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SOCIAL SECURITY ADMINISTRATION

Remote Service
Delivery Increased
during COVID-19, but
More Could Be Done
to Assist Vulnerable
Populations

GAO Highlights

Highlights of [GAO-23-104650](#), a report to congressional addressees

Why GAO Did This Study

In 2020, SSA provided benefits to nearly 70 million individuals. Under the CARES Act, SSA received \$300 million to prevent, prepare for, and respond to COVID-19. The CARES Act includes a provision for GAO to monitor federal efforts to respond to the COVID-19 pandemic. GAO was also asked to review SSA's response.

This report examines (1) changes SSA made to its delivery of key services; (2) the effect of these changes on the public, including certain vulnerable populations; and (3) how SSA addressed challenges it faced and identified lessons learned. GAO analyzed summary and administrative SSA data from March 2018 to December 2021, and reviewed the agency's plans, policies, and guidance documents. GAO also conducted group interviews with SSA staff at various levels and offices; and interviewed SSA officials and external stakeholders, including disability advocates and employee groups.

What GAO Recommends

GAO is making five recommendations, including that SSA develop detailed plans to enable claimants to apply for SSI online, evaluate the feasibility of making existing online applications available in Spanish, and implement a coordinated process for assessing lessons learned from the COVID-19 pandemic and incorporating them into future plans. SSA agreed with our recommendations.

View [GAO-23-104650](#). For more information, contact Elizabeth H. Curda at (202) 512-7215 or curdae@gao.gov.

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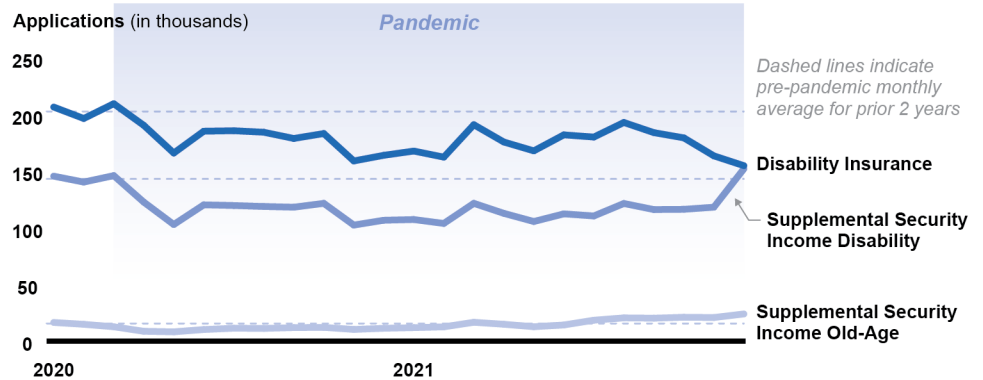
Remote Service Delivery Increased during COVID-19, but More Could Be Done to Assist Vulnerable Populations

What GAO Found

COVID-19 prompted the Social Security Administration (SSA) to make dramatic changes in the way it delivers services and administers its programs. On March 17, 2020, SSA closed its offices to the public—providing limited in-person visits for individuals with certain critical needs—and expanded remote service delivery options. SSA increased its use of telephone, mail, video, and online services. Through 2021, SSA established policies at field offices to increase the use of in-office appointments. SSA also worked with state agencies that process claims for disability benefits to offer video options for certain medical exams. In April 2022, the agency reopened field offices to walk-in visits from the public.

The public filed fewer benefit claims with SSA during the pandemic, on average, compared to the prior 2 years, particularly for certain benefits and among certain vulnerable populations, according to GAO's analysis of SSA data. For example, compared to the 2 years before the pandemic began, average monthly claims were lower from March 2020 through December 2021 for several SSA benefits. Specifically, they were 18 percent lower for Supplemental Security Income disability benefits, 12 percent lower for Disability Insurance, and 8 percent lower for Supplemental Security Income Old-Age, though Supplemental Security Income claims rebounded in late 2021. Some types of benefits claims declined more for certain populations, such as Spanish speakers.

Changes in SSA Benefit Claims (January 2020-December 2021)



Source: GAO review of Social Security Administration (SSA) administrative claims data. | [GAO-23-104650](#)

SSA took steps to address a range of challenges with providing services remotely, but gaps remain in delivering services online and assessing lessons learned. SSA targeted outreach to certain vulnerable populations and expanded the use of third parties to help the underserved access benefits and services. However, not all claimants are able to apply for SSI online and applications in Spanish cannot be submitted online. As a result, SSA cannot fulfill its mission to ensure that its services are equitable and accessible, and some eligible individuals may not apply for benefits. Some SSA offices have assessed specific service delivery changes, but the agency does not have a coordinated process for assessing lessons learned from the COVID-19 pandemic and taking related corrective actions, which could leave SSA vulnerable to other crises in the future.

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Abbreviations

| | |
|-----------|--|
| ACS | American Community Survey |
| CARES Act | Coronavirus Aid, Relief, and Economic Security Act |
| BISG | Bayesian Improved Surname Geocoding |
| CDR | continuing disability review |
| COVID-19 | Coronavirus Disease 2019 |
| DDS | Disability Determination Services |
| DI | Disability Insurance |
| EO | Executive Order |
| FY | fiscal year |
| OASI | Old-Age and Survivors Insurance |
| OASDI | Old-Age, Survivors, and Disability Insurance |
| OIG | Office of Inspector General |
| OMB | Office of Management and Budget |
| PFB | People Facing Barriers |
| RECS | Race and Ethnicity Collection System |
| RUCA | Rural-Urban Commuting Area Codes |
| SNAP | Supplemental Nutrition Assistance Program |
| SSN | Social Security number |
| SSA | Social Security Administration |
| SSI | Supplemental Security Income program |
| TPA | Third Party Assistance |
| UI | Unemployment Insurance |
| VPE | Vulnerable Population Expert |
| VPL | Vulnerable Population Liaison |

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November 17, 2022

Congressional Addressees

The COVID-19 pandemic prompted the Social Security Administration (SSA) to make dramatic changes in the way it delivers services and administers its programs, which provided benefits to nearly 70 million Americans in 2020. Most notably, SSA closed all of its offices to the public on March 17, 2020 and directed agency employees to work from home, an unprecedented move designed to protect the health of the public and SSA staff. SSA historically has provided in-person services to those who need them or prefer them. During the pandemic, the agency limited in-person services to only the most critical circumstances, a significant shift in SSA's typical approach to serving its customers.

The CARES Act includes a provision for us to monitor and oversee the federal government's efforts to prepare for, respond to, and recover from the COVID-19 pandemic.¹ We also were asked to examine SSA's service delivery during the COVID-19 pandemic. This report: (1) describes how SSA changed its delivery of key services during the COVID-19 pandemic; (2) describes what is known about the effect of these service delivery changes on the public, including certain vulnerable populations; and (3) examines how SSA addressed any challenges with remote service delivery and identified lessons learned during the pandemic.

To address the first objective, we focused on policy updates and changes from the onset of the pandemic until field offices reopened (March 2020 to April 2022) that relate to two areas: (1) applications and appeals for the Old-Age, Survivors, and Disability Insurance program (OASDI) and the Supplemental Security Income program (SSI); and (2) enumeration (the issuance of Social Security numbers). We obtained and reviewed documentation that SSA developed during the pandemic to communicate policy changes, such as new or revised procedures. We also reviewed publicly available documentation and obtained written responses from SSA officials to clarify the timing and details of policy changes when necessary.

¹Pub. L. No. 116-136, § 19010(b), 134 Stat. 281, 580 (2020). All of GAO's reports related to the COVID-19 pandemic are available on GAO's website at <https://www.gao.gov/coronavirus>.

To address the second objective, we obtained and analyzed administrative and summary data to describe monthly trends in the public's access to SSA services and benefits and agency performance from the 2 years before the pandemic began through the end of 2021 (March 2018-December 2021). These were the most recent available data at the time of our review. Specifically:

- We analyzed SSA administrative data on benefit claims and appeals filed for SSA's primary benefit programs: OASDI and SSI. We obtained variables associated with biographic and demographic information (e.g., date of birth and zip code of claimants) as well as information about claims and appeals (e.g., filing dates for claims and appeals actions and type of benefits involved).
- We analyzed these administrative data based on population characteristics associated with increased vulnerability, such as individuals' age, residence, disability status, low-income status, and limited English proficiency.
- We also analyzed monthly summary data on a variety of topics related to SSA workloads and service delivery performance from March 2018 through December 2021, including telephone service delivery and disability case processing.

For each dataset, we conducted a data reliability assessment of selected variables by conducting electronic data tests for completeness and accuracy, reviewing documentation on the dataset, and interviewing knowledgeable agency officials. Unless otherwise noted, we found all of these administrative and summary datasets to be reliable for the purposes of our reporting objectives.²

To address the third objective, we reviewed and analyzed SSA documentation on challenges faced during the pandemic, steps taken to address those challenges, and any efforts to identify lessons learned. We also interviewed SSA headquarters and component-level officials and representatives from four major SSA employee organizations. To obtain the perspective of front-line agency officials, we conducted semi-structured group interviews with a non-generalizable sample of SSA field office claims specialists, field office and call center managers, and

²As discussed later in the report, we also obtained SSA data on claimants' race and ethnicity but determined they were not reliable enough for us to report. We determined that SSA's administrative race and ethnicity data, and agency data on the number of daily visits to field offices during the pandemic, were not sufficiently reliable for our reporting purposes. See app. I and app. II for more information.

administrative law judges, as well as state Disability Determination Services (DDS) supervisors. Participants for these group interviews were randomly selected to represent urban and rural offices, and different SSA regions. We also interviewed representatives and stakeholders with five selected organizations that work with and advocate on behalf of people in need of SSA benefits and services. See appendix I for more information.

We conducted this performance audit from November 2020 to November 2022 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

SSA Programs and Services

SSA provides financial assistance to eligible individuals through its major benefit programs:

- Old-Age and Survivors Insurance (OASI)—provides retirement benefits to eligible older individuals and their families and to survivors of deceased workers.
- Disability Insurance (DI)—provides benefits to eligible individuals who have qualifying disabilities, and their eligible family members.
- Supplemental Security Income (SSI)—provides benefits for aged, blind, or disabled individuals with limited income and resources.³

In fiscal year 2021, SSA paid over \$1.1 trillion in OASDI benefits to a monthly average of about 65 million individuals. Also in fiscal year 2021,

³In this report we use the term “disability” (e.g., disability benefits, disability claims, disability hearings) to refer collectively to SSA’s different benefits that are paid due to an individual’s disability. Those include DI benefits as well as SSI benefits that are paid due to an individual’s disability (which we refer to as “SSI disability”) and SSI benefits that are paid due to an individual’s blindness (which we refer to as “SSI blindness”). We also include in this category benefits and claims for children that are based on their parent’s eligibility for DI. We use the term “SSI Old-Age” to refer to SSI benefits that are paid due to an individual’s age (referred to by SSA as “SSI Aged Benefits”). We employ the term “retirement benefits” for benefits to eligible older individuals and their families under the OASI program, and the term “survivors benefits” for benefits to survivors of deceased workers under the OASI program.

SSA paid over \$58 billion in SSI benefits to a monthly average of 8 million individuals.

In addition to administering these benefit programs, SSA's other responsibilities include issuing Social Security numbers (SSN), which are used to monitor SSA benefits as well as for many non-Social Security purposes. Most original Social Security cards are issued at birth during the Enumeration at Birth process, which is completely electronic and allows parents to submit SSN applications for newborns as part of the hospital birth registration process. SSA also issues original cards for applicants who are not enumerated at birth, as well as replacement cards. The agency also assists individuals with applications for other federal programs and benefits.⁴

Disability Determination

Determining eligibility based on disability for DI and SSI may involve several levels of administrative review, discussed further below. The determination process is as follows:

- **Field office.** Staff in field offices review applications from individuals who want to claim disability benefits (claimants) and determine whether they meet nonmedical eligibility requirements. If they do, staff forward the applications to state Disability Determination Services offices for a medical determination.
- **Disability Determination Services (DDS) office.** DDS staff review initial-level claims forwarded by field offices based on medical and vocational requirements. Specifically, DDS examiners assemble a team consisting of a disability examiner and a medical or psychological consultant to determine whether the claimant is disabled under the Social Security Act.
 - **Consultative examination.** If recent medical records to support a claim are insufficient to make a determination, a DDS examiner may order a consultative examination for the claimant. This is a physical or mental examination or test purchased from a medical source at SSA's request and expense to provide evidence for a claimant's disability or blindness claim.
 - **Reconsideration.** Claimants who are dissatisfied with the initial-level DDS eligibility determination may request a "reconsideration" of their claim. The reconsideration is conducted by a DDS

⁴SSA supports federal programs administered by other federal and state agencies such as Medicare, Supplemental Nutrition Assistance Program (SNAP), State Children's Health Insurance Program, E-Verify, Medicaid, and federal benefits for veterans.

examiner and a medical or psychological consultant who were not involved in the initial determination.

- **Administrative law judge hearing.** Claimants who are dissatisfied with the DDS's initial determination and with the reconsideration decision may appeal by requesting a hearing before an SSA administrative law judge. The judge will consider all issues raised in the initial, reconsidered, or revised determination that were not decided entirely in the claimant's favor, and also may consider new issues. The judge also may review new evidence and ask other witnesses, such as medical and vocational experts, to testify at the hearing.
- **Appeals Council and Federal Court.** Claimants whose applications for benefits are denied at the hearings level may appeal the decision to SSA's Appeals Council—comprising administrative appeals judges and appeals officers—and subsequently in federal court.⁵

Service Delivery Channels

Under normal operations, customers access SSA services primarily through five delivery channels:

- **In-person.** Customers can access a wide range of services at SSA's field offices, including applying for benefits, managing benefits, and obtaining Social Security cards. Customers also can obtain Social Security cards at SSA's dedicated card-issuing centers. Administrative law judges also hold in-person hearings in SSA hearing offices.⁶
- **By phone with field office staff.** Many of the services that normally are available to customers in person at field offices can be handled by phone with field office staff, including receiving assistance applying for and managing benefits.
- **By phone through the national 800 number.** Customers can manage their benefits and obtain information through the national 800 number. They have the option of conducting business through an automated system or by speaking directly with an SSA staff person at a teleservice center. In addition, the Office of Hearings Operations

⁵A claimant who has exhausted their appeals may file a civil action in federal court within 60 days of the date the claimant receives notice of the Appeals Council's action on the claim, unless the claimant obtains an extension of time.

⁶Prior to COVID-19, video-teleconference was a normal service delivery channel for hearings. These video-teleconference hearings are held in an SSA space, with the claimant and their representative in one location, and the administrative law judge in another location.

conducts business by phone with the public, answering questions for individuals who may have a hearing pending or scheduled.

- **Online.** In recent years, SSA has expanded its remote service delivery by making some services accessible online. For example, since 2000, SSA has introduced online options to apply for retirement benefits, DI, and, in some cases, SSI payments. Eligible individuals in most states and the District of Columbia can request a replacement Social Security card online. Individuals also can use an online portal, called my Social Security, to check account information, manage their benefits, and access other services. As of 2017, we found that the overall demand for field office services had not decreased even with the increased availability of online services.⁷
- **By mail.** SSA exchanges communications with customers through the U.S. Postal Service. In addition, under normal operations, field offices periodically receive applications for benefits and replacement Social Security cards in the mail.

CARES Act Funding for SSA

In March 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted. The Act provided funding and other emergency assistance for individuals, families, and businesses affected by COVID-19. Under the CARES Act, SSA received \$300 million to prevent, prepare for, and respond to the COVID-19 pandemic.⁸ According to SSA officials, SSA used most of this money to pay the salaries and benefits of staff who normally conduct program integrity work that was suspended for the first several months of the pandemic.⁹ Officials also reported using the CARES Act funding to cover leave for staff unable to telework, as well as other COVID-19 related expenses, including information technology to expand telework.

⁷GAO, *Social Security Administration: Improvements Needed in Facilities Planning and Service Delivery Evaluation*, [GAO-17-597](#) (Washington, D.C.: July 25, 2017).

⁸Pub. L. No. 116-136, div. B, tit. VIII, 134 Stat. 281, 572 (2020).

