

Summary Brief: Selection Processes for Social Security Administration Representative Payees of Adults

This *Summary Brief* highlights the findings from the September 2020 report, *Selection Processes for Social Security Administration Representative Payees of Adults*, by Pamela B. Teaster, Ph.D., and Laura P. Sands, Ph.D., Virginia Tech Center for Gerontology; and Erica Wood, J.D., American Bar Association Commission on Law and Aging (ret.). The Social Security Advisory Board (SSAB) charged the authors to conduct an independent research study focusing on SSA processes for *selection of payees for adults*, with the underlying assumption that a better understanding of the processes involved in selection of payees ultimately could lead to a reduction in the potential for misuse and abuse while maintaining beneficiary rights.

Background: The SSA Payee Selection Process

The representative payee program provides financial management for Social Security and Supplemental Security Income (SSI) beneficiaries determined incapable of managing their payments. The Social Security Administration (SSA) appoints representative payees to receive benefit payments on the beneficiary's behalf and to use the money for the beneficiary's current needs. SSA currently has approximately 6 million representative payees managing benefits for about 8 million beneficiaries (52 percent of the beneficiaries with payees are minors). Family members—primarily parents or spouses—act as payees for 85 percent of these beneficiaries. Representative payees serve some of society's most vulnerable, at-risk adults, managing their benefits to cover basic expenses such as food, clothing, shelter, and medical care.

A beneficiary, someone who knows the beneficiary, or a state disability determination service or administrative law judge, may indicate that the beneficiary needs help in managing Social Security or SSI payments. An employee at a local Social Security field office examines evidence to determine whether the beneficiary can manage his or her own funds and receive payment directly, or whether a payee should be appointed. The employee selects a payee, who must manage the funds in the beneficiary's best interest. Generally, the payee is a family member or friend, or could be someone else, including a guardian appointed by the court. When there is no individual available and suitable to serve, SSA staff seeks a qualified organization.

Organizational payees include social service agencies, institutions, state or local government agencies, or financial institutions that manage funds for persons who are unable to do so. There are several types of organizational payees. An *institutional representative payee* is a type of organizational payee that provides care and treatment for beneficiaries who reside in an institution or an off-site facility affiliated with an institution (e.g., nursing homes, hospitals, assisted living, group homes). *Fee-for-service organizational payees* are organizations that are authorized by SSA to collect a fee for providing representative payee services from a beneficiary's monthly Social Security or SSI payment.

The primary source of information for SSA field office staff is the SSA Program Operations Manual System (POMS). The POMS provides detailed guidance for staff in deciding whether a payee is necessary and in selecting the most suitable payee. It includes a preferred payee “order of preference” chart for selecting individual and organizational payees.

Values Underlying Payee Selection

As we conducted our study, we recognized that the payee determination and selection process involves a number of sometimes competing societal or ethical values.¹ At the core is a clash between the principles of autonomy and beneficence. As regards *autonomy*, an individual has the right to direct how his or her money should be used, if at all possible, even if the person makes unwise choices.

Beneficence, or doing good, impels SSA to protect the assets of people who are determined incapable of managing their funds by appointing a representative payee. The appointment of a payee is protective – and at the same time, removes important rights and self-determination.

An additional principle is *nonmaleficence*, or doing no harm. SSA staff must select a payee who will not cause harm to the beneficiary by depleting his or her funds or using them for the payee’s own benefit. This may require careful training and considerable investigation, as well as review of payee choices. Payees are “fiduciaries” – agents appointed to make financial decisions on behalf of another, and must be selected with high standards of trust and accountability in mind.

Finally, *justice* means that one group of people should not be treated differently and unfairly in payee determination based on factors such as discriminatory stereotypes or administrative needs rather than beneficiary interests. Staff requires clear and uniform criteria in selection.

We observed SSA field office staff and managers wrestling with these values – and in the real world of limited resources and limited time. We designed our study to determine and depict how the process is working.

Methods

Researchers at Virginia Tech and the American Bar Association Commission on Law and Aging conducted an independent study for the Social Security Advisory Board on SSA payee selection processes for adults. We used a two-phased approach for gathering data for our report.

¹ Beauchamp, T.L., & Childress, J.F. (2019). Principles of biomedical ethics (8th ed.). New York, New York: Oxford University Press.

Phase One. Members of the team conducted face-to-face interviews with SSA field office employees who select individual and organizational payees for adults. The team used standard qualitative analytic techniques to characterize the experience of the participants.

