

**Annual Report  
of the  
Supplemental  
Security  
Income Program**

**Social Security Administration  
2013**





## SOCIAL SECURITY

The Commissioner

June 20, 2013

President Barack H. Obama  
The White House  
Washington, DC 20500

Dear Mr. President:

It is my pleasure to submit to you the 2013 Annual Report of the Supplemental Security Income Program (the 17<sup>th</sup> such report). We prepare this report in compliance with section 231 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

I am also sending this report to Vice President Biden and Congressman Boehner. If you have any questions regarding this report, your staff may contact Scott Frey, our Deputy Commissioner for Legislation and Congressional Affairs, at (202) 358-6030 or at [Scott.Frey@ssa.gov](mailto:Scott.Frey@ssa.gov).

Sincerely,

Carolyn W. Colvin  
Acting Commissioner

Enclosure





## SOCIAL SECURITY

The Commissioner

June 20, 2013

The Honorable Joseph R. Biden, Jr.  
President of the Senate  
Washington, DC 20510

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Carolyn W. Colvin  
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## SOCIAL SECURITY

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June 20, 2013

The Honorable John A. Boehner  
Speaker of the House of Representatives  
Washington, DC 20515

Dear Mr. Speaker:

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I am also sending this report to President Obama and Vice President Biden. If you have any questions regarding this report, your staff may contact Scott Frey, our Deputy Commissioner for Legislation and Congressional Affairs, at (202) 358-6030 or at [Scott.Frey@ssa.gov](mailto:Scott.Frey@ssa.gov).

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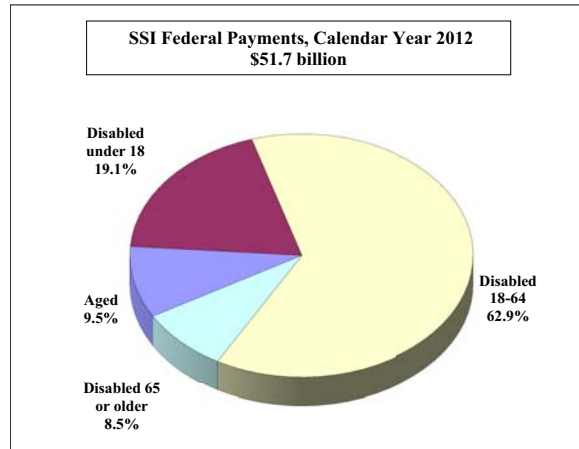


## EXECUTIVE SUMMARY

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193) directs the Social Security Administration (SSA) to report annually to the President and to the Congress on the status of the Supplemental Security Income (SSI) program. Projections of program recipients and costs through at least 25 years are a required element of these reports. This report is the 17<sup>th</sup> of such reports.

### Highlights of the SSI Program

- The SSI program is a nationwide Federal assistance program administered by SSA that guarantees a minimum level of income for needy aged, blind, or disabled individuals. It acts as a safety net for individuals who have limited resources and little or no Social Security or other income.
- In January 2013, 8.1 million individuals received monthly Federal SSI payments averaging \$507, up from 7.9 million recipients with an average payment of \$497 in January 2012.
- Federal expenditures for cash payments under the SSI program during calendar year 2012 increased 5.4 percent to \$51.7 billion, while the funds made available to administer the SSI program in fiscal year 2012 decreased 1.2 percent to \$3.9 billion. In 2011, the corresponding program and administrative expenditures were \$49.0 billion and \$4.0 billion, respectively.



### Major Findings of the Report

- By 2037, the end of the 25-year projection period, we estimate that the Federal SSI recipient population will reach 9.4 million. The number of SSI program recipients is projected to grow slightly faster than the U.S. population over the next few years reflecting the still-elevated unemployment rates during the remainder of the recovery from the recent economic downturn. Over the remainder of the 25-year projection period, the growth in the SSI recipient population is projected to be somewhat slower than the growth in the overall U.S. population.
- As a percentage of the total U.S. population, the number of Federal SSI recipients increased slightly from 2.47 percent in 2011 to 2.51 percent in 2012. We project this percentage to rise very slightly to 2.53 percent over the next few years before beginning a gradual decline over the remainder of the 25-year projection period reaching 2.42 percent of the population in 2037.
- We estimate that Federal expenditures for SSI payments in calendar year 2013 will increase by \$1.9 billion to \$53.6 billion, an increase of 3.7 percent from 2012 levels.
- In dollars adjusted by the Consumer Price Index (CPI) to 2013 levels, we project that Federal expenditures for SSI payments will increase to \$61.5 billion in 2037, a real increase of 0.6 percent per year.
- Federal SSI expenditures expressed as a percentage of the Gross Domestic Product (GDP) were 0.33 in 2012. We project that expenditures as a percentage of GDP will remain at 0.33 percent of GDP in 2013, and decline thereafter to 0.23 percent of GDP by 2037.



# CONTENTS

<b>I. INTRODUCTION</b>	<b>1</b>
<b>II. HIGHLIGHTS</b>	<b>2</b>
A. RECENT PROGRAM EXPERIENCE	2
B. SSI LEGISLATION SINCE THE 2012 ANNUAL REPORT	3
C. CURRENT ISSUES FACING THE SSI PROGRAM	3
D. KEY RESULTS FROM THE 25-YEAR PROJECTIONS	4
<b>III. THE SUPPLEMENTAL SECURITY INCOME PROGRAM</b>	<b>6</b>
A. BACKGROUND	6
B. THE BASIC PLAN	6
C. UNIFORM STANDARDS AND OBJECTIVE CRITERIA	7
D. ASSISTANCE OF LAST RESORT	9
1. Income	9
2. Resources	10
3. Filing for Other Benefits	11
4. Eligibility Issues for Residents of Public Institutions or Medical Treatment Facilities	11
5. Personal Needs Allowance	12
6. Deeming	12
a. Spouse-to-Spouse Deeming	12
b. Parent-to-Child Deeming	12
c. Sponsor-to-Alien Deeming	13
E. INCENTIVES FOR WORK AND OPPORTUNITIES FOR REHABILITATION	13
1. Earned Income Exclusion	14
2. Impairment-Related Work Expense Exclusion	14
3. Work Expenses of the Blind Exclusion	14
4. Student Earned Income Exclusion	14
5. Plan to Achieve Self-Support	14
6. Special Provisions for Disabled Recipients Who Work	15
7. Vocational Rehabilitation/Ticket to Work Program	15
8. Expedited Reinstatement	16
F. ADMINISTRATION OF THE SSI PROGRAM	17
1. Application Process	17
2. Determination of Eligibility for Benefits	17
3. Payment of Benefits	17
4. Ensuring Continued Eligibility for Benefits	18
5. Representative Payees	19
6. Appeal Rights	19
7. Fees for Attorneys and Non-attorney Representatives	19
8. Advance Payments	20
a. Emergency Advance Payments	20
b. Presumptive Disability or Blindness	21
G. STATE SUPPLEMENTATION	21
1. Optional State Supplementation Programs	21
2. Mandatory State Supplementation Programs	21
3. Administration of State Supplementation Payments	21
4. Passalong Provisions	22

H. COORDINATION WITH OTHER PROGRAMS.....	22
1. Windfall Offset.....	22
2. Interim Assistance Reimbursement.....	23
3. Medicaid Determinations.....	23
4. SNAP Applications.....	23
<b>IV. ESTIMATES OF PROGRAM RECIPIENTS AND FEDERAL EXPENDITURES UNDER THE SUPPLEMENTAL SECURITY INCOME PROGRAM, 2013-37 .....</b>	<b>25</b>
A. DEMOGRAPHIC AND ECONOMIC ASSUMPTIONS.....	25
B. NUMBERS OF SSI PROGRAM RECIPIENTS.....	29
C. FEDERAL PAYMENTS UNDER SSI.....	45
D. FEDERAL SSI PAYMENTS AS A PERCENTAGE OF GROSS DOMESTIC PRODUCT..	50
E. THE SSI PROGRAM'S SHARE OF SSA'S ADMINISTRATIVE COSTS AND BENEFICIARY SERVICES COSTS.....	52
<b>V. APPENDICES.....</b>	<b>53</b>
A. HISTORY OF PROVISIONS.....	53
1. Basic Eligibility Requirements.....	53
2. Other Eligibility Provisions.....	54
a. Citizenship and U.S. Residency.....	54
b. Other Benefits.....	56
c. Drug Addiction and Alcoholism (DAA).....	57
d. Institutionalization.....	57
e. Vocational Rehabilitation and Treatment.....	58
f. Continuing Disability Reviews and Eligibility Redeterminations.....	61
g. Deeming of Income and Resources.....	62
3. Federal Benefit Payments.....	63
a. Windfall Offset.....	63
b. Proration of Benefit.....	63
c. Retrospective Monthly Accounting.....	63
d. Uncashed Checks.....	64
e. Rounding of Payment Amounts.....	64
f. Penalties for False or Misleading Statements or Withholding of Information.....	64
g. Installment Payments.....	64
h. Retroactive Payments to Prisoners, Fugitive Felons, and Probation or Parole Violators	65
4. Federal Benefit Rates.....	65
5. Exclusions from Income.....	67
a. General Exclusions.....	67
b. Special Exclusions.....	67
6. Resources.....	71
a. General Exclusions.....	71
b. Special Exclusions.....	73
c. Transfer-of-Resources Penalties.....	75
7. Presumptive and Emergency Payments and Interim Assistance Reimbursement.....	75
a. Presumptive Payments.....	75
b. Emergency Advance Payments.....	76
c. Interim Assistance Reimbursement.....	76
8. Medicaid Eligibility.....	76
9. State Supplementation.....	78
10. Overpayment Recovery.....	79
11. Fees for Attorneys and Non-Attorney Representatives.....	80

B. INCOME AND RESOURCE EXCLUSIONS .....	82
1. Earned Income Exclusions .....	82
2. Unearned Income Exclusions .....	83
3. Resource Exclusions .....	84
C. HISTORICAL ALLOWANCE DATA .....	87
1. Technical Notes on the Disability Research File .....	87
2. General Considerations .....	88
D. HISTORICAL REDETERMINATION AND CONTINUING DISABILITY REVIEW DATA	95
1. Redeterminations .....	95
2. Continuing Disability Reviews .....	96
E. INCENTIVES FOR WORK AND OPPORTUNITIES FOR REHABILITATION .....	104
1. Work Incentives .....	104
a. Numbers of Participants in Work Incentive Programs .....	104
b. Average Earnings of Participants in Work Incentive Programs .....	106
2. Vocational Rehabilitation/Ticket to Work Program .....	107
F. INVOLVEMENT OF SSI RECIPIENTS IN OTHER PROGRAMS .....	111
G. RESEARCH ON RELATED TOPICS .....	113
1. Ongoing Research .....	113
a. SSI Policy Simulations .....	113
b. National Survey of SSI Children and Families .....	113
c. Analytic Studies .....	114
d. Evaluation of the Ticket to Work (TTW) Program .....	116
e. Homeless Outreach Projects and Evaluation (HOPE) .....	117
f. Youth Transition Demonstration (YTD) .....	117
g. TANF/SSI Disability Transition Project (TSDTP) .....	118
h. Occupational Information System (OIS) .....	119
i. Homeless with Schizophrenia Presumptive Disability (HSPD) Pilot Demonstration ...	120
2. Bibliography of Recent Publications .....	121
H. GLOSSARY .....	138