⁹Specifically, SSA suspended continuing disability reviews (CDR), in which the agency examines whether current beneficiaries continue to meet the eligibility criteria for disability benefits. The agency received funding for fiscal year 2020 for program integrity efforts, including CDRs. According to SSA officials, the agency would have used this funding to pay the salaries of staff conducting CDRs. The officials stated, however, that the agency was not able to use this funding fully in fiscal year 2020 because the agency conducted fewer CDRs than planned. The officials stated that the staff who normally perform CDRs performed other assigned workloads, and SSA paid a portion of those staff's salaries with the CARES Act funding.

SSA Expanded Remote Service Delivery Options during the Pandemic

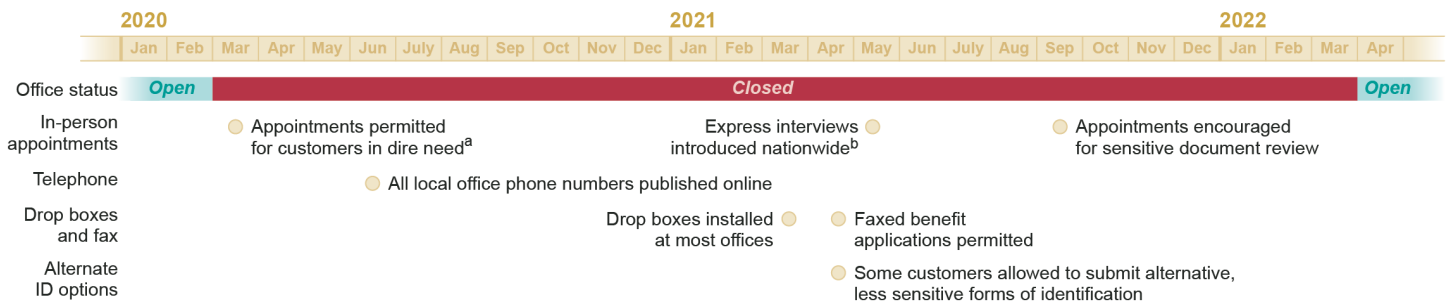
SSA Increased the Use of Phone, Mail, and Video after Closing Its Offices and Limiting In-person Services

SSA initially responded to the pandemic by closing its field and hearing offices to the public. The agency increased the use of telephone, mail, drop boxes, and fax as service channels, and created alternatives for customers to submit sensitive identity-verification documents. SSA also began to offer telephone and online video hearing options for claimants that could be conducted remotely by SSA staff. In addition, SSA expanded the circumstances under which customers could qualify for in-person appointments. The agency reopened field offices to the public in April 2022, again allowing walk-in visitors with and without appointments.

Field Offices

At the start of the pandemic, SSA closed its approximately 1,235 field offices to the general public—with limited exceptions for customers with dire needs—and expanded remote customer service options by publishing more local area phone numbers and making greater use of mail to receive forms and original documents. The agency later established policies at field offices to increase the use of in-office appointments, and developed alternatives for customers seeking to avoid mail service channels. After 2 years, the agency reopened field offices to the general public in April 2022 (see fig. 1).

Figure 1: Timeline of Social Security Administration (SSA) Field Office Service Delivery Changes during the COVID-19 Pandemic, January 2020–April 2022



Source: GAO review of SSA documentation and agency responses. | GAO-23-104650

^aPolicies for in-office appointments evolved throughout the rest of 2020 and early 2021 to add eligibility criteria for other individuals in limited situations.

^bThis quicker appointment format further expanded who could qualify for in-office services.

- **Limited in-person appointments.** At the start of the pandemic, SSA provided limited in-person appointments for certain customers whose requests could not be completed remotely. For example, the agency permitted appointments for some individuals who needed to submit original Social Security card applications and for benefit recipients who were eligible to have their payments expedited due to dire need. Over time, the agency expanded the criteria for its appointment eligibility policy (see table 1).

Table 1: Changes in Policies for In-Office Appointments at Social Security Administration (SSA) Field Offices during the COVID-19 Pandemic, 2020–2021

| Date | Policy change | Eligibility criteria |
|----------------|---|--|
| March 2020 | Closed field offices and allowed limited in-office appointments for certain customers in limited situations | Individuals age 12 or older submitting original Social Security card applications, and benefit recipients in dire need of expedited payments ^a |
| March 2020 | Expanded in-office appointments for additional cases requiring face-to-face appointments | Cases in which the benefit recipient was accidentally determined to be deceased |
| October 2020 | Expanded appointment eligibility for certain Social Security card customers | Individuals needing to update their personal record who required a replacement card to obtain vital services or benefits, such as those related to income or medical care ^b |
| February 2021 | Expanded in-office appointments for certain benefit claimants required to present documents in person | Individuals with a retroactive benefits claim that required the agency to review documentary evidence |
| May 2021 | Introduced express interviews—a single-subject interview intended to last 5 to 7 minutes—as an alternative format to full in-office appointments ^c | Individuals needing to submit necessary evidence in person to apply for an original or replacement Social Security card, those needing to submit additional evidence for processing claims and other workloads, and those in certain limited, critical situations ^d |
| September 2021 | Encouraged in-office appointments for individuals requiring a review of sensitive documents ^e | Individuals required to provide original documents, such as driver’s licenses, passports, or immigration documents |

Source: GAO review of Social Security Administration documentation and agency responses. | GAO-23-104650

^aExpedited payments were for beneficiaries who had an immediate need for food, shelter, or medical care that could not reasonably be met through other resources available in the community.

^bAt this time, all other replacement Social Security card requests were handled through the mail, requiring the customer to send an application and requisite documentation to their local field office.

^cSSA officials said the agency developed a pilot program to test multiple prototypes for express interviews from January 2021 through March 2021 at 81 field offices, and ultimately implemented the one with the most favorable customer and field office responses.

^dThough the policy provided general guidelines for interview eligibility, the agency ultimately gave local field office managers the discretion to determine necessary criteria to schedule these interviews based on staffing and other office considerations.

^eIn September 2021, field office technicians began discouraging customers from submitting sensitive documents by mail or drop box, and offered them in-office appointments if they required a review of such documents. Prior to September 2021, these same customers would have qualified for an in-office appointment due to a critical need or an express interview to submit evidence.

-
- **Expanded telephone service channels.** Prior to the pandemic, most of SSA's 1,235 field offices had a local phone number publicly available on the agency's field office locator webpage, though nearly 500 listed only the agency's national 800 line.¹⁰ SSA published all field office phone numbers on its field office locator webpage in June 2020, providing the public with an alternative to the agency's 800 number.¹¹ Advocates reported advantages to customers accessing field offices directly, such as customers being able to receive more individualized customer service. Once offices reopened to walk-in visitors with and without appointments, the agency reinstated its pre-pandemic policy to publish a select group of field office phone numbers on its website. As a result, the nearly 500 field offices reverted to listing only the national 800 line on their locator webpage.¹²
 - **Drop boxes and fax.** After the pandemic began, SSA established alternatives to mailing processes, in part because some customers hesitated to mail their original documents as required for certain Social Security card and benefit claims services. For instance, agency officials said SSA expanded the use of drop boxes at field offices in late 2020, providing the public with an alternative method for submitting documents to their local offices. By March 2021, the agency had installed drop boxes at nearly 1,000 field offices across the country.¹³ In April 2021, SSA also changed its policy to accept faxed applications for its benefit programs on a temporary basis, a practice that agency officials said is ongoing.
 - **Alternate identification options.** The agency also temporarily adjusted its evidence policies to provide flexibility for customers seeking to avoid mailing sensitive documents to field offices. In March 2021, SSA temporarily granted U.S. citizens who required a

¹⁰According to SSA officials, agency notices to customers generally include the telephone number for their local office.

¹¹The local field office phone numbers also were available through online search engines.

¹²According to SSA officials, the agency reverted to its pre-pandemic policy to prepare for potential surges in field office visitors, and shifted some staff who had been providing telephone service to provide face-to-face service. They said this better positioned their field offices to provide balanced service to customers who use either service channel.

¹³SSA officials said the agency developed and tested drop boxes in fall 2020 at 100 field offices. In March 2021, the agency surveyed 1,231 field offices and reported that 985 had implemented drop boxes, while 52 were unable to accommodate one. In March 2022, an agency official reported to us that SSA planned to continue drop box services after it restored in-person services for the general public at field offices.

replacement Social Security card and were unable to visit a field office due to pandemic restrictions the flexibility to submit secondary proof of identity documents as an alternative to required primary documents. Prior to this policy change, customers who required a replacement card would typically have to submit their driver's license for identity verification through the mail or, if available, a field office drop box. With the change, customers could submit a less sensitive document, such as an employer ID, a marriage document, or a certified copy of a medical record when appropriate.¹⁴

- **Reopening field offices.** After 2 years of limited in-person services, SSA reopened field offices to the general public in April 2022 and restored in-person services throughout the country for individuals with and without an appointment. At that time, the agency planned to continue requiring certain pandemic safety measures, including masking, physical distancing, and self-health checks for COVID-19 symptoms. In July 2022, the agency reported that, on any given day, 50 to 60 percent of field office staff worked on site, while 40 to 50 percent teleworked.

State Disability Determination Services (DDS) Offices

In November 2020, we reported that DDS offices varied by state in their initial response to the pandemic and the extent to which they were able to provide continuous service delivery.¹⁵ All DDSs shifted to alternative staffing arrangements at the start of the pandemic, which led to some temporary office closures. SSA initially instructed DDS offices to suspend referrals for in-person consultative exams, though it offered offices the option to reinstate them a few months afterward. In response to delays associated with these exams, the agency also temporarily expanded telehealth exams for a limited group of disability cases. According to SSA officials, in April 2022, the DDS offices returned to pre-pandemic policies and procedures.

- **Staffing and closing.** DDS offices experienced staffing changes and closures at the start of the pandemic, though their initial pandemic

¹⁴With field offices closed during the pandemic, U.S. citizens seeking a replacement Social Security card who did not meet the criteria to be able to apply through the agency's online system were required to mail in their application along with the required proof of identity evidence, typically their driver's license or other ID. The agency reported to us in June 2022 that it has no plans to continue the alternative secondary proof of identity documentation policy.

¹⁵GAO, *COVID-19: Urgent Actions Needed to Better Ensure an Effective Federal Response*, [GAO-21-191](#) (Washington, D.C.: November 2020).

response and the extent to which they were able to continue processing disability benefit claims varied by location.¹⁶ As we reported in November 2020, according to our July 2020 survey of all 52 DDS administrators, nine DDS offices reported closing for some period of time because of the pandemic. All DDS offices reported reducing the number of staff on site, with 27 reporting their staff worked alternative shifts and 51 reporting their staff teleworked off site. One DDS administrator reported expanding the hours during which staff could telework or work on site.¹⁷

- **In-person consultative exams.** In March 2020, the agency suspended in-person consultative exams to ensure that DDS offices could follow Center for Disease Control and Prevention and local public safety guidelines.¹⁸ In May 2020, SSA provided a framework for DDS offices to resume in-person exams on a voluntary basis, as long as the exam providers took steps to minimize risk of exposure to COVID-19. Within this framework, SSA called on each DDS office to determine and manage the reinstatement of in-person exams in its service region in accordance with CDC, state, tribal, local, and territorial government guidelines regarding non-essential medical appointments and physical distancing requirements. However, many medical providers did not offer in-person services in the pandemic environment, resulting in delays in scheduling exams that varied by region.¹⁹
- **Telehealth consultative exams.** In response to scheduling delays associated with consultative exams, SSA temporarily expanded the availability of telehealth exams for a limited number of cases. SSA had since 2014 permitted certain psychiatric and psychological examinations to be conducted using secure audio and video technology at select locations arranged by DDSs. However, in April 2020 the agency established procedures temporarily allowing providers to use additional telehealth technology to conduct these exams, so long as the claimant voluntarily agreed to a telehealth

¹⁶There are 52 DDS offices: one in each of the 50 states, the District of Columbia, and Puerto Rico.

¹⁷[GAO-21-191](#).

¹⁸Consultative exams are conducted for benefit claimants requiring additional medical evidence for a disability determination.

¹⁹SSA considered COVID-19 pandemic-related concerns to be valid reasons for missing, canceling, postponing, or rescheduling exams. DDS offices paused disability cases where an exam was required but could not be completed due to pandemic concerns.

format. Later in 2020, SSA expanded its guidance to allow claimants to attend telehealth exams from their homes or other private locations. In December 2021, SSA also permitted certain speech and language telehealth exams. Agency officials told us that SSA would continue to explore other ways to expand telehealth exam options.²⁰

Hearing Offices

SSA's hearing offices pivoted to remote service delivery at the start of the pandemic, offering a telephone hearing format option for claimants and temporarily suspending some casework involving paper records. The offices later added an online video hearing option, and reintroduced in-person hearings in March 2022.

- **Office closures and casework suspensions.** In March 2020, the agency closed hearing offices to the public, suspending in-person hearings and video teleconference hearings conducted from agency facilities.²¹ It also suspended processing for some hearings cases involving paper records if they required staff to be in the office to develop the case. In July 2022, SSA reported to us that the paper cases associated with this delay in processing represented approximately 3 percent of SSA's total pending cases at the hearings level.²² After developing a method to work on these cases remotely, hearings operations staff resumed processing non-disability paper cases in June 2020 and disability paper cases in December 2020.²³
- **Telephone and online video hearings.** At the start of the pandemic, SSA initially offered claimants the option to appear at a hearing by telephone, though the agency would defer scheduling a hearing until an in-person format was reinstated if the claimant did not agree to a

²⁰In March 2022, an SSA official said there was a working group that included physicians and SSA officials charged with identifying additional impairments, including physical ones that would be suitable for telehealth exams.

²¹SSA's OIG reported that, under normal operations, administrative law judges conducted video teleconference hearings in a hearing office or another hearings operation facility while the other parties connected from a separate location, such as a different hearing office or a claimant representative's office. According to SSA, in-person hearings were the default and video teleconference hearings were an option for appellants.

²²We previously reported on delays regarding these paper cases. See [GAO-21-191](#).

²³In the months leading up to December 2020, SSA developed a new electronic repository for appeal documents to allow hearings operation staff to work on paper cases remotely.

remote option.²⁴ At the end of calendar year 2020, SSA began conducting online video hearings using software that allowed administrative law judges, claimants, and their representatives to participate in a hearing from any private location.²⁵ In terms of the volume of hearings deferrals, SSA officials said approximately 20,000 to 30,000 claimants had declined a remote hearing as of March 2022.

- **Return of in-person hearings.** In spring 2022, SSA reintroduced in-person hearings in a limited capacity for claimants who chose not to have a remote hearing during the pandemic. According to an SSA memo, the agency prioritized disability cases that met a combination of criteria, such as cases that were determined to be critical in terms of the severity of the claimant’s medical condition or were at least 190 days old. It also prioritized certain cases from groups facing barriers to equitable service, such as older claimants, children, homeless individuals, veterans, and individuals with limited English proficiency.

SSA Expanded Online Services for Social Security Card Customers and Benefit Claimants

SSA had made several services available online prior to the pandemic. For instance, eligible individuals in most states and the District of Columbia could request a replacement Social Security card online. The agency had introduced online options to apply for retirement benefits, DI, and, in some limited cases, SSI benefits. Customers also could use an online portal, called *my Social Security*, to manage their benefits and view information online such as their earnings record.

Social Security Card Services

During the pandemic, SSA expanded online services for Social Security card customers, in part by partnering with non-federal entities to provide virtual identity verification (see table 2).

²⁴SSA had a policy in place to hold telephone hearings under certain circumstance. The agency’s hearings operations office had employed telephone hearings in the past when extraordinary circumstances prevented the claimant from appearing in person or by video teleconference, such as when the claimant was incarcerated or during natural disasters.

²⁵SSA began offering the online video hearings option during the pandemic in a few hearing offices in September 2020, and expanded online video hearings to all offices in early December 2020. Hearing offices would delay scheduling a hearing or postpone it until normal operations resumed if SSA was (1) unable to reach a party to a hearing, (2) a party did not agree to appear by telephone or by online video, or (3) a party revoked their previous agreement to appear by telephone or online video.