To conduct consistent, uniform interviews, the research team developed an interview guide based upon the combined knowledge of National Council of Social Security Management Associations (NCSSMA) officers, SSAB staff, and Board members. The final interview guide included questions related to field office staff practices and factors influencing selection of individual and organizational payees. The research team conducted face-to-face interviews with 10 members of SSA field office management and 63 employees who select representative payees for adults; the employees were from SSA field offices in eight states. The team then identified emergent themes from the interviews.

Phase Two. For the second phase of data collection, the research team developed potential survey items for each theme derived from analysis of the interviews. We presented the survey items and response formats to NCSSMA leadership, SSAB staff, and Board members. Based on this combined expertise, we refined the survey items across several iterations to make sure that our questions were clearly understandable and accurately measured the subject in question. After beta testing by NCSSMA leadership, in September 2019, the president of NCSSMA sent the survey with an introductory letter to 3,136 NCSSMA members across the country. We received responses to the survey from 584 NCSSMA members, a 19percent response rate, which fell within the expectable range for response rates from Web-based surveys.

Summary of Findings and Recommendations

1. Beneficiary Capability and Payee Selection

Field office staff constantly walk a fine line, seeking to balance the harm to beneficiaries' self-determination in controlling their funds with the potential for harm from mismanagement or loss of funds without a payee.

Availability of Payee. Staff generally follows POMS guidance to presume capability and pay benefits directly, if possible. However, we found that the capability determination process and the payee selection process sometimes occur simultaneously. The availability of a suitable payee may bear directly on the capability decision. The staff decision to pay benefits directly ultimately may be based on two very different underlying rationales. The first is the need to enhance beneficiary autonomy. The second is the difficulty of finding an appropriate payee, which suggests a need to increase the number of qualified organizational payees with access to resources.

Meeting with Beneficiary. An important element in determining capability is meeting with the beneficiary personally, either face-to-face or remotely by phone or video. One-third of field office managers surveyed said this does not occur for beneficiary residents of long-term care facilities. Direct contact with beneficiary residents would offer important evidence needed to make informed decisions. The COVID-19 pandemic has highlighted ways of communicating with facility residents virtually through technology – methods that could be supported by SSA.

Supported Decision-making. Staff interviews informed the importance of decision supports and supported decision-making. These supports allow beneficiaries to make their own decisions with help from people they trust, as well as a range of practical, technological, and community options. According to the POMS, a capability determination rests on whether a beneficiary can manage or *direct the management* of benefits. This POMS language reflects a model of supported decision-making – the person may be able to make decisions about managing benefits but needs someone to help in understanding the choices and in communicating and implementing the decisions. More specific SSA guidance in the POMS and on the medical form evaluating capability (Form 787), as well as training for field office staff on this decision-making model, could reduce unnecessary payee appointments. Staff should try to use supported decision-making before making a payee appointment.

2. External Evidence of Capability

According to SSA guidance, field office staff must presume a beneficiary is capable of managing benefits, but when capability is in question, staff should examine the lay and medical evidence. Our interviews highlighted problems with evidence from the state Disability Determination Service (DDS) and from physicians that interfere with the efficiency and clarity of the capability determination process.

DDS Opinions. The interviews and survey findings show a tendency for DDS to raise, but not resolve and pass along to SSA field office staff, the need for a capability decision. Having to develop capability whenever DDS suggests it consumes SSA staff time and may result in payees being appointed more often than necessary. Because our study did not gather information directly from DDS staff, further research on DDS practices would be helpful.

Medical Form 787. Interview and survey findings show that delays or failure of physicians to return the form on beneficiary capability negatively affects the timeliness of selection decisions and can preclude staff consideration of key medical information.

Additionally, the form could be improved to highlight specific functional findings, including examples of the beneficiary’s abilities and limitations for managing financial benefits with support, rather than simply providing the beneficiary’s diagnosis.

3. Casework Quality

Quality of the process of determining payee selection could be improved by training staff on methods and strategies of payee determination, review of payee cases by managers, and the need for improvements to the electronic system to include documentation of the reasons influencing the payee selection.

Training. SSA should consistently conduct and update staff training on payee selection. Staff and managers reported that live (remote or in-person) training would improve quality, allowing for questions and explanations of the nuanced and complex selection work. Creating a time and place for employees regularly to share decision-making strategies through peer

discussions is also a useful strategy. New staff relies heavily on mentors, who must be thoroughly up-to-date on SSA requirements and have sufficient time allocated for guidance.