**ADDITIONAL STATEMENT BY THE SOCIAL SECURITY ADVISORY BOARD**



## TABLES

III.H1	SSI State Supplementation and Coordination with Other Programs . . . . .	24
IV.A1	Historical and Projected Social Security Area Population based on the Intermediate Assumptions of the 2013 OASDI Trustees Report, as of July 1, 1974-2037 . . . .	26
IV.A2	SSI Federal Benefit Rate Increases and Levels: Historical and Projected on the Basis of the Intermediate Assumptions of the 2013 OASDI Trustees Report, 1974-2037 . . . . .	27
IV.B1	SSI Federally-Administered Applications, Calendar Years 1974-2037 . . . . .	30
IV.B2	SSI Federally-Administered New Recipients, Calendar Years 1974-2037 . . . . .	32
IV.B3	SSI Federally-Administered Terminations Due to Death, Calendar Years 1974-2037 . . . . .	34
IV.B4	SSI Federally-Administered Terminations Due to Reasons Other Than Death, Calendar Years 1974-2037 . . . . .	35
IV.B5	SSI Federally-Administered Terminations for All Reasons, Calendar Years 1974-2037 . . . . .	36
IV.B6	SSI Recipients with Federal Benefits in Current-Payment Status as of December, 1974-2037	37
IV.B7	Federal SSI Prevalence Rates, as of December, 1974-2037 . . . . .	40
IV.B8	SSI Recipients with Federally-Administered State Supplementation Benefits Only, in Current-Payment Status as of December, 1974-2037 . . . . .	42
IV.B9	SSI Recipients with Federally-Administered Benefits in Current-Payment Status as of December, 1974-2037 . . . . .	44
IV.C1	SSI Federal Payments in Current Dollars, Calendar Years 1974-2013 . . . . .	45
IV.C2	SSI Federal Payments in Current Dollars, Fiscal Years 1978-2013 . . . . .	46
IV.C3	SSI Federal Payments in CPI-Indexed 2013 Dollars, Calendar Years 1974-2037 . . . . .	48
IV.C4	SSI Federally-Administered State Supplementation Payments in Current Dollars, Calendar Years 1974-2012 . . . . .	49
IV.D1	SSI Federal Payments as a Percentage of GDP, Calendar Years 1974-2037 . . . . .	51
IV.E1	Selected SSI Costs, Fiscal Years 1978-2013 . . . . .	52
V.A1	Federal Benefit Rates Set by Legislation . . . . .	66
V.C1	Disabled Adult Claims: Disposition of Applications for SSI Disability Benefits by Year of Filing and Level of Decision . . . . .	89
V.C2	Disabled Child Claims: Disposition of Applications for SSI Disability Benefits by Year of Filing and Level of Decision . . . . .	92
V.D1	SSI Redeterminations and Limited Issues Completed, Fiscal Years 1986-2012 . . . . .	95
V.D2	SSI Continuing Disability Full Medical Reviews by Year of Initial Decision, Fiscal Years 1993-2012 . . . . .	97
V.D3	SSI Disabled Adult Reviews: Disposition of Continuing Disability Medical Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 1998-2012 . . . . .	98
V.D4	SSI Disabled Child Reviews: Disposition of Continuing Disability Medical Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 1998-2012 . . . . .	101

V.E1	SSI Federally-Administered Blind or Disabled Working Recipients as of December, 1987-2012 . . . . .	105
V.E2	SSI Federally-Administered Blind or Disabled Individuals with SSI Recipient Status Participating in Other Work Incentives as of December, 1990-2012 . . . . .	106
V.E3	Average Monthly Earnings of SSI Federally-Administered Blind or Disabled Working Recipients, as of December, 1987-2012 . . . . .	106
V.E4	Vocational Rehabilitation Reimbursement Claims Allowed, Fiscal Years 1987-2012 . . . . .	110
V.E5	Employment Network Payments Allowed, Fiscal Years 2002-12 . . . . .	110
V.F1	Percentage of SSI Federally-Administered Recipients in Current-Payment Status with Participation in Selected Programs Based on SSA Administrative Records, December 2012 . . . . .	111



## FIGURES

IV.B1	SSI Federally-Administered Applications by Age Group, Calendar Years 1975-2040 . . . . .	31
IV.B2	SSI Federally-Administered New Recipients by Age Group, Calendar Years 1975-2040 . . . . .	33
IV.B3	SSI Federally-Administered Terminations by Age Group, Calendar Years 1975-2040 . . . . .	37
IV.B4	SSI Recipients with Federal Benefits in Current-Payment Status, by Age Group, as of December, 1975-2040 . . . . .	39
IV.B5	Federal SSI Prevalence Rates, by Age Group, as of December, 1975-2040 . . . . .	41
IV.B6	Age-Sex-Adjusted Federal SSI Prevalence Rates, by Eligibility Category, as of December, 1975-2040 . . . . .	42
IV.C1	SSI Federal Payments, by Age Group, in CPI-Indexed 2013 Dollars, Calendar Years 1975-2040 . . . . .	47
IV.D1	SSI Federal Payments, by Age Group, as a Percentage of GDP, Calendar Years 1975-2040 . . . . .	50
V.E1	SSI Federally-Administered Blind or Disabled Working Recipients as of December, 1987-2012 . . . . .	105



## I. INTRODUCTION

Congress established the Supplemental Security Income (SSI) program in 1972 by amending the Social Security Act (the Act) to include Title XVI of the Act, with payments beginning in 1974. The Social Security Administration (SSA) administers the program. SSI replaced the former Federal-State programs of Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled in the 50 States and the District of Columbia. Residents of the Northern Mariana Islands became eligible for SSI in January 1978.

In 2013, the SSI program provides a monthly Federal cash payment of \$710 (\$1,066 for a couple if both members are eligible) for an eligible person living in his or her own household and having no other countable income. Since 1975, these Federal SSI benefit rates have increased with the same cost-of-living adjustment applied to benefits under the Old-Age, Survivors, and Disability Insurance (OASDI) program. In addition to setting a Federal benefit standard, the legislation establishing SSI also permitted individual States to supplement the Federal payment with an additional monthly amount. As described in section III, these State supplementation payments can be either voluntary at the option of the individual States or, in certain cases, mandatory under requirements in effect when the SSI program began.

Under section 231 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, SSA must submit a report on the SSI program to the President and Congress no later than May 30 of each year. This is the seventeenth annual report on the SSI program. The legislative mandate requires that the report include:

- A comprehensive description of the SSI program;
- Historical and current data relating to: (1) claims intake and dispositions at all levels of decision making; (2) demographic information about recipients, including program cost and prior enrollment in other public benefit programs; (3) redeterminations, continuing disability reviews, and utilization of work incentives; (4) administrative costs; and (5) State supplementation program operations;
- 25-year projections of future recipients and program costs;
- A historical summary of statutory changes to Title XVI of the Act; and
- Summaries of any relevant research on the SSI program by SSA or others.

In addition, the legislation specified that the report may include views of the SSI program by the Social Security Advisory Board.

Much of the required information is the subject of extensive ongoing research. In responding to each of the specific requests for information, every effort has been made to provide the best information available at this time. SSA will continue to make improvements upon such information in order to help the President and Congress effectively manage this important part of our social safety net.

## II. HIGHLIGHTS

The SSI program is a nationwide Federal assistance program administered by SSA that guarantees a minimum level of income for needy aged, blind, or disabled individuals. This section presents highlights of recent SSI program experience, a summary of important changes to the program in the last year, a discussion of current issues facing the SSI program, and a summary of the key results from the 25-year projections.

### A. RECENT PROGRAM EXPERIENCE

SSI program experience during the past year included the following:

- During calendar year 2012, 2.3 million individuals applied for SSI benefits based on blindness or disability, a decrease of 5 percent from 2011. Additionally, 147 thousand individuals applied for SSI benefits based on age, a decrease of 4 percent from 2011. In 2012, 973 thousand applicants were awarded SSI benefits, a decrease of 7 percent as compared to the 1.0 million awarded benefits in 2011.
- Each month on average during calendar year 2012, 8.0 million individuals received Federal SSI benefits. This group was composed of 1.1 million aged recipients, 6.8 million disabled recipients, and 65 thousand blind recipients. Of the 6.9 million blind or disabled recipients, 1.3 million were under age 18, and 0.9 million were aged 65 or older. During the year, 9.0 million aged, blind, or disabled individuals received at least 1 month's Federal SSI benefit.
- Federal expenditures for payments under the SSI program in calendar year 2012 totaled \$51.7 billion, up from \$49.0 billion in 2011.
- Each month on average during calendar year 2012, 2.3 million individuals received Federally-administered State supplementation payments. This group was composed of 0.5 million aged recipients, 1.7 million disabled recipients, and fewer than 50 thousand blind recipients. During calendar year 2012, 2.7 million individuals received at least 1 month's Federally-administered State supplementation payment.
- State expenditures for Federally-administered supplements, excluding fees for Federal administration, totaled \$3.3 billion in calendar year 2012, down from \$3.5 billion in 2011.
- The percentage of SSI recipients receiving their benefits electronically increased from 70 percent in fiscal year 2011 to 83 percent in fiscal year 2012. SSI recipient participation in direct deposit increased gradually in the 2000's after experiencing a period of sharp growth when it more than doubled from 24 percent in 1995 to 49 percent in 2000. Electronic receipt of benefits increased significantly in 2012 and is expected to continue to increase significantly in the next year as most SSI recipients must receive their benefit payments by direct deposit, the Direct Express® debit card, or an electronic transfer account, effective March 2013.
- The cost of administering the SSI program in fiscal year 2012 was \$3.9 billion, which was roughly 8 percent of total Federally-administered SSI expenditures.
- In January 2013, 8.3 million individuals received Federally-administered monthly SSI benefits averaging \$526. Of these, 8.1 million received monthly Federal SSI payments averaging \$507, and 2.2 million received monthly State supplementation payments averaging \$122.

## ***B. SSI LEGISLATION SINCE THE 2012 ANNUAL REPORT***

Since we submitted the 2012 SSI Annual Report to the President and Congress on May 30, 2012, the following legislative changes have been made to the SSI program:

### **Public Law 112-240, enacted January 2, 2013**

Makes permanent the exclusion from income of all refundable, Federal, and advance tax credits. The law also makes permanent the 12-month resource exclusion of all refundable Federal and advanced tax credits.

## ***C. CURRENT ISSUES FACING THE SSI PROGRAM***

For nearly 40 years, the SSI program has been a crucial lifeline for the most vulnerable among us. Every month, it helps over 8 million aged, blind, and disabled Americans meet their basic need for food, clothing, and shelter. We strive to improve our administration of this vital program by reaching those in need, helping those able to work to transition to self-support, and being good stewards of the Nation's tax dollars.

### **Program Integrity**

The SSI benefit, which is means tested, is designed to reflect even small fluctuations in a beneficiary's income, resources, and living arrangements. To pay benefits accurately, we must consider the many changes that can occur in individuals' lives every month. Over the years, adjusting SSI benefits to reflect current circumstances has grown more challenging: our other workloads have increased, our funding has decreased and is not predictable, and society and SSI law have become more complex.

We have embraced our responsibility to both determine SSI eligibility in a timely manner and pay benefits accurately. Our goal is to pay the right person the right benefit at the right time, and we use many tools to ensure that SSI benefits are accurate. One of our most valuable tools is the SSI redetermination process. During a redetermination, we review the non-medical aspects of a beneficiary's case to ensure that the benefit is accurate and based on up-to-date information. In fiscal year 2012, we completed about 2.6 million redeterminations and limited issues, a type of targeted redetermination. This represents an increase of about 170,000, or roughly 7 percent, from fiscal year 2011.

### **Access to Financial Institutions**

A leading cause of improper payments is beneficiaries holding money in excess of the SSI resource limits (\$2,000 for an individual, \$3,000 for a couple) in financial institution accounts. Access to Financial Institutions (AFI)—an innovative partnership between SSA and the financial community—now provides timely access to bank account information. Using AFI, we are able to electronically verify the accounts that beneficiaries disclose to us and search for other non-disclosed bank accounts. Before implementation of AFI, we relied primarily on beneficiary self-reporting and, to a lesser degree, information from the Internal Revenue Service to detect large bank accounts.

AFI has proven to be a successful and powerful tool in preventing and detecting SSI improper payments. For example, a claimant stated that he had a bank account under the \$2,000 resource limit, but AFI found that the actual balance was \$200,000. Another claimant said he had only one bank account, but AFI uncovered six with balances of nearly \$25,000 each. While not routine, these cases demonstrate the potential of AFI to improve accuracy and generate savings for the SSI and Medicaid programs.

## **SSI Telephone Wage Reporting**

Wages are the second leading cause of SSI improper payments. To help address this issue, we continue to expand the use of the SSI Telephone Wage Reporting System (SSITWR). SSITWR is an automated, toll free service that allows beneficiaries, deemors, and representative payees to send us wage information by phone. This process is convenient and saves time for both our beneficiaries and our field offices because successful SSITWR reports automatically update our records. SSITWR has allowed us to process more wage reports in a timely manner and, because these reports are generally accurate, reduce wage-related improper payments.

In addition to continuing to expand the use of SSITWR, SSA is exploring other ways to improve our access to timely wage information.

