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Operator: Good day and welcome to the National Disability Forum, COVID-19 and SSA Programs: Serving our Beneficiaries through Unprecedented Times conference call.

Today's conference is being recorded. At this time, I would like to turn the conference over to (Jeffrey Buckner), Associate Commissioner for Strategic and Digital Communications.

(Jeffrey Buckner): Good morning, everyone, and thank you for joining us today for the 16th National Disability Forum. It's my pleasure to help kick off this forum with you today and I hope each of you are safe and well during this challenging time.

On behalf of Commissioner Saul and other SSA executives, we thank you for taking time to join us today. I'd like to extend my sincere thanks also to our moderator, Rebecca Vallas, and to all the panelists for taking time to participate today.

We have many SSA colleagues joining us and thank you for joining as well. Today's disability forum on COVID-19 and SSA programs, it actually focuses on COVID-19 and SSA programs and for very good reason.

This is critically important for our agency and to everyone who needs our help. We are committed to delivering service to America. Before I continue, I'm very excited to welcome and introduce Commissioner (Andrew Saul).

He was sworn in at the Commission in June 2019. Prior to becoming the commissioner, he served as the Chair for the Federal Thrift Advisement Board, which administers the Thrift Savings Plan, the retirement savings plan for federal employees.

He so served in state and local government and in non-profit organizations. Since day one, Commissioner Saul has been committed to in driving everyone at Social Security to improving the agency's customer service.

As we have focused - as we have faced this unprecedented pandemic, he's also been laser-focused on protecting the public and implementing innovative ways to continue providing service.

Commissioner Saul has made this forum and other engagements with the advocate community a priority for our agency. Commissioner, thank you for joining us today and please go ahead.

Andrew Saul: Thanks, (Jeffrey). And I want to thank everybody. That's a tremendous turnout, almost 300 people on the line. I wish we could be altogether, you know, and do this in-person obviously, but with the situation we have this is the next best thing and it's great to have such a great group today together.

You know, it's very important for us to get your ideas. In a lot of ways you all know more about the advocacy than and the disability of programs and unfortunately, a lot of the people at Social Security - and I mean that complimentary - I mean, you live this daily and your ideas are very, very important for us.

We're very concerned, I think as you know if you followed me about serving the vulnerable population, this is a priority for us. And (Jeffrey) will share a lot of the ideas that we have come up with here, but what's very important for us to hear your ideas because I'm sure you've got some great thoughts of how we can help to service these vulnerable populations in a more effective manner.

We've - nobody bargained for this national tragedy that we've had, but I have to tell you I'm so proud of the team here. There's been glitches and as you know, some things have fallen through the cracks, but on the whole I think we did a great job, the team here. Not me, but our entire team at the SSA and transferring our working conditions from in-person to online and teleservice.

I wish we didn't have to do this. It's taken a lot out of us and there's been, you know, obviously a lot of efforts expended, but the most important thing was for us to keep the lights on and to continue to service our customers.

But there is a silver lining. Unfortunately, it's come at great cost, but the silver lining is that we have to now transform this agency into a digital agency, an agency that uses modern video for a lot of our hearings and an agency that has a vastly improved 800 number.

And all these things are in work now. They're speeded up because of the COVID-19 situation and I think over the next year, the year of '21, you are going to see major changes in the way we do business, which will enable us to service the vulnerable population in a much more effective manner.

But it's important today at the meeting to hear your comments and your suggestions and (David), my very capable deputy, we will discuss this with (Jeffrey) and all the comments you made today and I'm sure we'll together come up with some good ideas in how to better service our participants.

So with that, I don't want to take any more time from (Jeffrey) and his group and all of you, but just to say thank you all for participating. I hope it works well not being in-person, but I'm sure we're going to come up with some great ideas. And with that, I want to turn the meeting back to (Jeffrey) and wish you all a healthy prosperous day and a day of great accomplishment. (Jeffrey)?

(Jeffrey Buckner): Great. Thank you so much, Commissioner, for helping us kick off today's forum. So in March, we closed our offices to in-person assistance to protect the public and our employees and this was out of an abundance of concern for their health and safety.

Many of our customers or some of our country's most vulnerable. While our ability to help people in-person has been limited to certain appointment-only situations, as the commissioner said, we are and we have been open for business.

From our online services to our national 800 number and answering calls at our 1,200 local offices, we are there to help, but we do recognize that limiting appointments to those in dire need has created challenges with serving and connecting with vulnerable populations.

We have identified people in vulnerable populations as those who cannot engage with us via telephone and online, and to frequently need third-party assistance to do so.

Other populations identified include those who are homeless, have limited English proficiency, are aged, deaf or hard of hearing, had a mental illness and those who have substance use disorders.

To ensure that we are addressing, connecting with vulnerable populations holistically, we have formed an internal work group comprised of executives and staff across the agency and already we are looking at how we can adapt to help these vulnerable populations.

Today, we will hear from stakeholders and federal agencies who provide services to vulnerable populations and we will learn how they have adapted to providing services during the pandemic.

The information shared will be a tremendous help to us as the commissioner said as we continue to study and refine our processes, procedures and policies to provide world-class service, but not just to vulnerable populations, but to everyone.

We have several exciting updates and forum logistics to share before I introduce our next speaker. So first, some updates.

We will be launching a mobile check-in service for field office visitors next month. This will give customers the option to check in using their mobile device instead of our kiosk at the office.

Our Office of Hearings operations is implementing online video hearings using Microsoft Teams software. Microsoft Teams is a video communications platform that is similar to Skype or Zoom, which many of us are more familiar with now than ever.

This free service option allows administrative law judges, claimants and representatives to conduct a hearing safely and securely by video on almost any device and from anywhere.

Each year the public requests benefit verification letters to provide federal and state agencies and third parties by calling our 800 number, visiting a field office, using our interactive voice response system, or going online using their personal My Social Security account.

But depending on which service channel processes that request, the benefit verification letter that the public gets may vary in layout, funds and content structure.

So as a result, third parties often question the authenticity of the letter. This increases local office contacts and can delay access to services for the public. So to improve this beginning next month, our new enterprise benefit verification Web service - I know that's a mouth full, but it's going to provide a standardized benefit verification letter to every customer no matter how they request it.

Also, we work in partnership with the Able National Resource Center during their hashtag able to save public awareness campaign last month. An Able account of a tax advantage savings account for people with disabilities and it lets them use their savings for qualified disability expenses like food and housing.

The savings do not count as income, nor do they reduce SSI cash benefits. And we partnered with them by recording a podcast and we'd encourage you to visit at www.ablenrc.org to listen to this podcast and get other information.

And lastly, I want to share a quick update about our Web site enhancements. In June, we launched the first phase with our redesigned retirement benefits portal to help people learn about, apply for and manage their retirement benefits.

Later this fall, we hope to release the test Web site on SSA.gov with a redesigned homepage and improved navigation and content. These enhancements will help the public get to and use the services and information they need and they're a key part of Commissioner (Saul's) goal to improve service to the public.

So before we begin, I'd like to introduce (Steve Rollins) to share some important logistics. (Steve), please go ahead.

(Steve Rollins): Thank you, (Jeffrey). Appreciate it. Okay. So although this is not a listening session, we are going to follow a listening session format. This means that our moderator, (Rebecca), will guide the discussion today with the panelists.

There will be open discussion segments for the morning and afternoon sessions. We are asking the audience to submit questions to us via email at nationaldisabilityforum@ssa.gov. And again, that's nationaldisabilityforum@ssa.gov - the participant line will not be open during the open discussion segments.

So please send all questions to us via email. When submitting a question, please do not include any personally identifiable information such as Social Security number or other information that, again, is PII.

We will be monitoring the inbox and we'll make sure questions are shared with the panel. Please feel free to submit questions at any time. For the morning session, (Sam Richardson), the Deputy Associate Commissioner for the Office of Public Service and Operation Support, will present the questions to the panel.

In the afternoon, (Dawn Wiggins), Associate Commissioner for the Office of Income Security Programs, will pose the questions to the panel.

I would like to remind everyone that this call is being recorded. There will be a break at noon and we'll start back up at 1 o'clock Eastern Time for everyone that will join us in the afternoon session.

But with that, (Jeffrey), back to you. Thanks.

(Jeffrey Buckner): Great. Thank you so much, (Steve). And before I turn it over to our moderator, Rebecca Vallas, I would like to let you know just a little bit about her.

She's a senior fellow at American Progress. (Rebecca's) expertise is disability, poverty, criminal justice and re-entry policy. She's a sought-after speaker and commentator who has appeared on national and local media. And (Rebecca) has participated in the past National Disability Forum as a panelist.

I thank her again for her support and will turn it over to (Rebecca) to begin. (Rebecca), welcome and please go ahead.

Rebecca Vallas: Wonderful. Thank you so much. So I just want to first start off by thanking the Social Security Administration for having me today as part of this listening session.

As was mentioned, I'm a senior fellow at the Center for American Progress. I should note I have no affiliation with the Social Security Administration, but it is my privilege to serve as moderator of today's morning and afternoon panel discussions and I'll just note before we kick off, to be honest, I'm not entirely sure while Social Security asked me to play this role.

I will say if we were on Zoom, I would know that it was for my Zoom-famous cats, but given that we're doing this telephonic dial-in setup, you don't even get the feline interruptions that usually keep things interesting when you ask me to moderate a panel in 2020 with this home office situation.

So on a more serious note, I am grateful to get to be a part of today's conversation for two reasons in particular. First, some of my earliest work in Washington was during my time as a legal aid lawyer at Community Legal Services in Philadelphia representing people in Social Security, disability and non-disability matters.

And it was during that period that I had the opportunity to work with leadership within the administration to improve the administration of their programs, critically SSDI and SSI in particular, while bringing the critical direct service and client perspective to bear, something that was really important and really did a lot, I think, during that period of time to bridge conversations across direct service and folks at the agency looking to improve the programs.

But second, because the really wonky and sort of unsexy policy and administration issues, the ones that don't make the headlines, but which make a huge difference for beneficiaries and their families, those have always been more my nerd-heart lives within the realm of income security, if you're wondering what a senior fellow spends their days thinking about in the realm of Social Security.

The core of today's discussion and what this forum offers a timely opportunity to provide public input on in this critical moment is how the agency can do its part to meet its claimants and its beneficiaries and their representatives where they are especially now in these unprecedented and challenging times given the critical role that Social Security's programs play in the nation and our family's income security and fabric.

Many of the topics that the morning panel is going to be delving into such as how Social Security communicates with claimants and representatives electronically are far from new topics. In fact, some bring back plenty of memories from my days representing clients in Social Security and non-disability cases.

But many of these have taken on new importance in the COVID era and a critical balance that is also not new, but which takes on new importance in the COVID era for SSA is how to provide customer service remotely while not allowing claimants and particularly those that aren't as well-positioned for or served by electronic communications to fall between what could become ever larger cracks. That makes today's conversation most incredibly timely and incredibly important for longer term planning and decision-making as well.

Some of the other components of this morning's panel -- which we'll get into how the initial application process might be simplified or streamlined during the pandemic or how the concept of so-called dire need should or could work when the concept has taken a whole new meaning in the era of COVID -- all of these are both incredibly timely and, again, I think really important jumping off points for the agency as part of today's listening session and ongoing dialogue with advocates and others not just today, but ongoing in this critical moment.

I want to reiterate before I introduce our panels, the call that was made before to submit questions to nationaldisabilityforum@ssa.gov. This is your opportunity if you're listening in today to participate to share your thoughts and to most importantly raise your questions for these panelists.

We've got some fabulous folks lined up to speak today to offer their expertise and most importantly to share their experience from the direct service and client perspective to help SSA in this critical moment as it reexamines its customer service and engages in long-term planning given that we are going to be doing remote business for a lot of important things for the foreseeable future and I think we're all starting to realize that as we have these kinds of meetings and conversations.

So without further ado and with another round of thanks for the opportunity to participate today, it is my privilege to introduce the panelists for the morning session of today's National Disability Forum and in no particular order because they are all fantastic.

Anne Callagy is the Director of Government Benefits at the Legal Aid Society. Randy Feliciano is Senior Program Manager at the National Council on Aging. (Carol Leibowitz) is Development Coordinator at the National Council on Independent Living.

Kelly Bagby is the Vice President of Foundation Litigation at AARP. Yvonne Perret is the Executive Director of the Advocacy and Training Center. And Tammy Seltzer is the Director of the D.C. Jail and Prison Advocacy Project at Disability Rights D.C..

Many of these folks are old friends, some are folks I'm looking forward to speaking with today for the first time. So let me get right into it and Yvonne, I'm going to open with you as I go to this first question around outreach that Social Security is very interested in getting some input on.

Social Security benefits have been a lifeline without question for millions of people during the pandemic and the programs that SSA administers have the potential to be a lifeline for many, many more newly confronting hardships and looking to regain economic stability.

So in that light, SSA asks the question how can the agency improve its outreach to vulnerable populations such as widows, veterans, older adults and children with disabilities? And I have to say I would be remiss, Yvonne, if I didn't ask you to kick this one off because outreach is your middle name and a big part of what you often remind us and remind SSA is that real outreach is in-person.

So please kick us off, Yvonne. And I'm asking our speakers to limit their answers to about two to three minutes given that we've got a lot of terrain to cover.

Yvonne Perret: Thanks so much, (Rebecca). And I'll have to talk quickly to limit it to three minutes. First of all, I want to thank Social Security for inviting me. I am grateful and hopeful that this forum will lead to work together to really improve services to the people that we all care about.

For the past 27 of my 40 years of social work, I've served as vulnerable population of adults with serious (unintelligible) disorders who are homeless. I've tried to assist them the best I can to access disability benefits and resources so they can begin recovery and no longer face homelessness.

I hope as we go through the day that we'll remember that we're talking about the people serve. I'll remind us of (Darrin) who lived in Baltimore City on the street with crippling psychosis and AIDS and who died six weeks after receiving SSI and being able to access assisted living.

I want to remind us of (Michael) who lived for 15 years on the same corner in Baltimore, homeless, and struggling with schizophrenia. And I want to mention (Marie), who had Bipolar Disorder and result in cocaine use moving from house-to-house, having no stable or set place to be.

These benefits literally saved their lives and they also would not have been able to apply for these benefits without the outreach.

So the SSI project in Baltimore -- which led to the development of SOAR -- is the program that I was involved with doing this work. For so many people, these benefits are lifesaving, literally, and I fear that

sometimes as we talk about data we forget that each piece of data is an individual person who is in desperate need for our assistance.

So I believe that Social Security should work with the relevant federal agencies including HUD, HRSA, HHS, (SAMSA), the DA to request a specific appropriation to partner with community providers such as health care for the homeless, SOAR, the program that I have been involved with and mainly started, legal service providers, agencies on aging, V.A. homeless outreach services to provide third-party assistance to these populations.

Meeting them where they are, being able to do the applications on the street or wherever they are, that to me is the true meaning of outreach.

I would also think it's useful to designate staff in the field offices to specialize in understanding and assisting certain populations. Claims reps, service reps could be designated liaisons to the specific groups serving to folks that we're talking about today.

I also think that Social Security could provide training specifically on reaching and working with these populations, utilizing the help of experts in these fields to develop curricula.

One of the issues that many of our populations face is really a need for a focused understanding for them to be served well and effectively. What's happening now is that people applying are being denied over and over and over a great cost to their lives and to Social Security rather than being served comprehensively and effectively the first time around.

People literally die while waiting for PO's and decisions to be made. This, I believe, is a tragedy and we can rectify it - that this doesn't have to be the case. There are many more and I am committed to working in any way that I can to make this so. Thank you.

Rebecca Vallas: Yvonne, I so appreciate you starting us out there by grounding ourselves with the stories of people who literally have experienced Social Security - income security programs as lifesaving. It is really where this conversation needs to start.

It's obviously the reason for today's listening session and for the very question about outreach given that the purpose of these programs is to provide that kind of economic security and stability that can put people in the position of having their basic needs met rather than being on the brink of or experiencing homelessness, hunger and so forth.

This moment makes that conversation so much more important even when it was before the pandemic and yet, we were already at a place where you were, I think, passionately raising these questions and offering this feedback even before.

So not questions or recommendations caused by the pandemic, but ones that it really shed the light on.

Tammy, I want to go to you next given that the administration is asking questions about vulnerable populations here where ones where special outreach is particularly important or needed.

Many of the folks that you represent are behind bars in prisons or jails or have been. Talk a little bit about what we know about the disabled population behind bars and your recommendations from your experience for improving outreach to disabled folks behind bars as SSA calls for recommendations to improve outreach to harder to serve populations.

Tammy Seltzer: Thank you, (Rebecca), and thank you to Social Security for including me in this conversation to talk about people who have - are incarcerated or formerly incarcerated and I really appreciate (Yvonne's) comments lifting up the stories of real people that this impacts.

The D.C. Jail and Prison Advocacy Project works with D.C. residents who are diagnosed with a serious mental illness or intellectual disability and they often have co-occurring substance use disorders.

And I think of this has sort of hidden population of people at far more than I think many people realize. Five percent of the general population has a serious mental illness.

And what do I mean by that? I mean, schizophrenia, Bipolar Disorder and major depression. When we're talking about jails, prisons, we're talking about three to six times that.

Of about 2 million people who are incarcerated across the country, easily half a million of those have a serious mental illness, and that doesn't even consider the other kinds of disabilities that people may be having.

I think that people don't realize that SSI is now considered an evidence-based practice to reduce recidivism for the reasons that Yvonne talked about. Another particularly COVID issue is the aging that's going on in our prison populations.