Case Review. We found that frequently there is no review of staff payee selections. Over half the managers surveyed said such review rarely or never occurred. Combined with workload pressure, this omission leaves the door open for inconsistencies that could unfairly affect beneficiaries. A protocol for consistent review of payee cases would strengthen casework quality and protect beneficiary rights by providing a second set of eyes on each case determination. This should include building time for review into the workload.

Documentation. The electronic Representative Payee System (eRPS) requires that staff document payee selection and the reasons behind it, including justifying any deviations from the POMS preference list. Over time, different staff members may be faced with handling the same case and must be thoroughly informed about the circumstances -- including factors such as proximity, family conflict, beneficiary preferences, substance abuse, and criminal history. We support the recommendation of SSA's 2019 Report to Congress on payee selection² to "enforce payee selection policy by making the selection determination screen in the payee system mandatory" -- which also would provide better data on payee selection.

4. Field Office Staff Workload

Our interviews revealed that constant time pressure on field office staff can adversely affect investigation of potential payees as well as documentation about the reasons for selection. Over three-quarters of field office managers surveyed said staff workload has increased to the point that it negatively affects payee selection.

Field Office Staffing. Staff interviews and survey findings suggest a need for increasing field office staffing to allow additional time for more informed payee selection. Our study did not compare the adequacy of staffing for payee cases with staffing for other aspects of SSA work. However, devoting additional staff to payee determination issues is justified given the vulnerability of the population and the clear rights at stake.

Specialization. Management perspectives on the usefulness of staff specialization on payee issues varied. Staff from smaller offices recommended that all their staff should be knowledgeable in all aspects of Social Security cases to best serve customers. Only one-quarter of offices currently have staff that specializes in payee issues, yet over 40percent of managers said it would be useful, implying that some managers might welcome policies encouraging specialization. A related approach, regional specialization, drew mixed interview responses from field office managers. The 2018 SSAB report on the payee program recommended that SSA "create specialized rep payee expertise at the field office and/or regional level to administer the rep payee program more uniformly"³ Regional specialization merits evaluation through a pilot project.

² Social Security Administration, *Reassessment of Payee Selection and Replacement Policies Report to Congress* (October 2019)

³ Social Security Advisory Board, *Report: Improving Social Security's Representative Payee Program*, p. 14 (January 2018).

eRPS Software. Staff repeatedly described technical glitches in the eRPS software system, causing loss of significant time. Close to 90percent of managers agreed that eRPS system problems hinder payee selection.

Changes in Payee. Some beneficiaries, especially with mental health or substance abuse problems, repeatedly press staff to change the payee, and staff must evaluate a replacement payee or use of direct payment. POMS provisions show that a payee change can be complex and time-consuming. A qualified organizational payee with access to resources is not always available, and, in some cases, the beneficiary may end up being the payee whether or not the beneficiary has sufficient support for financial decision-making.

5. Guardians as Payees

Questioning Guardians for Suitability. Guardians are high on the POMS preference list for selection as a representative payee because the court has approved them in a fiduciary role. Interviews found that some staff select guardians as payees without additional inquiry. One in three managers surveyed said guardians are always selected as payees. Forty percent of managers said guardians are always questioned about their suitability to serve.

Encouraging additional field office scrutiny of guardians could help in selecting payees who will best meet beneficiary needs. Government reports and hearings have brought to light instances in which guardians have taken advantage of those they were appointed to protect, and court oversight practices are uneven. The POMS states that only guardians with custody or who *demonstrate strong concern for the beneficiary's well-being* may be named as payee. Staff questions are needed to determine the extent to which the guardian meets these conditions.

Coordination with Courts. Additionally, national studies have highlighted that, while state courts with guardianship jurisdiction and the SSA payee program serve essentially the same population, there is very little coordination or information sharing between the two systems.⁴ This lack of coordination may leave at-risk adults unprotected. For instance, if the same person serves as payee and guardian, and the court removes the guardian for exploitation, the field office is not notified of the need to make a change in the payee. Over 80percent of managers surveyed confirmed that field offices rarely or never contact the court about guardian suitability. Better information sharing could help to address misuse and abuse.

