May 8, 2021.

measurements being taken with these documents, as has been confirmed in North Carolina,<sup>5</sup> and were therefore relieved when SSA issued guidance to the field offices stating that this practice should be discontinued. However, SSA has failed to consistently allow for any alternate means of presenting original documents for verification. Immigrant clients, and some naturalized U.S. citizens, are often required to provide original documentation of immigration status or citizenship to the field office after medical approval of an SSI or SSDI claim so that benefits may be issued. There is no nationwide system in place for clients to safely do so without risking their documents being lost.

### **C. SSA HAS FAILED TO IMPLEMENT POLICIES THAT WOULD ALLEVIATE PROBLEMS CAUSED BY THE COVID PANDEMIC**

Deputy Commissioner Kim's written testimony states that, "we have been working hard to implement policies and engage in activities that support the public during this difficult time. In our field offices, we implemented emergency policy flexibilities . . ." (Deputy Commissioner Kim's Written Testimony, p. 4.)

Contrary to their testimony, SSA has failed to effectively use their policy discretion in a meaningful way to address the problems caused for the public by the COVID pandemic and the shuttering of SSA field offices for the past year.

1. SSA has refused to make accommodations for claimants who are unable to effectively communicate via telephone.

Some claimants, including those with intellectual disabilities or limited literacy, have historically relied on visiting local offices in order to understand and respond to information in Social Security notices. SSA has failed to provide any means for in-person services with claimants with such needs. These individuals are not provided with information on how to make an in-person appointment in critical situations or any other specific accommodations. This is despite the fact that SSA knows which clients were approved for disability benefits due to intellectual disabilities or significant mental illness who may therefore require such accommodations. Additionally, many of our most vulnerable community members who lack regular and meaningful access to telephones or the Internet are left without any means of communicating with SSA because they cannot meet in person with SSA employees at field offices. SSA could begin to allow for more in-person office visits, with all Centers for Disease Control protocols rigorously enforced.

2. Although SSA has expanded electronic access during the pandemic, there continue to be significant barriers to electronic communication with SSA personnel.

Given the difficulty of reaching field offices by phone, SSA should expand their ability to receive information electronically. SSA has no system where claimants or claimants' advocates can email a specific SSA representative or fax a submission directly to a specific SSA representative. We think it would be tremendously useful if claimants and their representatives could email SSA employees directly. This could be done in a safe manner that would limit the risk that personally identifiable information is sent to an incorrect party.

As one example of policy flexibilities they have initiated, SSA stated that they have "expanded telephone attestation procedures in place of requiring wet signatures." (Deputy Commissioner Kim's Written Testimony, p. 4.) Far from exhibiting flexibility in following SSA policy in order to best serve the public, we have instead found that some field offices create non-existent policies that are barriers to clients.

As one example of this, we represent a client where the field office refused to process a Request for Reconsideration (SSA-561) for eight months on the stated basis that the signature from the client "appeared to be 'an electronic signature'" despite the fact that the Request for Reconsideration *does not even require a claimant signature*, much less a wet signature. Despite our repeated calls to the field office, it nonetheless took 8 months and intervention by a supervisor for the appeal request to be filed.

3. SSA has refused to create a blanket rule allowing for late submissions of appeals due to the COVID pandemic and the closure of field offices.

<sup>5</sup>Nate Morabito, "SSA Mistake Sends Confidential Documents to Wrong People in Charlotte," WCNC Charlotte, February 5, 2021, <https://www.wcnc.com/article/news/investigations/ssa-mistake-sends-confidential-documents-to-wrong-people-in-charlotte/275-98f18187-5466-4f4e-a730-0e648fd775e>.

SSA stated that they, “[e]xtended timeframes for the submission of evidence and appeals due to mail delays or limited access to our offices.” (Deputy Commissioner Kim’s Written Testimony, p. 4.) However, SSA fails to state that they have not implemented any blanket rules that direct field offices to accept late appeals or late submission of evidence. SSA has left it to the discretion of individual field offices to determine whether an individual claimant had a COVID–19 related reason for filing the appeal late.<sup>6</sup> In our experience, this has led to wide variation in interpretation of this rule by different field offices to the detriment of claimants.

It is tremendously difficult for low-income individuals, especially those experiencing homelessness, to file an appeal of a denial or termination of benefits. SSA does not include the appeal form or a pre-addressed return envelope with notices that deny, reduce, or terminate benefits. So, an individual must then find the correct form on the SSA website and possess the ability to print out the form. Then, the individual must correctly fill it out and mail it to the correct field office. In practice, our low-income community members typically visited a field office in person for assistance with obtaining, completing, and submitting appeals forms. With the field offices closed, many individuals are not able to complete these steps in a timely manner.

SSA should implement a blanket rule that allows for late submission of appeals in all cases due to the continued closures of field offices without requiring claimants to state a specific good cause reason. It seems likely that good cause for late filing exists in all cases because there is a nationwide pandemic, all SSA offices serving the public have been closed for more than a year, most other public services (such as libraries) have also been closed, and simply riding on public transportation or leaving home at all has been hazardous.

4. SSA continues to hold claimants responsible for overpayments of benefits even when the overpayment is due to SSA’s late processing of income or other information.

SSA stated that they “published an interim final rule to streamline the overpayment waiver process for beneficiaries who incurred overpayment debts between March and September 2020 due to our deferral of certain workloads. Under the streamlined waiver process, we can more quickly waive recovery upon receiving a verbal request for qualified debts.” (Deputy Commissioner Kim’s Written Testimony, p. 5.)

Although streamlining the waiver process for overpayments caused by SSA is a step forward, SSA should instead automatically waive any such overpayments. These are overpayments caused by the temporary deferral of processing of information by SSA due to the pandemic. SSA can identify any such overpayments and waive them. Requiring a claimant to verbally request a waiver is an unnecessary barrier that will cause many claimants to pay back overpayments that should have been waived. In order to verbally request a waiver, a claimant must be able to: (1) understand the reason for the overpayment, (2) know that they can ask for a waiver, and (3) have the ability to call the field office and request a waiver. As described above, we have found that it has become increasingly difficult to get through by phone to field offices. For claimants with limited or unstable phone access, making a verbal request for a waiver is an unnecessary barrier when these overpayments could instead be administratively waived by SSA without the need for such a request.

#### **D. SSA’S PARTNERSHIP WITH CLAIMANT ADVOCATES WORKING WITH VULNERABLE POPULATIONS NEEDS TO RESPOND TO THE NEEDS OF CLAIMANTS’ ADVOCATES**

Deputy Commissioner Kim stated in her written testimony that SSA has, “entered into an unprecedented partnership with claimant advocates and other organizations to promote our services and ensure they are accessible to our most vulnerable populations.” (Deputy Commissioner Kim’s Written Testimony, p. 4.)