As the prison population decreases nationwide -- which is what's been happening for quite a while now - - the population of people who are 55 and older has just exploded. It's almost tripled over the past 20 years.

And a lot of jurisdictions are changing their compassionate release laws. So that means that we have more people who are being released who have serious health conditions.

Some jails and prisons are just generally at - especially at the beginning were releasing people so that they could implement social distancing within the facilities.

And now, additional people are being released. We had a client who was 67 years old who had just finished treatment for cancer while he was in prison and he's coming out and we're preparing for his release.

So outreach to jails and prisons isn't easy without COVID. It's certainly more difficult now because most facilities are on a medical lockdown to try and prevent the spread of Coronavirus.

So one creative thing that correctional facilities are doing is they are buying tablets for their residents and they are desperate for content. So instead of going to a visitors day or forum where the local field office can go and make a presentation and try and dispel a lot of the myths that are out there about SSI, SSCI, we're looking for content that can go on these tablets for our local jail and I think that that is something that Social Security should be looking at.

We're looking at SOAR. We're looking at Social Security office and maybe the podcast that was mentioned earlier would be something that would be able to go on a tablet.

I think another important piece is to promote the pre-release application process. So many people don't know that it even exists and I think we're the only or one of the few legal services organizations that helps people apply while they're still incarcerated so that they can get benefits faster once they're released, and we know that - that makes a tremendous impact especially in the first few months after somebody's release.

Rebecca Vallas: Tammy, thank you so much for all of that. We've got just a couple of more minutes for this one and I'm going to turn it over next to Randy who I believe also has a few specific recommendations to offer in terms of improved outreach to a particular group and groups that are maybe less (unintelligible) electronically connected. Randy, over to you next.

Randy Feliciano: Yes. Hi. Thank you, (Rebecca). I appreciate it. And thank you, Social Security Administration for inviting the National Council on Aging to speak on this important topic.

And I would be remiss if I had to say I really appreciate what Yvonne shared earlier. It reminds me of the impact and the significance of our work and I applaud champions like her to doing what she does to help the most vulnerable (unintelligible).

So I work within the Center for Benefits Act with the National Council on Aging and in my work, I'm committed to serving older adults and I get to work with a network of grantees across the United States.

Over a hundred of them that work in communities to serve older adults connecting them to key federal benefits, state and local benefits, and many of these individuals of whom they're serving are receiving Social Security.

Many are receiving Social Security disability benefits. So this is a very near and dear topic to my heart. And in my prior career, I ran a guardianship and advocate program that worked to connect people with SSA benefits and the like.

And so this is very significant to me. So I want to thank you for that. So to answer the question, I think we have to recognize that a lot of vulnerable groups may still prefer more traditional forms of outreach.

I've experienced this myself from visiting one-on-one with older adults that are being served by our grantees across the country. And seeing this especially in the remote parts of the U.S., things like radio are still very much preferred for communication, printed mailers, the newspapers, local TV still - and we know this from research is still a trusted source of information for older adults, believe it or not.

Things like posting PSA's to local air during these crazy times of COVID-19 I believe would remind them of the SSA services. Additionally, according to our national network of BEC's, or Benefit Enrollment Centers, during this pandemic - and we've heard this a lot - they're now leveraging their presence at senior and low-income housing communities going directly to the individuals -- which has helped them bring services to their doorsteps, the most vulnerable clients they're serving -- which makes me think of SSA, you know, has the administration considered leveraging and expanding their video service delivery, the VSD, which I've heard presented at an advisory committee that I chair.

I was really impressed to see the capability of this video service delivery. So, for instance, bringing a virtual office, right, closer to rural communities as I mentioned earlier I believe would be a great help to believe that VSD would be beneficial for veterans visiting local V.A. centers and clinics within large group home communities serving adults with intellectual and developmental disabilities.

So these are some of the thoughts, and believe it or not, some of what I'm hearing from our national network of grantees. So that is - those are some of my thoughts as it relates to this question.

Rebecca Vallas: So I'm - I want to be mindful of time because we have a lot of terrain that we want to cover, and so I'm actually going to combine a couple of questions coming up.

So Anne, I'm going to bring you in last on this question about outreach because I know you have some specific thoughts to offer that I think are really important to share regarding school systems and the SSI Children's Program, but then I want to give my panelists a little bit of advance notice that we - I'm going to get a lightning round going for our next one to combine a couple of questions.

So that's your warning as I hand it over to Anne for - to round us out on outreach.

Anne Callagy: Thanks, (Rebecca). And just to say thank you also. The Legal Aid Society is so happy to participate in this and share our experience.

The thought that we had was that so many school districts have special ed services and children who might qualify for SSI, but whose parents are not aware of the program or how to access applications and the appeals process.

So it seems like an obvious suggestion that Social Security could do direct outreach to school districts especially in impoverished areas nationwide so that parents can be made aware of how to obtain SSI for their children who might qualify.

We have done outreach to schools and it's all along the idea that others have talked about of going where people are. And so if we want to make parents aware of these benefits for children, we go to where they are.

And maybe in COVID that means setting up kind of remote communications, but it seems like that would be a way to reach them.

Rebecca Vallas: That's great. Thank you so much, Anne. So we're going to turn next to a little bit of discussion around simplifying the approval process and the, quote, "dire need" process, which I mentioned before.

And so I want to just provide a little bit of context for this next one as we make the transition to the panel discussing this next piece.

So during my time as a legal aid lawyer representing people wrongfully denied Social Security disability benefits, and we've talked a lot about this before I - that I want to keep re-grounding us in this, I saw time and again through my clients what Yvonne was offering before, which is not only that Social Security benefits can be the difference between not just life and death, but being able to access safe and

stable housing remaining or becoming unsheltered, being able to afford and access critical health and mental health care services that can support and be critical to stability.

And for some and some of Tammy has been offering commentary along these lines and her experience along these lines, whether or not they end up trapped in a deep - a cycle of deep poverty and incarceration -- which for many can be inescapable -- and I also saw clients and I know many of the folks who are on this panel have seen this as well who did not live to see the day when their Social Security disability claim was approved.

And we know that that happens day in and day out with people dying by the thousands before they are actually approved because of the complexity of that process.

And so in that light, but at this moment when we know we all know and the agency knows more than anyone how critical getting approved for benefits and doing that quickly especially in a moment like this economically and in terms of the rest of the uncertainty and - that attend the COVID pandemic moment, the Social Security Administration has asked what should SSA consider when determining if a customer is in dire need?

And I want to join that with their other question, which is calling for suggestions for policy clarification or simplification that could enhance the initial claims process during the pandemic.

And so I want to offer the panelists each (unintelligible) an opportunity to weigh in on both of these questions given that I know that many of you have recommendations for how to improve the dire need policy and make that work better, which is in place, in recognition that SSA's benefits can truly be lifesaving.

And a lot of you have been pushing these recommendations long before COVID-19 became a household name. I want to reiterate that as well. But also thinking more broadly about policy simplification or process simplification for the approval process so that people can access those benefits not a year from now or two years from now, but relatively now in whatever way the agency can get close to now that is feasible.

So with that, this is the lightning round I'm going to do now for our full panel and I want to offer Kelly a chance to speak, I know, because you've got several broader recommendations to offer along these lines hearing from your constituents and also you have not spoken yet before. And then we'll go through the rest of the panel on those two questions.

So Kelly, over to you.

Kelly Bagby: Thank you and thanks again to SSA for inviting me on behalf of AARP and AARP Foundation.

So our constituents are like your constituents are everywhere and - but many of them have been hit especially hard by the COVID virus, and particularly in nursing facilities and other places, but they're losing their jobs and getting evicted and facing dire consequences when they were already living in poverty.

And so one of the things that I had been thinking a lot about is trying to figure out with people who are - have never gotten Social Security before, they're not necessarily - are not, you know, old enough to collect benefits, but now have lost their jobs and are going to apply for SSDI for the very first time.

They literally can't wait and they're facing so many different situations right now. So the - you know, the recent expansion of the compassionate (unintelligible) program that SSA did, you know, it's a step in the right direction to show that there's a cabinet - a certain category of disabilities will be used productively and eligible, but I think there are a lot - there are other things that need to be happening.

And a lot of people are becoming disabled because they get the COVID virus. And so that is an especially problematic development and they don't have time to wait to get any sort of income to assist them and trying to get to a safe place.

They need to be in a sheltered environment. They need to be able to get PPP. The need to be able to have these things now and it needs to happen quickly.

One of the other things that I just wanted to touch on and I think it's great that so many things have been moved online, but not everyone is online. There are many older people who do not have connective - they're not living in a place that have connective environments.

There's a senior center near me where the entire senior center can stand in the parking lot and there you can get Wi-Fi, but you can't get - if you don't have Wi-Fi in your house, that's the only place you could make applications.

So those are some of the things that I think you might want to consider is how do we literally bring SSA to people and help them to get connected? Because if you're not - if you don't have access to Wi-Fi, all this connectivity is not going to help you. Thank you.

Rebecca Vallas: Thank you so much, Kelly. And I just want to put in another plug for folks to submit questions to nationaldisabilityforum@ssa.gov. That's nationaldisabilityforum@ssa.gov. You can email your questions there. They're going to be coming up after the panel when we move to audience Q&A. So that's the place to ask your questions of this panel.

So I'm going to go next to (Kara). (Kara), same double question to you about dire need and also policy clarification and simplification for the (unintelligible) process during the pandemic and beyond.

Kara: Yes, absolutely. And again, you know, thank you to SSA for holding this forum and for inviting me to speak. I want to build on what Kelly was saying before about people who may be applying for benefits for the first time, they're in a period of economic and social instability.

I want to point out that we have evidence that a (unintelligible) person and just people with COVID-19 will experience long-term effects. And so I think those COVID-19 (wall hangers), as well as, people who have lost their source of income to the economic impacts of the pandemic, I think that's going to represent a huge uptick in SSI and SSCI applications.

And I think SSA needs to be prepared for that and to reach out to those communities. In specific, I also want to talk a little bit about Medicaid (buy-in) because Medicaid (buy-in) is really crucial for a lot of people who access health care services while working. It's also an incentive to work, you know?

And the moratorium on Medicaid (buy-in) should really be extended in these times for two years so that people who were working and using the (buy-in) can have time to find work again once the pandemic's effect on the economy has improved, you know?

The (buy-in) is really, really crucial for people to lift themselves out of poverty and be able to receive crucial benefits while still being able to work. There's also pending legislation to eliminate the 65 age limit for buying in, but with the pandemic and the economy, the legislation is stalled.

SSA could extend that moratorium for two years to give the economy time to recover. So I think flexibility is really the name of the game here, you know? And just in general, not even specific to the pandemic, I think accessible materials especially in plain language are crucial for people to quickly be able to access information about benefits, determine what they may be eligible for and apply.

So those are just some suggestions I had around policy clarification. But obviously, I think this represents a huge shift in the way SSA processes, but if it's a claimed and provides benefits and we're really heading into uncharted territory here.

Rebecca Vallas: I really appreciate you sort of reminding us of that as well because I don't know that anyone had quite put it in those terms yet this morning. I - my colleague I want to acknowledge Rebecca Cokley at the - who directs the Disability Justice Initiative at the Center for American Progress, she often says to remind us in this moment this is going to be a moment in our nation's history where we see one of the greatest influxes of new entrance to the disability community in a single kind of discreet period of time that we've ever seen.

And for those reasons thinking, I think, exactly along the lines as (Kara) urges us are incredibly important in this moment both in terms of outreach and in terms of process.

And I want to go to you next because I believe you have some fairly specific recommendations to offer including around consultative exams, but I think probably some others as well. So Anne, over to you next on the same two-part question around dire need and simplifying the initial approval process.

Anne Callagy: Thanks. I - you know, with consultative exams, it does tell (unintelligible) specific issue, but it effects everybody who's applying. Since the COVID shutdown, we've had some very helpful guidance from individual New York City regional and (unintelligible) Social Security staff that a claimant could opt-out of attending an in-person consultative band -- which the need for it is obvious in COVID -- but no general policy statement has been issued on this.

So it would be very helpful if Social Security would just state a clear statement that claimants and their representatives could understand about whether and how claimants can opt-out of in-person CE's and whether they have the option to choose remote consultative exams instead and what if any consequences there would be to their application if they do opt-out.

It - as in some case circumstances now it is a shame for people to have to choose between benefits they need and preserving their health and this would go a long way to addressing at least with that fact.

Rebecca Vallas: Thank you so much, Anne. And then Tammy, I'm going to go next to you with the same two-part question around dire need and simplifying the approval process in the pandemic and beyond.

Tammy Seltzer: Well, thank you. I wanted to say a few things. One, I think when we're talking about dire need that we need to make sure that we are checking our own biases about people who have a criminal record.

I've actually been engaged with folks who serve people who are homeless and got into this debate that, well, we don't want any, you know, vouchers going to or set aside for people who are returning citizens because they're not the same people.

And so let me tell you about a 70-year-old woman with Stage 4 colon cancer and schizophrenia. And I said, "Well, let me tell you about my 55-year-old trans-woman with Stage 4 colon cancer, schizophrenia, HIV/AIDS, degenerative arthritis, same people, just the extra burden of having a criminal record and the trauma that comes with that.

I think also getting to the internet access issue, a lot of communities have been experimenting with internet hot spots on busses and I think it would be great if Social Security could partner in their communities to expand access in creative ways.

And then also communicating with representatives by email instead of snail mail. At this time, our office is officially closed. So we only have a person coming in once a week to sort and scan our mail. That combined with delays from the U.S. Postal Service means that it's really slowing down the process when it should be speeding up at this - in this dire time. Thank you.

Rebecca Vallas: Thank you so much for adding that in and I also just really appreciate your bringing to bear and bringing to the conversation, I think, again and again the need to think about the intersection of Social Security's disability programs and our criminal justice system.

And I loved this - I appreciated the statistics that you shared previously and the one that always sticks with me that I think helps people understand the importance of under - of thinking about the two in - hand-in-hand especially for an agency like SSA is that people behind bars in prisons and jails are three to four times more likely than the general population to have a disability that's a big part of the policy failure that we're not talking about today, but that could be a great future forum topic.

Yvonne, I'm going to go next to you and then Randy, you'll be on deck to close us out. So Yvonne, same two-part question to you about dire need in the COVID era and potential strategies for simplifying the approval process.

Yvonne Perret: Thank you so much. I just want to reiterate what I think Tammy said about the internet issue for so many folks who are applying for benefits. The people I serve do not have internet access and often have phones that have very limited minutes.

So just something to keep in mind. I think there is some populations of those applying for these benefits that we really need to - as we're doing today focus on in a more continued way.

(Unintelligible) dire need, I think that many, many folks have no idea that this is even available and it's - and if you look at the (unintelligible) it's pretty restrictive.

Most people who even are applying for SSI in general are in dire need. If they're eligible - if you think about it, if they're potentially eligible for SSI, they have very limited resources and very low income.

So I think there could be communication about dire need. I think that it should be simplified and strengthened to be able to include vulnerable populations and I think there could be some real dissemination of information for people applying to articulate what their situation is.

I also think it would be helpful if this could be done not in a letter that goes by, again, snail mail, but in some kind of way to communicate it either online or by email.

In terms of simplifying the process, I think that we have to treat this time with some urgency so that there may be things that Social Security claims reps can do to strengthen the applications people are submitting.

For example, really working to obtain third-party contact information for everyone especially those who have government phones and limited time, et cetera.

I think that Social Security could make sure that claimants and their representatives have received the communications before any adverse action is taken.

I often don't get letters from Social Security even though I'm the representative for folks. So my folks might get them. I may not. I might get them. They may not.

So that is not consistent and is critically important if we're trying to assist folks, for example, with appeals.

I think that Social Security could really, really, really reduce significantly the labeling of failure to cooperate especially during this time. A lot of times people, if you will, don't cooperate because of their disability. So it kind of becomes this circular argument that you're failing to cooperate, but I can't cooperate because I don't know how to cooperate and I'm not even sure what you're asking of me.

So how can I be failing when I can't even do it? So I think there really is sort of a - we need to examine this whole failure to collaborate issue together and collectively so that it can be really well-informed if it is used.

So those are a couple of my suggestions. Thanks so much.

Rebecca Vallas: So important and I just - I really appreciate, Yvonne, every time you kind of get us out of the box of the terms and bring us back to this is the client experience of going through this because those forms can be inscrutable and they can also be really scary and it's really important, I think, to remember that that's what we're talking about here.

Randy, you're going to get to close out for the conversation around dire need and potential application simplification before we go to our next round of questions.

Randy Feliciano: Sure. I have a very simplified, real quick (unintelligible) sort of in the same vein as Yvonne just considering the client, like, their experience. And from speaking with our network of grantees who work with individuals across the country and even in my prior role, when we think of dire needs I know I think of the benefit varies, about to lose their home or other resources.

That's going to endanger their health and their well-being further. I think it's important for SSA as a champion to perhaps expedite a ruling or service because you guys (unintelligible) position your agency - your administrations in a position to do that sort of thing where other programs do not have that ability, you know? The services do not have an ability to expedite a ruling for (unintelligible) for individuals.

I also think - and this is a broader suggestion that involves a lot of outside stakeholders. I believe that an agency has influential with SSA should have a seat at the table and I've mentioned this before to others where there needs to be capital investment maybe to improve Wi-Fi access, particularly rural, frontier and border town communities across the United States, which are often less resource-rich.

I believe that starting that conversation amongst our federal agencies and national organizations, some of which are on this call now, I believe is something that we need to champion because it breaks my heart whenever I travel across the country to visit with my grantees and they're not able to get to the most vulnerable because, you know, they need to use Wi-Fi to complete an application on a laptop and it doesn't work.