Table 2: Online Social Security Card Service Changes during the COVID-19 Pandemic, 2020–2022

| Date | Service addition |
|------------------|--|
| Since March 2020 | Added five states—Alabama, Minnesota, Nevada, Ohio, and Oregon—to SSA’s preexisting online SSN replacement card application, which expanded the service to residents in 47 states and the District of Columbia ^a |
| June 2020 | Began accepting credentials issued by ID.me, a certified credential provider, to serve as an alternative identity verification mechanism for accessing online services |
| November 2020 | Began testing a new service delivery option to process certain Social Security card replacement requests for qualifying U.S. citizens remotely, which involves an interview with the applicant via Microsoft Teams and verification of the applicant’s U.S. driver’s license or other ID card through a data exchange with the American Association of Motor Vehicle Administrators (Association) ^b |
| December 2020 | Formed an agreement with the Association to allow SSA to verify driver’s license data directly with 48 states and the District of Columbia by mid-2021 |
| April 2022 | Released a web application that allows customers to start and submit their applications for original and replacement cards online, which informs the customer of the evidence SSA requires before visiting a field office to complete their request ^c |
| April 2022 | Introduced a feature that allows some customers to request a replacement Social Security card with a name change due to marriage through the online SSN replacement card application ^d |

Source: GAO review of Social Security Administration (SSA) documentation and agency responses. | GAO-23-104650

^aThis online service is for customers seeking a card replacement requiring no change to their SSN record and, as of April 2022, certain customers seeking a name-change replacement card due to marriage. The service is not currently available for residents in Alaska, New Hampshire, and Oklahoma. In June 2022, SSA reported to us that it plans to expand its internet replacement card program to the remaining three states.

^bThe service is for card replacements that require no change to the customer’s SSN record. In June 2022, the agency reported to us that 1,170 field offices were testing the use of Microsoft Teams for these requests based on the availability of the Association’s data verification service. The agency discontinued the pilot in July 2021 and resumed the service with modifications in March 2022.

^cIn addition, the agency reported to us that as of June 2022 it is working with U.S. Citizenship and Immigration Services to automate the assignment and issuance of Social Security cards to noncitizen applicants who applied and were approved as naturalized U.S. citizens.

^dAs of June 2022, individuals with a marriage certificate issued by Arkansas, Georgia, Missouri, and South Dakota can also apply online for a name-change replacement Social Security card. SSA officials said the agency plans to expand this feature to additional states in 2022.

Benefit Applications

Throughout the pandemic, SSA expanded online capabilities for benefit applicants through the *my Social Security* online portal, according to SSA officials. In January 2021, the agency added the capability to share benefit claimants’ folders with them through their *my Social Security* account or an encrypted email attachment to facilitate remote access to claims materials during the disability hearings process. Upon request, claimants also could be granted access to their electronic folder contents at any time in the disability application and determination process. During the pandemic, SSA also expanded *my Social Security* capabilities in a number of ways to facilitate the remote benefit claims process, introducing the following items:

-
- Claim status tracker that provides claim status information,
 - Preferences application that allows users to set notice delivery preferences online, and
 - Social Security statement fact sheets.

The agency added several functionalities to the my Social Security portal for benefit recipients as well, many of which were intended to make it easier for individuals or organizations who manage payments for a beneficiary to communicate with SSA.²⁶

The agency added two online tools in the second year of the pandemic to help individuals apply remotely to the SSI program. In summer 2021, SSA helped SSI claimants file for benefits by granting certain claimant advocacy organizations in local communities access to new electronic, fillable applications for SSI benefits for individuals who qualify due to their age or disability.²⁷ In March 2022, SSA also implemented an online tool that enables SSI applicants and third-parties to register a start date for their application—a “protective filing date”—and request an appointment to apply for SSI.²⁸ According to SSA, individuals who cannot or choose not to contact the agency by phone or through other online services may use the web-based tool to submit a request for an appointment to file for benefits.

²⁶In cases where beneficiaries are incapable of managing their OASDI or SSI payments, the agency appoints a suitable representative payee who manages the payments on behalf of the beneficiaries, typically a family member or friend. Some new *my Social Security* functionalities for benefit recipients include a message center inbox for individual representative payees, the ability for representative payees to change address information online, and individual representative payee access to request a Medicare replacement card.

²⁷Earlier in the pandemic, SSA also collaborated with the Centers for Medicaid and Medicare Services to implement a new online tool to allow beneficiaries to enroll in Medicare Part B.

²⁸A protective filing date establishes a date that can be used as the application filing date based on an oral inquiry about SSI eligibility or a written statement of the claimant’s intent to file for SSI. It establishes the earliest possible date from which the claimant can become eligible for SSI benefits, so long as the claimant or a proper applicant submits a valid SSI application within a prescribed time frame.

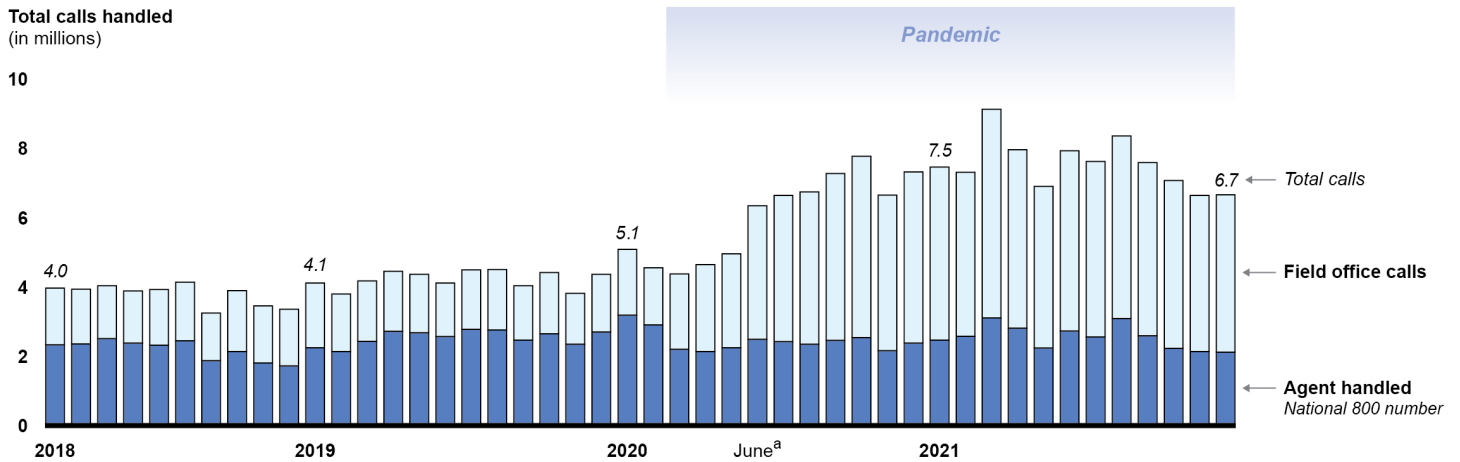
More Individuals Accessed SSA Services by Phone or Internet, but Benefit Claims and SSA's Productivity Declined in Some Areas

Individuals Increased Phone and Internet Use to Access SSA Services and Benefits, and SSA's Phone Service Slowed in 2021

In the general absence of in-person services during the pandemic, the public's use of both phone and internet services grew, particularly calls to field offices.²⁹ Specifically, the average number of general calls answered by field offices and the national 800 number phone lines each month was 70 percent higher during the pandemic than in the 2 years prior to the pandemic (see fig. 2). This increase was almost entirely in the field office phone lines, some of whose contact numbers were not publicly available until June 2020.

²⁹According to SSA's Annual Performance Report for Fiscal Years (FY) 2021-2023, the number of successfully completed online transactions in FY 2020 was 221 million, a 28 percent increase over FY 2019. In FY 2021, there were 290 million successfully completed online transactions, a 31 percent increase over FY 2020.

Figure 2: Social Security Administration (SSA) Field Office and National 800 Number Telephone Calls Compared to Pre-Pandemic Levels (March 2018-December 2021)



Source: GAO analysis of SSA summary data. | GAO-23-104650

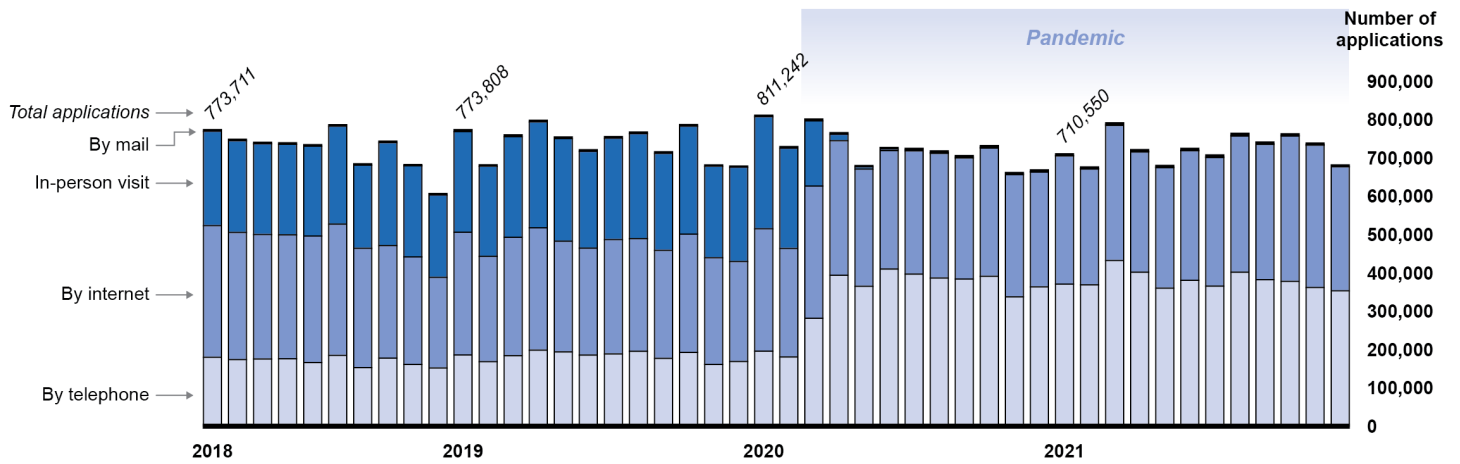
^aSome field office phone lines were not made publicly available until June 2020.

Similarly, while the number of OASDI benefit claims filed online and by phone increased during the pandemic, telephone claims increased substantially. Specifically, the average number of claims filed by telephone each month more than doubled compared to the 2 years prior to the pandemic and became the predominant application method.³⁰ By comparison, the average number of claims filed by internet increased by 10 percent, from about 300,000 to more than 330,000 over the same period (see fig. 3).³¹

³⁰We did not obtain data on the methods used to apply for SSI benefits because SSA said they are not collected, according to SSA officials knowledgeable about SSI program data systems.

³¹Not all benefit programs have an online application. For example, it is not possible to apply for Survivors Insurance online as of the end of June 2022.

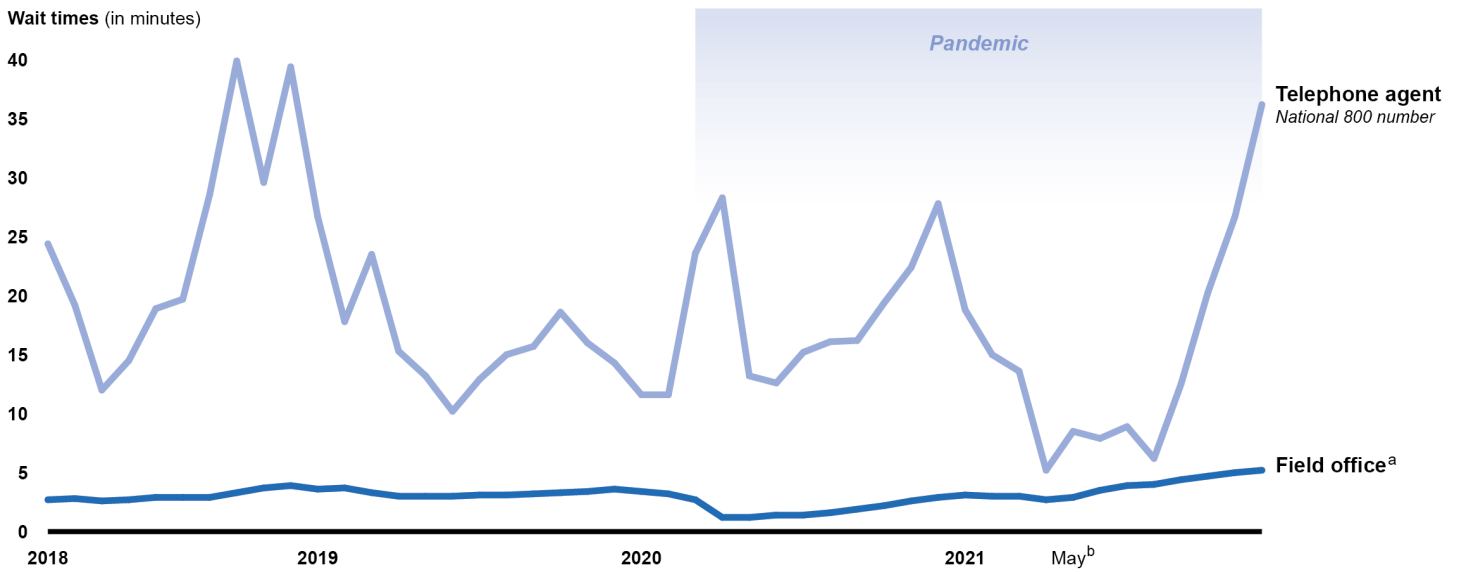
Figure 3: Social Security Administration (SSA) Old-Age, Survivors, and Disability Insurance program (OASDI) Claims, by Method, Compared to Pre-Pandemic Levels (March 2018-December 2021)



Source: GAO analysis of SSA administrative claims data. | GAO-23-104650

Telephone service delivery. Data from SSA on caller wait times indicate that the agency’s telephone service during 2020 generally improved or stayed the same as the 2 years before the pandemic. However, callers began to experience longer wait times and busy rates in 2021. In 2021, SSA transitioned its national 800 number from what had been two separate systems into one, unified system. According to SSA, the unification led to system instability that increased wait times. In response, the agency temporarily reverted to one of the prior legacy systems that in turn led to service issues for field office telephone lines. According to SSA’s data, average wait times for the national 800 number increased substantially from 7.9 minutes in June 2021 to 36.2 minutes in December 2021. Average wait times on the field office phone lines remained relatively low for much of the pandemic, but rose steadily in 2021, hitting a pandemic high of 5.2 minutes in December 2021 (see fig. 4).