Given the drastic decline in SSI applications and awards in 2020, it is a positive step that SSA is reaching out to community organizations for assistance in serving claimants. However, SSA has not offered any concrete changes in systems to these organizations such as enabling their access to information or improving communication with field offices. They also are not providing any funding for this work, instead relying on non-profits to seek independent funding.

<sup>6</sup>“What Do I Do if I Have Missed the Deadline to File My Appeal Request?”, <https://www.ssa.gov/coronavirus/>.

1. Claimants' advocates have well-established and effective programs assisting individuals file applications for SSI and SSDI and SSA should create an effective collaboration with programs like ours.

Our organization works with a county-wide program that is similar to the program run by Central City Concern, whose representative testified at the hearing. There are hundreds of such programs nationwide that have demonstrated success in assisting individuals apply for SSI and/or SSDI benefits based on disability. As one example, programs that use the SOAR model have a cumulative success rate of 65% for initial applications.<sup>7</sup> This is in comparison to the 37% initial approval rate<sup>8</sup> reported by SSA nationwide. The Los Angeles County program we work with has a comparable approval rate. We have trained hundreds of non-attorney advocates in drafting and filing SSI and SSDI claims, have reviewed thousands of applications for benefits, and have a thorough understanding of how the application process could be improved. Nonetheless, SSA's initiative has not created a mechanism by which organizations like ours can effectively collaborate with SSA to improve their system.

2. SSA should fix known problems with claimants' advocates' access to information.

SSA's first step in collaborating with claimants' advocates should be to create streamlined mechanisms that allow these organizations to send and receive information to field offices and DDS. As explained above, one of the most significant barriers to advocates' work is the inability to communicate easily with field offices. SSA should designate a liaison at each field office and DDS office for these programs, share designated SSA staff email addresses with advocates, and ensure that Appointment of Representative forms are processed quickly and consistently in all cases.

Additionally, there are other steps SSA could take to improve electronic access to information through ERE. Although SSA recently took the positive step of expanding ERE access at the initial and reconsideration levels, the system does not appear to be implemented consistently and is not available to all claimants' representatives. Although attorneys at our agency have Electronic Records Express (ERE) access, they have found that they still cannot access information at the initial or reconsideration levels on a consistent basis. Additionally, this system is only available to claimants' representatives who represent claimants at the hearing level. Many of the most effective programs assisting claimants with initial applications are non-attorney advocates who do not represent claimants at the hearing level. This system should be immediately expanded to all claimants' advocates and improved so that access is consistently and easily granted once an Appointment of Representative form has been filed.

3. Claimants' advocates should be consulted on ways to reform the application process to fix known problems.

As Tara McGuinness testified so eloquently, "[t]his isn't just about making paper applications digital. Digitizing a broken process gets you a digitized broken process." (McGuinness's Written Testimony, p. 2.) We agree completely. The complexity of the application process for SSI and SSDI means that a claimant is virtually guaranteed to fail to provide important information or miss a critical step in the process. Even trained non-attorney advocates require constant technical assistance support from our office in order to submit accurate and complete applications for disability benefits. There are numerous, concrete ways that the process may be improved and made responsive to claimants' needs. We strongly encourage SSA to be directed to collaborate with offices like ours that are on the front-line of assisting claimants apply for benefits and find ways to expeditiously implement fixes for the challenges that are identified.

Thank you for holding a hearing to address these very important concerns. We appreciate the opportunity to provide a statement on the issues raised.

Sincerely,

Rebecca Watson, Directing Attorney

<sup>7</sup> See [https://soarworks.prainc.com/article/soar-outcomes-and-impact#:~:text=Cumulative%20Outcomes%20\(2006%2D2020\)&text=Of%20the%20applications%20assisted%20using,approved%20on%20reconsideration%20or%20appeal.](https://soarworks.prainc.com/article/soar-outcomes-and-impact#:~:text=Cumulative%20Outcomes%20(2006%2D2020)&text=Of%20the%20applications%20assisted%20using,approved%20on%20reconsideration%20or%20appeal.)

<sup>8</sup> See [https://empirejustice.org/resources\\_post/ssa-publishes-annual-waterfall-chart/](https://empirejustice.org/resources_post/ssa-publishes-annual-waterfall-chart/).

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INTERNATIONAL ASSOCIATION OF REHABILITATION PROFESSIONALS  
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Chairman Wyden, Ranking Member Crapo and Members of the Committee, the International Association of Rehabilitation Professionals' (IARP) SSVE Section is pleased to submit these comments in response to the Senate Finance Committee's hearing on the impact of the pandemic on SSA's service delivery and suggestions for improvements. IARP is the only organization focused on and committed to comprehensively serving the professional private rehabilitation industry. IARP has five specialty practice sections—Rehabilitation and Disability Case Management; Forensic Rehabilitation; Life Care Planning; Social Security Vocational Expert; and Vocational Rehabilitation Transition Services. SSVE Section members provide vocational expert testimony during hearings held before SSA Administrative Law Judges to determine whether a claimant meets the agency's definition of disability and should be awarded benefits.

We want to thank you for holding this hearing. Our members are extremely concerned that SSA office closings during the COVID-19 pandemic are making it impossible for millions of low-income people with disabilities to access Supplemental Security Income (SSI) benefits that they desperately need. The SSI program provides modest payments to low-income seniors, disabled adults, and families with disabled children. While the need for these benefits has likely intensified during the pandemic, access to them has been severely restricted.

Vocational experts anticipated an increase in SSI applications during the current pandemic, as has occurred during previous economic downturns. However, our members have noticed just the opposite: a sharp drop in the number of hearings held as well as the number of initial applications filed. We are concerned that administrative hurdles are preventing potentially qualified people from applying for and receiving these benefits.

In July of this year, SSA awarded SSI benefits to just over 25,000 disabled adults ages 18 to 64. That is the lowest monthly award figure in the last 20 years for this group. It is also 40 percent lower than the figure for this group for the same month in the previous year. With regard to disabled children, SSA awarded SSI benefits to 8,400 claimants in July of this year. That is the lowest number of awards for any month in the last 20 years for this group. It is also 43 percent lower than the award figure for this group for the same month of the previous year. Declines in awards on the order of 40 percent or more will, over time, lead to hundreds of thousands of disabled individuals missing out on vital cash and health benefits.

One reason for these sharp declines is the lack of effective outreach following the closure of SSA's 1,200 field offices due to the COVID-19 pandemic. Before the pandemic, potential SSI recipients learned about the program during in-person visits to their local field office. They were able to request an application, get answers to their questions, and submit the application directly to that office. It is imperative that SSA take immediate steps to remove the hurdles caused by office closures and other impediments to communicating with these offices during the pandemic.

Unlike with other types of benefits that SSA manages, there is no electronic option to apply for child SSI benefits, and only some disabled adults can apply online. With the field office closures, the only option SSI applicants have is to call the agency's toll-free number and face telephone wait times that can stretch to hours. For those who pay by the minute for their cell phone usage, including many potential SSI applicants, the cost of hours on hold alone is prohibitive to obtaining the assistance they need and deserve.

