REDUCTION IN FACE-TO-FACE SERVICES AT THE SOCIAL SECURITY ADMINISTRATION

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SPECIAL COMMITTEE ON AGING

BILL NELSON, Florida, Chairman

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Kim Lipsky, Majority Staff Director
Priscilla Hanley, Minority Staff Director
REDUCTION IN FACE–TO–FACE SERVICES AT THE SOCIAL SECURITY ADMINISTRATION

WEDNESDAY, JUNE 18, 2014

U.S. Senate,
Special Committee on Aging,
Washington, DC.

The Committee met, pursuant to notice, at 2:19 p.m., Room 562, Dirksen Senate Office Building, Hon. Bill Nelson, Chairman of the Committee, presiding.

OPENING STATEMENT OF SENATOR BILL NELSON, CHAIRMAN

The Chairman. Good afternoon. Thank you for all gathering here on an important topic today.
We have held several hearings highlighting the importance of Social Security and laying out some of the rather staggering statistics about how many seniors rely heavily on Social Security benefits. About a quarter of married couples and about half of single people depend on Social Security for at least—and this is astounding—at least 90 percent of their retirement income, so given that important role of Social Security especially for the quality of life of our seniors, we are holding this hearing today to ensure that all the services supporting this program continue to serve this important demographic population.

You know, the way I was raised was that it was the responsibility of a society to take care of the very young and the very old.

Now, for most Social Security beneficiaries, the field office is still the source not just for clearing up issues having to do with their monthly payments or filing for benefits at the very outset, but for a whole range of services that can help them verify their identity or obtain critical social services.

Like so many Federal agencies, Congress in recent years has asked the Social Security Administration to do more with less. At a time when the younger part of the baby-boom generation is reaching its most disability prone years and the older part is hitting retirement age of that baby-boom generation, the Social Security Administration received a total of nearly $3 billion less than the President requested over a three-year period.

They have lost 11,000 workers, and we will enter into the record a statement from the American Federation of Governmental Employees that talks about how its workers have been impacted and
the concerns moving forward, so it was no wonder that SSA decided to look for other ways to cut back. They reduced the amount of time offices are open to the public—the equivalent of a full day every week. They stopped mailing benefit statements to educate the public about their earned benefits. They introduced plans to stop providing other key services that help low-income Americans to get public supports like housing subsidies or heating assistance.

I think it is a legitimate question: Is this a death by a thousand cuts that an agency known for its great service could be undercutting its mission?

Most of this has been done with very little consultation of the Congress, or I might say the reverse as well, and most of this has been done without consultation with the impacted communities, so we are going to focus on the field office closures, and over the last five years, SSA has shut down more field offices than at any other five-year period in the agency’s history, so this Committee, thanks for the leadership of Senator Collins, undertook a bipartisan investigation—notice I said “bipartisan”—why the closures. We hoped to learn more about Social Security’s process and how it decides which field offices to close and which ones serve a vital role in their communities. We asked for all the documents explaining each of the 63 closures since 2010, but all the SSA was able to provide us were the documents for offices that were closed in the last year and a half, and that was 25 of the 63 offices, so I am entering into the record today the investigation that is reported by the staff.

Now, here is what we learned: The Social Security Administration is not talking to the people on the ground in these communities, including the field office managers, the employees, and the other stakeholders. Sometimes they talk to them, but it is after they have made the decision to go ahead and close it. They do not do any kind of analysis on what would happen to a community when their field office closes, including figuring out how the most vulnerable populations would make their way to the next closest office. Certain pieces of information are not on record anywhere in the documents. And all of that is contained right here. SSA did not note in some communities that public transportation from the closed area to the existing open office, that that public transportation was virtually nonexistent, and at a time when the agency is pushing more people online to conduct their business—a good thing—but there was not an examination of whether people in the vacated communities actually use the Internet and in what numbers, and so it is a process that lacks rigor, transparency, and sufficient information to make a real decision.

Now, we are going to hear from the SSA today, and it is my hope that when we leave here, there will be a plan to actually ensure that the most vulnerable populations are not left out in the cold. That is certainly the feeling that exists today in Gadsden County, Florida, where Social Security picked up shop with little notice and not a lot of thought about how to serve this particularly poor and rural community in North Florida, and we are going to hear from officials about that in the course of this hearing.

Let me turn to my great co-leader, Senator Collins.
OPENING STATEMENT OF SENATOR
SUSAN M. COLLINS, RANKING MEMBER

Senator Collins. Thank you very much, Mr. Chairman. I applaud your holding this hearing on a topic of great concern to all of us, and that is, the impact on the beneficiaries of Social Security of the Social Security Administration’s reduction of person-to-person services. What we have seen instead is the closure of field offices and the restriction on the hours of operations.

Despite an increased caseload resulting from the retirement of baby boomers and the expansion of the SSDI population, in the past five years the Social Security Administration has closed 64 of approximately 1,245 field offices—the largest field office reduction in its history—and has shuttered 533 temporary mobile offices. It has also reduced field office hours and began closing field offices at noon on Wednesdays as of 2013.

This has special significance in my State of Maine. Nearly one in four Maine residents—about 315,000 people—receives retirement, survivor, or disability benefits through the Social Security Administration. These citizens are now served by eight field offices located throughout our State, where trained staff help them get important documents and sort through the complexities of the Social Security and Medicare programs so that they can apply for and get the benefits to which they are entitled.

Until recently, there were nine field offices in Maine. In 2011, however, the Social Security Administration closed the Rumford office in western Maine, replacing it with a two-way video monitor located at the town library, connected to the nearest remaining Social Security field office, about 50 miles away, in Auburn, Maine.

The SSA has been pushing for years to reduce the face-to-face services it provides through its field offices and to force beneficiaries to interact with the agency online or over the telephone. While I do not object to providing services in this way when it is appropriate and where it is appropriate, I am concerned that the agency has not sought public input and that, as the Chairman has pointed out, it is not taking into account the impact on the beneficiaries that they are supposed to be serving.

I am particularly troubled to learn of a draft strategic plan prepared for the SSA by the National Academy of Public Administrators called “Vision 2025.” This plan, which will not be published until this fall, proposes that the SSA shift from face-to-face services to online systems as the primary means of serving beneficiaries over the next 11 years.

This is completely unrealistic. The fact of the matter is millions of seniors and disabled Americans are not accustomed to doing business online, and particularly in rural areas, such as northern Maine where I come from originally, many do not have access to computers or high-speed Internet.

Even as computer and broadband technologies become more widespread, the idea that the Social Security Administration can serve beneficiaries primarily online ignores the very real needs of the senior and disabled populations, and that is why I am particularly pleased that Tammy DeLong will be here today to testify before us. Tammy serves as the Medicare specialist for the Aroostook Area Agency on Aging. That is located in Presque Isle, Maine,
northern Maine, where she works closely with the local SSA field office. Tammy estimates that she handled 1,400 senior citizen clients last year alone. She knows our seniors and our disabled citizens from firsthand experience and can explain why the loss of face-to-face services imposes a real hardship for many of them.

I am also, like the Chairman, concerned by the lack of transparency in the Social Security Administration’s process for closing field offices or reducing their hours. The 2014 appropriations omnibus legislation directed the SSA to report its policies and procedures for closing and consolidating field offices, and the agency submitted a report last month listing six major factors it claims to examine in making its decisions.

In reviewing information about recent field office closures, however, our Committee staff was unable to confirm that the SSA had followed its very own procedures. Moreover, the agency does not appear to seek out or allow for public input until after a decision to close an office has been made—essentially presenting the local community and its citizens with a fait accompli. This must change.

Again, Mr. Chairman, thank you for calling this important hearing, and I look forward to hearing from all of our witnesses today.

The Chairman. Now, this will be one of many ways that we will get into this issue. There will be an appointee later on as the Administrator of SSA, and, of course, from the standpoint of the confirmation process in the Finance Committee, we will get into this further at that point.

Senator Scott.

OPENING STATEMENT OF SENATOR TIM SCOTT, COMMITTEE MEMBER

Senator Scott. Thank you, Mr. Chairman. I will make a brief opening comment, and then I will run to another hearing and come back.

I wanted to say, first and foremost, to you, Senator Nelson and Senator Collins, thank you so much for holding such an important meeting, hearing. As opposed to trying to repeat what you all have already said so well, I just want to give an example to go along with your comments and perhaps that will distill and crystallize the importance of this very important hearing.

My grandfather, who is 93 years old, and I, at 48 years old—I know you thought I was 28, Mrs. Collins, so that is okay.

We both share one really important challenge. We like to have face-to-face conversations when doing business, and my grandfather still drives his pickup truck, and he enjoys driving to the office and having a meeting with folks, and this is a part of the life that he has always grown up with, and he passed it on to his younger grandson, and so when we heard about the Camden, South Carolina, office closing, I was chatting with some folks about that because folks called me about it. I thought to myself, well, my grandfather does not live in Camden, and I do not want to leave that impression. Thinking about men and women in his generation, some are at 88 years old, 89 years old, one of his friends on Facebook, technological savvy beyond recognition. I am trying to catch up with those young fellas who are just enjoying the new world of technology. There are some within the generation who
truly appreciate the individual interaction, and they have grown accustomed to it. I think that is something worth preserving.

What I hope to hear is, A, answers to the question of transparency; B, a little deference to those folks, the Greatest Generation, who perhaps saved peace and liberty throughout the world, giving them a little more deference to how we respond to the transition to what is obviously a technological world that we are going to have to embrace, even I am going to have to embrace at some point. My staff wants me to get rid of my rotary phone, but I do not want to do that yet.

The truth is, though, that so many folks are stuck quickly moving into a new world without real recognition that there are many of us who like the way things are, and I think finding the equilibrium on behalf of our seniors, on behalf of the greatest generation, is what I hope and anticipate that we will be able to, A, recognize; B, figure out how to do so; and, C, will do that in a way that is respectful and is cost-effective. Frankly, there are a lot of things that we can do in the back room that does not stop the interfacing with people to use technology in a way that reduces our cost while remaining open for business to those folks who want to come in.

I hope we find a way to do all those things, and I understand the budgetary pressures are amazing and tough, but we also have to make sure that we remember who we serve and why we serve them.

With that, I will be happy to come back if I have an opportunity. Thank you.

The CHAIRMAN. Thank you, Senator.

First, we are going to hear from Nancy Berryhill. Ms. Berryhill is Deputy Commissioner for Operations at the Social Security Administration.

Then Scott Hale. Mr. Hale is the president of the National Council of Social Security Management Associations. He manages a field office in Mobile, Alabama.

Then Tammy DeLong, and as Senator Collins has already introduced her, Medicare specialist for the Aroostook Agency of Aging in Presque Isle, Maine, and then Brenda Holt. Ms. Holt is a county commissioner in Gadsden County, Florida, which I mentioned in my remarks.

We will start with you, Ms. Berryhill. Your remarks are entered into the record, if you would summarize them, and then we will get into questions after everybody.

STATEMENT OF NANCY A. BERRYHILL,
DEPUTY COMMISSIONER FOR OPERATIONS,
SOCIAL SECURITY ADMINISTRATION

Ms. Berryhill. Chairman Nelson, Ranking Member Collins, and members of the Committee, thank you for inviting me to discuss Social Security's service delivery. I am Nancy Berryhill, the Deputy Commissioner for Operations.

I am pleased to discuss our service delivery as someone who has experienced field operations firsthand. I worked over 30 years serving the public, first as a student employee, and then a claims representative, operations supervisor, and district manager.

I want to state up front that we are committed, now and in the future, to a field office structure that provides face-to-face service
for those who need it and want it. However, as customer expectations change, we must balance that need with the needs of those who prefer alternative service options. In response, we have expanded our service options in recent years to meet the needs and reality of today’s world.

As an agency, we continuously examine our field office structure to balance service across the country. Each year, we conduct an annual review of our field office structure to determine if the size, location, and service levels continue to be responsive to the needs of the community.

When making these decisions, we review many factors, including impact on the public, stakeholders, and employees; demographics of the service area; proximity of the SSA offices; staffing; geography; and lease expirations.

After conducting this thorough review, we may decide to make no changes, open a new office, expand an existing office, or consolidate an office. Even if we decide to consolidate an office, our service to that community does not stop. In addition to visiting the new office location, the public has several other options for convenient service. I would like to discuss three service delivery alternatives: the phone, online, and video services.

Toll-free telephone service has been available nationwide for over 25 years. On June 10th, we set a new milestone when an agent answered our one billionth call. In fiscal year 2013, we served over 54 million callers through the national 800 number.

In fiscal year 2013, we received nearly half of all Social Security retirement and disability applications via the Internet, up from 10 percent just a few years ago. This illustrates the changing expectations of the public I spoke about earlier.

Today many people routinely conduct other business online and expect the same level of service from their Government. The number of people who choose to file online continues to grow. Our websites consistently rank among the top online Government services and either match or outperform highly rated commercial sites.

In 2012, we created our My Social Security online portal, which customers can use to conduct their business. Since launching My Social Security, over 12.3 million individuals have registered, with 40 percent being age 62 or older.

In addition, we have expanded our video service delivery. Video can serve applicants in areas who might otherwise have to travel long distances to reach a field office. In 2013, we conducted over 181,000 video interviews, double the amount held the previous year.

I can personally attest to the advantages and benefits of video service. I initiated video service delivery 10 years ago in the Denver Region as an innovative way to serve many of the region’s rural and underserved communities, including American Indian reservations.

In summary, alternative options of video and online services increase self-service opportunities for individuals who prefer to do business in that manner. By increasing self-service options, we are then freeing up resources to help those who prefer to conduct business in person or over the phone.
I want to reiterate that we remain fully committed to providing face-to-face service both now and in the future. The President’s fiscal year 2015 budget will allow us to balance service to the public and meet our program integrity obligations. Without timely, adequate, and sustained funding, we simply cannot maintain the quality of service the public expects and deserves.

Thank you for the opportunity to testify on SSA’s multifaceted service delivery approach. I will be glad to answer any questions you have. Thank you.

The CHAIRMAN. I agree with you, Ms. Berryhill. The Congress has got to do its part, so do you. Why no information on 38 of the 63 closures since 2010?

Ms. BERRYHILL. Do you want me to respond now?

The CHAIRMAN. Yes.

Ms. BERRYHILL. Well, first of all, we have certainly shared the information. We share it in advance, usually 90 days in advance, to alert the public, to alert Congress that we are closing an office. We also offer alternative service—as I mentioned three of these—by phone, video, Internet.

I have to tell you that video service delivery—and our very first rollout was in an Indian reservation, Turtle Mountain in North Dakota, and we connected that site 112 miles away to Minot, North Dakota. We had no idea if that was going to work.

The CHAIRMAN. If I were you, I would be doing the same thing, and I think the video is a good idea, but that is not the question. The question is: You closed 63 offices, 38 of which had no documentation that was provided to us, and the question is: Why?

Ms. BERRYHILL. I became full-time in this position last August, and when I got this position, what I wanted to do is I reviewed the documentation. It was not consistent, and so we put in place a rigorous process that had consistent documentation and that also had a community outreach plan or communications plan, if you will, so I understand your question, and I agree with that, which is why it was important for me to put a process in place that I could review the documentation. It starts with our area directors who oversee multiple managers——

The CHAIRMAN. Let me interrupt you, because I want to get on to the others, so the answer is, when you came in a year ago——

Ms. BERRYHILL. Yes.

The CHAIRMAN. [continuing]. There was no documentation for those 38 offices?

Ms. BERRYHILL. There was some documentation, but not the documentation that was consistent, in my opinion.

The CHAIRMAN. We would like for you to provide that to the Committee.

Ms. BERRYHILL. Okay. I would be glad to do that.

The CHAIRMAN. Okay.

Mr. Hale.

STATEMENT OF SCOTT HALE, PRESIDENT, NATIONAL COUNCIL OF SOCIAL SECURITY MANAGEMENT ASSOCIATIONS

Mr. Hale. Chairman Nelson, Ranking Member Collins, and members of the Committee, I am Scott Hale, president of the National Council of Social Security Management Associations, or
NCSSMA, and a district manager of the Mobile, Alabama, Social Security office. Thank you for the opportunity to speak on behalf of the 3,300 NCSSMA members across the country. We share many of your concerns about the reduction in face-to-face services at the Social Security Administration.

NCSSMA strongly believes the primary focus of SSA should be providing the best public service possible, regardless of how our customers contact us. Despite increased agency online initiatives, field offices served over 43 million visitors in fiscal year 2013, nearly the same number as in the previous four years. These numbers clearly demonstrate a significant portion of the American public still wants or needs face-to-face service.

NCSSMA understands that as the needs and service option preferences of the American public change, SSA must change as well. We also understand that SSA should consider field office consolidations where they make good business sense. However, NCSSMA firmly believes the American public should always have the option to visit a field office to speak face-to-face with an SSA representative if that is their preference. Hard-working Americans deserve the opportunity to discuss their options face-to-face with a well-trained, highly skilled Social Security Administration representative after working and paying taxes, often for decades.

In fact, this was reflected in NCSSMA’s response to the draft National Academy of Public Administration’s long-term strategic vision and vision elements for the Social Security Administration document dated March 10, 2014. In the draft, NAPA indicated SSA should automate processes resulting in a smaller workforce and in reduced physical infrastructure. NCSSMA’s response was, “It may be possible to reduce the size of the workforce and physical infrastructure to some degree, assuming policy simplifications and significant systems enhancements are in place; however, we firmly believe there is still a demonstrated need for community-based services across the country.”

NCSSMA also strongly advocates for involvement by local managers at the point an office is considered for closure or consolidation as opposed to after a decision is made. It makes good business sense to involve local management early in the process as possible. We believe local management’s unique perspective is crucial to pre-decisional discussions. After all, who knows the local service area characteristics and challenges better than the manager of the local field office?

NCSSMA understands the need for SSA to make changes in its business processes. In recent years NCSSMA has submitted a number of suggestions for program simplification and legislative changes. We support changes where they make sense and do not cause a hardship for the public we serve. However, online services still do not work for our most vulnerable clients, including the homeless, non-English-speaking, special needs populations, and those in rural areas where Internet and computer access is often nonexistent. Even when SSA employees assist clients with starting the registration process for MySSA accounts in field offices, a significant portion do not complete this process when they return home.
NCSSMA’s primary concern is public service, and we want to ensure no one falls through the cracks. SSA’s programs are extremely complex and require highly trained and skilled technicians. Without major program simplification and legislative changes, complete self-service is not a reality.

While many members of the public readily utilize technology, there remains a significant segment of the people that requires and deserves face-to-face community-based service. We should not exclude this vulnerable group from this mode of service delivery.

On behalf of NCSSMA members nationwide and the American public we serve, thank you for the opportunity to be here today to present testimony. We greatly appreciate the Committee’s focus on these very important issues and would be happy to answer any questions you may have.

Mr. Hale. The—specifically?

The Chairman. This is the Committee report.

Mr. Hale. Right

The Chairman. Perhaps you have not seen it.

Mr. Hale. I saw it early.

The Chairman. Okay.

Mr. Hale. But not the final report, no sir.

The Chairman. Okay.

Ms. DeLong.

STATEMENT OF TAMMY DELONG,
AROOSTOOK AREA AGENCY ON AGING

Ms. DeLong. Chairman Nelson, Ranking Member Collins, and members of the Committee, I thank you for inviting me to appear before you today. My name is Tammy DeLong. I am the Medicare specialist for the Aroostook Agency on Aging in Presque Isle, Maine—a position I have held for nine years now. Before that, I was a call center benefits representative for the TRICARE and TRICARE for Life program for five years. With this knowledge and experience I have acquired over the years, as well as being born and brought up in Aroostook County, I feel this has made me a good advocate for those clients I assist, and that is why I am so thankful for the opportunity to be here today.

Today I will be discussing how the reduction of face-to-face services at the Social Security Administration would be detrimental to the residents of Aroostook County.

As you already know, Aroostook County is not only the largest county in Maine, it is the largest county east of the Mississippi River—larger than the States of Connecticut and Rhode Island combined. Twenty percent of the residents are age 65 and over. This huge area is being served by one Social Security office and one Agency on Aging, both centrally located in Presque Isle. These offices are approximately a 2-hour drive from the north end and the south end of the county.

Last year at the Agency on Aging, about 2,500 people came through our doors for assistance related to Social Security and Medicare. About 80 percent of them are over age 65; the others are close to 65, thinking of retirement, or are disabled. We have a good
working relationship with the Social Security office where the enrollment for Medicare often starts, but Social Security personnel cannot provide information or counsel beneficiaries on the 119 Medicare Supplement options, 10 Medicare Advantage plans, and the 30 Medicare Part D drug plans that are offered in Aroostook County, so they refer people to the Agency on Aging for personal counseling.

My job is Medicare education and insurance counseling, helping them to understand what Medicare is, how it works, what they need for coverage, what is available, and how they can pay for it. Going onto Medicare for most people is a life-changing event, one that scares and confuses even the most educated individual. They do not want to do the wrong thing. The comfort of having someone local that they can talk to is a huge stress reliever. I had a beneficiary in last week who had worked her whole life, was computer literate, tried to do everything online, and still was not sure she was doing the right thing with her benefits. She went to the local Social Security office, who then referred her to us. She had in hand all of her correct research papers for her insurance options, but just wanted a second opinion. She would not be able to gain that peace of mind on the phone, and she did not get it from the online education she had tried to do.

I know you do not get that kind of service through telephone call centers. Having worked at a call center for five years, we were often told to keep our call numbers up and our call times down. There were no incentives for these people to go the extra step to go the extra step to find the source of the problem and fix it. They just Band-aid it for the time being and move on to the next call.

Not only does the Social Security office have beneficiaries from Aroostook County, they also have a lot of individuals who worked in the United States and qualify for benefits, but live in Canada. Coordination of benefits between two nations is sometimes an issue, and the walk-in service available at the Presque Isle office is very important.

I had a beneficiary who was living on $460 a month. She was married to someone for 20 years before she divorced him in the 1970s. She had enough personal work credits through her Social Security to get a benefit check on her own, and she was trying to make ends meet. When she applied for her Social Security benefits, she did not disclose that she had been married because she did not think it was important because it was so long ago, and she did not have any other information other than his name and date of birth, so we worked with the local Social Security office. We were able to locate this gentleman. He was deceased, and she was able to collect a widow’s benefit of over $1,000 a month, so that made a huge difference in her quality of life.

People in Aroostook County are known for being hard workers. In our older generations, some had to drop out of school to help the family by going to work, but the farm and woods wages worked for years ago equal a very small Social Security check today. They cannot afford a computer and/or the Internet access fees, which just for a basic package run about $50 a month in the county. If they were able to access the Internet, often these websites are cumbersome and confusing for them to navigate.
Unfortunately we have too many incapacitated seniors who lack an informal support system. Outmigration of younger people plagues rural America, and Aroostook County is no exception. Older parents are stranded with the loss of this support network, and few want to burden their children with their problems, and financial and health issues also go unaddressed, which is why the Social Security office is so important, because they understand that.

Hearing loss is chronic in our aging population. Telephonic services are a challenge, especially to those with late-life hearing loss. Hearing aids are beyond affordability for many. They like to be able to walk into an office, sit down and talk to the person, and feel comfortable that communication is happening.

If a beneficiary wants to know and understand something, they do not want to seek it out online or on the phone. They want to sit and talk to someone where they are a name and not a number, and that is why it is very important.

In closing, I would like to thank you again for inviting me to testify. I would be very happy to answer any questions you may have. Thank you.

The Chairman. Thank you, Ms. DeLong.
Commissioner Holt.

STATEMENT OF BRENDA HOLT, COMMISSIONER

Ms. Holt. Thank you, and I would like to thank all of you for having me here to discuss the panhandle of Florida and the type of citizens we have there.

My name is Brenda Holt. I am a county commissioner in Gadsden County in the panhandle. I am here today to talk about the closure of a field office in my county and a process that deeply frustrated and angered our rural community filled with low-income seniors.

Gadsden County is home to about 60,000 people. Of those 60,000, 10,000 of whom are senior citizens whose sole income depends on Social Security. Many citizens in Gadsden County live in a financial environment where, at times, their choices have to be made between medication and food to feed their families. Interfering or even delaying these seniors of their benefits can have catastrophic effects on their families.

The Social Security field office was located in the Gadsden County seat of Quincy, Florida, which is located about 45 minutes to 50 minutes from Tallahassee. Gadsden County has a poverty rate that is double the State average. We also trail the State average in education where only one out of seven of the residents has a college degree.

As demonstrated by the demographics of the area, many of the citizens do not have computers at home or even Internet. They have a choice between a computer and food. They have a choice between the Internet and being able to pay the light bill. There are no other choices on a set income, so it is a real shock that the Social Security Administration announced it was shutting down the Quincy field office beginning at the end of March.

I understand a few local people may have been informed last fall or winter, but the county most affected by this closure, Gadsden
County, first learned of the plans just a few weeks before the doors were to close.

That did not give us much time to try to rally support from the county to stop the shutting down of our office, so what I did, I called and set up a press release. I got together as many people as I could get to in my community, who included our chairman, Commissioner Hinson; Representative Alan Williams, a State representative; Sheriff Morris Young; and other leaders joined with us at the senior citizens center, and I polled the seniors that day of approximately 60 people. No one there knew the office was closing, and it was going to close within that month. Most of our seniors were worried about the closure, and they would have to go next door to Tallahassee. They would have to ride the shuttle. That is a service that I mentioned to the Social Security Administration. When they said could we use that shuttle, I told them, no, we could not because that shuttle is full every day. In the morning that shuttle is full. There are people sitting on the floor already in the shuttle trying to get to Tallahassee. There is no room for the seniors.

The shuttle does not go to that side of Tallahassee where they would have to get another form of transportation, our metro, and then go across town. Now, these people have walkers, some of them; some of them have wheelchairs. They would not be able to get there.