## **SSI Disabled Children**

As Congress noted when it established the SSI program, “Disabled children who live in low-income households are...deserving of special assistance in order to help them become self-supporting members of our society.” Since 1974, the program has assisted many children with disabling conditions and their families. It has allowed parents to care for their children's special needs, provide for their medical treatment, and pay their bills. In some cases, SSI child disability benefits have prevented families from becoming homeless. Each month, we pay over \$800 million in cash benefits to about 1.3 million children with disabling conditions. Many children are likely to have life-long disabilities, but some have medical conditions amenable to significant medical improvement. For this second group, the goal of the SSI program is to help them develop and acquire the skills needed to support themselves in adulthood and transition from the disability rolls to independence.

The SSI children's disability program has remained unchanged for almost 15 years. Accordingly, outside experts will conduct an SSI Childhood Disability study that will provide an independent analysis of the SSI disability program for children. We will consult with a broad range of stakeholders in developing the parameters for the study to ensure the right set of questions are asked and answered.

### ***D. KEY RESULTS FROM THE 25-YEAR PROJECTIONS***

The major findings in the 25-year projections prepared for this report are:

- Following small declines in the SSI recipient population in the late 1990s due to the combined impact of Public Law 104-121 (the Contract With America Advancement Act of 1996) and Public Law 104-193 (the Personal Responsibility and Work Opportunity Reconciliation Act of 1996), modest growth in the SSI rolls resumed in 2000. The economic recession that began in late 2007 led to faster growth in the SSI recipient population in recent years. We expect a somewhat higher level of growth to continue for a few years due to the still-elevated unemployment rates during the remainder of the recovery from the recent economic downturn. That brief period of elevated growth is projected to be followed by a return to more modest growth throughout the remainder of the projection period at a rate somewhat slower than the rate of growth in the U.S. population. By 2037, we estimate that the Federal SSI recipient population will reach 9.4 million. As a percentage of the total U.S. population, we project the number of Federal SSI recipients to increase from 2.51 in 2012 to rise very slightly to 2.53 over the next few years and then to decrease very gradually to 2.42 percent of the population by 2037.
- We estimate that Federal expenditures for SSI payments in calendar year 2013 will increase by \$1.9 billion to \$53.6 billion, an increase of 3.7 percent from 2012 levels. In dollars adjusted by the Consumer Price Index (CPI) to 2013 levels, we project that SSI program outlays will increase to \$61.5 billion in 2037, a real increase of 0.6 percent per year.

- Federal SSI expenditures were 0.33 percent of Gross Domestic Product (GDP) in 2012. We project that such expenditures will remain at 0.33 percent of GDP in 2013, and then decline thereafter to 0.23 percent of GDP by 2037.

### **III. THE SUPPLEMENTAL SECURITY INCOME PROGRAM**

This section presents a brief history and comprehensive description of the SSI program. This section also includes information on the administration of the program and coordination with other programs.

#### ***A. BACKGROUND***

Federal entitlement programs for the aged, blind, or disabled have their roots in the original Social Security Act of 1935. The Act established an old-age social insurance program administered by the Federal Government and an old-age means-tested assistance program administered by the States. Congress added similar programs for the blind or disabled to the Act in later years. Means-tested assistance provided a safety net for individuals who were either ineligible for Social Security or whose benefits could not provide a basic level of income.

This means-tested assistance comprised three separate programs—Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled. Despite substantial Federal financing, these programs were essentially State programs. Federal law established only broad guidelines for assistance. The Federal Government provided matching funds to support whatever payment levels the States established, with no maximum or minimum standards. Consequently, each State was responsible for setting its own standards for determining who would get assistance and how much they would receive.

Beginning in the early 1960s, this State-operated, Federally-assisted system drew criticism directed at the “crazy quilt” eligibility requirements and payment levels. Other criticism centered on specific requirements, such as lien laws and provisions that required certain relatives to bear responsibility for the maintenance of needy family members.

Responding to these concerns, Congress passed and the President approved the SSI program in 1972, which substantially reversed the Federal and State roles with regard to adult assistance. Under the new arrangement, SSI provides a uniform Federal income floor while optional State programs supplement that floor. The new program was historic in that it shifted responsibility from the States to the Federal Government for determining who would receive assistance and how much assistance they would receive.

#### ***B. THE BASIC PLAN***

The main objective of the SSI program is to provide basic financial support of needy aged, blind, or disabled individuals. Congress designed the SSI program based on the following principles:

- Eligibility requirements and benefit standards that are nationally uniform and eligibility determinations based on objective criteria;
- An assistance source of last resort for the aged, blind, or disabled whose income and resources are below specified levels;
- Incentives and opportunities for those recipients able to work or to be rehabilitated that would enable them to reduce their dependency on public assistance;
- An efficient and economical method of providing assistance;
- Inducements to encourage States to provide supplementation of the basic Federal benefit and protection for former recipients of State adult assistance programs who were converted to the SSI program; and



- Appropriate coordination of the SSI program with the food stamp, medical assistance, and other programs.<sup>1</sup>

### C. UNIFORM STANDARDS AND OBJECTIVE CRITERIA

Prior to the SSI program, the eligibility of aged, blind, or disabled individuals for Federally-funded adult assistance depended on the State in which they lived. Benefit levels varied from State to State. The SSI program replaced the State-run programs with a national program with uniform standards and objective eligibility criteria. These standards include:

- A uniform limitation on the dollar amount or value of income and resources that an individual can have and still qualify for SSI assistance. The countable income limits for individuals and couples are equal to their respective Federal benefit rates<sup>2</sup> and increase annually according to changes in the cost of living. For 2013, the Federal benefit rate is \$710 a month for individuals and \$1,066 a month for couples. The resource limit is \$2,000 in countable resources for individuals and \$3,000 for couples.
- A uniform standard of 65 as the minimum age for assistance based on age.
- A uniform definition of disability and blindness. The definitions for individuals age 18 or older are the same as those used for the Social Security Disability Insurance (SSDI) program. In order to be considered disabled, an individual must have a medically determinable physical or mental impairment that is expected to last or has lasted at least 12 continuous months or is expected to result in death and: (1) if age 18 or older, prevents him or her from doing any substantial gainful activity (SGA)<sup>3</sup>; or (2) if under age 18, results in marked and severe functional limitations. However, individuals for whom addiction to drugs or alcoholism is a contributing factor material to the determination of their disabilities are not eligible for benefits. In order to be considered blind, an individual must have central visual acuity of 20/200 or less in the better eye with the use of a correcting lens or have tunnel vision of 20 degrees or less.
- Uniform standards for citizenship and residency. In order to be eligible for SSI, an individual must be a citizen or national of the United States, an American Indian born in Canada who is admitted to the United States under section 289 of the Immigration and Nationality Act (INA), an American Indian born outside the United States who is a member of a Federally recognized Indian tribe under section 4(e) of the Indian Self-Determination and Education Assistance Act, a noncitizen who was receiving SSI benefits on August 22, 1996, or a qualified alien in one of the following categories<sup>4</sup>:

— Certain noncitizens who are blind or disabled and were lawfully residing in the United States on August 22, 1996;

<sup>1</sup> For example, as explained in section III.H, SSI recipients in most States are also automatically eligible for Medicaid, which generally provides for their medical needs.

<sup>2</sup> See table IV.A2 for historical and estimated future Federal benefit rates.

<sup>3</sup> “SGA” describes a level of work activity that is both substantial (i.e., involves the performance of significant physical or mental activities) and gainful (i.e., activities in work for pay or profit, or in work generally performed for pay or profit). SGA rules do not apply to the SSI blind. Generally, earnings from work activity of over \$1,040 a month are evidence of ability to engage in SGA. If an SSI *applicant* is earning over \$1,040 a month, he or she generally would not be considered disabled. However, if an SSI *recipient* is earning over \$1,040 a month, he or she could continue to be eligible for SSI. (See “Incentives for Work and Opportunities for Rehabilitation” section III.E.) The SGA level of \$1,040 was increased from \$1,010 effective January 1, 2013 (77 FR 65754). According to regulation, SSA bases yearly increases in the SGA level on increases in the national average wage index.

<sup>4</sup> Generally, the law limits SSI eligibility for humanitarian immigrants to 7 years. However, under the “SSI Extension for Elderly and Disabled Refugees Act,” which became law on September 30, 2008, lawmakers extended the 7-year period to 9 years during the window of October 1, 2008 through September 30, 2011. Afterwards, the SSI eligibility period reverted back to 7 years. Noncitizens who had naturalization applications pending during this same 3-year window were exempt from the 7-year limitation.

- Refugees (eligibility generally limited to the 7-year period after their arrival in the United States);
- Asylees (eligibility generally limited to the 7-year period after the date they are granted asylum);
- Noncitizens who have had their deportations withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or who have had their removals withheld under section 241(b)(3) of the INA (eligibility generally limited to the 7-year period after the date that deportation or removal is withheld);
- Cuban and Haitian entrants as defined by Federal statute, including: 1) section 501(e) of the Refugee Education Assistance Act of 1980; 2) former parolees and other aliens who became residents under the Cuban Adjustment Act of 1966; 3) aliens who became permanent residents under the Nicaraguan and Central American Relief Act; 4) aliens who adjusted status as Cuban/Haitian entrants under the provisions of the Immigration Reform and Control Act of 1986; and 5) aliens who became permanent residents under the Haitian Refugee Immigration Fairness Act (the law generally limits eligibility for these categories to the 7-year period after the date that entrant status is granted);
- Amerasian immigrants admitted pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988, and subsequent amendments (eligibility generally limited to the 7-year period after their arrival in the United States);
- Noncitizen active duty Armed Forces personnel, honorably discharged veterans, and their spouses and dependent children; or
- Lawful permanent residents (LPRs) who have earned, or can be credited (from their spouses or parents) with 40 qualifying quarters of earnings. Qualified aliens in this category must also serve a 5-year waiting period in which they cannot receive SSI. This waiting period begins with the date they either entered the United States as an LPR or were adjusted to LPR status.

Qualified alien status includes noncitizens (or their parents or children) who have been battered or subjected to extreme cruelty in the United States by a spouse or parent (or a member of the spouse's or parent's family) with whom they live, and who have an approved petition, or have a petition pending, setting forth a *prima facie* case for adjustment of their immigration status. A complete list of noncitizens who are considered qualified aliens can be found in the Glossary under "Qualified Alien." However, to be eligible to receive SSI benefits, these noncitizens also must be in one of the categories listed above.

In addition, certain noncitizens are treated as refugees for SSI purposes:

- Noncitizens certified by the Department of Health and Human Services to be victims of trafficking in persons in the United States,<sup>1</sup> with eligibility for SSI generally limited to the 7 years after a determination is made that they are trafficking victims; and
- Iraqi or Afghan noncitizens granted special immigrant status under emergency conditions (i.e., Iraqis or Afghans who have provided service to the U.S. government and, as a result, may be in danger within their country of origin), with eligibility for SSI generally limited to the 7 years after the special immigrant status is granted.

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<sup>1</sup> Generally defined as the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

In addition to being a U.S. citizen (or national) or in one of the potentially eligible noncitizen categories, an individual must reside in one of the 50 States, the District of Columbia, or the Northern Mariana Islands. An individual also must be physically present in the United States<sup>1</sup>. There are two exceptions to the residency and physical presence requirements:

- Blind or disabled children who are citizens of the United States may continue to be eligible for payments if they are living outside the United States with a parent who is on duty as a member of the U.S. Armed Forces. This exception also applies to blind or disabled children of military personnel who: (1) are born overseas; (2) become blind or disabled overseas; or (3) applied for SSI benefits while overseas.
- Students studying abroad for not more than 1 year also may continue to be eligible for payments if the studies are sponsored by a U.S. educational institution but could not be conducted in the United States.

#### ***D. ASSISTANCE OF LAST RESORT***

As a means-tested program, SSI takes into account all income and resources that an individual has or can access. The amount of an individual's countable income and resources are the measure of his or her need for assistance.

