

## **The Cost of Benefits**

This call is being recorded.

Gretchen Grappone:

Welcome everyone, I'm Gretchen Grappone and I work at the training division here at the Center for Psychiatric Rehabilitation at Boston University. I will moderate today's Ask Me Anything Webinar. Today's topic is the Cost of Benefits. We'll spend the next hour answering your questions about this topic. So please post your questions in the chat box and we'll answer as many as possible. The event is funded by the National Institute on Disability, Independent Living and Rehabilitation Research. The content of the webinar does not represent the views or policies of the funding agency. This webinar is not intended to constitute legal advice. All content discussed during the webinar is for general informational purposes only. The territory on which the Center stands is that of the Wampanoag and Massachusetts people. Our Center is a place to honor and respect the history and continued efforts of the native and indigenous communities that make up Massachusetts. We are recording the webinar and it will be transcribed and posted on our website. And as I said, please keep yourselves on mute during the hour. Our first guest expert, Michael Dalto has delivered training and technical assistance on disability benefits and related work incentives for over 30 years. He created a state benefits planning certification process, helped state VR agencies start fee for service benefits planning services, and assisted states to create tiered benefits planning models among other projects. He currently consults with Griffin-Hammis Associates and with the National Association of Blind Merchants. Our second expert, a Senior training associate here at the Center, provides training and technical assistance to behavioral health care authorities and providers addressing many aspects of recovery oriented approaches for organizations and individual services. She works closely with PRN, programs and advocacy agencies. She's taught alternative dispute resolution, ethics and boundaries for traditional and emerging workforce and created curricula for certification and training processes for reimbursable peer services. Now I'm going to hand it over to Michael and Melody.

Michael Dalto:

Yes, I think I'll start. So I thank you very much for that introduction Gretchen. I'm Michael Dalto with High Note Consulting. I have a son who's 31 years old, so if you ever meet him, please promise me that you won't tell him that I told this story in public because it occurred when he was toilet training, but he had been practicing this new skill for a few months and one day we decided he was ready to go out on sort of a test run. So he got dressed with his big boy, underpants, no diaper, and I strapped him into his car seat and drove about 15 minutes. Every single minute I turned around and asked him, do you

have to go? And he kept shaking his head, no. We got to our destination, I parked the car, I unstrapped him, lifted him out of his seat. And those of you who are parents know what I discovered. Of course he was soaking wet. And I looked at him and I said, I asked you if you had to go at every minute, why didn't you say something? And he looked at me with these big innocent eyes and said, "but I wanted it to be a surprise." That was the day that I learned that my son might have a future working for social security because you often, usually get the information you need from them, but it's often just a little too late. So Melody and I hope that you're getting this information in a timely way. The bulk of the hour, we'll spend answering your questions, but first we want to just give a very quick overview with a few powerpoint slides. So we're ready for the next slide, please.

So we're going to be talking about two primary types of cash benefits that people get from Social Security based on disability. The first is social security disability insurance, also known as SSDI, and these are payments the person gets if they have a disability that limits their ability to work, notice it doesn't say it prevents a person from working. And if they have insured status, that means either the individual or in some cases, a certain family member has worked and paid social security taxes on their earnings for a long enough period. So there are three ways to get SSDI; either the person with a disability has the work history: they've worked, paid social security taxes, or in some cases they get it on the record of a parent who's retired, disabled or deceased. So it's the parent who did the work and paid the taxes. Or they can get it on the work record of a deceased spouse. Next slide, please. The average SSDI benefit this year is \$1,277 a month. The maximum is actually over \$3,100 a month. The amount of the benefit depends on the average lifetime earnings of the individual. And after a two year waiting period, people who get SSDI qualify for a medical benefit called Medicare. Next slide. The other benefit we're talking about is supplemental security income, also known as SSI. This highlights rule number one for bureaucrats, trying to confuse the public, give very different programs very similar names. SSDI and SSI only differ by one letter, but they're very different benefits. They do have some things in common, both SSDI and SSI are cash benefits dispensed by social security. For most people to get SSI, they have to have a disability that limits their work, same as the requirement to qualify for SSDI, but alternatively, if a person is 65 or older, they don't have to have a disability. They could still qualify for SSI. But that's where the similarities end. Instead of having to work and pay social security taxes on earnings, to qualify for the benefit, the way you do for SSDI, to get SSI, you have to be financially needy. You have to have resources or assets under a certain limit, that's \$2,000 for unmarried individuals, and have to have countable income below a certain limit. In most states that's \$794 a month. Next slide, please. The maximum SSI benefit in most states is \$794 a month, which is considerably lower than the average SSDI benefit of \$1277 a month. So this tells you that on average SSDI pays more than SSI. There's a medical benefit that comes along with SSI. In most states, it's Medicaid