Safely reopening SSA Field Offices to the public as quickly as possible is the ultimate solution. In the process of reopening, SSA should prioritize marginalized populations such as SSI applicants. In the meantime, SSA must identify ways to reach those who have been disenfranchised due to pandemic closures. For example, establishing a centralized SSI intake unit with dedicated, direct phone lines for potential SSI applicants would be a good first step. In order to be effective, SSA would have to engage in targeted mailings and other forms of communication to inform the public of this option while field offices are closed. Setting up contactless kiosks where



potential claimants could safely speak face-to-face with a Field Office employee also would help to address the unmet need for assistance in applying for SSI. Congress, as well, has an obligation to provide effective oversight in order to ensure individuals who are unable to work due to disability receive the services they need and are due under the law. Fully funding SSA's administrative expenses will be essential to assuring that those who qualify for benefits are able to access them. We look forward to working with Congress and the Administration to assure that the most vulnerable among us are able to access the Social Security benefits they are entitled to and so desperately need.

Thank you for considering these comments.

Sincerely,

Michelle Aliff, Ph.D., CRC, CVE  
Chairperson, SSVE Section

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JUSTICE IN AGING  
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May 12, 2021

Senator Ron Wyden  
Chair  
U.S. Senate  
Committee on Finance  
Dirksen Senate Office Bldg.  
Washington, DC 20510-6200

RE: April 29, 2021 Hearing on "Social Security During COVID: How the Pandemic Hampered Access to Benefits and Strategies for Improving Service Delivery"

Dear Chairman Wyden,

This statement is submitted on behalf of Justice in Aging, an advocacy organization with the mission of improving the lives of low-income older adults. We use the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources. We have decades of experience with Social Security and Supplemental Security Income (SSI) benefits, with a focus on the needs of low-income beneficiaries and populations that have traditionally lacked legal protections such as women, people of color, LGBT individuals, and people with limited English proficiency. Justice in Aging conducts training and advocacy regarding Social Security and SSI benefits, provides technical assistance to attorneys and others from across the country on how to address problems that arise under these programs, engages with the Social Security Administration (SSA) to address issues around agency policies and procedures that affect claimants' or beneficiaries' abilities to access Social Security and/or SSI benefits, and advocates for strong protections to ensure that beneficiaries receive the benefits to which they are entitled promptly and without arbitrary denial or disruption.

We thank you for holding this hearing on the important topic of service delivery at the Social Security Administration (SSA). Our comments focus on the SSA's Operations component because the Deputy Commissioner of Operations was the agency's witness for this hearing.

Even prior to the COVID-19 pandemic, SSA faced difficulties providing appropriate customer service. The pandemic worsened some challenges while also introducing new barriers to access, particularly for low-income individuals, including low-income older adults, limited English proficient individuals, and people of color. It is vital that we address these problems to allow people who are desperately in need of benefits to receive them quickly and without unnecessary roadblocks. Some improvements will certainly require changes to the law or increased administrative funding, but there are some solutions that SSA can implement itself right now. Congressional oversight of the agency's activities will speed up these fixes and are important to demonstrating the importance of appropriate support, funding, and other resources to ensure that SSA is able to fulfill its mission.

We are grateful for SSA's communications with the public and advocates throughout the pandemic. SSA is providing better services now than at the beginning of the pandemic, when many government agencies and private companies shut their offices

and, where possible, began to engage in remote work. SSA is even performing some of its work more efficiently than it had been before the pandemic. Yet many challenges remain.

#### Field Office Closures

In Fiscal Year 2019, SSA had more than 174,000 visits each day to its network of over 1,200 field offices. With the closure of SSA field offices in March 2020, SSA forced customers to adapt to an almost all-virtual mode of communication. Some of the services the agency provides were successfully replaced with phone calls, faxes, online services, and mailed communications. For some, including some people with disabilities, these other methods are preferable when they are available and accessible. However, there is a significant subset of the population SSA serves that lack Internet access, mailing addresses, or minutes on their mobile phone plans. Some need services that SSA does not provide online, like new Social Security cards; applying for survivors' benefits; and SSI applications (only people age 18–64 who are not blind, never married, and never made a claim for any SSA-administered benefit can use iSSI, the online SSI system). Others are blocked due to an inability to verify their identities using SSA's system based on credit-bureau data—this means they cannot set up the mySSA accounts needed to receive many of the agency's electronic services.

Some people unable to navigate SSA's current systems have turned to legal aid organizations, the media, or their members of Congress for assistance. Others simply are not receiving the benefits for which they qualify. We know that applications and awards for disability benefits have declined significantly during the pandemic. This hurts many people who go without financial supports or the Medicare or Medicaid that can accompany them. It also means that SSA must prepare now for a coming increase in people seeking the agency's services.

#### Inconsistent Levels of Service

There is considerable variation across and within field offices as to how SSA's policies are applied and services are provided. Some field office staff are quick to return phone calls and others are not. Some offices scan mailed documents into the WorkTrack system quickly and assign them to workers; in other offices, field office staff are unable to review documents that have been sent in and ask for them to be re-sent multiple times. Looking in from the outside at such a massive agency with so many complex workloads, it is hard to know precisely how SSA should improve efficiency and consistency. Collecting and publishing management information, tracking how field offices compare to each other on different metrics and adopting best practices from high-performing offices, providing adequate training and resources, and ensuring that productivity measures do not reward inaccurate work or incentivize employees to ignore challenging cases are all parts of the solution.

There are a number of areas where the variation in services leads to barriers to access critical benefits. SSA did create the opportunity for "dire need" appointments that would allow individuals who needed them to have an in-person person meeting with SSA for certain limited types of services. We've found, however, that some SSA field offices are extremely reluctant to schedule these dire need meetings, even when they are entirely warranted. For example, in December 2020 we heard from a social worker in Seattle, Washington helping homeless veterans secure housing. These individuals needed to receive benefit verification letters from SSA within a short period of time as proof of income to qualify for subsidized housing, but were unable to print out a copy from an online my SSA account or receive a letter through the mail due to their homelessness. Despite making repeated requests on behalf of several homeless veterans, the social worker continued to be told by the manager of the local field office that this situation did not qualify for a "dire need" in person appointment. We were able to bring this gross injustice to the attention of our contact in Operations at SSA headquarters who intervened with the management of that field office so that these veterans could secure urgently needed housing during the pandemic.

#### Overpayment Waivers

For a portion of this pandemic, due to the difficult transition to remote work that occurred for SSA and many other agencies and businesses throughout the country, SSA prioritized certain types of work and suspended others. We greatly appreciated the agency's efforts to ensure that people were able to keep their benefits in the early months of this pandemic. However, SSA resumed all of its workloads in September 2020 (despite the fact that their offices remain closed and the pandemic continues to hinder many people's ability to engage with the agency), and we are concerned about the effects on people who received overpayments through no fault of

their own, and are now being asked to pay back money that they very likely already spent. SSA has put a process in place to waive these overpayments, however it is insufficient to adequately help all those affected.