##### **1. Income**

The Social Security Act requires us to consider an individual's income in determining both eligibility for and the amount of his or her SSI benefit. We first compute an individual's "countable" income (i.e., income less all applicable exclusions) on a calendar month basis. We then compute his or her monthly benefit by subtracting countable income from the applicable Federal benefit rate.<sup>2</sup> Generally, ineligibility for SSI occurs when countable income equals the Federal benefit rate plus the amount of an applicable Federally-administered State supplementation payment.<sup>3</sup>

When an individual lives in the household of another and receives support and maintenance in-kind (i.e., room and board) from the householder, the Federal benefit rate decreases by one-third. This is in lieu of counting the actual value of the support and maintenance as unearned income. In contrast, we count the value of food or shelter-related items the individual receives in-kind from persons other than the householder (including in-kind assistance from outside the household in which he or she lives) as unearned income. However, the amount that is countable is limited to an amount equal to one-third of the applicable Federal benefit rate plus \$20.

The Social Security Act defines two kinds of income—earned and unearned. Earned income is wages, net earnings from self-employment, remuneration for work in a sheltered workshop, royalties on published work, and honoraria for services. All other income is unearned including, for example, Social Security benefits, other pensions, and unemployment compensation. The distinction between earned and unearned income is significant because different exclusions apply to each type of income.

However, under the law, not everything an individual receives is income. Generally, if the item received is not food or shelter or cannot be used to obtain food or shelter, it will not be considered as income. For example, if someone pays an individual's medical bills, or offers free medical care, or if the individual

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<sup>1</sup> Fifty States, the District of Columbia, or the Northern Mariana Islands.

<sup>2</sup> See table IV.A2 for historical and estimated future Federal benefit rates. We adjust Federal benefit rates in January to reflect changes in the cost of living.

<sup>3</sup> We discuss State supplementation payments in section III.G.

receives money from a social services agency that is a repayment of an amount he or she previously spent, that value is not considered income to the individual. In addition, some items that are considered to be income are excluded when determining the amount of an individual's benefit.

### **Income Exclusions<sup>1</sup>**

The principal *earned* income exclusions are:

- The first \$65 per month plus one-half of the remainder;
- Impairment-related work expenses of the disabled and work expenses of the blind;
- Income set aside or being used to pursue a plan to achieve self-support (PASS) by a disabled or blind individual; and
- The first \$30 of infrequent or irregularly received income in a quarter.

The principal *unearned* income exclusions are:

- The first \$20 per month;<sup>2</sup>
- Income set aside or being used to pursue a PASS by a disabled or blind individual;
- State or locally funded assistance based on need;
- Rent subsidies under the Department of Housing and Urban Development (HUD) programs;
- The value of food stamps; and
- The first \$60 of infrequent or irregularly received income in a quarter.

## **2. Resources**

The Social Security Act also requires us to consider the value of an individual's resources in determining whether he or she is eligible for SSI in any given month. The statute states that eligibility is restricted to individuals who have countable resources, determined monthly, that do not exceed \$2,000 (\$3,000 for a couple). Although the statute does not define "resources," it lists those items that are not considered resources. Our regulations define a resource to be a liquid asset, such as cash, or any real or personal property that, as a general matter, individuals (or their spouses) own and could convert to cash for their support and maintenance, but there are numerous and complex exceptions to this general rule.

If an applicant disposes of resources at less than fair market value within the 36-month period prior to his or her application for SSI or at any time thereafter, he or she may be penalized. The penalty is a loss of SSI benefits for a number of months (up to a 36-month maximum).<sup>3</sup> The penalty does not apply if, among other things, the applicant can show that the resources were disposed of exclusively for a purpose other than establishing SSI eligibility.

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<sup>1</sup> A complete list of the SSI income exclusions can be found in section V.B.

<sup>2</sup> Any portion of this \$20 amount not used to exclude unearned income may be used to exclude earned income.

<sup>3</sup> We calculate the number of months of penalty by dividing the uncompensated value of disposed-of-resources by the Federal benefit rate plus the maximum Federally-administered State supplementation payment, if any, applicable to the individual's living arrangement.

## Resource Exclusions<sup>1</sup>

The principal resource exclusions are:

- The home and land appertaining to it, regardless of value;
- Life insurance policies whose total face value does not exceed \$1,500;
- Burial funds not in excess of \$1,500 each for an individual and spouse (plus accrued interest);
- Household goods, if needed for maintenance, use and occupancy of the home, and personal effects;
- An automobile, if used to provide necessary transportation;
- Property essential to self-support;
- Resources set aside to fulfill a PASS; and
- Amounts deposited into either a Temporary Assistance for Needy Families (TANF) or “Assets for Independence Act” individual development account (IDA), including matching funds, and interest earned on such amounts.

### 3. Filing for Other Benefits

As the “program of last resort,” eligible individuals receive SSI benefits only to the extent other income and resources do not satisfy their needs. After evaluating all other income and resources, SSI pays what is necessary to bring an individual to the statutorily prescribed income floor. In keeping with this principle, the Act requires that SSI applicants and recipients file for other payments for which they may be eligible, such as annuities, pensions, retirement or disability benefits, workers’ compensation, and unemployment insurance benefits.

We must provide an individual with written notice of potential eligibility for other benefits and of the requirement to take all appropriate steps to pursue these benefits. The individual has 30 days from receipt of the notice to file for the benefits involved.

### 4. Eligibility Issues for Residents of Public Institutions or Medical Treatment Facilities

State and local governments—rather than the Federal Government—traditionally have taken the financial responsibility for residents of their public institutions. The SSI program continues this long-standing public assistance policy. Residents of public institutions for a full calendar month are generally ineligible for SSI unless one of the following exceptions applies:

- The public institution is a medical treatment facility and Medicaid pays more than 50 percent of the cost of care, or in the case of a child under age 18, Medicaid or private health insurance pays more than 50 percent of the cost of care—in these situations, the SSI payment is limited to \$30;
- The public institution is a publicly-operated community residence that serves no more than 16 residents;
- The public institution is an emergency shelter for the homeless—in these situations payments are limited to no more than 6 months in any 9-month period;

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<sup>1</sup> We include a more detailed list of the SSI resource exclusions in section V.B.

- The recipient was eligible under section 1619(a) or (b)<sup>1</sup> for the month preceding the first full month in the public institution and permitted by the institution to retain any benefits—in this situation, payments are limited to 2 months; or
- A physician certifies that the recipient’s stay in a medical treatment facility is likely not to exceed 3 months, and SSA determines that continued SSI eligibility is necessary to maintain and provide for the expenses of the home to which the individual will return. In these situations, the recipient may continue to receive the full benefit for any of the first 3 full months of medical confinement if he or she meets all other conditions for payment.

## 5. Personal Needs Allowance

When individuals enter medical treatment facilities in which Medicaid pays more than half of the bill, the law generally requires us to reduce their monthly Federal benefit rate to \$30 beginning with the first full calendar month they are in the facility. In the case of an individual under age 18, the \$30 payment amount is also applicable if private insurance or a combination of Medicaid and private insurance pays more than half the bill. In these cases, the SSI program provides up to \$30 a month for small comfort items not provided by the facility.

## 6. Deeming

The Act requires us to count, in certain situations, the income and resources of others in determining whether an individual’s income and resources fall below the levels established by law. We call this process “deeming”; it applies in cases where an eligible individual lives with an ineligible spouse, an eligible child lives with an ineligible parent, or an eligible noncitizen has a sponsor.<sup>2</sup> In concept, the practice takes into account the responsibility of the spouse, parent, or sponsor to provide for the basic needs of the eligible individual.

### *a. Spouse-to-Spouse Deeming*

When an eligible individual lives in the same household with a spouse who is not eligible for SSI, we deem the ineligible spouse’s income and resources to be available to the eligible individual. In determining the amount of income and resources available to the eligible individual, we use all applicable exclusions. In addition, the law provides a living allowance for the ineligible spouse as well as for any ineligible children under age 18 (or under age 22 and a student) living in the household. The allowance reduces the amount of income to be deemed. Spouse-to-spouse deeming generally results in approximately the same amount of income available to the couple that would be available if both members of the couple were aged, blind, or disabled and eligible for SSI.

Deeming does not apply when the eligible individual is not living in the same household as the ineligible spouse. However, if the ineligible spouse’s absence is temporary or is due solely to an active duty assignment as a member of the U.S. Armed Forces, deeming continues to apply.

### *b. Parent-to-Child Deeming*

A child under age 18 is subject to deeming from an ineligible natural or adoptive parent (and that parent’s spouse, if any) living in the same household. Deeming does not apply if: (1) a child lives in a household

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<sup>1</sup> See section III.E.6 of this report for a description of the special section 1619 provisions for disabled individuals who work.

<sup>2</sup> Deeming also applies to an individual who lives with an essential person (a concept carried over from the former State assistance plans). However, there are fewer than 40 of these cases remaining.

with only the spouse of a parent (i.e., a stepparent); and (2) the natural or adoptive parent has permanently left the household. Deeming to a child continues if the parent is absent from the household only if the absence is temporary or due solely to active duty assignment as a member of the U.S. Armed Forces. If a child lives in a household in which all members are receiving public assistance benefits, we do not consider that child to be receiving any support and deeming does not apply.

In the deeming computation, we first calculate the parent's income, using any exclusions that apply. Then we subtract a living allowance for the parent(s) and each ineligible child under age 18 (or under age 22 if a student) who is living in the household. We deem the remainder to be available to the eligible child(ren).

### *c. Sponsor-to-Alien Deeming*

We deem the income and resources of noncitizens to include those of their sponsors. The way we deem the income and resources and the length of the deeming period depends on whether the sponsor signed a legally enforceable affidavit of support<sup>1</sup> or the previous version of the affidavit. Generally, noncitizens who entered the country before 1998 did so under the old version of the affidavit.<sup>2</sup>

Under the old version of the affidavit, deeming of the sponsor's income and resources lasts until the noncitizen has been in the United States for 3 years.<sup>3</sup> The law provides living allowances equal to the Federal benefit rate for the sponsor as well as allowances equal to one-half of the Federal benefit rate for each of the sponsor's dependents. The law also provides allowances for the sponsor and his or her family members in determining deemed resources. These allowances reduce the amount of the sponsor's income and resources deemed to the noncitizen.

For noncitizens admitted into the United States under a legally enforceable affidavit of support, deeming generally applies until the noncitizen becomes a U.S. citizen. Deeming ends before citizenship if the noncitizen has earned, or can be credited with, 40 qualifying quarters of earnings. Children and spouses of workers may be credited with quarters earned by the worker. A quarter otherwise earned after 1996 does not count as one of the required 40 if the noncitizen or worker received Federal means-tested public benefits during the relevant period.

For this group of noncitizens, deeming also does not apply for specified periods if the noncitizens or their children or parents have been battered or subjected to extreme cruelty while in the United States or if sponsors leave the noncitizens indigent by not providing them with sufficient support.

## ***E. INCENTIVES FOR WORK AND OPPORTUNITIES FOR REHABILITATION***

SSI benefits provide a basic level of assistance for individuals who are blind or disabled with limited earnings capacity due to their impairments. Nonetheless, for recipients who want to work, the SSI program is designed to encourage and support their work attempts in order to help them achieve greater degrees of independence. The SSI program includes a number of work incentives that enable recipients who are blind or disabled to work and retain benefits or to increase their levels of work activity without the loss of SSI disability status or Medicaid. These incentives provide higher amounts of income or resource exclusions as recognition of the expenses associated with working or as inducements to seek rehabilitation services and support for work efforts.

<sup>1</sup> Legally enforceable affidavits of support are required by Public Law 104-208.

<sup>2</sup> The Immigration and Naturalization Service now known as the United States Citizenship and Immigration Services (USCIS) began using the new, legally enforceable affidavits on December 19, 1997. However, if a potential immigrant had a visa issued before that date, the sponsor would sign an old version of the affidavit even if the affidavit was signed after December 19, 1997.

<sup>3</sup> For a temporary period—January 1994 through September 1996—the deeming period was 5 years.

The SSI program also includes provisions to help disabled recipients obtain vocational rehabilitation (VR) and employment support services. These provisions were revised by legislation establishing the Ticket to Work program, which we describe in section III.E.7.

### **1. Earned Income Exclusion**

We exclude the first \$65 (\$85 if the individual has no income other than earnings) of any monthly earned income plus one-half of remaining earnings for SSI benefit computation purposes. This general earned income exclusion offsets expenses incurred when working.

### **2. Impairment-Related Work Expense Exclusion**

We exclude the costs of certain impairment-related services and items that a disabled (but not blind) individual needs in order to work from earned income in determining SSI eligibility and payment amounts.