and in most states are automatically eligible for Medicaid if you receive any amount of SSI, even the minimum \$1 a month, next slide please. So if you're getting either SSDI or SSI and you go to work, what happens? Well, earnings can affect the cash benefit, but there are safety nets known as work incentives that help protect benefits when a person goes to work to make sure that they come out ahead through work. The work incentives do three basic things. First they help a person to keep their SSDI or SSI payments while working. Second, if a person's earnings go high enough to stop their SSDI or SSI cash benefits, the work incentives will let them still keep their medical benefits and Medicare or Medicaid indefinitely, which is a big help to a lot of people who might consider earning enough to stop their cash benefits, but feel like they can't afford to lose their medical benefits. And third, if a person earns enough to their SSDI or SSI cash benefits, but then later their earnings drop low enough or they stop working, there are work incentives that let them get their cash benefits back again, without having to reapply and start all over, oftentimes very quickly. So it's a great safety net for somebody, particularly somebody who's going to be able to get a decent full-time job, earn enough to stop their cash benefits, they can still keep their medical benefits and get right back on cash benefits if anything happens to their job later. And finally, individuals with disabilities who get SSDI or SSI can get free help to use these work incentives by calling the Ticket to Work Helpline at (866) 968-7842. If the person is between the ages of 14 and 65, they're getting SSDI or SSI, neither working or actively seeking work, by calling the ticket to work helpline, they'll be connected with a work incentives planning and assistance project. There is at least one of these projects in every state and they provide free benefits counseling to help people understand the impact of different levels of earnings on all the benefits they receive, not just SSDI and SSI, Medicare, and Medicaid, but all other public benefits they may be receiving and to help them navigate the system to use these work incentives, to come out ahead and protect the benefits that are essential to them. Okay, Melody.

Melody Riefer:

Thanks, Michael. I wanted to also, in addition to the, kind of the numbers that are important about the benefits program, is to talk about the cost and the value in how we make decisions about applying for benefits, using benefits, determining when to step off of benefits. And the first thing I would say is that the rules are complex and there are many paths to the same destination. But I want to talk a little bit about the heart of the person and their goals and hopes and dreams as it relates to autonomy and employment. Dr. Pat Deegan in much of her work has talked about how it's informed by this continuum of the dignity of risk and the duty to care and when we are wearing our provider hats, a lot of times there's a tension between how we feel we need to protect people, or influence their decisions. And I'm here to advocate for the opposite of that. I believe that it's incredibly important that the person who is the employee or the potential employed

person should drive the decision-making process about when they're ready to begin work, what type of work, whether or not they want to explore volunteerism. Being a volunteer should never be framed as a necessary step prior to paid employment, but some people might want to make that choice, and that not everybody needs to be on disability or receive disability benefits. I will share, because this may inform some of the questions that you all have, I received SSDI for approximately six years, and it was during a time when I actually had a harder time getting off of disability than I had getting on disability. Getting on is not particularly easy these days, but my providers wanted to thwart my decision about stepping into full-time employment and ultimately coming off of disability. That was really detrimental to me as an individual, I had goals and a future that I wanted to explore. I wanted to celebrate my recovery and try to obtain as much autonomy as possible in my life. And so, as we are talking about benefits I want to remind us that it's not just about money. It's not just about health insurance. It's not just about percent of income or what you have in the bank. It's also about what you hope for, what your heart's telling you and guiding you, and that for this to be a well-rounded discussion, we welcome questions across the board. So at this point, we'll just open this up for questions that y'all can pose in the chat, and Gretchen will guide us.