And so they have to, you know, go about it the old-fashioned way through snail mail and what have you. And that just - it just makes the process that much longer and more - and - especially at a time like this produces so much more angst amongst - among the individuals they're trying to serve.

So those are kind of my two thoughts on this topic. So thank you.

Rebecca Vallas: Thank you so much for that, Randy. So I'm going to move to our next set of questions and I'm going to do a little bit of combining again. And so we've got a couple of really, I think, important questions coming up right now. Everyone on the panel has a lot to offer in terms of feedback on what they're seeing and hearing on the ground right now, as well as, specific related recommendations.

And I want to note in terms of contextualizing this next set of questions -- which delve into online and phone service -- that being able to communicate with key agencies like Social Security right now without being able to go to or having to go to, depending on how you look at it, a field office is obviously incredibly critical right now.

This has been a question and a challenge prior to COVID-19, but incredibly critical right now and that might be for someone who needs to flag for the agency that there's a problem, I didn't get my benefits

this month or maybe trying to check on the status of an application for desperately needed benefits like we were hearing about before or needing to communicate that a loved one is now back from a nursing facility or from prison or from jail, et cetera, et cetera, in ways that impact benefits.

And all of this, of course, poses special questions and challenges for populations who have less connectivity, less access to internet, and in some cases really important to keep front of mind limited affordable phone service whether that's Lifeline, whether that's behind bars where by the minute means you're not going to be able to wait online or on the phone with Social Security.

So in light of this range of new, as well as, longstanding challenges, Social Security has posed a few questions I'm going to combine here for our panel and, again, invite folks to weigh in.

And so question Number 1 is what strategies can SSA incorporate to improve our online and telephone assistance to vulnerable populations during the pandemic? And I'm going to combine that with another question that is related and that is what challenges caregivers and representatives face during the pandemic particularly if we're talking about vulnerable populations.

And I think it's worth kind of opening this question up just a bit further to include the challenges that beneficiaries and their families themselves are facing during the pandemic given the broad client communities that many of you serve.

So as we seg-way into this next chunk of discussion around online and phone service, meeting the moment using our claimants and our representatives where they are and doing that in a way that does not allow people to fall between the cracks especially with limited connectivity or other types of barriers to that type of interaction, you guys are, I think, absolutely the right set of folks to speak to this in this moment.

And so I'm going to go first to Kelly who we have not heard from in just a minute because I know AARP has heard a lot from its constituents during the pandemic and a lot of the folks that you guys represent also are caregivers.

So Kelly, over to you first and the whole panel will have a chance to respond unless anyone wants to decline and give back their time to other sections.

Kelly Bagby: Thank you. So AARP during this time has - AARP and AARP Foundation have spent a lot of time working with people who have loved ones in nursing facilities and it's obviously terrifying times for anybody in the nursing facility, you know?

On average, 40% of the deaths from COVID have occurred in nursing facilities and in some states like New Hampshire, 80% of the deaths have occurred in nursing facilities.

So it's - it - people are very focused on trying to make sure that their loved ones are safe there, but part of the difficulty has been that in some cases nursing facilities have made themselves the rep payees for their constituents.

So then when somebody is ready to leave the nursing facility, it's - you know, there's a lot more work in fact to try to make them not the rep payee now, try to get the paperwork done, try to shift things so that they're free to leave.

The - but the other thing when a person is an organizational rep payee, obviously the obligation is to work always for the benefit of the beneficiary and that might mean that sometimes they shouldn't be taking the crux of care.

If the beneficiary actually needs that money to get adaptive equipment, for example, so that they can return to the community.

So I think there are, you know, some real challenges with organizational rep payees and the need to swiftly be able to get a beneficiary into a safer environment and that might mean that the rep payee is not going to be able to pay themselves first. They might have to put the beneficiary's needs above theirs.

And I think that's very challenging. On the point of this connectivity, one of the things that I've been wondering about is, you know, you even just look at SSA's paperwork on how do you - application, it stills says you go into a field office to make an application.

And I think that - those materials need to be really reexamined in light of what's happening. We don't know how long field offices will remain closed and we should really be thinking about can we create virtual field offices with kiosks for people who are not able to access, you know - or put some around libraries or other community centers and places like that so that people can, you know, be able to access something to - and not have to worry about this using up their phone minutes.

I think that their - we have to really think outside the box. The way we've thought about telehealth during this time, suddenly telehealth is what everybody is doing and it was - it - we couldn't even conceive on how to implement that a year ago.

And now, we - so we just have to think much broader on how do we think differently on how people can access Social Security in real time and without such great expense.

Rebecca Vallas: Kelly, thank you so much for that. Anne, I'm going to go to you next in part because I know that you have a pretty fantastic list of recommendations that you encouraged the agency to adopt now, but importantly to keep on after the pandemic.

And I sort of - I feel like I'm a little bit of a broken record every time I say this not just in this listening session, but in this moment in time that so much of the conversation that we're having, you know, issues that long pre-dated the pandemic, but which we now have neon lights around and which are going to live on beyond the pandemic.

And so really making today's conversation, I think, important not just as this moment in time what do we do amid COVID, but what do we do moving forward? How do we use this moment to identify where things should and could be working differently and better and we can innovate a little bit in ways that could bring long-term improvements to bare?

And I think that's really a lot of the spirit that a lot of you are recommendations really should be taking in.

Anne Callagy: So, you know, the Legal Aid Society is working mostly remotely with our clients and that presents, I guess, the same challenges that Social Security has in connecting with claimants.

Our clients are indigents. They have either no technology access or the ability to use it. Some have no safe (unintelligible) they could have a confidential conversation. That impinges on, you know, attorneys working for claimants and also claimants participating in hearings.

For many mail service -- which was always (unintelligible) neighborhoods -- is now unreliable to a much greater degree and all of these are impediments to us helping our clients and our clients connecting with Social Security.

You know, some of the recommendations are very kind of nuts and bolts. So in thinking about the application stage, it would be helpful for claimants and representatives to have an email address so we could communicate with the analysts that disability determination services. We could learn more easily what documents they have, what records they're having trouble getting, what they are thinking about the case so we can fill in gaps.

Another idea is that at the initial application stage if a claimant is denied, it might make sense for cases to immediately move into the queue for reconsideration that claimants maybe shouldn't have to submit a separate request at that point for a review or appeal because most claimants if they're moving along they'll need to have that step taken care of and they'll want to have that step happen.

If, you know - until such time as the reconsideration stage is an automatic thing, I think SSA should allow claimants to request a reconsideration by phone. They can do it now online, but as we said many of our clients have greater access to phones than they do to computers and Wi-Fi.

Now, for claimants who do have that access, they should be able to access their records via an ERE-type portal that they could - but that kind of thing - now, I am not a technology expert.

So somebody would be able to figure out how to do this, but that kind of portal should also be accessible on their smartphones through an app because our clients mostly have access to those kinds of phones.

E-Signatures -- which are acceptable in certain instances now -- should be acceptable at all SSA levels so we can - clients can work remotely with Social Security.

The ability to submit SSI applications by phone and online would greatly enhance people's ability to access benefits. And that should be going forward. Social Security could consider implementing text and email notifications for claimants, as well as, sending paper notifications as, you know, if I can't contact my clients by mail or a phone call even, often a text gets through and it's responded to.

Social Security, you know, in the pre-effectuation stage when Social Security requires people to prove their legal immigration status, that is a great hurdle for people and Social Security does have access to the (USIS) immigration computer system.

And so we would suggest that Social Security make that contact to get that information, which is more easily attainable by Social Security than it is by the claimants.

Just a couple of more things. For telephone hearings in particular, I think people mentioned how our clients have limited minutes on their phones and it's costly. Social Security could offer some financial support for individuals to allow them to participate on a due process issue (unintelligible) and phone hearing.

You know, in addition, people talked about setting up locations in schools or libraries where people could - who lack privacy at home or add a quick mobile phone minute could use locations to talk to people at field offices to participate in phone hearings.

And lastly regarding appeals council level cases, the iAppeal option for people who could access it online is a good one and an easy one and that should be publicized in notices of denial after ALJ hearings.

And one other thing is that if a person makes a telephone call to indicate they want to make an appeals council appeal, that date should be recorded and considered the filing date of that appeal especially as we're all remote and people have a harder time making those requests.

Rebecca Vallas: Anne, thank you so much for all of that and I meant what I said before about this is the stuff that really gets my blood going is the wonky moody stuff. I know it gets really nerdy sometimes in these conversations, but these are the things that make the system work and these are the things that can be the difference between people being able to actually navigate the (unintelligible) application process that we all know and love and not being able to.

So I really appreciate the level of detail that you offer there. I'm going to invite the other members of our panel to weigh in as well, but I'm going to give another plug for nationaldisabilityforum@ssa.gov, the email address where you can submit questions because we're going to be in just a little while turning over to audience questions. So get them in nationaldisabilityforum@ssa.gov.

But I want to invite the other panelists to weigh in on these questions as well. And Tammy, I know you have a lot of recommendations and feedback and input to offer when it comes to online and how to make that work particularly for folks who are either behind bars or who have justice involvement in their past.

So Tammy, over to you next.

Tammy Seltzer: Well, I'm not sure how much more I have to add after that. We'll have a great list of items. I do want to emphasize we've been waiting a long time for this and it could be a testy subject, but an online SSI application is absolutely necessary, you know?

Using the SOAR method, we've got to submit both on online SSTI applications and the paper SSI application which means also the signature issue. I'm glad that that was brought up for our 90% of our folks are homeless when they release and we have to find them. We have a great peer navigator out there in the streets trying to locate people to get things signed.

So the fewer signatures that are required, the better. I like this idea of, you know, having kiosks and other ways of doing that, but I think it would be, you know - lessen the burden on Social Security to have an online SSI application to let us get that information in for people and also there is some access to online in jails and prisons depending on the situation.

We're a secure partner with Social Security and yet, we still have issues with staff not wanting to use email with us. So I think that is definitely something that should be clarified for Social Security staff and

DDS staff that when someone is a secure partner and you can confirm that very easily, that that should be something that people respect and utilize.

And also I want to - for people who are applying themselves with disabilities having an online SSI application for people who do have that access enables them to make that form more accessible for people.

And also people lack printers. I can't tell you how many times, you know, we have to meet folks in person even that our office is closed, you know? We meet them outside our office so that we can print out things for them to sign and scan them and send them back because they just don't have the capability, the tools to do that.

So those are some of the items. I do want to praise Social Security for partnering with community-based organizations like ourselves. We have not had to go into the field office for a long time and I think that that frees up time and space for other people who are working on their own and I think that should be expanded. Thank you.

Rebecca Vallas: Tammy, thank you so much for all of that. And then Randy, I'm going to go next to you. I know you've done a lot of thinking about the kiosk system. There also is a lot of interest, I think, on the part of SSA to get feedback on the use of video service delivery, whether that's between their agency and other agencies, third-party representatives or the public.

So want to inject that into our conversation as well as we continue. Folks have been bringing a lot in. It's sort of the electronic communication component of this and I want to make sure folks know that's fair game, too.

So Randy, over to you next and then Yvonne, we'll close out with you and then we'll move on to our next set of questions.

Randy Feliciano: Thank you, (Rebecca). Yes, for many vulnerable populations, what we're seeing in-person assistance is still the preferred method of communication and business.

And so whenever case managers or field workers working directly with clients have to provide assistance over the phone that obviously takes more time and that individual has to prepare additional printouts and information many times has to be physically sent to the client, and then there's that waiting period.

And this is where I believe having the video capability such as in the form of video (unintelligible) SSA has already piloted in a few places I believe would be hugely beneficial and would provide that same

level of help to the individual and yet, protect them from exposing themselves to the risk of COVID-19 by having to visit an office, for example.

I also think that having plenty of operators to lessen wait times on the phone, I know that the wait time discussion has come up at a few forums in the past within the 800 number for SSA and ensuring that functionality to have people perhaps receive a callback other than waiting on the line.

I'm not sure if that's a capability that's already in play with SSA, but if it isn't, I know it would be very beneficial to many vulnerable groups because what we see is that so many of them are using pay-by-the-minute phones, especially those who are receiving, for example, the Federal Lifeline Mobile Phone Benefit.

And so they're, you know - they don't have too many minutes on their phone to wait for someone to get on the line. So it's possible incorporating a callback function on the 800 number at which would hold that person's place in line, I think, would be great. It would be a stress and anxiety reliever for those individuals especially during COVID. Thank you.

Rebecca Vallas: That's great, Randy. Thank you so much for that. And Yvonne, you'll get the last word on this section; although, there's plenty more opportunities to weigh in on electronic things because that is the thrill line of many of these questions in the next section as well.

So Yvonne, over to you to close us out before the next tranche.

Yvonne Perret: Thanks so much, (Rebecca). I'll be quick. I think that one of the things that's difficult just getting signatures as Randy said and others have said have been to go out and see people and get those signatures frankly with some of our staff at-risk and me since I do that.

So I'm wondering if there could be some way for representatives to attest to this is the person and sign in some kind of way as a substitute for them. It's just something to think about.

Forms that have to be mailed to people for signatures and then get back by mail, that's some of what we're having to do and that's really difficult because we don't know when they're going to get them and when we'll get them back.

I'm doing that and, you know, putting self-addressed stamped envelopes, et cetera, but the mail service is really a big question. I'm wondering if SSA could explore the use of some secure email services like Virtue, which some public agencies are using.

It allows for secure email back and forth and the recipient of the email just has to put a one-time code in there and then you can communicate that way. So I think, you know, some kind of secure email services there may be a way to assign a code to an applicant so the code could be used for representatives so that email when it's not secure wouldn't have to include somebody's name and Social Security number and date of birth, that kind of thing that nobody wants to share.

I think that providing direct numbers for claims reps and field offices would be extraordinarily helpful, we call and call and call and call and call and it's just - it just - I can't tell you how much time we spend on the phone or at least I spend on the phone.

I also think that all the documents needed for claims should be on the SSA Web site. At this point, I don't think I'm seeing the SSI application. I have it. So I just make copies of it.

I think that it would be helpful if SSA would post updates of any forms that they change and the public space of their Web site and that way we could know right away when things get changed.

And if there's any way to communicate by text or phone, it would be extraordinarily helpful in addition to emails. Thank you.

Rebecca Vallas: Thank you so much for all of that, Yvonne. And then I don't want to leave any of our panelists hanging if they had additional points they wanted to make that kind of delve into the other components of electronic communications because we're moving through a lot this morning and I know it seems like a long conversation, but for how many topics we're trying to get through, believe it. It is actually not that long.

So one of the other questions SSA had asked that I want to just give folks an opportunity to weigh in on in case it brings up any other issues or recommendations before we move on to our final question round, believe it or not, before we bring in audience questions, SSA wants to know how can it make it easier for representatives or providers to share electronic forms, documents and medical records with the agency?

Some of you have started to speak to that and obviously, the online SSA application is a hot button ask that is definitely part of that, but I do want to give anyone who wants to add in additional recommendations along those lines an opportunity to throw that in before we move on.

So let me pause there. Any of our - any hand raising from the rest of our panel? Any last burning issues on electronic or online communications from reps? Going once? Going twice? All right.

We are going to close out then that discussion of online and phone and electronic. And I'm going to throw in sort of as a final place for us to go, the final two questions we're going to get to spend some time on.

One of them relates to actually our afternoon session -- which is going to feature a range of panelists from other federal agencies that Social Security wants to hear from -- they're going to offer their own perspectives and models and in some cases lessons learned on serving the public, and in particular, people with disabilities and other priority populations who are especially impacted in the COVID era.

That's going to be the next listening session later this afternoon. And so one of the questions that maybe is kind of a nice seg-way into some of that -- which I will tee up the panel with along with our other final questions for sort of a closing setting of opportunities for folks to speak -- is what are other businesses or organizations doing to help facilitate the exchange of information between customer and provider?

I know many of you have a lot to offer along those lines, what organizations the SOAR model has gotten a lot of shout outs today, Yvonne, but organizations that include SOAR and in addition to SOAR provide navigator services to these populations, how are they organized and how can we learn from them in this moment?

So always I think they're interested in those kinds of lessons learned. But I was really, really interested in another question that I want to throw in the mix for this kind of closing lightening round opportunity for each of you to respond to those and offer any closing thoughts.

And that question -- which SSA has posed to all of you -- is what role do you see a Social Security Administration on (unintelligible) claim with respect to vulnerable populations? And I would love to hear anyone's thoughts on as we think about the function that these listening sessions play, but also the functions that your organizations each play, that you individually play, and that the fabric of infrastructure around the Social Security disability determination system all kind of comes together as a village to play as we think about all of that missing piece question of an (unintelligible) is a really interesting one that I think all of you have a lot of thoughts to offer.

Or many of you I should say have a lot of thoughts to offer as the agency seeks input on that question. So a little bit of potential directions you guys could go with some of your closing time, but I'm also just interested in any closing remarks that our panelists have before we go over to the audience Q&A.

So last call to send your questions to nationaldisabilityforum@ssa.gov. And then I'm going to call on each of the panelists in turn for one final opportunity to speak before we go to those additional audience questions.

And (Kara), I'm going to go to you first.

Kara: Hi. Sorry for a bit of the delay. I was muted. I want to point out that Centers for Independent Living on the local level, many Centers for Independent Living provide benefits counseling to those applying for benefits or filing appeals.

State locational rehab agencies can also provide benefits assistance as part of a plan for employment. The work incentive planning and assistance programs, many of which are provided by Centers for Independent Living, are really important to help beneficiaries understand and use the SSA work incentive to move out of poverty through employment.