6. Organizational Payees

Staff interviews and management survey responses concerning organizational payees were mixed in their views as to whether organizational payees offer beneficiaries greater access to resources than individual payees. Of note, few managers felt that fee-for-service payees provide greater access to resources than individual payees. Study findings revealed the need for more detailed documentation of the reasons for selecting organizational payees.

⁴ U.S. Government Accountability Office, *Guardianships: Collaboration Needed to Protect Incapacitated Elderly People*, GAO-04-655 (July 2004)

Staffing and Resources of Organizational Payees. Survey results were mixed about whether organizational payees have enough employees and resources to serve adult beneficiaries. The 2019 U.S. Government Accountability Office (GAO) report on organizational payees stated that “SSA policy directs staff to consider whether the organization ‘has adequate staff and resources to serve its clients,’ but regional guidance varies.”⁵ SSA should establish criteria for adequate organizational staffing and resources, including staff-to-beneficiary ratios, frequency of communication with individual beneficiaries, staff responsibilities, and training.

Beneficiary Access to Community Resources. The 2018 SSAB report on improving the payee program⁶ raised the question of whether organizational payees may offer greater access to resources for adults than individual payees and thus should be moved higher on the POMS preference list. Our interviews and survey results were divided as to whether organizational payees provide greater access to resources, and did not support moving all organizational payees higher, especially FFS payees. However, non-profit social service agencies providing other services to beneficiaries (such as a county or non-profit social service agency) currently are not differentiated in the preference list for adults without a substance abuse condition (although they are first on the list for adults with a substance abuse condition) and should be highlighted as a distinct category.

Fee-for-Service Organizations. Few managers felt that FFS organizations (as opposed to other organizational payees) provide greater access to resources than individual payees. Most staff interviewed considered FFS organizations a last resort (as set out in the POMS preference list for adults without substance abuse conditions). Some described local organizations that were not fulfilling duties and were, in fact, simply “conduit payees” doing no more than transferring the funds to the beneficiary – which SSA should identify and prohibit.

Documentation and Training. Our study highlighted the need for sufficient documentation concerning organizational payee selections, as well as SSA training and outreach for organizational payees. The 2019 GAO Report⁷ recommended additional ways to “obtain and review feedback from organizational payees.” We concur.

7. Institutional Payees

Facility payees such as nursing homes present a conflict of interest in that they are providing beneficiaries with services for payment. The 2019 SSA Report on payee selection adds safeguards and possible longer-term improvements.⁸

More Tools for SSA Oversight. The interview and survey data suggest that SSA needs more tools to determine whether facility selection is in the beneficiary’s best interest. Over 40percent of field office managers said facilities do not file timely annual reports, and there are no

⁵ U.S. Government Accountability Office, *Social Security Benefits: SSA Needs to Improve Oversight of Organizations that Manage Money for Vulnerable Beneficiaries*, GAO-19-688 (September 2019)

⁶ Social Security Advisory Board, *Report: Improving Social Security’s Representative Payee Program* (January 2018)

⁷ GAO, *Social Security Benefits*

⁸ SSA, *Reassessment of Payee Selection*

regular audits for facilities serving less than 50 beneficiaries. Thus, it may be difficult for SSA to track whether the facility should continue to serve. Study findings revealed the importance of training facility payees on their duties and conducting audits of the smaller facility payees. These audits should take into account Center for Medicare and Medicaid Services (CMS) nursing home data, as urged by a recent SSA Office of Inspector General Report.⁹

More Information for Families, Facilities. Some interviewees said family members should receive more information on facility payees and services. They also suggested more outreach and training for facility payees about their duties. Additionally, fostering field office contacts with the state or local long-term care ombudsman program could help families and beneficiaries to resolve problems.

Facilities Requiring Own Designation. Nearly half of managers surveyed said facilities require that they be designated as their clients' payees. Such a condition raises concerns that, in some instances, facilities may be overriding what should be an SSA staff determination of suitability and beneficiary needs. SSA should prohibit selection of facilities with contract provisions requiring their designation as payee.

8. Practice Inconsistencies

Interview and survey data provided strong evidence of payee selection practice inconsistencies that could be addressed by further training of SSA staff. That training would include clear instruction on the principles and processes for payee selection, the importance of meeting with the beneficiary and payee prior to payee determination, and best practices in making payee determination in cases of substance abuse and criminal history.