Instead, we have recommended to the agency that it provide automatic waivers, bypassing the complicated and confusing steps that people would have to take to seek out a waiver they obviously need and are eligible for. Despite our recommendations, SSA has chosen not to implement them, to the detriment of low-income older adults and people with disabilities who cannot navigate the waiver process, or the uneven administration of the policy at various field offices that may turn them away improperly.

We've also begun to hear reports that SSA is claiming that SSI recipients have overpayments based on their receipt of stimulus payments. By law, these payments are considered tax refunds and exempted from SSI resource limits for 12 months. However, some SSI recipients are receiving notices stating that they were over the resource limit during that time period due to the agency's failure to apply these policies. SSI recipients who are able to obtain legal services or other assistance can likely successfully contest these alleged overpayments, but we are concerned that low-income, low-asset people with disabilities and senior citizens without representation will have their benefits further reduced (from a maximum of \$794 per month that is well below the poverty line) in order to recover overpayments that never should have been assessed.

#### Paper and Non-Disability Appeals

Some of the most challenging cases for SSA to consider are about the amount of SSI benefits someone should receive or if they meet SSI's non-medical requirements. Such cases often involve evidence already held by SSA, as well as financial documents like pay stubs and bank account statements, and other documents like birth, marriage, and death certificates. They can touch on issues of employment law, immigration law, trusts and estates, family law, and more. Further complicating matters is the fact that these cases are often not electronic. They are paper files that get mailed to different SSA offices when the beneficiary moves or appeals. Many of these paper files were stuck in field offices or hearing offices for months during the pandemic. Although SSA has recently begun tracking them, we know that there are some that the agency acknowledges have been misplaced, have systems issues that preclude processing them, or must be redeveloped. We also believe that there could be paper files in SSA offices that the agency is not tracking if they are on someone's desk, in a file cabinet, or in another place that nobody has looked recently.

These are important cases, whether they involve many thousands of dollars or a smaller change in SSI benefits. SSA should institute better methods for tracking these cases and converting them to electronic cases so they can be more easily transferred across offices and more accessible to beneficiaries and appointed representatives.

#### Assistance for Legal Services, Community Organizations, and Other Assisters

SSA's policies are complicated. Legal services organizations; service coordinators; SSI/SSDI Outreach, Access, and Recovery (SOAR); Protection and Advocacy systems; and Work Incentives Planning and Assistance programs all provide critical help to individuals attempting to access SSI and Social Security benefits. Congress should increase SSA's budget specifically to provide funding to these important organizations. As SSA attempts to engage the community to help make up for the work that it is unable to perform while its field offices are closed, we must support those organizations, which are already operating under limited budgets themselves.

#### Racial Equity and Justice

SSA and other federal agencies have been tasked by the Biden Administration with reviewing their programs, policies, and procedures to determine whether there are racial equity issues preventing full and fair access to benefits for people of color and others who have been historically underserved. SSA must perform this same equity analysis in determining who has or lacks access to services because of the pandemic. Some of SSA's own research has already indicated that people with limited English proficiency, for example, have had trouble applying for SSI due to the lack of in-person services that the agency used to provide. There must be additional efforts by SSA to study whether claimants and beneficiaries who are people of color or from other underserved groups are being disproportionately impacted by SSA's current pandemic policies. SSA must collect data on race and ethnicity to identify gaps in service, barriers to access, and other systemic problems.

### Conclusion

Thank you for your efforts on behalf of older adults and people with disabilities, and the millions of others who interact with SSA. We stand ready to work with you, other members of Congress, and SSA to improve services to the public.

Sincerely,

Tracey Gronniger  
Directing Attorney

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### NATIONAL DISABILITY RIGHTS NETWORK

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The National Disability Rights Network (NDRN) thanks the committee for holding this important hearing on the Social Security Administration's actions on delivery of services during the COVID-19 pandemic. We appreciate the opportunity to raise concerns with SSA's running of the Protection and Advocacy for Beneficiaries with Representative Payees (PABRP) program during the height of the pandemic of March 2020 to March 2021. As will be demonstrated below, SSA has attempted to thwart the intent of Congress in passing the PABRP program and made the lives of some of our most vulnerable individuals in this country, Social Security beneficiaries with representative payees, more dangerous and open for abuse and neglect.

NDRN is the voluntary membership association for the nationwide network of Protection and Advocacy (P&A) agencies. The P&A agencies are congressionally mandated, cross disability organizations operating in every state, the District of Columbia, Puerto Rico, and the U.S. Territories (American Samoa, Guam, Northern Mariana Islands, and the US Virgin Islands). There is also a P&A affiliated with the Native American Consortium which includes the Hopi, Navajo, and San Juan Southern Paiute Nations located in the Four Corners region of the Southwest. NDRN is also the National Association Grant (NAG) holder for the training and technical assistance provided to the P&As under PABRP program.

The PABRP program was created by Congress in 2018 to take advantage of the expertise and knowledge of the nationwide network of P&A agencies to ensure the health and well-being of the over 5 million Social Security beneficiaries with representative payees, along with an actual accounting of the benefits received. This intent to ensure the health and well-being of these beneficiaries was clearly laid out in both the statute and committee statement that was released.

Congress through both the statute and the statement recognized that this was the most vulnerable population in the country to abuse, neglect and financial exploitation, and that the nationwide network of P&A agencies was best positioned to address all aspects (health, well-being, and finances) of these beneficiaries. The past work of the P&A agencies to monitor representative payees was well demonstrated and recognized in multiple hearings before passage of the legislation. Additionally, the Congress relied on the more than 40 years of work of the nationwide network of P&A agencies to monitor and prevent abuse, neglect and financial exploitation in assigning the P&A network this task.

In March of 2020 as the nation went into a temporary closure to slow the spread of COVID, NDRN and the P&A Network gathered to figure out ways to continue to do the important monitoring work of the PABRP program in order to ensure the health and well-being of this vulnerable population during the COVID pandemic. Unfortunately, SSA's initial response was to temporarily halt any new casework under the program, even in the virtual ways developed to at least maintain some measure of connection with the beneficiaries. After more than two months of discussion, SSA finally relented to allow virtual monitoring to continue and the P&As immediately began to reach out to these individuals to check on their health and well-being.

But even though limited, this work done by the P&As during this time was critical to beneficiaries. From March 16, 2020 through March 15, 2021, P&As interviewed 2,559 payees and 10,067 beneficiaries. This monitoring led to 1,174 referrals to a

variety of agencies including Children and Adult Protective Services, licensing agencies, health and safety inspectors and others. All told, this work positively impacted 151,508 individuals.