Our report shows that there was demand for transportation that we would not be able to provide for them. Obviously this is not a great or even real option for many of our seniors that are vulnerable.

Our county leaders looked at ways to keep the Social Security office in Gadsden County, and with the help of our elected officials, including Senator Nelson, we got a conference call with the Social Security Administration Commissioner, Carolyn Colvin, and other agency officials on March 25th, just a few days before the office was to close. They told us that they were being cut 3.2—they would save $3.2 million over a 10-year period if they closed the office. We told them that the amount they were paying for rent—$15,000 a month—was way too high for our area. After talking to the landlord, we offered them a deal: reduced rent at the same facility. They were not interested.

Then we offered them a free facility, about 4,000 square feet of office space, an annex building of the sheriff's office. They were not receptive to that. We also offered free space at our local hospital. The sheriff's office also offered a free guard if they needed a guard for that facility. They would provide a deputy for that at no cost to the agency, and the city of Quincy said it would cut the utility bill by 25 percent. All told, this would have cut SSA's costs more than half, but they refused to even negotiate or come to the table. Only after we pushed to keep services did SSA tell us that they could get a video unit that they later put into our libraries. There were also video icons put on the computers there also. This unit had been sitting in the back of the Quincy office, but there was no one trained, and none of the citizens had used that, and I was the first one in the county to use that computer, and that would have
helped people to transition over to using that equipment before now.

We recently conducted a survey to see what our community thought of the video unit, and nearly one-third said that they were not comfortable using it. Other concerns included lack of confidentiality with the space of getting faxes in that facility with a video camera.

The whole process has been very sad to watch. We never had an opportunity to weigh in as a community to try to save our office. The Social Security Administration did not do much of anything to inform our community of the closure. There were people that did not know, and until this day, there are people that still go to that office because they think that the office is going to be still open, and I have stopped by there to let them know that it has been closed permanently.

Our county is paying for advertisement and has paid in the past in the newspaper to alert people who still do not know about this closure. People are scrambling to figure out how to get the basic services they need. I am here today to see if anything can be done to restore our office back in the community, but if that cannot be accomplished, then I want to make sure that other communities like ours at least get a fighting chance. That is what we need. We need a fighting chance, and I want to make sure Social Security remembers that even if it no longer has a physical presence in our community, it still needs to find ways to serve us going forward. Our needs matter. We will not just be cast aside. Our seniors have paid their dues. Now it is time for this country to help them.

Thank you.

The CHAIRMAN. Thank you, Commissioner.

Senator Collins.

Senator COLLINS. Thank you very much, Mr. Chairman.

Ms. DeLong, thank you so much for your excellent testimony. I was particularly struck by the case that you mentioned in which a woman who was living on just a little more than $400 a month actually was entitled to a widow’s benefit of $1,000 additional dollars. What a huge difference in her standard of living that must make.

Do you believe that she ever would have discovered that if she had just tried to apply online? It sounds like she had done some work.

Ms. DeLONG. Not particularly, because by the time she had come to us, her children were not living here anymore, and she was referred to us by one of our people in the office, and she thought that was all she could get. She was trying to get her prescriptions paid for, is what the problem was, because she did not know she was entitled to any help with those either, so by just asking her a few questions, and then, of course, I am nosy by nature, so I just keep asking and asking and asking, and finally I said, “Have you ever been married?” She says, “Well, yeah, a long time ago.” “Well, how long ago were you married? How long were you married for? Why haven’t you said this to anyone before?” Consequently, I made that phone call to Social Security, and by the time we tracked him down, she was very happy when we got done.
Senator COLLINS. Well, I think that is just such a perfect example of why the face-to-face encounter is so important, because it was your interaction with her that brought out that additional information, and had she been calling a call center or just going on—trying to go online, I doubt that ever would have come out, and what a huge difference in her standard of living to have $1,400 a month rather than $434 a month.

I think you can really salute yourself for that, but I think you have just proved the point of why the face-to-face encounter can be so absolutely critical.

You made another comment which I thought was very interesting. You talked about your experience working for a call center and how there was pressure to keep the calls short and keep your numbers up, and that also worries me. We have seen a little bit in the VA scandal of a variation of that that led in some cases to a falsification of numbers.

I am curious what your experience has been dealing with your local Social Security office right there in Presque Isle, Maine, versus calling one of the national call centers. Do you find a difference in responsiveness and accuracy of information and the willingness to be helpful just because they are right down the street from you?

Ms. DELONG. Yeah, I do, and a lot of them, there is that language barrier of the French as well, so when they usually come in, that is where we catch that

Senator COLLINS. I was tempted to start out by saying “Parlez vous Francais?” to you.

Ms. DELONG. Un peu.

Senator COLLINS. Un peu. Moi aussi.

Ms. DELONG. When I call the local office, usually wind up with the same person. If you call the 800 number, usually you have talked to somebody, they have started something, and then when they come on again—when you call back to check on it because they do not call you back, you get somebody else: “Oh, well, I do not know who that is. Let me start at the beginning again.”

When you call the regular office, that helps a lot because you are dealing with the same person every time; they know the history, and you do not have to start from the very beginning.

Senator COLLINS. So you get the continuity that you do not get. It is like all of us, whenever we are dealing with a call center or a large utility and have to start the tale all over again, which can be very frustrating, particularly to someone who is not well or cannot hear well, as you said.

Commissioner Holt, I was fascinated to hear you say the kind of effort that the community stakeholders in your county made to try to save money for the Social Security Administration and yet keep that office going, and it is my understanding that that included offering reduced rent at the current facility, free alternative facility space, an offer to provide a security guard at no cost, and a reduction in utility bills. It sounds like you bent over backwards to try to reduce the costs for the agency.

Did the Social Security Administration officials give any specific reasons why they could not accept some of those offers so that it could maintain the office at a reduced cost?
Ms. Holt. Well, we were told that there was a Government agency that had to look over any properties for rent that you would be able to use for a Government agency, but the visiting team that came from Atlanta to Gadsden County from the SSA, they did say that the facility was a nice facility, and they thought it would work well, but they would not be able to bring the office back to Gadsden County, and it is 4,000 square feet, a very nice building.

Senator Collins. In your opinion, was SSA just determined to shut the office no matter what?

Ms. Holt. Well, we were told they were going to close the office, and at that time, when they came to look at the building, we also suggested that the hospital had space, has quite a bit of space there at that facility, to use that facility also, but they said that they would not be able to do that.

As I put in my statement, we received the nicest “No” I have ever heard. It was very nice, but it means that we are not going to help people in Gadsden County, and what we really, really needed was for them to see the people that they were serving. There are people out there in the community that live 15, 20 miles from town, from Quincy, so they would have to get to Quincy. Then they would have to get another 30 to 40 miles to Tallahassee, and they do not navigate through heavy traffic. You find the elderly cannot do that, so it is not like you are just going to get to the city limits. It is on the east side of Tallahassee Florida, and we are on the west side.

Senator Collins. Thank you.

The Chairman. Ms. Berryhill, we understand that you have a tremendous challenge, particularly in a rural area. You cannot put a Social Security office in every crossroad. You have got to figure out how you can allocate your services.

You have heard a specific case about a poor county, a county seat, the office being closed, and that is one of the issues here in the hearing today, so can you address the issues about the closure of the office in Gadsden County, in Quincy? Do you believe that the closure process was a good one?

Ms. Berryhill. We have worked very hard to have a process in place that looks at a variety of factors. Populations are shifting. Sometimes in many of our rural offices there is just a small number coming into the office, but when you read your opening statement, the phrase that resonated with me was “death by a thousand cuts.” You know, it is my job to balance service across the Nation. That is a difficult chore. What we have used is the next best thing, which is our video service unit, and I want to thank Ms. Holt for all of her help in being able to place that video unit, which is similar, just like face-to-face service, but these are difficult times.

If I may add, in the last three years, we have lost 11,000 employees. To couple that, the workload is up, our staffing is down. We know for a fact that the baby boomers are retiring. We also know that they are entering into their disability-prone years, so at a time when the severe cuts—and I appreciate you saying that and acknowledging that, but the work is here and the staff is here, and——

The Chairman. We understand, but the issue here in this hearing is the decision making that you made with regard to the clo-
sure of 63 offices of which 38 we have no documentation, and of the 25 that we do have documentation, we have testimony here about the one in Gadsden County.

Now, you just made a statement that there were very few people that visit that office?

Ms. BERRYHILL. Well, that is right, and many of the services can be performed——

The CHAIRMAN. How many?

Ms. BERRYHILL. Probably about half or two-thirds could be performed without ever going into a field office.

The CHAIRMAN. Number. How many?

Ms. BERRYHILL. If there were 60 visitors, perhaps 10 would have to come into an office, and that is just my best guess.

The CHAIRMAN. How many visited that office?

Ms. BERRYHILL. On a day, it average about 50.

The CHAIRMAN. Fifty people a day.

Ms. BERRYHILL. Yes.

The CHAIRMAN. For 25 working days, that adds up with a lot of visits.

Ms. BERRYHILL. It does.

The CHAIRMAN. Okay. Now, you heard the testimony. Tallahassee is about 25 to 30 miles. Given the fact that the Social Security office is on the opposite side of Tallahassee, there is not a transportation service that can get them over there, except the transportation that leaves early in the morning for people that are going to Tallahassee to work, and it does not come back until late in the afternoon for the people that need to come back to Gadsden County to their homes after work in Tallahassee.

It is a poor population. Those are the demographics. Were those items considered?

Ms. BERRYHILL. Yes, they were.

The CHAIRMAN. Were they in your documentation?

Ms. BERRYHILL. Yes, they were.

The CHAIRMAN. How did you conclude that Gadsden County ought to close as opposed to some place else?

Ms. BERRYHILL. Well again, while the office is closed, while the brick and mortar is no longer there, we have video service, and I can tell you firsthand, from the poorest communities in this country—and I will give you an example. On the Pine Ridge Indian Reservation, one of three poorest counties in this country, we added video service delivery, and in a few short weeks, we saw a 300-per cent increase in the number of applications that were taken on that reservation.

While it is not the traditional office, video just like you and I are seeing each other, we can connect service face to face.

The CHAIRMAN. Is there somebody in the Quincy library who can help people who are elderly be able to queue up the video machine?

Ms. BERRYHILL. Well, the beauty of video, in my opinion, is that it is on. Somebody turns it on in the morning. There is nothing else to do. There are no buttons to press. The individual sat down—I think Ms. Holt actually experienced that—and you start talking to a representative in another field office, in this case Tallahassee.

I believe it is time to have Government bring services to the community and not for seniors to take a bus or take transportation
when their business can be conducted right there in their home town, and that is what video delivers for us.

The CHAIRMAN. Had you planned to have the video placed in Quincy before Commissioner Holt asked you for it?

Ms. BERRYHILL. No, we did not. I think that is the value——

The CHAIRMAN. Was that a mistake?

Ms. BERRYHILL. Yes. We listened to the input, which is why we alerted the community 90 days in advance, and as individuals—and, again, I thank Ms. Holt and Sheriff Young for helping us to say, Are there alternatives? Do we have options here? And, again, the video service, which we are seeing individuals use it every single day now that it has been in place.

Again, it is a different way to do business, but it is face-to-face service, and with these tight budget times, I am trying to survive.

The CHAIRMAN. How many folks are using it per day?

Ms. BERRYHILL. I think in the first week or two that it opened it was 83 individuals used it.

The CHAIRMAN. Over a five-day period?

Ms. BERRYHILL. I am not sure, but I can provide you that information.

The CHAIRMAN. Okay, so that would be an average of something, what, like 15 a day, 15 out of the previous 50 per day that used to visit that office?

Ms. BERRYHILL. Yes. Some individuals are going to the Tallahassee office, which would be the remainder or almost the remainder of that. Some are calling the 800 number.

The CHAIRMAN. Ms. DeLong, if you have got a county that is as big as Connecticut and Rhode Island put together, how do you get out and find those seniors out in the very rural parts of your county?

Ms. DELong. Personally for my job?

The CHAIRMAN. Do you have video?

Ms. DELong. No. We physically go. Like for Medicare D open enrollment season, we have 16 areas all over the county that we physically go to them and they come to us in their town, but we do not have a video like that.

The CHAIRMAN. So yours is the person-to-person contact?

Ms. DELong. Yes.

The CHAIRMAN. Would video work for you in another part of the county?

Ms. DELong. If somebody there was trained to help somebody, but my concern with that would be that if you are sitting talking to somebody and you have somebody who cannot hear them on the other end of the—how high does the volume go? I mean, because a lot of times they will just agree to whatever you are saying just so that, okay, they do not want to appear stupid or dumb, or they do not want, you know, to take up somebody’s time if they cannot understand them, and if they want them to read any documents, you have a high population that cannot read that well, so they may not be able to read anything somebody is giving them.

I do not know how it is set up because I have never seen them set up. I can just envision how it would work based on the people that come through my door, but I do not think it would be a good idea.
The CHAIRMAN. Ms. Berryhill, now that you hear the testimony about the office in Florida, in shutting down that office, would you have done anything different in the way that you went about making the decision to shut it down?

Ms. BERRYHILL. I would. I would certainly look at more involvement from the community. I certainly saw that in your report. We want to certainly involve the community to certainly obtain input from them. In this case the video service delivery really made a difference after the conversations, but let us be more thoughtful in the future.

The CHAIRMAN. Nationwide, you have shut down 63. Is that a correct figure?

Ms. BERRYHILL. 64.

The CHAIRMAN. Okay. Senator Collins?

Senator COLLINS. Ms. Berryhill, do you look at the demographics of a region in deciding what offices should be closed? I ask you this because both the Chairman and I happen to represent States that are disproportionately populated with people who are age 65 or older. In fact, Maine has the oldest median age in the country, and, of course, we all know that Florida has a substantial senior population, an older population. Do you look at that?

Ms. BERRYHILL. We do. We look at a lot of factors. I could certainly tell you a few: obviously distance, nearby offices, walk-in traffic, phone traffic. We certainly look at Internet access, poverty levels, education, language barriers, geography, so we look at a whole bunch of factors. We also welcome some additional factors to look at, but we have a very comprehensive and rigorous process that starts with our area directors who supervise more than one office, to look at this from a more global perspective.

It then is communicated to our regional Commissioners, in this case either the Atlanta or the Boston Region, before it even comes to me, so we have a lot of checks and balances. We certainly look at a lot of factors here, but if you have any suggestions for additional ones, I would be glad to take a look at that.

Senator COLLINS. Obviously, I do not know what analysis was done in the case of Gadsden County or the case of the Rumford office in western Maine, but I do know a lot about what western Maine looks like. It has very small communities. It is very rural. It does have a large senior population proportionate to the population as a whole. It does not have public transportation available, and as I hear the description from the commissioner, it sounds like another area where you have to travel substantial distances. There is not a lot of public transit available. It is a senior population, so I am wondering how weighing those factors would ever lead to the closure of those two offices.

Now, obviously I do not know all of the factors that you are looking at nor how they compare with other offices, but based on the testimony I have heard and what I know about Rumford, Maine, it is hard to understand why those particular offices would be closed.

Ms. BERRYHILL. Again, we look at a variety of factors. There is no one factor that we consider that would decide on when to consolidate an office. What I am again going to say, we do not stop service. We continue that service, and my personal experience has
been that video will allow us to do that. We have been using it for over 10 years right now, and I have to say that, again, it services the community without allowing—or forcing the members of the public to travel far distances, to pay for transportation, and I think that is the real difference here. It is a different way to do business.

Senator COLLINS. Well, you have brought up video links many times, and video conferencing. I use it in my office to meet with constituents who cannot travel to one of my six offices in Maine or cannot travel at all, or I am in Washington and they are in Maine, and I would point out that video links are only going to be effective where broadband is available, and the State of Maine ranks 49th out of the 50 States in the availability of high-speed Internet services and broadband.

In addition, even if you were installing video links, you have still got to have somebody present at the other end in order to serve the client, so I can see where you are saving on bricks and mortar. I do not see where you are really going to save on staff and be able to give the kind of service that Ms. DeLong is giving.

Ms. BERRYHILL. The average savings from an office consolidation is about $4 million. I can hire a lot of employees for $4 million.

Senator COLLINS. $4 million for one Social Security office?

Ms. BERRYHILL. One Social Security office over a 10-year period.

Senator COLLINS. I was going to say you are paying far too much to GSA for rent if that is what your costs are, and I mean that sincerely.

Mr. Hale, you raised concerns in your testimony about the lack of transparency and engagement by SSA management during the office closure and consolidation process, so now is your chance. What feedback would you have provided if you had been consulted with?

Mr. HALE. Well, I think for us, you know, the factors such as distance between offices, it can be actual—it takes X amount of time to get somewhere. It takes a whole lot more time—one of the other witnesses mentioned heavy traffic. I have an office with a branch office. They are less than probably 20 miles apart, but there is no way you are going to drive it in 20 minutes because of traffic and some of the other obstacles that exist, which can be difficult to navigate for seniors.

I have a branch office, for example, where one of the special characteristics we have, seasonal traffic, Social Security number, original Social Security number applications because they come in and work in local industry there.

I think that from our perspective, having local management's input prior to the decision being made would allow the agency to think about other factors, would allow us to provide input on factors that may not be obvious from a higher level, and maybe make planning, such as the video service delivery, earlier on in the process and maybe ease the burden on some of these communities.

Senator COLLINS. Thank you. I think those are good suggestions.

Ms. DeLong, I am impressed that the Aroostook Area Agency on Aging actually goes out to 16 different communities to deliver services during open season. Do you just go to town halls or city—there are not many cities where we are from, but where do you provide these services? Do you go to local libraries?
Ms. DeLong. Let us see. We go to—we use health clinics. We use hospital spaces. We use libraries. We use housing units. Usually places like that. I beg, borrow, and steal wherever I can to find a place to go.

Senator Collins. You do not have to pay, and you are just—and you advertise that you are going to be in the region and, thus, provide the services, I assume. Is that correct?

Ms. DeLong. Yes. How they usually are is that we have usually between 40 and 50 people scheduled a day, and I have a big staff of volunteers, thankfully, that will come assist us, and we do just their Medicare drug plan and any other problems that may come to light of that, and then when I go back to the office, any other issues, then I will contact Social Security if I need their assistance with them when I return.

Senator Collins. I really commend you for that. Aroostook County is a very large, very rural area, and we have a lot of seniors who are homebound or cannot travel long distances, and the fact that you are making such an effort to get services to them is really commendable.

Ms. Berryhill, is there anything that prevents Social Security from accepting free rent or collocating with another agency or working in some way to reduce that cost of $4 million in 10 years that you mentioned? I hear Ms. DeLong saying we go out into these rural areas and at all different places, health clinics, whatever is available, to serve the people of northern Maine. I hear Commissioner Holt tell me all the offers that were made to Social Security in recognition of the budget constraints. Are there legislative barriers, legal barriers that prevent you from accepting that kind of assistance or collocating with another agency where you might be able to share the costs?

Ms. Berryhill. We are looking at all of those options to be as cost-effective and efficient as we have been for years. Certainly I will tell you that October 1st, our budget guy, Pete Spencer, said to me, “We are beginning this fiscal year in a zero base budgeting format,” which was keep the lights on, keep the doors open, that was it, so, again, our budget actually has been cut over the last three years $1 billion, so we did not start this year with the ability to work overtime, to travel distances, and we need your support to help us with the budget situation. It has been so devastating to us to not have 11,000 people that we have lost in just three years, and we are losing our most experienced employees, the ones that stay for 25 or 35 or 40 years, and we have managers like Mr. Hale, like Scott, that are personally serving the public because we do not have enough employees.

We are grateful that we have the opportunity this year to hire, and I thank you from the bottom of my heart on behalf of every Social Security employee in this country, but we have to hire them now. We have to train them. They have to be productive. We have to check their quality to make sure we are providing that great service when people come into an office. They get great service, and we know that, but we need your help with the budget.

Senator Collins. I really am sympathetic to your budget constraints and the number of employees that you have lost at a time when your caseload is going up and is only going to increase fur-
ther as the baby-boomer generation truly hits the age of applying for Social Security, but I also think that we have got to be more creative about this. As you were talking—and I really did not hear an answer to my question whether there was a legal barrier to your accepting reduced rent or a free facility, but I could not help but think of the rural post offices that we have in States that are going through similar financial constraints. Well, maybe the Social Security office could collocate with the Postal Service, which would help both agencies, and both are serving the public. Now, maybe that is not a practical idea. Maybe there would not be enough privacy. Maybe it would not work, but I would just encourage you, with all due sympathy that I truly do have for your financial constraints, to be more open to offers of help, to collocating with other Federal agencies or with the Postal Service. The Postal Service does passports. Why couldn't it set up an area, if it has excess space and needs to reduce costs, where maybe there could be Social Security services provided?

I would just encourage you to look at options like that, because while the Internet is wonderful and phone calls are useful, I think as Ms. DeLong’s example tells us, there is just nothing that matches that face-to-face interview and interaction, and it is why I send my case workers out across the State, and they hold “citizens’ hours,” is what we call them, and they do them in town halls, in small town halls, and they advertise that they are going to be there, and they will often be there in the evening or over the lunch hour or at the end of the work day so that people can easily stop, and we pick up all sorts of Social Security cases as we do that from people who just do not have the ability to travel long distances and who find it much easier to talk with someone than to try to do an e-mail, particularly if there may not be any broadband available in the area.

Thank you.

The CHAIRMAN. Commissioner Holt, what do you think about Ms. Berryhill’s response?

Ms. HOLT. Well, her response deals with numbers, and I deal with people, so we are at two ends of the spectrum, two different ends.

The GSA, I would like to work for them if they negotiated that rent in Gadsden County because I have never heard of anything like that type of rent there.

The computer survey, I am a retired math teacher, and in Gadsden County, you do not give homework where it requires a computer a lot of times because the children do not have them, so if the children do not have them, the elderly are not going to have them.

When we were talking, she was speaking earlier about the phone conversations when we had a meeting at the capital in Tallahassee, Representative Williams got a meeting with SSA, and the representative there was explaining how we could use a phone. Well, Mr. Robinson, an elderly gentleman, was called by the sheriff, and I had told the representative a lot of them cannot understand what you say on the phone. They do not know the terminology you are talking about, that you are using, so he called Mr. Robinson during that meeting at the Capitol, and Mr. Robinson listened, and we
were on speaker phone, and we listened, and as soon as the representative stopped speaking, Mr. Robinson said, “Can you tell me what he said? I do not understand what he said.” There is no way that you are going to get those individuals that are not phone savvy, not computer savvy, definitely not Internet savvy, to do that, to come and talk to you.

Now, there is another problem with that. Once you tell an elderly person no, they are normally not coming back, because you disdained them by saying no to them on that level. I used an example in my writeup, that Mr. Alexander, who I knew very well, who was in Quincy, 15 miles from Quincy, approximately 45 miles from Tallahassee, had to go to Tallahassee. He was a cancer patient. The doctor told him he could not get his chemo because he did not have the $3,000 deductible. Now, he has had his own insurance since he was 16 years old. He was 60 years old when he asked for his chemo treatment. He has always paid for his own insurance from 16 to 60. When they told him no in Tallahassee, his daughter took him back 45, almost 50 miles near the Georgia-Florida line up there, and I had already signed him up for affordable health care, and I told his daughter, I said, “No, he has affordable health care.” We called and got a member number, and the doctor said, “Come on. Let us get the chemo done.”

Well, he was as sick, as I say, as a puppy by then, throwing up and everything, and he got the chemo treatment but he said, “They just do not want us,” you know, and that is not something you tell an elderly person. You cannot tell them no. They will not come back.

When you say you have done these surveys, it does not matter because if they say—if you tell them you already looked at them and they do not qualify, they do not know which form to get, that kind of stuff, they are not going to be able to get that ride back to town in order to get some help. It is not going to happen, and as they said before, “Well, I will just have to starve to death. I will live on nothing.”

We need our office back, and that is why I am here. I am not here because it is something pretty or we fit some numbers or we fit about $4 million. That is not why I am here. If you are paying $15,000 a month, then you paid $180,000 a year. Those are the numbers just in rent, but it does not match the 10,000 people that need help. They cannot get the wheelchairs or walkers on a bus that is already overcrowded. They cannot. It is not going to happen. It sounds like something that the haves and the have-nots, that is how it sounds to me, and when I go back to Quincy, there will be people still going to that office, so what we have to do is try to help them. We cannot sit here and decide the numbers do not match, but that is what I would like to say. Thank you.

The CHAIRMAN. Ms. Berryhill, this conversation is going to continue. When you go and brief the Commissioner, now the Acting Commissioner, of Social Security, you present this information in order that the Commissioner can make a decision. How does she know if the closing of an office is merited?

Ms. BERRYHILL. Again, I would like to just answer the previous question by Senator Collins, if I may first very briefly. Working with GSA is where we rent our space. We have another Federal
agency that works with us, and certainly we could talk with them about different variations of using different office space.

We actually do look at opportunities. Up in Michigan, we have an office in a county office, for example, so we can share space, so we can look at that opportunity to do that, but when we have an office, we want to make sure that it is accessible for disabled employees, so there are criteria that are used to make sure that an office is accessible to the public, but I appreciate your advice.

To your question, Mr. Chairman, on the criteria, again, we have had the same criteria apply to a variety of locations in the country. We have spent a lot of time obtaining input on the criteria from our regional commissioners, from our unions, from a variety of stakeholders, and so, again, we present the information in a summary format that talks about the demographics of the service area, the staffing, proximity to other offices, the use of other services, geography, and so forth, the impact on the public and the stakeholders.

We present her—and, again, these decisions are made by me, and certainly I inform the Commissioner based upon a lot of discussions, a lot of staff time looking at this to make sure we are making careful decisions.