Figure 4: Average Monthly Wait Times on Social Security Administration (SSA) Telephone Lines (March 2018-December 2021)



Source: GAO analysis of SSA summary data. | GAO-23-104650

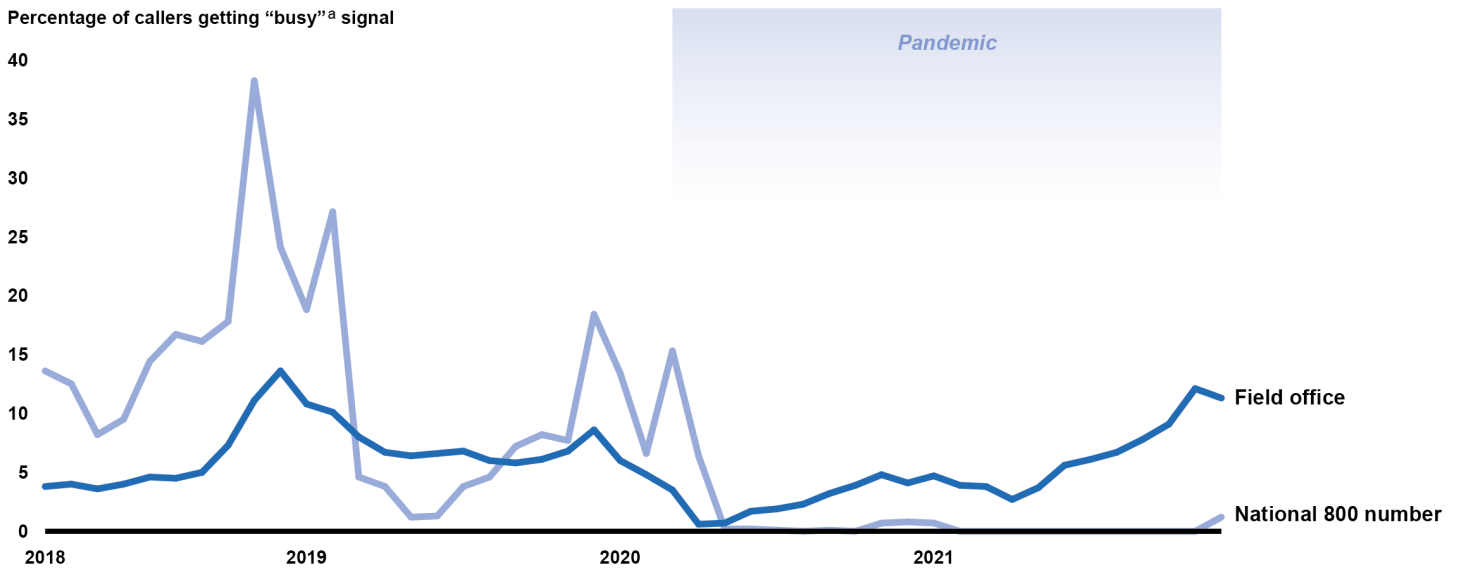
^aAgency officials said SSA published all field office phone numbers on its field office locator webpage in June 2020, providing the public with an alternative to the agency's 800 number.

^bIn May 2021, SSA consolidated its two legacy 800 number systems into a single unified system.

SSA's telephone busy rates—the percentage of callers getting a “busy” signal—generally were lower during most of the pandemic than in the 2 years prior (see fig. 5).³²

³²Callers receive a busy message when the system has reached capacity. A message informs callers to call back later.

Figure 5: Monthly Busy Rates on Social Security Administration (SSA) Telephone Lines (March 2018-December 2021)



Source: GAO analysis of SSA summary data. | GAO-23-104650

^aSSA refers to this metric as its “busy rate.”

For example, the national 800 phone line had a busy rate below 1.5 percent from May 2020 through December 2021, well below pre-pandemic levels.³³ Field office phone lines had lower busy rates during most of the pandemic before experiencing a sustained increase beginning in the spring of 2021, and exceeding 10 percent in November and December 2021.

However, the phone delivery performance measures discussed above do not fully capture the customer service experience for those calling SSA. The data do not include calls that are abandoned while waiting to speak to an operator. According to data reported by the SSA Office of Inspector General (OIG), the average number of calls abandoned each month at the 800 line and field office phone lines was 10 percent higher from March 2020 through September 2020 compared to October 2019 through February 2020, with approximately 133,000 additional calls abandoned in

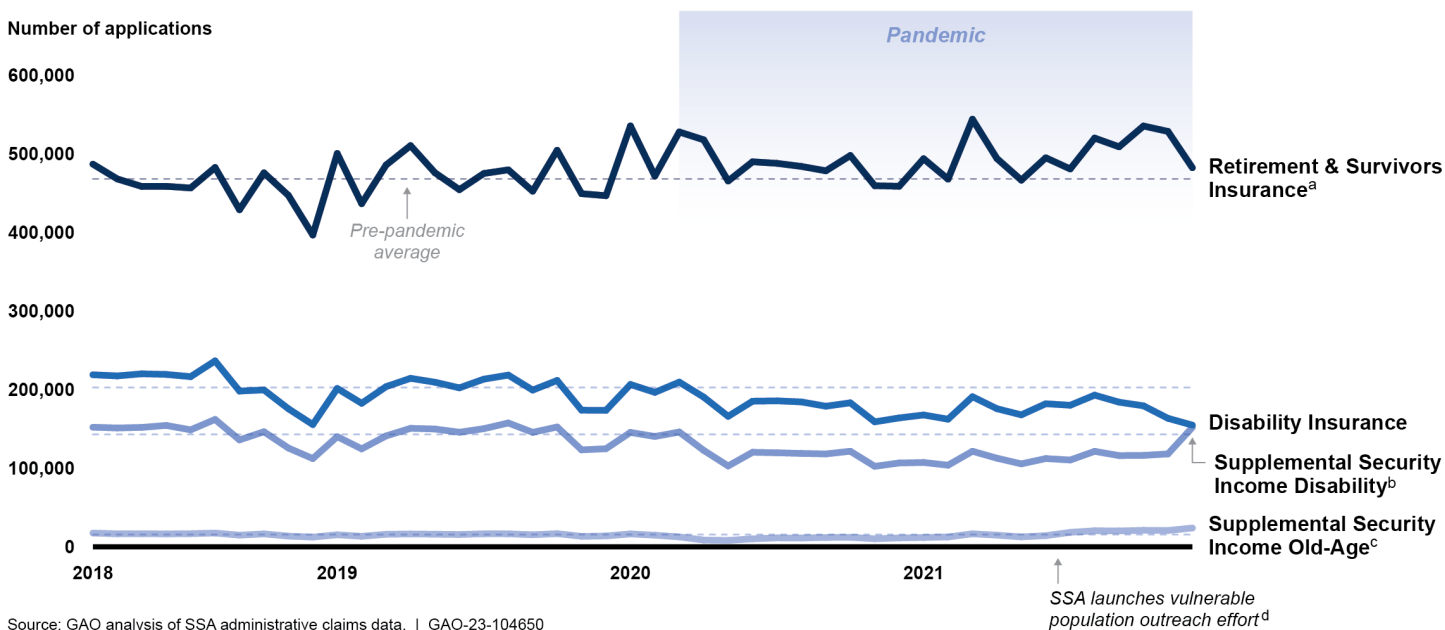
³³While outside of our reporting timeframe, the busy rate on the 800 phone line increased to approximately 15 percent in January 2022, which represents a significant change from the December 2021 busy rate of 1.2 percent.

each of those 7 months.³⁴ SSA’s OIG told us in May 2022 that it is planning an in-depth review of these telephone service disruptions.

Claims for Disability and SSI Benefits Declined, Particularly among Some Vulnerable Populations, but Data on Race and Ethnicity Are Limited

During the pandemic, some benefit programs experienced an increase in claims while others saw a decline. Overall, individuals filed fewer claims, and the average number of benefit claims filed each month from March 2020 to December 2021 across all programs was 5 percent lower compared to the 2 years before the pandemic began. According to our analysis of SSA administrative claims data, the overall decline in average monthly claims was driven by the decline in the average number of DI and SSI claims per month compared to the 2 years before the pandemic (see fig. 6).

Figure 6: Monthly Applications for Social Security Administration (SSA) Benefits (March 2018–December 2021)



Source: GAO analysis of SSA administrative claims data. | GAO-23-104650

Note: “Pre-pandemic average” refers to the monthly average for the 2 years prior to the pandemic, March 2018–February 2020.

^aIncludes both Old-Age and Survivors Insurance, which provides retirement benefits to eligible older individuals and their families and to survivors of deceased workers.

^bIncludes SSI claims on the basis of disability or blindness.

^cIncludes SSI claims on the basis of age.

³⁴See SSA OIG, *Congressional Response Report: The Social Security Administration’s Telephone Service Performance, A-05-20-50999* (Nov. 2021), fig. 7 on page 15.

^dIn July 2021, SSA created two field office roles: Vulnerable Population Liaison and Vulnerable Population Expert to take and submit applications for SSI, refer potential applicants to third-party partners, and conduct quality control reviews on claims submitted by those partners.

Specifically, compared to the 2 years before the pandemic began, average monthly claims from March 2020 to December 2021 declined 12 percent for DI, while SSI disability claims (those made on the basis of disability or blindness) fell 18 percent, and SSI old-age claims fell 8 percent. In contrast, the average number of monthly claims for retirement benefits and survivors benefits increased by 6 percent. In the second half of 2021, however, claims for some types of benefits that had declined during the pandemic were rebounding. For example, SSI claims for old-age and disability began to increase in the summer and fall of 2021.

While these trends in claims coincided with a range of SSA's service delivery changes, they also could be related to factors beyond SSA—such as the economic downturn and the availability of other federal benefits during the pandemic. For example, the federal response to the pandemic expanded eligibility and the availability of some types of benefits, such as expanded eligibility for Unemployment Insurance (UI).³⁵ Conversely, while the economic downturn may have driven more individuals into retirement,³⁶ claims for retirement benefits were also on an upward trend before the pandemic.

According to our analysis, individuals also filed fewer disability appeals during the pandemic, both at the reconsideration and hearing stages. According to SSA, the reduced number of appeals filed can be attributed both to the increased availability of other benefits as well as delays in SSA's processing of initial claims. Requests for disability reconsiderations were lower, particularly among SSI applicants, which were down 20 percent compared to 5 percent among DI cases. Similarly, requests for disability hearings fell during the pandemic, continuing a decline that pre-

³⁵Research shows that when the duration of UI benefits is extended, the number of unemployed workers that use DI to replace lost income declines. See [Fatih Karahan & Yusuf Mercan, 2019. "UI and DI: Macroeconomic Implications of Program Substitution," 2019 Meeting Papers 1076, Society for Economic Dynamics](#), and Maestas, Nicole and Mullen, Kathleen J., "Economic Conditions, the COVID-19 Pandemic Recession, and Implications for Disability Insurance in the United States" (2022). Wharton Pension Research Council Working Papers. 733. https://repository.upenn.edu/prc_papers/733.

³⁶Fry, Richard, "Amid the pandemic, a rising share of older U.S. adults are now retired." Pew Research Center (Nov. 4, 2021). Accessed from <https://www.pewresearch.org/fact-tank/2021/11/04/amid-the-pandemic-a-rising-share-of-older-u-s-adults-are-now-retired/> on June 4, 2022.

dated the pandemic. Among requests for disability hearings, the decline in the 2 years prior to the pandemic was more pronounced in the SSI program than in DI, and that trend carried through to the pandemic.³⁷

During the pandemic, our analysis of SSA data showed that some vulnerable populations³⁸ experienced greater declines in applying for benefits compared to the general population:

- The overall decline in disability and SSI claims demonstrated that fewer individuals with a disability or very low incomes (as indicated by qualifying for SSI benefits) were accessing benefits. For example, average monthly claims for disability benefits (DI, SSI blindness, SSI disability) were down 15 percent during the pandemic compared to the 2 years beforehand. Similarly, average monthly claims for all SSI benefits were down 17 percent during the pandemic.
- The number of claims among non-English speakers generally declined more substantially than among English speakers. For example, average monthly SSI old-age claims fell 9 percent among those whose primary language is Spanish and 16 percent among those with other languages, compared to 3 percent among those whose primary language is English.³⁹ Among those filing claims for any of SSA's disability benefits (DI, SSI blindness, and SSI disability), average monthly claims fell 22 percent among those whose primary language is Spanish compared to 14 percent among those whose primary language is English (see interactive graphic).



[SSA_COVID_interactive_graphic.html](#)

³⁷According to SSA officials, the decline in hearing requests was due in part to claimants' reluctance to participate in remote hearings, particularly as new methods of conducting hearings were introduced. The agency's OIG also reported that the decline in disability hearing requests may be partially driven by delays in reconsideration decisions at the DDSs. SSA OIG, *The Office of Hearings Use of Video and Telephone Hearings, A-05-18-50615* (July 2022).

³⁸We examined several demographic dimensions of vulnerability, including age, disability status, low income, urban or rural residency, level of English proficiency, and race/ethnicity. See app. I for more information about these dimensions of vulnerability.

³⁹We analyzed Spanish speakers separately because they were the largest group reporting a preferred language other than English, among the claimant population we analyzed.

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- Disability claims (those for DI, SSI disability, and SSI blindness) fell more for children than for adults ages 18-64.⁴⁰ For example, the average monthly disability claims for children, up to age 17, decreased by 23 percent during the pandemic, compared to a decrease of 13 percent among disability claims filed for adults.⁴¹

We also attempted to include race and ethnicity in our analysis of vulnerable populations but encountered challenges because the agency does not routinely collect these data (see app. II). For example, SSA reported in February 2022 that the agency has race and ethnicity data for 59 percent of Social Security number holders. Although SSA maintains race and ethnicity data on some SSN holders, the agency is not currently well-positioned to assess the race and ethnicity of its entire claimant population.⁴²

The agency has taken steps to improve its race and ethnicity data. In February 2022, SSA published an Equity Action Plan, which was developed in response to Executive Order (EO) 13985 on Advancing Racial Equity and Support for Underserved Communities. Executive Order 13985 states that each agency must assess whether certain of its programs and policies deliver benefits and opportunities equitably to people of color and other underserved groups. The Equity Action Plan identified a number of steps SSA plans to take to improve its race and

⁴⁰In addition to the factors mentioned above, there are several other factors that might have affected claims for children's disability benefits. For example, with the expanded child tax credit and other COVID relief measures, parents may not have needed to rely on disability programs for financial support. In addition, advocates told us about barriers that might exist in the case of parents wanting to apply for benefits on behalf of their children, such as difficulties obtaining supporting documentation from education and medical providers for children's disability claims.

⁴¹In the event that an individual with enough Social Security credits to entitle them to certain OASDI benefits has a dependent child who (1) becomes disabled before the age of 22 or, (2) is under age 18 or is a full-time student under age 19, that child may qualify to receive benefits. In these instances, the child qualifies for the benefit on the basis of their parent's disability.

⁴²Since the 1930s, SSA has collected, on a voluntary basis, information on the race and ethnicity of applicants for new or replacement Social Security cards. This is done using the form SS-5, which is the paper application for a new or replacement Social Security card. Beginning in 1987, however, SSA began to introduce automated processes to assign SSNs such as Enumeration at Birth and Enumeration at Entry—which do not provide the agency with race or ethnicity data. Over time, these automated processes became more prevalent. According to SSA, less than 5 percent of new Social Security card applications are submitted on the form SS-5. See app.1 for more information on SSA's history of collecting race and ethnicity information.

ethnicity data and its ability to conduct analysis on the race and ethnicity of program applicants and beneficiaries.⁴³ These steps include increasing the amount of race and ethnicity data the agency collects itself, exploring options for obtaining data from other sources, and conducting or supporting additional research related to race and ethnicity.

Though SSA has defined goals and timeframes for some of these efforts, the agency has not developed detailed plans to guide other efforts, particularly those in earlier stages. For example, in June 2022, SSA provided a detailed plan, including clear steps and performance goals, for the agency's ongoing efforts to increase race and ethnicity data collection through applications for new or replacement Social Security cards filed in the office or online. However, since most SSN applications are filed through automated processes that do not collect race and ethnicity data, these efforts are not likely to result in sufficiently reliable data for use in statistical analyses. In contrast, using data available from other state and federal agencies could provide SSA with more comprehensive data on race and ethnicity. According to SSA, its efforts to obtain additional race and ethnicity data from other federal entities through expanded or new agreements are in early stages, but those plans lack timelines and other key details. SSA told us that they have engaged in discussions with federal agencies about the possibility of establishing data exchange partnerships, but that such plans require an examination of requirements involved with data sharing across federal agencies.⁴⁴

Nonetheless, SSA has engaged in similar data exchanges with federal and state entities in the past. For example, to analyze earnings data for men and women by race and ethnicity, SSA matched its earnings data with Census data on race and ethnicity.⁴⁵ Further, SSA has ongoing electronic data exchanges with states for use in determining entitlement and eligibility for federally funded benefit programs, such as Medicare and Medicaid. SSA also receives data from states to verify eligibility and benefit payment amounts under certain SSA administered programs.

⁴³SSA, Equity Action Plan in Agreement with EO 13985 (February 2022).

⁴⁴Specifically, SSA identified the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. § 1306), and SSA's privacy regulations (20 C.F.R. Part 401).

⁴⁵SSA, Research, Statistics, & Policy Analysis. "Statistics at a Glance: Earnings of Men Aged 20-59, by Race and Ethnicity, 2055-2020," June 2022.