Additional Staff Guidance and Training. Inconsistency in how payees are selected is a double-edged sword. While SSA staff need flexibility and a certain amount of discretion related to payee selection, some inconsistencies could result in unfair practices and may create beneficiary hardships. Staff generally follow the POMS preference list but vary in the extent to which they lean toward direct payment to enhance beneficiary independence and the extent to which they consider specific factors concerning the beneficiary-payee relationship. Our findings call for fortifying field office staff guidance and remote or in-person training.

Face-to-Face Meetings. For both facility and community settings, some staff consistently meet with the beneficiary and the payee either in-person or remotely, while others were less consistent. Staff recognition of the potential of technology to bridge geographic distance was uneven – although perhaps will change with the advent of COVID-19. In particular, staff should meet with both parties if the beneficiary requests a payee change.

Substance Abuse. Interviews showed inconsistencies in how payees were chosen for cases involving substance abuse by either the beneficiary or the payee. Inconsistencies included staff consideration of whether the substance abuse was in the past, for how long, or is a recent or present condition. Staff revealed inconsistency in the need to protect the beneficiaries from

⁹ Office of the Inspector General, Social Security Administration, *Audit Report: Using Nursing Home Data to Determine Suitability of Representative Payees*, A-03-16-50056 (March 2018)

their own behavior by appointing a payee. SSA should develop and implement additional policy, guidance, and training on beneficiary substance abuse cases, and factors affecting the choice between direct payment and payee appointment. SSA also should provide guidance on an acceptable length of time that a payee with past but no current substance abuse may serve.

Criminal History. Staff said they consistently apply POMS guidelines prohibiting selection of a payee convicted of any of the 12 barred crimes. However, there were inconsistencies for crimes that were outside of the barred crimes. Over a third of the managers surveyed stated there was high to moderate variability among staff in application of the bar. SSA should develop and implement additional policy, POMS guidance, and training concerning cases with barred crimes as well as with crimes outside of the barred crimes.

Conclusion

The goal of the study was to describe current methods and policies in selecting representative payees and to identify aspects of administrative structures, policies, guidelines, resources, and training that support or deter the selection of efficient and effective representative payees. Our report is the first to describe Social Security field office practices on the selection of representative payees for adults.

The study team gathered data using a two-phase process of in-depth, in-person interviews, and a national survey of field office managers. Data revealed challenges and implementable solutions for determining capability, increasing quality, handling a growing workload, designating guardians as payees, and selecting a range of organizational payees. Study findings revealed inconsistencies in the practice of determining capability and selecting payees.

Our 35 recommendations address many aspects of payee appointment and selection in the current SSA program, including specific changes in policy, POMS guidance, administration, communications, forms, technology, training, and research, as set out in the table below.

As we conducted our research, the new process for beneficiaries to designate potential payees in advance, as required by the 2018 Strengthening Protections for Social Security Beneficiaries Act, was in the early stages of development. Regulations had not yet been promulgated, and most staff we interviewed were unaware of the new provision. At the time of data collection, it was unclear whether this provision would result in substantial changes in the selection process. In the months since our site visits, all employees have been trained on advance designation of payees; our report provides a context for implementation of the new provision.

Revisions to the Current System

Our recommendations address many aspects of payee appointment and selection in the current SSA program. Field office management can best categorize them by timeframe into short-term, mid-term, and longer-term implementation. Some of the suggested changes have a high fiscal impact (such as increased SSA field office staffing for payee selection), while for others, the cost is more minimal (changes in forms). Below, we categorize our recommendations.