The Chairman, I would recommend to you something that Senator Collins has brought up, that there is some similarity here on a disconnect with people that the Veterans Administration has experienced where, if there was not a direct personal contact, there was the chance of losing that veteran. First, when they were handed off from active-duty military to the medical care system in VA, four or five years ago we had veterans completely being lost, and the only way that some of them were being found, because our offices happened to accidentally find them and then got them into the system.

The Veterans Administration has tried to correct that by having a lot of personal hands-on contact out in the community with veterans service organizations, working through that.

There has been ample testimony here today about the examples of senior citizens that are just not going to understand unless you sit down and eyeball to eyeball, and sometimes holding their hand, explain to them what are their opportunities under Social Security, and a good example was Ms. DeLong’s case of the lady that just did not have any idea that as a widow she had another benefit coming.

It is up to you to make these recommendations to the Commissioner so that a decision can be made. What is the vulnerability of that population? Is that an educated population? Is it a rural population? Is it a poor population? How can the closing of this office affect the nearest office? What is going to be the impact upon that particular office?

I think this is going to be a work in progress, and we are going to have to—I want to ask Mr. Hale, what do you think the future holds for face-to-face services?

Mr. Hale. I think that probably as the years go by, we will have more online, automated services. I do not think there is any question about that. We have moved towards that over the last few years. However, I think there is still a large segment of the popu-
lation that either does not have access to online services, they do not have the ability or they are not computer savvy, they are not comfortable with online services, and these are people that have paid taxes all of their life. I think they expect that personal contact. I think Senator Scott said earlier that, you know, his—he talked about his grandfather.

I think, too, the experience in the field offices, I can speak in my large office, we have three self-help computers designed to allow individuals to walk in and not wait. You know, we have increased waiting times, so they walk in the office; they have the option to go to a self-help machine, and I have two people that run those three self-help computers every day because the public that walks in our office, most of them are just not capable at this point in time. That is why they walk in our office, and, you know, the people that are really computer savvy, that do it themselves, they are walking around with their iPads, and they have computers at home, and they would do that at home. I think at some point we will transition, obviously, but I think we still have a large segment of the population—I have a lot of rural contact and a lot of poverty in my service area. They just do not have access.

I think between that and the elderly population, I think we still have a huge need for face-to-face service at this time as we transition and plan to transition.

The CHAIRMAN. Senator Collins?
[No response.]

Well, I want to thank all the panelists. I want to particularly thank Ms. DeLong and Commissioner Holt for coming long distances to share with us. Thank you, Mr. Hale. You came a long distance, too.

Thank you, Ms. Berryhill. I hope that before you close another office that you will have taken some of the recommendations that came out of this hearing into account, consulting with the local people, looking at the demographics, talking to them, what their needs are, and if the Congress does its job and we can get past this sequester, then you should have a little more relief there instead of the constant cuts that you have had, but this is affecting people’s lives. This is affecting the most vulnerable of our population—our seniors, and we are not going to leave that vulnerable population without the critical services, so thank you to everyone. Senator Collins, with your permission, the meeting is adjourned.

Senator COLLINS. Thank you.
[Whereupon, at 3:47 p.m., the Committee was adjourned.]
APPENDIX
Prepared Witness Statements
SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

JUNE 18, 2014

STATEMENT FOR THE RECORD

NANCY BERRYHILL
DEPUTY COMMISSIONER FOR OPERATIONS
SOCIAL SECURITY ADMINISTRATION
Chairman Nelson, Ranking Member Collins, and Members of the Committee:

Thank you for the invitation to discuss Social Security’s service delivery, as well as our efforts to ensure that we can continue to provide high-quality customer service to the American public. I am Nancy Berryhill, Social Security’s Deputy Commissioner for Operations. I appreciate the opportunity to appear before you today. We greatly respect and appreciate the work that the Committee does to address the vital issues facing older Americans.

I am pleased to discuss with you our service delivery as someone who has experienced field operations first hand. Before serving in my current position, I worked 30 years serving the public directly, starting out as a student employee, and then as a claims representative, operations supervisor, and district manager. I have personally seen how our changes affect the people who visit our offices, our employees, and the agency.

We are fully committed—now and in the future—to sustaining a field office structure that provides face-to-face service for those customers who need or prefer such service. We also understand, however, that customer expectations are evolving due to changes in technology, demographics, and other factors. As we have demonstrated throughout our history, we remain committed to providing all our customers easy access to our services. We look to Congress to provide us with adequate, sustained, and predictable funding to help us serve the millions of Americans who depend on us every day. My testimony today discusses how we have updated our services in recent years to meet the needs and realities of today’s world.

Introduction

Few government agencies touch as many lives as the Social Security Administration (SSA). The programs we administer provide benefits to about one-fifth of the American population and serve as vital financial protection for working men and women, children, disabled individuals, and the elderly. As of the end of fiscal year (FY) 2013, we provided benefits to almost 65 million people from all walks of life. This includes approximately 4.5 million children under the age of 18, and at the other end of the age spectrum, almost 60,000 centenarians. Our long-standing priority has been, and remains today, to deliver world-class service to every customer.

We administer the Old-Age, Survivors, and Disability Insurance programs, commonly referred to as “Social Security,” which protect against the loss of earnings due to retirement, death, and disability. Workers, their employers, and self-employed persons finance Social Security through payroll taxes. We also administer the Supplemental Security Income (SSI) program, funded by general revenues, which provides cash assistance to aged, blind, and disabled persons who have very limited means.

In addition to administering these core programs, we handle lesser-known, but critical, services that bring millions of people to our field offices or prompt them to call us each year. For example, we issue replacement Medicare cards, help administer the Medicare Low-Income Subsidy program, and verify information for other Federal and State programs.
The scale of what we do is enormous. Below are a few examples of our recent accomplishments. In FY 2013, we:

- Paid over $850 billion in Social Security and Federal SSI benefits;
- Posted over 251 million earnings reports to workers’ records;
- Handled over 53 million transactions on our National 800 Number Network;
- Served more than 43 million visitors;
- Completed nearly 8 million claims for benefits and nearly 794,000 hearing dispositions; and
- Completed 429,000 full medical continuing disability reviews (CDR) and over 2.6 million SSI non-disability redeterminations.

Our workforce consists of around 75,000 Federal and State employees who work in a nationwide network of about 1,500 offices, including: our community-based field offices, Social Security card centers, teleservice centers, program service centers, Office of Central Operations, International Operations, State disability determination services, hearing offices, two computer centers, 10 regional offices, and our headquarters complex in Woodlawn, Maryland. Field offices are our front door.

The Field Office Experience

As you can well imagine, life in our field offices is extremely busy, as employees are pulled in a variety of directions every day. Employees have little time before the office opens to prepare the daily schedule of appointments, attend training, read policy updates, and review and process pending claims.

Once the office opens to the public, employees have little time to process pending work. Much of their day is spent serving scheduled and unscheduled visitors and telephone calls. Field office staff also process many time-sensitive actions, such as issuing immediate payments for lost checks so beneficiaries can buy food, pay the rent or mortgage, and provide for other basic needs.

Many of the visitors to our field offices come in for one of two reasons: to file a claim for benefits or to obtain or replace a Social Security card. These reasons have not changed over the years.

About ten percent of field office visitors file claims for benefits, including retirement, survivors, spousal, children’s, and disability. Field office employees give this work their highest priority. Disability claims, which are more complex than retirement claims, are particularly time intensive as employees help claimants complete detailed forms about medications, treatment, medical testing, work history, and daily activities.
Thirty percent of field office visitors seek a new or replacement Social Security card for employment or to obtain vital State and local government benefits. This is the most frequent reason for visiting a field office. The work has become more complex and labor-intensive. Although we have always required proof of identity, we review these documents more scrupulously in light of heightened national security.

Once the office closes to the public, employees have limited time to act on all that remains to be done. Having taken an application for benefits during business hours, employees often must gather additional data to address missing earnings and verify allegations of resources and income, such as child support, unemployment benefits, or workers' compensation. They answer congressional inquiries, return beneficiary and claimant phone calls, research policy questions related to claims and other business, and input wage reports to prevent beneficiaries from being over or under paid. In addition, the field office staff contacts claimants about outstanding items needed to process their claims and prepares disability claims for transmittal to the disability determination services.

Factors Shaping How We Deliver Service

In our efforts to serve customers in the manner they prefer, we must always consider three significant factors that shape how we deliver service. First, we must consider changing customer expectations in light of rapid technological change and the public’s embrace of that change. For example, in 1988, teleservice became a major way of delivering service to the public with the introduction of SSA’s National 800 Number Network. The National 800 Number quickly became the first point of contact for a large percentage of our customers. Over the past decade, by comparison, large parts of the public increasingly use self-service options via the Internet and other electronic services to do their daily business, from online shopping to obtaining services from their Government. Accordingly, part of our job is to provide convenient services that take advantage of this technology.

Second, we must adjust our service delivery based on the changing volume and nature of our workloads. Due to demographics, our claims workloads have grown considerably. The U.S. population is aging. We are already dealing with the resulting workload increases, as about 80 million members of the Baby Boom generation have entered their disability prone years and, more recently, have begun to retire. The Great Recession also increased our disability workload. From FY 2007 to FY 2013, the number of disability claims we received each year increased from 2.5 million to nearly 3 million. Likewise, the number of retirement claims we received increased from 2.6 million to 3.3 million—a staggering 27 percent increase.

Third, our budget affects our ability to deliver services, regardless of service delivery channel. For the 3 years before FY 2014, we received an average of nearly a billion dollars less than what the President requested for our administrative budget, including for program integrity work. That level of underfunding has presented us with challenges in providing the public the level of service it expects. Our budget level in FY 2014 meets SSA’s needs more adequately than last year; however, it is not sufficient to make up for all the losses of prior years. We still have fewer people than we had in FY 2010, our workloads remain high, and we also must balance service
with our important stewardship work. Without sustained, adequate funding, our workforce could further diminish, which would have an impact on the level of service we can provide. The FY 2015 President’s Budget would allow us to balance our important service and stewardship efforts.

Due to these factors, we must continuously examine our structure in efforts to balance service across the country and provide greater opportunities for service delivery. In some cases, this analysis has led us to provide new services, such as our innovative and highly rated online services. In other circumstances, this examination has led us to discontinue, reduce, or replace certain services. This includes consolidating some field offices and discontinuing contact station visits. As we take these steps, we recognize that the needs of our customers should always drive our service options.

**Reviewing the Field Office Structure**

Any discussion of service delivery options begins with the field office structure. We periodically evaluate our field offices to ensure that their size and location allow us to appropriately serve the community. Without this type of ongoing review, we would be trying to meet today’s needs with an outdated view of the world. We consider many factors – including growing workloads, our changing staff levels, changing technology and customer expectations, and shifting demographics and population – when deciding which offices should be expanded, reduced, or consolidated.

We make the decision to consolidate a field office only after a time-intensive, thorough review. This analysis is thoughtful and deliberative, and it is especially important because populations and communities change over time. Below we outline our approach to reviewing field offices and engaging stakeholders. We welcome the Committee’s views and suggestions on how we can further improve this process and ensure that SSA continues to meet the needs of the public.

The analysis and recommendation process starts with our Area Directors, who oversee a set number of field offices and conduct annual reviews to identify offices for additional evaluation. After completing the annual review, an Area Director may decide to conduct a full Service Area Review if we believe that we need more analysis to determine if an office should be expanded, reduced, consolidated, or if a service area should be realigned. For example, if there is a population boom in an area, we may determine that we should expand the office serving that area and add additional staff. A Service Area Review is a complete office assessment, which may result in a recommendation to change the current structure. Facility changes require examination on a case-by-case basis. There are unique factors that influence each decision, which we discuss in detail below. Our Regional Commissioners are responsible for overseeing the Area Directors and the Service Area Reviews in their regions.

We also perform unscheduled Service Area Reviews. Unscheduled Service Area Reviews may be triggered by changes that do not coincide with the annual review process, such as workload or population changes, health and safety issues, and the expiration of a lease. When considering a field office consolidation, we study not only how the change will affect the expected service
delivery, but also how the proposed change affects any special needs of the existing service area, such as language needs.

Once we make the decision to consolidate an office, we discuss the changes with stakeholders. We hold town hall meetings or other forums that allow the public to voice their concerns. We contact key community leaders: unique institutions (e.g., schools for the blind, hospitals, prisons, etc.); advocacy groups; and community-based organizations that represent our customers, employees, and unions. We notify and meet with members of Congress to discuss changes within their districts or States. In addition, field office managers post notification in the offices about upcoming office consolidations in their service areas.

Among the offices that we have had to make the tough decision to close are contact stations. Contact stations operate periodically in borrowed space in places like local community centers, hospitals, and hotels. Employees from nearby offices were required to travel to staff these sites, reducing the time available to complete workloads. The work performed at these sites took longer to complete since employees used paper forms to collect information, which they had to manually transcribe into our computer system upon their return to the office. Collecting information on paper also introduced greater risk of loss of personally identifiable information. Additionally, we had safety concerns with contact station visits; staff would routinely travel alone to these generally remote locations, often with no guard present, whereas our field offices have a number of safety precautions in place. Contact stations also predate the availability of our other more convenient electronic and telephone services.

Finally, I want to stress that our service to an area does not stop when we decide to consolidate an office. The public still has many options for receiving convenient service, including face-to-face meetings at another nearby office, getting help over the telephone, using online services, and using video options.

**Online Services, my Social Security, and Other Public Options for Service**

Although our customers traditionally have visited field offices, today many people routinely conduct their business online and expect the same level of services from their Government that they receive from private business. In FY 2013, we received nearly half of all Social Security retirement and disability applications online, and the percentage of people who choose to file online continues to grow.

Our goal is to provide online services that are convenient, flexible, and secure. By providing increased access to self-service options for customers who want them, we also free field office employees' time to work on more complex tasks. Each year, we see greater numbers of people across all demographic segments embrace doing business with us online. Moreover, we have been extremely successful in building online applications. Based on the American Customer Satisfaction Index, three of our websites—Claims, Retirement Estimator, and Extra Help with Medicare Prescription Drug Plan Costs—consistently rank among the top online Government services and either match or outperform highly rated commercial sites.
We are creating a new foundation for increasing our online services with our my Social Security portal, which we established in 2012. We created this site to be the portal through which customers who so choose can conduct all their business with us. People can currently use my Social Security to get a benefit verification letter, view their Social Security statement, start or change their direct deposit, and change their address. In the two years since we launched my Social Security, over 12.5 million individuals have registered, with 4.9 million (40 percent) of the registrants being people aged 62 or older. We will continue to expand my Social Security to include additional services in the future.

We also recognize that smartphones are quickly becoming a prominent method by which the public accesses online services. Accordingly, in August 2013, we launched our first mobile application, which makes it even easier for SSI recipients to report wages.

In addition, we have expanded our video service capability. Video technology offers an efficient way to deliver face-to-face service, while enabling us to maintain a personal presence in the community for those who are unable or choose not to conduct business online. For example, video service delivery continues to provide a secure, reliable, and cost-effective method to service Social Security number applicants in remote locations, who might otherwise have to travel long distances to reach a Social Security field office. In FY 2013, we had video units in 423 sites and held 181,675 interviews—almost double the amount of interviews held in FY 2012—using video service delivery.

I can personally attest to the advantages and benefits of video service, going back to my days in the Denver Region. I initiated video service delivery 10 years ago, as an innovative way to serve many of that region’s rural and underserved communities. The impact was tremendous. For example, after installing video equipment on the Pine Ridge Indian Reservations, we saw a 300 percent increase in claims receipts in a few short months. Pine Ridge is one of the poorest reservations in the country. Ninety-seven percent of the population lives below the poverty level, unemployment ranges from 85 to 95 percent, and deaths due to heart disease are twice the national average. Video service allows us to bridge distances in these rural areas.

Our National 800 Number remains a critical part of our service delivery infrastructure and the largest single service channel for conducting business with the public. In FY 2013, our National 800 Number handled over 53 million transactions and accounted for almost 36 percent of the universe of contacts to SSA. We have continued to enhance our automated telephone services so more callers can successfully complete their business with us by phone. We recently upgraded our existing National 800 Number telecommunications systems to a more modern infrastructure, which will help us provide better service to the American people.

In summary, our online, video, and telephone services benefit our customers in two ways. First, we are finding that increasing numbers of Americans, including older Americans, display a preference for these service options. Second, by increasing use of self-service options among individuals who want to use them, we are better able to serve customers who prefer direct contact.
Social Security Statements

Also under development are changes to the manner in which we provide the public with valuable information about their Social Security benefits. Several years ago, because of resource constraints, we stopped mailing Social Security Statements to millions of Americans each year. After we took this action, we heard from many people – including the Chairman of this Committee – about the importance the Statement plays in helping seniors plan for retirement. We took those concerns very seriously, and we recently resumed mailings to individuals aged 60 and older and to individuals turning age 25. Further, we created an online application where anyone who signed up could access his or her Statement at any time.

Ensuring workers have access to the Statement for financial planning remains an important part of our mission. This past March, we sent Congress a plan outlining how we will increase the number of individuals receiving Social Security Statements on an annual basis. Our plan includes an aggressive strategy to promote the use of our online Statement, which can be viewed, printed, and saved once an individual has registered for a my Social Security account. In FY 2013, the online Statement received nearly 17 million views, by far our most utilized service on my Social Security. By comparison, as of May of this fiscal year, our online Statement received nearly 17.4 million views, exceeding last year’s total with five more months to go. In addition to aggressively increasing the availability of the online Statement, we plan to resume mailing Statements to over 47 million workers. With full funding of the President’s Budget, we plan to mail approximately 3.6 million Statements beginning in September 2014 and about 43.5 million in FY 2015.

Conclusion

Throughout our history, Social Security services have been dynamic, shifting to meet the changing needs and expectations of the American people. Standing still is not an option. We have continuously adjusted the way we do business to manage our growing workloads and meet the changing expectations of the public in a compassionate manner. We remain fully committed to providing the service the public expects, whether it is in one of our field offices, on our National 800 Number, or online at SocialSecurity.gov. We appreciate the opportunity to appear before the Committee, and take seriously our commitment to provide vital services to the American public every day.
United States Senate Special Committee on Aging
Testimony of Scott Hale, President
National Council of Social Security Management Associations
Hearing on Reduction in Face-to-Face Services at the Social Security Administration
June 18, 2014

On behalf of the National Council of Social Security Management Associations (NCSSMA), thank you for the opportunity to submit this testimony regarding the reduction in face-to-face services at the Social Security Administration (SSA).

NCSSMA is a membership organization of nearly 3,300 SSA managers and supervisors who provide front-line leadership in over 1,200 field offices and teleservice centers in communities across the country. Since the founding of our organization over forty-four years ago, NCSSMA has considered a stable SSA, which delivers quality and timely community-based service to the American public, our top priority. We also consider it a top priority to be good stewards of the taxpayers’ monies and the Social Security programs we administer.

NCSSMA firmly believes the primary focus of SSA should be providing the best public service possible, regardless of how customers contact us. Despite increased agency online initiatives, field offices served over 43 million visitors in Fiscal Year (FY) 2013, nearly the same number as in each of the previous four years.

Each day, over 155,000 people visit field offices and more than 436,000 people call SSA for a variety of services. Frontline feedback from our offices indicates many are experiencing overflowing reception areas and long wait times on the phones. In FY 2013:

- Field office visitors waited more than 30% longer than in FY 2012;
- The public waited nearly twice as long on the 800 number network to have their call answered than in FY 2012;
- The average busy rate for answering public telephone calls in field offices doubled from calls received in FY 2012; and
- The average busy rate for answering public telephone calls on the 800 number network nearly tripled from calls received in FY 2012.

These numbers clearly demonstrate a significant population of the American public still wants or needs face-to-face service. One size does not fit all and attempts to dictate how hard-working Americans conduct business with SSA are unrealistic.

Over the last several years, SSA has experienced a significant increase in Social Security claims. The additional claims receipts are due in large part to the initial wave of the nearly 80 million baby boomers who will be filing for Social Security benefits by 2030, an average of 10,000 per day. Despite record numbers of Internet claims filed, in FY 2013 close to 50% of all disability and retirement claims were filed online, field offices continued to process record numbers of claims in local offices.
• In FY 2013, SSA field offices assisted 43.3 million visitors, received 4.9 million retirement, survivor and Medicare applications, and 2.9 million initial disability claims.
• In FY 2013, SSA completed 2,987,883 initial disability claims. Since FY 2007, initial disability claims receipts have increased by over 25%.
• In FY 2013, SSA completed 5,006,855 retirement, survivor, and Medicare claims (5,001,092 in FY 2012)—a record number and over a million more than completed in FY 2007.
• In FY 2013, retirement, survivor, and Medicare claims were 30% higher as compared to FY 2007.

The dramatic growth in SSA workloads, along with the attrition in our offices over the last several years, has highlighted the need to receive necessary resources to maintain service levels vital to the nearly 65 million Social Security beneficiaries and Supplemental Security Income (SSI) recipients. Despite agency strategic planning, expansion of online services, significant productivity gains, and the best efforts of management and employees, SSA still faces many challenges providing the service the American public has earned and deserves.

NCSSMA appreciated the FY 2014 Limitation on Administrative Expenses (LAE) account funding of $11.697 billion provided to SSA. Increased resources, especially in SSA’s field offices and teleservice centers, will have a positive impact on delivering vital services to the American public and in fulfilling the agency’s stewardship responsibilities.

<table>
<thead>
<tr>
<th>Available Funds for SSA Budgets (Dollars in Millions)</th>
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<tbody>
<tr>
<td>FY 2010 Enacted</td>
</tr>
<tr>
<td>Limitation on Administrative Expenses (LAE)</td>
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1/ After rescissions of $23 million from LAE and $275 million from re-year IT.
2/ FY 2012 enacted LAE was adjusted for $7 million loss in SSI user fees from the Commonwealth of Massachusetts.
3/ The FY 2013 funding includes the 0.2 percent across-the-board rescission from P.L. 113-6 as well as the $386 million sequestration reduction.

NCSSMA hopes this funding will help to minimize the closure of additional field offices. Since FY 2010, SSA consolidated 92 field offices into 46 field offices and closed 521 contact stations. The agency also cancelled plans to open eight new hearing offices and a new teleservice center due to limited resources. In many cases, applicants for benefits or those approaching retirement age who have questions about their eligibility or benefits have been forced to travel greater distances to visit a Social Security Administration field office.

NCSSMA understands that as the needs and service option preferences of the American public change, SSA must change as well. We also understand that due to budgetary constraints, SSA must consider field office consolidations where they make good business sense. However, NCSSMA firmly believes the American public should always have the option to visit a field office to speak face-to-face with an SSA representative if that is their preference. Some events, such as filing for retirement, are once in a lifetime experiences and individuals should have the choice as to how they receive service for these life-changing events. Hard-working Americans deserve the opportunity to discuss their options face-to-face with a well-trained, highly skilled Social Security Administration representative after working and paying taxes, often for decades.
NCSSMA also believes local field office managers are in the best position to know the special characteristics and needs of their service areas. For this reason, we would advocate for involvement by local managers at the point an office is considered for closure or consolidation, as opposed to after a decision is made. It makes good business sense to involve local management early in the decision-making process. We believe local management’s unique perspective is crucial to pre-decisional discussions. Many factors such as service area demographics, poverty levels, education levels and age of the population should be considered before a final decision is made. In addition, the impact on neighboring offices must be considered as many times the walk-in traffic will migrate to other nearby offices to conduct business. Without proper planning, the additional walk-in traffic can have an adverse effect on neighboring offices and ultimately public service. Who knows the local service area characteristics and challenges better than the manager of the local field office?

The draft National Academy of Public Administration’s (NAPA) Long-Term Strategic Vision and Vision Elements for the Social Security Administration document dated March 10, 2014 states, “To fulfill SSA’s mission in 2025 as part of a comprehensive approach to delivering government services, we automate processes to maximize operational efficiency, meet customer demand and diverse workforce expectations, resulting in a smaller workforce and in reduced physical infrastructure.” SSA’s mission is to serve the public and the sheer volume of field office visitors indicates a need for SSA to continue providing a physical presence in communities across our nation. NCSSMA’s response to NAPA’s document stated, “It may be possible to reduce the size of the workforce and physical infrastructure to some degree, assuming policy simplifications and significant systems enhancements are in place; however, we firmly believe there is still a demonstrated need for community-based services across the country.”

We also understand the need to do things differently with regard to workload processing, program simplification, and legislative changes. SSA is challenged by ever-increasing workloads, very complex programs to administer, and increased program integrity work with diminished staffing and resources. With the current fiscal challenges confronting SSA, NCSSMA has encouraged Congress to consider legislative and regulatory changes to the Social Security and SSI programs that have the potential to increase administrative efficiency and lower operational costs. NCSSMA has also offered numerous suggestions to simplify SSA’s complicated programs and policies. Our goal is to make it easier for the American public to receive the benefits they need and deserve in a timely and accurate manner.

It is critical SSA receives adequate, yet flexible funding for the LAE account to respond to requests for assistance from the American public, and to fulfill our stewardship responsibilities. SSA teleservice centers, hearing offices, program service centers, the disability determination service, and the over 1,200 field offices are all in need of adequate resources to address their growing workloads. Many of SSA’s field offices are currently experiencing wait times in excess of 60 minutes. One out of every 8 visitors waits more than 1 hour to receive services, which is 177% more than in FY 2012 and 224% more than FY 2011. Without sustained, adequate funding, SSA will not be able to provide the high-quality customer service Americans deserve and will be unable to process program integrity workloads, which save taxpayer dollars and reduce the federal budget and deficit.