Given the events in the nation, those interactions clearly contained questions around COVID related issues to assess the health and well-being of the beneficiaries. To do otherwise, would have been to ignore the Congressional intent of the program. What follows is some examples of the issues uncovered by the P&A agencies during the year starting March 2020–March of 2021:

### **Georgia**

- A beneficiary moved into a nursing facility with no personal belongings, literally in bare feet and only the clothes on their body. A family member served as payee and did not issue payment for housing (beyond the first month) or spending money for personal needs. The facility maintained a locked closet with spare clothing and socks that were shared between a few residents who were also in need of clothing. At the time of review, the nursing facility had not received rent for this individual for almost six months. The P&A issued referrals to Adult Protective Services and the local Health Department.
- During outreach calls to facilities and group homes regarding COVID–19, the P&A, Georgia Advocacy Office, talked with a provider in a rural part of the state. This provider reported concern with lack of access to testing even though people receiving services had exhibited symptoms and 2 people had died within the past few weeks. When she tried to get testing for the people she supports and for her staff, she was told that their symptoms were not severe enough. The P&A provided resources and information regarding testing in that part of the state. The provider has since reported that everyone was tested.
- The P&A, Georgia Advocacy Office, is calling providers and facilities to offer resources, ask about COVID–19 policies and practices that they have in place, and to ensure that they have access to PPE and have trained staff appropriately. They talked to a developmental disability provider who manages several group homes and learned that their PPE supply was very low and they had submitted a request to the Department of Public Health which was denied. The P&A followed up with the Department of Public Health and the state’s developmental disabilities agency and discovered there was a systemic issue with the request for PPE from DD providers. The P&A’s work resulted in not only resolving the issue for that particular provider, but for other DD providers in the state as well.

### **Michigan**

- A beneficiary experiencing homelessness was told by Payee that their monthly SSI was only \$400, but records show it was \$771 a month. The difference could not be found, and the payee had no information about where the missing funds went. The P&A’s review included the following:
  - Several beneficiaries’ landlords complained about consistently late rent.
  - A beneficiary who rents out a storage unit learned that the bill wasn’t paid. Upon following up with the payee, the beneficiary was neither given a response about whether the overdue bill was paid, or if the contents were removed due to nonpayment.
  - Another beneficiary made several requests in advance for cash to pay for medical visits and medication. These requests were initially ignored, then denied because “there isn’t enough money.”
  - Another beneficiary received threats of cancellation from the electric company, then paid the overdue bills out of pocket. The beneficiary requested that the payee reimburse the late fee but was denied. This beneficiary was also put “on probation” for allegedly calling the payee too often.
- A beneficiary’s family member serves as payee and legal guardian. The family member stated that the first stimulus check went to the county court to pay off child support in arrears without the beneficiary’s knowledge or consent. The beneficiary asked the P&A to assist with finding a new payee and guardian.
- Payee withheld Personal Needs Allowance (PNA) from beneficiaries for several months and used stimulus funds to establish a burial account for a beneficiary who specifically stated they want to be cremated.
  - A staff person will only disburse PNA “when they feel like it,” and refused a beneficiary access to their own TANF card because it would be “double-dipping” since they already receive \$25 for groceries each week.

- Payee I payee maintained beneficiary bank accounts in the red; some nearly –\$1000. The payee also requires beneficiaries to purchase their own toilet paper, paper towels, and other bathroom supplies (including cleaning supplies). The P&A made a referral to the state licensing bureau.
- Payee rents their home to three beneficiaries. One beneficiary hosted an overnight guest, to which the payee responded by physically assaulting the beneficiary and evicting them immediately, claiming it was against house rules to have overnight guests. The P&A's report resulted in the beneficiary getting a new place to live and being served by a new payee.

#### **Maryland**

- When a beneficiary was being interviewed, they shared that their roommate was beaten by a staff person with the remote control to their adjustable bed. The P&A followed up with a referral to the state office of Healthcare Quality.

#### **New Jersey**

- Payee withheld Personal Needs Allowance (PNA) from a beneficiary who was described by staff as “confined to a bed,” and “having no use for money.”
  - PNA was withheld from another beneficiary who was told by a caseworker that they “live on a locked unit and it would be dangerous to give them money.”
- Payee has issued a beneficiary's family over \$7,000 total as reimbursement for various purchases, none of which were made for the beneficiary. They included gifts for other relatives and financial assistance to their grandmother to purchase groceries. The family believes these funds are an extension of their own financial resources. Staff made complaints about this, resulting in a closed-door meeting with the payee and the family. The P&A's review included referrals to ABLE and SSA's Office of the Inspector General.

#### **New York**

- During an interview with the P&A, a beneficiary reported having been repeatedly physically assaulted by a housemate. The beneficiary reported this to Payee, who did not intervene by helping the beneficiary find a new place to live. At the time of the review, the beneficiary's caseworker was still “working on it.”
- A beneficiary had a prepaid cell phone with two days left on it; when they called the payee for additional funds, Payee hung up on them. The same beneficiary said that requests for grocery money were denied due to a history of substance abuse.
  - Another beneficiary asked for the status of their stimulus funds and the person answering the phone said, “We called SSA and they said it was fine for us to go ahead and spend it.” The same beneficiary was threatened with institutionalization if they did not use contraceptives.
  - A staff person was quoted to have called beneficiaries “fat,” “disabled,” and “incompetent” to their faces. They were also quoted as having said behind beneficiaries' backs but within earshot, “I can't stand working with these f'n people. I hate them. All they do is smoke and drink off other people's money.” The same staff person also made a false report to the police alleging domestic violence against a beneficiary's husband, resulting in his immediate arrest.
- Payee lacked a plan to control a COVID outbreak, resulting in the death of a beneficiary with complex medical needs. Staff did not consistently provide the level of care they needed, resulting in bedsores and falling out of bed.
  - Another beneficiary was covered in open sores and was reported to have fallen out of bed at least five times. Their clothing was shared throughout the floor because “we share here,” as a staff person reported to the P&A.
  - On their birthday, a beneficiary was found by their family wrapped in excrement-soaked bedsheets. The family took photos and called the police and the local news to prevent the facility from “sweeping this under the rug.”
  - The P&A stated that the finance coordinator for the facility claimed not to know how staff conduct themselves while on the clock.

#### **Ohio**

- A beneficiary was denied access to their own bank statements, was refused money to repair or replace a broken vacuum, was denied funds to have the exterior of the home repainted and had contact with Payee maybe once a month. The beneficiary is now their own payee.

- Payee rents a two-bedroom apartment that is shared by six other people—five are beneficiaries they are responsible for, and one is a family member who is in a relationship with one of the beneficiaries. There are makeshift bedrooms in the kitchen and living room. Mismanagement of funds caused one beneficiary to leave and become their own payee.
  - The payee retained the stimulus checks for at least two beneficiaries, as well as the unused funds of the beneficiary who is now their own payee.

