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Assessing Administrative Burden Among SSI Recipients

Abstract

Supplemental Security Income (SSI) recipients often manage multiple benefit programs to manage their health and disability and make ends meet. The administrative burden of accessing and maintaining SSI and additional benefits can be very onerous to recipients, who are particularly vulnerable to its impacts as a population navigating both poverty and disability. This qualitative-focused mixed methods study used administrative data from California to describe the population of SSI recipients who simultaneously receive CalFresh, the state's SNAP benefit, after a 2019 policy change newly permitted dual enrollment. In the qualitative portion, 17 working-age SSI recipients participated in in-depth interviews and follow-up feedback groups in English and Hmong to explore how administrative burden impacted them and what strategies they used to address it. A team coding approach to thematic analysis was used to analyze transcript data using the analysis software Dedoose. Quantitative findings show widespread though inequitable CalFresh take-up among SSI recipients, indicating a need for increased outreach efforts to communities with limited English proficiency. Qualitative findings suggest that the psychological costs of administrative burden that participants encounter, such as disability- and welfare-related stigma and chronic stress, amplify their experiences of compliance and learning costs. In this context, SSI benefit–related burden was primary for participants, who in turn assessed the administrative burden they encountered in additional benefit programs relatively—in comparison to SSI—rather than additively. Low levels of trust in SSI reported by participants seemed to increase the psychological costs and learning costs of administrative burden they experienced. Strategies such as the introduction of eligibility screeners for non-SSI benefits during continuing reviews and the reduction of the frequency of income and asset reporting could decrease the costs of administrative burden.

Keywords: SSI, disability, qualitative research, administrative burden, psychological costs
JEL Classification Codes: SSI, welfare policy, human capital, poverty

1. Introduction/Literature Review

For many people who receive Supplemental Security Income (SSI) benefits, their monthly check is not enough to make ends meet, and so they enroll in other public benefit programs (Edelstein, Pergamit, and Ratcliffe 2014; Stegman and Hemmeter 2015). Making ends meet on SSI benefits is particularly challenging in regions with higher costs of living, such as California (Wimer et al. 2013). These benefit programs may include CalFresh (the California Supplemental Nutrition Assistance Program, or SNAP, benefit), Section 8 (the federal housing benefit program), Medi-Cal (the California version of Medicaid), or IHSS (In-Home Supportive Services, the California Home and Community-Based Services benefit), among others. These benefit programs are administered at varying levels of government and have distinct criteria for eligibility and program recertification. Further, SSI recipients must navigate a particularly challenging set of program rules (when compared to those faced by SSDI beneficiaries) such as always maintaining below $2,000 in assets (Moynihan and Herd 2010). Hence, SSI recipients describe spending significant time and effort and experiencing angst while applying for, obtaining, recertifying, and managing these benefits (Olney and Lyle 2011; Savin 2021; Moynihan and Herd 2010).

These efforts are conceptualized by the field of policy administration as administrative burden, which is defined as the "learning costs, psychological costs, and compliance costs" born by individuals in their interactions with the state (Moynihan, Herd, and Harvey 2015). Moynihan et al. (2015) have argued that the amount of administrative burden placed on individuals in interactions with the state, such as during the receipt of SSI, presents challenges to both their well-being and their financial security. Since an increase in administrative burden results in a decrease in program uptake, as individuals are unable or unwilling to engage with the required bureaucracy, and vice versa, it may result in a relatively hidden barrier to individuals' access to necessary public assistance. Despite its salience to economically vulnerable SSI recipients, little research was identified that assessed administrative burden in SSI (Savin 2021; Keiser 1999; 2001; Moynihan and Herd 2010)

In other areas of U.S. public assistance policy, such as SNAP, the Earned Income Tax Credit (EITC), and Temporary Assistance to Needy Families (TANF), to name a few, administrative burden has been studied significantly, and the frameworks developed to understand

these experiences may be useful to understanding the SSI administrative burden experience. This extant literature can be organized into studies of the causes and studies of the consequences of administrative burden. This organization intentionally distinguishes between what the state does that brings about burden, or the causes, and the impact of this burden on the individual actor, or the consequences.

Administrative burden as a concept focuses on the individual experience of public processes and has been defined as "an individual's experience of policy implementation as onerous" (Herd and Moynihan 2019). In considering state factors behind the creation of policies dictating these processes, Halling, Herd, and Moynihan (2022) use the term "burden tolerance" to characterize what they identify as the willingness of people, and politicians in particular, to impose and accept burden in a public system. They find that factors such as personal experience with using public benefits and belief in the deservingness of welfare claimants are associated with less burden tolerance, while more conservative politics is associated with greater burden tolerance. In this argument, administrative burden is deliberate and constructed by policy makers and serves as "a venue where political values play out" (Herd and Moynihan 2019). Alternatively, administrative burden may be deliberate as a means of reducing fraud or rationing the number of people who can access a given program or service. Other research identifies the unintended yet accepted type of administrative burden that results from the failure of state actors to examine the impact of policy implementation on citizen actors, also referred to as "benign neglect" (Herd and Moynihan 2019; Peeters 2020). Peeters (2020) introduced another axis from which to analyze the production of administrative burden alongside intentionality, that of formality. Some burdens are created by policy introduction of a particular process or protocol (e.g., lengthy applications), while others emerge as organizations attempt to carry out the policy through their informal practices (e.g., long waits for services). Factors such as state capacity and frontline worker behavior are likely to impact the informal practices of administrative burden, though the worker caseload and the amount of resources devoted to state capacity could arguably be intentional or unintentional on the part of policy makers.

Consequences of administrative burden, or how people experience state actions, can vary based on several dimensions. Administrative burdens are known to be distributive, as different people who must endure the same welfare burden can experience differential impacts, depending on group- and individual-level factors influencing their overall experience (Herd and Moynihan

2019). These differential impacts often affect vulnerable populations disproportionately, thereby reinforcing existing social inequities such that people who are in most need of public assistance might struggle the most to access it (Christensen et al. 2020; Chudnovsky and Peeters 2020).

In examining citizen factors, or why people's reactions to the same burdens differ, Chudnovsky and Peeters (2020) develop an instrumental framework to depict how an interplay of economic and behavioral explanations influence the individual experience of administrative burden. Economic explanations include the cost-benefit analysis implied in an "ordeal mechanism," which assumes that a person's willingness to go through the "ordeal" of required paperwork and other benefit maintenance activities will be relative to the amount that they need the given benefit (Herd and Moynihan 2019; Madsen, Mikkelsen, and Moynihan 2022). This idea persists despite evidence that higher burdens often exclude the most vulnerable groups who are unable to meet these demands, potentially as a result of the barriers introduced by the state of poverty itself, such as unreliable transportation, low income, a lack of basic services, and time poverty (Chudnovsky and Peeters 2020). Perhaps the cost-benefit perspective on administrative burden looks at willingness to engage in it to the exclusion of capacity to overcome it.

Behavioral explanations of why people's reactions to the same burden differ look at factors such as human capital, which can involve cognitive resources, executive functioning, and bureaucratic competence, which may be influenced by socioeconomic factors such as poverty and educational levels as well as disability factors (Christensen et al. 2020; Chudnovsky and Peeters 2020). In addition, people's resource scarcity can alter their decision making and worsen their judgment, biasing them towards short-term goals that may worsen long-term financial outcomes (Chudnovsky and Peeters 2020; Mullainathan and Shafir 2013). Furthermore, people's attitudes towards and trust of the state, often influenced by previous experiences of citizen-state interactions, impact their experience of administrative burden. People who have experienced barriers to getting their benefits and perhaps even had their rights violated may come to expect that they will not be treated fairly in their interactions with the state, and thus they may feel a sharper sting from each encounter with administrative burden (Chudnovsky and Peeters 2020; Peeters and Dussauge Laguna 2021).

Research into the emotional consequences of administrative burden frames it as an affective rather than cognitive experience and finds that factors such as how a public service worker communicates information about administrative rules and processes (for example,

explaining the purpose of a particular process) can play a significant role in improving people's overall experience of administrative burden (Hattke, Hensel, and Kalucza 2020). Further, focusing on the negative emotions such as anger and frustration that can arise in the context of administrative burden can help us make sense of situations when people seemingly act in ways that are contrary to their own benefit and thus complicates the cost-benefit analysis implicit to ordeal mechanisms.