NCSSMA fully supports the President’s budget request of $12.024 billion for SSA’s LAE account in FY 2015. While this would be a much-appreciated increase of $327 million over the FY 2014 level of funding, it would only address fixed cost increases. The FY 2015 Budget Request submitted by Acting Commissioner Carolyn Colvin to President Obama for SSA’s administrative funding was $12.6 billion. This level of funding would allow SSA to continue improving and
modernizing customer service, enhance program integrity efforts, detect and deter fraud and errors, and continue to address high volumes of work. In November of 2013, NCSSMA co-authored a letter with 29 other organizations, which was submitted to the Office of Management and Budget (OMB) and recommended a funding level consistent with the Acting Commissioner’s request for SSA’s administrative funding. Specifically the letter stated:

SSA teleservice centers, hearing offices, program service centers, disability determination services (DDS), and field offices are in critical need of adequate resources to address their growing workloads. The recommended FY 2015 budget of no less than $12.6 billion would allow SSA to cover inflationary increases, resume efforts to reduce hearings and disability backlogs, complete deficit-reducing program integrity work, and replace critical staffing losses in SSA’s components, including field offices, teleservice centers, and DDSs.

Since October 2010, SSA field offices had lost almost 4,100 permanent employees prior to the first wave of FY 2014 hiring. The teleservice centers lost 1,169 employees during the same timeframe. For the first time in over three years, we are replacing some of these losses. Because of the FY 2014 funding, authority was granted to field offices and teleservice centers to hire 2,350 and 850 permanent employees, respectively. In addition, 550 permanent hires were approved for Workload Support Units (WSUs) that are expected to ease the burden placed on field offices. For now, the effectiveness of the WSUs remains to be seen. A significant concern NCSSMA has regarding the WSUs is that they will not provide the face-to-face service the American public has accustomed to and instead will function as centralized work units. The following charts illustrate staffing losses and attrition rates experienced prior to the FY 2014 hiring initiative.

### Permanent SSA Staff Attrition - October 1, 2010 vs. January 1, 2014

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<th>Component</th>
<th>10-Oct Count (EEs)</th>
<th>14-Jan Count (EEs)</th>
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</tr>
<tr>
<td>TSCs</td>
<td>5167</td>
<td>4008</td>
<td>-1159</td>
<td>-22.40%</td>
</tr>
<tr>
<td>ODAR</td>
<td>10375</td>
<td>10387</td>
<td>12</td>
<td>0.10%</td>
</tr>
<tr>
<td>PSCs As of 10/22/13</td>
<td>6208</td>
<td>5106</td>
<td>-1102</td>
<td>-17.80%</td>
</tr>
<tr>
<td>All SSA</td>
<td>68,422</td>
<td>60,139</td>
<td>-8283</td>
<td>-12.10%</td>
</tr>
</tbody>
</table>

Note - Permanent Staffing does not include temporary positions or reemployed annuitants

### SSA Field Office (FO) Attrition: October 2010 through November 2013

<table>
<thead>
<tr>
<th>Attrition Rate</th>
<th># of SSA FOs</th>
<th>% of SSA FOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;5%</td>
<td>881</td>
<td>72.0%</td>
</tr>
<tr>
<td>&gt;10%</td>
<td>686</td>
<td>56.1%</td>
</tr>
<tr>
<td>&gt;20%</td>
<td>263</td>
<td>21.5%</td>
</tr>
<tr>
<td>&gt;30%</td>
<td>69</td>
<td>5.6%</td>
</tr>
</tbody>
</table>
The FY 2014 appropriation for SSA provided $1.197 billion dedicated to program integrity activities to ensure that disability and other benefits are properly paid. SSA plans to process 2.6 million SSI redeterminations and 510,000 full medical continuing disability reviews (CDRs) in FY 2014. Despite these efforts, the agency continues to have 1.3 million CDRs backlogged due to budgetary shortfalls. The FY 2015 budget request would provide $1.396 billion dedicated to program integrity. With these funds, the agency would be able to complete 880,000 full medical CDRs and 2.6 million SSI redeterminations. Completing more than 880,000 CDRs would more than double the CDRs completed in 2013, saving billions of taxpayer dollars. While it is critical SSA focus on cost-effective program integrity work to protect taxpayer dollars, there must be a balance between these efforts and service to the American public. It is important to note the same employees who process claims and other crucial workloads, also process program integrity work. This is why it is crucial to fund SSA at levels that allow for replacement of staff so decisions about which workloads to process and which to delay do not have to be made.

Due to the high volumes of traffic, increasing wait times and budgetary constraints, SSA recently announced plans to end the issuance of Social Security Number verifications, or numilites, and to move benefit verification requests to an online platform in MySSA accounts or as a service the 800 number network provides. While the impact on visitor traffic is yet to be determined, NCSSMA understands the curtailment of the numilite as there is potential for fraud and this printout was never intended to serve as a source of official identification. Many of the requests for numilites are in conjunction with applications for replacement Social Security cards so the impact of this policy change is unknown. The benefit verification change will eventually alleviate some traffic in field offices once our customers realize they must go online or call the 800 number network to receive benefit verifications. However, many times the customers needing benefit verifications are some of the most vulnerable in our population, so it will be necessary to ensure these individuals are able to obtain the documentation they need, in a field office, especially when this need is time-sensitive. As SSA considers implementation of service changes, we must not lose sight of non-English speaking customers, individuals without Internet or computer access, the homeless, and other special needs or vulnerable populations.

MySSA, while holding promise for the future, is not ready to serve as the primary vehicle for many of SSA’s services. The draft NAPA Long-Term Strategic Vision and Vision Elements for the Social Security Administration document dated March 10, 2014 states, “To fulfill SSA’s mission in 2025 as part of a comprehensive approach to delivering government services, we use online, self-service delivery as our primary service channel.” NCSSMA does not believe this is a realistic achievement by 2025 due to budgetary constraints and the complexity of SSA programs. In order for online services to be our primary service channel, the majority, if not all, of our services would need to be available online. Without budgetary support, this will not be a reality. SSA still employs a number of systems that do not communicate with each other, and in order to move to a fully automated environment, these systems would need to be fully integrated, which is once again a resource issue. SSA programs are still extremely complicated and require highly skilled technicians to administer. The NAPA statement above is dependent on major program simplification and legislative changes and at this point the agency still has many hurdles to cross.

Online services still do not work for our most vulnerable clients, including those in rural areas where access to online services is often non-existent, non-English speaking customers, individuals without Internet or computer access, the homeless, and other special needs or vulnerable populations. In fact, even when SSA employees assist clients with starting the registration process for MySSA accounts in field offices, a significant portion do not complete this process when they get home. NCSSMA’s primary concern is public service and we want to
ensure no one falls through the cracks. In addition, SSA programs are extremely complex and require highly trained and skilled technicians. Without major program simplification and legislative changes, complete self-service is not a reality. NCSSMA has long advocated for significant program simplification and legislative changes; however, this has not been a fast-moving venture. We believe this is an area needing more focus and action.

Centralizing work, such as with the WSUs, is not a new concept. The national 800 number is an example of this concept however, given the volume of calls to field offices each day, centralizing some work obviously does not eliminate the need for a significant presence in community-based field offices. The 43.3 million visitors to SSA’s field offices in FY 2013 provides continued validation of the American public’s desire to conduct business with SSA face-to-face.

Social Security serves as the largest, most vital component of the social safety net of America, and is facing unprecedented challenges. The American public expects and deserves SSA’s assistance. For millions of Americans, SSA is the face of the federal government.

On behalf of the National Council of Social Security Management Associations (NCSSMA), thank you for the opportunity to submit this testimony regarding the reduction in face-to-face services at the Social Security Administration (SSA). NCSSMA resolutely advocates for the American public to have the option to visit a field office to speak face-to-face with an SSA representative if that is their preference.

We respectfully ask that you consider our comments, and would appreciate any assistance you can provide in ensuring the American public receives the critical and necessary service they deserve from the Social Security Administration.
Testimony of Tammy DeLong, Aroostook Area Agency on Aging, Presque Isle, Maine

June 18, 2014

Chairman Nelson, Ranking Member Collins and the Members of the Committee, I thank you for inviting me to appear before you today. My name is Tammy DeLong, and I am the Medicare Specialist for the Aroostook Agency on Aging in Presque Isle, Maine; a position I have held for nine years now. Before that, I was a call center benefits representative for the Tricare and Tricare for Life program for five years; so I have worked with the aging population for most of my working years since graduating from college. This knowledge and experience I have acquired over the years, as well as being born and brought up in Aroostook County, I feel this has made me a good advocate for those clients I assist, and that is why I am so thankful for the opportunity to be here today.

Today I will be discussing how the reduction of face-to-face services at the Social Security Administration would be detrimental to the residents of Aroostook County.

As you may already know, Aroostook County is not only the largest county in Maine it is the largest county east of the Mississippi River; larger than the states of Connecticut and Rhode Island together. It is 100% rural. Of the 70,055 people in Aroostook County, 20% of them are aged 65 and over. This huge area is only being served by one Social Security office and one Agency on Aging; both centrally located in Presque Isle. These offices are approximately a two hour drive from the north end and the south end of the County.

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1 Tammy DeLong, Medicare Specialist, Aroostook Area Agency on Aging, Inc.
Last year at the Agency on Aging about 2,500 people came through our doors for assistance related to Social Security and Medicare. About 80% of them are over age 65; the others are either close to 65 and thinking of retirement or are disabled. We have a good working relationship with the Social Security office where the enrollment for Medicare often starts. Social Security personnel can’t provide information or counsel beneficiaries on the 119 Medicare Supplement options, 10 Medicare Advantage options and the 30 Medicare Part D drug plans that are offered in Aroostook County, so they refer people to the Agency on Aging for personal counseling. They also are unable to assist beneficiaries with medical claims issues related to Medicare and the many options available, so they refer to us for problem solving.

My job is Medicare education and insurance counseling, helping them to understand what Medicare is, how it works, what they may need for coverage, how to get that coverage and what assistance may be available to help them pay for it. In addition, if a beneficiary has a problem, they come to us for assistance, so I do a lot of problem solving. Consequently, there aren’t many days that go by that I don’t reach out to the Social Security office for some question or problem a beneficiary has approached me with and the problems are solved quickly and professionally by the local Social Security office.

I know you don’t get that kind of service through telephone call centers. Having worked in a call center for Tricare, we were often told to keep our call numbers up and our call times down. There seem to be no incentives for those people to go the extra step to find the source of the problem and fix it, they band-aid it for the time being and move on to the next call. I was written up on more than one occasion for long call times, but people’s problems got resolved and I received multiple letters of appreciation from beneficiaries for going the extra mile.
Going onto Medicare for most people is a life changing event, one that scares and confuses even the most educated individual. They don’t want to do the wrong thing. The comfort of having someone local, who they can call and ask for by name, is a huge stress reliever. I had a beneficiary in last week who had worked her whole life, was computer literate, tried to do everything online and just wasn’t sure she was doing the right thing with her benefits. She went to the Social Security office to make sure she had signed up for everything she was eligible for and was referred by them to me. She had in hand all the correct research papers for her insurance options, but just wanted that “second opinion” that she was doing the right thing. I helped her work through the options and she was comfortable that she had made the correct decisions. She wouldn’t be able to gain that peace of mind on the phone and she didn’t get it from the online education she had tried to do.

My own mother, who knows how busy I am, didn’t want to “bother” me with her Social Security payment problems because she was still working and had an overpayment. She thought she could fix it herself; she is an educated, computer literate woman who dealt with the 800 number. A month later, after numerous phone calls and numerous promises it was all taken care of, she received a notice that it wasn’t resolved. She finally told me what was going on, and we were able to fix it through the local Social Security office in a minimal amount of time.

Not only does the Social Security office have beneficiaries from Aroostook County, they also have a lot of individuals who worked in the United States and qualify for benefits, but live in Canada. Most of Aroostook County shares a border with Canada. Many of these Canada-residing beneficiaries are U.S. citizens who worked under the Social Security system but some are Canadian citizens who also worked under the U.S. Social Security system. When Medicare Part D started there was a huge amount of confusion that arose because one of the rules is you need to have a physical address in the United States to get Medicare D. This is not necessary for Medicare Parts A and B. To this day, I have a lot of contact with

3 Tammy DeLong, Medicare Specialist, Aroostook Area Agency on Aging, Inc.
Social Security regarding confusion of those benefits. Coordination of benefits between two nations is sometimes an issue and the walk-in service available at the Presque Isle office and the sensitivity and experience of the staff with cross-border issues is important. A telephonic or online service is no substitute for this experience.

I had a beneficiary who was living on $460.00 a month. She had moved here from Canada to get married to a U.S. citizen, and was married for over 20 years residing in the USA before getting a divorce sometime in the 1970’s. She had enough personal work credits through Social Security to get a benefit check on her own and was trying to make ends meet. Her divorce had happened so long ago, and when she applied for her Social Security benefits she didn’t disclose that she had been married because she didn’t think it was important. She didn’t have any of his information other than his name and date of birth; she didn’t even know where he lived. We worked with the local Social Security office and they were able to find the individual she was married to and since he was deceased she was able to collect a widow’s benefit from his record and was able to increase her income $1,000 a month. This made a major difference in her quality of life.

People in Aroostook County are known for being hard workers. In our older generations some had to drop out of school to help the family by going to work. They married younger and started families younger, and the families were a lot bigger. But the farm and woods wages worked for years ago, equal a very small Social Security check today. As a result many seniors face the issue of being at or below poverty level. They can’t afford a computer and/or the internet access fees, which just for a basic package run about $50.00 a month. If they go to the few local libraries in our region for assistance, the librarians aren’t trained to help them research the appropriate benefits people are eligible for, because unless you know specifically what you are looking for, those websites can be cumbersome and confusing to navigate.

4 Tammy DeLong, Medicare Specialist, Aroostook Area Agency on Aging, Inc.
I hear a lot of the times “I only made it to the 8th grade, I don’t understand what this means”, from beneficiaries of public benefits receiving government correspondence. We field many referrals from Social Security of people needing assistance in understanding what a letter might mean and most importantly, how to exercise their right of a review of what might be an action that will cause them harm (usually financial). Frequently beneficiaries have to choose between medications, heat or groceries. I actually had a couple who were sharing the medications, cutting them in half to make them last longer. Come to find out they were eligible for a Low Income Subsidy through the Social Security office to help pay for prescriptions. I assisted the beneficiary with the application and they processed it at the local office in a timely manner and they were able to stop sharing prescriptions and take appropriate dosages.

I also had a woman who had left her groceries in the cart at the store because she had spent her grocery money on medications. The pharmacy technician at the store told her to come to my office to see if we could help lower her drug costs. I called the Social Security office to confirm her monthly benefit amount so we could apply for extra help, and she already had a pending application on file. The representative at the local Social Security office finished the application on the phone with her while she was in my office. Once the determination was made that she was eligible I contacted her Part D prescription plan, they updated her Low Income Subsidy status, the pharmacy reprocessed her claims and gave her $200 back and she was able to complete her grocery shopping. This all happened in two hours. You can’t get that type of instant gratification online or over the phone.

Unfortunately we have too many incapacitated seniors who lack an informal support system. Outmigration of younger people plagues rural America and our County is no exception. Between 2010 and 2013 in our County 3.7% of those

5 Tammy DeLong, Medicare Specialist, Aroostook Area Agency on Aging, Inc.
under age 65, primarily people between ages 18-44, moved away. Older parents are stranded with the loss of this support network. Few want to “burden” their children with their problems and financial and health issues go unaddressed. For some pride is a factor that stops them from seeking help. Many times beneficiaries don’t think they qualify for benefits to assist them, or simply want to leave them for someone who is needier than they are. People at our local Social Security are sensitive to these factors and are able to make appropriate referrals helping to assure needed service gets to needy seniors.

Hearing loss is chronic in our aging population. Telephonic services are a challenge especially to those with late life hearing loss. Hearing aids are beyond affordability for many. Social Security prefers to do business by telephone and this is not an option for those with impaired hearing. They need to be able to walk in to an office, look at the person they are speaking with and feel comfortable that communication is really happening. Availability of the Presque Isle Social Security office enables this to happen.

There is a lot of fraud that takes place with this population, and they don’t like to give out their Social Security information over the phone, and since most Social Security benefits are based on someone’s Social Security number; there is a lot of reluctance to provide information over the telephone. The ability to walk into the Social Security office and conduct business provides peace of mind for beneficiaries.

Eighteen percent of the people in Aroostook County don’t have English as a primary language. Many of them speak a local dialect of French. Like a lot of communities, the language has adapted to the area the person lives in. I have taken five years of French and I still can only make out about half of what someone is saying. There are three interpreters at the local Social Security office

6 Tammy DeLong, Medicare Specialist, Aroostook Area Agency on Aging, Inc.
that can speak the local French in order to assist beneficiaries. This is yet another asset of the local office.

Another thing to note is that the Social Security jobs are well-paying and secure in an area that is economically challenged. The loss of 12 positions and the accompanying payroll would have a devastating effect on the economy and infrastructure of this area, where jobs are lost and businesses close more frequently than I care to think about.

It is a community that binds together through tragedy and celebrates accomplishments. They are proud people and do the best that they can with what they have. A handshake still means something. But most of all, if they want to know and understand something, they don’t want to seek it out on-line or on the phone. They want to sit and talk to someone in person, where they are a name and not just a number, which is why the local Social Security office is so important. And for me, it would be difficult for me to adequately serve people and get issues fixed in a timely manner should the local office be closed.

In closing, I would like to thank you again for inviting me to testify today. I would happy to answer any questions you might have.

Thank you!

Tammy DeLong
Prepared Statement of Brenda Holt Commissioner

Chairman Nelson, Ranking Member Collins, and other members of the Committee:

My name is Brenda Holt, and I am a Gadsden County Commissioner in the panhandle of Florida. I am here today to talk about the closure of a field office in my county and a process that deeply frustrated and angered our rural community filled with low-income senior citizens. It’s been three months since our field office has shut down. I am both upset about what happened and hopeful that maybe we can get service restored in the future.

Our community of about 60,000 people—and roughly 10,000 seniors—has been served by a Social Security field office in the county seat of Quincy, which is about 45 minutes away from Tallahassee. The office serves both my county of Gadsden County and neighboring Liberty County. Both counties have poverty numbers that are much higher than the State average; in fact, Gadsden County’s poverty rate is nearly double the Florida average. We also trail the state averages in education; only about one in seven of our residents has a college degree. Most of the people here don’t have computers, let alone reliable Internet access. Our county is very spread out, so even though we had a field office in Quincy, a lot of our residents who live on the outskirts of the County struggle just to make it to the office, often getting a ride into town.

The Quincy office was scheduled to be shut down at the end of March. I understand Social Security may have informed a very small number of local officials last fall or winter, but the county most affected by this closure—Gadsden County—first learned of SSA’s plans on March 5th. That did not give us a lot of time to try to stop this shutdown from happening, and I sensed that was the point.

I reached out to our senators and multiple members of Congress. I scheduled and held a forum at the Gadsden County Senior Center on March 18th. I invited all interested people in the community that I was able to reach. The county commission chairman Eric Hinson, State Representative Alan Williams, Gadsden County Sheriff Morris Young’s representative and many others came to help. Most of our seniors did not know about the planned closure. They were very worried. It is highly unlikely that many of these seniors will be able to get to Tallahassee or Marianna, the two closest offices. We have one shuttle, the Gadsden Express, which runs to Tallahassee once in the morning and returns to Quincy once at night, but that shuttle is overflowing with people who live in Quincy and work in Tallahassee. In the month of April, approximately 2,204 residents of Gadsden County used this shuttle. Most of the time, people are standing or sitting on the floor. Seniors without their own transportation who are able to get to Quincy to ride the shuttle, are stuck in Tallahassee all day. Several of these seniors need assistance walking or have walking equipment without adequate room on the overcrowded bus. Even for those with cars, Tallahassee is a much larger city than Quincy, and having to navigate traffic to get across the city—because the office is on the east side and we are west of the city—is very tricky for older people. Later that afternoon State Representative Alan Williams scheduled a meeting with myself, Gadsden County Sheriff Morris Young, Gadsden County Commission chairman Eric Hinson, local NAACP and SSA regional directors, and staff members at Florida’s capital and presented our case. During this meeting, Sheriff Young called Mr. Robinson, an elderly man, and allowed the representative to speak to Mr. Robinson on speaker phone to explain the situation of the office closure in Quincy and services in Tallahassee. Mr. Robinson stated on the phone, “I don’t know what he is saying, can you tell me what he is saying”. How appropriate was Mr. Robinson’s statement? It could not have been planned better. It clearly showed everyone listening in on the phone call, that he did not understand what was being told to him. This was a perfect example of why senior citizens and the disabled need personal face to face contact. After the phone call with Mr. Robinson and further discussion, still, we were given the nicest “no” I have ever heard.

In my experience, elderly people, particularly those in my community may feel dishonored if they feel their basic rights have been taken away. Especially since they have worked hard to earn their Social Security Benefits. I can use the example of Mr. Kate Alexander, a gentleman whose cancer case is an example of how the elderly community in Gadsden County are treated. He had paid for his own insurance from the time he was 16 years old until he was 60. Mr. Alexander was told he could not get chemotherapy because of his deductible, and his insurance would not cover the costs. He had to travel 54 miles to Tallahassee, FL from his home in Gadsden County, embarrassed and ashamed. Eventually, Mr. Alexander was able to receive treatment for his cancer after being signed up for Affordable Healthcare. Unfortunately, due to the timing of the issue, Mr. Alexander passed away from lack of chemotherapy treatments while waiting on insurance to cover costs. When you
Gadsden County Florida.

...true disabled have people like us (community leaders) to fight for them... Mr. Alexander commented, “They just don’t want us.” Well, that’s why seniors and the truly disabled have people like us (community leaders) to fight for them in Gadsden County.

So county leaders, including my fellow County Commissioners, Representative Alan Williams, Gadsden County Sheriff Morris Young and other community partners discussed how the county could help Social Security stay in Gadsden County, and with the help of our elected officials, we got a conference call with SSA Commissioner Carolyn Colvin and other agency officials on March 25th, just a few days before the office was to be shut down. They told us they would be saving $3.2 million over 10 years if they closed the office. We told them that the amount they were paying for rent—about $15,000 a month—was way too high for our area. After talking to the landlord we offered them a deal: reduced rent at the same facility. They weren’t interested. Then we offered them a free facility, about 4,000 square feet of office space, an annex building of our sheriff’s office, or free space at the local hospital. The sheriff’s office offered to provide a guard at no cost to the agency, and the city of Quincy said it would cut their utilities bill by 25 percent. All told, this would have cut SSA’s costs more than half, but they refused to even negotiate or come to the table. I asked the Commissioner and members on the conference call to please train us to help our citizens so that we may have the opportunity to make the transition smoother. The closing of the office is an insult to the members of our community and those who have offered their resources to keep the office open.

A couple days later, a few officials from the SSA regional office in Atlanta came to Quincy to explore options for some continued service in the area. Even they conceded that the free building we offered was in good shape, but all they were willing to do, and only after we pressured them, was put in a video unit that seniors could use to talk to an SSA employee in another city and computer icons on the other computers at the three libraries. They told us this unit had been sitting in the back of the Quincy office unused. It would have been nice to have had that out working in the office somewhere so that actual SSA employees could teach our residents how to use it after they left, but at this point, there was no time for that. I was the first one to use it on the 27th, just a couple days before the Quincy office shut down for good.

After a couple weeks of no in-person services in Quincy, the video unit was up and running in our library which is a couple of miles from the field office. The other libraries had icons installed as well. This video unit works pretty well, and I appreciate having something for our seniors to use. There’s only one unit, though, so if you get there and a few people have arrived before you, you could be waiting a while, and the library staff there doesn’t know the lingo or the forms, so they can only do so much. SSA gave us a fax machine for documents, but it is in a separate room from the computer. The library environment was not designed with confidentiality in mind, meaning that faxes containing personal information could easily be intercepted and compromised leading to possible identity theft. Many residents are unaware that all of their needs cannot be met using the video unit at the library in Quincy. This creates a problem where people are wasting time visiting the Quincy Library. They feel as if they have been misled in terms of what the Social Security Administration is offering them in lieu of the office closure.

It is a fine resource, but it is no replacement for a field office, with staffers who can walk our residents through a host of issues they may be having. We have a lot of special needs citizens here, so that unit won’t work for everyone. We have people who can barely read because of vision problems. Or people with hearing problems, or poor comprehension problems. The computer is not the answer for many of these people. In fact, many of these people do not have phones. Many of these people have worked hard their whole lives, but are still financially restricted. These issues are not going away any time soon. We still have a direct need.

This whole process has been very sad to watch. We never had an opportunity to weigh in as a community to try to save our office. SSA did not do much of anything to inform our community of the closure. In fact, sometimes I still stop when I see people trying to get into the closed SSA building in Quincy to tell people that it is permanently closed. Our county is paying for advertisements in the newspaper to alert people who still don’t know about this almost three months later, but this should not be our responsibility. It’s unfortunate that their lives were disrupted by cutting this service. People are scrambling to figure out how to get the basic services they need.

Gadsden County conducted a survey to get insight into how the community as a whole felt about the video conferencing service that was offered. Out of the total number of people surveyed, 31 percent said they did not feel comfortable using the
video service at the library, and would not recommend the service to their family and friends. Some of those concerns include:

- Adequate space at the library. There have been 212 visitors as of June 11, 2014. As the number of users grow, is the facility large enough to accommodate them all?
- The quality of service. The quality of services are expected to decline since citizens can no longer rely on hands-on or face to face services.
- The library environment was not designed with confidentiality in mind, meaning that faxes containing personal information could easily be intercepted and compromised leading to possible identity theft.
- Partial services—the video computer is only at one of the three libraries, the other two libraries only have SSA icons at those computer locations. Therefore for those that need the assistance of SSA staff, there is no video computer, they have wasted their time, and may still have to drive 30 miles.