#### **Virginia**

- A beneficiary was found to have been sexually assaulted while living in a facility operated by Payee; tests concluded it was likely done with a foreign object. The perpetrator was never identified. The beneficiary passed away from COVID complications before alternative housing could be secured.
  - Another beneficiary had bedsores so deep they reached the bone and had both hips broken after being dropped by staff. The head nurse was able to obtain Power of Attorney (POA) over the beneficiary without the family's knowledge or consent, and subsequently did not discuss with the family how their SSI was being used. Currently, the beneficiary lives elsewhere and has family serving in the roles of POA and payee.
  - Another beneficiary was denied access from using the telephone on the floor they lived on, resulting in the family not being able to call. The family expressed concern due to the pandemic, especially while not being able to visit in person. The P&A made a referral to the state licensing agency.

#### **West Virginia**

- Payee has zero contact with beneficiaries. When the reviewer asked why not, the payee appeared to disagree with the obligation payees have to maintain regular contact with beneficiaries.
  - The payee was also found to have withheld grocery money from a beneficiary.
- Payee business office is inaccessible to people using wheelchairs. The reviewer made a referral to the payee for the accessible renovation of the office.
  - With guidance from a job coach, a beneficiary was working at a hotel as a housekeeper but was not being paid. When the beneficiary inquired about getting a paycheck, the job coach said, "You're not getting paid right now." Not long after, the employee was let go.
  - Personal Needs Allowance was withheld as a means of deterring direct support staff from accessing cash in the house.
- A beneficiary's landlord continually made unwanted sexual advances. Payee did not assist with finding new housing, so the beneficiary (independently) contacted a service coordinator for help.

Now, though, SSA is calling this work of the P&A agencies to monitor around COVID-related issues as being outside the scope of the program. This continues a long running trend of SSA throwing up barrier after barrier to implementing this program, and fits into a pattern of resistance to anything that is outside what SSA considers to be its sole function, the issuance of retirement or disability benefit funds. This is especially true for this program where P&A agencies find unsuitable payees that by the sheer nature of their actions should require removal as that individual's payees. SSA does not want to have to address those issues by finding a suitable payee so they would rather not know.

This long-running pattern of barriers also includes overly stringent requirements on how reviews are done, which does not recognize that flexibility is needed when interviewing people with different types of disabilities, the requirements that all equipment be SSA authorized equipment which creates delays and additional administrative headaches in the obtaining of necessary equipment, and delays or lack of response to reviews or simple questions.

Another issue that has been raised, which causes SSA pause in its support of the program, is that the P&As are encountering the inconsistencies within SSA. Some of those inconsistencies are between headquarters and the regional offices (ROs) and field offices (FOs), but more often are occurring between the individual ROs and FOs within the same region. As a nationwide network of agencies we are seeing these inconsistencies, but when alerted to them SSA tends to ignore them and not correct these inconsistencies.

As demonstrated above, the PABRP program has been extraordinarily effective, even with all the barriers SSA and the pandemic have thrown in the way. But if

SSA is continued to be allowed to subvert the intent of Congress of the PABRP program to ensure the health and well-being of Social Security beneficiaries with representative payees by insisting that things like the examples above are outside the scope of the program, people with disabilities who don't have control over their finances and use a rep payee will not receive the intended benefits of the PABRP program.

NDRN calls on the Congress to reinforce the clear legislative language and intent of Congress that the P&A agencies are supposed to be monitoring the health and well-being of the beneficiaries, not just verifying that every penny is properly accounted for. NDRN also calls on SSA to work collaboratively with NDRN as the NAG and the P&As as the organizations doing the reviews to streamline the existing administrative burdens to make the program more effective and efficient and finally to ensure consistency between the national headquarters and the ROs, between the ROs themselves, and the FOs within an individual region on how the program is administered.

Congress took an important step in 2018 to ensure the health, well-being, and financial security of beneficiaries by employing the P&A network to do these important reviews. SSA should not be allowed to undermine the effectiveness and efficiency of these programs through their faulty interpretations.

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NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES

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April 28, 2021

Senator Ron Wyden  
Chair  
U.S. Senate  
Committee on Finance  
Dirksen Senate Office Bldg.  
Washington, DC 20510-6200

RE: April 29, 2021 Hearing on "Social Security During COVID: How the Pandemic Hampered Access to Benefits and Strategies for Improving Service Delivery"

Dear Chairman Wyden,

This statement is submitted on behalf of the National Organization of Social Security Claimants' Representatives (NOSSCR), a specialized bar association for attorneys and advocates who represent Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) claimants throughout the adjudication process and in federal court.

Although NOSSCR members and staff engage with many components of the Social Security Administration (SSA), these comments focus on the services provided by the Office of Operations because Deputy Commissioner of Operations Grace Kim is the agency's witness for this hearing.

SSA's Operations component—which oversees field offices, program service centers, state disability determination service agencies (DDSs), international operations, and more—underwent major, rapid, changes during the COVID-19 pandemic. This in turn required members of the public, including disability claimants and beneficiaries, as well as those who represent them, to adjust the ways they interact with SSA.

Some aspects of the changes were positive: for example, we commend SSA for publishing the direct phone numbers for each field office on the agency website so people could call them directly, instead of having to go through the national 800 number. We appreciate that when we learned that some field office staff were directing people to mail in their green cards, Operations leadership issued a reminder that this was against SSA and Department of Homeland Security policy and instructed staff to offer in-person appointments when hands-on verification of these documents were necessary. And NOSSCR had a helpful discussion with the Office of Earnings and International Operations that led to better communications and process improvements for claimants and beneficiaries living abroad.



Unfortunately, the pandemic also made many aspects of interacting with SSA more difficult and amplified many existing challenges. We will highlight a few of these issues below.

#### Challenges for Applicants

Closing field offices to the public means that it is harder for claimants, especially unrepresented claimants, to apply for benefits. We see this in the steep declines in disabled worker and SSI disability applications and awards over the past year. Research shows that when one field office closes in an area, it reduces the number of disability claims among people who would have been likely to be awarded benefits: closing all field offices, unsurprisingly, had an even greater effect.

One area where we are especially concerned is for people over age 62 with disabilities, who may apply for early retirement without realizing that they can also apply for SSDI. These claimants could have received retirement benefits while their disability claims were pending and received higher benefits and earlier eligibility for Medicare if they were found to be disabled, but if they apply online without field office staff to explain these complexities, many may just take the reduced retirement benefit and have less financial stability for the rest of their lives.

#### Field Office Interactions

When most field office employees began full-time telework at the start of the pandemic, the effects varied widely. Some NOSSCR members reported that it was easier than ever before to reach SSA staff by phone and they could quickly resolve issues. But in other offices, phones were rarely answered and voicemails were not returned. It is not clear to us how SSA tracks productivity or compares field offices to identify best practices and areas of concern.

A small number of field office employees have been working in person throughout the pandemic to process mail and faxes. We appreciate their service and realize that their jobs are extremely challenging. There are often more documents that need to be opened, scanned, connected to a specific claimant or beneficiary, and routed to teleworking employees than the people working in person can handle. This creates serious consequences for the public, who may be overpaid or underpaid until SSA processes their communications, or who must go long periods without important documents they mailed in for verification.