Besides economic and behavioral explanations for variance, Bell et al. (2023) identify mental and physical illnesses as among the factors that contribute to an increased impact of administrative burden. The impact of disability on reactions to administrative burden is of particular consequence to the understanding of SSI recipients' experiences. Bell et al. (2023) find that people with attention disorders (e.g., ADD or ADHD) or physical pain experience administrative burden as more onerous and more difficult to cope with and have reduced program take-up as compared to their counterparts without health problems. Further, they find that the people with the most health issues experience the greatest level of burden and the lowest program uptake, suggesting that the effects of health on administrative burden are cumulative. Their research indicates further exploration on the impact of administrative burden in the context of disability benefits, where all recipients are experiencing either physical or mental health issues or both.

1.1. The Context

In June 2019 upon the passage of California State Assembly Bill 1811, California became the last state in the nation to eliminate its "cash-out" policy, which had barred SSI recipients from receiving SNAP, or CalFresh, benefits even though their monthly benefit amounts placed them within the CalFresh income eligibility guidelines. This "cash-out" policy can be traced back to SSI's origins in 1974, when the federal government allowed states to reduce their own administrative burden by incorporating the $10 monthly SNAP benefit into SSI benefits while simultaneously making SSI recipients ineligible for SNAP benefits (Hammond et al. 2020). While the SNAP exclusion of SSI recipients remained in place, the SNAP allotment embedded in SSI benefits was never formally increased in California, leaving SSI recipients with decreasing purchasing power and struggling to access their basic needs (Johnson 2020). The 2019 elimination of the cash-out policy allowed SSI recipients in California to apply for and receive CalFresh for the first time, and the bill's passage was accompanied by broad-based outreach efforts for SSI

recipient enrollment (Jensen 2022). Thus, this study assesses the experience of administrative burden among SSI recipients at a time when they are more likely to receive multiple public assistance benefits than at any prior point in the state's history.

Another factor relevant to this study's context is that qualitative data collection took place during late 2022 and early 2023. Some programs, such as CalFresh and Medi-Cal, were still operating under COVID-19–specific policies that impacted benefit generosity and administrative burden and that were terminated with the end of the federal COVID-19 public health emergency declaration. CalFresh provided recipients with an extra allotment that increased their benefits at least $95 per month from March 2020 to the end of March 2023. Medicaid's continuous enrollment provision, which significantly decreased program churn, also ended at the end of March 2023, and beneficiaries were once again required to recertify annually.

A Kaiser Family Foundation analysis estimates that during the period of continuous Medicaid enrollment, 20 million more people joined Medicaid and the overall uninsured rate dropped (Burns et al. 2023). This analysis predicts that many of these gains could be reversed, as 17 million people could lose this health coverage, as the policy unwinds. While SSI recipients whose benefits are linked to Medicaid are not likely to be directly impacted by the end of continuous enrollment, the natural experiment of COVID-19 policy relaxations showed the key role administrative burden can play in social welfare program participation. In the context of California, the recent expansion of CalFresh is of critical importance to the health and well-being of vulnerable populations served by SSI, such as the poor elderly and the disabled (Wang 2021). However, administrative burden in managing SSI and additional programs such as CalFresh could be a barrier to program participation. Understanding the experiences of SSI recipients as they navigate multiple public benefits with varying application, reporting, and recertification requirements is an important part of assessing these benefit programs and understanding the conditions under which beneficiaries experience administrative burdens most acutely.

1.2. Theory

The theory guiding this research methodology is Critical Disability Studies (CDS), an arm of critical theory that focuses on deconstructing norms and power structures through the use of counternarratives with an emphasis on gaining knowledge from lived experience (Goodley 2013). CDS deconstructs a mainstream, medical model of disability that perceives disability as a

biological defect, pitiful tragedy, or object of charity. While embodied differences unarguably exist across humanity in multiple spectrums such as height, strength, or flexibility, whether these differences are viewed as unremarkable, as sources of entertainment, as talent, as disability, or as some combination of the above is constructed by society. For example, joint hypermobility could be minor and unremarkable; it could characterize an attraction in a circus freak show of the 19th or 20th centuries; it could be emblematic of professional ballet dancers; and it is often the hallmark of the disabling genetic condition Ehlers Danlos-Syndrome. The broader context of historical era, labor market demands, and public perception as well as the individual context of age, health, gender, and race can all interact to produce readings of embodied differences as disability. Hence, CDS emphasizes political and socio-cultural conditions that create disabling circumstances. Employing Crenshaw's theory of intersectionality, disability is considered alongside other facets of identity and other forms of social oppression (Crenshaw 1991).

Some scholars have argued that CDS is better suited as a methodology than as a field of study (Minich 2016; Schalk 2017). Given the long history of using disabled people as objects of research and subjects of writing wherein disabled people's own perspectives were overlooked, scholars such as Minich and Schalk warn of the risks of taking disabled people as an essentialized object of study. CDS does not promote its own goals by studying disabled people who are identified as such through a medical or diagnostic model. Instead, it directs attention to the processes by which people are deemed to be disabled and the social conditions that accompany this label.

In this research, participants are understood to be disabled because they meet criteria for Supplemental Security Income through the Social Security Administration rather than because of any "natural" or intrinsic commonality. While I do collect information on participants' type of disability in order to explore a variety of ways in which people's experiences may differ, it is instead the shared welfare category of "disability" and the administrative process of SSI benefit receipt and maintenance that unifies participants in this framework.

This study seeks to address a gap in literature on SSI recipients' experience with administrative burden and to respond to the following research questions:

1. How does administrative burden impact SSI recipients' decision-making processes around benefit program participation?

2. How are SSI recipients impacted by the various costs of administrative burden?

3.   How do SSI recipients cope with administrative burden?

2. Data and Methods

This study employed a qualitative-focused mixed-methods approach to explore California's SSI recipients' experience of administrative burden in navigating multiple benefit programs simultaneously to make ends meet. This approach privileges the qualitative methodology out of an understanding that subjective meaning is critical to building knowledge (Hesse-Biber, Rodriguez, and Frost 2015). In this context, this means that understanding SSI recipients' experiences and how they make meaning of this experience is necessary for SSI policy analysis. The quantitative methods involved in this mixed-method approach are used to assist in the overall context or explanation of the qualitatively derived research questions (Hesse-Biber, Rodriguez, and Frost 2015).

2.1. Quantitative Data and Methods

Quantitative methods were used to assess the scope of SSI recipients who also receive SNAP benefits and to describe them demographically. Data for this analysis came from publicly available California Department of Social Services (CDSS) datasets found on the CalFresh Data Dashboard (May 2023). CDSS does not directly report the total count of SSI recipients receiving CalFresh at a single point in time, so this number was approximated by adding together the monthly total numbers of people receiving SSI in new CalFresh applications processed in a given month. This data is available from the month of the cash-out policy change, June 2019, to March 2023. Thus, the total number is a count of the monthly totals from each of those 46 months. Additional CDSS data describing SSI recipients in California in 2018 was used as the denominator in order to calculate the proportion of SSI recipients receiving CalFresh out of the total number of SSI recipients in the state and to assess the racial/ethnic and linguistic representativeness of the CalFresh enrollees.

2.2. Qualitative Data and Methods

To explore the experience of administrative burden among SSI recipients in California, in-depth, semi-structured interviews were conducted with 17 working-age adults (aged 18–65) followed by three member-check feedback groups. Participant inclusion criteria included SSI receipt, managing benefits without the use of a representative payee, English-, Spanish-, or Hmong-speaking, and being aged between 18 and 64. This age range was selected in order to focus on

the experiences of adults whose SSI receipt is related to disability, rather than old age, in order to capture the administrative burden of demonstrating disability. Non-English speakers were sought in order to learn about how language access issues impacted the experience of administrative burden, and Spanish and Hmong were spoken by the two graduate student RAs and represented large communities in the Northern and Central California regions. SSI recipients using a representative payee were excluded since their administrative burden is shared with their payees, which is a distinct experience from that which is the focus of this study.