SSA ACTION	REPORT RECOMMENDATION
Changes in Policy	<ul style="list-style-type: none"> • Focus additional research on DDS practices in payee determinations. Discontinue use of the DDS practice of sending SSA field office staff a statement of “capability unresolved.” • Develop and implement consistent review of payee selection cases to improve the quality of each case determination. The review should focus on the process for determining payee selection and should be built into the time allocated to payee selection. • Develop and implement consistent requirements for staff documentation of selection decisions. • Establish criteria for adequate staff and resources for organizational payees, including staff-to-beneficiary ratios, frequency of communication with individual beneficiaries, and staff responsibilities and training. • Prohibit the selection of facilities with contracts requiring the designation of the facility as payee as a condition of admission. • Conduct regular audits of institutional payees with fewer than 50 residents, taking into account CMS nursing home data. • Provide that, if a beneficiary requests a change in payee, staff must meet with both parties, either in-person or through technology.
Changes in POMS Guidance	<ul style="list-style-type: none"> • Differentiate on the POMS Preference List for Adults without a Substance Abuse Condition, a distinct category of Community Based Non-Profit Social Service Agencies. • Preface the POMS Order of Preference with a statement requiring consideration, prior to payee appointment, of beneficiary supports and services, as well as a supporter who may help the beneficiary’s financial decision-making. • Provide guidance to field office staff about criteria for determining the suitability of any guardian to serve as payee. • Develop and implement additional policy, guidance in POMS, and training concerning beneficiary substance abuse and the choice between direct payment and appointment of a payee. • Develop and implement guidance concerning an acceptable length of time that a payee with past but no current substance abuse may serve. • Develop and implement additional policy, guidance in POMS, and training concerning payee selection if the potential payee has committed a crime that is not one of the 12 barred crimes.
Changes in Administration	<ul style="list-style-type: none"> • Increase field office staffing levels to allow time for more informed payee determinations, given the rights at stake. • Pilot and evaluate field office staff specialization on payee issues in large offices and at the regional level. • Increase the number of qualified and effective organizational payees with access to beneficiary resources. • Identify and prohibit practices of “conduit” or pass-through organizational payees in order to foster payee-beneficiary relationships and improve access to resources for beneficiaries.

Contacts and communications	<ul style="list-style-type: none"> • Inform the court when a guardian is appointed as payee. • Develop a process for staff to communicate with the court about the guardian’s performance and suitability to serve as payee. • Foster field office staff contacts with the state or local long-term care ombudsman program under the Older Americans Act.
Forms	<ul style="list-style-type: none"> • Modify the instructions for the SSA medical form (Form 787) to emphasize assessment of ability <i>to manage or direct the management of</i> financial benefits and the existence of supports and supporters, rather than stating medical diagnoses alone. • Include on the medical Form 787 a timeframe and rationale for its timely return.
Technological changes	<ul style="list-style-type: none"> • Require field office staff to have a phone call, video call, or face-to-face meeting with beneficiaries, including residents in nursing facilities, before making a capability determination. Encourage technological solutions for personal contact when necessary. • Resolve technological problems in eRPS so that staff can better input data and document decisions on payee selection.
Training	<ul style="list-style-type: none"> • Provide specific training for staff in identifying and recognizing beneficiary supports and services as well as potential supporters. • Provide education and training for DDS staff on capability factors and require clear written support for any “payee needed” opinions. Include DDS use of technology for remote determinations. • Develop and implement consistent in-service training for field office staff on payee selection, using live virtual training techniques as well as in-person training where possible. • Foster peer discussions for field office staff to share decision-making strategies concerning payee selection. • Develop and implement criteria for field offices to provide regular training and outreach for organizational payees about their duties and how best to meet the needs of beneficiaries. • Develop training materials for institutional payee staff on payee duties and conduct regular training and outreach. • Develop information for families and residents about duties of institutional payees.
Research	<ul style="list-style-type: none"> • Examine DDS practices in payee determinations.

Envisioning Future Directions

Interview comments about the need for overall changes in the payee process resulted in a survey item on the extent to which SSA should continue its current level of involvement in the selection of payees. While 45percent of managers surveyed agreed the SSA should continue its current involvement, 55percent disagreed. Coming from leaders with years of SSA experience, this response seems to call for high-level evaluation of questions such as:

- To what extent and how can supported decision-making greatly reduce the need for appointment of payees? What would a greatly reduced program look like? What kinds of oversight and assistance would supporters for beneficiaries require?

- Can we envision a more person-centered program built around beneficiary self-determination while meeting their needs for resources and support? What bridges should a renewed program build with the aging network, the disability network, and other human services systems?
- If implementation of the recommendations for improving the selection process is not feasible, should the payee program be located in another agency outside of SSA? Such a move should be preceded by determining areas of expertise that are needed in another agency to take on this role.

Our report provides both qualitative and quantitative data to clarify the overall process of payee appointment and selection. It highlights practical recommendations to improve payee selection.

However, clearly, there is a need for further examination of the overall SSA payee appointment and selection process, especially in light of increasing numbers of older adults with limitations in their abilities to manage their Social Security benefits. Older adults with such limitations would benefit from the appointment of a representative payee and implementation of advance designation, as well as technological advances, the emergent role of supported decision-making, and changes brought about by the COVID-19 pandemic.