And I think this ties in with the (unintelligible) question in that I really see them (unintelligible) to liaison with those community organizations like Centers for Independent Living.

Rebecca Vallas: Wonderful, (Kara). Thank you so much.

Kara: And I think they'll (unintelligible). Yes.

Rebecca Vallas: Okay. Great. Just wanted to pause in case you had anything else to offer. Appreciate that, (Kara). Thank you so much. I'm sure that there'll be questions for you from the audience as well.

Kelly, I will go to you next.

Kelly Bagby: I - thank you. I think that the - you know, when I think of long-term care on Ombudsman, I think of the long-term care on Ombudsman that help people who are in long-term care, but in nursing homes and assisted living.

And I know that they play a critical role in those facilities. They are, you know - there are places, I think, that are replicable that Social Security should really examine and think about whether they are - their role could be expanded.

For example, Social Security, you know, works, I know, with the Protection and Advocacy Network and have grants to assist them to do Social Security work, but I think those are models that could be expanded or examined in how they would really help people to deal with things like unscrupulous, you know, rep payees, for example.

That's always been a problem, I think, for - especially with organizational rep payees. Then people don't necessarily understand it. They have rights and that they - and they don't necessarily understand that there are mechanisms.

Tammy gave a plug to the pre-release program, but that's another program that I think, you know, it works for nursing facility residents as well and I don't think that everybody necessarily understands that that's a mechanism.

And a non-Ombudsman program could really help to spread the word about these structures that exist that are not well-advertised necessarily.

Rebecca Vallas: Okay. Thank you so much, Kelly. Yvonne, I'm going to go next to you.

Yvonne Perret: Sorry. I was muted. I'm so sorry. I think that in terms of the navigation, there isn't a whole lot that systemic legal services offices often provide such navigation. SOAR does. There are a couple of models.

The one thing I would encourage SSA to think about is there have been a number of demonstration programs. The one that led to SOAR is one. The schizophrenia pilot, the hope grantees and I think that - I think we don't need any more demonstrations.

I think we know what works for folks whom we're talking - about whom we're talking, if that's a clear sentence.

So I think that it's really time to take the learnings from those demonstration programs and implement them. And that would really help with this kind of navigation.

I also think that since we're talking again about pre-release that it would be very helpful for Social Security to put out pre-release templates to disseminate them to their local offices and to really encourage their local offices to do them with all kinds of institutions.

I think that would be extraordinarily helpful. Again, I think that the communication is key. We need to really think about phone, text, email. If we're going to really support these vulnerable people, we have to do that in an innovative way and in a way that really works for them.

The last thing I will say is that the language and the letters that people receive and the communication they receive is sometimes indecipherable for the average person.

And I understand, you know, the legal review of these letters and how they have to be written, but I would really encourage some kind of translation into everyday language for the communications that people receive from Social Security.

And again, anything other than the snail mail would be super, super helpful. Thank you.

Rebecca Vallas: Thanks so much, Yvonne. I feel like there's probably a range of Social Security folks who have been there for a long time who are all messaging each other about the notice improvement project now. I'm curious to hear where that stands at another time and plus one on the accessible language being slow and important.

I'm going to go next to Tammy. Tammy, same sort of closing opportunity to you with some of the potential questions you could take or leave.

Tammy Seltzer: Sure. A couple of more things to say about pre-release. You can tell that that - I did not know that was going to be the hot topic today, but I'm excited about it.

And D.C. does not have a state prison, so all of our folks who are convicted of felonies are sent out to the Federal Bureau of Prisons in over a hundred facilities around the country.

And there are about - the estimates are about 30% of the people in the Federal Bureau of Prisons have serious mental illness in addition to other disabilities.

One of the great difficulties that we have right now is obtaining any medical records from the Federal Bureau of Prisons. They are more than a year behind in their foyer request, which is how we have to get records.

And for people who have - who are coming out now for different reasons, but some related to COVID after serving many years in prison, that is - that's often the only treatment records we have are from the prisons.

So there used to be a different method of acquiring these documents from directly from Social Security and the Federal Bureau of Prisons and that's something that I would like to see revived.

Also, allowing people who are in the federal system to apply in the jurisdictions where they're going to be returning to, where they are actually residents because people are often incarcerated in different states.

Without having to have - so the pre-release agreements are nice, but we - when we have somebody apply - say they're in North Carolina and they apply to their field office, it can take a year for that application to make its way to D.C. when that person is released.

And that's just an acceptable barrier for folks who are in dire need in all senses of the term to have to wait that long for their application to be processed especially when we're trying to use the SOAR method and speed things up.

Those are two concrete suggestions I have.

Rebecca Vallas: I love it. Incredibly concrete action items. Anne, I'm going to go over to you next for your closing remarks, any of the potential items I offered up in terms of models to learn from other types of organizations or agencies to learn from for SSA, as well as, this interesting (unintelligible) conversation and any other closing remarks you want to offer.

Anne Callagy: Thanks. I guess that - I thought about an on-Ombudsman and how a person and an office like that could function really goes to helping claimants who are pro se communicate more easily with field offices and disability analysts and the hearing offices.

That is so much a part of what claimants find difficult. SSA is a big place with lots of staff and I - people have pointed out it's not that easy to get through on the phone.

And if there were actually an office where people - and I'm just thinking, you know, our - there is an office in New York City, Department of Social Services for Constituent Affairs - like, anybody can call that office.

There are so many offices where only advocates are supposed to contact responses, people, so we don't overload them, but an office like this where, you know, claimants could actually call directly and get assistance with whatever the problem is would be.

Extremely helpful. Also, they could advise pro se claimants about (unintelligible) technology options and assistance in having a telephone hearing.

Another aspect of an electronic communication, I'm not sure if I mentioned that not just (unintelligible) video here - I'm sorry - video hearing, but having appointments at field offices be by video that is accessible on someone's phone.

I mean, lots of our client can WhatsApp or FaceTime or whatever would be extremely helpful for people. And, you know, all of this is a theme of accessibility.

And if Social Security can reach out to people where they are either virtually on their phone or where they actually are in their neighborhoods, that would go a long way to assisting people.

Rebecca Vallas: Thank you so much, Anne. And then Randy, I think you're going to get the last word; although, it is hardly the last work of today's listening session, but it is the last word before we move over to audience questions, which I think has been coming in at nationaldisabilityforum@ssa.gov.

So before I exit the moderator's feed and hand it over to (Sam Richardson), Randy, you are going to close us out for this portion of the morning session in whatever way you deem fit, which I think gives you a lot of power right now.

Randy Feliciano: Wow. That's quite the runaway there. Thank you so much, (Rebecca). Just to speak quickly to the Ombudsman topic here, you know, I know for a fact that a lot of community members are unaware of what an Ombudsman does in so many ways and I think messaging - I just want to throw it out there.

Messaging is really important for the community at large to be aware of that very significant role and the fact that an Ombudsman is set up to be very objective in the way they approach benefits that they've been representing the needs of those that are receiving these benefits.

We're very interested at the National Council on Aging for the needs of older adults with regards to Medicare. So a quick tidbit, I think that the Ombudsman if not already being done could be video-recorded and have a presence, a forward-facing presence during, for example, open enrollment season, right, which is obviously among us.

It's coming soon and it's something that I believe that the public should be aware that if there is a concern or a question that they have someone they can reach out to that there is a part of SSA that cares and this role of the Ombudsman. So I will say that.

And I didn't get to say this earlier, so really quickly since I have this longer runway, so thank you, I think that when it comes to the video kiosk and out stationing SSA's reach, I want to just make a quick plug that in a lot of rural frontier communities, for instance, within the Native-American population, their closest place to receive groceries and services is two or three hours away.

And a lot of times they're going to their local Dollar Tree or Dollar General store. And what I've witnessed firsthand is that service providers will outstation in front of those stores or even inside of these stores to provide connectivity to those supports for those living on tribal lands.

So I'm not sure if the SSA's ever considered out stationing in those areas or out stationing at senior centers or working out stationing with disability - aging and disability resource centers and senior (unintelligible) at long-term care communities to provide either an outstation laptop or the SSA kiosk in those places.

So I feel like it was important to plug that because it is something that has come up during my site visits across the country with many service providers.

And so I just want to say that and thank you.

Rebecca Vallas: I really appreciate you adding that in and I guess that means I'll always give you long runway when I have the privilege of moderating (unintelligible) that you're on. So noted.

So this closes out our morning panel, but it does not close out the conversation because this is where we go to audience questions. So I believe this is my cue. Hopefully I'm not screwing this up yet. We've still got a lot of our day ahead of us by turning it over to (Sam Richardson). I think that's my cue to turn it over to (Sam).

So audience questions, (Sam), I will turn it over to you.

(Sam Richardson): Thank you so much, (Rebecca). I really appreciate this morning's session. I have to tell you we've learned a lot and, you know, the purpose of this forum was to help you help us identify and those members of the public that we know we may not be reaching right now and we really appreciate the ideas that have been offered today.

So some of the questions that we've gotten over the last hour or so let me start with the FCC lifeline program. A lot of you mentioned Internet capability and lack of telephone service. And so we do have a question about the lifeline program and how we might partner with the FCC on that program. We've talked a little bit about that but we'd really appreciate the panel's perspective on what services specifically might we seek to partner with the FCC and their lifeline vendor, what specifically might we be able to partner with them? And if you could share ways you think that we could engage with them that would be very helpful. So I'll open it up to the panel and I will rely on folks videoing with the panel to jump right in.

Yvonne Perret: This is Yvonne. I'll jump in. Can everybody hear me okay?

(Sam Richardson): Yes.

Yvonne Perret: Okay one of the things that happened to (Flex) line is really limited minutes and limited phone and data minutes. People seem to be able to text a little bit longer than they actually can receive calls and most of them don't have online access with their lifeline service. So I think adding more minutes is a basic request. And if there's any way to and ensure any kind of Internet access that would be hugely helpful.

(Sam Richardson): Very good.

Tammy Seltzer: This is Tammy I agree with what Yvonne just said. We have actually been purchasing minutes. We're lucky to have funders that have enabled us to do that because we've had some clients who we're in contact for two weeks of the month and then out of contact for two weeks of the month. I think that instructions have also been or providing technical assistance to folks with disabilities about how to use their phone and how to pick because there are choices and plans where they can actually if they text more it won't use up their minutes but people don't necessarily know how to text.

And, you know, especially people who have been away from technology for a long time folks with cognitive issues. So I mean our peer navigator spends a lot of time troubleshooting with phones for people but, you know, a lot of us there is literacy level, you know, just even typing messages very, very challenging. So also providing assistance to people with how to use their phones and how to choose the best plan would be helpful.

(Sam Richardson): Very good. That's very helpful. So one of the other questions that came in early on was - and I think Yvonne mentioned this in the beginning of the forum was really that we need to find innovative ways to meet people where they are. Can the panels share ways that FSA might provide pop-up services or drop-in services for vulnerable beneficiaries without compromising the health and safety of the public?

(Randy): This is (Randy). Can I jump in?

(Sam Richardson): Absolutely.

(Randy): I believe I mentioned earlier yes I'm - guys I'm championing this kiosk concept because I've seen it displayed first hand and I can see the impact that it's had. I got to witness to veterans using it in one of my work trips and they fell love with the idea of being able to go to a kiosk and communicate directly with SSA.

I'd like to add to that concept by saying that, you know, if you work closely with the agencies or communities that are serving older adults and outstation laptops that connect directly to SSA. I know there are security concerns with that. But if this was something that was achievable and actionable I think it would have a huge impact if that was for example outpatient in a waiting area of and aging and

disability resource center or I think I mentioned earlier a group home environment -- that sort of thing or even at a local VA health center. I think would be very, very useful.

We've also seen a lot of our community groups using a drop box method. And what they do and we saw this particularly in places like North Carolina. Duke University was one of our grantees. They out stationed these drop boxes in heavy traffic areas near pharmacies and grocery stores, libraries and other locations where older adults tend to frequent. And it's similar to when you go into a store and they say sign up for a vacation, you know, put your information here. But it would be for the purposes of educating those individuals on the key federal benefits and benefits in their area.

So I think that SSA perhaps may want to consider taking that sort of old school approach during this pandemic where people may, you know, have limited minutes on their cell phone. So this may be another way where they can reach out to as an inquiry to SSA or receive information from SSA.

Obviously that would be a big operation but you'd probably want to start in areas where people are hard to reach or in heavily populated areas of the country but we've seen that this has been hugely successful. And then some of our food banks are now providing outreach materials and messaging around the SNAP benefit through stickers and car placement and meal boxes.

So I just want to put that out there to SSA to consider but I again I'm a real champion of this (DSD) technology and the kiosk approach. I just wanted to share that. Thank you.

(Sam Richardson): Thanks (Randy).

Yvonne Perret: This is Yvonne. I would just add quickly that even though this isn't going where people are having future drop boxes outside of the local offices where people could drop applications would be extraordinarily helpful. Again right now we're relying on snail mail and it's not working.

In conjunction with that I think that we need some better leeway for time periods of when people need to respond. We were sent a letter recently mailed June 22 that arrived July 29. And, you know, it was ten days. You need to respond within ten days.

So obviously there was leeway on that but there isn't always wo that's one thing to think about. I think that's it. Thanks.

(Sam Richardson): Thanks Yvonne.

Kelly Bagby: And this is (Kelly). And sorry Dawn this is (Kelly) from ARP. I was thinking about where people are and, you know, where they are is they're going into banks, they're going into post offices. And as you see people going they still have to do their lives for the most part. So if there are ways to partner with these the - obviously the post office would be an easy lift. But the banks would also be.

And I think it would also have added dimension of demystifying Social Security. If you - if it's part of our - more of what we see in the community I think that would also help.

(Sam Richardson): That's really helpful. Thank you (Kelly). So another kind of comment that we heard earlier on was related to failure to cooperate decisions. One of the questions we have is if SSA can't reach someone by snail mail, phone or after other attempts what recommendations does the panel have before making a decision about failure to cooperate or provide information? So are there other strategies the agency might use in attempting to contact individuals with regard to this particular policy?

Yvonne Perret: Again this is Yvonne. I'll jump in because I think I'm the one who raised it. One of the things that could be done is if there is a third-party contact to reach out to that third-party contact as well. And it's of course if there is a rep to reach out. But mainly in these situations there's just third-party contacts.

So I would if SSA can do a really more intensive job of making sure they have third-party contacts for everyone that would be a really good way to kind of reach out before that kind of decision is made. They're made sometimes very quickly and often people just haven't received the communications.

(Sam Richardson): Thank you.

(Tara): Yes this is (Tara). I can weigh in on that as well. I think this is really where SSA's heavy reliance on snail mail is really kind of their downfall. I would say on a personal level as someone who professionally works in the space as well has received benefits, I was out of state with family for six months during the height of the pandemic and came home a week ago to find a letter in my mailbox from SSA from months ago regarding keeping my SSI case open in case I ever need to reapply quickly.

And the deadline for getting back to SSA had passed already. You know, and that could have been avoided if they had called me or emailed me. So I think definitely trying multiple means of communication it's really crucial and recognizing that people may not have access to those means of communications for a variety of reasons, they may have changed their phone number and forgotten to change over to SSA or, you know, they may be out of town especially during these pandemic times. A lot of people are kind of shifting around and trying to decide what's best and what's safest. You know, so I think before SSA can make a determination they really need to try multiple means of communication, try them all multiple times.

(Sam Richardson): Very good, thank you.

((Crosstalk))

Woman: This is (unintelligible).

(Sam Richardson): Whoops go right ahead.

(Ann): Sorry this is (Ann). I was just going to add to the idea of extending creating more leeway for people to have time to respond. In a more general way it would probably be helpful if Social Security extended their deadline to appeal and liberally grant good cause exception where somebody is filing a late appeal or hasn't responded within the timeframe set in the notice just in light of all the things we're talking about that are entitlements for people.

(Sam Richardson): Absolutely. And hopefully you're finding and certainly the - our beneficiaries are finding that during the pandemic we really have instructed offices to provide very liberal good cause for late filing. You know, that has been a consistent directive really from the onset of the pandemic and continues while we continue to be in this state. So I guess one, you know, that was almost a good segue. There is the question from the public.

How should and it really comes I think from a representative or a staffer at the Social Security advisory board how should SSA use its national regional and local communication structure to improve the dissemination of Social Security information and services? So I'll open that up to the panel?

(Ann): This is (Ann) again. I - one thing that occurs to me which is sort of funny but not really is all of the scams that are being done by people posing as somebody from Social Security get through our text and via telephone and so, you know, Social Security could easily disseminate actual information from Social Security using those methods sending texts to people. As somebody else was, I think Randy was suggesting and using local television, local radio kind of low-tech thing.

(Randy): And I'll just say it really works.

((Crosstalk))

(Randy): You see that there's a huge response to that approach.

Tammy Seltzer: This is Tammy. I want to say that just like correctional facilities are looking for content for these tablets there are traditionally waiting rooms for where people who are on supervision have to wait to meet

with their parole officer for where they have to go get drug tested. And they have different videos on a loop. They don't have anything about Social Security information captive audience.

At the moment they're only doing certain things in person, but having that up and ready to go in places where people sit and spend a lot of time like DHS offices would be really helpful. And I do agree like having ways to text to people it's a way to reach a lot of people and you can do a whole series of Myth Busters about Social Security I think would be really great.

(Sam Richardson): That's a great idea Myth Busters. So I do appreciate the panel jumping in. I want to thank the public for participating and all of our participants that have offered questions. I apologize we do not have – or excuse me, time to answer all of them. What I'm going to do now is turn to back over to Jeffrey and he will wrap up the morning session and share what's coming this afternoon. Thank you.