Potential participants were recruited through distribution of study flyers to organizations in Northern and Central California that serve adults with disabilities, via the personal and professional networks of the PI and RAs, by posting the study flyer on social media, and through snowball sampling when participants referred others in their networks to the study. Study flyers included an email address and phone number for interested individuals to reach out for screening as well as a QR code with a brief Google form people could fill out to answer screening questions and describe any needed accommodations.

Out of the 17 participants, almost half identified their race as Asian, almost a quarter as white, and the remaining quarter as Latinx, Black, or multi-racial. The majority, 11 participants, identified their gender as women, four as men, and two as non-binary. Participants' ages ranged from 23 to 64, with a mean age of 40. All participants received SSI and Medi-Cal (California's Medicaid program); the majority, 14 participants, received CalFresh (California's SNAP benefit); and five participants either were receiving or had previously received In-Home Support Services (IHSS, California's Home and Community-Based Services program). Additional participant characteristics are in Table 1.

Table 1: Qualitative Study Participant Characteristics

Participant Characteristics	n	%
Gender Identity		
Man	4	23.5%
Woman	11	64.7%
Non-binary	2	11.8%
Race/ethnicity		
Asian	8	47.1%
Black	1	5.9%
Latinx/Hispanic/Mexican	2	11.8%

Multi-racial	2	11.8%
white	4	23.5%
Age		
18–34	7	41.2%
35–49	6	35.3%
50–65	4	23.5%
Language		
English	13	76.5%
Hmong	4	23.5%
Educational Attainment		
Less than high school	3	17.6%
High school diploma	2	11.8%
Some college	6	35.3%
Bachelor's degree	3	17.6%
Housing status		
Lives with family	4	23.5%
Public housing / section 8	1	5.9%
Rents (from family or market rate)	8	47.1%
Unhoused / unstable housing	3	17.6%
Receives CalFresh		
No	3	17.6%
Yes	14	82.4%
Previously received, not currently	0	0%
Receives IHSS		
No	11	64.7%
Yes	3	17.6%
Previously received, not currently	2	11.8%
n	17	

Interviews were conducted in either English or Hmong (the only Spanish-speaking potential participants who contacted us were screened out because they received SSDI rather than SSI), and an interview guide (see Appendix) was used to structure the conversations. Interviews lasted an average of 45 minutes and were conducted either in-person or by Zoom video conference, depending on the participants' preferences. Interviews were conducted by either the PI alone or by the PI alongside one MSW student research assistant. As for the four interviews conducted in Hmong, a Hmong-speaking MSW student RA served as the translator for two interviews and conducted another two interviews independently. Interviews were audio-recorded and transcribed by Rev, a professional transcription service. Interview transcripts were then uploaded into the

mixed-methods data analysis software program Dedoose for qualitative coding.

Three tofour months after the in-depth interviews, when a preliminary data analysis had been completed, participants gathered by Zoom video conference for three feedback groups (two in English and one in Hmong). Eleven out of the 17 interview participants attended the feedback groups: One participant had scheduling conflicts, one was lost to follow-up, one did not show up to their scheduled group, and three declined to participate. Groups lasted approximately 75 minutes and were co-facilitated by the PI along with an RA. During the groups, participants were presented with the preliminary findings and asked for their feedback. Subsequently, they were asked to share which aspects of the findings were most important to them and what areas of SSI-related research they would like to see explored in the future. The goals of the feedback groups were to maintain fidelity to the participants' experiences in the data analysis process and to include them in the broader research process to inform current and future work. During the groups, participants were also asked to select a pseudonym for use in place of their name in any written reports.[1] While not an explicit goal from the outset, the groups also served to build community among some participants and as venues for participants to share information and strategies on managing benefits.

Participants were compensated $35 in gift debit cards for each of the two portions of the study as a token of gratitude for their time. Study procedures were approved by the University of the Pacific Institutional Review Board. For all in-person procedures, a written consent was obtained by participants, and for all remote procedures, a waiver of written consent was permitted, and a verbal consent was used and documented in study records.

2.2.1. Data analysis.

Qualitative data was analyzed in Dedoose using Braun and Clarke's six-step framework for the thematic analysis of qualitative data (Clarke, Braun, and Hayfield 2015). To enhance trustworthiness, a team-coding approach was used in which each interview transcript was coded twice, once by the PI and once by an RA, with three RAs participating. Each RA coded five to six transcripts, and the PI coded all 17. The first step of the framework, familiarizing oneself with the data, was accomplished through listening to the audio recordings while cleaning transcripts and

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[1] In one group, participants discussed their pseudonym selections aloud as we waited for people to join the meeting. This may have contributed to an unusually large number of them selecting names that relate to gemstones. In the future, I will ask for pseudonyms on an individual basis after interviews.

preparing them for data analysis. The second step, generating initial codes for the data, was conducted by coders who created codes and assigned them to text excerpts. Some of the generated codes were deductive, based on categories that flowed from the interview questions (e.g., application process) or on categories commonly used in the literature on administrative burden (e.g., psychological costs). Other codes were inductive and were created to describe participant experiences that emerged from the data, such as how participants made meaning out of and coped with their experiences (e.g., internalized ableism).

The third step, creating themes, involved organizing the list of initial codes into broader themes. To accomplish this, the four coders met for two 90-minute meetings to discuss the generated codes and any different interpretations of the data, and out of this discussion they developed themes that organized the initial codes into broader categories. In the fourth and fifth steps, codes were reviewed and refined, and themes were named and defined. This process involved group discussion alongside continuous reviews of the original transcript data. These themes, named and defined in step five, were presented to participants in the member-check groups. Themes were refined multiple times, and step five was repeated after feedback was received from participants and project mentors. The final step six of the Braun and Clark six-step process takes place in the writing up of findings that follows.

Since qualitative research does not use the numerical techniques employed in quantitative research to communicate veracity of findings, such as large sample sizes and identifying p-values, methods for enhancing trustworthiness in qualitative research specifically were used in this process. First, the team coding approach and having each transcript coded by two people served as analytic triangulation to reduce implicit bias in making meaning out of the data. We also incorporated multiple processes to enhance reflexivity, or self-reflection, in the service of mitigating projection onto the data, including analytic memo-writing and group processing of individual reactions to the interview and transcript content. Out of the four team coders, some of us had previously received SSI or other disability benefits, others worked directly with SSI recipients, and some had family members who were SSI recipients. This familiarity with the topic but differing degrees of proximity to it provided a useful balance to coding discussions. Lastly, the member-check groups enhanced fidelity to the original data by ensuring that our analytic process of theme development did not organize data in ways that strayed from participants' original meanings.

3. Quantitative Results

3.1. Administrative Data Descriptive Statistics

Tables 2 through 5 describe the population of California SSI recipients who also receive CalFresh benefits. Table 2 shows the number of new CalFresh applicants with at least part of the household receiving SSI from June 2019, when California's cash-out policy was reversed so that SSI recipients could begin receiving benefits, to March 2023. The number reflects a very high percentage of the total SSI recipient population in California, 81 percent. However, there are likely new applications as a result of churn—which takes place when people do not recertify for benefits by the deadline and as a result lose benefits and must reapply—that are not accounted for in this calculation, making it an inflated percentage. This is even more likely when considering that nationally, 68 percent of SSI recipients are enrolled in SNAP benefits, and California SSI recipients have only had a few years to learn about this policy change and enroll (Jensen 2022). Direct communications with CDSS data analysts revealed that SSI-specific CalFresh applicant churn data will be reported in the future, providing an opportunity to update this data.

Table 2: Percentage of California's SSI Recipients Receiving CalFresh

Total # CalFresh applications approved with at least one SSI recipient June 2019 – March 2023	849,541	81%
Total SSI Recipients CA 2022	1,048,414	

Tables 3 and 4 show the racial and ethnic and household language breakdown of California's SSI recipients who also receive CalFresh alongside parallel breakdowns for California's SSI population overall. The available data from CDSS for California SSI recipient race, ethnicity, and languages are from 2018, while the dual recipient data are from the same monthly count aggregated over the 46 months available since the cash-out policy. In 2018, the categories "Asian" and "Pacific Islander" were collapsed into one, so this data are also combined for the dual recipient data. The same is true for the categories "other" and "more than one race," which are separated for the CalFresh data and collapsed in the 2018 SSI data.