SSA also has undertaken efforts to collect race and ethnicity data in the past that have not come to fruition. For example, in 2003, we reported that SSA had decided to collect race data from individuals applying for disability or for other benefits at the time of application.⁴⁶ We found that SSA had set up a task force to explore implementation issues, but had not yet set a start date to begin collecting the data. Ultimately, the agency decided not to move forward with its plan to collect race data from individuals applying for benefits due to concerns about possible misperceptions that race might play a role in SSA's decisions to award benefits.

Federal internal control standards state that defining project objectives—such as through clear steps, goals, performance measures, and timelines—supports successful outcomes for the agency.⁴⁷ In light of the complexity of this effort and SSA's past experience with similar efforts, without detailed plans—that contain clear steps, goals, metrics, and timelines—to evaluate the feasibility of obtaining additional race and ethnicity data from other state and federal entities, SSA may not adequately track its progress or be held accountable for meeting goals in its Equity Action Plan. Ultimately, without comprehensive data on the race and ethnicity of applicants, SSA lacks the capacity to assess and ensure racial equity in the public's access to and receipt of SSA benefits and services.

SSA's Service Delivery Productivity during the Pandemic Declined for Initial Claims Processing and Was Mixed for Processing Appeals

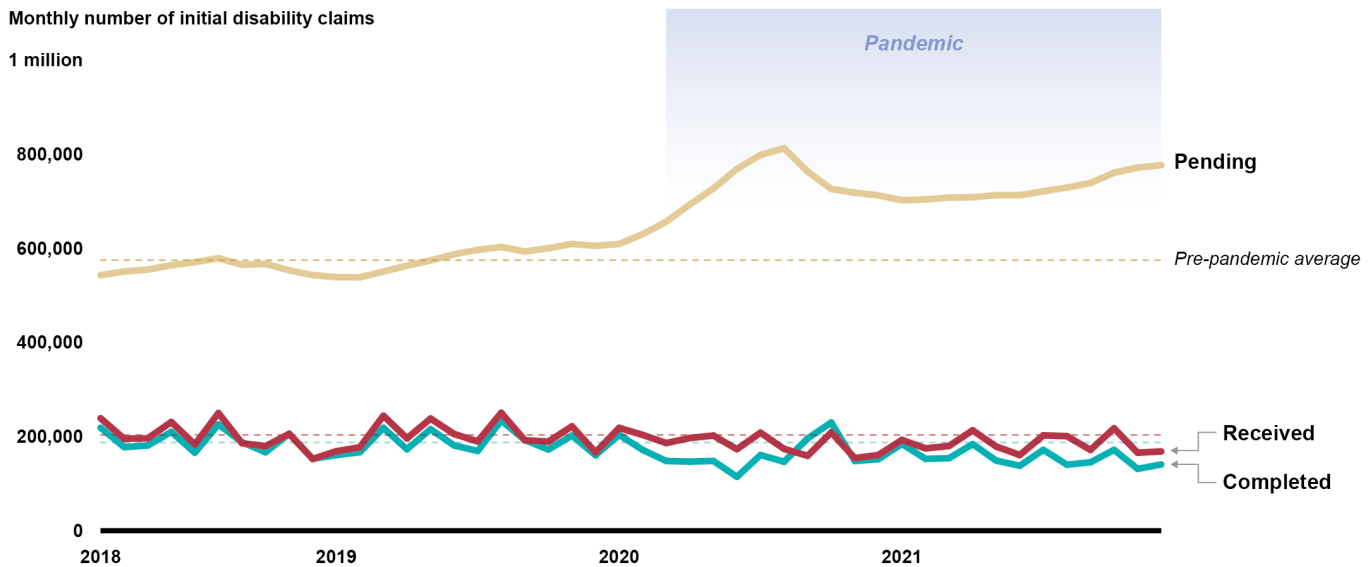
During the pandemic, SSA's processing of its workloads declined in some areas in comparison to the 2 years prior to the pandemic—including initial claims processing—while in other areas, such as the processing of appeals, SSA's productivity was mixed.

Initial disability claims processing. Between March 2020 and December 2021, the number of initial disability claims that SSA decided declined. The number of pending claims—those awaiting decisions—rose. Overall, the average number of disability cases being completed monthly at the DDS level declined 17 percent compared to the previous 2 years (see fig. 7).

⁴⁶GAO, *SSA Disability Decision Making: Additional Steps Needed to Ensure Accuracy and Fairness of Hearing Decisions*, [GAO-04-14](#) (Washington, D.C.: Nov. 12, 2003).

⁴⁷GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: September 2014), Principle 6.

Figure 7: Initial Social Security Administration (SSA) Disability Claims Processing (March 2018–December 2021)



Source: GAO analysis of SSA monthly disability workload data. | GAO-23-104650

Note: “Pre-pandemic average” refers to the monthly average for the 2 years prior to the pandemic, March 2018–February 2020.

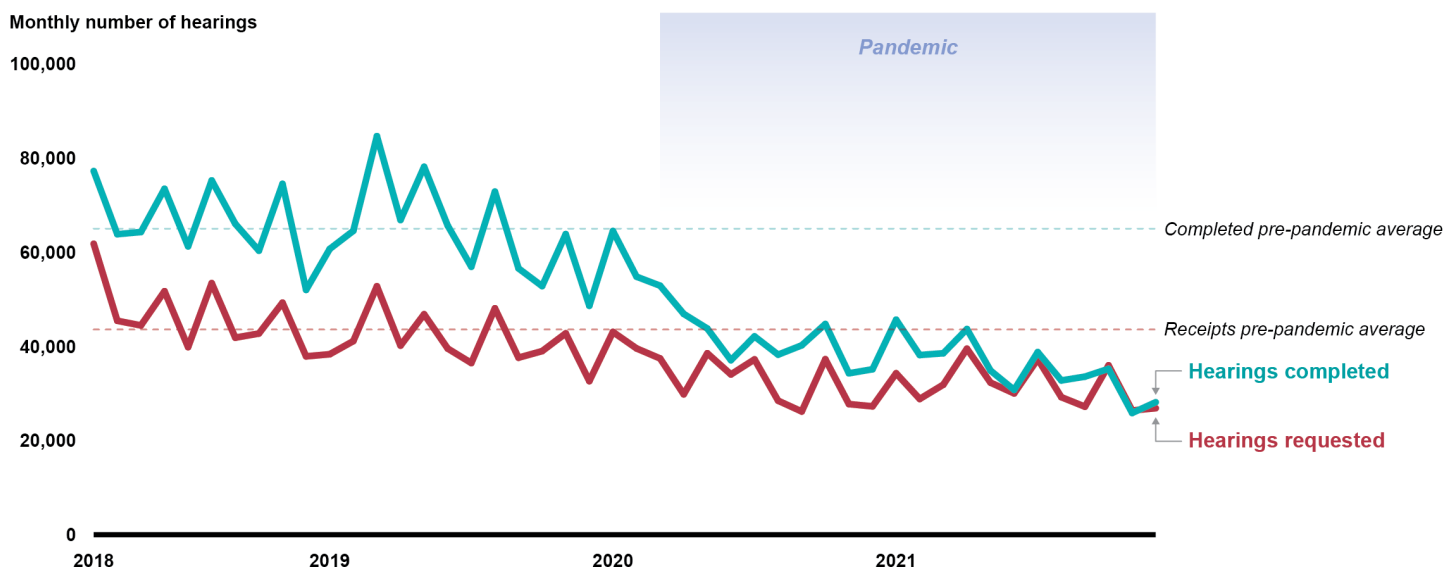
There was a temporary decline in the number of completed initial claims at the DDS level in the early months of the pandemic, before they rebounded to align more closely with the number of claims received. However, in early 2021, the number of completed claims began to decline again, falling below the number of claims received. This contributed to an increase in the number of pending initial disability claims at the end of 2021. In addition, the average processing time for initial disability decisions at the DDS level increased from 132 days in March 2020 to 171 in December 2021.

Appeals processing. SSA’s processing of appeals during the pandemic was mixed. For example, the number of disability reconsiderations pending at the DDS level grew during the pandemic from 174,000 in March 2020 to 195,000 in December 2021, which indicates that SSA was unable to keep pace with the number of requests received. In contrast, the number of pending hearings decreased during the pandemic.⁴⁸

⁴⁸Pending hearings decreased, in part, because of the decline in hearing requests. According to SSA, pending disability hearings and wait times also fell due to strategic efforts to reduce the agency’s hearings backlog that began in 2016.

Although the average number of total hearings completed each month during the pandemic was lower than during the 2 years beforehand, it generally kept pace with the number of hearings requested (see fig. 8).⁴⁹

Figure 8: Number of Social Security Administration (SSA) Disability Appeals Hearings Requested and Held (March 2018 – December 2021)



Source: GAO analysis of SSA summary data. | GAO-23-104650

Note: “Pre-pandemic average” refers to the monthly average for the 2 years prior to the pandemic, March 2018–February 2020.

Social Security card service delivery. SSA faced backlogs in processing Social Security cards during the pandemic. SSA’s OIG reported that SSA saw a decrease of about 4 million applications for Social Security cards in 2020 compared to 2019. Despite the decrease in the number of applications, the OIG’s interim findings in July 2021 suggested there were some backlogs of unprocessed paper applications for new or replacement Social Security cards. The OIG found that in fiscal year 2021, SSA processed approximately 12 million applications for original and replacement SSN cards, which is approximately 1 million

⁴⁹This remained true even when the number of hearings completed declined in the second half of 2021. These data represent hearings on all types of benefit claims, including OASI and other non-disability benefits.

fewer than it processed in FY 2020 and 5 million fewer than in FY 2019.⁵⁰ After field offices reopened to walk-in visits from the general public, an SSA official reported in May 2022 that the agency was focused on addressing pent-up demand for Social Security card requests.

SSA Took Steps to Mitigate a Range of Service Delivery Challenges during the Pandemic, but Gaps Remain

SSA Used Technology and Adapted Procedures to Contend with Challenges Providing Most Services Remotely

Telephone challenges. According to SSA officials, the agency faced several challenges as its staff quickly transitioned to telework and the agency enhanced its ability to provide services to the public by telephone. These challenges included:

- **Availability of equipment and technology.** SSA offices that had experience with telework prior to the pandemic had more robust telephone equipment and resources in place that made the transition to full telework easier, according to SSA staff we spoke with. However, field office staff we spoke with who had not teleworked prior to COVID-19 generally lacked this technology, and in some cases reported initially using personal cellphones for appointments with customers.
- **Reliability of telephone systems.** The agency encountered functionality and reliability problems as the influx of calls and technology changes strained the agency's telephone systems.

Telephone mitigation efforts. The agency took several steps to address these challenges, and agency officials said further actions are planned. These steps include:

⁵⁰SSA OIG, "Interim Report: The Social Security Administration's Processing of Mail and Enumeration Services During the COVID-19 Pandemic," A-08-21-51036 & A-15-21-51015 (July 29, 2021).

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- **Deployment of telephone hardware and software.** Agency officials reported that the agency provided softphones⁵¹ to any staff doing business with the public, implemented hardware and software changes, and provided headsets to staff working from home. In an April 2021 report, SSA's OIG reported that the agency had equipped employees with necessary technology to answer the increasing number of calls while teleworking.⁵² For example, at the hearings level, officials told us that new software allowed the remote recording of telephone hearings.
 - **Transition to unified telephone system.** As of June 2022, SSA transitioned to an interim unified platform for its 800 number.⁵³ Officials said the new system enables SSA to route calls to any available teleservice center employee in any location. As of July 2022, SSA reported that as part of this system, the agency plans to enhance the voice recognition capabilities of the national 800 number. This is intended to improve the caller experience and increase the number of calls handled by automated services.

Computer challenges. The agency had a range of computer technology in place prior to the pandemic as part of its resiliency and continuity of operations planning, such as virtual private networks and single-device laptops, but SSA officials told us the agency had to scale these technologies quickly when it moved to remote service delivery. The agency faced resulting challenges, including:

- **Availability of equipment and technology.** According to SSA officials we interviewed, certain SSA offices were not equipped with the computer technology necessary for telework, such as agency-issued laptops. For example, some field office staff reported to us facing challenges using older laptops early in the pandemic, such as needing to restart them multiple times a day. In addition, some offices lacked internet supporting technology, such as wireless routers, signal boosters, and network cables.

⁵¹A softphone is a computer application that allows employees to access their office phones and voicemail on their desktops or laptops anywhere they have internet connectivity.

⁵²SSA OIG. *Congressional Response Report: The Social Security Administration's Telephone Services during June 2020.* (A-05-20-50998) April 2021.

⁵³This unified system is a precursor to the Next Generation Telephony Project, which SSA started developing before the COVID-19 pandemic. It is designed to combine the national 800 number, field office, and SSA headquarters telephone systems.

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- **Internet speed and bandwidth.** Agency staff we interviewed, particularly in rural areas, described challenges with slow internet speeds and low bandwidth. They reported dealing with system freezes and told us that internet-based systems were particularly error-prone. These challenges slowed SSA's delivery of services to customers, according to multiple groups of SSA staff we interviewed.

Computer mitigation efforts. According to SSA officials, the agency was able to address most challenges associated with scaling its computer technology by taking certain steps, including:

- **Deployment of computer technology.** As of March 2021, the agency had procured and deployed expanded equipment, bandwidth, and software licenses to support its expanded remote service delivery. Field office managers reported receiving newer laptops that generally addressed problems with older models that they had been using for telework. Hearings officials also said that in cases where staff had internet or bandwidth issues, SSA had provided internet hot spots.

Mail and paper claims challenges. At the beginning of the pandemic, SSA did not have the infrastructure or operating procedures in place to handle the influx of mail received during COVID-19, and faced associated challenges. These challenges included:

- **Document management and processing.** According to SSA, during the pandemic, SSA offices had to scan and upload approximately one million paper documents weekly, a substantial increase from the 150,000 documents a week the agency handled prior to COVID-19.⁵⁴ According to front-line staff, SSA provided no guidance on handling the influx of mail at the beginning of the pandemic, while continuing to require offices to reach pre-pandemic document timeliness goals. Between national mail delays and the delays caused by the process of scanning documents that were sent to the office and then transmitting them electronically to staff working remotely, stakeholders told us that it often took weeks for SSA staff to receive and process paperwork, including faxes. Several field office managers told us that

⁵⁴Whereas a customer used to walk into a field office and hand SSA staff a paper document to scan or copy, during the pandemic, document processing became a multi-step process that took more time, according to SSA field office managers we interviewed. In addition, the field office managers reported that these workloads shifted primarily to them, since most support staff were teleworking.

mail got lost and customers sometimes did not receive original paperwork back.

- **Staffing and workforce planning.** Due to COVID-19 public and worker safety measures and office closures, field office managers generally were the only staff permitted in SSA offices for most of the pandemic and took responsibility for mail processing duties. Several field office managers we spoke with characterized the handling of mail as an overwhelming task, as they were required to go to the office every day to process mail in addition to their other duties. One manager estimated spending about 75 percent of her time on mail and clerical work, while another manager told us that she was responsible for opening, scanning, and returning more than 200 pieces of mail her office received each day during the pandemic.

Mail and paper claims mitigation efforts. SSA implemented a number of efforts intended to address its challenges with processing mail and paper claims. These efforts included:

- **Mail processing plan.** To improve management of its mail traffic, in September 2021 SSA published and began implementing a new plan—in the form of a business process document—outlining procedures for handling mail. Among other goals, the new business process focuses on processing original documents within 3 business days and all other mail within 5 business days.⁵⁵
- **Alternative document delivery methods.** To provide the public with alternative ways to submit documentation and original evidence to their local field offices, SSA expanded the availability of drop boxes at field offices in late 2020. In addition, the ability to submit documents through in-office appointments during the pandemic helped SSA address its challenges with mail.
- **Agency-wide mail and printing initiatives.** In response to findings by SSA’s OIG, SSA implemented two initiatives aimed at providing short-term solutions to its mail challenges. Specifically, the agency launched a centralized mail project designed to streamline handling procedures and find a more permanent solution. The agency also deployed a centralized printing and distribution initiative intended to limit the need for field office staff to process SSA notices to customers

⁵⁵According to SSA, the agency is considering pursuing a modern and more permanent mail processing solution, the goal of which is to provide a robust mail management platform and infrastructure that permits central processing, digitization, and management of mail across agency components.

in their local offices. These efforts are intended to reduce the need for managers to handle outgoing mail.