Gretchen Grappone:

Thanks so much Melody. So I think there was a question in the chat about if people get the PowerPoint presentation. So we can put it in the chat box for you to download, but also you can email me and I will send you a copy, so you can see what was presented. And we also, like I said earlier, post this online, so you can, you can watch the video again and again. So we're going to start with a question that actually was posed during our last ask me anything. And I said, let's wait and do a whole AMA around it. And so Don from Free Center, thank you for inspiring this webinar. And this is his question that he submitted. He said, our organization [freecenter.org](http://freecenter.org), trains persons diagnosed with disabilities to become certified in Microsoft suite, following a six month paid internship to enter competitive employment. The problem is for the students that receive SSI, SSA deducts half of their gross earned income over \$45 a month from their regular disability check. When you add in their taxes, transportation, food, clothing, et cetera, it doesn't pay for these SSI recipients to return to work. What solutions do you suggest?

Michael Dalto:

Great question. Don highlights the basic impact of earnings on SSI to begin with, namely that SSI is reduced by earnings, but not dollar for dollar. SSI is reduced by a little less than half of gross wages or net self-employment income. Now for a lot of people, that means they do come out ahead because the additional expenses that they have to pay for related to work: taxes on their pay, transportation, work, clothing, et cetera, end up

costing less than half of their gross income or their gross earnings. But, there are people for whom those work-related expenses are high enough that they really don't come out ahead with the ordinary reduction by a little less than half of their SSI. What I would say is that in that case, a person should be aiming higher, and can be looking at higher earnings, perhaps more hours, and that highlights one of my favorite work incentives. There's a rule for people who start out on SSI and whose earnings increase high enough to reduce their SSI payments to zero. That rule is kind of a double safety net, a double work incentive. It protects the person's SSI eligibility, even though they're earning enough to reduce their SSI to zero. And that does two things. Number one, it protects their Medicaid, lets them keep Medicaid, even though they're earning enough to stop their SSI payments. And number two, if anything happens to their job later, this rule enables them to get their SSI payment back just by contacting Social Security. They do not have to reapply and start over to get it back, and they can get it back quite quickly. There's no time limit to this work incentive, so it's a terrific safety net. It means that people really have nothing to lose by working full time, even though they'll earn enough to stop their SSI payments. And when you look at a person's net income, when they're getting SSI and they go to work, you see that the more they earn, the more net income they'll have. So it's certainly worth it for people to consider full-time employment in that situation. Now that rule, that work incentive that I was referring to is known as 16,19 B, and it exists in every state. There's an earnings threshold below which a person is still eligible for that 1619B rule that differs from state to state. The lowest threshold is Alabama, where it's just under \$31,500, a year in earnings, highest is Alaska where it's over \$80,000 a year. In many cases, particularly if a has high expenses covered by Medicaid, they can be earning even more than that state threshold amount. So, that's what I would recommend, is if you're not seeing an increase in your net income due to your earnings, when you get SSI, you should aim higher and look at earning more.

Gretchen Grappone:

Next question came in, can a support person assist someone with SSI or SSDI application process? I heard that the application is a very difficult process and requires a lot of follow up.

Michael Dalto:

Yeah, that's a good question too. But first, Melody, did you want to add anything to the answer to the first question?

Melody Riefer:

Just briefly, there's another option for people who are returning to work specifically for people who are on SSI, which is, you know, we're so restricted. And the other option is called an impairment related work expense. And the tricky part of this option is that it

really has to be impairment related. So it's related to your disability and it's not just about work expenses in general. So as an employee, I have work expenses that are just kind of the cost of doing business. But, there was a time when I had work expenses that were due specifically to my disability, those included things like the cost of medication and for a while I had a job coach, and so the cost of the job coach was an impairment related work expense. And those amounts can be deducted from your earned income. Now, I don't expect those statements to explain the whole process, you know, again, fairly complex, but when you get in touch with the Ticket to Work people or your local disability expert, and these folks exist, who have studied all of this information, they can walk through the steps. So, don't give up quickly, you know, make sure that all the options have been exhausted. And, I definitely am a proponent of shooting higher, because if you're that close to having a skills based job, that's gonna all ultimately open up way more doors and greater income and greater satisfaction in your life, than \$700 and something bucks a month on SSI.