While these data are not from a single point in time, they represent a five-year stretch with one dataset from 2018 and the other collected across 2019–2023. Since nearly 40 percent of

Californians identified as Latino or Hispanic in the 2020 Census and less than 20 percent are represented by the current data, it is possible that the large proportion of recipients represented in the "unknown" race/ethnicity category could be part of the Latino population. This could be because Latino populations often do not conceptualize race in the same way that U.S.-based demographic questionnaires do and perhaps do not identify with the term "Hispanic" and therefore opt not to select a race/ethnicity option on forms (Jensen 2022). This population could be under-enrolled in CalFresh, considering the rate of Spanish-speaking Californians enrolled in SSI in 2018 (18.4 percent) alongside the 13 percent of Spanish-speaking Californians who are dually enrolled in SSI and CalFresh. Further, the proportion of English-speaking SSI recipients enrolled in CalFresh is overrepresented in the dual recipient population, while only half of SSI recipients speaking languages other than English, Cantonese, and Spanish are enrolled in CalFresh after almost four years of the policy change. This suggests a need to further increase CalFresh outreach and enrollment efforts among non-English-speaking SSI recipients. While county-based efforts took place to conduct outreach with culturally and linguistically appropriate messaging, better understanding of the barriers and ongoing outreach efforts are indicated to boost CalFresh participation in communities with limited English proficiency (Canning 2022; Jensen 2022).

Table 3: Race/ethnicity of Dual SSI and CalFresh Recipients

Race/Ethnicity	% Dual Recipients	% SSI Recipients (2018)
American Indian or Alaska Native	0.5%	.5%
Asian/Pacific Islander	16.3%	15.9%
Black or African American	14.6%	11.8%
Hispanic	19.3%	22.8%
Other	7.6%	2.1%
Unknown	19.7%	26.2%
White	21.9%	25.8%

Table 4: Household Language of Dual SSI and CalFresh Recipients

Household Language	% Dual Recipients	% SSI Recipients (2018)

Cantonese	3%	3.2%
English	72%	57.0%
Spanish	13%	18.4%
Other Languages	12%	21.5%

Table 5 shows the types of deductions claimed by SSI recipients also receiving CalFresh that, when taken, may allow them to receive a higher benefit amount. It is notable that just 2.2 percent of SSI recipients claim the medical deduction, when presumably many of them bear some medical costs (particularly those receiving Medicare as well as Medi-Cal who may have co-pays). Wider use of the medical deduction could increase CalFresh allotments and allow SSI recipients to free up room in their overall budgets. Though it would add additional administrative burden to claim these deductions, there are efforts underway to reduce the burden involved in claiming medical deductions through standardized forms suchas in the medical costs attestation form used in the Standard Medical Deduction (SMD) Demonstration Project (CDSS 2019).

Table 5: Deductions Claimed by Dual SSI and CalFresh Recipients

Deduction Type	# Claiming	% SSI & CalFresh Recipients
Homeless deduction	7,087	.8%
Shelter deduction	822,766	94.4%
Medical deduction	19,402	2.2%

Table 6 shows that the average CalFresh benefit per person for households with only SSI recipients between June 2019–March 2023 is $91. Larger households had lower per person benefit amounts; the per person average benefit for a household of one SSI recipient was $100; for a household of two SSI recipients, the average benefit was $48; and for a household of three or more SSI recipients, the average benefit was $42. Notably however, the majority (74 percent) of SSI recipients receiving CalFresh came from one-person households, with 36 percent from two-person households and less than 1 percent from households of three or more. The average days for application disposition was 15.4, which suggests that CalFresh can be a significant boost to the financial well-being of SSI recipients in California, whose total SSI and SSP monthly cash benefit in 2023 without deductions is $1,134. Further, early research into the effects of the policy

change suggests that adding CalFresh has reduced food insecurity and improved health and an overall sense of financial security among California SSI recipients (Savin et al. 2021; Wang 2021).

Table 6: Average Per Person CalFresh Benefit Amount in SSI-only Households

Average CalFresh Benefit Amount per SSI Recipient	Household size
$100	1
$48	2
$42	3+

4. Qualitative Results

The findings from the qualitative portion of the study are organized into four themes. In the first theme, the effects of psychological costs of administrative burden, such as participants' experiences of stigma and stress, served to amplify other costs they experienced, including compliance and learning costs. In the second theme, participants describe the burdens they experienced in various public benefit programs in a relative rather than additive manner, with SSI as a reference point for other benefit programs. The third theme, the pros and cons of Medi-Cal linkage, discusses the ways in which Medi-Cal represented a welcome escape from administrative burden in its management as a benefit, but redemption costs at times prevented participants from accessing necessary healthcare. Lastly, the fourth theme covers ways in which different benefit programs interact in the lives of participants, regardless of how the benefit systems interact at large.

4.1. The Amplifying Effects of Psychological Costs

The administrative burden of managing benefits felt arduous in part because of the compliance costs—such as work reporting, disability reviews, asset limits, and more—and because of the constancy of these requirements; for example, many participants were hypervigilant about their bank account balances, knowing that their assets could be surveilled at any time and that there was a fine line between financial security and SSI violations. In addition, managing SSI errors

added to these compliance costs, such as when participants dealt with overpayments, which happened when SSI discovered they had paid a recipient too much and instituted a payment plan to recoup the extra funds. However, what seemed to impact participants most acutely was the underlying emotional content around disability identity, capacity to work, and one's role in society that was often intrinsic to SSI benefit management and reflected in the power dynamics between recipients and SSI workers. These psychological costs seemed to pervade participants' psyches to the point that they acted to amplify all administrative burden.

Blue, a non-binary, 27-year-old white person who tended to see the humor in things and giggled throughout much of the interview, spoke explicitly to the interaction between disclosing personal details about their mental illness and the type of harried interactions they were accustomed to having with SSI workers:

> That's another layer of stress to just know that you're going to be kinda disrespected in that way no matter what. At the same time as having to provide all this information about yourself at the same time as having to wait all this time at the same time as having to navigate all these details about the system. It's a lot.

Here, Blue explains that the nature of the information being discussed—highly personal and related to medical and psychological care as well as finances and earnings—impacted, or "added another layer of stress to," the compliance costs of waiting to talk to a worker and navigating systems with sometimes disrespectful workers. Speaking about such intimate topics can be challenging in any setting, such as a therapist's office, but in the context of a benefit office, having a one-off conversation with a stranger who is not there to provide empathy increases the challenge. Disclosing often stigmatizing and deeply personal information, such as how disabilities manifested in participants' lives, acted as a psychological cost that magnified compliance costs.

Mia, an incisive South Asian lesbian woman in her early twenties with some college under her belt, described an additional psychological component of SSI benefit management that made all other burden more challenging:

> So it's hard, especially when you look at me, I don't seem disabled, so I also feel like this thing of not being disabled enough and not being seen as...
> Yeah, there's shame in it because I'm like, oh, I'm able bodied, but my brain

just doesn't work. So yeah. It's hard. . . It's shame about not working and

shame about taking government assistance from someone who needs it.

Mia described an experience reflected by multiple participants of internalizing stigma around disability, a lack of engagement in the labor market, and receiving government assistance. She received SSI due to psychiatric disabilities and could often pass as a person who was not disabled. While passing as non-disabled may have helped her evade ableism in some cases, she felt it also opened her up to increased judgment for not working and for receiving SSI. Mia also felt this judgment on a broad societal level through her observations of federal unemployment benefits during the COVID-19 pandemic: "I think the biggest slap in the face was during Covid when people on unemployment were making more than me every two weeks that I was making in a month. And we're the ones who live on this whether we're unemployed or we're ... It was really crazy and I was like, wow, you're getting paid $1,000 every two weeks." Mia went on to explain how she interpreted this difference in benefit amount as, "the world doesn't care about people who are disabled." When she saw that non-disabled people were receiving more than four times the amount of aid as she did during the global pandemic, she felt that the difference in income reflected the valuation of her disabled life as lesser than those of her non-disabled counterparts. For her, the pandemic was a moment of observing what happened when other people experienced the financial crisis she lived every day and noticing how the government responded. Mia's experience reflects the literature on policy feedback that suggests that citizens' experiences with administrative processes shape their perceptions of government and desires to engage in the democratic process. This perception tinged her every interaction with SSI workers, such as when she informed them that she had stopped working but her benefits did not increase to account for this change: "I've called and tried reporting and I said I stopped working. It just doesn't show up. They just don't give a shit and it's really telling." Here, Mia is coping not just with the frustration of submitting changes to her work activity and following up when the submission did not seem to be received but with the psychological component of feeling that because of who she is as a disabled SSI recipient, she is not deserving of care.