In calculating these expenses, amounts equal to the costs of certain attendant care services, medical devices, equipment, prostheses, vehicle modifications, residential modifications to accommodate wheelchairs, and similar items and services are deductible from earnings. The costs of routine drugs and routine medical services are not deductible unless these drugs and services are necessary to control the disabling condition.

### **3. Work Expenses of the Blind Exclusion**

We exclude any earned income by a blind individual used to meet expenses needed to earn that income from earned income in determining SSI eligibility and payment amounts. A deductible expense need not be directly related to the worker's blindness; it need only be an ordinary and necessary work expense of the worker.

Some frequently excluded work expenses include transportation to and from work, meals consumed during work hours, job equipment, licenses, income or FICA taxes, and costs of job training.

### **4. Student Earned Income Exclusion**

The student earned income exclusion is an additional exclusion for an individual who is under age 22 and regularly attending school. Under current regulations, we exclude up to \$1,730 of earned income per month but no more than \$6,960 per year.<sup>1</sup>

### **5. Plan to Achieve Self-Support**

A plan to achieve self-support (PASS) allows a disabled or blind individual to set aside income and resources to get a specific type of job or to start a business. A PASS may involve setting aside funds for education or vocational training. A recipient can also set aside funds to purchase work-related equipment or pay for transportation related to the work goal. We exclude the income and resources that a recipient sets aside under the SSI income and resources tests.

The individual must have a feasible work goal, must have a specific savings or spending plan, and must provide for a clearly identifiable accounting for the funds that he or she sets aside. We must approve the

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<sup>1</sup> Increased from \$1,700 and \$6,840, respectively, effective January 1, 2013 (77 FR 65754). Under current regulations this amount increases yearly based on changes in the cost of living.



PASS; the individual must then follow the plan and negotiate revisions as needed. SSA monitors the plans by reviewing them periodically to evaluate the individual's progress towards attaining the work goal.

## **6. Special Provisions for Disabled Recipients Who Work**

This work incentive generally is known by its section number in the Act, section 1619. Under section 1619(a), disabled individuals who would cease to be eligible because of earnings over the SGA level may receive special cash benefits as long as they:

- Continue to have the disabling condition;
- Have income under the amount that would cause ineligibility for any payment under SSI income counting rules; and
- Meet all other nondisability requirements for SSI payment.

In many States, being a recipient of the special benefit permits the individual to be eligible for Medicaid benefits.

Section 1619(b) also provides "SSI recipient" status for Medicaid eligibility purposes to individuals:

- Whose earnings preclude any SSI payment but are not sufficient to provide a reasonable equivalent of SSI benefits, social services, and Medicaid benefits that an individual would have in the absence of earnings; and
- Whose ability to continue working would be seriously inhibited by the loss of social services and Medicaid benefits.

To qualify for extended Medicaid coverage under section 1619(b) an individual must:

- Have a disabling condition;
- Need Medicaid in order to work;
- Not be able to afford equivalent medical coverage and publicly funded personal or attendant care without assistance;
- Meet all nondisability requirements for SSI payment other than earnings; and
- Have received a regular SSI cash payment in a previous month within the current period of eligibility. (In some States, the individual must have qualified for Medicaid the month preceding the first month of 1619 eligibility.)

In determining whether individuals' earnings are not sufficient to provide them with the equivalent benefits they would be eligible for if they stopped working, we compare their earnings to a threshold amount for their State of residence. Section 1619(b) status continues if the earnings are at or below the threshold. If earnings exceed the State threshold, we make an individualized assessment of the need for Medicaid and 1619(b) status may continue.

## **7. Vocational Rehabilitation/Ticket to Work Program**

Since the beginning of the SSI program, State VR agencies have provided services to those blind or disabled SSI recipients whom they have accepted as clients. SSA has traditionally reimbursed the VR agency

for services provided in situations where the services result in the individual's working at the SGA level for a continuous period of 9 months and in certain other limited situations.

The Ticket to Work and Work Incentives Improvement Act of 1999 established a Ticket to Work and Self-Sufficiency program under which a blind or disabled beneficiary may obtain VR, employment, and other support services from a qualified private or public provider, referred to as an "employment network" (EN), or from a State VR agency. In addition, the Ticket legislation provided that ENs would be compensated under an outcome or outcome-milestone payment system.<sup>1</sup> By expanding the pool of providers and giving the providers incentives for achieving success, this program seeks to expand a disabled beneficiary's access to these services in order to assist the beneficiary in finding, entering, and retaining employment and reducing his or her dependence on cash benefits.

The Ticket to Work program has been in operation nationwide since September 2004. Under this program, SSA provides eligible individuals who receive SSI benefits due to blindness or disability with access to services under the Ticket to Work program. These individuals may obtain the vocational rehabilitation services, employment services, and other support services needed to return to work or go to work for the first time. The Ticket to Work program provides that as long as the beneficiary is "using a ticket" SSA will not initiate a continuing disability review to determine whether the beneficiary has medically improved.

ENs and State VR agencies are the only providers of VR services to disabled SSI recipients that SSA can compensate for those services. All ENs receive their compensation through the Ticket to Work program's milestone or outcome-based payment system. Unless State VR agencies have elected to participate as an EN for specific cases, they receive compensation under the traditional VR reimbursement system. Any services provided by the State VR agencies to SSI recipients who are not yet eligible for a ticket receive compensation under the traditional VR reimbursement system.

Individuals who improve medically and, therefore, are no longer considered disabled or blind may continue to receive SSI benefits if they are actively participating in the Ticket to Work program or another approved program of VR services, employment services, or other support services. For benefits to continue, SSA must determine that continuing or completing the program will increase the likelihood that the individual will be permanently removed from the SSI rolls. SSI benefits and Medicaid generally continue until the recipient completes the approved program or the individual ceases to participate in the program.

In 2008, SSA revised the Ticket to Work regulations to enhance beneficiary choice and improve the effectiveness of the program. The revisions extended the program to all adult OASDI disabled and SSI blind or disabled beneficiaries, removed disincentives for ENs to participate in the program, provided incentives for ENs to support beneficiaries through a more gradual return to work and positioned ENs to better support ongoing retention of employment. The regulations also encourage partnership between State VR agencies and ENs to provide long-term services to a beneficiary by allowing the beneficiary to assign a ticket to an EN after receiving VR services.

## **8. Expedited Reinstatement**

A disabled or blind individual whose eligibility for SSI payments ended because of earnings can request expedited reinstatement of SSI benefits without filing a new application. To qualify for expedited reinstatement, the individual must make the request within 60 months after his or her eligibility ended and must have a disabling medical condition that: (1) is the same as (or related to) the disabling medical condition that led to the previous period of eligibility; and (2) prevents the performance of SGA. In determining

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<sup>1</sup> State VR agencies generally have the option on a case-by-case basis of electing to be paid under an EN payment system or under the traditional cost reimbursement payment system. Effective July 21, 2008, a State VR agency under the traditional cost reimbursement option and an EN under the EN payment system may be compensated for providing successive services to a beneficiary.

whether the individual is disabled or blind, the medical improvement review standard is applied. Normal nonmedical requirements for SSI eligibility still apply.

An individual requesting expedited reinstatement may receive up to 6 months of provisional benefits while his or her request is pending. These benefits generally are not considered an overpayment if we deny the request. Provisional benefits may include Medicaid but do not include any State supplementation payments.

## ***F. ADMINISTRATION OF THE SSI PROGRAM***

The framers of the SSI program chose SSA to administer the SSI program because the basic system for paying monthly benefits to a large number of individuals was already in place in the form of the Social Security program, and SSA had a long-standing reputation for thoughtfully and respectfully serving the public.

### **1. Application Process**

Individuals can apply for SSI benefits at any one of the approximately 1,250 SSA field offices around the country or through SSA teleservice centers. Although many of the eligibility requirements for the Social Security program and the SSI program are different, the application process is very similar. Individuals typically file for benefits under both programs at the same time.

SSA corroborates information provided by applicants for SSI through independent or collateral sources. Generally, the basic responsibility for obtaining evidence lies with the claimant, although SSA often gives advice and assistance on ways to obtain it. However, due to the special circumstances of the SSI population (e.g., financial need, old age, or illness), SSA provides them with extra help obtaining needed information.

With regard to disability and blindness claims, SSA determines the nonmedical eligibility factors and each State's disability determination services (DDS) determines the medical eligibility factors.<sup>1</sup>

### **2. Determination of Eligibility for Benefits**

SSI applications have no retroactivity and become effective in the month after the month of filing or the month after all eligibility requirements are met, whichever is later. Eligibility for benefits in a month is based on income received in that month. We generally calculate the amount of the monthly benefit using income in the second month preceding the month for which the benefit is paid.<sup>2</sup> However, at the start of a period of eligibility or re-eligibility, we determine the amount of benefits for both the first and second months using the income received in the first month.

### **3. Payment of Benefits**

In general, we pay SSI benefits on the first day of each month. If the first of the month falls on a weekend or legal public holiday, we deliver benefit payments on the first working day preceding such Saturday, Sunday, or holiday. Monthly benefit payments include both the Federal SSI and State amounts if the recipient lives in a State in which SSA administers the State supplementation payment. (See section III.G.)

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<sup>1</sup> The applicant can appeal unfavorable determinations related to either the nonmedical or medical eligibility factors. The administrative review process consists of several steps, which must be requested within certain time periods.

<sup>2</sup> This method of calculating the benefit is called retrospective monthly accounting.

Effective May 1, 2011, applicants filing for SSI benefit payments must choose direct deposit, the Direct Express® debit card, or an electronic transfer account (ETA). Effective March 1, 2013, individuals must receive their SSI benefits electronically through direct deposit, the Direct Express® debit card, or ETA, unless they qualify for an automatic exemption (e.g., based on age) or are granted a waiver on the basis of hardship. Examples of such hardship situations include inability to manage an account at a financial institution or Direct Express® due to mental impairment, or to remote geographic location lacking the necessary infrastructure to support electronic financial transactions. As of May 2013, about 91 percent of SSI recipients received their benefits electronically.

#### **4. Ensuring Continued Eligibility for Benefits**

SSI recipients have their nonmedical eligibility factors redetermined periodically; the frequency of these reviews depends on a variety of factors.

In addition to these nonmedical reviews, we conduct medical reviews on disabled or blind recipients in order to determine if they continue to be disabled or blind. For administrative efficiency, we conduct the medical reviews most often on those disabled or blind recipients whose medical conditions are most likely to improve. The Act provides for medical reviews for disabled or blind recipients under the following circumstances:

- When earnings of recipients exceed the SGA level;<sup>1</sup>
- At least once every 3 years for recipients under age 18 whose medical conditions are likely to improve;
- Not later than 12 months after birth for recipients whose low birth weight is a contributing factor material to the determination of their disability, unless SSA determines that the impairment is not likely to improve within 12 months of the child's birth; and
- Within 1 year after attaining age 18 for those recipients whose eligibility we established under the disabled child eligibility criteria. We conduct the required review using the adult eligibility criteria.

The Act requires applicants and recipients to report events and changes of circumstances that may affect their SSI eligibility and benefit amounts. The Act requires such reports, for example, when an individual has a change in the amount of his or her income or resources, changes living arrangements, or leaves the United States. Failure or delay in reporting such a change can result in monetary penalties or ineligibility for SSI benefits.

The basic "failure to report" penalty is \$25 for the first such failure or delay, \$50 for the second such failure or delay, and \$100 for each subsequent failure or delay. However, in cases of fraud or false representation of material facts, SSA's Inspector General can assess civil monetary penalties in amounts as large as \$5,000. In such cases of fraud or false representation, SSA also has the authority to suspend eligibility to SSI benefits for specific periods of 6 months for the first occurrence, 12 months for the second occurrence, and 24 months for each subsequent occurrence.

Additionally, SSA may use an accelerated rate of overpayment recovery to encourage accurate reporting. Overpayments to SSI recipients are generally recovered by withholding from the monthly benefit an amount equal to 10 percent of the individual's countable monthly income. For many recipients whose only income is SSI, this withheld amount is 10 percent of their monthly SSI payment. However, if SSA deter-

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<sup>1</sup> A medical review cannot be initiated while the SSI recipient is "using a ticket" under the Ticket to Work program.

mines that the recipient misrepresented or concealed material information, 100 percent of the monthly SSI benefit may be subject to recovery.