Jeffery Buckner: Thanks so much (Sam) and thank you to all of the panelists. This was really a great discussion. It was very obvious your enthusiasm and the passion in your voices and in your ideas and we really appreciate them and the dialogue between US panelists not just the information that you shared.

So now it's time for a break. For those of you who will not return for the afternoon session I want to thank you for participating. You're going to receive an email with a link to an evaluation form and we would greatly appreciate you taking time to complete the evaluation.

There will also be a link to EngageSSA. And Engage SSA is our online forum in which you can respond to questions regarding what each panel discussed today. And the responses will be shared with everyone who accesses the site.

For those of you who will be joining us for the afternoon session we will begin promptly at 1:00 pm Eastern Time. And we are encouraging you not to disconnect from the line. If you do need to disconnect please dial back about five minutes early into the same number and use the same passcode but again if possible, please try not to disconnect.

When we return I'll open up the afternoon session and I'll need to repeat the logistics for those who did not participate in the morning session. And with that please enjoy your break and thank you all very much.

(Shelby): Welcome to the National Disability Forum COVID-19 and SSA Program Serving our Beneficiaries through Unprecedented Times conference call. Today's conference is being recorded. Please be aware that all participants will remain in a listen-only mode for the duration of the conference call. At this time I would like to turn the conference over to Jeffrey Buckner, Associate Commissioner for Strategic and Digital Communications.

Jeffrey Buckner: Thank you (Shelby) and welcome everyone to our afternoon session of our 16th National Disability Forum. And our apologies for starting just a couple minutes late for the session. On behalf of Commissioner (Saul) and everyone at Social Security we thank you for joining us. Our moderator for the afternoon session is Rebecca Vallas who did a wonderful job this morning. The morning session was very engaging and we are looking forward to hearing from our second panel.

We will hear from government agencies how they have adjusted their policies to provide services during the pandemic. During the open discussion segment, we will present your questions to the panel. To submit a question please send an email to nationaldisabilityforum@ssa.gov. Again that email address is nationaldisabilityforum that's one word @ssa.gov.

If you submit a question please do not include any personally identifiable information such as a Social Security Number. Please note that we will only receive questions via email because the participant line will not be open during the open discussion segment.

Dawn Wiggins, our Associate Commissioner for the Office of Income Security Programs will present the emailed question to the panel. And before I get started to very quick housekeeping items again, everyone will be in listening mode and this session will be recorded. Now it's my pleasure to turn it back over to Rebecca Vallas to moderate our panel. Rebecca please go ahead.

Rebecca Valles: Thanks so much. And welcome to everyone who is just joining us and welcome back to those participants who are with us this morning. My name is Rebecca Vallas. I am a Senior Fellow at the Center for American Process.

And for folks who are just joining us for this afternoon session I did want to offer up again that as someone who has no affiliation with the Social Security Administration but who cares deeply about the programs that serves that it administers and the beneficiaries and families that it serves, it's a privilege to serve as moderator of the morning conversation today but also now this afternoon panel discussion as well.

This is without question a critical moment for leaders at all levels of government to be listening to advocates and direct service providers and policy experts and the general public but especially others within government as well. And it's a particularly timely conversation that we're having today and that this listening session is creating space for given the wide range of challenges and special challenges that the COVID-19 pandemic has presented.

Many of the topics that the morning panel delved into such as how the Social Security Administration communicates with claimants and representatives and how it processes applications in the Internet era many of these questions are far from new. In fact a lot of these issues used to be a big part of my policy portfolio back when I was still representing clients in Social Security disability matters and legal aid about a decade ago.

But as you heard a lot about this morning if you were part of that conversation or as you're catching up on now as I do this little previously on, I can reassure you that many of those - the panelists agree have taken on new importance in the COVID-19 era.

And as we also discussed a good deal this morning a critical balance that is also not new but which takes on new importance in the COVID era is how to provide customer service remotely while not allowing claimants and particularly those that aren't as well-positioned for or served by electronic communication to fall between what could become even larger cracks in a system that everyone wants to work for the people it's intended to serve.

So before we get too far into the weeds I would just like to take a moment to recognize and work a sobering headline that actually broke while the morning listening session was under way. That is that as of today the US has unsurpassed 200,000 confirmed COVID-19 deaths. This is a figure that experts warn may actually double before the end of 2020 and I like to take just a brief moment to show our respect for those who have lost their life and also those who have lost loved ones. Thank you.

The unprecedented crisis that is the backdrop for today's conversation makes the feedback that our morning and afternoon panelists as well as the audience participants in today's session are offering even more urgently important. Social Security benefits have been a lifeline for millions of people during the pandemic and the programs that SAA administers and those administered by many of the agencies represented by our next panel have the potential to be a lifeline for many more who are newly confronting hardship now and looking for economic stability.

So now before I introduce our next panel which is those leaders within other government agencies who are going to be offering their feedback and their perspectives on some of the same themes from this morning I would like to put in another plug for the email address where you can send your questions. You can also send your feedback, your input for SSA but we're especially looking for questions for these panelists.

You can send them to nationaldisabilityforum@ssa.gov. Send them in while this panel is going on and then just like this morning we will have reserved a little bit of time at the end for Dawn Wiggins at the Social Security Administration to take some of those audience questions. So send them in nationaldisabilityform@ssa.gov to try to get your question asked at the end of this panel.

So now without further ado let me introduce our next panel. It is a range of voices within a range of different government agencies with tremendously relative - relevant experience and expertise to bring to bear today. In no particular order we have Dr. Leonie Hayworth, Director of Synchronous Telehealth from VHA Telehealth Services. That's within the Department of Veteran Affairs. Bear with me folks. This is the federal government I'm trying to introduce so we've got a lot of long titles coming up. And thank you to Dr. Hayworth for joining this panel.

Suzy Singleton is the Chief of the Disability Rights Office. This is the Consumer and Governmental Affairs Bureau of the Federal Communications Commission where Suzy serves. Thank you Suzy for being part of today's conversation.

Jill Yu is the Field Branch Chief within the Office of Field Policy and Management at HUD, the Housing and Urban development. Thank you Jill for being part of this conversation today. We've also got Vickie Kennedy, Assistant Director for Insurance Services at the Washington State Department of Labor and Industries. That's L&I for folks who do this work within Washington State. Vickie thank you for taking the time.

And then later on in our conversation right around the top of the hour, Melissa Harris the Deputy Director of the Disabled and Elderly Health Programs Group at CMS, the Centers for Medicaid and Medicare Services. Melissa will be joining us around 2 o'clock and will be adding her voice into this discussion.

So I got through all those intros, there we go. And so I think that means it is time to go into the panel conversation. So let me thank our panelists again and I'm going to start with several of the questions that we're not going to have Melissa for part of.

So Dr. Hayworth you're actually going to get to lead off with the first one. And that is that as I mentioned up top, it's not just Social Security benefits. It's the programs that a lot of your agencies administer including obviously VA that really can have the potential to be a lifeline for people who are confronting hardship, who are seeking to attain or regain economic stability.

So in that light SSA is asking how the agency can improve its outreach to particularly vulnerable populations. They identify widows, veterans, older adults, children with disabilities. In particular this morning's conversation included a range of other types of special at risk populations that need to be prioritized like folks behind bars, but would love to kick off by giving you the opportunity to speak a little bit about your agency's experiences with outreach. So Dr. Hayworth over to you.

Dr. Leonie Hayworth: Thank you and, you know, we realized very early on in the pandemic that we had a critical need to reach out to our high risk veterans as well as their families. And so, you know, in that category we also included homeless veterans which may give our concerns that they may have unique challenges with accessing healthcare or present specifically in a higher risk category as far as COVID risk being able to connect with them as well.

And so, you know, luckily we had already been on a journey with our virtual care expansion and specifically with the training of our frontline providers with using VA Video Connect which is our video telehealth platform. And we were essentially able to pivot very quickly not only making architectural changes to the platform in order to accommodate much, much higher volume but also putting out just in time training so that we could essentially quickly educate our entire clinical enterprise of frontline providers.

And so what this did was it allowed us to say to veterans and particularly those high risk veterans, you know, we're here, our doors are open and we're here to care for you but in order to keep you safe at a time where PPE was lacking at a time where testing was scarce we were able to be able to take care of veterans in the location of their choice which for many veterans at that time was home.

And we're able to do so more comprehensively by offering video across the board in addition to of course offering telephones but having that additional option for a remote exam and visualizing and connecting with the patient in a way that was really kind of change the way we were able to offer care and more comprehensively offer care. So position that way and I say that as if that happened very quickly but it was many long days and long nights trying to make sure we had the technology right, that we are reaching out to the right providers and that also are reaching out to the right veterans as far as making sure that we were doing effective outreach.

So we really worked around the clock generating an enormous amount of outreach materials for veterans everything from question announcements on our Web site, toolkits for facilities including flyers that people could hand out when they were showing up in the ER, showing up in person letting them know what their options were as far as virtual tours and how they could connect to VA care in a place that was private and convenient for them.

And, you know, accelerating our goal for providers really align with a huge demand that we saw from veterans and marrying those two up resulted in skyrocketing increase in the volume of video that we did again with that goal of offering more Comprehensive Care to our veterans. Many of our clinical servicemen sent out directives to the field to review and prioritize medically and socially high risk veterans for reach out and engagement.

And we also engaged our Connected Devices Program which provides loan devices to our veterans who do not have their own equipment. So making sure that every veteran wants to connect would have every best opportunity to do so.

So as a result what we've done is we're looking at our volume I mean we from the period of late February to early March through to early September have increased our VA Video Connect volume over 1400% so really an exponential growth.

Rebecca Valles: Thank you so much for all of that Dr. Hayworth. Suzy I believe you also had some feedback to offer here from your perspective at the FCC and would love to turn it over to you next to offer some thoughts about outreach and in particular outreach thinking about priority populations.

Suzy Rosen Singleton: Yes hello everyone. This is Suzy Rosen Singleton speaking through sign language interpreter. So you may hear a male voice but okay so I just want to let everyone know that up front that in speaking through an interpreter.

First before I get into outreach I think it is really important to understand what exactly the Disability Rights Office does and how we are relevant for the consumer in the public. We have three major areas that we cover in our office.

The first is emergency communication. That includes notifications as well. Secondly, we also are in charge of overseeing modern communications so that is accessibility for people with disabilities. And third we also focus on video programming.

All three of those major areas our focus is on accessibility. So in the context of the pandemic we recognize how important it is that people continue to stay connected through whether it be televised notifications or communications that are made accessible but also ensuring the people are going to continue to be able to use their phone, to use relay services and so forth and not have any of those things hindered with the reduction of resources as a result of the pandemic.

So with that in mind we have always done certainly a lot of outreach to consumers. And one example of this is our Disability Advisory Committee wherein we bring to gather a diverse range of stakeholders to discuss different accessibility issues and focusing also on live programming, the accessibility of such programming which is very timely and relevant with all the emergency notifications being televised.

We also do not have rules requiring that interpreters be shown on the screen, for example for emergency announcements on television. However as you may have heard in the news there is currently a lawsuit against the White House that would require that interpreters be present for these briefings because the pandemic it's really important that everybody have access to that information which is where we do have rules around audio descriptions for people who are blind. We also have rules around captioning for people who need to rely on text.

Okay so with that in mind I'll go through a few more of our outreach initiatives that we really can do to push. One of those is that we have implemented an ASL consumer's support line. So for people who are using ASL they don't have to rely on a third party to call to us to explain their problem. They can contact us in their native language to share their concerns, their accessibility challenges to give them more information about our rules and so forth and stay connected with us.

So we have been running that prior to and throughout the pandemic. We have course have phone numbers as well, traditional phone numbers and email and online system for complaints. And those are various ways we can continue to stay engaged with their consumers out there to make sure that they are getting the help they need during the pandemic.

We also have a \$10 million program that we are sponsoring for deaf blind individuals so people who are both low income and deaf blind can qualify to get equipment to connect to the Internet to stay in touch and communicate with loved ones, to continue to work and so forth. So that is another initiative

that we had implemented at the FCC thanks to the 21st Century Communications and Video Accessibility Act which is celebrating its 10th anniversary on October 8.

We also have an ASL video library, really boils down to having a very robust Web site right? I mean that is what we have so that your consumers and folks can navigate through the Web site in order to get the information that they need including the information in ASL and video for those who rely on ASL and don't feel as comfortable with that English. It's available on the Web site. It's easier sometimes to digest information that way.

We also have virtual presentations to non-profit organizations and we try to be present in social media as well. And one more thing that I'd like to add is that we also have a listserv. It's called accessinfo@fcc.gov. So if anyone is interested in staying apprised about FCC work with regards to disability access events and so forth we do send out emails regularly and that helps people stay connected with us. We always welcome more ideas as well but that's our work in a nutshell. Thank you.

Rebecca Valles: Thank you so much for all of that and really, really, really helpful I think to ground the conversation in how your work is organized, how the office works would definitely be happy to offer Dr. Hayworth the opportunity to provide any sort of similar grounding since I did not give her that question if that is helpful so Dr. Hayworth you've got the floor if you wanted but also happy to move forward if not.

Dr. Leonie Hayworth: So our focus with our loan devices program was specifically to say for our veterans who have a difficult time clicking and seeing the small icons to be able to make those devices more user-friendly for them so that we weren't potentially excluding our highest risk cohort.

So even before the pandemic we had made some edits to be able to more easily access our video platform from those loan devices. And that's really proved to be a huge advantage for us when the pandemic hit. And we're able to actually distribute a large number of these tablets -- over 7000 to our highest risk veterans.

Rebecca Valles: Wonderful. So I'm going to go actually next to another question that SSA is interested in getting feedback on. We heard a little bit about this on the morning panel and this will bring in some of our additional panelists. It's also a particularly timely question where I know several of you have a good bit to offer in terms of feedback of what you're hearing and seeing from your various agency perspectives right now.

And so the question that SSA has asked is what challenges do caregivers and representatives of vulnerable populations face during the pandemic? I'd love to open the question up just a bit further to include the challenges that beneficiaries or as some people call them customers of your agencies services are facing during the pandemic as well given the broad populations and communities that many of your agencies serve. And it feels like another kind of good place to sort of ground the conversation as we move through it.

So I'm going to go actually over to you first Dr. Hayworth on this question. And I know that Melissa Harris wants to speak about this when she joins us so she'll get some time to speak about that. And so Dr. Hayworth over to you and then Vickie I'll give you the chance to weigh in on that as well if you'd like to. So Dr. Hayworth?

Dr. Leonie Hayworth: Thank you and for us the concept of caregiver burden is something that we are very focused on because we are aware that for some veterans the ability for their caregivers to use our individual (unintelligible) tools and be aware of what is available is critical to the veteran themselves benefiting from that use and engaging with front-line care teams in that way.

And so part of our efforts for the digital divide is also again to ensure that we have our caregivers engaged in that process. And when it comes to video we have built our system such that our video visits are scheduled with the option and a field to engage a caregiver knowing that that caregiver may or may not be physically present with the veteran at the time of the visit so that a caregiver who has other responsibilities work or other can join into a session if they're not physically present with the veteran. And so we're structured uniquely to be able to achieve that.

During COVID because again we wanted to make sure we had vigorous outreach specifically to veterans as well as their caregivers, we did a number of webinars to be able to share exactly what those tools are, how to access them, where to go, how they can be valuable. And from the provider's perspective how the care and the information that they're able to get through these tools translated to care that was meaningful.

I think it helps to alleviate some of the anxiety that caregivers felt, well gosh, you know, we feel like if we come and we put ourselves at risk for potential exposure coming in is often difficult for a medically complicated veteran and adds to the caregiver burden. But are you really seeing what you need? Are you really getting the information that you want as a provider that is meaningful to make sure that I'm still being taken care of, that the person I'm taking care of, the veteran that I care for is still receiving excellent care.

So that communication piece is critical to be able to translate the information that comes at front-line providers and how that can be meaningful and how that can really add to care at a time where coming in was not really something that people wanted to do.

The other thing that we had in motion was an effort to make care virtual care more affordable. And so we have established public-private partnerships with major wireless carriers -- T-Mobile, Sprint SafeLink by TracFone and Verizon. And what this partnership actually does is that it allows veterans on their own personal devices to essentially whitelist RVA video connect domain and so video visits that they do with the VA would not be charged against their personal data.

And so being able to have that in motion and be able to expand upon that during the pandemic really allowed us to say to veterans hey you can engage with us and you don't need to worry about cost or data or anything that comes along with it particularly for mental health or social isolation -- any of those issues where a visit may be longer than a brief medical check-in.

Rebecca Valles: Thank you so much. And I believe Vickie Kennedy from Washington State you're going to get the next chance to speak so please use that time to also introduce yourself and thank you for joining as well.

Vickie Kennedy: Thanks Rebecca. I appreciate the opportunity. So just a bit about our system. I'm the administrator if you will of the agencies of the state's workers compensation system. And we're unique in that we're one of only four states that provide exclusive benefits except for very large employers who might self-insure. So private insurers don't provide workers compensation in the state of Washington.

And my comments are really directed not at the caregivers but at our injured workers themselves. And I think for those of us who work with people who are injured or become ill on the job some certainly with catastrophic injuries but others with what initially present as relatively minor. We understand and recognize some of the issues that these workers often deal with related to things like their fear of returning to work and being reinjured, the loss of their personal identity that the work actually provides them and the financial and emotional impacts and stresses to their families, their friends and their social life.

These understandably have been magnified greatly by the pandemic. And interestingly our staff who work with these injured workers have experienced some of the isolation that their customers have often felt which I – there's always a silver lining in some of the experiences that we have. And I think that this has made our staff even more empathetic to the situations that workers often deal with.