Many participants similarly experienced the psychological costs of the compliances costs, which they described as chronic stress and worry that they would make a mistake or SSI would change a policy and they would lose their benefits. This could set off a ricochet of costs in which worry about compliance costs led participants to limit their activities even more rigidly than

required by SSI program requirements, as if to create a sense of control over their benefits. However, ultimately this increasing rigidity often resulted in participants resenting their limitations, and it amplified their anxiety around compliance costs.

Participants felt that while SSI policy might be codified concretely in writing, its implementation could be highly variable. Given that their incomes and health insurance were at stake, this seemingly nonsensical variation had an air of capriciousness to participants, which led to an erosion of trust in SSI. Several participants experienced workers in the same offices as kind and helpful one day but rude and dismissive the next (". . . somebody answers and I'm wondering like, 'Are they going to be a nice person? . . . Are they going to know what they're talking about?'" —Iridescence). They found that the paperwork they submitted might be processed and acknowledged one month and not the next ("They'll send you a letter when they feel like it." — Enzo). This impression generally started for participants during their application experiences, where they might have been denied in one application and approved in the next, even as they had the impression that nothing of substance had been changed.

While participants found the SSI benefits often insufficient and the guidelines often frustrating, most participants noted that without SSI, life would be much, much harder if not impossible. At the same time, they perceived SSI policies as difficult to adhere to, particularly given the challenges they encountered in communicating with SSI and their sense of the randomness and unpredictability of benefit changes. Thus, the potential of having their benefits revoked loomed large over participants, causing severe and ongoing stress and pervading their thoughts. For some, this led to almost obsessive thoughts and behaviors as they struggled to cope with varying degrees of adaptiveness. Emily, a 40-year-old Asian woman who volunteered in her spare time and hoped to pursue a career in education someday, found her waking hours consumed with anxiety over her benefits:

> And it's very scary because I wake up, every time, by the end of the month, I'll go on [the] SSI website just to check if I'm still receiving benefits. I'll go on the website, I'll literally sign on the website to see that I'm still qualified, to see that I still have it because I'm scared that I'm going to lose it. I'm just so scared.

Emily went on to explain that while she had never had her benefits cut off personally, she knew someone who had theirs cut off over a misunderstanding. This story, along with others, stuck with her as she tried to keep up with SSI's administrative and financial requirements: "I've heard stories about people getting cut off for no reason at all. And that's scary. That's very, very scary . . . Everything is based on money. We pay rent, pay for food, everything. Money, it's all about money. So without SSI, [I] don't know what I would do." Emily felt caught in a scary situation in which she could not try to build up her own safety net "for emergencies" because of the $2,000 asset limit and had trouble finding part-time work where she would not be asked to go over the monthly limit and risk losing her benefits. Thus, imagining being completely lost in the world of work if her benefits were suddenly terminated and without the ability to meet her basic needs, Emily decided to volunteer part-time instead of work.

Emily was not alone in her strategy, as most participants brought up feeling anxious and fearful about losing benefits and described how their fears shaped their orientation towards compliance costs. For example, some participants would carefully track every incoming and outgoing dollar and double check every conversation with SSI workers, only to find themselves exhausted, stressed, and still liable for errors they could not control, such as an underpayment when they had stopped working a job and SSA had not yet processed this change. Harper, a 27-year-old non-binary white person with an associate's degree who was pursuing a career in speech language pathology, recounted that their strategies to maintain benefits also brought additional stringent rules into their life beyond the scope of SSI:

> I try and make sure to just keep an eye on my bank. I check it often and I have Care Credit and also credit card, plus my debit, which is where they input the money. I also try and make sure that despite having the credit filled up, I just want to make sure that the available credit doesn't get too much where SSI might look at it and say, "Well, you've got credit available. Maybe we should take away your benefits." I legitimately have to be aware of this at all times and do fear that at any time, they could revoke this and I have to go through the lengthy appeal process.

Harper described a vigilance towards their finances that was geared towards managing and reducing the risk of losing their SSI benefits. When I probed into Harper's caution over their credit limit, they acknowledged that no one had ever told them that available credit could count against

their SSI eligibility. Still, they had no intention of stopping the practice: "Yeah, I generally don't trust them. I don't trust Social Security, I don't trust CalFresh. I appreciate the help they're giving, but I am very wary of anything that may change what they're doing and then the appeal process, anything like that." Here, Harper explains how their general lack of trust in public benefit systems and their fear of losing benefits influenced their approach to benefit compliance. Just as Emily made already strict work requirements even more strict for herself to manage her desire to avoid the nightmare scenario of benefit loss, Harper extended their financial vigilance to even more areas than those that SSI already surveilled.

For participants who used this type of strategy, in the context of their baseline poverty and disability, these seemed like reasonable extensions of protective behaviors aimed at conserving life-sustaining benefits. Further, adding their own extra rules (e.g., "I cannot work at all") served to manage anxiety levels over any real or perceived risk to their benefits, perhaps by creating a sense of internal control in a system in which they had very little. Yet, in creating margins for error that did not exist in SSI guidelines, they were cutting into their own, already limited available options in economic and occupational spheres of life, which carried psychological costs of its own.

Psychological costs also amplified learning costs for some participants. Worries that they would be cut off from their benefits led participants to avoid going to institutional sources with their questions about benefit management. All participants were asked about where they turned when they had questions about their benefits, and while their responses were varied and creative, notably none of them included contacting the government benefit offices themselves. Joy, a 25-year-old Asian woman who was taking college courses, discussed this dynamic:

> There are times I'm a little nervous of asking certain questions. Because I do want to know if there are ways to store money without getting cut off of SSI and just knowing if there's a way to just have some kind of security. And I don't know how to even ask that question to an SSI worker sometimes, because I just feel like they're going to start getting skeptical of what I'm doing with my money. . . And that's one thing I've always wished I could properly just talk to them about and have a way to figure that out. But I just feel like the answer's always going to be the same, and I just feel kind of helpless in that.

Joy acknowledged that talking with SSI could be a double-edged sword. While she worried that even asking a question could get her in trouble with SSI, she also wondered if an SSI worker might have helpful information. She expressed a yearning for a partnership with SSI, one in which she might feel like she was on the same team as an SSI worker and could trust them with her questions and worries. Indeed, had she brought up this question with an SSI worker, they might have talked to her about ABLE accounts, which could have met the need she was describing. Thus, Joy's example represents another way that the psychological costs of administrative burden amplify compliance, and here also learning, costs. And Joy was not alone in missing out on ABLE accounts, as most eligible participants either were unclear on the policy or felt concerned or distrustful of using any banking system they perceived as affiliated with SSI.

4.2. Relative Assessments of Administration Burden

When participants were asked about the administrative burden they encountered in each individual public benefit program in which they participated, most of them responded by comparing the burden they experienced in any given program to that of SSI. While the hypothesis driving this study presupposed that administrative burden from multiple program participation might be additive, wherein each additional program's burden added to an overall cumulative load, participants described their experiences otherwise. Instead, participants' administrative interactions with SSI seemed to take on a primacy to which all other benefit experiences were compared. SSI took on greater significance for multiple reasons including the benefit's relatively large proportion of participants' overall budgets, its relationship to other key benefits such as Medi-Cal, the relatively large amount of time participants spent managing it, and the previously described psychological costs and identity-related factors participants ascribed to SSI benefit receipt.