- **Electronic appeals documentation initiative.** In September 2020, SSA field offices adopted a process to convert some paper workloads to an electronic format. Specifically, they began scanning and uploading documentation and related files for certain types of appeals using an electronic repository. This repository can currently be used for non-disability (i.e., non-medical) appeals, including those for benefit overpayments, fraud, and general eligibility issues. Prior to the pandemic this workload was entirely paper-based. After the agency resumed processing pending paper cases in December 2020, staff continued to use this electronic repository to process these non-disability appeals remotely.

SSA Took Steps to Address Challenges Serving Vulnerable Populations and Expand Online Applications, but Gaps Remain in Online Services for Certain Populations

Challenges for vulnerable populations. SSA has offered an unprecedented level of remote access to telephone and online services during the COVID-19 pandemic. However, the agency faces challenges reaching and providing services to certain groups who may face disproportionate barriers, including lack of consistent access to technology. These vulnerable populations include older adults, those with limited English proficiency, those experiencing homelessness, those in rural areas, individuals with low incomes, individuals with disabilities, and those without legal representation in the disability appeals process.⁵⁶ The transition to remote services disproportionately affected vulnerable groups, according to those we interviewed, because of their previous reliance on in-person services.⁵⁷

Challenges serving vulnerable populations affected service delivery across the agency, including:

⁵⁶According to SSA staff and experts we interviewed, claimants represented by law firms were not affected as much by technology. In contrast, those who were unrepresented and who lacked or did not know how to use equipment were underserved. In addition, we attempted to include race and ethnicity in our analysis of vulnerable populations but encountered challenges because the agency does not routinely collect these data (see app. II for a discussion of our attempts to analyze race and ethnicity, as well as the related challenges).

⁵⁷During the pandemic, some of these populations showed greater declines in applying for benefits compared to the general population. In particular, the overall decline in disability and SSI claims demonstrated that fewer individuals with low incomes or disabilities were applying for benefits during the pandemic compared to beforehand.

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- **Field offices.** Disability advocates we spoke with emphasized that the pandemic represented a fundamental shift in how many customers conducted business with field offices. For example, individuals who were used to bringing in a paper SSA notice to their local field office for explanation or translation no longer had that option. In addition, while the expansion of telephone services generally was received as a positive development, many individuals who previously had conducted business with SSA in person had difficulty completing certain SSA applications and conducting other critical business by phone, according to advocates and SSA staff we spoke with. They added that it generally was unrealistic to expect these individuals to navigate the complicated SSA phone system.
 - **Disability determination services.** DDSs significantly decreased the use of in-person consultative examinations in response to the pandemic, though SSA told us that their capacity to conduct these exams has improved. Consultative exams are often needed for those who are uninsured, underinsured, or otherwise without regular medical care. DDS staff we spoke with reported ongoing challenges related to scheduling consultative exams, partly because many medical providers did not offer services in the pandemic environment. As of December 2021, the percentage of healthcare providers who were available to schedule exams rose to about 85 percent, from 70 percent as reported in March 2021. Nonetheless, DDS supervisors we interviewed in February 2022 said it was taking their office between 90 and 110 days to schedule a consultative exam, versus 45-60 days prior to the pandemic.
 - **Hearing offices.** At the hearings level, administrative law judges reported challenges accommodating customers who were less technologically literate or who did not have a computer or smartphone for an online video hearing. These challenges were particularly acute for claimants without representatives, who often help their clients overcome technological barriers. One administrative law judge reported challenges serving Spanish-speaking customers, who often were unable to go into an office to have notices and documents translated.

Mitigation efforts for vulnerable populations. SSA officials said that certain vulnerable populations faced challenges accessing services, and noted several SSA actions directed at improving access.⁵⁸ In addition to targeted actions intended to improve service to vulnerable populations,

⁵⁸For example, SSA recognizes that not everyone is willing or able to use the internet or phone for service and not everyone is willing to have a telephone or video hearing.

SSA also took general steps during the pandemic that officials said benefitted these groups. As mentioned above, SSA implemented dire-need appointments, and later offered express interviews at field offices. Additional steps SSA took that could improve services to vulnerable populations included:

Targeted outreach. In fiscal year 2021, SSA initiated a special mailer project to encourage potentially eligible individuals to apply for SSI.⁵⁹ As of mid-February 2022, SSA had mailed approximately 665,000 notices, and expected to release an additional 735,000 mailers to potential applicants throughout calendar year 2022. To promote SSI for both children and general audiences, SSA launched a social media campaign in English and Spanish. As of October 2022, ads promoting SSI generated over 3.5 million visits to SSA's website. In addition, during the pandemic, SSA's hearing offices conducted enhanced outreach specifically to unrepresented claimants before their hearings.⁶⁰ During this outreach, staff reminded claimants of their right to representations, discussed the option to appear at a hearing by telephone or online video, and asked whether the claimant agreed to appear by telephone or online video.

- **New policies.** SSA also adopted new policies at different adjudicative levels that officials said could benefit vulnerable populations, including those for some physical impairments. For example, SSA issued an emergency message in December 2021 that expanded the use of telehealth appointments to include speech and language consultative exams. Consultative exams are a vital service for benefit claimants requiring additional medical evidence for disability determination. SSA officials told us that the agency continues to explore ways to expand telehealth consultative, including those for some physical impairments, and SSA convened a workgroup including agency policy staff and health care professionals that made recommendations currently under consideration. At the hearings level, the agency

⁵⁹The agency identified OASDI beneficiaries age 18 and older whose monthly benefits are less than the maximum SSI benefit to encourage these beneficiaries to apply for SSI.

⁶⁰Under this initiative, SSA also allowed the sharing of claims files electronically as a new feature specific to its enhanced outreach efforts.

allowed for greater flexibility when claimants missed the deadline to request a hearing or failed to appear for a scheduled hearing.⁶¹

- **Third Party Assistance.** In response to declines in disability and SSI applications and concerns that certain populations faced challenges reaching SSA, the agency developed an agency-wide People Facing Barriers (PFB) initiative, according to officials. The PFB initiative is a series of targeted strategies to simplify and expand access to SSA programs for underserved individuals. A sub-initiative under the PFB banner is the Third Party Assistance (TPA) initiative, the goal of which is to assist certain vulnerable populations with applying for SSI.⁶² Under the TPA initiative, SSA partnered with third-party organizations that work closely with vulnerable populations. SSA trained representatives from these organizations to assist their clients with SSI applications.⁶³ In 2021, SSA created two field office roles: Vulnerable Population Liaison (VPL) and Vulnerable Population Expert (VPE). These roles were designed to take and submit applications for SSI, refer potential applicants to third-party partners, and conduct quality control reviews on claims submitted by those partners.

Agency officials said that by February 2022, SSA had recruited 650 field office employees to serve as VPLs and designated 100 field office employees to serve as VPEs. By October 2022 the agency had established partnerships with approximately 5,000 organizations that agreed to submit disability claim applications, provide leads, or refer people who may be eligible for disability benefits. The agency reported that these outreach efforts helped SSA obtain 3,131 claims between March 2021 and May 2022. SSA also provided training on taking SSI claims to more than 1,754 organizations and over 8,140 individuals. Advocates we spoke with said that many of them have had good experiences with the VPL/VPE effort.

Even with these reported accomplishments, some SSA staff and disability advocates told us that the agency's TPA efforts have in

⁶¹SSA staff, stakeholders, and advocates reported that these outcomes were more common for individuals who were unrepresented or who lacked access to technology.

⁶²Populations targeted by SSA under this initiative include the aged, children with disabilities, individuals with limited English proficiency, individuals experiencing homelessness, individuals diagnosed with mental illness, individuals recently released from incarceration, and veterans applying for SSI benefits.

⁶³The agency is tracking progress by asking technicians to code "Vulnerable Populations Application" on these claims, according to SSA.

some cases had limited success due to attrition and capacity constraints. Specifically, the TPA program lacked dedicated funding for the VPL and VPE roles. Consequently, existing SSA employees took on these roles in addition to their usual responsibilities. SSA staff reported that with the added responsibilities, staff in some of these positions left the agency, and there was little effort to refill vacancies. In addition, advocates pointed to their own capacity challenges. Specifically, the TPA program relied on third-party organizations to perform tasks that normally were conducted by SSA staff, and the program did not provide funding to those third parties. Many of these organizations did not have the capacity to take on greater workloads.

Advocates and staff cited other challenges with the program. For example, advocates we spoke with noted that SSA had not published a list of VPLs, making it difficult for advocates to reach them. One field office manager we interviewed noted that many third-party organizations also were closed during the pandemic. Moreover, some SSA field office staff we spoke with said that attrition among VPLs/VPEs was a challenge to maintaining connections with third-party organizations.

Agency officials said that in 2022, the agency is planning to evaluate the TPA program, which could present an opportunity to address some of these challenges. As part of this evaluation, SSA plans to survey partner organizations to identify challenges they have encountered serving SSA customers. As the agency resumes in-person services and continues to refine its strategy for outreach to vulnerable populations, this evaluation represents an opportunity for SSA to assess the program and identify ways to improve its effectiveness.

Challenges with Online SSI and Spanish-language Benefit Applications

SSI Applications

It is not yet possible for most claimants to apply for SSI benefits online. Currently, only SSI applicants who also are filing concurrently for DI are able to file for SSI online.⁶⁴ The agency has indicated that it has plans to expand the availability of the online SSI application, and has included certain components of this expansion in its multi-year effort to modernize

⁶⁴According to SSA, in fiscal year 2021, the agency received approximately 130,000 SSI applications online out of about 1.4 million total SSI disability/blindness applications. The total number of all SSI applications received, including aged claims, was approximately 1.6 million applications.

the agency's legacy SSI information technology system and simplify the SSI application. However, SSA lacks a documented, comprehensive plan—with clear steps, goals, metrics, and timelines—for the expansion of these online application capabilities for claimants. Instead, the agency has implemented incremental actions to put the application online. For example, in summer 2021 SSA granted certain third-party organizations access to new electronic, fillable applications for SSI disability and SSI Old-Age benefits. In March 2022, SSA implemented an online tool that enables individuals and third-parties to request an appointment and establish a protective filing date for SSI.

Advocates we spoke with have encouraged SSA to provide claimants with the ability to apply for SSI benefits online. In addition, in SSA's 2022 SSI Statement, the Social Security Advisory Board urged SSA to introduce a separate online application for certain adults applying for SSI, which the Board said would greatly simplify the lengthy process.

SSA mentions expanding online services in several recent planning efforts, including its ongoing effort to simplify the SSI application. According to SSA's recent Equity Action Plan, the agency seeks to improve its service delivery by providing alternatives to in-person visits and increasing the number of online forms (e.g., SSI). The Fiscal Years 2018 – 2022 Agency Strategic Plan states that SSA aims to achieve its core objective of improving service delivery by increasing the use of online services. However, SSA has not developed a comprehensive plan for implementing online SSI applications. Federal internal control standards state the importance of defining an effort's objectives—such as through clear steps, goals, performance measures, and timelines—to support successful outcomes.⁶⁵ Without developing and documenting comprehensive plans for expanding online SSI applications, SSA cannot adequately plan for and track its progress toward its goal of providing alternatives to in-person visits and increasing the number of online forms. Furthermore, without the ability to apply online, some individuals may not apply for SSI benefits for which they are eligible.

Spanish-Language Applications

SSA provides a range of Spanish-language resources for customers, but it is currently not possible to apply in Spanish for those SSA programs with existing online applications. The agency previously offered a Spanish

⁶⁵[GAO-14-704G](#), principle 6.

language option with its online claims application system from November 2011 through March 2017, but the agency decommissioned the service due to low usage. Currently, SSA has a Spanish-language SSA.gov website, which has printable Spanish versions of OASDI application forms. However, the agency's Spanish-language website directs customers to a page where it informs them, in Spanish, that certain online services and information are only available in English. SSA officials explained that online SSA applications are not available in Spanish because, in order for the information to enter SSA's system, the applications currently must be completed in English. If completed in a different language, SSA told us that the information in the online application needs to be translated by an authorized employee in order to input the information into SSA's system in English.⁶⁶ SSA officials also told us that the availability of translators to perform this work was a barrier to expanding Spanish-language resources for claimants.⁶⁷ However, given the widespread availability of translation software, this may be less of a challenge moving forward, and SSA has not explored the feasibility of using these tools to replace or supplement the services of authorized employees. In addition, while the agency previously offered and discontinued certain online Spanish applications, the greater declines in claims from Spanish speakers and the dramatic expansion of online services during the pandemic present an opportunity for the agency to evaluate the feasibility of again offering this option. Certain other major federally funded benefit programs currently offer the public the option to apply in Spanish.

The agency's stated mission is to ensure equity and accessibility in delivering services by improving the customer experience and addressing systemic barriers to participation in its programs. Furthermore, the agency's stated mission in its fiscal years 2022-2023 Language Access Plan is to ensure access to quality SSA services and program benefits regardless of an individual's ability to communicate in English. Benefit applications from Spanish-speaking populations declined more than those

⁶⁶According to SSA, the exception is Puerto Rico, where SSA field offices are able to accept and process forms in Spanish. However, the information in the forms is still entered into SSA's system in English. According to the agency's Language Access Plan, SSA also provides an interpreter free of charge to any person who requests language assistance or whom the agency believes could benefit from an interpreter. To ensure quality interpretation, SSA encourages customers to use the agency's free interpreter services.

⁶⁷According to SSA, if a claimant currently submits an application in a language other than English, the agency will seek translation assistance and still proceed to process that claim.

from English speakers during the pandemic. According to an SSA analysis, the Spanish-speaking population tended to be a relatively small but growing fraction of the OASDI beneficiary population.⁶⁸ However, the representation of Spanish speakers in the SSI program approximated that of their representation in the overall population. Furthermore, the Census Bureau estimated that by 2050, Spanish speakers will account for an estimated one in every four persons in the United States. According to SSA, as this relatively young population ages, more Spanish speakers will become eligible for the retirement, disability, and survivor benefits available under OASDI. Without evaluating the feasibility of enabling claimants to apply online in Spanish for those SSA benefit programs with existing online applications, SSA may miss an opportunity to expand access to Spanish-speaking populations and save resources.

SSA Lacks a Coordinated Plan for Leveraging Lessons Learned from the Pandemic and Managing Increasing Workloads

Lessons Learned

As of June 2022, SSA had not implemented a coordinated, systematic process to evaluate lessons learned from the agency's response to COVID-19 and incorporated those lessons into future contingency planning. According to SSA officials we interviewed, rather than conduct a comprehensive review of lessons learned, specific SSA offices have taken informal steps to assess certain pandemic-related service delivery changes, or are planning to do so. For example, officials from SSA's policy office said that operations staff examined lessons learned from mail processing during the pandemic that bolstered the case for continuing certain protocols that originally were intended to be temporary. SSA also partnered with an independent contractor to review the internal controls affected by COVID-19 emergency measures. The results of this review also will be used to conduct a risk assessment and plan for the future. In addition, as the agency was reopening offices to the public, SSA officials told us that they would evaluate, on an ongoing basis, the agency's service delivery changes to determine whether to extend them temporarily, revert to pre-pandemic policies, or pursue permanent changes. Other SSA offices, such as its operations office, reported that

⁶⁸Patricia P. Martin, Office of Retirement Policy, Office of Policy, Social Security Administration, Hispanics, Social Security, and Supplemental Security Income. *Social Security Bulletin*, vol. 67, No. 2. (2007).

they had not evaluated the policy changes that were implemented during COVID-19 because the changes were intended to be temporary.