Michael Dalto:

Hey Melody. So, the question about helping people apply for SSI or SSDI, yes, another person can help an individual apply. I do it all the time. People can apply for either SSDI or SSI, online, through the social security's website, [www.ssa.gov](http://www.ssa.gov). There's a link for disability and you click on that and then link for apply for disability, and you can apply for either SSDI or SSI or both using that link. Anybody can apply for SSDI online, and the vast majority of people can apply for SSI online as well. There are a few restrictions: if you've received SSI before or applied, you can apply online and a few others, but most people can. One advantage to applying online is you don't have to do it all in one sitting, you can go ahead and answer some of the questions, fill out part of the application and then save it and you get a code to go back into it later. And you've got up to 60 days to complete the application online before it's erased. Alternatively you can call, either your local social security office or the national toll free number (800)772-1213 and make an appointment to apply over the phone. The option to apply in a local social security office is not available now during the pandemic, but presumably it'll return in the future, but yes, another person can assist an individual to apply. And I recommend that just because it's, it's nerve wracking to have to deal with a bureaucracy like social security. One recommendation is that although social security will say a person doesn't need to come up with their own documentation of disability: medical documentation, psychiatric reports, psychological reports, medical exams, et cetera, I recommend that they do so. If a person gets their own medical evidence that verifies their disability, that can speed up the process sometimes by months.

Melody Riefer:

I would just add, there's kind of a myth that you need to hire an attorney to apply for social security benefits. And that really is a myth. It's been my experience that you're almost always better off working with a case manager or a disability expert within the agency where you're receiving services for your initial application to social security. The initial application process these days unfortunately almost everybody's turned down because they want more information. But at the point when you are turned down, you're also given information about what kind of details are missing that they need to reconsider the application. And you can always reapply. It doesn't count against you to reapply, it helps you to kind of focus on what information social security needs to make that decision. It is sometimes beneficial to hire someone to help with the reapplication. But again, be careful because anybody that you hire, even if they say they do the work for free, they're gonna get their payment when you're approved and they'll get their payment out of the money that you would be getting otherwise. So really try to work with providers and case managers and explore those options first, and then ask around, get some advice, go to advocacy organizations, go to, Pammy and I'm blanking on what PME stands for, so kind of the legal arm for people who represent folks with mental health or psychiatric diagnoses. I'll look it up and then add it to the chat, and ask there about people who have expertise in applying for benefits.

Gretchen Grappone:

Thanks, Melody. Melody actually touched on this next question a bit, but I wonder if Michael has anything to add. And the question is what does the ticket to work program actually entail?

Michael Dalto:

Okay. The Ticket to Work Program was designed to be kind of a voucher model for people to be able to get services they needed to get and keep employment. And it was designed to provide competition for state vocational rehabilitation agencies. So a person could choose to get their employment services from the state VR agency, or they could choose to get services from another organization known as an employment network. Employment networks are organizations that provide employment services through this Ticket to Work. Employment networks are generally employment service providers, but sometimes they can be government agencies, even employers. So the Ticket to Work is designed for people to be able to get employment services one way or another: state VR agency, or an employment network. Anybody who gets SSDI or SSI is entitled to a ticket to work. You don't have to have a physical piece of paper called a ticket, and an individual assigns their ticket to an organization, meaning that they're essentially hiring that organization to give them employment support. There's no cost to the individual. Now, the ticket to work incentivizes the agencies that provide employment support to help people reach certain earnings thresholds because the service providers get paid, not