For example, Iridescence, a deeply thoughtful, 47-year-old blind Mexican woman, explained why SSI held primacy for her through a metaphor of the game of dominos: "I forget that [IHSS] is a benefit. Well, I know that that's tied to my Medi-Cal, and that's tied to my income, and Medi-Cal is tied to SSI. So, it's ... What do I say? It's almost like this domino that you're afraid to lose the first one, because when the first one goes down, it's going to knock down the other ones as well. . ." Like other participants, Iridescence saw the importance of her SSI benefit in part because of the access it granted her to other benefits that were critical for managing her disability. Iridescence worked part-time and was very involved in her community. She required in-home

support providers to help her navigate her life in an efficient enough manner given her blindness. SSI was her focus for benefit administration since it granted her access to Medi-Cal, which covered her costly ophthalmology visits, and her IHSS. Even benefits not connected to SSI through interlocking policies, such as CalFresh, were still related in Iridescence's experience. She explained how SSI also served as a ticket to CalFresh: "You go to CalFresh and you go to these other benefits and they go, 'Oh, as long as you've got SSI, you're covered. You're good.' So, even then it's like, 'Well, I don't want to lose my SSI, because if I do, getting it back, it's going to take a while …'" Possessing SSI granted Iridescence an ease of eligibility for CalFresh, as if a Fastrak through the CalFresh compliance costs. Even though CalFresh does not rely on SSI receipt for eligibility, SSI receipt was a shorthand way of proving eligibility and therefore took on additional value for Iridescence.

When participants described their process of obtaining CalFresh benefits, they generally described it as quick and easy, particularly when compared to the SSI process. Similarly, they described maintaining the benefits as relatively simple, though they noted that they had to inform CalFresh when their income levels changed and to recertify each year. Here, participants' lack of discussion of their CalFresh maintenance experiences spoke to its relative ease and light psychic weight. Whereas questions about SSI benefit maintenance often prompted over 20 minutes of discussion, similar questions regarding CalFresh were often met with responses such as "It's fine" or "I just keep them updated on my financial situation." Harper offered a bit more detail in their account of their experience with CalFresh thus far:

> When I applied for it, I think I did it in physical writing, the application. But now, I can update online the different things. I put that in and then I didn't think about it for a while. Then I received a letter back saying, "Congratulations, you've got CalFresh." I do not remember how long it took to receive that follow-up letter. However, so far, it's been fine. They've adjusted my amounts, especially considering my SSI and the disability payments. That's been adjusted a few times, but I still receive a good amount of CalFresh, a couple hundred dollars, and they ask for re-verification of my financial situation.

This account was notably banal, less fraught and filled with difficult emotions than were accounts of the ways that participants, including Harper, described their interactions with SSI. Despite the fact that for some participants, the annual recertification required by CalFresh meant that they had to recertify the benefit more frequently than they did for SSI, the process was much less fraught as it focused on objective information such as income and household size. Some participants also commented on aspects of the process of CalFresh maintenance that made it relatively easy, such as their online system. Joy described her CalFresh experience:

> But yeah, I've recertified it, and the paperwork is pretty easy. And I can do it online too. That's one good thing. They have an online site where you can upload your documents and stuff, so that was pretty helpful. It's just waiting and waiting on their response is kind of difficult because you don't really know when they're going to open it and check it and all that. Getting your things in and the documents in and stuff like that, I kind of found that part pretty easy.

Some participants did cite issues with the online CalFresh system, but overall participants found it more user-friendly than the SSI application, to which every participant who tried to use it encountered barriers. Since some California counties assign case workers to CalFresh enrollees, participants often had a contact they could access and ask questions, which was a welcome shift from their experiences with SSI. Overall, the interpersonal components of administrative burden seemed less frustrating with Calfresh, perhaps in part because they did not involve disclosures as intimate as those required by SSI and because they focused more on finances. Participants noted that when CalFresh made a mistake, such as erroneously lowering their benefit amount, they felt they had the ability to communicate with the program and resolve their issue. As Harper explained,

> I don't have to write them formally and say, "Here's my issue with what you've said." I just give them the form again, I fill it out, I give them the information, I told them my finances, my situation, and they adjust it. Takes maybe a month. They're more prompt in sorting issues than Social Security generally is. Especially more than Medicare.

Notably, Harper seems to experience errors with CalFresh not as additional administrative burden that adds to their already heavy load but instead as an improved experience relative to issues they have faced with SSI, SSDI, and Medicare. Similarly, Joy described her experience with the

CalFresh paperwork as "pretty easy" and noted the helpfulness of the online system where she can upload documents. While she might have described it as yet another system where she needed to provide the same financial information she already provides to SSI, she instead described the burden in relative terms over the course of the interview.

Yet, not all CalFresh-related feedback was positive. Participants most frequently expressed distress around their CalFresh experiences related to benefit generosity. Three participants had even opted out of CalFresh participation altogether after receiving a benefit determination that felt insultingly low and not worth their time. As Brittany, a 47-year-old, unhoused white woman with a bachelor's degree and multiple chronic illnesses, explained in response to a question about CalFresh participation, "They say, I only get like $15 a month [laughs], so it's not really worth applying. It's not worth maintaining, I mean." When asked what that maintenance work would involve, Brittany seemed to acknowledge that it was very little, though that still did not make it worth her while: "I would have to just report if I make any more on social security than what I'm reported initially or any change in my income." Another participant shared that after 15 minutes with a benefits counselor, she was told her benefit amount would be $12 per month, which was not worth her time. While the cost-benefit analyses that participants made were understandable and followed the economic "ordeal mechanism" theory of administrative burden, they may have cost them more than they realized. For three years of the COVID-19 pandemic, all CalFresh households received an additional emergency allotment of $95 in second monthly payment.

Even participants who did receive higher monthly benefits, however, were distraught that their benefit levels were not high enough to buy food, particularly in the setting of quickly rising food costs. Emily discussed the work she had to dedicate to accessing enough food on a limited budget: "[CalFresh is] very good, but at the same time, since like food is so expensive, I have to keep track of how much I spend because they don't really give enough. . . And like here's the thing . . . the food is really expensive right now and I don't think $270 is enough for me to last a month." Emily went on to discuss how she struggled at the grocery store particularly when she was in a rush, as it took more time to find food that was within her budget. Prior qualitative research with SSI and SNAP recipients also identified the increased burden people face when they have less money to buy food, such as finding transportation to food pantries and cheaper grocery stores, all tasks that can be particularly challenging without a car and while managing disabilities (Savin et

al. 2021). In this way, the generosity of benefits contributed to participants' overall willingness *and* capacity to engage in the various types of burden SSI recipients navigate in their lives.

4.3. The Pros and Cons of Medi-Cal Linkage

Participants all spoke appreciatively of the lack of burden they encountered in managing their Medi-Cal benefit. Pearl, a 34-year-old white woman with a bachelor's degree who received SSI for psychiatric disabilities, explained, "And then the Medi-Cal, I don't think I had to do anything in specific to qualify for. I think it just came along with the SSI." This was a welcome experience, though participants also spoke to the other side of the coin: The linkage of SSI and Medi-Cal meant that an issue with SSI threatened their Medi-Cal status, which could turn a crisis around an SSI benefit cutoff into a medical emergency. Tao, a 40-year-old Hmong-speaking man who lived with his family of origin and had a high school diploma, described a time 17 years before when his benefits were briefly cut off that had since deterred him from attempting work. At the suggestion of his social worker, Tao had enrolled in a work program to do some part-time, low-wage work that would not negatively impact his benefits. However, he was unable to read the English-language letters that SSI sent to his home and did not know what to do to respond. As a result, his benefits were cut off and he lost access to his health insurance, Medi-Cal. Tao has epilepsy and was unable to afford his expensive medications without it. This experience left scars that were still with Tao 17 years later at the time of our interview: "The desire to work is there, it's just that the occurrence of what happened to me previously when I was 23 really impacted me." The potential for losing SSI and then losing Medi-Cal was very much alive in the imagination of participants, including those who had and those who had not experienced a prior benefit cut-off. As Blue described: "They make it pretty easy to get on MediCal when you're already on SSI. But to maintain the SSI benefits is really a struggle because they check in a lot and want to reevaluate you and disqualify you for different things like going to school or working a little bit or anything they think makes you too able." Thus, Medi-Cal was "pretty easy" to manage, but participants were wary of its lack of security given its linkage with SSI.