As we have reported in the past, it is important for agencies to identify lessons learned and take corrective actions in a formal, centralized way.⁶⁹ Key practices in a comprehensive lessons-learned process include developing clear plans for timing and execution, documenting and disseminating this information to stakeholders, and implementing corrective actions.⁷⁰ Federal internal control standards also state that documentation is a necessary part of an effective internal control system, and that management should evaluate and document the results of ongoing monitoring and evaluations.⁷¹

While the efforts SSA has undertaken to evaluate parts of its service delivery changes during the COVID-19 pandemic likely will yield important insights, its fragmented approach to evaluating policy changes could result in missed opportunities to share and address lessons learned across the agency. Further, SSA's approach might prevent the agency from effectively incorporating lessons learned into existing continuity of operations plans or developing an agency-wide "playbook" for handling future crises. Without implementing a formal process to identify, disseminate, and incorporate lessons learned into future planning, SSA may miss an opportunity to maximize the value of its lessons learned from its experiences during the COVID-19 pandemic and improve its ability to respond to other crises in the future.

Future Planning

As of July 2022, SSA did not have a documented plan for managing a possible future increase in its workloads across the agency and its various service delivery methods. Disability advocates we spoke with anticipate an increase in disability benefit applications after the pandemic because individuals may have been unable or reluctant to apply by phone

⁶⁹See GAO, *Household Hazardous Waste Removal: EPA Should Develop a Formal Lessons Learned Process for Its Disaster Response*, [GAO-22-104276](#) (Washington, D.C.: March 2022).

⁷⁰See GAO, *Federal Real Property Security: Interagency Security Committee Should Implement A Lessons-Learned Process*, [GAO-12-901](#) (Washington, D.C.: September 2012) and GAO, *Project Management: DOE and NNSA Should Improve Their Lessons-Learned Process for Capital Asset Projects*, [GAO-19-25](#) (Washington, D.C.: December 2018), which identified key lessons-learned practices for program and project management based on our prior reports.

⁷¹[GAO-14-704G](#), principle 16.

or online. Recent research also has suggested that there may be pent-up demand for DI benefits as normal operations resume.⁷² In addition, some disability experts have noted that it is possible that many individuals experiencing continued COVID-19 infection symptoms—or “long COVID”—will meet SSA’s disability standards, and that SSA should expect additional cases due to the lasting effect of COVID-19. A survey conducted from June to July 2022 by the Census Bureau found that 16.3 million people (around 8 percent of working-age Americans) currently have long COVID.⁷³ There also have been reported instances of long COVID patients struggling to secure approval for DI benefits.⁷⁴

Some SSA officials recognized this potential growth in demand for their services. For example, to prepare for reentry, the agency’s operations office prepared a memorandum outlining certain flexibilities for overtaxed field offices. The agency’s annual budget request, meanwhile, states that it anticipates an increase in demand for services as the pandemic improves and forecasts rising demand in future years.⁷⁵ Administrative law judges told us they expect an eventual increase in hearings for individuals who did not or were not able to apply during the pandemic. In addition, according to the 2021 Social Security Trustees Report, there likely will be a temporary increase in disability applications following the reduced levels experienced during the pandemic.

Both SSA and GAO have reported on SSA’s ongoing challenges managing workloads. In May 2022, SSA’s deputy commissioner for operations testified that employee attrition was compounding growing backlogs in disability workloads, and that the agency needed to address

⁷²Maestas, Nicole and Mullen, Kathleen J., "Economic Conditions, the COVID-19 Pandemic Recession, and Implications for Disability Insurance in the United States" (2022). Wharton Pension Research Council Working Papers. 733. https://repository.upenn.edu/prc_papers/733.

⁷³Brookings, "New data shows long Covid is keeping as many as 4 million people out of work," August 24, 2022. <https://www.brookings.edu/research/new-data-shows-long-covid-is-keeping-as-many-as-4-million-people-out-of-work/>

⁷⁴<https://www.washingtonpost.com/business/2022/03/08/long-covid-disability-benefits/>

⁷⁵SSA disability claims may subsequently rise if claims follow the pattern of the 2007-2009 Great Recession, when new disability claims reached peak levels well after the technical end of the recession. Disability applications peaked in October 2010 and plateaued at high levels through 2012.

pent-up demand for Social Security card requests.⁷⁶ At that time, the agency was at its lowest staffing level in 25 years, and employees overwhelmingly reported that their workloads were unreasonable. Since 2003, we have included SSA's challenges managing disability-related workloads in our High-Risk List.⁷⁷

Our prior work cites key long-term planning practices that could be employed by SSA to address some of these issues. These practices include preparing for different scenarios to stay flexible and adaptive, and to consider plausible future alternatives and use them to generate strategic options.⁷⁸

Without a documented plan for managing the anticipated surge in demand across its various modes of service delivery, SSA is poorly positioned to make well-informed decisions about its critical functions. These functions include how many and what types of employees will be needed for its future workforce, how the agency will address disability claims backlogs while ensuring program integrity, and how the agency will more strategically use its information technology and physical infrastructure to best deliver services. As a result, SSA's challenges managing its disability-related workloads may be exacerbated.

Conclusions

SSA's sudden cessation of nearly all in-person services in response to the COVID-19 pandemic represented a significant shift in its traditional service delivery model and affected millions of SSA claimants. Closing field offices, limiting in-person services to all but a few exceptions, and expanding telephone and online services presented challenges for many claimants, particularly certain vulnerable populations who were accustomed to walking into SSA offices for in-person assistance. SSA is aware that certain groups have been affected disproportionately by the agency's pandemic-related service delivery changes. Taking steps to obtain additional data on race and ethnicity will better position the agency to ensure equitable access to benefits. In addition, although the agency has launched several new initiatives aimed at reaching certain vulnerable

⁷⁶Strengthening Social Security's Customer Service, Hearing Before the Soc. Sec. Subcomm. of the H. Ways & Means Comm., 117th Cong. (2022) (statement of Grace Kim, Deputy Comm'r. for Operations, Soc. Sec. Admin.).

⁷⁷GAO, High-Risk Series: Substantial Efforts Needed to Achieve Greater Progress on High-Risk Areas, [GAO-19-157SP](#) (Washington, D.C.: Mar. 6, 2019) and GAO, Social Security Administration: Long-Term Strategy Needed to Address Key Management Challenges, [GAO-13-459](#) (Washington, D.C.: May 2013).

⁷⁸[GAO-13-459](#).

populations, it is not possible for most individuals to apply for SSI online. Furthermore, for programs with existing online applications, individuals currently cannot complete and submit those applications in Spanish. Without these additional online services, many individuals who would be capable of using SSA's online services may not be able to do so, and the agency may devote scarce staff resources to assist individuals who otherwise might apply independently online. Finally, as the agency considers the future of its in-person and remote service delivery model in the context of its experience during COVID-19, it has not implemented a process for assessing lessons learned from the pandemic, nor has it developed a plan to manage a possible surge in COVID-related disability claims. As a result, SSA may continue to face challenges delivering services to those populations most in need of them.

Recommendations for Executive Action

We are making the following five recommendations to SSA:

The Commissioner of SSA should develop a plan—with clear steps, goals, metrics, and timelines—to evaluate the feasibility of obtaining additional race and ethnicity data from other state and federal entities in support of its Equity Action Plan goals. (Recommendation 1)

The Commissioner of SSA should develop a plan—with clear steps, goals, metrics, and timelines—for enabling claimants to apply for Supplemental Security Income (SSI) benefits online. (Recommendation 2)

The Commissioner of SSA should evaluate the feasibility of making online Spanish applications available again for those SSA benefit programs with existing online applications. (Recommendation 3)

The Commissioner of SSA should implement a coordinated process for assessing lessons learned from the COVID-19 pandemic that includes documentation and dissemination, implementation of corrective action, and incorporation into future contingency planning. (Recommendation 4)

The Commissioner of SSA should develop an agency-wide plan for managing anticipated increases in SSA's disability workloads. (Recommendation 5)

Agency Comments

We provided a draft of this report to the Social Security Administration for review and comment, and the agency's written comments are reproduced as appendix III in this report. SSA agreed with our recommendations. The

agency also provided technical comments, which we incorporated into the report as appropriate.

We are sending copies of this report to the appropriate congressional committees, the Acting Commissioner of the Social Security Administration, and other interested parties. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or curdae@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IV.

A handwritten signature in black ink, reading "Elizabeth H. Curda". The signature is written in a cursive style with a large, stylized initial "E".

Elizabeth H. Curda
Director, Education, Workforce, and Income Security Issues

List of Addressees

The Honorable Patrick Leahy
Chairman
The Honorable Richard Shelby
Vice Chairman
Committee on Appropriations
United States Senate

The Honorable Ron Wyden
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The Honorable Mike Crapo
Ranking Member
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The Honorable Patty Murray
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The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate

The Honorable Gary C. Peters
Chairman
The Honorable Rob Portman
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Subcommittee on Social Security
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The Honorable Danny K. Davis
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Subcommittee on Worker and Family Support
Committee on Ways and Means
House of Representatives

Appendix I: Objectives, Scope, and Methodology

In this review we addressed: (1) how the Social Security Administration (SSA) changed its delivery of key services during the COVID-19 pandemic; (2) what is known about the effect of these service delivery changes on the public, including certain vulnerable populations; and (3) how SSA addressed challenges with remote service delivery and identified lessons learned during the pandemic.

This appendix provides information about the methods we used to answer these questions. To inform all objectives, we reviewed relevant federal laws, regulations, and policies; interviewed knowledgeable agency officials and external stakeholders; and obtained documentation and written responses from the agency. Sections 1, 2, and 3 describe additional methods we used to address each research objective.

Section 1: Assessment of Service Delivery Changes in Response to COVID-19

To address our first research objective, we focused on policy updates and changes from the onset of the pandemic until field offices reopened (March 2020 to April 2022) that relate to two areas: (1) applications and appeals for Old-Age, Survivors, and Disability Insurance (OASDI) and Supplemental Security Income (SSI) benefits; and (2) enumeration. We obtained and reviewed documentation that SSA developed during the pandemic to communicate policy changes, such as new or revised procedures. These included internal documents such as cross-agency Emergency Messages, Disability Determination Services administrators' letters, Chief Administrative Law Judge Bulletin messages, and Office of Hearings Operations memos. We also reviewed public-facing documentation on SSA.gov that articulated policy changes, including Dear Colleague letters and the Program Policy Information Site that contains the public version of the agency's Program Operations Manual System. In addition, we obtained written responses from SSA officials to clarify the timing and details of policy changes when necessary.

Section 2: Analysis of the Effect on Public Access and Agency Performance

To address our second research objective, we obtained and analyzed administrative and summary data to describe monthly trends in the public's access to SSA services and benefits and agency performance that cover the 2 years before the pandemic and through the end of 2021 (March 2018-December 2021).

Administrative data: We obtained SSA administrative data on claims and appeals from two systems. First, we analyzed management information from the Modernized Claims System about OASDI claims and appeals. Second, we analyzed data from the Supplemental Security Record about SSI claims and appeals. Because of how these systems are structured, it is possible for more than one record to be associated

with an individual's claim and appeal path (e.g., if a person filed a claim and at least one appeal for that claim during our timeframe). As a result, our results show the number of claims and appeals filed, not the number of individuals filing claims and appeals. For both of these systems, we limited our analysis to initial benefit claims and appeals at the reconsideration or hearing level that were filed between March 1, 2018 and December 31, 2021. We obtained variables associated with biographic and demographic information (e.g., date of birth and zip code of claimants) as well as claims and appeals (e.g., filing dates for claims and appeals actions and type of benefits involved). In addition, for those pursuing SSI benefits, we obtained variables about individual's surname and street address for use in an analytical technique to impute race and ethnicity data (see app. II for more information).

To analyze these data based on population characteristics associated with increased vulnerability,¹ we took the following steps.

- **Age:** We used date of birth to calculate an individual's age as of their earliest claim or appeal filing date during our timeframe. For most individuals in our population, their age was calculated as of the date they filed their initial claims. In the event that the initial claim was filed prior to March 1, 2018, we used the filing date for the earliest appeal filed during our timeframe.
- **Geographic area type:** To determine degree of urbanization, we used zip codes and applied the Economic Research Service's 2010 Rural-Urban Commuting Area Codes (RUCA), which classify zip codes as being associated with metropolitan, micropolitan,² small town, or rural areas. In our analysis, codes associated with metropolitan areas were deemed urban, while micropolitan, small town, and rural areas were deemed rural.

¹These populations were selected because they were identified as being more significantly impacted by reductions in in-person service delivery. This could be due to limited access to the internet or lower comfort levels using technology to access services online or over the phone. In addition, some of these populations often relied more on in-person services prior to the pandemic.

²Micropolitan is a geographic entity consisting of one or more counties with at least one urban cluster with a population from 10,000-49,999. The designation was created by the Office of Management and Budget for federal statistical agency use.

- Disability status: We used the act of filing a claim or appeal for any type of SSA disability benefit—including disability insurance, SSI-disability, or SSI-blindness as a proxy for disability status.
- Low-income status: We used the act of filing a claim or appeal for SSI benefits as a proxy for low-income status.
- Limited English proficiency: We used variables indicating the preferred written and spoken language for individuals filing claims or appeals for benefits to determine English proficiency. Anyone whose preferred written or spoken language had a value of non-English was classified as having limited English proficiency.³ We further separated those with limited English proficiency into Spanish and all other languages due to the relatively high prevalence of Spanish as a preferred language.
- Race and ethnicity: See below and appendix II for more information on race and ethnicity.

We obtained race and ethnicity data for these individuals from two SSA administrative data systems. For those whose race and ethnicity information was collected before 2009, the data came from the Numident, which is a record of all Social Security Number holders and contains historical race and ethnicity data collected prior to 2009. For those whose race and ethnicity information was collected from 2009 on, the data came from the Race and Ethnicity Collection System (RECS), which was created to meet the Office of Management and Budget’s 1997 race and ethnicity data collection standards.⁴ In cases where race and ethnicity data were available for the same person in both systems, we used the data from RECS because it represents the most recent data available. Due to how SSA collects race and ethnicity data, it is not available for all individuals, which limited our ability to analyze it. See app. II for more information.

Summary data: We also obtained summary data on a variety of topics related to agency workloads and service delivery performance from March 2018 through December 2021. Whenever possible, we used publicly available data files downloaded from SSA’s Open Data website. These publicly available files included monthly data associated with

³Knowledgeable SSA data experts explained that these variables are generally only filled in if a person indicates a preference or need for a language other than English. Those experts instructed us to consider a blank response as a preference for English.

⁴Office of Management and Budget, “Revisions to the Standards for Classification of Federal Data on Race and Ethnicity,” Oct. 1997.

telephone service delivery at field offices and the national 800 phone line and disability processing for initial claims and reconsiderations at the state Disability Determination Services (DDS) offices. In addition, we obtained other summary data directly from SSA, including data on hearings (including hearing requests filed, hearings completed, and pending hearings) and field office telephone service (including wait times and number of calls handled). Finally, we used select data points presented in SSA's Annual Performance Report for fiscal years 2021-2023.

Data reliability: For each of the administrative datasets described above, we conducted a data reliability assessment of selected variables by conducting electronic data tests for completeness and accuracy, reviewing documentation on the dataset, and interviewing knowledgeable officials about how the data were collected and maintained and their appropriate uses. Specifically:

- We tested the completeness, consistency, and logic of the variables we used to measure the number of claims and appeals filed for SSA's benefit programs, and other characteristics of claimants. Our analysis of benefit claims and appeals generally included all individuals who filed an initial claim, reconsideration request, or hearing request for OASDI or SSI benefits between March 1, 2018 and December 31, 2021. We excluded a small number of claims or appeals in these files that had missing values for key variables, but that amounted to less than one-tenth of one percent of our records. We also excluded seven records that had inconsistent values or were of questionable reliability, such as when the data indicated that a claim was filed prior to a child's birth.
- We also assessed the completeness and consistency of SSA's administrative race and ethnicity data and identified some significant limitations. As a result, we determined the data were not sufficiently reliable for our purposes. See app. II for more information.

Last, we assessed the reliability of summary data by reviewing available documentation about each source, which generally included descriptions of the dataset and data collection procedures. We also assessed the reliability of SSA data on the daily number of field office visits from March 2020 through June 2021. However, we determined that the type of data being captured shifted over time from number of in-person visits to number of interviews conducted, making the data inconsistent. Therefore, we determined the field office visit data were not sufficiently reliable for the purposes of this report.

Based on the data reliability assessment, we determined that the data were sufficiently reliable for our use, except where noted above.