Our workers compensation system was already going through a significant culture change that we had been working through for a few years. And the access info culture change is really intended to address work disability which is different than medical disability and really working to focus more on what that worker's needs are and their goals are so that we can support them through the workers comp system and the complexities working through that system help them access their medical treatment and really clear their pathway to return to work.

And we do this primarily through our claim and managers engaging our clients differently asking different kinds of questions building relationships with the clients or the customers but perhaps even more importantly we had started assigning vocational professionals to engage workers, employers and doctors much, much earlier in differently than they had in the past. And historically these professionals were more of part of the adjudication process to determine whether or not workers were entitled to more benefit. But we really changed that focus to address the needs of workers and focus on what we call a worker centric model. The idea is to recognize that whether or not a worker who is injured returns to work really lies with the decision and the goals of the worker. Workers return to work can't happen to someone. They need to want and to choose that route. Of course I am greatly oversimplifying that just to give you a sense of what the worker centric approach is intended to be.

Now certainly we have unique challenges during the pandemic so a lot of this engagement happens in face to face meetings and now we've got people using videoconferencing and telephone and that's not available. But the change and the techniques that our vocational professionals are using that are more aligned with motivational interviewing what we call now vocational recovery services recognizing that someone who gets injured someone who is hurt someone who has an impairment has a medical recovery to worry about but also a vocational recovery. So trying to merge those two if you will and recognize that both exist in both our needs of someone who has been hurt on the job.

But our goal is to really keep our injured workers motivated engaged and engaged so that even if they continue to struggle with return to work now simply because if for no other reason so many businesses are closed or limited in opportunities we believe that these approaches that we're taking are going to set them up to be better able to return to work quickly when businesses reopen.

Rebecca Vallas: And obviously that will be a challenge for a tremendous number of disabled workers who have experienced ongoing discrimination but I know is outside the bounds of today's conversation but obviously what a lot of folks who are listening are probably thinking about and which will present its own range of challenges as the nation seeks to return to work and folks with disabilities are facing their own additional challenges in trying to get those jobs as they reappear.

So I feel like I'm giving SSA all these different topics for future Social Security national disability forums which is not the job I am supposed to be doing as moderator, so I'll get back to asking the questions.

So I know Melissa Harris is going to want to speak to that one as well but we'll move on for now until we do have her with us. And so I think I'm going to shift gears just a little bit and go into the unlocking electronic kind of, you know, Internet era piece of this discussion which is obviously incredibly timely.

And so another category of SSA's questions for this listening session delves into electronic and video and online communication which are of course not a new area for federal agencies to be exploring and looking to improve SSA included but which are especially important for government agencies to figure out and get right with the pandemic putting in office communications and signatures and on and on as we're talking about in this morning session out of reach or in a different place in terms of complexity for many for the foreseeable future.

So to that end SSA is especially interested in knowing what strategies can it incorporate to improve its online and telephone assistance to vulnerable populations during the pandemic? And I believe that we're going to hear from Suzy and from Jill about this one. But Jill I want to merge that with the second question that I know you've got a lot to say about and that is how can SSA make it easier for representatives or providers of vulnerable populations to share electronic forms and documents and medical records with the agency? And so if I kind of put those two together Jill I'd love for you to introduce yourself and HUD next and speak to either or both of those however you wish.

Jill Yu: Great thank you so much for looping me in. Hi everyone. My name is Jill Yu. I am with the Department of Housing and Urban Development. My position title is Branch Chief for (Play Space) Initiatives which is essentially a large umbrella term that covers Secretary Carson's Envision Center demonstration as well as the Promise Zones Initiative from last administration as well as Connect Home USA. So the question is incredibly timely because of the three portfolios that I oversee.

From what we've been seeing on the HUD perspective the core issue for HUD assisted residents especially those who are living in public housing is just access to reliable Internet. So in order for us to or in order for these residents to access SSA's online forums or for that matter anybody's online forums the first hurdle is to get them access to reliable Internet.

In fact I was just on a regional call with some of our connect home communities located in Connecticut and more of the northeast part of the nation and they were able to successfully purchase with the Cares Act money devices and tablets and computer and laptops and things of that nature for their residence. But the residents were not able to effectively utilize those devices because the Internet service that was available in the community was so sparse and it was just was so unreliable. So of course during the pandemic in light of safety concerns we do encourage them to, you know, utilize tele-benefits, telehealth and things of that nature but they can't even get on the Internet.

My recommendation for SSA as well as the other agencies in the federal government is really to join forces and figure out how can we as much as we are trying to modernize the way we do government and the way we serve the public, the public is still especially our vulnerable population still far behind. They still need access to infrastructure, access to reliable Internet connectivity and of course the devices that will allow them to utilize the Internet.

Rebecca Vallas: I really appreciate that Jill and obviously the larger backdrop is really important to come back to every chance we can right, because there's what the Social Security Administration can do and then there's the what they're stepping into in terms of trying to meet their claimants and the beneficiaries where they are. And so I as someone who works in antipoverty policy and cares deeply about place based initiatives I appreciate so much that larger point and reminding ourselves kind of where that conversation we're having today takes place in terms of that broader policy backdrop and infrastructure backdrop.

So I'm going to go next to Suzy from the FCC. Suzy I'm going to turn it over to you next to kind of take on that same two-part question that I just offered to Jill around improving online telephone assistance to vulnerable populations during the pandemic but then also thinking about representatives and providers of specific high priority populations as SSA is working to make sure that sharing paperwork with the agency in 2020 is something that can happen. So Suzy over to your next to pick up where Jill left off.

Suzy Rosen Singleton: Hi and thank you. This is Suzy speaking. I think that the key really is modernize. It really is so important that we as federal agencies look at current modern solutions that we can adopt in order to be able to communicate more effectively with those vulnerable populations that are in some ways

sheltering in place now and not really able to travel in order to stay engaged with them in a way that may be meaningful, more efficient and so forth.

So video communication is certainly one example of that. As I mentioned previously we do have an ASL consumer support line at the FCC that allows for people who rely on American Sign Language to communicate with us directly but we also did get a license for Zoom so that we could communicate with our stakeholders, engage in discussion even if we have people who are hearing and may not use American Sign Language. We feel that there's a great need to connect.

And sometimes it can be much more efficient if for example, you know, SSA you've got a lot of paperwork that you're trying to do the ability to show what exactly you're referring to in terms of information the needs to be submitted the process a claim or a complaint or what have you. So I think video communication is something that the federal government needs to really look into much more closely in order to address issues that have arisen because of the pandemic. People are not able to travel and yet still have serious problems that they need help understanding instructions. They need help decoding and your communication can be helpful in that way.

If you are interested in learning more about a separate initiative the DVC, Direct to Video calling initiative that the FCC has. That information's available on FCC's Web site at www.fcc.gov/dvc.

But Zoom other agencies use Microsoft Teams, there's GoToMeeting, there's Google Meet. There's a whole host of these different possible options for platforms to use. I know that GSA is trying to standardize the approval of these types of platforms as well so that you don't have to face any barriers in using those different platforms. You may want to try to accommodate to the consumer's preference for platforms. For example if you've got a person who's more comfortable using Skype, then that by be one of the options. The FCC does not do that at least at this point. We only utilize Zoom or relay service platforms.

Another way to really expedite communication efficiency would be to make sure that you have easily understood language on your Web site, so things like finding contact information or finding instructions. Something that we have not done yet but that we are hoping to do some day at the FCC is to implement some type of artificial intelligence engine so that we can help consumers find what they're looking for maybe even help them through that process. I know that some are working on those types of engines. We haven't gotten there yet but we're thinking about it. It'll be interesting to see if we implement that moving forward or not.

I would also strongly encourage you to consider having 24/7 types of phone services if you do have some kind of emergency based issue. And at the commission the FCC we do not. But if you do then ensuring that, you know, you've got staff for those working hours right. You've got ASO users then you may have other people who are just going over voice.

So just to sum up again I would say modernization really is the key here and that's a strategy that I think you can accomplish by working with the GSA, your 508 compliance officer as well for online accessibility. Thank you.

Rebecca Vallas: Thank you so much for all of that Suzy. I am going to invite Vickie Kennedy to weigh in as well in particular on the making it easier for reps and providers to share electronic forms and documents and records and stuff I think stuff being the technical term with the agency and in particular Vickie because you have some experience from your state actually starting to accept electronic submissions and scaling that up. So Vickie you'll get the last word on this one before we move on and move to some other pieces of technology.

Vickie Kennedy: Okay happy to do that. We've had several ways of communicating and I'm really thinking more of the typical written documents and forms. A lot of access or ability for injured workers for their employers, for their medical providers to submit and view information in our system. I think that one of the most significant but terribly underutilized ability has been to really file that initial claim with us. Historically that's always been done through the medical provider. And several years ago we built a system so that that initial report from the doctor, the initial report from the worker were all able to be done online and rather than through typical hardcopy forms faxed in or mailed in to the department.

Interestingly disappointedly I would say less than 20% of our claims actually come in in that route but those are increasing now that that system is available and people are much less likely to go visit the doctor for example or want to bring a document in or even deal with the US mail in some ways. The significant change though that we put into place was to pause on a long-standing requirement that the worker physically be seen by the doctor to initiate that claim. That was more driven by the perception if you will that a lot of injuries that may be more soft tissue, you know, a burn, a broken bone, an emergency room incident, those are all pretty obvious that someone was hurt. But soft tissue injuries can be very devastating and yet relatively invisible to the naked eye.

So we were faced with this dilemma of wanting to provide workers the way to initiate their claim, receive those first benefits as appropriate but also recognizing that we have medical providers who would not allow anyone to come into their office, would not do any kind of a surgery that was nonemergent. So we have waived that requirement for claim initiation in order to expedite the process and get appropriate benefits to our claimants.

We've also got we've also got a number of forms that are filled out online. Those that are the most commonly used may be initiated by the worker or the employer or the provider depending on who the audience is for that form. And those documents then create an immediate data into our system that both shows up to the claims manager as a document but also will trigger what we call a work item to push those things that are most important in front of our claims people recognizing as many government agencies our staff have tremendous workloads. We want to push the most important things to them so that they can act on it promptly and ensure that workers are receiving the benefits that they need that they have access to treatment that medical provider bills are being paid to keep them engaged in the system.

I think those are the most significant while we're also working on actually exchanging data and information with healthcare providers through their case management systems especially for major large healthcare organizations. Again it's another way to reduce administrative burden and processes and process delays really to the advantage of everyone in our system. Thanks for the - for asking Rebecca.

Rebecca Vallas: Thank you so much Vickie. I'm going to move next to video which is obviously a really, really hot topic in this moment when it comes to how agencies like SSA and like many of yours are communicating with claimants and particularly trying to think about a video service can be improved from where it was but also in this moment in particular where it has such import and where no one wants to be putting people in the position of having to choose between being able to access survival benefits and their own health which is part of what brings up some of the policy changes and practice changes you were mentioning Vickie, would love to give folks a little bit of time to talk about video, SSA's question is how can they improve or institute the use of video service delivery between their agency and other agencies as well as third-party representatives and the public.

So there's a lot of space in there for you guys to offer some of your experiences with and expertise with video as well as any specific recommendations for SSA. And Dr. Hayworth I'm going to start with you to offer some views from the VA.

Dr. Leonie Hayworth: Thank you. And firmly echo the comments that others have made about that ability to communicate those nonverbal cues that are visible by video and not by telephone. The ability to do of patient self-assisted exam is what we're calling it a VA so muscular skeletal or other exam maneuvers where you can guide the patient through certain steps without actually needed to put your hands on.

So I think our providers have gotten very creative about bringing the value in. And in looking at our feedback from veterans which is critical to us as we seek to expand and sustain the growth that we've seen during COVID. What we're hearing from our veterans is that they actually prefer to follow-up by video. And we have satisfaction and experience scores that are really high which is very reassuring as far as the direction that we're going and hope to continue to go.

I think part of the foundation of our VA Video Connect application is that, you know, upfront we built it in such a way be a partially cloud-based which allowed us to rapidly expand the volume that it could handle concurrently which was critical for massive expansion during COVID so essentially going from 2000-odd visits a day to at our peak 36,000 visits a day by video.

Of course it's also FIPS 140 compliant, it's encrypted and this is the kind of thing the, you know, we felt really good about doing our due diligence on even as other healthcare systems opened up video technologies and video chat in the period of time when Zoom bombing was occurring. We felt really good that we had a product that we could tell veterans was encrypted and secure which is a great importance to our particular patient population.

The other thing I want to touch on briefly and again this is in follow-up to comments that have been made by others with respect to connectivity. And so with 30% of solve our veteran population living in rural areas that has also been a great challenge to us. It was also interesting for us to learn about even those veterans living in what we would consider a broadband good area which supposedly good broadband penetration having challenges depending on if they for example live besides a concrete building, depending on where their route is or perhaps their windows were placed if they were relying on cellular signal.

So we're able to learn a lot there about how to kind of augment coverage or frankly where our gaps were as far as those who were less able to engage. And they're very focused in this next phase moving forward of understanding exactly where those broadband gaps are, which veterans wish to engage but cannot because of their morality or because of their broadband coverage.

So we have a parallel initiative specifically addressing areas where broadband is poor. And it's called ATLAS which stands for Accessing Telehealth through Local Area Stations. And so what ATLAS does is it established community locations where veterans can go to connect with their VA care teams via telehealth through a telehealth access station so equipment that has been set up in a private location for them to be able to receive VA care on Main Street rather than in many cases drive several hours for that care.

We have been able to achieve this through strategic partnerships. So we partnered with Walmart. We have a pilot with them at five locations in the country and sponsorship from Phillips where Phillips has dedicated their time and design to providing pods, healthcare pods which can be quickly assembled into locations. And we have chosen five veterans of foreign wars post and five American Legion posts to put these so-called pods for veterans to be able to more conveniently access care. And again many of these locations are in broadband poor areas where cellular signal is almost non-existent. And so what we're able to do is partner with local Internet service providers to make sure that high-speed Internet is available at that location.

And I have to tell you having been to these locations most recently before the pandemic in Eureka, Montana a small town about 10 miles to the Canadian border in Montana really great to be able to see no signals on your cell phone but be able to have a high-speed Internet connection and a fantastic private telehealth experience.

And I think partnering with Phillips and the design concepts that they brought forward to these pod spaces has really allowed us to understand what an optimal telehealth visit could be like. So as far as the sound acoustics, the concept in the room, being able to accommodate other care providers, even service animals in this space and to be able to engage with a screen that is clear with sound that comes through clearly and be able to do that all in a place that is very convenient and to be able to see the same people that you would otherwise see if you came all the way to a VA medical facility. I always say that for us unlike the private sector more direct to consumer model when we talk about telehealth we really talk about it along the lines of the show Cheers the song where everybody knows your name. And

we're seeing those same people really have in that connection and that continuity from wherever they are.

Rebecca Vallas: But presumably with a lot less drinking by all of the healthcare professionals while they're on video. Just sorry, trying to wake us up...

Dr. Leonie Hayworth: Yes that's right.

Rebecca Vallas while we're moving through this (unintelligible)#

((Crosstalk))

Rebecca Vallas: You guys are all (unintelligible). I'm just bringing a little bit of humor into this because it's an afternoon panel and folk should probably get up and do their post lunch time stretch and hope folks are still with us.

So Suzy Singleton from the FCC I'm going to go to Suzy next with the same question around video service delivery. And Suzy I'm also going to stay with you for a second question so I'll give it to you a little bit as a two-parter in case you want to bring the two together at all. And that is do you have any recommendations -- and I suspect that you do -- to improve communication on the part of the Social Security Administration or agencies in particular. These are kind of best practices and lessons learned you can offer given your role at the FCC with deaf and hard of hearing and also blind and digitally impaired claimants in particular?

So let me give those to video given that obviously you've raised already today in this conversation the linkage between video and communication with deaf and hard of hearing customers or clients or individuals and would love to just give you the floor for a little bit to take those both in turn.

Suzy Rosen Singleton: Sure. I'm happy to do so. This is Suzy speaking again. Before I start I just want to say I really can't say it better than this old adage a picture is worth 1000 words.

So I agree the broadband is absolutely essential for this type of picture to come through and to come through clearly and efficiently. And just know the FCC has been doing several things to make broadband more widely available. We have received \$200 million through the Cares Act to distribute to telehealth providers. I believe that we ran out of all that money now. And no Congress is looking into potentially setting aside or at least authorizing the FCC to distribute more of those types of awards. We've also been getting into education. We have our e-rate programs so forth. So we do see the value in the importance of broadband connections here.

The question here really is how can the Social Security Administration, how can you use video to your benefit to the benefit of the agency? I think I have spoken a little bit on that already and then how to engage better with deaf and hard of hearing people as well as people who are blind or visually impaired.

And I think it really just ensure that you've got an ASL video library, ensure that you've got an ASL support line, engage with those stakeholders whether be hosting a roundtable, connect with those national organization see how you can work to support each other to help distribute information you need to get out there. And I don't want to repeat myself. I know I've already spoken about our national deaf blind and equipment distribution program which is supporting communication with a particular population as well.

But I do think the key is for the Social Security Administration in particular being such a massive agency serving so many clients that it really is important that your folks are well trained on how to engage with certain consumers. You know, who should these people be referred to if they need specialized support or assistance? I think that's really key for customer support to be effective ensuring that you've got a cohesive and clear communication about the strategy that you're going to be using.