While obtaining and maintaining Medi-Cal was a nearly burden-free experience for participants, using Medi-Cal to receive healthcare was a different story. As part of a state- (and nation-) wide push to Managed Care plans for the administration of Medi-Cal benefits, participants had selected a plan from a list of possible options. Due to its lower reimbursement rates, many providers did not accept Medi-Cal. This made it challenging for recipients to identify providers

who had accessible offices, which many do not for people who use mobility devices such as wheelchairs, and to access specialists who treated less-common impairments. William, a 39-year-old Asian Pacific Islander a few credits shy of his bachelor's degree, described with his characteristic dry humor one such experience of trying to use Medi-Cal's new dental program: "I'm finding providers can't accept it. There's another issue . . . And then finding providers who've worked with people that use wheelchairs and have ways of getting them on and off the dental torture device they put you on … it's frustrating." After a period of time without dental coverage, William was eager to reengage with dental care but found that dental coverage did not necessarily lead to dental care given his access needs and the small pool of providers he had to choose from.

Pearl's psychiatric disabilities made it nearly impossible for her to leave her house, and in combination with her poverty, she lived a highly isolated existence. She needed to access health care through telehealth, which was less commonly accommodated prior to COVID-19. Thus, when she sought providers for her condition who would provide care remotely and accept Medi-Cal, she came up empty for years. She explained, "I never actually had used it for anything at all because I wasn't going out and there were no doctors who would help me who would take it." Thus, Pearl spent over a decade without any prospects for treatment or improvement in her condition. Since the pandemic and the broad shift to telehealth, particularly for psychiatric care, Pearl has at last been able to access long-needed care.

Policy scholar Carolyn Barnes writes about a subset of learning costs—redemption costs—as the costs of learning how to redeem benefits (Barnes 2021). These can arise in the setting of limited portability and reliance on third-party agents, both of which are at play when participants struggle to find appropriate providers covered by their Medi-Cal plans. These costs present a barrier to SSI recipients receiving medical care, which in many cases is necessary for any potential improvement in disability, particularly in the cases of their interactions with the ableist environments of many healthcare facilities that lack accessible care (Iezzoni et al. 2022; de Vries McClintock et al. 2016).

4.4. Program Interactions

Participants found that various government benefit programs interacted in the context of their own lives but often did not interact on a systemic level. This disconnect between benefits had impacts on participants such as requiring them to take extra steps, like providing multiple institutions with the same information and managing communication between systems when the lack of information

sharing led to mistakes in benefits, or causing them to miss out on benefits that they had not realized they were eligible for. Providing the same information to different benefit systems was particularly burdensome when the manner and timeline for information reporting differed between programs, as was often the case with income reporting to SSI and CalFresh ("... because the CalFresh program and they SSI don't really communicate with each other, so I have to provide the information to both of those."—Blue). As a result, most participants who engaged in part-time work reported being behind in one or both of these programs. Some participants were behind in their CalFresh reporting but not their SSI reporting, as they found CalFresh easier to interact with and less punitive.

Joy talked about the administrative burden of interacting with all of these disconnected benefit systems and the economic impact on her on top of the costs to her time, capacity, and well-being:

> Because I don't know so much about how everything works together, but for people who have disabilities, a lot of times they have to invest in other services along with it just to manage. And then with Social Security, we're only getting so much. I feel like it should be included, the transportation things for people with disability or the services that are crucial to a lot of the things we have to live through. It should be covered through Social Security.

Joy had visual impairments that precluded her from driving and made the limited public transportation in her area challenging to access. While she did use the local paratransit system, she struggled with its irregularity and how much time it took up in her day when she was busy with her college coursework. She ended up using rideshare apps more than she could afford to in order to get to all her appointments and manage the paperwork for her different benefits. In this setting, she found it particularly frustrating that systems couldn't simply share information or at least account financially for the labor and costs of benefit management.

Perhaps most significantly, participants talked about the challenges they experienced in learning about benefit programs that might help them, and they felt frustrated that these programs, and SSI in particular, couldn't provide centralized access to public benefit information relevant to SSI recipients. Pearl was particularly upset when she learned that she had missed out on three years

of CalFresh eligibility by the time she learned about the end of California's cash-out policy in June 2019:

> So I . . . only found out this September, September 2022 that I could have been getting it for 39 months . . ., which I'm devastated about. That would've been a life-changing amount of money to get those benefits. I was super sad because I feel like they knew that I was eligible and I only had my CalFresh discontinued because of SSI. And I even went through the SSI renewal process twice since they made that change and no one from Social Security told me. But I guess it was technically a CalFresh rule change, so CalFresh would've been the ones to tell me rather than SSI. But I really think that they could have made more of an effort to tell people than they did.

Here, Pearl acknowledges that while the policy change was to the CalFresh program itself, she still had expected SSI to communicate this information to her since it was her SSI participation that had previously prevented her from receiving CalFresh. While there was a major outreach effort in California to notify SSI recipients of this CalFresh change, Pearl's relative isolation may have made it less likely for these efforts to reach her. She had spent weeks surviving off of Costco peanut butter (which she noted she did not even like the taste of, but it was cheap and calorie dense) before learning of her new eligibility, and she felt profoundly neglected when she realized what she had been missing.

Harper expressed a wish that was common among participants—that SSI, SSDI, and CalFresh, among others, had a data-sharing system:

> But yeah, it would be great if these programs, which are quite intertwined, had an easier way for at least the employees to look through the things, because they have me reenter my information, tell them these same things over and over just to talk to the same person about a different issue. I understand that they're different programs, but … I think the ability to coordinate with both programs would be a lot easier.

Harper received both SSI and SSDI and spent large amounts of time trying to sync up their benefits that would not always rise in sync, leading to a series of over- and under-payments. They described the toll this burden took on them and their physical and mental health. Other participants wished

for more communication among programs for more economic reasons. When participants received a Cost of Living Adjustment (COLA) for SSI, for example, they sometimes found that it made little difference as it was quickly absorbed into other benefit programs. Their increase in income could knock them into a different CalFresh bracket, thereby reducing their monthly benefit amount. For those living in low-income housing where their rent was based on their income, the rise in income led to a subsequent rise in rent. Thus, disconnected benefit programs could mean that participants were left without income to adjust to higher costs of living, an issue particularly salient in the current economic climate.

5. Discussion

In navigating additional public benefits alongside SSI, participants of the qualitative study assessed the burden in a relative rather than cumulative capacity, comparing other benefits to what most viewed as their primary benefit, SSI. Further, participants did not report making decisions not to participate in programs based on administrative burden alone, except for in a few cases when program benefit levels were very low. This is consistent with the quantitative findings that showed that a high rate of SSI recipients (81 percent, without accounting for churn) in California have taken advantage of the June 2019 cash-out policy termination by enrolling in CalFresh. Participants in the qualitative study reported that their CalFresh interactions overall went more smoothly and easily than their SSI interactions. Indeed, administrative data show that SSI recipients waited an average of 15 days to enroll in benefits that amounted to, on average, just under 10 percent of their total SSI budget. However, the CalFresh rollout has not occurred equitably, as communities with limited English proficiency have significantly lower rates of participation among the SSI population and across the state. This reflects the administrative burden literature on the inequitable distribution of burden across populations, in which vulnerable groups are more likely to be negatively impacted by administrative burden in accessing critical social programs (Chudnovsky and Peeters 2020). Given the goal of equitable access to social welfare programs, it is important to consider the effects of administrative burden on those most marginalized when designing program enrollment processes. This indicates a need for further qualitative research among SSI recipients with limited English proficiency, of which this study had just four of 17 participants, to understand their experiences with administrative burden. The finding also boosts calls for granting federal authority to implement a Combined Application

Project (CAP) for SSI and CalFresh (Jensen 2022). This type of integration could also ease distress that arose among participants who experienced their multiple benefit programs as integrated in their own lives but disconnected in administration. Additionally, since existing SSI recipients are still in need of CalFresh outreach in some cases, a screener for other benefits that participants may be eligible for, such as CalFresh, could be incorporated during periodic reviews for SSI recipients. For example, only one participant in the qualitative study discussed using the energy cost-savings program for low-income disabled Californians, HEAP, and many other participants likely would qualify. Offering information about additional benefits to SSI recipients could also be a way to build trust and demonstrate care in the currently fraught SSI worker–recipient dynamic.

The issue of asset restriction also led to psychological costs for participants who were unable to create their own safety nets, and asset restriction precluded the purchase of larger items such as cars or durable medical equipment. There was a striking lack of engagement with ABLE accounts, despite the fact that many participants would have been eligible based upon their age of disability. Participants' lack of ABLE account take-up related to their lack of accurate information, concern about fees, and mistrust in the SSA, which extended to concern for the security of their funds. This suggests that more localized, community-based efforts—particularly from groups and organizations that have the trust of disability communities such as Independent Living Centers and Regional Centers as well as multi-lingual and multicultural groups—could be helpful in educating SSI recipients about these available resources.