Section 3: Evaluation of Agency Challenges and Lessons Learned

To address our third research objective, we reviewed documentation from SSA and other stakeholders and interviewed a range of experts. Specifically, we reviewed and analyzed SSA documentation and written responses on challenges faced during the pandemic, steps taken to address those challenges, and any efforts to identify lessons learned. We interviewed SSA officials from a range of components, including the Office of Hearing Operations, Office of Customer Service, and Office of Operations. We also interviewed employee organizations representing different groups of SSA employees, including the National Association of Disability Examiners and the Association of Administrative Law Judges. We also interviewed representatives and stakeholders with organizations that advocate on behalf of people eligible for SSA benefits and services, including member organizations of the Consortium for Citizens with Disabilities.

To obtain the perspective of front-line staff, we conducted semi-structured group interviews with a non-generalizable sample of agency staff at different levels: SSA field office claims specialists, field office managers, call center managers, and administrative law judges (ALJ), as well as state Disability Determination Service (DDS) supervisors. We used a multi-step process to identify and select interviewees from each group of employees.

- We obtained lists of SSA field offices, teleservice centers, state DDS administrators, and ALJs, broken down by SSA's 10 regions.⁵ We then categorized each field office and teleservice center by whether it is classified as being in an urban or rural location.⁶
- For field offices, we selected 1 office from each of the 10 regions, with 5 of those having been categorized as urban and 5 categorized as rural. We obtained a list of employees at each office and randomly selected 1 SSA field office claims specialist and 1 field office manager from each selected office.
- We randomly selected 10 state DDS supervisors from the offices of the selected DDS administrators, 1 from each of the 10 SSA regions. We also randomly selected 10 ALJs, 1 from each SSA region.

⁵We ultimately interviewed 9 teleservice center supervisors.

⁶We used the RUCA codes to classify offices as being in urban or rural locations.

- We obtained lists of staff from each of our 9 selected teleservice centers, and randomly selected 1 teleservice supervisor from each location.
- Finally, we conducted pre-interview surveys of selected participants via email to obtain information on their SSA career (e.g., duration and different roles) and solicit input on the biggest challenges they faced in delivering services during the pandemic. The most prevalent challenges identified in a group's pre-interview survey were used to select questions for that group interview.

We conducted this performance audit from November 2020 to November 2022 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix II: Challenges in Assessing the Effect of SSA Service Delivery Changes by Race and Ethnicity

We considered three approaches to assess the effect of the Social Security Administration's (SSA) service delivery changes by claimants' race and ethnicity, but we were ultimately unable to produce reliable results due to challenges with each method. First, we obtained and attempted to analyze SSA's administrative race and ethnicity data, but identified challenges with the data's completeness and specificity. Second, we evaluated the feasibility of matching SSA administrative data to Census Bureau data but identified feasibility and potential methodological limitations to such an analysis. Third, we pursued a technique to estimate the race and ethnicity of benefit applicants within our scope using the Bayesian Improved Surname Geocoding (BISG) method, but identified some key limitations related to the claimant populations that affected the accuracy of the estimates. Sections 1, 2, and 3 of this appendix discuss the methods we considered, the data we used, and challenges we identified.

Section 1: SSA's Administrative Race and Ethnicity Data

As discussed in appendix I, we obtained race and ethnicity data from two SSA administrative data systems: the Numident (for data collected before 2009) and the Race and Ethnicity Collection System (RECS, for data collected from 2009-on). SSA provided us with the most recent race and ethnicity data from these two systems that matched the Social Security Numbers (SSN) for individuals in our population (those filing a claim or an appeal for OASDI or SSI benefits between March 1, 2018 and December 31, 2021).

However, we encountered two key limitations with the completeness and specificity of the agency's race and ethnicity data. First, data were not available for a significant portion of our population. In February 2022, SSA reported having race and ethnicity for 59 percent of SSN holders,¹ which is consistent with the data we obtained (see table 3.)

¹Social Security Administration, Office of Retirement and Disability Policy, "Why Researchers Now Rely on Surveys for Race Data on OASDI and SSI Programs: A Comparison of Four Major Surveys", Research and Statistics Note No. 2016-01 (Baltimore, MD: January 2016).

Appendix II: Challenges in Assessing the Effect of SSA Service Delivery Changes by Race and Ethnicity

Table 3: Percentage of Study Population Covered by the Social Security Administration’s Race and Ethnicity Data

| Program | Individuals filing claims and appeals for SSA benefits (March 1, 2018-December 31, 2021) | | |
|---|---|-------|-----|
| | All | OASDI | SSI |
| Percentage with race and ethnicity data | 64 | 65 | 57 |

Source: GAO analysis of SSA race and ethnicity data. | GAO-23-104650

SSA’s race and ethnicity data are also incomplete due to changes in data collection over time. Since the 1930s, SSA has collected, on a voluntary basis, information on the race and ethnicity of applicants for new or replacement Social Security cards. This is done using the form SS-5, which is the paper application for a new or replacement Social Security card. Beginning in 1987, however, SSA began to introduce automated processes to assign SSNs such as Enumeration at Birth and Enumeration at Entry, which do not provide the agency with race or ethnicity data. Over time, these automated processes became more prevalent. According to a 2016 SSA article, nearly all individuals (96 percent) receive their original SSNs as part of Enumeration at Birth. And qualified immigrants receive most of the remaining new SSNs upon entry into the U.S. under Enumeration at Entry. This means only a small percentage of new SSN card applications are submitted on the form SS-5.² SSA reported in February 2022 that the agency’s lack of complete race and ethnicity data hampers its ability to assess whether its programs are equitably serving beneficiaries and applicants.³

Second, we identified challenges with the specificity of the data. Over time, SSA’s data collection efforts changed to include a larger number of available race and ethnicity categories (see table 4). For example, not until September 2009 were individuals able to (a) select more than one race and (b) separately report race and ethnicity. As a result of these shifts over time, we had to limit our analysis to the few available race options that were available over the entire duration of data collection: Black/African American, White, and Other. Therefore, anyone who

²Office of Retirement and Disability Policy, “Why Researchers Now Rely on Surveys for Race Data on OASDI and SSI Programs: A Comparison of Four Major Surveys”, Research and Statistics Note No. 2016-01 (January 2016).

³SSA, “Equity Action Plan in Agreement with EO 13985” (Baltimore, MD: Feb. 10, 2022).

Appendix II: Challenges in Assessing the Effect of SSA Service Delivery Changes by Race and Ethnicity

reported a race or ethnicity option other than Black/African American or White was categorized as Other for the purposes of our analysis.

Table 4: Social Security Administration’s (SSA) Race and Ethnicity Categories over Time

| | Black/ African- American | White | Hispanic/ Latino | Asian | Pacific Islander | American Indian | Alaska Native | Native Hawaiian | Other | Ethnicity as separate question | Select more than one race |
|---------------------------------|--------------------------------|-------|---------------------|------------------------|---------------------|------------------------|------------------|--------------------|-------|---|---------------------------------------|
| 1936-1979 | Y | Y | - | - | - | - | - | - | Y | - | - |
| 1980-August 2009 | Y | Y | Y ^a | Y | | Y | | - | Y | - | - |
| | | | | Categories combined | | Categories combined | | | | | |
| September 2009 to present | Y | Y | Y | Y | Y | Y | Y | Y | - | Y | Y ^b |

Source: GAO analysis of SSA documentation and "Identifying the Race or Ethnicity of SSI Recipients," Social Security Bulletin, Vol. 62 No. 4, 199. | GAO-23-104650

Note: A dash (-) indicates that the category did not exist and was therefore not a selectable option.

^aFrom 1980-August 2009, Hispanic/Latino was presented as a category "Hispanic" for the question asking about race.

^bSince September 2009, anyone who indicates more than one race is categorized in the data system as Multi-racial.

Because of the way that SSA collected and stored these data as available race and ethnicity categories changed, some of the race categories are not mutually exclusive over time. For example, individuals of Hispanic or Latino origin may have selected different race options over time. As shown in table 4, individuals had the option of choosing Hispanic as a race option beginning in 1980. The Numident system, which contains race data collected before 2009, uses the following categories: Black/African-American (Non-Hispanic), White (Non-Hispanic), Hispanic, and so on. Therefore, SSA’s data assumes that anyone of Hispanic or Latino origin who provided race information before 1980 would have selected Other, which may not be the case. For example, the results of the 2020 Census shows that individuals of Hispanic or Latino origin reported a range of different races, including White and Black/African-American.

Due to these challenges with the completeness and specificity of SSA’s administrative race and ethnicity data, we determined the data were not sufficiently reliable for us to include in this report.

Section 2: Matching Census Data with SSA Administrative Data

At the outset of our work, we considered a range of quantitative techniques to analyze the race and ethnicity of the claimant population. First, we considered the potential to match SSA administrative claims files with a variety of Census data sources. However, several risks are associated with using Census data to estimate race and ethnicity in the SSA claimant population. For example:

- Potential for insufficient sample size: If we had tried to match SSA's data on benefit claims over our study period to survey data from one of the Census surveys, such as the American Community Survey (ACS), we likely would not have had enough matches for a representative sample. The ACS is the largest household survey administered by the Census Bureau, which surveys 295,000 households per month. However, that might not have captured a representative sample of the approximately 45 million benefit claims and appeals that were filed during our study period.⁴ This is especially true for the disability claimant population, who we expect to be underrepresented in Census surveys due to higher rates of non-response and out-of-scope rates, particularly since DI and SSI claimants likely have higher rates of living in group quarters. If the Census surveys did not have sufficient samples of SSA program claimants, we would not have been able to do a robust race/ethnicity analysis.
- Timeliness of the data: Instead of using a Census survey, we also might have tried to use the 2020 Census data. However, much of these data had not been released in 2021, when we were conducting our analysis. The 2020 ACS data would also not have been ready.

For these reasons, combined with the considerable time and effort required to establish two separate data exchange agreements with SSA and Census, we decided that the high probability of undertaking a matching process that ultimately might not provide a robust analysis was not practical for the purposes of this report.

Nonetheless, such costs could be justified for longer-term arrangements that involved ongoing data exchanges, such as an agreement with Census whereby administrative data from SSA could be matched with Census data on an ongoing basis. A similar investment, as SSA mentions

⁴This represents the total number of benefit claims and appeals filed during the period, not the number of unique individuals who filed a claim or appeal.

in its Equity Action Plan, could support the agency's efforts to identify potential inequities in programs and services.

Section 3: Estimating Race Using the Bayesian Improved Surname Geocoding Method

Given the challenges that we encountered when analyzing SSA's administrative race and ethnicity data, we used an alternative approach to assess the effect of SSA's service delivery changes by race and ethnicity. Specifically, we used the Bayesian Improved Surname Geocoding (BISG) method to estimate the race and ethnicity of SSI benefit applicants within our scope.⁵ However, we ultimately found that the results were not sufficiently reliable for our purposes.

Literature review and prior use of BISG. To inform prior work on the use of tax credits across racial and ethnic groups, we reviewed literature on racial and ethnic imputation methods published since 2006, to assess methods that could be applied with IRS tax data.⁶ We specifically focused that review on methods using surnames. We conducted systematic database searches to identify literature. Our electronic search covered several databases of peer-reviewed scholarly publications, conference papers, working papers, government reports, and publications by associations, non-profits, and think tanks. This research has found that BISG accurately predicts race and ethnicity for people identifying as Hispanic, Non-Hispanic White, Black or African American, and Asian/Pacific Islander. Our prior work concluded that the BISG method has been used widely and considered feasible to use with data that includes individuals' surname and residential location, such as SSA claims data. Based on this prior work, we determined that BISG held potential in light of our analytical goals and we tested the method on these data and validated them against SSA's administrative race and ethnicity data.

Data and use of BISG for this report. For the purposes of this report, we applied the BISG method to SSA claims data. SSA provided us with data, including surname and physical address, from its Supplemental

⁵Bayesian Improved Surname Geocoding (BISG) uses individuals' surnames and street addresses, along with 2010 Decennial Census block group data, to estimate the race and ethnicity of a population. Marc N. Elliott, et al., "Using the Census Bureau's Surname List to Improve Estimates of Race/Ethnicity and Associated Disparities," *Health Services, Outcomes, and Research Methods* 9 (2009): 69-83.

⁶For more information on the literature review, see [GAO-22-104582 Tax Equity: Enhanced Evaluation Could Improve Outreach to Small Business Owners](#) (Washington, D.C. Aug. 3, 2022).

Security Record system for all individuals filing SSI claims or appeals between March 1, 2018 and December 31, 2021. Along with the claims data, we used two public-use data files from the 2010 Census of Population and Housing.⁷ When we designed our analysis, the Census Bureau had not published the equivalent files for the most recent 2020 census.

Limitations of estimated results. We identified certain limitations of the estimations produced through the BISG method in the context of the SSA claimant population, particularly among certain disability and SSI claimants. First, estimation using surname, address, and 2010 Census data tends to be more accurate at predicting Asian and Hispanic/Latino race and ethnicity and less accurate for White and Black/African American race. This is largely due to relying on surnames, which overlap at higher rates for White and African American populations. For example, for the third most common surname in the 2010 Census, 46 percent reported their race as “White alone,” and 48 percent reported their race as “Black/African American alone.”

Another key limitation was the accuracy of the address association for certain SSA claimant populations. Specifically, a higher proportion of individuals applying for disability and SSI benefits reside in nursing homes or care facilities.⁸ This could make the estimation of race and ethnicity through address association less accurate, if the racial and ethnic distribution of the facility’s population differs from that of the surrounding Census block group.⁹

As an initial validation test, we compared the consistency of the BISG racial and ethnic probabilities and SSA’s administrative race and ethnicity data. Some of the preliminary results conflicted with other sources of data, especially among individuals identified as Black/African American in SSA’s administrative data. However, the limitations of SSA’s data also limit their potential to accurately validate BISG estimates. Inconsistencies between the BISG estimates and SSA’s administrative data may simply

⁷For a full discussion of the Census data sources and estimation technique, see [GAO-22-104582](#), app. II.

⁸According to the 2020 Annual Report on People with Disabilities in America, 3.5 percent of people with disabilities were living in institutional group settings, compared with less than 1 percent of people without disabilities in 2019.

⁹Census block groups are the smallest geographic entities for which the decennial Census tabulates and reports sample data.

**Appendix II: Challenges in Assessing the
Effect of SSA Service Delivery Changes by
Race and Ethnicity**

reveal limitations of one or both data sources. Ultimately, there is no reliable benchmark data source for the race and ethnicity of the SSA claimant population at the individual level.

Given these limitations and the results of our validation test, we determined that the results of the BISG race and ethnicity estimation were not sufficiently reliable for us to include in this report.

Appendix III: Comments from the Social Security Administration



SOCIAL SECURITY
Office of the Commissioner

November 4, 2022

Ms. Elizabeth H. Curda, Director
Education, Workforce, and Income Security Issues
United States Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Director Curda,

Thank you for the opportunity to review the draft report, "SOCIAL SECURITY ADMINISTRATION: Remote Service Delivery Increased during COVID-19, but More Could Be Done to Assist Vulnerable Populations" (GAO-23-104650). We agree with the recommendations.

Please contact me at (410) 965-2611 if I can be of further assistance. Your staff may contact Trae Sommer, Director of the Audit Liaison Staff, at (410) 965-9102.

Sincerely,

A handwritten signature in blue ink that reads "Scott Frey".

Scott Frey
Chief of Staff

SOCIAL SECURITY ADMINISTRATION BALTIMORE, MD 21235-0001

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

Elizabeth H. Curda, (202) 512-7215 or curdae@gao.gov

Staff Acknowledgments

In addition to the contact named above, Erin M. Godtland (Assistant Director), Kelly Snow (Analyst in Charge), Isabella Anderson, and Craig Comen made key contributions to all aspects of this report. Additional contributors include James Bennett, Paulissa Earl, Alex Galuten, Nick Graves, Christopher Gresh, Robert Letzler, Dan Luo, Grant Mallie, Joel Marus, Kathleen McQueeney, Kevin Metcalfe, Jennifer Padgett, Monica Savoy, Ronni Schwartz, Almeta Spencer, Scott Spicer, Breana Stevens, Jeff Tessin, Kathleen van Gelder, and Adam Wendel.

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