on a reimbursement for services model, but on a model where they only get paid if people they're serving reach certain earnings levels. So it's in their best interest to help people reach earnings levels that will enable the employment network, the service provider to get ticket to work payments. Now they're in addition to being able to get free employment supports there's one other benefit for individuals, which is that if they assign their ticket to an employment network or to the state VR agency, and if the individual is reaching certain criteria that are known as timely progress, which is usually certain levels of earnings for a certain number of months, a year or certain educational milestones, if a person reaches those timely progress criteria, then they will be at least temporarily exempt from medical reviews that they would otherwise face. When a person gets SSD or SSI, they have to periodically go through medical reviews to make sure that they have not medically recovered. Those reviews occur generally once every one to seven years, depending on how likely social security thinks it is that the person's disability will improve. The less likely they think it is that your disability will improve, the less frequently you'll get the medical reviews. But, if you have assigned your ticket to work to an employment network or a state VR agency, and you're meeting those timely progress criteria, even if it's time for you to get a medical review, you won't receive it. So that can eliminate one additional headache that individuals might otherwise have to deal with with social security.

Melody:

I think you nailed that one.

Gretchen Grappone:

Okay. Next question. During months when people are paid three times, instead of two, based on how the weeks lined up, I sometimes get questions about being dropped from social security, because they'll make too much money. I have explained that SSA takes an average of monthly income and will not suddenly drop someone for that. Am I correct?

Michael Dalto:

Maybe yes, and under the right circumstances. Another difference between SSDI and SSI is how, and when they count earnings for benefit purposes. If a person is receiving SSDI, and they're working, social security generally counts their earnings when they're earned, rather than when they're paid. And so therefore for SSDI, it won't matter whether you got two paychecks or three paychecks in a month, because in each month, your earnings, assuming your hours are consistent, your work hours, your earnings will be pretty much the same from month to month with just a little variation, depending on whether there were 30 or 31 days in the month, or, you know, 28 or 29 in February. But for SSI, earnings are counted when they are received rather than when they are earned. And for SSI, the pay date does make a big difference. For SSI, if you receive two paychecks in a



month, which would be pay for four weeks worth of earnings, then you'll be counted as having received four weeks worth of earnings in that month. And that happens 10 months out of the year, the other two months out of the year, when you get three paychecks, you will be counted for SSI purposes, as having received six weeks worth of pay in those months, meaning they're going to count you as having a lot more earned income in a three paycheck month than in a two paycheck month. So those two paycheck, or excuse me, those three paycheck months can have a much bigger impact on SSI than the two paycheck months do, but for SSDI, it will make little, if any difference whether you've received two paychecks or three paychecks in a month, because they're not counting the pay when it was received, but rather when it was earned. Now, the issue of averaging is true under certain circumstances. Generally self-employed people have their earnings averaged, including for those on SSI. And for SSDI, up to a point earnings can be averaged if they fluctuate from month to month, but we're getting a little farther into the weeds. The basic rule is when you're paid makes a big difference for SSI when you're paid makes little, if any difference for SSDI; what matters is when you earned the money. I hope that answers the question. Melody. Did you want to add anything to that one?

Melody:

Well, I think that's one of the trickier truths, and as you were speaking about it, one thing popped into my head and that is when we use the acronyms SSI and SSDI, both of them end with I, but what the eye represents is different. So SSI is social security income, SSDI, the I stands for insurance and there's a big difference, we know, when we think about income versus insurance, and it's that difference, that word difference that really drives all the variables between SSI and SSDI. SSI is an income-based benefit. You earn it by the level of income that you have in a month. And it's intended to be kind of a stop gap so that people have some kind of income in their lives. So, sometimes it's known as a poverty program. Um, SSDI is insurance, you've paid for it, you've paid for it through your previous work experiences. And your insurance has different rules, just like your medical insurance has different rules and your car insurance has different rules. And so, it took me forever to figure out that because we all just use acronyms, like they're meaningful, and they're not a lot of times they confuse the issue. So when we know that it's a difference between income and insurance, that can at least be a reminder that we need to think this through, because they really are different.