One example of document-processing challenges is the SSA-1696 form, which claimants and beneficiaries use to appoint representatives. Delays in processing the 1696 were a challenge before the pandemic, but COVID made it worse. Whether the 1696 is mailed, faxed, attached to an appeal, or submitted electronically with the online form SSA created this year, an SSA employee must still type information about the claimant and representative into several different computer systems and take other manual steps. Until this is done properly, a representative does not receive notices, cannot view the electronic file, and cannot communicate with SSA or DDSs about their client's case.

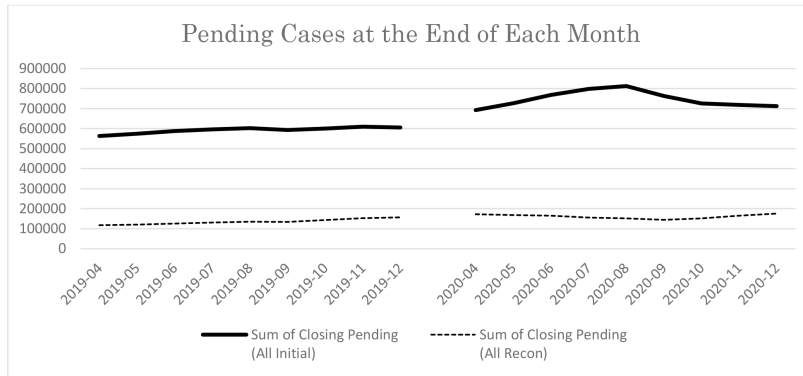
#### State Agency Challenges

State agencies, also known as DDSs, make medical determinations on disability claims at the initial and reconsideration levels and for Continuing Disability Reviews. Before the pandemic, some DDSs did a lot of telework and some did none. The pandemic led to much more telework and some states adjusted much better and quicker than others. In some states, mail piled up for weeks and months, fax machines were untended, and it was not possible to communicate with DDS staff. Even today, there are wide variations in how DDSs are operating—some state to state and some employee to employee within a given state.

This is especially challenging because representatives' access to electronic case files are more limited at the DDS level than when a case is scheduled for an Administrative Law Judge (ALJ) hearing or review by the Appeals Council (AC). Representatives for cases at the DDS levels cannot view the A, B, or D sections of the claims file online but need to be sent an encrypted CD. They do not have access to a status report of all their cases, and cannot upload evidence in the same way they can at the ALJ or AC levels. They are more reliant on faxes, phone calls, and the mail. And as described above, representatives can only communicate with DDSs about a case once the field office has processed their 1696s.

DDS backlogs have grown tremendously during the pandemic, though there is wide variation across states. DDSs nationwide received 11.5% fewer initial claims and 13.3% fewer requests for reconsideration in the last nine months of 2020 than they did in those same months of 2019. Although fewer cases were coming in, there were

26.5% more pending initial cases and 49.4% more pending reconsiderations in December 2020 than in April 2019. At the end of 2020, there were 887,829 initial and reconsideration claims pending at DDSs. Each claim represents someone waiting, often desperately, for SSI or SSDI.



Source: <https://www.ssa.gov/disability/data/ssa-sa-mowl.htm>.

There is no one correct amount of processing time. Some cases involve more evidence, more barriers to communication, or more complicated facts. It is possible for a case to be moved too quickly: if a decision is issued before medical providers have the chance to submit evidence or before the 1696 is processed and a representative can communicate about the claim, then everyone is poorly served. But NOSSCR members often report that they have submitted all evidence in clear-cut cases that languish for months at DDSs—and that it is difficult or impossible to contact anyone at the DDS to address these concerns.

**Paper and Non-Disability Appeals**

At times, SSA must adjudicate not whether a person meets the medical standard for disability, but whether they qualify for SSI or Title II benefits (and for what amount of benefits they qualify) based on age, work history, marital status, citizenship, income, assets, living situation, and a plethora of other criteria. These “non-disability” cases can be extremely complex. Adding to the complexity, many of these cases are not electronic but rely on paper files that are mailed from one SSA office to another. Some disability cases are also “paper cases.”

SSA has had extreme difficulty processing paper and/or non-disability cases during the pandemic. SSA leadership has communicated to some extent with advocates about these issues. The agency has made some progress, but the number of cases pending in field offices that need to be moved to the Office of Hearing Operations has actually increased in the past few months. Cases awaiting effectuation of ALJ decisions, cases pending due to systems issues, and cases that SSA misplaced or needs to redevelop are also not decreasing. And we remain concerned that SSA may have paper files that are not included in these statistics because they have been lost in field offices or not properly tracked. These situations can sometimes be resolved with the efforts of a dedicated representative, but unrepresented claimants have an even harder time. Proper adjudication of these cases is crucial if SSA is to provide due process, comply with Congressional intent, and reach high standards of payment accuracy.

**Communicating with Program Service Centers and Workload Support Units**

SSA has a variety of offices within the Operations component that even before the pandemic were much more opaque to the public than field offices or DDSs. These include the Office of Central Operations (OCO), Program Service Centers (PSCs) and Workload Support Units (WSUs). The pandemic has made it even harder for claimants, beneficiaries, and representatives to get information from those offices, which play critical roles in effectuating benefits, addressing over- and underpayments, and processing claims. Notices can be confusing, telephone messages are often not returned, and field office staff are frequently unwilling or unable to inquire about cases being handled by OCO, PSCs or WSUs.

For example, NOSSCR and other member organizations of the Consortium for Citizens with Disabilities Social Security Task Force asked SSA to establish ways for representatives to send documents to PSCs, as SSA did with the Representative Call Center at OCO. SSA's written response was, "Representatives should continue to fax material to the PSCs using the existing channels they have relied on for service in the past." The problem is that SSA has not published any fax numbers for the PSCs (there is a single fax number only for fee payment issues for Title II claimants under age 54, whose claims are processed at OCO, not the PSCs). The system of submitting documentation to field offices who would then send them on to PSCs was barely serviceable before the pandemic and has completely broken down now that there is limited staff going to the field offices. Publicizing fax numbers and/or secure email addresses for representatives to submit documentation directly to PSCs would speed effectuation and reduce an unnecessary burden on field office staff. When questioned again about this, SSA's response was

The Social Security Office Locator webpage now displays the fax lines and phone numbers for each of our Field Offices (FOs). While our employees continue to work remotely during the pandemic, they are able to receive faxes electronically and take all appropriate action on cases. The FO will route the material to the Payment Center (PC) if the FO is unable to work the case. We want to keep these existing communications channels intact during the pandemic to ensure we handle the flow of work into our FOs and PCs efficiently. If there is an extended processing delay, please contact the local field office via their general inquiry line.

This again misses the point that communicating through the field offices is inefficient and extremely flawed. Expecting field office managers to do "manager to manager" communications with the PSCs on behalf of represented claimants, while they are also often the only people physically in the office to process all mail and faxes and handle in-person appointments, is not reasonable.