## 5. Representative Payees

When SSI recipients are incapable of managing their benefits or are declared legally incompetent, we appoint representative payees for them, and we send their SSI benefits to the representative payees. In many cases the representative payee is a spouse, a parent, or other close relative who will act in the recipient's best interest. In some cases, SSA approves an organization to serve as a payee. SSA authorizes certain types of organizations to collect a fee from the benefit for acting as payee. The fee cannot exceed the lesser of 10 percent of the payment amount or a specified amount (\$39 a month in 2013<sup>1</sup>).

Representative payees may use an SSI recipient's benefit only for the use and benefit of the recipient and must account for all benefits received. The Act requires representative payees to report any changes that may affect SSI recipients' eligibility and payment amount. SSA may hold representative payees liable for certain overpayments that occur. In cases in which a child is due a retroactive payment that exceeds six times the Federal benefit rate, the Act requires the representative payee to establish a dedicated account at a financial institution to maintain the retroactive payment. Representatives must make expenditures from the account primarily for certain expenses related to the child's impairment.

## 6. Appeal Rights

Individuals who disagree with an SSA determination (e.g., eligibility for or the amount of SSI benefits) can appeal. There are four levels of appeal: reconsideration, hearing, Appeals Council review, and Federal court review. If individuals do not agree with the decision they receive at one level, they may appeal to the next. A reconsideration is a complete review by SSA (or by the DDS if applicants are appealing a disability determination).<sup>2</sup> A hearing gives applicants the opportunity to appear before an administrative law judge (ALJ) who had no part in the initial determination or the reconsideration. The Social Security Appeals Council may dismiss a request for review, deny a request for review if it believes the hearing decision was correct, or it may decide the case itself, or remand the case to the ALJ for further action. A Federal district court may look at cases when applicants disagree with the Appeal Council's decision or denial of the request for review.

SSI recipients must receive advance notice of any adverse action SSA plans to take against them and may continue to receive monthly benefits if they appeal the adverse action. For reconsiderations involving the amount of an SSI payment, recipients qualify for benefit continuation if they file the appeal within 10 days of receipt of the notice of adverse action. For appeals of medical cessations or determinations reopened and revised due to medical reasons, recipients qualify for benefit continuation at the reconsideration and hearing levels if they file the appeal and elect benefit continuation within 10 days of receipt of the initial or reconsideration determination.

## 7. Fees for Attorneys and Non-attorney Representatives

At any time, an individual may appoint a representative in any dealings with SSA. If such a representative is an attorney, he or she must be in good standing and: (1) admitted to practice law before the U.S. Supreme Court, a U.S. Federal, state, territorial, insular possession, or District of Columbia court; or (2) a member of a State bar if that membership carries with it the authority to practice law in that state. Non-attorneys must be known to possess good character and reputation and must be able to competently advise

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<sup>1</sup> For disabled recipients who also have a drug addiction or alcoholism condition, the maximum permitted fee in 2013 is \$76 a month (77 FR 65754).

<sup>2</sup> SSA introduced a modification of this process in 10 States for disability applications filed October 1, 1999 and later. Under this revised process, applicants appeal initial disability denial determinations directly to the Office of Disability Adjudication and Review, thereby eliminating the reconsideration step. The options for appeal beyond the hearing level are unchanged.

and assist claimants in presenting their cases. A person cannot be a representative if he or she is disqualified or suspended from acting as a representative with SSA or is prohibited by any law from acting as a representative.

With a limited exception, representatives must use one of SSA's fee authorization processes to request a fee for their services.<sup>1</sup> They can request a fee by either submitting a fee agreement or filing a fee petition. SSA reviews the documents and authorizes the fee the representative may charge or receive. Under the statute, the fee under an approved fee agreement is the lesser of 25 percent of the past-due benefits or a maximum amount (currently \$6,000) adjustable by the Commissioner at his or her discretion. There is no limit on the amount of the fee based on a fee petition; a reasonable fee is determined after reviewing the specific services provided by the representative. After SSA authorizes the fee, the representative may not charge or receive more than the amount authorized.

The SSI program previously differed from the Social Security program in that we did not withhold amounts from an individual's SSI benefits to directly pay the representative his or her authorized fee. SSI claimants were responsible for paying such fees directly to their representatives. However, beginning February 28, 2005, Congress extended direct payment of both attorney and non-attorney representative fees to the SSI program.<sup>2</sup> As in the fee process for the Social Security program, we can withhold up to 25 percent of the individual's SSI past-due benefits to pay an eligible representative's fee directly. The law also requires that we charge representatives an assessment of the smaller of 6.3 percent of each authorized fee withheld or the flat-rate cap of \$88. This assessment applies to authorized fees withheld under the SSI program and the Social Security program; however, in concurrent cases, we only charge the assessment once based on the total fee we directly pay to the representative. We adjust the flat-rate cap based on annual cost-of-living adjustments that we round down to the next lower dollar. This flat-rate cap has prevented SSA from recouping much of the costs incurred in the fee-withholding program.

Non-attorney representatives must meet specified prerequisites in order to be paid directly by SSA out of SSI applicants' past-due benefits. These prerequisites include: (1) having a bachelor's degree or equivalent qualifications from training and work experience; (2) securing and maintaining adequate professional liability insurance; (3) passing a criminal background check; (4) passing an examination given by SSA that tests knowledge of the relevant provisions of the Act and recent court decisions; and (5) demonstrating ongoing completion of qualified courses of continuing education.

## **8. Advance Payments**

The SSI program has procedures that help to respond to the immediate needs of new claimants. These procedures are in addition to State and local programs designed to help those in need as they await decisions on their SSI status.

### ***a. Emergency Advance Payments***

A new claimant who faces a financial emergency, and for whom there is a strong likelihood of being found eligible, may receive up to 1 month of SSI benefits (i.e., the Federal payment amount plus any applicable State supplement). We recover the amount paid from later SSI payments (in full from the first payment or in increments over no more than a 6-month period depending upon the circumstances). However, if we subsequently deny the claim because the claimant is not disabled or blind, we waive repayment. If we deny the claim for other reasons, we treat the amount paid as an overpayment.

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<sup>1</sup> We do not need to authorize a fee when the representative informs us in a prescribed manner that a third-party entity will pay the representative's fee and the claimant and affected parties are not liable for it in any way. We also do not need to authorize a fee that the court authorized based on actions as a legal guardian or court-appointed representative.

<sup>2</sup> Public Law 108-203, enacted March 2, 2004, granted temporary extension of the attorney fee payment system to SSI claims for a period of 5 years. Public Law 111-142, enacted February 27, 2010, made this extension permanent.

### ***b. Presumptive Disability or Blindness***

A claimant applying for benefits based on disability or blindness may be paid up to 6 months of benefits when the available evidence reflects a high degree of probability that his or her impairment will meet the definition of disability or blindness and he or she is otherwise eligible for disability benefits. We do not treat these payments as overpayments if we later determine that the individual is not disabled or blind. If we disallow the claim for other reasons, the amount paid is an overpayment.

## ***G. STATE SUPPLEMENTATION***

In designing the SSI program, Congress recognized that States,<sup>1</sup> in many instances, may want to provide a higher level of income maintenance than that provided by the Federal program. At the same time the law gave the States the option either to provide no supplementation to the Federal assistance payments or to supplement those payments based on their views of the needs of their citizens. Lawmakers also mandated that States not provide lower benefits under the Federal program than they had provided under the former State program. The following paragraphs describe the various forms of State supplementation that currently exist. Table III.H1 summarizes State-specific participation in these programs as well as other programs requiring State and Federal coordination as discussed in section III.H.

### **1. Optional State Supplementation Programs**

For individuals who first became eligible for SSI in 1974 or later, each State could supplement Federal payments to whatever extent it found appropriate with respect to the needs of its citizens and resources of the State. Currently, 44 States and the District of Columbia have optional State supplementation programs.

Some States provide supplementary payments to all individuals eligible for SSI benefits while others limit them to certain SSI recipients (e.g., the blind or residents of domiciliary-care facilities), or extend them to persons ineligible for SSI because of excess income. Congress significantly restricted States' flexibility in setting supplementary payments, however, by the passalong provisions (see Passalong Provisions section below).

### **2. Mandatory State Supplementation Programs**

Congress requires<sup>2</sup> States to maintain the December 1973 income levels of individuals who were transferred in 1974 from the former State adult assistance programs to the SSI program, except for Texas, which has a constitutional bar against mandatory State supplementation. Over the years, many individuals who converted to SSI from the State benefit rolls have died and others have had their incomes increase above the December 1973 level. As a result, few individuals continue to receive mandatory State supplementation payments.

### **3. Administration of State Supplementation Payments**

A State may administer its supplementary program or enter into an agreement under which SSA will make eligibility determinations and payments on behalf of the State. Under State administration, the State pays its own program benefits and absorbs the full administrative costs. Under Federal administration, States are required to pay SSA a fee for each supplementary payment issued. In fiscal year 2013, the fee is

<sup>1</sup> References to State include, in addition to the 50 States, the District of Columbia. The applicable State supplementation provisions would also apply to the Northern Mariana Islands if it began making State supplementation payments.

<sup>2</sup> Requirement does not affect West Virginia, since, in 1973, SSI Federal benefit rates exceeded the applicable income standards under the State's adult assistance programs.

\$11.12 per payment issued. Fees increase in succeeding fiscal years based on increases in the Consumer Price Index for All Urban Consumers.

States that administer their own supplementary payment programs to SSI recipients establish their own eligibility criteria for the supplementary payments. States with Federally-administered programs may supplement the Federal benefit among a limited number of geographical and living arrangement variations for SSI recipients.<sup>1</sup>

#### **4. Passalong Provisions**

When the SSI program began in 1974, Congress did not require States to maintain their efforts with regard to levels of State supplementation payments. However, in 1976, in reaction to States reducing their supplementary payment amounts when SSI payments increased, Congress mandated that States pass along SSI benefit increases resulting from cost-of-living adjustments.

To meet the passalong requirement, a State may either maintain each State payment level from year to year—the “payment levels” method—or it may spend the same amount of money, in the aggregate, that it spent for supplementary benefits in the 12-month period preceding the increase in the SSI benefit rate—the “total expenditures” method. Currently, 39 States use the levels method and 8 States plus the District of Columbia use the expenditure method. West Virginia has no optional supplementary plan and the legislation did not require it to establish a mandatory plan because Federal SSI income standards exceeded all payments made under the State’s adult assistance programs in 1973. Arizona and North Dakota have no optional supplementary plan and no mandatory minimum State supplementation recipients remaining.

### ***H. COORDINATION WITH OTHER PROGRAMS***

SSI benefits are not the only form of assistance available to aged, blind, or disabled individuals with limited means. Medicaid, nutrition benefits, and temporary State assistance are also important supports that help prevent further impoverishment and improve health outcomes.

The SSI statute includes provisions that are intended to prevent duplication between SSI benefits and other benefits that the Social Security program or States may provide. For example, the “windfall offset” prevents windfall payments to individuals entitled to receive Social Security and SSI payments for the same period.

SSA also plays a limited but important role in helping States administer the Medicaid Program and the Supplemental Nutrition Assistance Program (SNAP).<sup>2</sup>

#### **1. Windfall Offset**

If a person receives SSI payments and we later determine that person is entitled to retroactive Social Security benefits, we reduce such retroactive Social Security benefits by the amount of SSI payments the person would not have been eligible for had the Social Security benefits been paid in the month they were due. Congress enacted this “windfall offset” to prevent windfall payments to individuals entitled to receive Social Security and SSI payments for the same period.

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<sup>1</sup> Includes, for this purpose, those eligible for SSI benefits but for income.

<sup>2</sup> In 2008, the Food Stamp program changed its name to SNAP.



## **2. Interim Assistance Reimbursement**

SSA may enter into agreements under which States or local governments are reimbursed for basic needs assistance provided during the period that either an eligible individual's SSI application for benefits was pending or we suspended and subsequently reinstated the individual's SSI benefits.

Under these interim assistance reimbursement agreements, if the individual has given SSA written authorization, SSA first reimburses the State, then pays the authorized representative's fee, and pays the remainder in installments to the recipient or his or her representative payee. Thirty-seven States and the District of Columbia have interim assistance agreements with SSA.

