



STETSON LAW

**National Conference on
Special Needs Trusts**

**2026 Social Security and
Supplemental Security Income
(SSI) Program Update**

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Center for Excellence in Elder Law

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SSA and Tech

SSA announced that it implemented “a digital first approach” in 2026, with a goal to cut Field Office visits by 50%. In its [2026-2030 strategic plan](#), SSA highlighted increasing availability and use of online services and expanding the use of self-service technology tools as a supportive strategy to meet its customer service goals. Related to these goals, SSA launched pilots for [Appointment Scheduling Calendar](#) and [Workload Management System](#). SSA has also really encouraged the public to sign up for MySSA.gov accounts to allow people to receive more service digitally, without needing to go into a Field Office.

- **Appointment Scheduling Calendar**

On April 25, 2026, SSA rolled an Appointment Scheduling Calendar and the Workload Management System as pilots in Tennessee and Nevada. An [SSA Emergency Message](#) describes the ASC as a “web-based appointment system used by customers and technicians to schedule, reschedule, modify, and cancel Initial Claims (IC) phone appointments.” SSA technicians are directed to use this web-based appointment system to schedule all initial claims as phone appointments in the pilot states, thereby limiting Field Office visits. One of the major developments is that the public can also [self-schedule](#) appointments through this calendar. Notably, the process for walk-in service remains unchanged. On August 26, 2026, SSA announced via another [Emergency Message](#) that they were expanding the Appointment Scheduling Calendar to the following additional places: Arkansas, American Samoa, Arizona, California, Hawaii, Louisiana, New Jersey, New Mexico, Ohio, Oklahoma, and Texas. Some advocates have raised concerns that SSA’s emphasis to schedule all initial claims appointments as phone appointments, so they can be handled by claims representatives across the country, will make it harder for people to get in-person service.

- **Workload Management System**

SSA’s new Workload Management System also started as a pilot in Tennessee and Nevada, but was expanded to the same list of places (Arkansas, American Samoa, Arizona, California, Hawaii, Louisiana, New Jersey, New Mexico, Ohio, Oklahoma, and Texas) via [Emergency Message](#) on August 26, 2026.

The Workload Management System (WMC) is what supports the appointment queue to assign initial claims to be completed through the Appointment Scheduling Calendar. So basically, initial claims that come in through the ASC, will be distributed to claims representatives for assignment via the Workload Management System. Interestingly, SSA policy guidance indicates that whatever jurisdiction agrees to initiate the claim “keeps ownership and processes the case through adjudication, regardless of the claimant[‘s] residence and jurisdiction.” That means if a person from Louisiana wants to initiate a new claim, if that claim was initially worked on by

someone from Ohio, Ohio will process the claim “through adjudication.” It is not entirely clear what “through adjudication” applies to. Advocates on the ground report that even if an out-of-state Field Office is in charge of a claim, if it is an application for medical disability, the medical disability adjudication will be handled by the Disability Determination Services (DDS) from the state where the claimant resides.

- **MySSA.gov**

This last year, SSA has also been encouraging the public to sign up for and use MySSA.gov, explicitly making it easier for the public to “access [] benefits without needing to make an in-person visit to a field office.” On February 9, 2026, [SSA reported](#) that 100 million Americans had set up these accounts. SSA advertises that people can take care of 19 types of transactions via their MySSA.gov accounts, ranging from updating their address and printing benefit verification letters, to responding to continuing disability review requests. SSA’s [2026-2030 strategic plan](#) (pg. 6) indicates SSA intends to make “nearly all SSA transactions” available through this portal.

To sign up for MySSA.gov accounts, a person needs to go through an identity verification process through ID.me or Login.gov: which has proven to be a significant obstacle for many. As SSA moves more service delivery to MySSA.gov accounts, it may become more of a priority for people to struggle through setting up these accounts.

SSA & CDRs

SSA has identified Program Integrity as a “central focus.” SSA set a goal to process 219,000 more continuing disability reviews (CDRs) in 2026, than they did in 2024. SSA, Annual Performance Plan (APR) FY 2025-2026 at 7.

Possibly related to this goal, in March 2026, [SSA announced](#) they were moving Medical CDRs in house. This would be a big change. Currently, most CDR are conducted by disability determination staff in the state where the claimant lives. SSA explained the move by stating:

“By centralizing medical continuing disability reviews under Social Security, we are taking another important step towards operational excellence, reducing improper payments, and providing best-in-class service to Americans in critical need of support,” **said Commissioner Frank J. Bisignano**. “With complete ownership and accountability of CDRs and the proven track record of our DCR, our state disability determination service partners will be able to focus on the adjudication of initial disability claims and reconsideration cases, provide eligible individuals with expedited access to benefits, and further reduce initial disability claims backlogs, which are already reaching historic lows.”

Id. This announcement was a surprise and was met with some resistance. For example, the National Association of Disability Examiners (NADE), an organization that advocates on behalf

of state disability examiners, wrote extensively about their concerns about the centralization of the CDR workload in their Newsletter. They also reported traveling to D.C. to raise issues with key stakeholders, including with the Senate Finance Committee and House Ways and means. Concerns fall into three buckets: the effect on the claimant experience, logistics, and the impact on disability examiners.

To date, CDR centralization has not been completely implemented. We know from reports that SSA has increased the staffing to the DCR, or SSA's federal DDS agency. State DDS's all over the country have drastically increased how many continuing disability review they are completing.

Revising Policy Related to Transition Age Youth

SSA rescinded its Social Security Ruling (SSR 11-2p) and replaced it with [SSR 26-2p](#), which went into effect on October 1, 2026. This updated SSA's policy for how to document and evaluate disability claims for young adults ages 18 through 25. While the updated policy is substantially the same, there are a few updates worth noting:

- SSR 26-2p includes slightly less favorable guidance on evaluating IEP goals. SSR 26-2p states that "A young adult who does not achieve a goal *may* have an impairment-related limitation(s) in their ability to perform work activity" while SSR 11-2p stated that "A young adult who does not achieve a goal *likely* has an impairment-related limitation(s)"
- the SSR 26-2p makes clear that evidence from a prior file, including medical and education records, "will" be added to the current file. Missing evidence from prior files has been a pain point in these cases, so this excellent language has been added.
- SSR 26-2p also included an updated list of illustrative examples of relevant limitations. A claimant's interest in video games is unequally treated by ALJs: some suggest it is proof of executive functioning; others do not. This SSR makes clear that "hyperfocus (an intense focus on things that interest an individual, such as videogames)" is an example of a deficit.
- SSR 26-2p explicitly referenced Section 301 benefits. Section 301 allows a person who SSA previously found to be disabled, but whose disability ceased, can still receive benefits if they are in a vocational rehabilitation program in some circumstances. This benefit is extremely underutilized. Hopefully its inclusion in this policy will spur it to be more frequently employed.