Gretchen Grappone:

Thanks, Melody and Melody I'm going to ask this question to you first, and then we'll kinda throw it to Michael. Can a person really be better off if they work their way off of SSI or SSDI?

Melody Riefer:

Yes. Oh, I should say more. There are a number of considerations and I think that the biggest consideration is: what is the value of work in your life beyond money and beyond benefits. And I mean, I know some people who, if they are not working, they really feel a lack of connection to their community, a lack of identity; I mean, in our culture, and this is certainly not true of every culture, but in the dominant American culture, when you're meeting somebody, kind of the first thing you ask someone is what do you do? I will say, I am approaching this, my personal experience, my life experience is looking at all of this through a lens of a mental health disability. I completely acknowledge that there are some disabilities that don't change over time, though your capacity to work can change over time, even with the disability. So I have a friend who uses a wheelchair, and when she was younger it presented a lot more challenges for her in terms of work than it does now, not because her physical abilities have changed, but the mobility has gotten better, you know, she has a better chair, she has access to buildings that have to provide ways to be able to move within the building and things like that. But when all of that still, what becomes most important is that the goal of the person really drives the decision. So, I think the best benefit that social security provides is a way to sustain your medical benefits for a longer period of time so that you can be sure that you can access things like ongoing treatment, medication, if it's needed, and those types of things, even as you're exploring how much work can I sustain and do I want to do in reaching my goals. Michael?

Michael Dalto:

Yes. I'll talk about the money. Okay. So, the work rules for SSI and SSDI are considerably different. I kind of alluded to the work rules for SSI earlier in response to the first question, when I said that earnings reduce SSI by a little less than half the amount of earnings. So as earnings go up gradually, SSI goes down gradually, but it's not reduced dollar for dollar. So generally people come out ahead and the more they earn, the more net income they have on SSI. And as I mentioned earlier, there's that double safety net, that 1619B rule that lets a person keep Medicaid even if they earn enough to stop their SSI payments and the same rule, lets them go right back on SSI if anything happens to their job later. SSDI has a very different logic. If your earnings stay below an amount that they call substantial gainful activity, then you keep your full SSDI benefit. If your earnings go above the substantial gainful activity amount for a long enough time, then your SSDI will stop. It's an all or nothing benefit. Now, how much is SGA, substantial gainful activity, not going to get into that right now because it can differ from one person to the next, depending on their circumstances and certain deductions from earnings that they're allowed. But, the fact that SSDI as an all or nothing benefit can be very intimidating as a result. Most people who get SSDI and are considering work are focused on how much can I earn and still keep that full SSDI benefit. However, it's always a good idea when a person is capable of listening, when they're not just too overwhelmed and,

and anxious about the possibility of benefits stopping, it's always a good idea to show them some earnings scenarios, a good full-time job in which even though they'd be earning enough to stop their SSDI benefit, their net income working full-time without SSDI would be substantially higher than if they worked part-time, kept their earnings below substantial gainful activity and kept that full SSDI benefit. I think it's very important to share that information with people so that they can make an informed choice. And even if they're not going to consider working their way off SSDI in the near future, so that they'll know that they could be better off working their way off it down the road. And also that they'll know that if they do work their way off SSDI, they have protections that will let them keep their Medicare indefinitely and that will let them get back on SSD without having to reapply if anything happens to their job later, they've got those safety nets. If a person does not get that information about how they could be better off working full time without SSDI, they will be essentially consigned to poverty. They will assume that they have to keep their earnings below that amount so that they can keep their SSDI benefit and they will never branch out beyond that, never aim higher, which is, in my opinion, malpractice on our part because so many people are conditioned to think that their number one priority has to be retaining all their benefits at all costs. And that's a recipe for poverty. So, I'm not suggesting that we pressure people to earn more or aim higher, but rather that we give them the information and this is what the work incentives, planning, and assistance the Wippa projects do when they provide that free benefits counseling, give people enough information so that they can make a truly informed choice and a truly informed choice means consider all the options, including good paying jobs.