And when you get something that is clearly in the wheelhouse for example disability policy and consumer support right then you should be transferring folks over to that area. It's what we do at the FCC. We ensure that the responses are coordinated so that if or when we get something that is not in disability policy's wheelhouse we can lob that over the fence to the appropriate person to support them instead of putting the onus on the individual to contact our agency at a different area right? We internally coordinate to put less of a burden on the members of the public who are reaching out to us to try to identify the right office where they need to bring their concern.

We also think having a strong Web site is certainly very important. For example we post our Section 504 manual to ensure that people are able to read to understand what the FCC's policies are for accommodating people. And that helps to support people's ability to continue to participate in our events, our rulemaking proceedings and so forth if you want to get alternate formats. Those are things that you can ask or by contacting us.

And I think every release we have includes information about our Section 504 practices so that they can reach out to our Section 504 compliance officer to get information in alternate formats or whatever material they need access to in order to accommodate the disability.

I think that probably wraps it up for me. But I do want to say again that I'm very happy that we're continuing this conversation. I know the Social Security Administration is a very unique institution that works very closely with people with disabilities as well. So I'm happy to continue this dialogue even after this listening session if you would like. Thank you.

Rebecca Vallas: Thank you so much Suzy. I'm going to switch gears here to a new kind of area of the conversation. We've been talking a lot about technology and communications technology which obviously is a whole range of hot topics right now in this moment and will be for some time if I had to look in my crystal ball.

But the agency is also really interested in hearing and I was really excited to see them ask this question from you all about any opportunities that they might have to clarify policy or simplify policy to make it easier for folks, you know, really just to put it bluntly to navigate what can be a somewhat byzantine initial claims process during the pandemic.

So, you know, I'm going to sort of resituate that question with a lot of the morning discussion which came from a lot of direct service providers and advocates who were talking about Social Security and its income and security programs being for many people the difference between being able to access safe and stable housing or remaining versus the coming unsheltered or being able to afford and access critical health and mental healthcare services that can support and permit stability.

And for some -- and we heard a lot about this as well whether or not -- people can end up trapped in cycles of deep poverty and incarceration and preventable sort of policy failure types of ways. So at this moment with unprecedented levels of hardship across the nation without question and we talked a lot about this this morning the benefits that Social Security provides and that many of your agencies provide take on and have taken on a new level of importance. In some ways they sort of show up at the base in the cases of some of the agencies that you all represent the base of the pyramid of Maslow's hierarchy. And many leaders at all levels of government have been endeavoring to try to streamline access to critical programs and services especially ones that can get help and support to people in the - this moment where time is of the essence and it really isn't going to help someone to get it approved a year from now or two years from now.

So I've recontextualized this question and add a little bit of that conversation from this morning to invite any of you who would like to participate to offer examples or models of policy simplifications that have helped get people faster approvals during the pandemic for survival benefits or other types of services or anything else that you think could add value now amid the pandemic.

I also as I asked that question want to welcome Melissa Harris who I understand has just joined us. She is the Deputy Director as I mentioned at the Disabled and Elderly Health Programs group at the Center for Medicaid and Medical Services better known as CMS.

We welcome you Melissa and would love to actually give you the chance to talk a little bit about to the question that you just came in as I was asking it. I'm not going to put you on the spot first because that would be a lot meaner and nastier than I am as a moderator, but I would love to give you that heads up that I will give you a chance to weigh in on that and then I'll bring you in for a couple of other pieces that that you missed earlier.

So suggestions for ways to get benefits or services or of approval on applications to folks sooner in this kind of a context. And so Vickie I think I'm actually going to go to you first from Washington State to offer any other thoughts you have on that subject and the Melissa I'll go to you next.

Vickie Kennedy: Well I think I've touched on it a bit already talking about our ability to initiate our claims online for people to be able to communicate with us through what we call a secure messaging that can go back and forth between our agency representatives and the customers or the employer or the medical provider.

I didn't comment though that we also have the ability for people to file their claims telephonically where an agent will actually walk them through all of the various questions that are necessary to get the claim process started. We have certain statutory mandates that while always important and probably critically important here for example if a - if someone is unable to work because of their claim we have to initiate wage replacement benefits within 14 days of knowing that. So we've got some requirements to expedite processes especially when it comes to things like ensuring that someone who has lost their earning ability right now is taken care of.

I think one of our - one of the greatest challenges for us as a working compensation insurer is recognizing that there is a certain social value if you will, to being part of a system that is government administered rather than being handled through private insurance companies. And that is recognizing the societal benefit of a system like this and how can we help people access other benefits that are available that may not be something that's paid by us but ensuring people have smooth handoffs to other social safety nets that may be appropriate.

We do that today again through the vocational professionals that we expect will help someone understand how to navigate these systems. But we also do it by having some professionals that are located throughout the state and things like work source centers where there may be some training available, there may be benefits available. There's certainly representatives there for veterans and other programs that are injured workers may qualify for even at the at the point of exiting our system. I think that's the best I have to add for you right now Rebecca.

Rebecca Vallas: That's great. No I think those are really important additions. And I had a suspicion you would have a little more to offer on that piece. And Melissa are you ready to dive in? We've only given you just a few minutes to get your sea legs in this conversation or would you like just a moment while I call on someone else?

Melissa Harris: No this is fine. Thank you Rebecca. And I'm really happy to be with you today and apologize that I was just able to join midway through the session.

So think what I'll say first is that what CMS is doing particularly on the Medicaid side during this public health emergency is trying to understand what our state Medicaid partners need from us in the administration of the Medicaid program. Medicaid is a joint federal state partnership and while we at

CMS establish federal regulations and take our cues from statutory language in the Social Security Act and develop federal policy there's also an enormous amount of decisions that are made in the Medicaid program at the state level.

And so we tried to make the most robust amount of information available to our state partners as they are really on the front lines working with providers and beneficiaries and all kinds of other stakeholders.

And so the hallmark really of what we've been doing during the public health emergency is analyzing federal requirements be they in regulation or in statute or in our policies to figure out if there's any flexibilities that we can bring to the table temporarily during the public health emergency all in the name of meeting people where they are, allowing services to be furnished quickly in different places sometimes by different providers. And as I'm sure you've heard before we are relying quite a bit on technology to be able to do that. We have always allowed Medicaid application, eligibility applications that beneficiaries submit to be done electronically. That is helping that is helping now allow individuals eligibility determination to be done as quickly as possible.

Sometimes now the state workers who are reviewing those applications are also working remotely. And so to be able to have systems that can talk to each other across geographic distances is really key in helping individuals Medicaid eligibility determinations come as quickly as possible so they can get linked to necessary services.

And when you get into the domain of actual service delivery we have been encouraging states to utilize technology and electronic mediums quite significantly. Telehealth is an emerging trend that we are seeing in the public health emergency. It was allowable in the Medicaid program all the time and states have a lot of discretion in determining the types of services that they will allow to be furnished remotely or virtually, the types of providers that can deliver services remotely and how those services are going to be reimbursed. Are they paid equivalent to a face to face visit? Are they paid differently? And this public health emergency has really brought all of those variables to fore. And we have incurred states to be transparent with their stakeholders and how telehealth can be used in their Medicaid programs. And also we've encouraged states to be expansive, maybe even broadening the types of services and providers that can utilize telehealth really enabling the fact that the beneficiary and the practitioner are in different spaces not to be a barrier to service provision.

We've also relied on electronic signatures for things like care plan meetings, service authorizations. Typically there are meetings that take place often in the context of long term care delivery where someone is assessed to meet to determine what kind of needs they have. Then that assessment is turned into a care plan. The care plan needs to be signed by both the beneficiary and the providers who are delivering the services.

And how do you effectuate all of those touch points? How do you do the assessment virtually, how do you do the care plan meeting virtually? How did you obtain the signatures virtually?

And there are ways to do that but it requires some flexibility and some real reliance on technology. And so we have been encouraging states to really do a quick analysis of any barriers that they might have that prevents those kinds of activities from taking place virtually and we are making sure that there are no federal barriers to the expeditious transmission of electronic data.

We also do have to be mindful of HIPAA requirements, Health Information Portability and Accountability that really seeks to safeguard beneficiary privacy particularly around health information. And so how do we balance the needs of privacy and the needs of allowing services to be done a little differently during the public health emergency? Those are things that we will be grappling with for some time.

But for now the goal has been to maximize the technology mediums be it phone or video or equipment being located in a beneficiary's home to take blood pressure medication, et cetera, and transmit those results back to a practitioner. How do we all at the Medicaid program really maximize those efficiencies to try to minimize the gaps in goods service provision during this public health emergency? It's a challenge.

There are people rising to the occasion at every level but it certainly work in progress and we know there is still quite a bit of variation across the state is there always is in the Medicaid program but, you know, sometimes those variations can be a little more stark, you know, in a time of real crisis like this. But that's the overall goal of CMS to try to minimize federal barriers to nimble service provision and service reimbursement in a way that's going to meet the needs of beneficiaries. Thanks.

Rebecca Vallas: Thank you for that Melissa and I'm going to come back to it in just a moment, on another topic to comment on the. But I'm first going to do another plug for folks to send their questions to nationaldisabilityforum@ssa.gov while we're talking about email communications. Let's - we need to talk about it here too. Nationaldisabilityforum@SSA.gov is where you can get your questions for these panelists in.

And we're going to be going to audience Q&A in just a little bit so a good time to be thinking about your questions and getting those in so that folks can take a look at them and get them in queue. But first I'm going to go to Suzy Singleton at FCC to weigh in on that same question as well. We were talking about policy clarification, simplification, and ways to get expeditious services benefits to folks really quickly in the pandemic to meet that kind of need. So Suzy I believe you have something you wanted to weigh in on there as well.

Suzy Rosen Singleton: Yes thank you so much. This is Suzy speaking. Really key during the pandemic is flexibility. And I don't know about other federal agencies but the FCC as actually sent everyone from our agency home and we are on mandatory telework in a mandatory telework environment. And we're very much appreciative of the - our agency's flexibility in allowing us to stay at home and work from home during this pandemic to protect our families and our own personal safety and health and so forth and being flexible as well with situations we have to deal with like child care. It really has been amazing.

I do want to go quickly back to I believe it was Melissa's comment I believe. She mentioned that there are HIPAA concerns with the provision of medical care and so forth. So I was really pleased to see that HHS released a bulletin to waive HIPAA issues in particular for video-based communications so that telehealth providers could use platforms like Zoom and so forth to support their patients without the danger of exposure in person and so forth.

But I also wanted to share with everyone that the FCC when the pandemic hit we immediately went into a mode of assessment to identify issues that we needed to address and there were a few things that we identified right off the bat. One of those was telecommunications relay services or TRS.

We recognized that many of the interpreters for that service were working in call centers and we immediately released a waiver that would allow for those providers to work from home. And we made our rules a little bit more flexible for interpreters to qualify for that. For example there used to be a requirement they had three or more years of experience in order to be able to work at home. So we relaxed those rules a little bit to ensure there was sufficient interpreters to continue relay service provision during the pandemic.

Another thing that we did was for Lifeline applications. We also released a waiver such that people did not have to provide certain documentation so they could qualify for Lifeline benefits. And that what that does is provide them with a subsidy for their telephone service expense reduces that expense a little bit. So we also have a waiver in place therefore TRS. That's be in November 30 the same timeline.

And one more thing that we did at the FCC was recognize that many television stations depended on captioners' to be available such that they could make their emergency announcements accessible. And so we worked with the Department of Homeland Security to characterize those employees as essential workers so that they could continue to go into facilities to provide captioning service for these emergency televised announcements. And that was very important step to take because the equipment that they need for captioning was not something they had access to remotely. They did still need to travel to the building in order to do that and that's where we again we're flexible in implementation of our rules so the states would not be prohibiting people from working here so we were going to be compromising sensibility to the extent possible and appropriate.

We also work more broadly on our definition of emergency television or emergency information on television to be inclusive of pandemics to ensure that people understand that the pandemic related information is considered emergency information thus must be accessible. So we've got some very stringent rules around how emergency televised announcements have to be handled as compared to nonemergency information for which there is some less strict rules and requirements.

And that's I think a good model of how all of our federal agencies can step up to kind of look at where those pressure points are and where we can provide some additional support to ensure that these services are not being compromised during the pandemic for people who are really reliant on them for access. Thank you.

Rebecca Vallas: Thank you so much for all of that Suzy. Melissa I'm going to bring you back in to come back to a conversation thread that we actually saved until you joined us and so if either folks would like to weigh in on this as well I'm very happy to open it up. But I - talking a little bit about flexibility, talking about agencies kind of trying to find where they can meet their clients and their customers where they are, one of the policy conversations that this opens up and also sort of associate practice conversation is around a particular type of cases that Social Security calls dire need. It's a technical term that allows benefits to be expedited because of an individual's particular circumstances. We talked a little bit this morning in the listening session about how the very phrase and concept has really taken on a new meaning in a moment like this. And we heard from advocates a little bit about their views in response to SSA's question.

But Melissa Harris from CMS I believe you also have some feedback to offer in response to what should SSA consider when determining if a customer is in dire need? And the agency I think would be delighted to hear from you on the subject so I'll go to dire need before we go to our next and last tranche of questions before the audience piece. So Melissa over to you.

Melissa Harris: Sure. Well I can tell you some of the things that we have done to address the idea that there are Medicaid beneficiaries that are really in some pretty vulnerable situations and might need service provision to start very quickly and in advance of all of the I's being dotted and T's being crossed that are typically required when we are not in a global pandemic.

One of the flexibilities that we can give states is to allow again in the long-term care provision arena allow services to start before some of the formal assessments and plan developments are complete. Typically there is a real sequence that results in an array of services being provided to a beneficiary. There is first an assessment as I mentioned and then that assessment turned into a care plan, the care plan is signed and then it is eventually implemented.

But those assessments are really done to make sure that the needs of an individual are identified, providers to furnish services to meet those needs are identified. And it's also a time to recognize where Medicaid program might start and stop in addressing those needs and what other programs that are funded by separate funding sources might need to be brought to the table and what kind of support that an individual's family or friends can provide under the heading of natural support. And so that plan is a - it's called a person centered service plan. And it's really designed to be the gold standard of what that person needs that person's needs, preferences, the services that are provided across the board Medicaid and non-Medicaid to meet those needs.

And in a pandemic there may be individuals who are leaving a hospital and, you know, need to have services set up very, very quickly, individuals who are in a nursing home and might need to transition out of that nursing home again very, very quickly and the ability to meet all of those typical points on the spectrum is just not there.

And so we have granted flexibility to allow some of these Medicaid funded home and community-based services to be given even if those formal assessments and care plans have not been completed. Obviously we need to know what services to start and there could be some services that are provided, you know, really based on a quite informal assessment while we are working to get the more formal documents compiled.

But those services can start like I said before the larger more formal assessments are done. That's pretty unusual actually because, you know, like I said typically the planning process, making sure that we're paying, Medicaid is paying for the right services no more and no less are of critical importance. But it shows the extent of the disruption that everyone is feeling because of the pandemic that these flexibilities are being authorized to allow services to start in advance of some of those formal assessments.

We're also making sure that people who need to be seen in different settings or receive services in different settings can do so. On our – on the Medicare side we have provided flexibilities for providers such as hospitals. We have an initiative called Hospital without Walls that allows inpatient hospital services to be billed to the Medicare and the Medicaid program even when they are provided in settings that are not the typical inpatient hospital setting.

We have inpatient hospital services being provided in hotels in convention centers. We certainly did in the early days of the pandemic. This might have waned a little bit. But really unusual situations based on what we were hearing from states and providers say was happening in real-time on the ground.

And that's all in the name of maximizing the speed in which services are brought to the table. At the same time not everything is waived. We have to still maintain some standards to make sure that we are providing good services and the services that people are receiving are quality services.

So we are going in with a scalpel to say this requirement is waived and that requirement is waived but there are still some basic infrastructure that still remains in place to ensure the quality of services. And so this is not so much meant to advise the Social Security Administration on how to recognize someone in a dire circumstance but more to provide some examples of how CMS on the Medicaid side and to some extent on the Medicare side have brought flexibilities to the table that gets some really acutely needed services available in advance of when they otherwise would be able to be reimbursed. So I hope that's helpful. Thanks.

Rebecca Vallas: Thank you so much Melissa. So are going to now be a little bit short on time before we move to audience Q&A in just a few minutes and so to give everyone one final chance to speak and to offer any feedback or recommendations or lessons learned they wanted to bring to today's listening session. I did want to do one sort of last lightning round.

I'm going to throw a few questions out there that folks can maybe feel free to incorporate into their final remarks if they want to because I know that these are some of the things SSA is thinking about and

wanting specific feedback on, but happy to sort of leave it open for folks to offer closing remarks with in any final pieces they didn't get to contribute given that we do have limited time today.

And so I know generally the agency is very, very interested in hearing from each of you and has been already I think in different threads of this conversation about ways that you have at your agencies and your agencies have helped to improve and expedite communication with the populations that you serve and in particular some of the high priority groups that we've been talking about today. They are also I think very interested in secure email and alternative communication methods the folks have been trying out during COVID folks have been speaking to different pieces of this today and their different responses. But then finally a piece of the morning conversation was around the potential SSA ombudsman what would that role look like, what would - will could that play with respect to some of the high priority populations that we've especially been talking about today. And so for knowing that multiple of you have agencies that have ombudsman I think there was interest in getting some feedback about how they operate, what recommendations or lessons learned you might have for SSA as they explore and give feedback.

So throwing those in mostly to make my Social Security Administration friends happy that those are in the mix in case anyone wants to bite but happy to just sort of do a final roll call and lightning round for closing thoughts. And I'll ask each of you to give about a minute wherever you want to spend it. So Jill I'm going to go first to you over at HUD.