I am here today to see if anything can be done to restore the field office to our community, but if that cannot be accomplished, then I want to make sure that other communities like ours at least get a fighting chance, and I want to make sure Social Security remembers that even if it no longer has a physical presence in our community, it still needs to find ways to serve us going forward. Our needs matter, and we won’t just be cast aside. Our seniors have paid their dues, now it is time for this country to help them.
Questions for the Record
The Honorable Bill Nelson  
Chairman, Senate Special Committee  
on Aging  
Washington, DC  20510

Dear Chairman Nelson:

Thank you for your request for additional information to complete the record of the June 18, 2014 hearing on Social Security's field offices and service delivery. I know that our respective staffs have remained in contact regarding documentation of some of our field office reviews, however, I regret the delay in responding to this supplemental inquiry. Please find enclosed our responses to your and Ranking Member Collins’ questions.

I hope this information is helpful. If I may be of further assistance, please do not hesitate to contact me, or your staff may contact Tom Parrott, our Acting Deputy Commissioner for Legislation and Congressional Affairs, at (202) 358-6013.

Sincerely,

Nancy A. Berryhill  
Deputy Commissioner  
for Operations

Enclosure
1. The Committee understands that Service Area Reviews (SARs) and Service Delivery Assessments (SDAs) document SSA’s decision to close an office. With that in mind, for offices closed in 2013 and 2014, please cite parts of relevant SARs or SDAs that support the following statements Ms. Berryhill made during her testimony:

Before I answer your specific questions, I want to clarify the purpose of these documents. We periodically evaluate our offices to ensure that their service delivery is consistent with the needs of the area they serve. Our area directors conduct annual reviews of the offices they oversee. Based on the results of these reviews, an area director may select an office for additional analysis and assessment, a process that we now call a “Service Area Review” and that we used to call a “Service Delivery Assessment.”

The documents to which you refer record the results of these full office assessments and help us determine whether to expand, reduce, consolidate, or make no change to an office.

(a) In closing the Quincy office, SSA considered the lack of public transportation between Quincy and Tallahassee.

Our SAR for Quincy documented public transportation availability for the Tallahassee and Quincy offices (see page 12 of the document we previously provided), but did not document the lack of public transportation between the two offices. However, I asked our regional office about the availability of public transportation between the two offices during my review of the region’s proposal to consolidate.

Staff informed me that Gadsden Express transportation provides express service between Quincy and Tallahassee for individuals who are disabled or underprivileged. This express service includes four, 40-minute rides from Quincy to Tallahassee and four, 40-minute return rides spread throughout the day. We also considered the affordability of the $1 per ride costs for commuters, including individuals who are disabled or underprivileged. Below is the route and schedule information:


(b) In closing offices, SSA looked at Internet access.
Enclosure – Page 2 – The Honorable Bill Nelson

In general, our SARs and SDAs did not document Internet accessibility. This does not mean we did not consider the issue in our review process. For example, we looked at Internet access in the Quincy area and documented our findings (see bottom paragraph of page 22 of the document we previously provided).

We appreciate your Committee’s feedback on the importance of Internet accessibility, and we are revising our process to consistently document our Internet accessibility findings.

(c) In closing offices, SSA considered the closure’s impact on the public and stakeholders.

In general, our SARs and SDAs did not document an office closure’s impact on the community. When our regions submit proposals to consolidate an office, we do consider the closure’s impact on the public and stakeholders. However, this analysis would typically be separate from a SAR or SDA. That being said, the documents we provided contained sections on trends and unique service area characteristics, which indicate ways in which an office change could affect the local public and stakeholders.

We appreciate your Committee’s feedback on evaluating public and stakeholder impact, and we are revising our process to consistently document in our SARs a more comprehensive assessment of an office’s impact on the community.

2. Ms. Berryhill said SSA shares space with a county office in Northern Michigan. If SSA can share space, why was Gadsden County’s offer of office space not considered?

Shared space is only one of many factors when considering office consolidations. I decided to consolidate the Quincy office based primarily on other factors, such as the amount of walk-in traffic. We appreciate Gadsden County’s offer, but the availability of their space would not have changed our decision.

Office space must meet Federal and other government standards, as well as our field office space criteria. In general, our unique requirements limit our ability to accept “as is” space or use excess space occupied by other agencies. Our field offices require visitor waiting areas, secure interviewing areas with barrier walls to separate employees from the public, separate restrooms for employees and visitors, security guards, and physical security features for computers and safeguarding information.

We are open to the idea of sharing space with other agencies and continue to explore such opportunities with the General Services Administration.

3. SSA’s May 2014 report to Congress says the Deputy Commissioner for Operations presents recommendations for closure to the Commissioner, who approves the decisions.
(a) In her testimony Ms. Berryhill said, “These decisions are made by me,” in reference to office closures. Given the contradiction, who makes the decision? If Commissioner Colvin is the final decision maker, have there been instances when Ms. Berryhill has made a recommendation that Commissioner Colvin has disagreed with? Please cite any instances.

As Deputy Commissioner for Operations, I make the decision to recommend that the agency consolidate an office, based upon my office’s time-intensive and thorough review of the proposal. I present the recommendation and an executive summary of our analysis to the Commissioner—who has the final say for the agency—for her review and approval. There have not been any instances when she disagreed with my decision.

(b) Of the 25 documents SSA sent the Committee, only two were accompanied by recommendations to close an office. Please explain why the 23 other office closures did not have recommendations specifying the rationale for the closure.

Our SAR and SDA documents represent a full office assessment, and help us determine if we should expand, reduce, consolidate or make no changes to an office, and may or may not result in a recommendation for a change. When our regions submit proposals to consolidate an office, they would contain a recommendation summary. However, this analysis is separate from a SAR or SDA.

We had less stringent and consistent documentation standards for our office assessments and review process until we implemented our SAR business process in November 2013. Therefore, some of our regions included recommendations in their SDA documents. Of the documents accompanied by a recommendation to close an office, all were dated before July 2013, months before we implemented our new process.

4. The Committee asked SSA to consider five recommendations for improving its office-closure policy and practices. Please either agree or disagree with each recommendation. For those recommendations with which you agree please outline actionable steps you will take and a timeline for taking those steps. For those recommendations with which you disagree provide a rationale.

We appreciate your recommendations and are working on changes to our SAR business process, which includes how we develop and document decisions on field office changes and communicate with stakeholders. My staff recently consulted our regional offices to gather lessons learned and best practices, and we have begun to incorporate them into our process as well.

We expect to implement these changes by January 2015.

(a) SSA should create a uniform consolidation policy that delineates essential criteria for decision making.
We agree. We have made progress since the General Accounting Office and Office of the Inspector General reports that your Committee staff report cites, which found that we did not have a uniform process. In November 2013, we implemented our uniform, nationwide SAR process. This process defines the criteria we use for decision making. However, in light of your report, we are reviewing these criteria and our instructions and will revise them as necessary to ensure they are clear and concise.

(b) SSA should use standard metrics of demographic variables included in area reviews.

We agree. We are changing our process so that we use standard metrics for common demographic variables.

(c) SSA should expand the criteria it considers to more fully examine the impact of closures and consolidations on the affected communities.

We agree. We will include in our review and decision-making process the additional criteria you have recommended.

(d) SSA should include the public and other local stakeholders, including managers, employees and elected officials in the decision-making process.

We agree. Prior to my decision to recommend the agency consolidate an office, we will notify stakeholders, provide a period for stakeholder feedback, and consider this feedback in the decision. We are updating our SAR business process to reflect these changes.

(e) SSA should incorporate transition planning for communities impacted by closures and consider alternatives to eliminating all in-person services.

We agree. We have begun to incorporate alternative service delivery options such as video, customer service stations, and SSA Express—an icon on public computers, such as those in libraries, that allows easy access to our suite of online services—more broadly. We are updating our communications plan to ensure and document that, prior to consolidating an office, we introduce alternative service delivery methods to the community to give the public time to become familiar with the new technology and service channels.

5. Please provide all the remaining documents justifying all office closures since 2010.

We have provided your Committee with these documents in response to your request at the June 18, 2014 hearing.
1. The Federal Management Regulation (§102-79.55) states that federal agencies must follow a hierarchy in their use of space. Federal agencies must: (a) first use space in Government-owned and Government-leased buildings; and (b) if there is no suitable space in Government-owned and Government-leased buildings, use space in buildings under the custody and control of the U.S. Postal Service; and (c) if there is no suitable space in buildings under the custody and control of the U.S. Postal Service, agencies may acquire real estate by lease, purchase, or construction.

In your testimony, you discussed SSA’s commitment—now and in the future—to sustain a field office structure that provides face-to-face service for those customers who need or prefer such service. You also talked about how budget constraints have led SSA to review service delivery options, which resulted in the elimination of contact stations and consolidation of some field offices.

   a. Has SSA considered co-locating field offices with other agencies that are in Government-owned or Government-leased buildings or with the U.S. Postal Service?

      We are beginning to explore such co-locating opportunities with the General Services Administration.

   b. In instances where SSA has consolidated a field office, was consideration given to co-locating with another agency in the same area? What determination was made in these instances?

      In general, we did not consider co-locations. Many of the offices we consolidated were less than 20 miles apart, including those in urban areas that were one to two miles apart. In these cases, it made sense to consolidate into an SSA office that met our space and security requirements rather than co-locate with another agency.

   c. As part of SSAs ongoing review of the field office structure, will co-location options be considered and documented in the Service Area Review assessments?

      Yes, in the future we will ensure that we consistently document the co-location options we have considered and reasoning for the final decision whether or not to co-locate offices.
Statements for the Record
Statement of Senator Benjamin L. Cardin

I commend Chairman Nelson and the Senate Special Committee on Aging for convening this hearing today entitled “Reduction in Face-to-Face Services at the Social Security Administration.”

I am proud to represent Social Security’s more than 12,000 employees in my state, who provide services to a growing number of beneficiaries despite funding that has not kept pace. SSA has had to make some tough decisions in the face of budget constraints, and it is important to ensure that the negative effects of such constraints are minimized.

This hearing, and the Aging Committee’s Staff investigation, will shed light on the impact of service cuts—particularly in the form of SSA Field Office closures—and what can be done to ensure that beneficiaries and prospective beneficiaries receive the services they need in a timely and efficient manner. I am concerned about the investigation’s finding that SSA is not adhering to four of the six metrics it claimed were the major determining factors when closing a field office.

We can and must do better in serving our nation’s retirees, persons with disabilities, and surviving family members by ensuring that the agency takes into account community impact, access to Internet, impact on staff, and the consultation of stakeholders and local agency management before making any future decisions.

I am committed to working with SSA, relevant Senate committees, and the American Federation of Government Employees (AFGE) to ensure that beneficiaries receive the highest quality service possible.
Statement for the Record by
Max Richtman, President and CEO
National Committee to Preserve Social Security and Medicare
Special Committee on Aging
United States Senate
Washington, D.C.

Hearing on Reduction in Face-to-Face Services at the Social Security Administration
June 18, 2014, 2:15 p.m.

As President and Chief Executive Officer of the National Committee to Preserve Social Security and Medicare, I appreciate the opportunity to submit this statement for the record. With millions of members and supporters across America, the National Committee is a grassroots advocacy and education organization devoted to the retirement security of all citizens.

Chairman Bill Nelson, Ranking Member Susan Collins and members of the Special Committee on Aging, the National Committee appreciates your holding this hearing to examine the proposed reductions in face-to-face services at the Social Security Administration (SSA).

The National Committee is committed to protecting and improving Social Security. Social Security is a program that touches the lives of virtually all Americans. More than many other federal programs, Social Security does exactly what it was designed to do by providing basic income protection to 38 million retired people, 9 million people with disabilities, as well as to 6.2 million widows, widowers and the surviving children of deceased workers. For that reason, the National Committee is concerned that the Social Security Administration’s (SSA’s) proposed reductions in face-to-face services will adversely impact millions of Americans.

Background

SSA’s field office network has formed the backbone of the Administration’s service delivery infrastructure since the earliest days of the Agency. In many towns in America, the Post Office and the Social Security office represent the face of the federal government. It is to the Social Security office that Americans turn after life-changing events – disability, retirement, the death of a spouse. While recent technological changes have expanded the availability of services online and through SSA’s toll-free 1-800 number, the face-to-face service option available in SSA’s field offices remains a mainstay in the Agency’s offering of service delivery options.

I understand that SSA has faced enormous funding shortfalls and resulting staff shortages in recent years, losing over 12 percent of its workforce – 11,000 employees. Of course, I recognize that any agency facing these kinds of constraints must pursue strategies for conserving resources. However, the National Committee is concerned that the proposed changes for providing benefit verification letters and Social Security Number (SSN) printouts, while saving resources, will erode SSA’s customer service. Although these important services would continue to be available through other means, I share the concern expressed in the Joint Explanatory.
Statement accompanying the Consolidated Appropriations Act of 2014 (P.L. 113-76) that millions of America's seniors will be adversely affected by the changes.

Beneficiaries request benefit verification letters for a variety of reasons - to serve as proof of their income for public housing, Medicaid and other public benefits. In addition, these letters are used for tax purposes, car loans, mortgages or rental agreements. SSA proposes to eliminate beneficiaries' ability to request these letters from a field office, requiring them to request the letters via SSA's 1-800 number or the Internet.

Likewise, SSN printouts serve as proof of identity for individuals who have lost their Social Security cards. And, unemployed job seekers may need proof of their Social Security numbers quickly, without having to wait for a Social Security card to arrive in the mail, to ensure that they do not miss job offers when potential employers are moving quickly to hire workers.

Instead of requesting benefit verification letters and Social Security Numbers at local field offices, individuals will have to apply online or by phone, adding 7 to 10 days to wait times. This policy will place an undue burden on millions of Americans, particularly seniors, people with disabilities and survivors.

The National Committee's Concerns

Although today SSA maintains a network of 1,248 field offices around the nation, ten years ago there were 82 more offices open. I understand that staffing reductions resulting from reduced funding have made smaller offices unsustainable. While I am not in a position to comment on the ideal size for an office, or the optimal geographic area a field office should cover, the National Committee believes any individual who has paid Social Security taxes has the right to face-to-face service within a reasonable distance of their home.

The National Committee also is concerned that seniors and low-income individuals who are accustomed to conducting business on a face-to-face basis will suffer undue hardship when faced with the need for a benefit verification letter or SSN printout. Many in this population lack access to and are not familiar with computers and printers. I am also concerned that shifting this administrative burden to SSA call centers will only increase the current average wait time of 26 minutes.

Additionally, the need for a benefit verification letter or SSN printout often results from an emergency situation, such as a need for public benefits or the loss of identifying information.

The value of the availability of these documents from field offices is in the timeliness of their receipt. An individual can visit a field office and leave with the information he or she needs. Without this service, individuals may be forced to wait weeks without assistance. What will an individual seeking help from a food bank do if turned away because a benefit verification letter is not immediately available?
The National Committee’s Recommendations

First and foremost, the National Committee believes the SSA should be adequately funded so that the agency is not forced to close offices due to a lack of funding and inadequate staffing. In recent years, SSA has closed offices with what appears to have been little input from community leaders. Increasing the transparency of this process will ensure that all voices are heard when plans to close or consolidate field offices are being developed.

Moreover, the National Committee would prefer that SSA continue the current policy of making benefit verification letters and SSN printouts available in local field offices.

Finally, if SSA decides to implement these proposed changes, I encourage the Agency to adopt a broad policy that allows exceptions for emergency situations. We would encourage the Committee to work with SSA and other advocacy groups to define the criteria for exceptions.

Conclusion

As we approach the 79th anniversary of the passage of the Social Security Act, I am encouraged by the resiliency of the program and difference it has made in the economic security of millions of retirees, people with disabilities and survivors. The National Committee believes that the face-to-face contact provided in SSA’s field offices represents an integral part of the service delivery options available to beneficiaries and the public and encourages the Select Committee on Aging and the Congress to support this current service.

Thank you again for the opportunity to submit this testimony. I would be happy to answer any questions for the hearing record.
Mr. Chairman, Members of the Committee

My name is Witold Skwierczynski. I am the President of the National Council of Social Security Field Operations Locals, of the American Federation of Government Employees. We are the recognized bargaining representative for approximately 28,000 employees who work in field offices, teleservice centers and card centers at the Social Security Administration.

I want to thank you for holding this timely and vital hearing today. It is timely because SSA is at a crossroads with one path leading to an internet portal and the other maintaining personal service to millions of Social Security beneficiaries. While the union believes that SSA must move down both paths simultaneously, it is clear that the agency sees only one way forward: Americans in the next ten years will use the internet alone to access SSA benefits and services.

Does this strategy make sense? The union says no, the SSA managers association says no, but to date, the policy remains unexamined by Congress and unexplained by SSA. In fact, until the recent release of the draft report by the National Association of Public Administration (NAPA), neither the Congress nor the public was even aware of SSA’s vision for the program over the next eleven years. SSA has chosen not to involve either the public or the employee union in any meaningful dialogue regarding a fundamental change in the way it plans to deliver services to its customers. Government agencies should not be allowed to engage in such a fundamental change in how they operate without input and concurrence from affected citizenry. It’s the responsibility of Congress to insure that government operates to benefit its constituents and not to benefit government.

It is essential that today’s hearing begin a process of placing the SSA plan under a microscope and starting a national debate on the best ways SSA can serve the millions of beneficiaries who have paid for the services they expect SSA to be delivering for them.

SSA’s Field Office Plan

Last year, SSA field offices served more than 43 million people and received over 68 million calls. In 2007, 42 million people visited field offices. Despite extraordinary efforts to reduce field office traffic, there has been no significant change over time. People simply want and need to discuss the complex issues that surround this program with someone who has the training and expertise to help.

In the midst of a very loud battle over Social Security cost-of-living adjustments, there has been a much quieter fight waged by SSA to reduce field office hours of operation, cut staff, halt critical services and generally move to eliminate the field office network at SSA. While this is an SSA plan, it has been unintentionally aided by Congress in the form of routine budget cuts to the agency.
Since 2010 SSA has closed 80 field offices around the country. Also in that time, the agency has eliminated all 500 rural contact stations, reduced field office hours by 90 minutes daily and 4 1/2 hours on Wednesdays (i.e., a 28% reduction in public office hours) and cut field office staff by 11,000. Closing contact stations provided SSA negligible savings since, by their nature, these offices were located in donated space. SSA only paid for employee transportation costs to travel to the facility. However, contact station closures virtually eliminated the face-to-face service option for rural SSA customers. While budget cuts have required adjustments by SSA, we believe these decisions were less the result of short term budget shortfalls than they were efforts to reduce face to face service and the role of field offices.

SSA has options for reducing spending that do not require service reductions to beneficiaries or the closure of field offices. The Union has urged the Agency to seek alternatives to cuts in the field office network including eliminating a bloated management structure which includes unnecessary layers of management and 42 all-management Area Director offices that cost millions in rent and perform no direct service for the American public. Eliminating field offices and reducing hours while keeping unnecessary offices for high graded managers, who do not take or review claims, is a waste of essential resources.

More importantly, reductions in SSA’s administrative budget are not a certainty for the future. In fact, SSA received a small increase in its operational budget in FY 2014. The SSA Commissioner can and should propose a budget from Congress that maintains the field office structure necessary for the public to conduct its SSA business. The Independent Agency law allows the Commissioner to send such a budget directly to Congress without the requirement to send it to the President for approval. Commissioners have been reluctant to exercise this authority. The time has come to use this authority to attempt to obtain reasonable appropriations in SSA. The question of the role of field offices, the internet, and the call centers should be viewed from the perspective of what is best for the consumer, the retiree, the disabled person and the survivor who paid for the service since he or she first started working.

Today's SSA Office Experience

SSA has a proud reputation for providing its clients good public service. Veteran SSA employees can attest to the fact that employees were trained to make customer service the highest priority. Unfortunately, recent SSA service delivery decisions have caused serious erosion of this legacy. Today, clients encounter real difficulties obtaining their service of choice. If a claimant calls the SSA 800 number to speak to an agent, SSA’s goal for FY 14 is that the average wait time will be 17 minutes. The actual average wait time is 26 minutes. During the core business hours this wait time is even longer.

If a claimant or beneficiary decides to travel to an SSA office for service, they will experience long waiting times and reduced staff. Over 50 offices have published average wait times of an hour. Waiting times only reflect the time that elapses once a client registers in the automated Visitor Intake Program. Often customers have considerable additional unrecorded waiting time before they can register.

Once a claimant is called to speak to a Service Representative, they will often be encouraged to use a self-help computer to file their claim whether they have an appointment or not. SSA’s policy is to require staff to direct claimants to these self-help computers where they exist. Some managers require employees to direct all claimants to such self-help computers whether or not the claimants want to use them. Customers do not travel to a Social Security office to use a computer. They can do that in their
homes. Forcing, coercing or offering them a computer option when they came to the office for face-to-
face service is frustrating to the customer and certainly does not constitute good public service.

Many offices have a policy that they will not take claims from walk-in customers without appointments
absent an emergency. Consequently, walk-in customers are either referred to a self-help computer or
an appointment is established for them at a future date and they are sent home. Sending a claimant
home who traveled to an SSA office for help does not constitute good public service.

Many offices have maxed out on their appointment calendars (i.e., SSA has a 60 day maximum length
for appointments). In many SSA offices, a walk-in claimant is denied an interview and an appointment if
the calendar is full. A protective filing is established on a hand written form and hopefully this person
will be added to the appointment calendar in the unknown future. Sending claimants home who want
to file a claim with no claim taken and no appointment set up is not good public service.

Many offices that have no self-help computers and that don’t allow walk-in claims, require employees to
tell claimants that SSA cannot take their claim today. They are instructed to go home and file online if
they want to file a claim or, if they have no computer, to go to a local library to file their claim online.
SSA has not met with library officials regarding such referral policies. It is bad public service to send a
claimant home without taking their claim, without setting up an appointment and without taking a
protective filing and sending the claimant to a library or their home to file online.

Where self-help computers exist in field offices, employees report that most clients who attempt to use
them for filing claims have extreme difficulty completing the process. SSA employees commonly are
required to provide extensive assistance which defeats the purpose of referring clients to the self-help
computers – saving staff time.

Staff reductions are partly responsible for SSA’s decision to manipulate the public into using online
services. However, there appears to be a broader design. As reflected in SSA’s FY 15 Performance Plan,
the FY 14-18 SSA Strategic Plan and the draft Vision 2025 plan, SSA’s goal is to make online service the
primary service delivery system and, consequently, access to face-to-face service will be reduced despite
the fact that the volume of walk-in customers has not changed.

Field Office Closures

According to our analysis, SSA has closed 80 field and teleservice offices since 2010. The process was
initiated by former Commissioner Astrue and has accelerated in the last two years. Why these
particular offices were closed is essentially unknown as SSA has offered no justification for these
decisions. SSA consults with no one before making a decision to close an office. When a decision is
made to close an office, SSA deliberately provides the union and the impacted Congressperson a short
advanced notice of the closure. SSA conducts a formal meeting with the employees informing them of
the closure. The union is invited to the meeting but not informed in advance of the topic of discussion.
No rationale is given, no alternatives suggested. SSA is simply closing the office – permanently. The
union can only negotiate the methodology of reassigning the employees – not the actual closure. No
notice is given to the public of the closure. No press release about it is issued by SSA. SSA doesn’t
bother to notify Senators in the state of the office. SSA does not notify local government. SSA does not
notify local interest groups that assist seniors, the poor and the disabled. The Union has long suspected
that the primary motivation for these closures had nothing to do with the public policy issues involved, but instead is related to the expiration of building leases.

Prior to deciding to close an office, SSA does not seek input from Congress, the public, SSA employees, customer interest groups, local government, local employers, local institutions or anyone from the community. This is no way to operate an open and transparent government. Legislation exists requiring the postal service to justify postal office closures and to require public hearings prior to making a decision whether to close a postal facility. No such legal requirement exists in SSA. SSA has taken advantage of the lack of legal impediments to engage in a strategy that makes it virtually impossible for any interested party to argue effectively against an office closure. Many closures result in effectively eliminating a face to face option for seniors, disabled individuals and the poor who have no ability to travel to the different office located in another community. SSA does not appear to consider customer transportation issues when deciding to close offices. Many closures have left customers with no public transportation options to travel to another SSA office. If driving is not an option, face to face SSA service stops being an option. Nor is there any sort of appeals process and despite Congressional, customer and community objections, not one closure decision was overturned.

For these reasons, the Council has strongly supported H.R. 3997, a bipartisan bill in the House introduced by Rep. Brian Higgins (D-NY) and John Duncan Jr. (R-TN) which would impose a moratorium on future closures and require SSA to provide advance notice of a closing, a clear justification for the decision, a public hearings process to involve the communities affected. Congressional notice and other requirements. It is our hope that similar language will be included in the Labor-HHS-Education Appropriations bill for the FY 2015 conference report.

**Numi-likes and Benefit Verification Statement**

This year SSA launched its most aggressive attack on field offices since Commissioner Astrue first began the process of closing them. The agency announced that Americans will no longer be able to access Social Security number printouts (numi-likes) as of August 1 or benefit verification statements as of October 1, through a field office. For the first time, beneficiaries needing these forms, and last year 11 million people came into a field office for one or the other, will be required to use other methods to obtain this vital information. Those desiring benefit verification will be required to either obtain it through the two year old SSA internet portal called MySSA or to make a request through the 800 Number and wait 7-10 days for the verification in the mail. Numi-likes will no longer be available and individuals will have to apply for a new or replacement S.S. card and wait a week to 10 days for it to arrive in the mail. About one million numi-likes were issued by field offices last year for job applicants and requested by employers. If those people are forced to wait a week to get an actual card, the job will most likely have gone to the next person in line.

Benefit verification statements, of which 5 million were requested last year, are used for car loans, mortgage applications, housing assistance and a wide range of other purposes.
My SSA

SSA responds to virtually all concerns voiced about the suspension of services at field offices by referring people to My SSA. Whether it’s an earnings statement, benefit verification form, change of address or just about anything else, the answer is “go to MySSA.”