## **3. Medicaid Determinations**

Most SSI recipients are categorically eligible for Medicaid. A State may either use SSI eligibility criteria for determining Medicaid eligibility or use its own criteria as long as the criteria are no more restrictive than the State's January 1972 medical assistance standards. Thirty nine States and the District of Columbia use SSI criteria and 11 States use eligibility criteria more restrictive than those of the SSI program.

States also may enter into agreements with SSA for SSA to make Medicaid eligibility determinations on their behalf for as long as the eligibility requirements of the State's Medicaid plans match those for the SSI program. Under these agreements, SSA determines only when an individual is eligible for Medicaid; SSA does not determine Medicaid ineligibility. SSA has Medicaid determination agreements with 32 States and the District of Columbia.

The Act provides continued Medicaid eligibility for certain Social Security beneficiaries who lose SSI eligibility due to (1) entitlement to Social Security benefits; or (2) a change in Social Security benefits resulting from:

- Cost-of-living adjustments;
- Actuarial increases in disabled widow(er)'s benefits before age 60;
- Changes in the definition of disability for widow(er)'s benefits; or
- Increases in or entitlement to childhood disability benefits.

## **4. Supplemental Nutrition Assistance Program Applications**

SSI recipients in all States, except California,<sup>1</sup> may be eligible for SNAP benefits. Under agreements entered into by the Department of Agriculture and SSA, Social Security offices notify Social Security and SSI applicants and recipients of their potential benefits under the SNAP and make SNAP applications available to them.

The law also provides for Social Security offices to take SNAP applications from eligible or potentially eligible SSI households that are not already receiving nutrition benefits and do not have an application pending. Social Security offices forward the SNAP applications and any supporting documents to the local SNAP offices within 1 day of taking the application. The SNAP office determines eligibility for nutrition benefits.

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<sup>1</sup> California "cashes out" nutrition benefits and SSI recipients there receive a cash payment in their State supplementation payment in lieu of benefits.

Table III.H1.—SSI State Supplementation<sup>a</sup> and Coordination with Other Programs

United States and District of Columbia	Optional State program— Administered by:			Method of mandatory passalong of benefit increases from cost-of-living adjustments		Medicaid eligibility determination—			Interim assistance reimbursement agreement with SSA
	State	Federal (SSA)	Federal & State	“Payment levels”	“Total expenditures”	Based on:		Agreement with SSA to determine eligibility	
						Federal criteria	State criteria		
Alabama <sup>b</sup>	*			*		*		*	
Alaska	*				*	*			*
Arizona <sup>b</sup>						*		*	*
Arkansas <sup>c</sup>				*		*		*	
California <sup>d</sup>		*		*		*		*	*
Colorado	*				*	*		*	*
Connecticut <sup>b</sup>	*			*			*		*
Delaware <sup>d</sup>			*	*		*		*	*
District of Columbia <sup>d</sup>			*		*	*		*	*
Florida <sup>b</sup>	*			*		*		*	*
Georgia <sup>d</sup>	*			*		*		*	*
Hawaii <sup>b</sup>		*			*		*		*
Idaho	*			*		*			
Illinois	*			*			*		*
Indiana <sup>b</sup>	*			*			*		*
Iowa <sup>d</sup>			*	*		*		*	*
Kansas <sup>d</sup>	*			*		*			*
Kentucky <sup>b</sup>	*			*		*		*	*
Louisiana <sup>d</sup>	*			*		*		*	
Maine	*			*		*		*	*
Maryland <sup>d</sup>	*			*		*		*	*
Massachusetts <sup>d</sup>	*			*		*		*	*
Michigan <sup>d</sup>			*	*		*		*	* e
Minnesota <sup>b</sup>	*			*			*		*
Mississippi <sup>c</sup>				*		*		*	
Missouri	*			*			*		*
Montana <sup>d</sup>		*		*		*		*	*
Nebraska	*				*	*			*
Nevada <sup>b</sup>		*		*		*			*
New Hampshire	*			*			*		* e
New Jersey <sup>d</sup>		*		*		*		*	*
New Mexico	*			*		*		*	* e
New York <sup>d</sup>			*	*		*		*	*
North Carolina	*			*		*		*	*
North Dakota <sup>b</sup>							*		
Ohio <sup>d</sup>	*			*			*		*
Oklahoma	*				*		*		
Oregon	*				*	*			*
Pennsylvania <sup>d</sup>			*	*		*		*	*
Rhode Island <sup>b</sup>			*	*		*		*	* e
South Carolina <sup>b</sup>	*			*		*		*	
South Dakota <sup>d</sup>	*			*		*		*	
Tennessee <sup>c</sup>				*		*		*	
Texas <sup>f</sup>	*			*		*		*	
Utah <sup>b</sup>		*		*		*			*
Vermont <sup>b</sup>		*		*		*		*	*
Virginia <sup>b</sup>	*			*			*		*
Washington	*				*	*		*	*
West Virginia <sup>f</sup>						*		*	
Wisconsin	*				*	*		*	*
Wyoming	*			*		*		*	
Total	31	7	7	39	9	40	11	33	38

<sup>a</sup> See body of text for description of the various forms of State supplementation.

<sup>b</sup> State has no recipients receiving mandatory minimum State supplementation.

<sup>c</sup> Mandatory minimum State supplementation program is Federally-administered. No optional program.

<sup>d</sup> Mandatory minimum State supplementation program is Federally-administered.

<sup>e</sup> State provides assistance only in initial application cases. No assistance provided during periods that SSI benefits are suspended or terminated.

<sup>f</sup> State does not have a mandatory minimum State supplementation program.

#### **IV. ESTIMATES OF PROGRAM RECIPIENTS AND FEDERAL EXPENDITURES UNDER THE SUPPLEMENTAL SECURITY INCOME PROGRAM, 2013-37**

As section III explains, an individual must meet certain requirements related to his or her income and resources to be eligible for SSI payments. In addition, all persons under age 65, and certain individuals age 65 or older, must be blind or disabled. Consequently, future SSI program expenditures will depend on a variety of difficult-to-predict factors, including the performance of national and local economies, distribution of personal income, the prevalence of disability in the general population, and the determination of disability according to the definition in the Act. Nonetheless, for planning purposes we must develop the best possible projections of future SSI program recipients and expenditures.

This section presents projections of program recipients and expenditures under the SSI program for a period of 25 years. The projections rely on the intermediate demographic and economic assumptions developed for the 2013 Annual Report of the Board of Trustees of the OASDI Trust Funds,<sup>1</sup> and they assume that the present statutory provisions and regulations under which the SSI program operates will not change during the projection period. The current projection model starts with estimates of the general population by single year of age and gender. We project transitions into SSI payment status separately for: (1) new recipients resulting from an application for program benefits; and (2) returns to payment status from suspended status. We project movements out of payment status separately for: (1) terminations due to death; and (2) suspensions of payment for all other reasons.<sup>2</sup> We reexamine and if warranted, revise the assumptions and methods the model uses each year in light of recent experience and new information about future conditions.

##### ***A. DEMOGRAPHIC AND ECONOMIC ASSUMPTIONS***

We first present select demographic and economic projections from the 2013 Trustees Report that we used for the SSI projections in this SSI Annual Report. The single economic parameter that has the most direct effect on the level of SSI benefits is the Consumer Price Index for Urban Wage Earners and Clerical Workers (hereafter denoted as CPI),<sup>3</sup> which is used for indexing the SSI Federal benefit rate. Sections V.A and V.B of the Trustees Report present a detailed discussion of these demographic and economic projections. An important feature of the intermediate assumptions in the 2013 Trustees Report is a gradual recovery from the economic downturn that began in late 2007. This downturn generated a large increase in applications for SSI disability benefits, resulting in an increase in projected SSI expenditures. We expect the level of applications to decline over the next several years as the economy recovers.

The following two tables summarize two key parameters underlying the estimates in this report. Table IV.A1 presents population projections by selected age subgroups that are consistent with the presentation of SSI recipient projections in the next section. Table IV.A2 presents a complete history of the cost-of-living adjustment factors and Federal benefit rates since the inception of the program, along with projections of such amounts consistent with the economic assumptions underlying the SSI expenditure estimates in section IV.C.

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<sup>1</sup> House Document 113-33 published June 10, 2013.

<sup>2</sup> The two main reasons other than death for termination of SSI payments are: (1) failure to satisfy income and resource limitations of the SSI program; and (2) recovery from a qualifying disability.

<sup>3</sup> Historical values of the CPI are developed and published by the Bureau of Labor Statistics.

**Table IV.A1.—Historical and Projected Social Security Area Population based on the Intermediate Assumptions of the 2013 OASDI Trustees Report, as of July 1, 1974-2037**

[In thousands]

Year	Age groups <sup>a</sup>						Total all ages
	0-17	18-34	35-49	50-64	65-74	75 or older	
<b>Historical data:</b>							
1974	71,012	59,833	36,386	32,823	13,862	8,917	222,833
1975	70,011	61,815	36,360	33,185	14,175	9,141	224,687
1976	68,983	63,743	36,474	33,466	14,495	9,416	226,576
1977	68,072	65,469	36,803	33,739	14,828	9,682	228,594
1978	67,254	67,051	37,342	33,978	15,181	9,935	230,741
1979	66,536	68,641	37,962	34,137	15,511	10,211	232,999
1980	65,982	70,196	38,520	34,256	15,813	10,495	235,263
1981	65,570	71,431	39,328	34,318	16,089	10,793	237,529
1982	65,269	72,152	40,701	34,269	16,367	11,112	239,870
1983	65,096	72,620	42,251	34,175	16,607	11,436	242,186
1984	65,082	72,979	43,747	34,082	16,828	11,743	244,461
1985	65,243	73,199	45,255	33,946	17,097	12,048	246,788
1986	65,490	73,316	46,821	33,778	17,403	12,350	249,158
1987	65,723	73,379	48,460	33,659	17,683	12,646	251,550
1988	65,961	73,422	50,134	33,624	17,915	12,943	253,999
1989	66,352	73,314	51,875	33,675	18,105	13,263	256,584
1990	67,191	72,935	53,659	33,790	18,329	13,606	259,510
1991	68,382	72,304	55,454	33,994	18,599	13,942	262,676
1992	69,561	71,551	57,170	34,420	18,829	14,279	265,811
1993	70,636	70,831	58,738	35,043	18,998	14,606	268,852
1994	71,578	70,121	60,334	35,696	19,105	14,932	271,766
1995	72,351	69,446	62,026	36,299	19,149	15,285	274,557
1996	72,964	68,912	63,462	37,154	19,128	15,652	277,271
1997	73,390	68,566	64,430	38,494	19,056	16,019	279,955
1998	73,653	68,411	65,246	40,007	18,946	16,359	282,622
1999	73,852	68,373	66,056	41,496	18,823	16,669	285,269
2000	74,159	68,518	66,693	43,016	18,743	16,950	288,080
2001	74,547	68,859	67,109	44,567	18,704	17,202	290,988
2002	74,896	69,198	67,297	46,181	18,713	17,423	293,708
2003	75,209	69,524	67,326	47,845	18,794	17,625	296,322
2004	75,515	69,813	67,322	49,567	18,954	17,838	299,009
2005	75,828	70,039	67,330	51,325	19,190	18,040	301,752
2006	76,157	70,326	67,235	53,060	19,538	18,221	304,538
2007	76,440	70,850	66,870	54,714	20,083	18,396	307,354
2008	76,579	71,629	66,266	56,248	20,803	18,534	310,058
2009	76,558	72,492	65,565	57,769	21,543	18,686	312,611
2010	76,419	73,311	64,838	59,349	22,208	18,886	315,012
2011	76,232	74,038	64,159	60,716	23,038	19,101	317,285
2012	76,132	74,684	63,603	61,657	24,222	19,352	319,650
<b>Projected:</b>							
2013	76,174	75,267	63,173	62,454	25,465	19,656	322,190
2014	76,329	75,755	62,911	63,248	26,605	19,999	324,847
2015	76,564	76,150	62,891	63,874	27,726	20,381	327,585
2016	76,871	76,532	63,093	64,266	28,827	20,833	330,423
2017	77,233	76,957	63,429	64,466	29,870	21,408	333,364
2018	77,651	77,449	63,776	64,555	30,879	22,091	336,400
2019	78,166	77,955	64,050	64,612	31,956	22,780	339,519
2020	78,752	78,364	64,254	64,677	33,133	23,425	342,604
2021	79,347	78,725	64,496	64,654	34,189	24,231	345,643
2022	79,908	79,066	64,929	64,384	34,974	25,351	348,612
2023	80,435	79,334	65,600	63,895	35,694	26,538	351,496
2024	80,918	79,530	66,452	63,322	36,469	27,649	354,341
2025	81,345	79,670	67,414	62,719	37,240	28,754	357,142
2026	81,778	79,768	68,387	62,134	37,948	29,880	359,895
2027	82,293	79,822	69,260	61,638	38,545	31,038	362,595
2028	82,933	79,808	69,990	61,250	39,024	32,231	365,237
2029	83,662	79,757	70,552	61,019	39,360	33,463	367,814
2030	84,381	79,761	70,954	61,014	39,498	34,715	370,323
2031	85,045	79,842	71,268	61,212	39,419	35,974	372,760
2032	85,641	79,983	71,555	61,525	39,177	37,242	375,125
2033	86,161	80,174	71,869	61,842	38,887	38,484	377,418
2034	86,595	80,404	72,233	62,084	38,644	39,681	379,640
2035	86,938	80,686	72,598	62,274	38,456	40,843	381,795
2036	87,198	81,067	72,911	62,514	38,252	41,946	383,887
2037	87,386	81,547	73,165	62,943	37,917	42,961	385,918

<sup>a</sup> Age as of last birthday.