Jill Yu: All right thank you so much. I'm not aware that we have an existing ombudsman for the agency so I can't speak to that piece but just some feedback for Social Security. I would say the overall, you know, I think like the situation where some of your benefits are being provided online is very helpful and definitely accessible for populations who can like these (skilled) services.

I do know just hearing anecdotally that not many of them knew about my ssa.gov and when they were exposed to it and were able to, you know, access it. But they did find that incredibly helpful and very easy to use. So just I think just continue to promote that work will help some of our populations.

I do think though that on a grander scale that the earlier conversations during this forum we - there was feedback shared that the way we do business is to, you know, response and needs and using technology as best as we can. But I do just want to keep emphasizing the point like our assisted residents living in public housing they want to get modernized, they want to access these services. They just can't for whether its connectivity issues and some of it is also just not understanding myssa.gov or eve just like basic digital literacy issues. So I do think like in with my - with SSA as well as other agencies we are moving in the right direction and producing a lot of really great products that will be available online throughout the pandemic and even outside of the pandemic. But there we also need to remember that we have a population who might not be at that point yet. But we want to make sure that as we advance forward with technology we don't allow the populations to be left behind so whether that's connectivity digital literacy meaning just like how do you utilize the Internet literally, like those kind of basic 101s would be most helpful.

Rebecca Vallas: Thanks Jill. I'm going to go next to Dr. Hayworth. Dr. Hayworth same sort of, not a question to you but same invitation to you to close out with some of those things as may be areas to factor in as your thinking about things SSA is especially interested in hearing about that we didn't have time for today?

Dr. Leonie Hayworth: Yes I think that a couple of comments that went after I spoke last with respect to the Federal Communications Commission and the Lifeline program which is something that we had integrated into our assets for outreach to make folks aware as we try to mitigate the digital divide the opportunities that Lifeline can offer to consumers in our case veterans.

To HUD for the collaboration we have with RDAs Supportive Housing Program and the Cares Act funding that was able to support smart phones to HUD-VASH enrolled veterans. And Medicare who may have interest in our Anywhere to Anywhere legislation which allows VA providers to provide telehealth across state lines. And that is certainly provided a huge platform for us to stand on as far as being able to deliver care wherever the veteran is all across the country.

And so I would just echo the comment throughout the session and made before me as far as making sure that we understand where the disparities are so where the gaps and where we're providing those services making sure like the person before me said making sure nobody's left behind.

We do need to focus on enhanced connectivity in areas where there is done and thinking creatively about ways to do that outreach. And once we have done that map to be able to put devices into the hands of those people who need it most so that they can have that care and continuity.

I'll also say the digital skills piece is also a very important part of making sure once we have that device in their hands that they know how to use it and have those skills to be able to use video but more broadly the suite of virtual tools that will be increasingly available in the health realm but also with SSA and other benefits. Of course we have our veteran benefits as well and this is of utmost importance to VA on both the health side and the benefits side.

So to wrap up encourage you to follow us VA Office of Connected Care on social media, subscribe to our My HealthVet newsletter. Look for Facebook live events, visit our Web site and happy to engage any of you individually or as a group outside this forum -- appreciate the opportunity to attend.

Rebecca Vallas: Thank you so much. Then we're going to have our final three panelists get their last respective minutes. In scare quotes I'm asking folks to keep it to a minute but I know that it's a lot to try to cram into a limited amount of time with a lot of really rich timely topics. So it's going to be Suzy and then Vickie and then Melissa. So Suzy over to you with any closing remarks you'd like to offer.

Suzy Rosen Singleton: Thank you. This is Suzy speaking. I'll just keep it very brief. There are three very important priorities that I wanted to mention. First, modernize to the extent that you can. In the spirit of Section

504 and Section 508 be sure that you are using the most recent and accessible tools and work with your consumers on that. Second is be flexible try to see where you can alleviate burden on the public particularly during this pandemic.

And last is collaborate consult and ensure that you're including those who you serve. The old adage nothing about us without us I think really applies here. If you look around virtually and kind of try to identify whether you have those stakeholders in your virtual room if not then that's a good place to start as well. And that's all for me thank you.

Rebecca Vallas: Thank you so much Suzy and words to end on for sure even though we're not quite ending. Vickie you'll get the next to last word. Vickie?

Vickie Kennedy: Thanks Rebecca. I think just a couple of quick things. First I want to mention that we've heard today some expansion in opportunities for telehealth or telemedicine. I mentioned a couple that Washington has done but there are actually a number of ways that we are today allowing telemedicine that I think for us were unheard of a year ago.

For example we now allow the treatment to originate from the worker's home. That wasn't true before they would go to an alternative medical clinic or similar organization in order to engage perhaps a mental health specialist that was on the other side of the state from them.

But what's most interesting that might be of value for folks to know is that we are engaging the University of Washington to actually examine the outcomes, the access to care, the other issues surrounding this expansion to help inform us in other systems on what - which of those changes should really be permanent, which of those are really to the advantage long term of the clients of the organizations of the medical providers so more to come on that. Thank you Rebecca.

((Crosstalk))

Rebecca Vallas: And (unintelligible) a lot of the conversation around COVID is just an opportunity for us to learn lessons about how we should be doing it anyway and I appreciate that point and thank you Vickie. Melissa you are going to get the actually last word and then I will turn it over to Dawn for the promised audience Q&A.

Melissa Harris: Great thank you. So mines actually going to be a continuation of some of the information that we heard from Vickie. One of the things that were doing at CMS is we've coined a new term and that term is unwinding. And it's all in the name of figuring out what flexibilities are by their nature time-limited. Some of them are only available to us because a disaster has been declared and which of those flexibilities are available to CMS to choose to make available all the time.

And so we're doing an analysis of really what lessons have we learned about what's really working. And those changes range from the work life of CMS employees. As you've heard before there's a lot of people working full-time from home who never did that before. Have we been able to sustain a workforce of the CMS agency? That answer is yes. What does that mean going forward all the way down to how care is delivered that's reimbursed by the Medicare and Medicaid program?

Can we – should we be modifying regulations to allow some of these flexibilities to become embedded into the traditional delivery system or should we continue to reserve these flexibilities for really extraordinary time like we're in now? The jury is still out on some of those. You know, we are always striving for balance between providing the right types of flexibility, the right types and decisions that can be made at the state level by our state partners and what kind of requirements really should be standardized at the federal level.

And different people bring many different perspectives to the table. And so what lessons are we learning here from this public health emergency that will inform what we do going forward and making sure the right care is provided to the right people. That's a conversation that certainly will continue. Thanks.

Rebecca Vallas: Thank you so much for closing us out Melissa. So at this point with great appreciation for panelists I'm going to hand over the baton to Dawn Wiggins who is the Associate Commissioner of the Office of Income Security Programs with the Social Security Administration and thank all of our participants who have sent in questions because it's time for them. Dawn over you.

Dawn Wiggins: Thanks so much Rebecca. You did a fantastic job expertly pivoting between speakers and topics so I want to thank you wholeheartedly and the same to Vickie and Melissa, Dr. Hayworth Suzy and Jill. You know, I know how busy I am have been during this time so I know you guys have been as busy or busier. So we really appreciate you taking this afternoon to help us inform and do better here in SSA and hopefully also share some recommendations across the board to all the, you know, components and agencies involved in this so thank you.

And I definitely look forward to taking these ideas back to my people and colleagues throughout SSA so thank you so much. And I think there are great opportunities discussed about collaboration and yes that will be extremely helpful as well.

I received just some questions, a couple around medical records, medical exams, virtual hearings, use of data and collaboration so I think I'll start with the first one related to medical records. And it's a bit of a long question so I'll take it slowly. And I think this will be more directed at Dr. Hayworth and Vickie. And the question is, "Can those who use electronic records comment on the increasing need to use electronic medical records both to get existing medical records and to request and receive a current evaluation from a treating medical source?" Recommendations for SSA and others based on your experience and challenges encountered. So Dr. Hayworth would you like to start?

Dr. Leonie Hayworth: Sure. This is something as a provider I still struggle with daily. As we have expanded veteran's access to care in a very meaningful way through accessing community care services through beginning with the Choice Act in 2014 and then expanding on Community Care Act in 2018 veterans are increasingly seeing community providers and we find ourselves trying to hunt down those records to have that continuity and the complete picture of care.

So I completely agree with the need to unify and to be able to make this more accessible. We do have a system by which those records and those notes are brought in scanned into the system but often, you know, the process of requesting them, uploading them, scanning them in then delays when you really need to act on them from a medical perspective.

So the office of the Electronic Health Record and community care has been working on a process, a local process such that community care providers would have a portal to upload the information that then the providers would be able to go and easily access sort of outside that traditional making a phone call to request medical records from the relevant department. So I think more thinking along how we streamline, how we make sure that these joint portals are secure can really optimize the kind of care we can meaningfully deliver and, you know, really provide what our customers need and not fragment that care in the process.

Dawn Wiggins: Thank you.

Vickie Kennedy: So this is Vickie in response also. I wish I had a solution. I will say that our system is extremely old. Our core claims management system is more than 40 years old. And we certainly have made some progress in the ability to obtain documents electronically through secure means. But I don't think we've honestly come up with the best solution and I don't think we will until we replace some of the antiquated systems that we have now.

It is certainly a thorn in the side. Many in our system including medical providers so a focus as we strive to reduce administrative burden to those and others but I don't think we've solved it yet.

Dawn Wiggins: And then we're working on it ourselves at SSA. So we equally integrated systems we've been working on modernizing so I think we can relate. Melissa or any other panelists do you have anything you'd like to add? Okay.

Melissa Harris: This is Melissa. Sorry, this is Melissa. I don't have anything else in particular. I think what the commenters have added, you know, is right on.

I mean there are things that six months in, you know, we are still trying to gather information to inform our next steps. And I imagine that there will be retrospective done at all the decisions made during the

public health emergency and some will be ratified and some will, you know, we will take lessons learned to inform how we make decisions maybe differently going forward.

But, you know, I think it's very important to take time to do the analysis, figure out what worked, what didn't but recognize that this is quite hard and there are no -, some decisions come easier than others but there are consequences to a lot of these decisions and understanding, you know, what those consequences are, when do the positives outweigh the negatives, what to do if there's understanding if something that was done in the name of expediency or flexibility is not working out having to ratchet that back. Those are all, you know, very timely questions that we're asking and they don't always lend themselves to quick answers so much more work to be done.

Dawn Wiggins: Agreed from all of us and much has been done so, you know, we at the same time we can overly criticize ourselves. I think it's been a whirlwind and I think all of our agencies have done a great job getting to where we are now and obviously room for improvement of course.

So another question in this is something that certainly come up at SSA and I would assume federal and state laws, you know, how do federal agencies that in state agencies in your case for Washington state overcome legal barriers such as the Privacy Act, Social Security like for us Social Security Act and other state statues so implementing some of the exchanges of data, having the live or the, you know, video hearings. And, you know, so there's privacy issues involved and other state laws that impede how we might think we can do something. You know, you have to actually stop and say, "Oh wait a minute can I do that, or if I do it what do I have to do to consider?"

For us, you know, it's overcoming a lot of privacy issues with - and I think I overheard someone speak earlier today about this about having hearings of people being able to hear the conversations because they can't get a private location to - in which a forum to do that. So anyone want to jump in on, you know, what kind of how you've managed to overcome legal barriers or even identifying what those barriers are is are trying to move so quickly through, you know, standing up different ways of delivering service?

Vickie Kennedy: This is Vickie from Washington State. I'm sort of pausing because I will say that generally we have not heard a lot of concerns about the privacy issues. And I think it may be in part because we have addressed a number of them at least within our system when it comes to the exchange of data. I think sometimes frustrating to our staff we only have access to a very limited number of applications for videoconferencing for example.

We've got very strong firewalls to protect the person's private claim information. And when I think about things like our policy that we've now set aside around ensuring that a worker was accessing telehealth services from a private similar medical clinic those in some ways were almost policies that were too extreme because if a worker chooses to access services from within their home they recognize who's - who might be listening in on that conversation about their mental health issues for example. So I think it's been more in ongoing protections that a lot of government agencies are pretty rigid about and it hasn't to me presented a new problem to us at least at this point.

Dawn Wiggins: Okay good. Anyone else have any thoughts on that?

Melissa Harris: This is Melissa in CMS and we have been in consultation with colleagues in the Office of Civil Rights and Department of Health and Human Services. They have primary oversight of the HIPAA provisions as they relate to personal health information. And they have issued also some waivers or really some non-enforcements discretion information for the duration of the public health emergency around service delivery that happens over the telephone.

This is not something that CMS is out in front in but our understanding is that typically telephonic medium to deliver services is oftentimes runs afoul of some of the HIPAA privacy protections. But our colleagues in the Office of Civil Rights have issued this non-enforcement noticed during the public health emergency to legitimize telephonic distribution of information allowing the communication between a practitioner and a patient to happen over the phone.

Dawn Wiggins: That's interesting okay.

Melissa Harris: Excuse me I had to pause to cough and I didn't want to do that with the mic on. And so that has been another flexibility not that CMS has brought to the table that that our federal colleagues have in a way to maximize service provision. What will happen with the ability to use telephone only service delivery after the public health emergency is something that our colleagues in OCR will be grappling with? But it was something that we've heard from a lot of our states and a lot of provider groups have been a key flexibility in allowing service provision to continue albeit differently during the public health emergency.

Dawn Wiggins: Great thank you. Anyone else have any thoughts on that? Okay I'll move to may be a more straightforward question. Here at SSA we obviously had in person hearings and we're wondering if those of you who hold hearings Washington perhaps and VA and I know CMS has hearings as well what have you done to – have you made changes to how you do your, you know, your handling your hearings?

Dr. Leonie Hayworth: This is Leonie from VA. I would have to defer that to the DBA benefits side of the house. But I do know that they have been using video and increasingly interested in doing more and more by video.

Dawn Wiggins: Thank you.

Vickie Kennedy: In Washington our hearings are actually handled by a separate agency. And I know that they do virtual hearings but I'm not sure how they've addressed the problem.

Dawn Wiggins: Okay.

Suzy Rosen Singleton: This is Suzy. We don't really have hearings as such in our area at the FCC but I do want to say that it is amazing how effective it can be to have these things done virtually. So that's certainly something to look into. I'm sure that you may be considering that but, you know, with the pandemic it is always worthwhile to look at how you can continue to be flexible in doing things virtually.

Dawn Wiggins: Thank you. Okay I'll ask a question along the lines of medical examinations. Dr. Hayworth, I was wondering if you could talk about your video exams that VA offers. And the question was are they effective for initial care, for ongoing care and have you been able to use them to obtain VA disability ratings?

Dr. Leonie Hayworth: So we use video visits for both initial care and ongoing care continuity issues. And this was something that came up a lot during the pandemic was, you know, how do I establish a new patient and can I do that by video? Are there any policy changes or exceptions that are needed?

Thankfully our leadership had had the foresight previously and not related to the pandemic to allow folks to establish care by alternative modalities other than in person care. So that happened quite seamlessly for us in the uptick with video for the pandemic.

With respect to uses video for continuity that is something that we defer as far as the clinical judgment of providers to determine what's appropriate, what's not, everything from, you know, deciding in the middle of the visit to being able to pre-empt that when you are reviewing the schedule to say, you know, is this something that could be managed appropriate by video.

As far as disability claims those there are some exams happening through our compensation and pension division also through video. And they have specific criteria as far as what they do by video at this time. I'll have to defer those details to a spokesperson from that office. But I - what I will say is that as we continue to expand video with use of additional tools such as our personal devices including our digital stethoscopes our proximate weight scale and others we're looking more and more at being able to very easily do a remote comprehensive exam that includes vitals in a lot of cases.

Dawn Wiggins: Great that's very helpful. Thank you. And I'm getting pinged. I think we're about to wrap up our event so I want to thank you all for entertaining my ad hoc questions as well as the ones that you were somewhat more prepared for. So thank you for that and I really appreciate your time and look forward to bringing this information back to our agency and the folks that I work with. I think I'm next turning it over to Jeff Buckner again.

Jeffrey Buckner: Thank you Dawn very much. Thank you Rebecca and the entire panel. I do want to – I just want to echo Dawn's comments that this was really a great discussion really helpful thought out ideas and recommendations and we really do look forward to taking these back and seeing how we can turn these into action to benefit the public.

And really today's forum would not have been possible without our panelists and the moderators from this and our morning session as well as question submitting by our listeners of both sessions. So before I close out though I do have a couple brief announcements.

Next year we will be starting a new program called the Interventional Cooperative Agreement Program or ICAP. We're establishing this cooperative agreement program to collaborate the states, private foundations and others who have the interest and ability to identify, operate and partially fund interventional research. The research and interventions can target many of the issues discussed today including better outreach and better representation for disability claimants and beneficiaries. If successful this program will provide an important mechanism through which SSA can systematically review proposals and enter into agreements to collaborate with external groups.

Since we are still in the pre-solicitation stage, we can't provide details at the moment. However we do plan to initiate ICAP in 2021 with a limited number of cooperative agreements. And we encourage interested groups to review our budget and be on the lookout for additional information in the future.

Also you'll receive an email with an evaluation about today's National Disability Forum and a link for engage SSA. We ask that you please complete the evaluation to let us know your thoughts about the forum. The Engage SSA is an online forum in which you can respond to questions regarding what the panel discussed today and the responses will be shared with everyone accesses the site.

Completing the evaluation will help us to improve the National Disability Forum for next time and participating in the engage SSA offers you a chance to let your voice be heard. We are planning the next forum for the fall and you will receive the details. Thank you all again for joining today's forum and please continue to be safe and enjoy the rest of your day.