Gretchen Grappone:

Thanks, Michael. We don't have any more questions coming in, but one thing kind of popped into my head. So maybe we'll end with this question, do either of you know of any proposed legislation that would actually help to improve either the process or the processes of obtaining benefits or to improve the amount of benefits that people can receive?

Michael Dalto:

Yes, actually, Senator Sherrod Brown from Ohio has introduced a bill. Similar bills have been introduced in past sessions of Congress, but have not passed, that would make improvements to the SSI program, significant improvements that would provide cash benefits that would be at least at or above the poverty level. Currently the maximum federal benefit for SSI is only \$794 a month, which is substantially below the poverty level for one person. Although some states do supplement that amount somewhat, but generally not enough to actually, I don't think in any case the SSI benefits, even with the state supplement, are enough to raise a person above the poverty level. This legislation

would also increase some of the amounts that have been frozen for quite a long time for decades, including the limit on assets or resources, which for an unmarried individual is only \$2,000 for SSI and \$3,000 for a married couple. So it would substantially increase those amounts and also index them for inflation. So they would increase periodically over time. And there are some deductions, particularly a deduction from earned income that is applied in the SSI formula, which is currently, and for decades, there's only been \$65 a month. Well, that's nothing. I mean, in the early seventies, \$65 a month meant something, but now it's very little, so they're excluding not counting the first \$65 of earnings and then half of the difference in the current SSI formula. Senator Brown's bill would substantially increase that \$65 subtraction from earned income and also index that for inflation going forward. So there's that significant effort to improve and modernize the SSI program. Melody, did you want to add anything?

Melody Riefer:

I was really thrilled to hear about the possible new legislation. And I think that would benefit so many people and the overall economy. Sometimes we forget that helping some people really kind of helps everybody. But, I'll get off that soapbox and get on this one. And this actually isn't a soapbox, but as you all know, because you're on this call, we do these calls out of the Boston University Center for Psychiatric Rehabilitation and a big piece of what we do is research and development of new products. Currently in development, and so this is kind of a look behind the curtain, a new product is being developed that will be a training tool designed specifically for peer providers to be able to learn about social security benefits, SSI and SSDI. It's early in the process we're in our first pilot and then research has to be done and then we improve it and then more research and then improve it. And ultimately it will be published and available, but it's worth knowing that that's in the work and that we recognize that a lot of people who are peer providers in particular, either have no exposure to benefits programs or only have their personal experience. And so over time we always advertise when these kinds of things are released. And so if you want to be in the know, sign up for E-cast that comes out once every other month, and that's the best way to find out about this kind of information, but I think it's going to be beneficial for way more than just peer providers, but, it's a great tutorial on how to learn how we can help people manage benefits so that it benefits them in their exploration of work and in achieving their life goals and dreams.

Gretchen Grappone:

Thanks, Melody.

Michael Dalto:

If I could add one more thing, Gretchen. I noticed a comment in the chat earlier about a potential change in the way work affects SSDI benefits. As I mentioned, SSDI is an all or nothing benefit, if your earnings stay below that substantial gainful activity amount, you keep your full benefit, if your earnings go above that substantial gainful activity amount long enough, then you get zero SSDI. But, there have been several research and demonstration projects, including one that's underway right now called pod, that are testing a different model that would make the impact of work on SSDI look more similar to the impact of work on SSI, namely that if your earnings exceed a certain level, your SSDI benefit would be reduced rather than just stopped. Whether this will ever become a nationwide policy and not just an endless series of demonstration programs, I can't say for sure, but it is being tested.

Gretchen Grappone:

Great. Thank you. Now we have a question about legal protections and what I did was I put a link to our webinar site at BU because we actually a few months ago, did a whole webinar on that. So I'm going to direct that legal question to have you go to our previous legal protection webinar at that link. We are out of time and thank you so much, Michael and Melody for your expertise and for answering all of our questions and giving us an hour of your time today. And everyone can expect an email shortly with just a short survey that we hope you'll fill out and give us feedback. And there's also a place if you have suggested topics for upcoming webinars, we'd love to hear that as well. So thank you everyone, and take care.