The first major problem with that answer is, even according to SSA, fully one-third of the people attempting to access the service fail to get registered. The reason is Experian Credit Corporation of Ireland. In order to provide security for transactions anticipated by SSA on this site, it was determined that security protocols should be conducted by the Irish credit agency. In attempting to register for My SSA, people are asked a series of questions about their personal finances intended as identifiers.

Questions can include: Do you have a 12, 24, 36, 48 or 60 month term on your last car loan? Among the six loans listed, which is still current? Which of the five mortgage loans listed above is yours? If the answer is none, check does not apply. And using your date of birth, which of the list of zodiac signs below is yours? (see attachment for actual registration screens)

This information must all be available and at hand in order to answer the questions. A wrong answer brings you back to the beginning of the process. The questions vary with each attempt to register, so one cannot anticipate what may be asked other than that many inquiries will have to do with personal financial information contained in your Experian credit report.

Even the simple task of creating a password is difficult. Here are the instructions:

- 8 characters minimum and must contain:
  - at least one uppercase letter (A-Z)
  - at least one lowercase letter (a-z)
  - at least one number (0-9)
  - at least one symbol (For example: ! @ # $ % & *)
  - must begin with a letter or number.

And keep in mind that the password must be remembered for future use of MySSA.

Not only is this an overly cumbersome and difficult process to navigate, it also opens a very wide door to identity theft and fraud.

Another major problem is that internet usage in the U.S., particularly broadband use, is far lower than many believe. A New York Times article from last year on Internet use by the general populace states that 60 million adults lack internet skills. 20% of adults never use the internet. 76% of white households use the internet and 57% of black households use it. The 20% figure hasn’t changed since 2009. Slightly more than 1/2 of Americans 65 and older use the internet. Internet use is lowest in the south: particularly in Mississippi, Alabama and Arkansas. US is only 7th in Internet use behind Britain, Canada, South Korea, Germany, France, and Australia. SSA’s response to this reality is to ignore it.

MySSA and Experian Credit Corporation

In April 2012, SSA contracted with Experian, a global information services provider based in Ireland, to provide security questions of more than 300 million social security number holders. This was in spite of ongoing Congressional investigations into the company’s practices and vulnerabilities regarding identity theft. SSA provides Experian identifying information about the number holder requesting access to MySSA. The information provided includes the customer’s last name, first name, DOB, address, and
phone number. Experian uses this information to match to their records and asks the number holder “Out-of-Wallet” questions to determine the authenticity of the person requesting access to MySSA accounts.

In October 2013, Experian was caught selling US data, more than 200 million accounts, from their Identify Proofing Services to a Vietnamese Identity theft ring. Experian is being investigated by the US Secret Service and FBI. It has since been reported that the ring operated throughout New York and New Jersey. However government officials have not been able to verify that scope and extent of damage. As details from testimony are made known, it becomes clear that 5 out 6 US adults are at risk.

On June 17, 2014 Associate Press reported that the State of Mississippi has sued Experian because their database contains massive errors regarding individual’s credit history and that it was virtually impossible for anyone to change erroneous Experian records. The report indicated that 32 other states led by Ohio had also sued Experian for similar reasons. These errors jeopardize the ability for an SSA customer to register for MySSA since the data an individual provides may very well contradict Experian’s erroneous records.

SSA customers should not be denied immediate benefit verification data during a face-to-face field office visit and be told that their only option is to register for a flawed MYSSA program that uses flawed Experian data to determine identity. One of the examples cited in the Mississippi lawsuit was the case of an individual who could not obtain a loan because Experian had attributed a family member’s credit history to the wrong person. Another example cited by the Mississippi suit concerns a person who Experian erroneously placed on a terrorism watch list. This is the supposedly secure verification system used by SSA to ensure that a MySSA enrollee is genuine.

We strongly believe that SSA must reexamine its relationship with Experian in light of the fact that states are suing them for gross negligence and for knowingly providing error ridden data and refusing to utilize reasonable procedures to correct their mistakes.

Another problem with MY SSA is that only those with a credit history can answer the Experian questions. Failure to respond accurately to results in rejection and an inability to use MYSSA. Why should the poor, homeless and credit challenged be precluded from obtaining a benefit verification on demand letter during a walk in interview because of SSA’s flawed decision to use Experian to verify the identity of MySSA enrollees?

In the short time that MySSA accounts have been in effect, the risk of fraud and identity theft has been present. Last June 2013, SSA’s OIG stated they received 37,000 reports from various sources concerning questionable changes to a beneficiary’s record. Unfortunately, direct deposited benefits became vulnerable to criminal activity, i.e. hackers and identity theft. The OIG learned that identity theft criminals targeted and obtained senior citizens personally identifiable information, which SSA relies upon to identify the beneficiary on the MySSA accounts. These criminals were able to foil the Myssa.gov system and change the direct deposit information, and the fraud has continued. Since this breach was discovered, countless reports of similar activity continue to be reported to SSA offices around the country. In a recent meeting with SSA officials, AFGE was told that despite efforts made to identify fraudulent bank account and routing numbers used by identity thefts, new accounts are opened as fast as identified accounts are closed. It is a “moving target.”

Unfortunately, AFGE continued objection to making Social Security beneficiaries and number holders vulnerable falls on deaf ears. SSA dismissed our recommendation and stated that the number of
beneficiaries effected by the identity theft were less than one half of one percent of all beneficiaries. Therefore, “this is an acceptable risk.”

Consumer Affairs recently reported “there’s really no specific advice we can give you regarding how to protect yourself from data brokers with poor security habits or identity-theft entrepreneurs other than the standard “Be vigilant and check your accounts” advice you always see in identity-theft-protection articles like this. Before last October or so, such articles also advised you to “Sign up for monitoring with one of the three major credit bureaus, including Experian.” It honestly seemed like a good idea at the time.

Until Congress, Experian, SSA and consumer protection agencies can develop safe guards that would protect Social Security number holders, SSA’s beneficiaries should never be put at risk of losing their monthly benefits to identity thieves. In many cases, their benefits are their sole income and the theft of a monthly benefit could have a devastating impact on the beneficiary’s life.

MySSA too, may have been a good idea at the time, but it continues to make Social Security beneficiaries and number holders unnecessarily vulnerable. The government should never make its most vulnerable citizens at risk of losing their livelihood. No level of risk is acceptable.

Social Security 800 Number

The alternative to MySSA for some services such as benefit verifications is the 800# and if you are prepared to wait half an hour for service you can get help. But the current 26 minute wait time is an average which means many wait much longer to receive assistance. Of course after waiting for an agent to become available, the customer will also have to patiently wait 7-10 days for a mailed benefit verification letter. In addition to the increase in waiting time, the call center busy rate is up 20 percent over last year and staffing is down to its lowest point since SSA established 800 number service. There is no way that understaffed Teleservice Representatives will be able to effectively serve in a timely manner the millions of people requesting help.

SSA’s Vision 2025

In March a draft report by the National Academy of Public Administration for the Social Security Administration and entitled, ‘Long-Term Strategic Vision and Vision Elements’ began circulating around Washington. The report was prepared under contract to SSA and apparently was written by a group of “futurists” from around the country. What these people know about the lives and needs of Social Security beneficiaries is unknown at the moment, but will be known when it is released and embraced by SSA. In fact, there is already an SSA website devoted to it.

Here is what the report said with respect to the future of field offices:

Vision Elements: The vision consists of 29 elements that are divided into five categories.

Direct Service Delivery to Customers. The first category—Direct Service Delivery to Customers—includes elements related primarily to improving customer service.

1. Online self-service delivery is our primary service channel.

2. We provide direct service options (e.g., in-person, phone, online chat, video conferencing) in very limited circumstances, such as for complex transactions and to meet the needs of vulnerable populations. (emphasis ours)
3. Our service channels (e.g., in-person, on-line, telephone) are integrated, enabling seamless customer service and processing of most transactions from start to finish.

4. Our service delivery is integrated across SSA programs and with external partners to improve access to a broad suite of high quality government services (including “non-programmatic” or “non-core” activities).

5. We simplify programmatic, administrative, and operational policies in order to facilitate customers’ applications for benefits and our processing of them.

The policy is clear: direct service to beneficiaries will only be available “in very limited circumstances”. Now we can debate the exact meaning of this term, but to do so would be to ignore SSA’s demonstrated actions to reduce field offices and services over the past five years and the agency’s Strategic Plan which mirrors the NAPA plan although the policy is more camouflaged in that document. This is the first goal outlined in their current Strategic Plan:

- Goal: Deliver Innovative, Quality Services
- Develop and Increase the Use of Self-Service Options
- Enhance the Customer Experience by Completing Customers’ Business at the First Point of Contact
- Partner with Other Agencies and Organizations to Improve Customers’ Experience and Align with the Administration’s One-Government Approach
- Evaluate Our Physical Footprint to Incorporate Improved Service Options

As more people are able to take advantage of our online services, fewer people will need to visit an office. As a result, we will not need to maintain the current number of Social Security offices. We will streamline our field structure, as well as our administrative structure, to reduce costs and make the best use of our employees’ time and skills.

The SSA strategic plan is simply a more carefully worded version of the same policy. Over the next 10 years the agency plans to “reduce [its] physical footprint” and “streamline our field structure” which translated means eliminate field offices. One can debate the nuances, but the intent is clear.

Our biggest single concern about the NAPA plan and SSA’s internet usage policy is that the agency appears to be engaged in a breathless race to achieve this goal. Over the next five years, the number of Americans age 55 and older will increase by more than 10 million, dramatically increasing the demand for SSA services. Who doubts that over such a short span of time, there will still be millions of Americans unable or unwilling to make critical financial decisions affecting their retirement by themselves on a computer?

SSA seems not to recognize this reality and is rushing headlong into a future that will leave SSA customers angry and feeling cheated by their government. If you doubt this, take a look at any of the television ads now being broadcast by insurance companies, banks and other service based companies touting their personal touch and personal service as opposed to faceless, nameless telephone operators, pre-recorded messages and a computer terminal.
People not only want face to face service at SSA, they need it. According to our most recent survey of employees, over 55% of internet claims filed require re-contact due to erroneous or missing information. Often, these errors are never corrected. Over 50% of SSA employees who review internet claims state that most (50% or more) internet applicants appear to have selected disadvantageous months to begin receiving their retirement benefits. That means these applicants, assuming average life expectancy, will be losing money with their choice of the month they elect to begin receiving retirement benefits. Only through the work of a trained and experienced field office employee, can beneficiaries be assured their benefits will be accurately determined and appropriate for the individual circumstances of each beneficiary. That's the major benefit of a face-to-face or telephone interview with a trained SSA claims representative. Reducing or eliminating this option will result in many claimants losing money due to uninformed choices.

Online disability claims are even worse according to SSA employees who review them. Applications consist of over 100 screens. Applicants are asked detailed questions about their medical history and how their disabilities adversely affect their ability to work and engage in day to day activities. Many fail to document all of their conditions and/or all of their medical sources and medications. The poor online disability claims product results in a low approval rate for initial claims. Many claimants appeal their decisions and enter the lengthy disability appeals process that has received significant public criticism. Accurate and complete initial claims, that would be more likely with the assistance of trained SSA claims representatives, would insure that initial disability decisions are accurate – thus, avoiding the difficult and lengthy appeals process.

Mr. Chairman, Members of the Committee, instead of the myopic, one size fits all vision for the future advanced by SSA, allow us to offer the Union’s view of what the agency should aspire to be:

1) An immediate moratorium on all Field office closures and consolidations. SSA should publicize its criteria and justification for consolidating and/or closing an office. Before any office can be closed or consolidated, SSA must evaluate the impact of a proposed closure on the effected communities, the Agency and the employees. SSA must schedule a public hearing no less than 30 days before the scheduled closure and/or consolidation, to allow the public to weigh in impact of the agency’s decision. SSA should provide advance notice to the public, Congress and employees at least 180 days before any proposed closing.

2) SSA should not dictate what kind of service the public should receive. Service options, including face-to-face, telephone and appointments, should be maintained to meet the public’s needs and their desired methodology for interacting with SSA. SSA’s infrastructure should reflect public’s needs (e.g., field offices, contact stations, residence stations, TSCs, etc...). Direct service options to meet the needs of vulnerable populations should be the cornerstone of SSA’s public service goals and obligations.

3) SSA’s Commissioner should demand the resources needed to accomplish the public’s choice of service delivery methodologies. The Commissioner should initiate an aggressive campaign to compel Congress to authorize the funding levels needed to secure necessary staffing and resources, rather than the arbitrary funding levels provided by Congress. Sufficient staff would result in the reduction and elimination of backlogs of claims and integrity workloads and the maintenance of such workloads in the future. The Commissioner should campaign for Congress to take SSA’s Administrative expenses off budget so that Congress can decide how much money is needed to run SSA and not impose artificial budget caps.
4) SSA should reinstate and retain services to the public, such as the Numi-lite and benefit verifications since more than 11 million people request these services annually. Who are we to tell them no?

5) SSA should not embrace a business model of “acceptable risk” with regards to number holders and beneficiary’s Personal Identifiable Information housed on SSA’s data base. Every effort to protect the integrity of SSN accounts and PII should be afforded number holders and SSA beneficiaries. SSA should not automate SS-5’s for duplicate SSN cards.

6) SSA should increase staff and expand office hours and or shifts to meet the needs of the public.

7) SSA should embrace a “zero tolerance” identity theft and integrity policy with regards to automation and IT solutions. (No 3rd party access to records, SSN information without consent of the number holder and/or beneficiary.)

8) SSA should make every effort to flatten unnecessary administrative layers, such as area directors and supervisory staff. Supervisors to employee ratios should double and be at least 15 employees to 1 management official. All Area Directors offices should close in the next 2 years and the staffs re deployed to direct service work.

9) DOS employees should be converted to Federal SSA Field office employees. This would allow “one-stop” direct public service as disability claims could be taken, medical evidence could be developed and decisions could be adjudicated by the same employee. The Disability Claims Manager position should be reinstated and sufficient DCMS should be assigned to every field office.

10) SSA’s Merit Promotion system should provide Operations employees with a grade structure that mirrors those employees in Headquarters and other staff components.

11) SSA should create promotional opportunities for TSC employees who have dead end jobs with little promotion opportunities.

12) SSA should not use SSA employees to coerce the public into filing internet claims or e services. Internet claims and e-services should be an option, not a mandate. Customers should decide the methodology by which they conduct SSA business. SSA should eliminate sweatshop working conditions in TSCs that create stress and an unhealthy working environment such as unannounced service observations, plug in policies, restrictive leave policies and monitoring policies that include timing of employee trips to the rest room

13) Managers, who create hostile working environment, bully employees, practice nepotism or cronyism and/or engage in discrimination, should be terminated.

14) SSA’s Merit Promotion System should be revised, so that most worthwhile employees are promoted, rather than base promotions on who you know or who you are related to.

15) SSA should end discrimination in the workplace.

16) SSA should train their managers to be more sensitive and aware of the many issues that plague our employees returning from military duty.
17) SSA should reinstate the annual mailing of PEBEs statements in an effort to educate the public of the importance of Social Security and to gain support for a vital, productive program.

18) SSA should work collaboratively with labor at all levels of the agency (local, regional, national.)

19) SSA should preserve its network of community based hearing offices and properly staff such offices for face-to-face hearings workloads. Bargaining unit non-attorneys should be the prime source for promotions to ODAR decision writer positions.

20) Claimants should be provided the option of timely face-to-face hearings and not coerced into and/or disadvantaged by video hearings.

21) SSA should strive to make offices comfortable places to work and as secure as possible. All field offices should have metal detection devices. Guards in field offices should search conduct bag searches of all non-SSA visitors. All field offices should have ergonomically sound furniture. Violence, threats and disruptive behavior should not be tolerated.

22) 3rd parties will only be allowed to file claims and appeals on behalf of claimants if such 3rd parties are trained, certified and licensed. SSA will be able to bar 3rd parties from filing claims and appeals on behalf of the public if such 3rd parties are guilty of misconduct.

23) Any claims filed through the internet will be reviewed for accuracy by an SSA employee before the claim is finalized and adjudicated.

24) SSA will continue do regard the vast majority of work performed in SSA as inherently governmental. Contracting out will not be used to replace current employees and will not be used to replace those who leave the Agency.

25) SSA and/or Congress will provide its employees an improved benefit package that includes paid maternity leave, student loan reimbursement, time to engage in charitable endeavors, fitness facilities and/or subsidies, day and elder care facilities and/or subsidies, enhanced career development opportunities, needed position upgrades, and a health work place.

Mr. Chairman, it our strongest recommendation that you view this hearing as the beginning of a process in which Congress carefully reviews SSA’s current strategic plan, in light of the NAPA report, and works with the agency, the union and the public to fundamentally revise it. In our view, a plan that embraces both the field offices and the internet and allows beneficiaries to choose the way they interact with the program should be the consensus goal.
Reduction in Face-to-Face Services at The Social Security Administration

United States Senate
Special Committee on Aging

Summary of Committee Staff Investigation
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Executive Summary

From a customer service perspective, the Social Security Administration (SSA) has set a standard for superior customer service among governmental agencies. It has historically received high marks from beneficiaries, and most Americans do not have to travel far to reach a SSA field office, where they can apply for benefits, become a representative payee for someone incapable of managing his or her finances, or apply for a name change after marriage.

Yet continuing budget constraints, which began at the start of the decade, have forced SSA to make difficult decisions to reduce service to the public. At a time when Baby Boomers are retiring and filing disability and retirement claims at record numbers, SSA has shed 11,000 workers agency-wide over three years. Hiring freezes resulted in disproportionate staffing across the nation’s 1,245 field offices, with some offices losing a quarter of their staff. These past five years have also served witness to the largest five-year decline in the number of field offices in the agency’s 79-year history as 64 field offices have been shuttered, in addition to the closure of 333 temporary mobile offices known as contact stations. SSA has also reduced or eliminated a variety of in-person services as it attempts to keep up with rising workloads and shift seniors and others online to conduct their business.

Committee staff has spent seven months examining the impact and rationale behind these service cuts, examining all documented and available written justifications for field office closures since 2010. SSA reported to Congress last month that it examines six major factors before determining whether to close a field office. Our conclusion: on four of these six metrics, the data the agency has compiled to justify its closures are incomplete or insufficient, and ultimately SSA has no clear way to compare offices against each other and determine which offices are most needed by the American public. In addition, the review found SSA:

- Rarely surveyed what would happen to a community if an office closed there and failed to detail any remaining or transition services that would be available;
- Rarely assessed whether those impacted by the closures even had Internet access to conduct business with the agency online;
- Rarely examined the impact of closures on staff in the closed office or nearby offices or analyzed which neighboring offices would see an increase in traffic; and
- Failed to consult any local stakeholders and minimally consulted local agency management until after the Commissioner agreed to close a field office.

In light of these shortcomings, Committee staff recommends that SSA, in consultation with its staff, local managers and Congress, should create a more comprehensive and uniform consolidation policy that would enable the agency to: collect better data to inform decision making; be transparent and include stakeholders in the process; and build in transition time and alternative services before closing any additional field offices.
I. Budgetary History, Staffing and Service Reductions

IA: Field Offices and History of Face-to-Face Service

SSA began opening field offices within a year of passage of the Social Security Act,1 with the first field office opening in Austin, Texas, in October 1936. Over the years, these field offices have been known for providing highly regarded customer service. SSA office visitor satisfaction surveys from Fiscal Year (FY) 2003 through FY 2011 show roughly nine out of every 10 visitors were pleased with his or her visit.2 Across government, SSA has consistently scored higher than average and is often among the top agencies in the American Customer Satisfaction Index.3

Americans can walk into a field office or make an appointment with SSA’s highly trained staff, which will help them consider a variety of options involving complex and complicated decisions, such as when and how to file and claim retirement or disability benefits, Medicare or Supplemental Security Income (SSI).4 Field office workers understand all the nuances in agency rules and can provide insight into what information is relevant for a disability claim or when best to claim retirement benefits, for example.

Agency guidance requires face-to-face interviews for situations in which a determination must be made about a beneficiary’s capacity to manage his or her finances, applications for an original Social Security Number (SSN), and certain fraud and SSI cases.5 SSA also outlines a variety of other situations in which a face-to-face interview may be necessary, including complex issues, cases involving significant amounts of evidence and cases in which the visitor “has difficulty communicating over the telephone, understanding the documented program explanations or does not have access to the Internet.”6

SSA served more than 43 million visitors in FY 20133 at its field offices, which range in size and function.7 SSA reports a wide range in field office traffic from office to office; nearly three-quarters of field offices see between 50 and 199 visitors a day.8

SSA does not collect demographic data on the income level or ethnicity of its visitors, although it does collect age, finding that those 60-69 represent the single largest age category of visitors.9 SSA

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1 P.L. 74-271
7 See Appendix A – List of Major Services at Social Security Field Offices
8 SSA, Program Operations Manual System (POMS) GN 00203.003A
9 SSA, Program Operations Manual System (POMS) GN 00203.003B
10 SSA, Justification of Estimates for Appropriations Committees Fiscal Year 2015, p. 9
11 The largest offices are Level 1 offices, and smaller satellite offices are known as Level 2 offices. In addition, SSA has resident stations, very small offices with limited services in remote locations, and card centers, which are centralized processing sites for all Social Security Number applications for area residents.
12 SSA reports that 4 percent see 300 or more visitors, 14 percent see between 200 and 299 visitors, 38 percent see between 100 and 199 visitors, 33 percent see between 50 and 99 visitors, and 11 percent see under 50 visitors.
13 Roughly one quarter of visitors is between 60 and 69, although 65 percent of visitors are under 60.
workload data provides a picture of field office clientele; among the top reasons a person walks into a field office is to obtain a benefit verification letter, which is often used to qualify for public assistance. This would suggest that a significant portion of visitors are of limited means; advocates for this community consistently note how important in-person visits are to those needing to maintain eligibility for a variety of assistance programs.

1-2: Reduced Funding and Staffing

SSA is subject to annual congressional appropriations for its operating costs, known as Limitation on Administrative Expenses (LAE). From FY 2000 until FY 2010, Congress annually appropriated funds representing at least 97 percent of the president’s request. However, funding dipped from FY 2011 to FY 2013, remaining flat in actual dollars and diminishing as an overall percentage of the president’s request. In total, SSA received $2.7 billion less than the president sought during the three-year window. Although the agency received a funding increase in FY 2014, that increase was primarily restricted to program-integrity activities, while funding for SSA’s regular operations only received a small increase.

Graph 1: SSA Funding and Workload: FY 06-FY 14

Source: SSA, CRS

The three previous years of low funding, combined with a wave of retirements and a hiring freeze that has been in place since 2010, led to a reduction in staffing throughout SSA’s operations. At the beginning of FY 2011, 29,481 full time employees worked in SSA field offices; by January 2014, this

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12 For further discussion on benefit verification letters, see Section C.
13 Unlike most agencies that are funded through general revenue, SSA can access its trust fund, the Medicare trust fund, general revenue and other fees; the LAE, therefore, is a limitation Congress places on how much money the agency can use from these sources on administrative expenses. Congressional Research Service (CRS), “Social Security Administration (SSA): Budget Issues,” page 4, March 2013.
15 Claims data includes initial retirement, survivors, disability and Medicare claims and pending initial disability and disability claims for which the agency did not have the budget to process.
number had fallen to 25,420, a decrease of nearly 14 percent, according to the National Council of Social Security Management Associations (NCCSSMA). Furthermore, attrition throughout SSA has not been even, “creating severe staffing shortages in some places.”

17 According to NCCSSMA, about one-quarter of all field offices have lost at least 20 percent of their workers.

The staffing shortages have come at a time when the agency’s “demands for services are as high as they have ever been,” due in large part to the waves of Baby Boomers reaching their most disability-prone years and later hitting retirement age. SSA reports a 33 percent increase in retirement and survivor claims from FY 2007 to FY 2014. This trend will continue for the foreseeable future; by 2030, all of the Baby Boomers will have reached 65 and will comprise more than 20 percent of the total U.S. population.

I-C: Reduced Services

Given the aforementioned budget shortfalls, SSA has made tough decisions that have impacted all of its operations, including service in field offices.

Reduced Hours and Increased Wait Times

Since 2011, SSA has reduced the time its field offices are available to the public by the equivalent of one full day a week. Starting in August 2011, the agency announced that all field offices would close a half-hour early to ensure staff could process applications and finish other work without incurring overtime costs. In November 2012, the agency once again reduced weekday hours by an additional half hour. Starting in January 2013, the agency closed all field offices to the public at noon on Wednesdays.

The impact of these service reductions has been felt in field office waiting rooms and on the phone. In March 2013, SSA estimated that in a single week nearly 12,000 visitors to field offices would have to wait over two hours to be served, a figure that had almost tripled in the previous four months. Between FY 2010 and January of FY 2013, the average wait time for field office visitors without appointments increased by 40 percent. NCCSSMA reports that in FY 2013, the percentage of visitors who waited over three weeks for an appointment was over 43 percent, compared to only 10 percent a year earlier. According to NCCSSMA, as of early 2014, the average wait time for visitors to SSA’s field offices was 31.5 minutes, an all-time high and 240 percent longer than it was three years ago.

From FY 2011 to FY 2013, the agent busy rate experienced by callers to SSA’s 800-number increased from 3 percent to 12 percent, with SSA projecting that in FY 2014, 14 percent of callers would get a busy signal when they tried to call. In the beginning of FY 2014, 800-number callers who were

19 CRS compilation of SSA data.
21 SSA, "Social Security Field Offices to Begin Closing to the Public a Half Hour Early; Congressional Budget Cuts Force Reduced Public Hours," July 2011.
23 Id.
25 Id.
able to get through were waiting an average of over 17 minutes—more than three times as long as the average wait of five minutes in FY 2012, according to NCSSMA.