Similar issues exist with the WSUs that handle online claims. When a representative files a claim on behalf of their client, the WSU (or field office, if they are processing the claim) needs to send the claimant an attestation to make sure the person really did want to file. That is a good thing, but it seems to be working less well recently, probably partially because of SSA and partly because of declines in the US Postal Service's speed and accuracy. NOSSCR members note that some WSUs seem to be working better than others and that some but not all field offices can see what documents are in the WSU's WorkTrack system of files scanned and waiting to be processed. This means that in some cases, if the claimant submitted the attestation packet but it hasn't been processed, field office staff could check the WSU's WorkTrack and communicate with a representative. This is especially helpful when a disability claimant qualifies for expedited processing (for dire need, presumptive disability, compassionate allowances, etc.), but this is not universal. It is not clear what data Operations collects with regard to WSUs, what backlogs there are at different WSUs, and how SSA plans to reduce them.

#### Effectuating Benefits and Representative Fees

When SSA does determine that a person qualifies for disability benefits, there are a host of actions that must be taken to calculate retroactive and ongoing benefits for the claimant and his or her dependents (considering factors like the Windfall Elimination Provision and Government Pension Offset; worker's compensation offsets; SSI rules on income, assets, and living arrangements, etc.); determine where to send the benefits (direct deposit or Direct Express card; to the claimant or a representative payee); handle Medicare eligibility; pay representative fees and state Interim Assistance reimbursements; communicate with the Treasury Department for any offsets; and more. This effectuation process is complicated and time-consuming, but it is incredibly important to ensure that the proper benefits are paid.

Problems that predated the pandemic have only worsened over the past year. Notices of Award (NOAs) are often delayed, sent to the claimant and not the representative, or lost in the mail and SSA will not issue a replacement. And sometimes the Notice is not accurate: it might have math errors, inaccurately characterize a government pension or workers' compensation, leave off auxiliary beneficiaries, etc. This causes challenges for ensuring that benefits are effectuated properly, and representative fees are accurately paid. And as described above, it can be nearly impossible to talk with the people who are effectuating the cases, either at field offices, OCO, or PSCs. It would be helpful to know what management information SSA collects on if the NOA was sent out in a timely fashion, whether it was also mailed to the representative as the POMS directs, and if it is accurate. Does anyone at SSA

compare claims processed by OCO, the different district offices, and various Program Service Centers to see how they are doing on this workload, collect best practices, and provide additional training to staff who are not sending NOAs or sending inaccurate ones?

Sometimes effectuating a decision requires reviewing documents like birth, death, or marriage certificates or proofs of citizenship. With field offices closed, effectuation is more difficult. SSA only allows in-person appointments for benefit issues when the beneficiary is without food, shelter, utilities, or medical care or coverage and requires an in-person appointment to resolve it. This is interpreted in very different ways by different hearing offices and individual employees. When appointments are offered, they are often many weeks or months away; people are sometimes told that their only option is to mail the documents and they are understandably hesitant to do so.

There are also delays and inaccuracies in the representative fee process. Again, this is not a new issue but it has become harder to resolve during the pandemic. NOSSCR often hears from members who helped their clients receive favorable disability determinations and have been waiting over a year to be paid for their services. In some situations, SSA withholds 25% of a claimant's past-due benefits, but takes months or years to determine what portion goes to the claimant and what to the representative. In other cases, SSA misapplies its own policies and fails to properly withhold past-due benefits to pay the representative's fee. SSA should collect and publish more data about the timely and accurate processing of representative fees, and include goals on this topic in the agency's Annual Performance Report and Plans.

#### Conclusion

Thank you for your consideration of this statement and for your valuable oversight of SSA in this hearing and many other ways. We would be glad to provide additional information to the Committee if that would be helpful.

Sincerely,

Barbara Silverstone  
Executive Director

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#### Statement of Anthony M. Reardon, National President

Chairman Wyden, Ranking Member Crapo and members of the Committee, thank you for allowing NTEU to submit its thoughts on methods to improve service delivery at the Social Security Administration. NTEU represents approximately 150,000 federal employees in 34 agencies including 1,900 attorneys and paralegals in the Social Security Administration's Office of Hearings Operations (OHO). The Office of Hearings Operations (OHO) handles appeals of disability claims. OHO strives to issue legally sufficient decisions and award benefits to disabled claimants as early in the process as possible. But in recent years the hearing process has been encumbered by insufficient resources, inadequate staffing, expanding case files, expansive changes in regulations, conflicting operational messages, and escalating internal tensions. There are many features of the process that could be changed to improve service delivery, but NTEU would like to highlight three areas that are important to the employees we represent.

**Permanently expand telework.** The pandemic has proven, once and for all, the value of a robust telework program in the federal government. Maximum telework policies have protected the health and safety of federal workers around the country, and their families, without sacrificing productivity. Prior to the pandemic, OHO attorneys generally were allowed to telework three or four days per week. Due to the pandemic, employees are currently on mandatory full time telework whenever possible and have reported increase productivity and increased employee satisfaction. NTEU believes telework should be expanded to the maximum extent possible. Post-probationary employees should be required to be in the office no more than one day per pay period and when needed for training or other office activities. We also believe that OHO should consider implementing a full time telework program like the innovative program that has been so successful at the NTEU-represented U.S. Trademark Office. Expanded telework would improve employee productivity and re-

tention as well as offering the potential savings from the Social Security Disability Insurance Trust Fund by reducing the leasing costs of OHO Offices. The pandemic has proven this program works. The Agency should take advantage of that.

**Support rural broadband.** NTEU strongly supports the Administration's proposal to expand rural broadband. When the mandatory telework orders were issued due to the pandemic, there were at least fifty OHO employees' with work that was perfectly portable who lacked satisfactory broadband in the rural area in which they lived to actually work remotely. Both workers and communities in rural America would benefit from more federal and private sector employees being free to work remotely in rural areas and we hope Congress will support the rapid expansion of rural broadband to help make this a reality.

**Public service student loan forgiveness.** The Attorney-Advisors at OHO are generally a young workforce and the unacceptable level of turnover has negatively impacted the ability of the office to fully perform its function. Our members believe an important tool for recruiting and retaining the best employees would be to cancel the student loan debt of employees who have completed a decade or more of public service. The Public Service Loan Forgiveness (PSLF) program was created to ease the burden of student loan debt for a generation of those who have chosen careers in public service. But after years of scandal and allegations of widespread mismanagement, it is clear to NTEU that the federal government has fundamentally failed to deliver on this promise. Since 2017, when the first public service workers became eligible for debt cancellation, 98 percent of those who applied for PSLF have been rejected. And that is just the tip of the iceberg—for every borrower who has served for a decade and been rejected for PSLF, tens of thousands have been knocked off track or never had the opportunity to apply for relief. Ensuring this program works for public servants is vital to recruiting and retaining qualified employees at OHO and across the federal government and we look forward to working with Congress and the Administration to ensure this benefit is available for employees.

I appreciate this opportunity to present NTEU's views.