Participants' accounting of their experiences of administrative burden continually highlighted the salience of the psychological costs. These costs included feeling stigmatized due to disability and SSI receipt and experiencing chronic stress and worry over losing benefits and making ends meet. These psychological costs were challenging on their own, and they also served to amplify other administrative burdens that participants encountered. For example, because participants felt that SSI workers were judging them because of their lack of formal work activity, engaging in the routine compliance costs of benefit recertification took on a weightier and more painful edge. Also, in their worries that they might do or say the wrong thing and get kicked off of benefits, participants refrained from asking questions when they had them and missed out on benefit features that could have helped them, such as ABLE accounts. When participants recounted some of the more frustrating experiences with SSI that led to some of the erosion of trust, they often described the informal burden created in the context of policy implementation, such as rigid

timelines and challenging interactions with SSI workers. Participants expressed a need for more consistent, reliable information and more acknowledgement of the inevitable errors that arose from both SSI recipients and SSA workers.

Research on the psychology of scarcity indicates the value of examining the role of bandwidth in poverty and social policy to address some of these concerns (Christensen et al. 2020; Mullainathan and Shafir 2013). One component of creating "bandwidth-sensitive policy" is creating slack, or space deliberately left unused to deal with the unexpected (Mullainathan and Shafir 2013). When participants created more stringent SSI rules for themselves in an attempt to manage their SSI benefit stress, they were in essence creating their own slack, readying themselves for the unexpected using the only tools available to them. Slack in the context of SSI policy could look like greater financial slack or more wiggle room between the amount of money recipients need to survive and the amount of earnings and assets that would render them ineligible for benefits, putting them at   risk of benefit cut-off. This could be accomplished by shifting policies from cutting off benefits after a certain number of work hours or a certain amount of assets to considering these metrics over a longer span of time. For example, rather than continually monitoring assets, an activity that bears administrative costs and administrative burden, the SSA could assess the average amount of assets belonging to a recipient over a year. If the SSA monitored recipient work over longer periods of time as mentioned above, recipients could have more slack and therefore less anxiety about losing their benefits. With more slack built into SSA policy, SSI recipients might do less to create their own, which could free them up to, for example, try out a new job and find out if the accommodations will work for them. Mullainathan and Shafir (2013) refer to this phenomenon in psychological research—the phenomenon in which making mistakes does not result in sacrifice—as "room to fail." Fortunately, shifts in administrative policy that do not necessarily require legislative change, such as changes in how frequently SSI recipients' assets are monitored, could create this same slack.

6. Conclusion

On the one hand, participants in this study described the significant impacts that the psychological costs of administrative burden had on them and the ways that it amplified the compliance and learning costs of SSI. On the other hand, participants displayed a remarkable resiliency towards managing multiple benefits simultaneously, though they did express frustration for the

disjointedness of the programs in their lack of communication with each other. Rather than perceiving each additional benefit as adding to one cumulative well of administrative burden, participants tended to assess benefit burden relative to each other, most often with SSI as their reference point. However, capacity to engage in administrative burden remains a distributive phenomenon, and vulnerable groups such as those with limited English proficiency are likely to be most adversely impacted by it, motivating further efforts to streamline benefits to reduce burden and to engage in further qualitative research to better understand administrative burden's differential impacts. Where participants found the margins for error were too small, in small cases, they created their own "slack" by foreclosing opportunities, such as part-time work, that might otherwise be available to them. In the context of material scarcity and uncertainty around the stability of their benefits, these reactions allowed participants to regain a sense of control over their own basic security in the immediate, even if they had longer-term impacts that made transitioning off benefits more difficult.

However, some of the most impactful features of administrative burden described could be amenable to administrative and legislative action. Combined applications that integrate programs such as SSI, Medicaid, and SNAP could reduce recipient burden and increase program uptake. Creating administrative slack for both SSA employees and SSI recipients by assessing an average of assets annually or semi-annually and measuring work earnings semi-annually or quarterly could at once reduce the compliance costs and psychological costs of administrative burden for SSI recipients. The bandwidth freed up for recipients could create space for work trials and for greater focus on health improvement, and more bandwidth for SSA employees as well could lead to reduced errors and perhaps improved interactions between recipients and workers. Overall, attention to the issue of administrative burden facing SSI recipients could address issues of mistrust among recipients, which may be contributing to lower rates of participants using otherwise beneficial programs such as ABLE accounts. Offering eligibility screens for public benefits offered to low-income and disabled populations during periodic reviews may improve SSI recipients' financial security and increase their trust in and cooperation with SSA. Ultimately, efforts to reduce administrative burden could also serve to mitigate some of the same inequities that are evident in the demographics of SSI recipients overall, such as those of race, language, socioeconomic status, and disability.

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Appendix: Interview Guide (English Version)

Part I: SSI

What brought you to SSI?

Probes:
- When did you first apply?
- Appeals?
- Multiple times you've applied?

What is it like to apply *for SSI benefits?*

Probes:
- Steps of process?
- People who helped?
- How do you feel about it?

What's it like to keep *your SSI benefits?*

Probes:
- Annual recertification procedures
  - How long do you have to wait after your recertification interview to find out the results?
    - What is that wait period like for you?
- Maintaining asset limit below 2k
  - What strategies do you use?
- Work reporting
  - Why / why not?
  - What has experience been like for you?
  - Overpayments?

What is it like to receive mail from the Social Security Administration?

Probes:
- Do you understand what the letters are saying?
- How does it feel?
- Does someone help you with it?

Part II: Public Assistance Programs

Other than SSI, what other public assistance programs are you on?

- E.g., CalFresh, Section 8, Medi-Cal, IHSS, WIC (when applicable)

For each program named:
What is it like to be on [program]?

What is it like to manage your benefits?

Probes:
- E.g., paperwork, office visits, phone calls, monitoring of expenses, budgeting, etc.?
- How much time do you spend doing this application/maintenance work?
- Do you have to provide the same information to multiple programs? Or the same information to the same program at different times?

How are your interactions with [SSI/CalFresh/Section 8/Medi-Cal/IHSS/WIC] workers?

What's your worker like?

Probes:
- Accessibility
- Demeanor
    - Do you feel respected?
- Helpfulness
    - Do you feel that your questions are answered / the information you need is provided?
- Agency
    - Do you feel that you can make your own decisions / wishes known?

What programs have you left?
Probe:
- What was going on when you left the program?
- If yes, did you decide to stop participating in the program[s] or were you kicked off? Please explain the circumstances.

If not mentioned, ask about: CalFresh, Section 8, Medi-Cal, IHSS, WIC (when applicable)
For each program:
- Have you heard of this program?
- Do you know if you are eligible?
- If you are aware of it but you have not applied for it, why not?

If on Medi-Cal: Which Medi-Cal plan did you select? How do you think about or plan for health care costs? Are you aware of your annual health care costs?

If not mentioned, how did you learn about the programs you participate in? How do you learn the rules for maintaining enrollment? Where do you go when you have questions about these programs?

Part III: Economic and Employment-Related Decision-Making

Are you able to make ends meet with your SSI income?
Probes:
- If not, how do you make ends meet?
    - What other strategies do you use?

What kind of work do you do?
Probes:
- Is it formal or informal?
- How long have you been doing it?
- Do you report work to the Social Security Administration?
    - How is that process for you?

What factors do you consider when deciding whether or not to work?
Probes:
- Process of and/or negative past experiences of reporting work to the SSA
- Overpayments (past experiences, hearing about other people's experiences)
- Decrease in your SSI check
- Concern that you may not be recertified

Part IV: COVID-19

Since the COVID-19 outbreak, there have been changes in programs and ways to contact program workers. *How have you experienced these changes?*

Probes:
- SSA online work reporting
- CalFresh maximum benefit receipt

Part V: Conclusion

If you could talk directly to SSA policy makers, what would you say to them?

Probes:
- Ways they could make it easier for you to manage your benefits
- Help them understand the impact the current system has on you

Is there anything else on this topic that I haven't asked you about that you would like to share?

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