**Benefit Verification Letters and SSN Printouts**

In December 2013, SSA announced that it would no longer provide two services in field offices: benefit verifications and Social Security Number (SSN) printouts. The agency reports nearly 6 million people annually visit field offices to obtain the SSN printouts, which they typically use to verify their SSNs with prospective employers, a Department of Motor Vehicles or another third party. SSA reports 5 million annual field office visitors seek a benefit verification letter to prove their income or current Medicare health insurance status, retirement or disability status, or age. Without these benefit verifications, many Americans cannot obtain or maintain critical housing and income support benefits.

In written responses to questions posed by the Committee, SSA contends that the foot traffic created by these visits can overwhelm a field office, and that by providing these services online and over the phone, it can free up staff to perform other core functions. In those responses, SSA Acting Commissioner Carolyn Colvin wrote that the purpose of the change is “not to save money.” In meetings with the Committee, SSA officials said the agency has spent the last several years working with federal, state and local agencies to create data exchanges, through which authorized entities can directly conduct benefit verifications without requiring a beneficiary to step foot into a field office. The agency provides 1.6 billion of these exchanges today. Beneficiaries can now also print out benefit verification letters through my Social Security, the agency’s online web portal, or obtain them by mail if they call the toll-free number. As for the SSN printouts, on more than one occasion, the SSA Office of Inspector General (OIG) has raised concerns about the controls for issuing them. These concerns stemmed from the printouts’ lack of security features, the number being issued, and their use for fraud.

SSA first announced that it would implement these new policies starting in February 2014. However, Congress required SSA to make SSN printouts available in field offices through at least July 31, 2014, and benefit verification letters available in field offices through at least September 30, 2014. The report language noted concern about the adverse effect this policy change would have on people who are required to provide these documents. Advocates have argued that the decision not to offer these documents in field offices could result in vulnerable groups facing excessive delays to obtain them, as benefit verification forms take five to seven business days for a senior to receive if he or she requests

27 SSA began issuing SSN printouts in 2002 for people who needed to prove they had a valid SSN but did not possess their original Social Security Card; at the time, they were seen as a safer alternative to a previously used document that contained additional personally identifiable information (PII) including the person’s date of birth, parents’ names and place of birth. SSA Office of Inspector General, “Testimony of the Honorable Patrick O’Carrill, Jr., Inspector General, Social Security Administration Before the U.S. House of Representatives, Committee on Ways and Means, Social Security Subcommittee,” April 15, 2010.

28 Various entities seek proof of income, including loan and mortgage companies and agencies granting public assistance. Social Security Administration, “Definition: my Social Security Benefit Verification Letter.”

29 Id.

30 SSA, “Social Security Field Service Changes Coming Later This Year.”

31 Id.

32 SSA, “My Account.”


35 “What’s New”

36 2014 Joint Explanatory Statement to the Consolidated Appropriations Act, page 83.

37 Id.
them via telephone, and new Social Security cards would take seven to 10 days to receive.38 In the meantime, they argue, beneficiaries could be unnecessarily harmed, potentially losing their opportunity to receive public assistance or obtain employment due to the wait time.

Nonetheless, SSA is moving forward with its plans to discontinue in-person access for SSN printouts starting August 1, 2014, and for benefit verification statements effective October 1, 2014.39 In its written responses to Committee questions, SSA has claimed it would provide these services in field offices in situations involving “immediate dire need,” such as “imminent eviction, emergency medical situations, and regionally or nationally declared disasters.” However, advocates are “concerned that many people with urgent needs will be left out.”40 One letter to Colvin states: “We believe that the change will present an extremely difficult burden for all, but particularly the millions of Americans who lack computers, printers and computer expertise. Job seekers needing a Social Security Number to get hired may wind up not getting the job after all, because the employer is not willing to wait the time needed to get the documentation.”41 Additionally, advocates expressed concern about low-income seniors’ ability to access the Internet to obtain benefit verification statements and frustration getting through to an operator on the telephone.42

SSA has told Committee staff that part of the rationale of setting a deadline is based on putting pressure on federal, state and local agencies to establish data exchanges with the agency if it has not done so already. However, advocates have expressed concern that such a shift in procedure will not occur as quickly as SSA is anticipating.43 A consortium of disability groups notes that while it applauds the ultimate goal of reducing the burden on beneficiaries by promoting the data exchanges, the shift in policy for governmental entities “may also require significant procedural changes and staff retaining to alter decades of culture and practice at state and local agencies, which in many cases have for years placed the burden of providing this information on applicants for public services and benefits.”44

Benefits Statement
The Social Security Act requires that SSA annually provide a benefits statement to people who have paid into the trust fund to show them their earnings information and projected benefits at retirement.45 The Act also requires the agency to provide statements to those who request them.46 The statement was the result of an effort by Senator Daniel Patrick Moynihan to inform the public about their expected benefits and allow them to ensure that SSA has correctly recorded their earnings, which SSA uses to compute the amount of an individual’s disability or retirement benefit.47 Starting in 1999, SSA began providing these benefits statements to workers 25 or older every year.48

In March 2011, citing budgetary concerns, SSA suspended the annual mailing of benefits statements to 150 million workers, claiming that the action would result in $30 million in savings for the

38 Letter to Commissioner Colvin from 24 advocacy groups, March 2014
40 Letter to Commissioner Colvin from 24 advocacy groups, March 2014
41 Id.
42 Id.
43 Id.
45 Section 1143(c)(2) of the Social Security Act, 42 U.S.C. § 1320b-13(c)(2)
46 Section 1143(a)(1) of the Social Security Act, 42 U.S.C. § 1320b-13(a)(1)
48 Id.
remainder of FY 2011 and about $70 million annually moving forward. The agency also stopped providing the statements in field offices and by request via its toll-free number.

In December 2011, Congress asked the SSA commissioner “to examine a broad range of options for continuing to provide the information included in the annual statement to the public” and tasked the agency with producing a report no later than March 2012. SSA submitted its report in June 2012, explaining that it had resumed sending the statements to those 60 and older in February 2012, that it had made the statement available online in May 2012 and that it would resume sending the statement to workers at age 25, which the agency began doing in July 2012. In August and September of 2012, the agency also sent statements to 12.5 million Americans in order to spend around $6 million in remaining funds in its FY 2012 budget. However, on October 1, 2012, despite the new policy it explained to Congress in June, SSA again stopped mailing out paper benefit statements, citing budgetary concerns.

In December 2013, the Social Security Advisory Board (SSAB), heralding the statement as the agency’s “most direct and important means of communicating with the workers who pay the taxes needed to finance the Social Security system,” implored SSA to take additional steps to reach out to the public by informing them of the suspension of the mailings, re-establishing more limited mailings or developing a less expensive alternative that can reach people who either don’t want to open an account with SSA online or don’t have direct Internet access. In January 2014, Congress again directed SSA to develop a plan to significantly restore mailing the statements annually, either electronically or by mail.

On March 20, 2014, SSA announced its plan to resume providing the statements in field offices and to resume mailing the statement to select workers, starting in September 2014. Under this new plan, all workers who turn 25, 30, 35, 40, 45, 50, 55, and 60 in the upcoming year and who either do not currently receive benefits or are not registered for my Social Security will once again receive a mailed benefit statement. The agency projects that in FY 2015, it will mail 43.5 million statements at a cost of $21.75 million.

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49 SSA noted in an Aug. 24, 2012, e-mail to congressional staff that it considered hiring staff to deal with rising workloads but opted not to do so because of FY 2013 budget uncertainty and a concern that “we don’t know whether we will be able to afford to keep these new hires next year.”
51 SSAB is an independent, bipartisan board created by Congress and appointed by the President and the Congress to advise the President, the Congress, and the Commissioner of Social Security on matters related to the Social Security and Supplemental Security Income programs.
54 SSA, Letter from the Commissioner to the Honorable Barbara Mikulski, March 20, 2014.
55 Id.
56 Id.
II. Internet Services

II:A. Social Security Internet Options

In recent years, SSA has expanded the options for individuals to file for certain types of benefits and interact with the agency online. Online disability applications began in 2008 with the launch of iClaim, which has since expanded to allow those eligible for Medicare or Social Security benefits (disability or retirement) to apply online. Nearly half of all retirement applications were filed online in FY 2013, up from 6 percent 10 years earlier. In addition, 45 percent of disability applications were filed online in FY 2013.

On May 1, 2012, SSA unveiled my Social Security, allowing beneficiaries and workers to review their wages and other confidential Social Security information online. In the years since, services have been expanded to allow beneficiaries to change their address and direct deposit information online and also print out a benefit verification letter. Current workers can access the site to print out a copy of their online benefit statement.

Nearly 11 million Americans have created a my Social Security account, and roughly 40 percent of that population – or 4.4 million people – are age 62 or older. Anyone age 18 or older is eligible to create an account, meaning that roughly 4.5 percent of the eligible population has created a my Social Security account and almost 9 percent of the population aged 62 or over has created an account with SSA.

II:B. Limitations of Online Options

Although the number of seniors online is increasing dramatically, a sizeable portion of the older population does not use the Internet. Earlier this year, the Pew Research Center released data on Internet usage and access among older Americans. The study found that 41 percent of adults age 65 or older do not use the Internet, and 53 percent do not have access to broadband at home. Among those 80 years of age or older, the usage and access rates are much lower: 63 percent do not use the Internet and 79 percent do not have access to broadband at home.

Seniors face unique barriers and challenges when it comes to their ability to use the Internet. For example, 23 percent of older adults indicate that they have a “physical or health condition that makes reading difficult or challenging.” Additionally, seniors express that they face difficulties when it comes to their ability to navigate the Internet on their own. For example, even among seniors who do use the Internet, 56 percent indicated that they would need assistance if they wanted to learn to use social networking sites.

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63 Id.
66 Id.
68 Id. at 1.
69 Id. at 7.
70 Id. at 11.
71 Id. at 12.
Internet usage is also lower in rural areas and among seniors with lower levels of education and lower incomes. Among seniors who have not attended college, 60 percent do not use the Internet. In addition to users who do not feel comfortable using the Internet or do not have access, another significant percentage of the senior population faces difficulty using SSA’s web portals. For example, after tens of thousands of Americans reported potentially fraudulent creation of my Social Security accounts, SSA implemented stricter security measures on its my Social Security portal. While the necessary security measures likely blocked fraudulent users from signing up for accounts, they also resulted in the prevention of a large number of legitimate users from creating an account. This Committee held a hearing on this issue in June 2013, and since that time the SSA OIG reports that allegations of fraud of dropped from an average of about 170 calls a day to an average of about 40 calls a day. Victims of identity theft or domestic violence may also be unable to create a my Social Security account online, and, in such cases, must do so in a field office. Finally, my Social Security is only fully available in English, thereby precluding those speaking any other languages from using the service.

Online applications still have limitations and require significant office staff support. SSAB noted in its 2012 annual report that Internet claims frequently arrive incomplete, with one estimate noting as many as 95 percent of retirement and disability claims required some sort of field office follow-up. In addition, SSA staff have told the Committee that disability claims filed in an office can benefit from simple observations made by field office workers, such as witnessing a person alleging a back ailment sitting in a chair for several hours straight or noticing that a person claiming one type of disability may, in fact, be flagged by a staff for an additional impairment.

III. Long-Term Planning and “Vision 2025”

III-A: Lack of Long-Term Planning

SSA is currently operating under a short-term strategic plan for FY 2014 through FY 2018 that features as one of its objectives a desire to “develop and increase the use of self-service options.” Nearly half of all retirement and disability applications now occur online, and the agency is poised to offer more services online, including requesting a replacement Social Security card. SSA noted that it “will

37 Id. at 7.
38 Id.
42 For security reasons, SSA prefers not to publicly share its security measures or the exact percentage of users rejected due to its security protocols, but the numbers are significant.
43 U.S. Senate Special Committee on Aging, “Social Security Payments Go Paperless; Protecting Seniors from Fraud and Confusion,” June 19, 2013.
45 SSA informed Committee staff that limited Spanish services (a retirement estimator and a Medicare prescription drug assistance application) are available on my Social Security and Spanish services are used by only about 1 percent of my Social Security users.
47 SSA, Agency Strategic Plan, page 10.
continue to adjust our physical office structure to reflect our online service emphasis,” and several offices now feature computer kiosks for beneficiaries to use on their own or with staff assistance.89 Although the agency recognizes “the importance of continuing to provide in-person service for those customers whose business with us requires it,” its short-term plan notes that because of the increased online services, “we will not need to maintain the current number of Social Security offices.”90

However, since 2000, the SSA OIG, Government Accountability Office (GAO) and the SSAB have criticized SSA for not developing a long-term plan to address technology changes, beneficiary needs and demographic shifts.86 In 2011, the SSA OIG explained that the agency must develop a plan for how to deliver its services, “including what services customers will expect and how they will want services delivered.”87 It implored the agency to establish timelines and performance metrics to ensure that its long-term goals were being met.88

Last year, SSAB declared that a “comprehensive strategic plan should be the highest priority for this administration,” noting that short-term plans issued since 2000 had not enabled the agency to proactively address issues such as field office closures and consolidations.89 While explaining that many seniors would welcome or prefer to do business online, SSAB noted that “there will continue to be many persons who expect to interact with Social Security in person or by telephone.”90

III-B: Vision 2025

Since Acting Commissioner Colvin took control of the agency in February 2013, she has begun to engage in long-term planning. SSA restored a long-term planning office that had been shuttered in 2008.91 Although the agency decided not to move forward with the Service Delivery Plan it published in February 2013,92 SSA contracted with the National Academy of Public Administration (NAPA) to devise “Vision 2025,” a long-range planning document examining issues including organizational structure, workforce capacity, electronic service delivery and physical infrastructure.93

The report, which SSA will use as it develops its own long-term planning document, will not be publicly released until the fall of 2014; SSA has not formally approved or adopted the NAPA plan. Draft


88 Id.

89 Id. at 2.

90 SSA reported to GAO that it restored the Chief Strategic Officer position in early 2013. GAO, “Social Security Administration: Long-Term Strategies Needed to Address Key Management Challenges,” pp. 32, 35, May 2013.


versions presented to employee unions and organizations have been provided to the press, and Committee staff has spoken to NAPA to confirm the contents of the drafts. One of the core recommendations of the draft document is that by 2025, SSA should “use online, self-service delivery as our primary service channel” and that in-person services be available “in very limited circumstances, such as for complex transactions and to meet the needs of vulnerable populations.” NAPA told Committee staff that the document incorporated feedback from all levels of SSA, and that it is intended to explore what the agency will look like in 11 years and will not include a blueprint of how to achieve those goals between now and then.

Several organizations representing Social Security employees who have seen the draft sharply rejected the draft version of the document and the premise that the agency should move toward offering the heavy majority of its services online. The president of the American Federation of Government Employees (AFGE) Council of SSA Field Operations, the union that represents most field office workers, wrote his members that the agency has always provided beneficiaries a choice as to how they conduct business and that the purpose of the plan is the agency’s desire to eliminate field office services and would result in the “virtual elimination of face-to-face community-based service.”

NCSMA, which represents the agency’s field office managers, also found the goal of delivering service primarily online as unrealistic in an 11-year window. “This may be a vision for 20-25 years from now, but not a realistic vision for 2025,” NCSMA wrote in its critique to NAPA that it shared with Committee staff. NCSMA noted that online services do not work for its most vulnerable clients and those who live in rural areas with limited access to the Internet, which it notes has not markedly changed in the last decade. NCSMA also pushed back on the notion of reduced in-person services and expressed concern that this could result in certain members of the public needing to find third parties to help them conduct business they currently can do with the assistance of field office workers.

IV. Field Office and Contact Station Closures

IV-A: Recent Closures

In 1996, SSA reached its peak number of field offices – 1,352 – before a generally downward trend emerged in the intervening 18 years. In fact, since FY 2010, SSA has eliminated 64 field offices, resulting in the largest reduction of field offices in any five-year span in the agency’s history. As of June 2014, 1,245 field offices are in operation.

Since its earliest days, the agency has augmented permanent field offices with contact stations, mobile service units aimed at reaching remote communities. In September 2008, SSA had 734 contact stations in operation. However, since that time, SSA has eliminated the majority of its contact stations, closing 533 since 2010 alone. In a letter to the Committee, Colvin cited logistical difficulties for sending a permanent employee to another city that does not have the same support available in a permanent field office. The agency also contends “contact stations presented a risk for our employees” because they

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96 SSA, “Social Security History.”
97 This number includes Level 1 offices, Level 2 offices, resident stations and card centers.
“often served the public without a guard or another agency employee present, usually in an isolated area of a facility.” Finally, SSA contends contact stations are at risk for loss of personally identifiable information (PHI) because the work there is done on paper.

Graph 2: Number of Social Security Field Offices Since 2000

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Social Security Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>1340</td>
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<tr>
<td>2001</td>
<td>1337</td>
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<td>2002</td>
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</tr>
<tr>
<td>2012</td>
<td>1264</td>
</tr>
<tr>
<td>2013</td>
<td>1245</td>
</tr>
</tbody>
</table>

Source: SSA

IV-B: Procedure for Closures

Prior to 2013, SSA’s formal process for field office closures and consolidations began at the local and regional level and was overseen by the agency’s 10 regional commissioners.108 SSA conducted a service delivery assessment (SDA) of a field office once every five years, examining factors including workloads, local populations, demographic trends and area-specific factors that may impact staffing over a five-year period. Such a review could be conducted more frequently due to “significant changes in workload, demographic, staffing or space considerations.”109 Area managers were required to produce a recommendation, data analysis and discussion of the service area needs before clearly stating whether current service was adequate or a change to service levels was needed.110 Area managers would review these recommendations before forwarding them to a regional commissioner for approval, who would then submit the recommendations for final sign-off to the Deputy Commissioner for Operations.111 Once an office was scheduled for consolidation, SSA procedure required agency officials to inform elected officials and their staffs about the changes.112

In a letter to the Committee, Colvin wrote that she requested a review of its field office reviews and recently instituted a new procedure. She wrote: “The new process ensures a thorough review and documentation of all consolidations, including my personal review and approval.”113 This new process

109 Id at 6.
110 Id
111 Id
112 Id
113 Id
114 Letter from Acting Commissioner Colvin to the Committee, April 23, 2014.
was first publicly explained in a May 12, 2014, report to Congress, and SSA first instituted the consolidation process last fall.

Under the new protocol, the agency’s Area Directors, who oversee a grouping of field offices, initiate a review process every year and can flag field offices as subjects of Service Area Reviews (SARs), a comprehensive analysis of a field office that examines everything from office volume to nearby offices and area demographics. Reviews can also be triggered by the expiration of a lease, among other factors. The 10 Regional Commissioners oversee the SARs before the Deputy Commissioner for Operations presents the closure recommendations to the Commissioner for her to approve. SSA wrote to Committee staff in an e-mail that “local managers may or may not be involved in the process,” although NCSSMA, which represents the managers, told Committee staff that its members are minimally, if at all, involved in the new process and much less involved than they had been prior to the change in protocol. SSA wrote to Committee staff, explaining that the Area Director is “familiar with the entire service area” and that “our office management consults with stakeholders in their communities on an ongoing basis, so we are aware, at the outset, that these stakeholders will have an interest in maintaining a field office.”

In the report to Congress, the agency laid out six major factors it considers before closing or consolidating field offices. They are:

- **Public and employee impact:** SSA says it considers “the special needs of the community” and whether those needs would be fulfilled by a field office, resident station or video unit. Under this factor, it also considers “the longest increase in travel time for the public.”
- **Area demographics and office volume:** SSA says it evaluates changes in an area’s population and its demographics, along with shifts in the “number of daily walk-in visitors, phone calls, and related workloads.” This assessment also includes the age of the population and languages spoken.
- **Proximity to other offices:** SSA says it considers how far the closed or consolidated office is from surrounding offices.
- **Staffing:** SSA says that some offices with high rates of attrition may be subject to closure or consolidation because “changes in staff levels may occur disproportionately across the country, making it hard to provide acceptable service levels in some locations.”
- **Service area geography:** SSA says it considers public transportation options, parking availability and other logistical barriers for the public, in addition to proximity to other public service organizations.
- **Lease expiration:** SSA says “it makes good business sense to evaluate the current office location whenever a lease is expiring.” However, the agency also can break its leases, which it notes generally last for 10 years because “they tend to offer the best balance of cost savings and flexibility.” The agency notes that the “average savings from recent field office closings have been about $4 million over a 10-year period” for each field office closed.

Two problems with the assessment process that have remained constant under both systems are its lack of community engagement and transparency. As far back as 1993, Senator Paul Sarbanes of Maryland criticized SSA’s lack of public involvement on the floor of the Senate: “I am confident that

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108 Letter from Acting Commissioner Colvin to the Committee, April 23, 2014.
109 The agency also cites “workload or population changes” and “health and safety issues” as triggers for review.
110 SSA reports average annual rent savings per square foot is $25.02, that the average square foot reduction per facility is 6,392 square feet, and that the average annual savings for guards is $107,081.
many of my colleagues are aware of situations in their own states in which a service office was closed or downgraded without input from community groups and without adequate consideration of the public interest.111

Those same concerns appeared across the country during the most recent round of closures. In Barstow, California, and Kingston, New York, local leaders passed resolutions criticizing SSA’s field office closures there, citing their concern, respectively, that the decision was “made without input from local government agencies and the public”112 and “the Social Security Administration did not approach local government officials to discuss alternatives…before making this drastic decision.”113 Congressman Paul Cook, whose district covers Barstow, complained of a process “shrouded in secrecy,”114 and the city manager in Hugo, Oklahoma, where a field office closed in June 2013, said he first learned about the closure from reading about it in the newspaper.115 In Philadelphia, so many people in the community did not know of the field office closure on the north side of town that the building’s landlord began handing out fliers informing them because lines of people formed outside the office weeks after service stopped.116

IV-C: Analysis of Field Office Closures

Committee staff found that the current process used to justify field office closures is insufficient and could not provide a decision-maker with data needed to make a sound decision to close an office. The main problem with the area reviews is that they rarely allow for comparisons because most of the reviews provide information on only one field office117 and the information contained in the documents is not reported in a consistent manner.

Most troubling, however, is the lack of local involvement, as SSA’s new consolidation policy continues the exclusion of local stakeholders and additionally removes local management from the decision-making process, only informing them once a final decision has been made to close a field office. The documents highlight the agency’s inability to capture the complete picture of the role of a field office within a community without consulting those who live there.

Due to the general lack of transparency surrounding the consolidation process, advocates have advanced several theories as to why certain offices have been shuttered, ranging from offices with expiring leases to offices with high levels of retirements or staff attrition. None of those theories, however, was borne out in the documentation provided. More than half of the closed offices had over a year left on their leases, SSA closed offices with significant staff attrition, with no staff attrition, and with staff attrition similar to that agency-wide. In fact, it is hard to discern any overall trends underlying this

113 Ulster County, “Ulster County Resolution No. 29: Opposing the Closure of the Social Security Office Located At 899 Grant Avenue in Lake Katrine, NY,” January 30, 2014, passed 22-0.
117 Specifically, only seven of the 25 reviews explicitly mentioned consolidation (Camden, South Carolina; Richmond, Virginia; Louisville West, Kentucky; Philadelphia, Pennsylvania; Bristol, Connecticut; Midland, Texas; and Redlands, California). Of those, just four contained an explicit comparison of the office to be closed with the office selected as the consolidated site. Others made cursory comparisons. For example, the Redlands-San Bernardino area review compared those offices on some aspects of performance. See Appendix B: List of Closures/Information Contained in Area Reviews.
most recent round of closures,\textsuperscript{114} which raises questions as to whether SSA actually has criteria it consistently applies to decide office closures and whether it fully understands the impacts of the office closures on the communities they serve.

\textbf{Methodology}

Committee staff asked SSA for documents it used to justify field office consolidations from 2010 to the present. In response, SSA said it could provide documents only for 25 consolidations that occurred under the current Acting Commissioner’s tenure, starting with closures in February 2013 up until April 2014. The agency explained to Committee staff that one of the reasons it created the new centralized SAR process was because it previously had no process for compiling and reporting area reviews.

Of the documents provided, staff received 19 Service Area Reviews (SARs), one memo reflecting the content of an SAR,\textsuperscript{115} and five Service Delivery Assessments (SDAs). The SARs contain standard categories, including staffing, data, demographics, safety issues, and office performance data. The SDAs do not contain the same information as SARs.\textsuperscript{116} Throughout the remainder of this document, we refer to both types of documents as area reviews unless a distinction is warranted.

Committee staff catalogued and recorded any information contained in the area reviews. However, because the reviews reported data in a variety of ways, staff found it necessary to consult outside sources, described later in this section, to supplement the area review data. Staff examined area reviews to see if they provided information about the six factors SSA said it uses to decide if an office should be closed.

\textbf{IV-D: Results of Analysis}

In applying SSA criteria to the area reviews, we concluded only two of the six were adequately addressed. In addition, staff developed a list of additional factors which seemed relevant to the decision to close an office, but which area reviews generally did not consider. We address each in turn.

\textit{Public and employee impact}

\textbf{Standard:} SSA says it considers “the special needs of the community” and whether those needs would be fulfilled by a field office, resident station or video unit. Under this factor, it also considers “the longest increase in travel time for the public.”

\textbf{Staff Determination: Not met.} SSA cannot fully understand a community’s special needs without talking to members of the community and does not address how a consolidated office would support those needs. Additionally, the area reviews lack analysis of alternatives to closures.

SSA noted in its report to Congress that it will only talk to stakeholders after it has made a closure decision. Additionally, it has changed the process that used to rely on local management to weigh in with their thoughts on closures and consolidations. SSA rarely interacts with local management, who are likely to live in a community and know more about how its residents use the Social Security office, prior to making its decision. Without this input, it is difficult to understand how the agency can make decisions about the special needs of the community, and a review of the agency’s assessments shows a lack of analysis of community impact of potential closures.

\textbf{Special Needs of Community:} All of the area reviews include information describing a community’s special needs. Yet few if any of the documents discuss how a consolidated office would handle these needs. For example, the Amherst, New York, area review noted how the office served a large number of

\textsuperscript{114} See Appendix B: Attributes of 37 Counties Served by 25 Closed Offices for a sample of trends surrounding the most recent office closures

\textsuperscript{115} The memo recommended closing Richmond West office in Virginia based on the service area review.

\textsuperscript{116} SDAs do not contain staffing information, for example:
nursing homes and a substantial population of international college students who need SSNs for employment or SSN denial letters to obtain a driver’s license. The reviews are silent as to how these nursing home communities or college students would be served by the new office in Buffalo, New York.

Of particular note are the select area reviews that discuss how vital a now-closed field office is to a community. For example, the area review for Louisville West, Kentucky, discusses its residents’ preference for face-to-face interaction, the connections they fostered with staff at the office, and the office’s importance to the local community. In response to these concerns, the accompanying recommendation to close the office says only that the community’s needs would “be met without interruption.”

Whether Community Needs Would Be Fulfilled by a Field Office, Resident Station or Video Unit: The area reviews do not discuss alternatives to a field office, such as a resident station or video unit.

Longest Increase in Travel time for Public: All but two area reviews provide information on distances between offices, but because area reviews rarely compare offices, it is difficult to know whether public transportation is available from the closed site to the consolidated site. In addition, even short distances could be burdensome for the aged, disabled, or poor who rely on public transportation.111

Employee Impact: Only seven area reviews contained evaluative statements regarding the closure’s effect on employees. These area reviews most frequently addressed employees’ commuting time or distance. Some addressed the availability and/or the added expenses of parking. Others addressed workload and leave flexibility, and voluntary transfers.

*Area demographics and office volume*

**Standard:** SSA says it evaluates changes in an area’s population and its demographics, along with shifts in the “number of daily walk-in visitors, phone calls, and related workloads.” This assessment also includes the age of the population and languages spoken.

**Staff Determination:** Partially met. Although SSA collects most of the data that would be needed to analyze an area’s demographics, it does not do so in a consistent fashion, making it very difficult to compare offices against each other. SSA collects standard categories of performance data but has not articulated how performance levels are related to closures.

**Population:** All area reviews included information on their area’s population and expected changes in the area. Across area reviews there were nine types of population-relevant information, but no area review included all types. Some area reviews reported total population, some reported total households, and some reported both. Area reviews usually gave growth projections for five-year spans, but one used a three-year span. Some area reviews reported projected changes for number of households; others did not. Among the offices closed, there was no clear directional trend for population growth.

**Demographics:** Area reviews contained a variety of demographic information, including automobile ownership, number of vehicles owned, age, education, labor force size and participation, gender, housing, race, and language. Area reviews again differed substantially both in the data collected and the manner in which it was presented. This made it difficult to array, consolidate, or understand the information.

Even in cases in which a majority of area reviews provided information on some demographic characteristic, the information was segmented in different ways. This was the case for both education attainment and age. Area reviews sometimes reported the average age, and other times the median age.

111 See “Service Area Geography” for a longer discussion of public transportation issues.
but most often reported age ranges. The problem was that the ranges used were not consistent, making it challenging to examine age in a meaningful fashion. More problematic was the handling of poverty. A little more than half of the area reviews reported poverty rates as the percentage of the local population with income below a threshold. Others reported the percentage of the local population that had certain income levels, for example, the percentage of the local population with income less than $15,000.

Interestingly, in at least one case, area reviews for field offices closed in the same year relied on data from different years. The Philadelphia, Pennsylvania, and Chelsea, Massachusetts, field offices were both closed in 2013, but the area review for Philadelphia used demographic data from 2000, 2006 and 2011 while the Chelsea area review used demographic data from 2010 and 2013, plus projections for 2018.

Because the inconsistencies across area reviews made it difficult to easily understand how vulnerable a community might be, we collected data from other sources. These data would suggest many counties served by the closed office had significant needs.

Chart 1: Attributes of 37 Counties Served by 25 Closed Offices

<table>
<thead>
<tr>
<th>Population Attribute</th>
<th>Number of counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>County poverty exceeds state poverty</td>
<td>23</td>
</tr>
<tr>
<td>Elder poverty exceeded state poverty</td>
<td>12</td>
</tr>
<tr>
<td>Percentage of population receiving Social Security Income equalled/exceeded 16%</td>
<td>79</td>
</tr>
<tr>
<td>Percentage of population receiving Supplemental Security Income equalled/exceeded 6%</td>
<td>5</td>
</tr>
</tbody>
</table>

Shifts in the Number of Daily Walk-in Visitors, Phone Calls, and Related Workload: While SSA says it uses performance data in deciding which offices to close, the documents do not delineate any thresholds that would warrant an office closure. For example, offices were closed with average daily walk-in visitors as few as 21 and as many as 223. Similarly, percentage of claims filed via the Internet at closed offices ran from 12 to 64 percent. Given the small number of closures in a given year, discerning a trend from this data is difficult. In addition, it is unclear what SSA does or would use as a comparison point in making closure decisions.

Language: Most area reviews identified the language needs of communities. Some, but not all, identified the percentage of the area population that spoke a given language. Seven area reviews identified the impact of the community’s language needs on the office’s ability to deliver services. Once again, however, the area reviews were silent on whether the consolidated offices could offer similar language services. In Chelsea, Massachusetts, and Midland, Texas, for example, area reviews made note of the

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122 For example, 1-10 years of age, 10-20 years of age, etc.
123 To gather information on poverty and population, we used Census’s “American Fact Finder—Community Facts.” To gather information on receipt of Social Security and Supplemental Security income we used “OASDI Beneficiaries by State and County, 2012,” and “SSI Recipients by State and County, 2012.” We obtained 2012 county populations estimates from the Census Bureau’s “Quickfacts.” We used 16 percent and 6 percent as the threshold for Social Security and Supplemental Security Income, because this is the portion of the United States population that receives each, according to the most current Census data available. See “Census, 45% of Americans Get Government Benefits, 2% in Households on Medicaid,” October 23, 2013. We could not determine the counties for Yauco, Puerto Rico. Because the area review listed cities served by the office, we used the cities. Our choice to use counties has a limitation. In some cases, closed area offices served a distinct county. In other cases, they served zip codes within a county and another office served other zip codes in the same county. In most cases, the area reviews did not allow us to know which the case was.
124 This range represents disability claims filed via the Internet.
large number of Spanish speakers. Although almost all of Midland’s staff and almost half of Chelsea’s staff spoke Spanish, the area review for both offices did not describe whether the staff at the consolidated site spoke Spanish. The documents did not provide information on where staff actually transferred, the language abilities of existing staff at the consolidated site, and the language needs of clientele at that site, both before and after consolidation.125

Proximity to Other Offices

Standard: SSA says it considers how far the closed or consolidated office is from surrounding offices.

Staff Determination: Met.

The area reviews consistently identify the distance between one office and other offices including the consolidated site. Two area reviews lacked this information. Distances ranged from 1.4 miles up to 35 miles.

However, measuring just the distance between a closed office and a consolidated office does not fully capture the impact of a closure on the community. Many field offices, especially those serving rural populations, see visitors not just from the downtown area that houses the field office but in other parts of the county and even neighboring counties. The area review for Hugo, Oklahoma, for example, notes that the office is just 30 miles away from the consolidated office in Paris, Texas, but local media point out that this would result in a trip for some in outlying areas that could be 85 miles longer than a visit to Hugo.126

Staffing

Standard: SSA says that some offices with high rates of attrition may be subject to closure or consolidation because “changes in staff levels may occur disproportionately across the country, making it hard to provide acceptable service levels in some locations.”

Staff Determination: Not met. SSA rarely discusses adequacy of staffing at either the closed office or the consolidated office.

Most of the documents we received did not make explicit evaluations about the adequacy of staffing at the offices closed.127 Only six area reviews included an assessment of whether staffing at the office being closed was adequate or inadequate.128 Of the six offices, four were characterized as understaffed and two were characterized as overstaffed.

At most closed offices, attrition does not appear extreme, relative to the levels of attrition across SSA.129 According to AFGE, slightly over half of all SSA field offices experienced staff attrition at 10 percent or greater.130

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125 This is particularly difficult to assess for the Chelsea closure because it consolidated into several other offices in close proximity.
127 While the SARs did provide information on staff attrition and staff eligible for retirement, the Service Delivery Assessments did not.
128 One office mentioned moving workloads due to staffing “issues.” Another mentioned emergency staff shortages. A third said training was making demands on staffing and that staff were finding it difficult to keep up the same level of service. Some area reviews mentioned attrition but not relative to other offices.
129 Data were missing from the four SDAs. Bristol has no permanent staff.
AFGE sources told Committee staff that an office cannot really function with four or fewer staffers. Of the closed offices with data all but one had nine or more staffers. One had 40 staff members. The percentage of staff retirement-eligible at closed offices seems to be in line with national trends. GAO estimated that about one-third of the federal workforce will be retirement-eligible by 2017. Of the closed offices with data, 15 of 19 had staff eligible for retirement. The percentage of retirement-eligible staff ranged from 0 to 64 percent, but with the exception of one office, one-third or less of staff were retirement eligible.

**Service Area Geography**

*Standard:* SSA says it considers public transportation options, parking availability and other logistical barriers for the public, in addition to proximity to other public service organizations.

*Staff Determination:* Not met. The majority of the reviews do not examine the accessibility of the consolidated offices from the communities serving the closed offices.

**Public Transportation and Parking:** Because the majority of area reviews do not compare the closed office and the consolidated site, it is difficult to see how SSA can use area reviews to consider public transportation options and parking availability relevant to the consolidation of one office into another. Even in the area reviews that describe multiple offices, including the consolidated site, it is difficult to determine what public transportation and parking at that site means for the community served by the closed office. Often, the area review notes the consolidated site has public transportation and “ample” parking but does not specify whether the public transportation includes the area served by the closed office or whether parking is “ample” enough to absorb new staff and clients. Here are a few examples that the area reviews did not consider:

- **Quincy, Florida:** There is virtually no public transportation from the area served by this office to the consolidated site in Tallahassee; a shuttle runs once daily from downtown Quincy, but it is generally packed with people commuting to work in Tallahassee, and even if a senior got on the

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114 Data were missing for the four SDAs. Brussels has no permanent staff.
shuttle, he or she would have to wait in Tallahassee all day until the evening shuttle arrived. The area review notes that Quincy has no public transportation. While it finds that Tallahassee has public transportation, that service covers Leon County, but Quincy is in neighboring Gadsden County.

- **Barstow, California:** The area review for Barstow notes that it has a bus “link” connecting it with the consolidated site in Victorville. However, it does not mention that the bus that travels the 35 miles between the two cities only runs three times a week.\(^\text{53}\)

- **Amherst, New York:** Although it is only 9.2 miles from the consolidated site in Buffalo, a person trying to get from the Amherst area to Buffalo would have to travel by bus, train and over a quarter-mile on foot during a trip that would take an hour each way.\(^\text{54}\) The area review does not discuss public transportation in and around Buffalo, but it does note that the poorest parts of the community are relatively close to the Amherst office, which the agency closed.

**Logistical Barriers:** In those cases in which the area review discussed the office chosen as the consolidated site, the consolidated sites did not appear to pose logistical barriers, but at least two were notable. In one case, SSA chose to consolidate Somerset, Pennsylvania, a disability-accessible office, into Johnstown, Pennsylvania, which the area reviews noted was not accessible to people with disabilities. Johnstown had no parking of its own and featured a broken elevator. The area review detailed how Johnstown staff had to offer services in the building lobby for clients who could not navigate steps when the elevator broke. In another consolidation in Kentucky, SSA moved Louisville West into Louisville Downtown. The area review notes that this would require customers to enter a federal building and pass through a metal detector. Advocates for non-English speakers, the disabled, and poor have previously noted that security measures at federal sites can pose challenges for such clients, not to mention the idea that some people are coming to a field office to replace lost or destroyed identification.

**Proximity to Other Public Service Organizations:** The majority of the area reviews list social service organizations and most of those that do characterize the organizations’ impact on the office’s work.\(^\text{55}\) However, none of the information provided indicates how these social service organizations would compensate for functions lost because of an office’s closure. For example, in Amherst, a non-profit human services agency that assists disabled people purposely moved into the same building as the field office.\(^\text{56}\) The associated area review notes that the field office deals with the “very large and growing organization” almost daily, but does not discuss how its interactions would change with the closure. On the other end of the spectrum, struggling social service agencies faced problems not only with how to handle the closure but also increased demand. In Pittsburg, Kansas, Southeast Kansas Independent Living aided about 500 clients with its staff that shrunk from eight to one person.\(^\text{57}\) That remaining employee expressed great concern about the clients’ ability to use online or even phone services and said the 70-mile roundtrip to the nearest office was difficult.\(^\text{58}\) The corresponding area review for Pittsburg did not list this organization.

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\(^{55}\) SSA’s list social service organizations but do not characterize their impact; seven SARS listed no social service organizations. The majority of social service organizations listed in the reviews are said to have a “minimal” impact in regard to the office functions.

\(^{56}\) People Inc. helps manage the expenses of 900 Social Security beneficiaries, and the agency’s 200 employees that work out of that site worked with the Amherst field office on a daily basis. Congressman Brian Higgins, “Press Release: Higgins Stands with Residents, Business and Non Profits Impacted by Proposed Shutdown of Amherst Social Security Office,” January 31, 2014.


\(^{58}\) Id.
Lease Expiration

Standard: SSA says “it makes good business sense to evaluate the current office location whenever a lease is expiring.” However, the agency also can break its leases, which it notes generally last for 10 years because “they tend to offer the best balance of cost savings and flexibility.” The agency notes that the “average savings from recent field office closings have been about $4 million over a 10-year period” for each field office closed.

Staff Determination: Met.

The area reviews Committee staff examined do not appear to support the claim that SSA closes offices when leases expire. Instead, SSA closed a majority of offices well in advance of lease expirations. The figure below shows the breakdown for the lease status of office closures.

Graph 4: Closure in Relation to Lease Status

<table>
<thead>
<tr>
<th></th>
<th>0</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
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<tr>
<td>closed after expiration</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 yr or less before</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 1 yr but &lt; 2 yrs before</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 2 yrs but &lt; 3 yrs before</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Factors Not Considered by SSA

Our examination of area reviews allowed Committee staff to assess their value for gathering information relevant to the six factors SSA said it uses. In addition, it revealed other factors that would be important in deciding to close an office, but about which the area reviews were oddly silent.

- **Where the Public Will Go:** At least three area reviews included assessments of “Source of Work,” a test to see if an office serves clients mostly from its area and the predominant means of service. This would seem to be one means of assessing the importance of host of variables, such as accessibility, language needs of the clients, and the appropriate mix of staff.

- **Where Staff Will Go:** While adequacy of staffing would be important in deciding to close an office, equally important would be another office’s ability to absorb those staff. However, only six of the 25 area reviews addressed the other office’s ability to absorb consolidated staff. Beyond mentions of increased staffing flexibility, these assessments usually focused on space.

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119 Seven area reviews had Source of Work tables that were blank. For these cases, the analysis for Source of Work was characterized by the SARS authors as “None,” “Not Applicable” and “Has not been conducted.”

120 These include Camden, Louisville, Philadelphia North Central, Redlands, and Richmond. The area review for Somerset never mentions consolidation but mentions available workspace at other offices in the area.
This leaves the question of how an influx of new clients would affect appointment wait times, phone busy rates, services to non-English speakers, and general levels of service at the consolidated site. It also raises questions about whether the combined staff would have the right configuration of skills.

- **Internet Access and Usage**: SSA's goal is to move services online but almost none of the area reviews included any assessment of a community's access to broadband services. A few said the "community has access to the Internet." Although each document included performance data on how many claims were filed via the Internet, those filings are not a proxy for both access to Internet services and ability and comfort using those services.

- **Physical Condition of the Building**: Although the agency says it considers the field office's lease terms, its official report to Congress does not include the physical condition of the building as a factor. Of the 25 offices closed, only nine area reviews described problems with the physical condition of the building. These varied in severity from mold that was not health threatening and was professionally eradicated (Maryville, Tennessee) to a building needing repairs that totaled $1 million according to the area review (Pittsburg, Kansas).

- **Accessibility from the Closed Service Area to the New Service Area**: Given the large number of people who visit SSA offices who rely on public transportation, decisions to close an office should document the means, cost, and travel time for clients using public transportation from the most remote part of the closed office’s service area to the consolidated site. Either the absence of public transportation or substantial driving distance to the new site should serve as a trigger for agency discussions about alternatives such as video conferencing services, which are discussed in the fourth recommendation. Discussions of parking at the consolidated site should address the additional number of cars that could be accommodated both for staff and clients and any costs for parking. Decisions to close an accessible office and consolidate it into a site that is not accessible to persons with disabilities should require a special justification and a contingency plan for addressing the needs of such clients.

### IV-E: Recommendations

As SSA continues to examine the role of field offices as part of its service delivery, Committee staff believes the following recommendations would create a more effective strategy regarding office consolidations moving forward:

1. **SSA should create a uniform consolidation policy that delineates essential criteria for decision making.**

   Congress, GAO and the SSA OIG have all encouraged SSA to improve its field office consolidation practice, and these recommendations are still outstanding. In 2011, the SSA OIG encouraged the agency to consider best practices other agencies use to close physical infrastructure, noting that doing so could help the agency meet customers' expectations while still effectively managing resources. A uniform system would allow the agency to more easily decide which offices to close and explain to the public that the decision was reached through a fair and thorough process.

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2) **SSA should use standard metrics of demographic variables included in area reviews.**

As our analysis shows, area reviews are not consistent in how they report on the standard categories. For starters, the agency should consider using agreed upon metrics for each category; poverty should always be reported using an accepted threshold, for example. A universal metric would allow the agency to accurately assess the clientele an office serves and compare across offices.

3) **SSA should expand the criteria it considers to more fully examine the impact of closures and consolidations on the affected communities.**

In addition to inconsistent metrics, SSA is still missing key categories that would help its leadership make an informed decision. Area reviews should consider (a) where the public will go; (b) where staff will go; (c) Internet access and usage; (d) physical condition of the building; and (e) accessibility from the closed service area to the new service area. Without such information it is difficult to know if and how a community’s needs could be met at the consolidated site.

4) **SSA should include the public and other local stakeholders, including managers, employees, and elected officials in the decision-making process.**

If there is one common thread throughout the media coverage of field office closures, it is the anger and frustration displayed by impacted communities about not only the decision to close an office but the process through which the decision was made. SSA has been criticized for years concerning its unwillingness to engage the local community regarding potential consolidations. But in recent years the agency has actually moved toward an even more closed and internal decision-making process by rarely soliciting input from local management. If the agency were to actually engage others, it would be better equipped to make an informed decision. It is not enough for SSA to say that it recognizes a local community has an interest in keeping its field office; the point here is that the agency needs to understand the unique needs of a community, such as transportation problems or disadvantaged communities, and that the local stakeholders are often the best source of this information. This process would also allow SSA to explain to the public its difficulties in maintaining its existing level of service.

5) **SSA should incorporate transition planning for communities impacted by closures and consider alternatives to eliminating all in-person services.**

SSA should consider providing more public notice when reducing or eliminating services, including publicly advertising the change in the media and even sending postcards to frequent visitors. Too often, Committee staff has heard from community officials that they were given little advance time regarding field office closures. Furthermore, for every closure, the agency should at least explore options such as video conferencing that allow for some reduced level of service in the community. The longer transition period, mentioned previously, would give SSA time to acclimate communities to new types of service delivery. Finally, the agency could take more steps to consider alternatives such as colocation of services with other government entities, such as the U.S. Postal Service, as recommended by GAO and other watchdogs. But while keeping in mind the public’s ability to access a building, although SSA has introduced the idea of SSA Express, a collaborative effort with other government agencies and community organizations that would house self-service kiosks, this proposal would only be funded if Congress approved funding outside of the agency’s base request.

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104 SSA, Justification of Estimates for Appropriations Committees Fiscal Year 2015, pp. 17-18
Conclusion

The Social Security Administration has faced and will continue to face difficult budgetary decisions. It is beyond question that eliminating superfluous services, including certain field offices, makes sense for an agency looking for ways to serve more with less. However, it is also clear that the agency has not done enough to consider the impact of the decisions it has made in recent years on the people who rely on Social Security the most: the poor, disabled or otherwise limited elderly populations.

With regard to both the service cuts SSA is planning and the field office closures that have already occurred, these communities are too often left without the resources they need. Making matters worse, SSA’s new process excludes both its own managers and the affected public. Given the agency’s budgetary realities and the likelihood of additional field office closures and service cutbacks in the future, it is incumbent upon SSA to develop a more rigorous and transparent policy that is much more inclusive and thoughtful about the impacts on the communities it serves.

SSA has been criticized by a number of parties for its lack of long-term planning. With regard to planning, SSA will not only need to articulate a vision of where it needs to go—in order to balance increasing workloads and diminished funding and staffing—but also articulate actionable steps and a timetable for how it might arrive there. Planning alone will not solve all of SSA problems and examinations of both funding and management may be warranted.
APPENDIX A

List of Major Field Office Functions

- Applications for retirement benefits;
- Applications for disability insurance (DI);
- Applications for dependent claims, such as spousal, survivor or divorce benefits, or lump-sum death benefits;
- Applications for Supplemental Security Income (SSI);
- Applications for Medicare;
- Appeals of denials of disability benefits, SSI or Medicare Part D subsidies;
- Review of whether a beneficiary requires a representative payee, and evaluating, appointing and changing representative payees;
- Applications for original Social Security numbers, replacement cards, Social Security Number (SSN) printouts and changes to name, citizenship and work status;
- Correcting mistakes in earnings records;
- Requests for benefit verification statements;
- Appeals of Medicare income-related monthly adjustment (IRMA) determinations that result in higher Medicare premiums for high-income beneficiaries;
- Responding to individuals who receive notifications that they have been overpaid, including holding personal conferences and evaluating requests that repayment be waived;
- Direct deposit and mailing address changes;
- Receipt of death reports, work reports, and other post-entitlement changes that affect Social Security and SSI benefits;
- Reports of non-receipt of benefits and underpayments, and issuance of emergency payments when appropriate;
- Referrals for assistance from other community-based agencies and organizations; and
- Presentations to business, government and community organizations about Social Security, Medicare and SSI.

Source: AFGE
## APPENDIX B

Field Office Closures Under Acting Commissioner Colvin[141] and Information included in the Area Reviews

<table>
<thead>
<tr>
<th>Closed Location</th>
<th>Date of closure</th>
<th>Consolidated into</th>
<th>Information about only closed office</th>
<th>Information about other area offices including consolidation site but no meaningful comparisons</th>
<th>Recommendation or memo making comparison between closed and consolidation site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amherst, New York</td>
<td>4/25/2014</td>
<td>Buffalo, N.Y.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pittsburg, Kansas</td>
<td>11/15/2013</td>
<td>Joplin, Missouri</td>
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<td></td>
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<tr>
<td>Yancey, Puerto Rico</td>
<td>11/18/2013</td>
<td>Ponce, Puerto Rico</td>
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<td></td>
</tr>
<tr>
<td>Bristol, Connecticut</td>
<td>1/31/2014</td>
<td>Hartford, Connecticut</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Williamsburg, New York</td>
<td>3/7/2014</td>
<td>multiple offices</td>
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<td>Midland, Texas</td>
<td>3/31/2014</td>
<td>Odessa, Texas</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Corona, California</td>
<td>3/31/2014</td>
<td>Riverside, California</td>
<td>X</td>
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</tr>
<tr>
<td>Chelsea, Massachusetts</td>
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<td>X</td>
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<td></td>
</tr>
<tr>
<td>Bastrop, Louisiana</td>
<td>6/1/2013</td>
<td>Monroe, Louisiana</td>
<td>X</td>
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</tr>
<tr>
<td>Hugo, Oklahoma</td>
<td>6/1/2013</td>
<td>Paris, Texas</td>
<td>X</td>
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</tr>
<tr>
<td>Dallas West, Texas</td>
<td>4/19/2013</td>
<td>Multiple offices</td>
<td>X</td>
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<tr>
<td>Houston Downtown, Texas</td>
<td>3/22/2013</td>
<td>Houston Southeast, Texas</td>
<td>X</td>
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</tbody>
</table>

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[141] Colvin assumed her role on February 14, 2013
<table>
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<th>Closed</th>
<th>Date of closure</th>
<th>Consolidated into</th>
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<th>Information about other area offices including consolidation site but no meaningful comparisons*</th>
<th>Recommendation or memo making comparison between closed and consolidation site.</th>
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<tr>
<td>Pinellas, Florida</td>
<td>3/28/2014</td>
<td>Multiple Offices</td>
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<td>X</td>
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</tr>
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<td>Barstow, California</td>
<td>3/29/2014</td>
<td>Victorville, California</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Redlands, California</td>
<td>3/29/2014</td>
<td>San Bernardino, California</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Camden, South Carolina</td>
<td>3/7/2014</td>
<td>Multiple offices</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Richmond West, Virginia</td>
<td>3/7/2014</td>
<td>Richmond Downtown, Virginia</td>
<td></td>
<td>X</td>
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<tr>
<td>Louisville West, Kentucky</td>
<td>3/28/2014</td>
<td>Louisville Downtown, Kentucky</td>
<td></td>
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</table>

*These documents sometimes included cursory comparisons on performance data, population, workload, or staffing to workload. For example, the Barstow-Victorville area review notes that while staff decreased at Barstow, demand for services increased at Victorville.