Notes: 1. Totals do not necessarily equal the sums of rounded components.

2. Historical data are estimated and subject to revision.

**Table IV.A2.—SSI Federal Benefit Rate Increases and Levels: Historical and Projected on the Basis of the Intermediate Assumptions of the 2013 OASDI Trustees Report, 1974-2037**

Year	Benefit rate increase <sup>a</sup>	Federal benefit rate		
		Individual	Couple	Essential person <sup>b</sup>
Historical data:				
Initial benefit paid January 1, 1974 <sup>c</sup> .....	—	\$140.00	\$210.00	\$70.00
1974.....	<sup>d</sup> 4.3%	146.00	219.00	73.00
1975.....	8.0	157.70	236.60	78.90
1976.....	6.4	167.80	251.80	84.00
1977.....	5.9	177.80	266.70	89.00
1978.....	6.5	189.40	284.10	94.80
1979.....	9.9	208.20	312.30	104.20
1980.....	14.3	238.00	357.00	119.20
1981.....	11.2	264.70	397.00	132.60
1982.....	7.4	284.30	426.40	142.50
1983.....	<sup>d</sup> 7.0	304.30	456.40	152.50
1984.....	3.5	314.00	472.00	157.00
1985.....	3.5	325.00	488.00	163.00
1986.....	3.1	336.00	504.00	168.00
1987.....	1.3	340.00	510.00	170.00
1988.....	4.2	354.00	532.00	177.00
1989.....	4.0	368.00	553.00	184.00
1990.....	4.7	386.00	579.00	193.00
1991.....	5.4	407.00	610.00	204.00
1992.....	3.7	422.00	633.00	211.00
1993.....	3.0	434.00	652.00	217.00
1994.....	2.6	446.00	669.00	223.00
1995.....	2.8	458.00	687.00	229.00
1996.....	2.6	470.00	705.00	235.00
1997.....	2.9	484.00	726.00	242.00
1998.....	2.1	494.00	741.00	247.00
1999.....	1.3	500.00	751.00	250.00
2000.....	<sup>e</sup> 2.5	<sup>f</sup> 513.00	769.00	257.00
2001.....	3.5	<sup>f</sup> 531.00	796.00	266.00
2002.....	2.6	545.00	817.00	273.00
2003.....	1.4	552.00	829.00	277.00
2004.....	2.1	564.00	846.00	282.00
2005.....	2.7	579.00	869.00	290.00
2006.....	4.1	603.00	904.00	302.00
2007.....	3.3	623.00	934.00	312.00
2008.....	2.3	637.00	956.00	319.00
2009.....	5.8	674.00	1,011.00	338.00
2010.....	0.0	674.00	1,011.00	338.00
2011.....	0.0	674.00	1,011.00	338.00
2012.....	3.6	698.00	1,048.00	350.00
2013.....	1.7	710.00	1,066.00	356.00
Projected:				
2014.....	2.0	724.00	1,087.00	363.00
2015.....	2.0	739.00	1,109.00	370.00
2016.....	2.5	757.00	1,136.00	379.00
2017.....	2.6	777.00	1,166.00	389.00
2018.....	2.7	798.00	1,197.00	400.00
2019.....	2.8	821.00	1,231.00	411.00
2020.....	2.8	844.00	1,265.00	422.00
2021.....	2.8	867.00	1,301.00	434.00
2022.....	2.8	891.00	1,337.00	447.00
2023.....	2.8	916.00	1,375.00	459.00
2024.....	2.8	942.00	1,413.00	472.00
2025.....	2.8	969.00	1,453.00	485.00
2026.....	2.8	996.00	1,494.00	499.00
2027.....	2.8	1,024.00	1,535.00	513.00
2028.....	2.8	1,052.00	1,578.00	527.00
2029.....	2.8	1,082.00	1,623.00	542.00
2030.....	2.8	1,112.00	1,668.00	557.00
2031.....	2.8	1,143.00	1,715.00	573.00
2032.....	2.8	1,175.00	1,763.00	589.00
2033.....	2.8	1,208.00	1,812.00	605.00
2034.....	2.8	1,242.00	1,863.00	622.00
2035.....	2.8	1,277.00	1,915.00	640.00
2036.....	2.8	1,312.00	1,969.00	657.00
2037.....	2.8	1,349.00	2,024.00	676.00

<sup>a</sup> Increases prior to 1984 were effective for the payment due on July 1 of the year. Increases shown for 1984 and later are effective for the payment due on January 1 of the year.

<sup>b</sup> A concept carried over from the former State assistance plans. Fewer than 50 of those cases currently remain.

<sup>c</sup> SSA paid benefits in January 1974 using the Federal benefit rates established by Public Law 92-603, enacted October 30, 1972: \$130.00 for individuals; \$195.00 for couples; and \$65.00 for essential persons. SSA subsequently made retroactive payments to adjust initial payments to the higher Federal benefit rates established by Public Law 93-233, enacted December 31, 1973.

<sup>d</sup> Ad hoc increases as specified in the law.

<sup>e</sup> Originally determined as 2.4 percent, but pursuant to Public Law 106-554, enacted December 21, 2000, is effectively now 2.5 percent.

<sup>f</sup> SSA originally paid benefits in 2000 and through July 2001 based on Federal benefit rates of \$512.00 and \$530.00, respectively. Pursuant to Public Law 106-554, beginning in August 2001 SSA made monthly payments based on the higher \$531 amount. SSA made lump-sum compensation payments based on an adjusted benefit rate for months prior to August 2001.

The adjustment to the monthly Federal benefit rate in January of each year reflects the increase in the CPI, generally from the third quarter of the second prior calendar year to the third quarter of the prior calendar year. This cost-of-living adjustment is identical to the adjustment applied to Social Security benefits under the OASDI program after initial benefit eligibility. In previous years, the Federal benefit rate was subject to occasional ad hoc increases, either in place of or in addition to the automatic adjustments. Table V.A1 presents a history of legislation affecting the Federal benefit rate. It is worth noting that the Federal benefit rate did not increase in 2010 or 2011; table IV.A2 shows the increases for January 1, 2010 and January 1, 2011 as 0.0 percent. This unusual situation occurred because the CPI in both the third quarter of 2009 and the third quarter of 2010 was below the actual level achieved in the third quarter of 2008. In the third quarter of 2011, the CPI exceeded the CPI for the third quarter of 2008 by 3.6 percent, resulting in a Federal benefit rate increase of 3.6 percent for January 1, 2012.

## **B. NUMBERS OF SSI PROGRAM RECIPIENTS**

This section presents projections of the numbers of persons receiving Federal SSI payments by category and age group.<sup>1</sup> The SSI recipient categories of: (1) aged; or (2) blind or disabled identify the criteria under which the recipient established eligibility for SSI benefits. The following paragraphs discuss the recipient categories in more detail.

- *Aged* recipients establish their eligibility for SSI benefits by meeting the age-65-or-older requirement<sup>2</sup> and other SSI eligibility requirements. In December 2012, 1.2 million aged individuals received Federally-administered SSI payments.
- *Blind or disabled* recipients establish their eligibility for SSI benefits by meeting the definition of blindness or disability and the applicable income and resource limits as well as any other SSI eligibility requirements. In December 2012, there were 7.1 million blind or disabled recipients of Federally-administered SSI payments. These recipients can fall into two subcategories based on age: *blind or disabled adults* (age 18 or older) and *blind or disabled children* (under age 18).
  - *Blind or disabled adults* meet the definition of blindness or disability for individuals age 18 or older and SSI income and resource limits. Students age 18 to 21 must meet the adult definition of disability; they differ from other adults only in that they qualify for a special student earned income exclusion. When blind or disabled adult recipients reach age 65, we generally continue to classify them as blind or disabled adults (rather than aged). In December 2012, 5.8 million blind or disabled individuals age 18 or older received Federally-administered SSI payments, including 925 thousand disabled or blind recipients age 65 or older.
  - *Blind or disabled children* meet the definition of blindness or disability for individuals under age 18. These children are subject to parent-to-child deeming until they reach the age of 18. At age 18 these individuals continue to be eligible for SSI if they meet the definition of blindness or disability for individuals age 18 or older as well as other eligibility criteria. We reclassify those who continue to be eligible after age 18 as blind or disabled adults. In December 2012, 1.3 million blind or disabled individuals under age 18 received Federally-administered SSI payments.

Table IV.B1 presents historical and projected numbers of persons applying for SSI benefits by calendar year. Figure IV.B1 presents the same information as a graph. Following a 4-year period in the mid-2000s when applications remained fairly level at 2.1 million per year, applications started increasing in 2008, largely due to the severe economic recession that began at the end of 2007 and continued into 2009. The level of applications, which continued to increase through 2010, decreased only slightly in 2011 as the economy recovered slowly but decreased at a faster rate in 2012 as the economic recovery continued. We are projecting that applications will decline to 2.1 million in 2018 and remain at that lower level through 2022, reflecting the impact of individuals coming on the SSI rolls earlier due to the economic downturn, and then grow slightly, leveling off at about 2.2 million per year in 2024. This leveling off of the projected applications is a significant change from the projected applications in the 2012 SSI Annual Report where we estimated that applications would grow roughly in line with the overall population after a period of economic recovery.

This change in the projected ultimate growth pattern of the applications is due to two improvements in our projection methodology designed to make the projections more consistent with the assumptions underlying the OASDI Trustees Report. First, we reduced application growth due to the expectation that the portion of the population that meets SSI income and resource requirements will decline over time as the CPI, and therefore the SSI Federal benefit rate, is projected to grow at a slower rate than average wages and

<sup>1</sup> We project recipient flows on a calendar-year-age basis, with activity throughout a given year tabulated according to age at the end of the calendar year. Tabulations of recipients in current-payment status are provided as of December of each calendar year at which time calendar year of age and age last birthday are the same. However, we summarize the tabulations that reflect activity throughout the calendar year according to calendar year of age, and thus they will not correspond precisely to tabulations summarized according to age last birthday. For example, applications for the 0-17 age group for a given calendar year include applications only for those individuals who are under 18 at the end of the calendar year.

<sup>2</sup> Individuals may apply for SSI benefits based on age as of the day preceding their 65th birthday.

income generally. Second, we further adjusted the growth in applications to reflect the slower growth projected for the portion of the Social Security area population composed of U.S. citizens or legal immigrants as compared to the overall population because SSI recipients must come from this portion of the population.

**Table IV.B1.—SSI Federally-Administered Applications,<sup>a</sup> Calendar Years 1974-2037**  
[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1974 <sup>b, c</sup> .....	125	590	626	1,303	158	20	1,434	1,496	2,822	2,931	5,752
1975 <sup>b</sup> .....	94	276	258	443	15	<sup>d</sup>	238	145	1,086	382	1,468
1976 .....	82	260	250	384	8	<sup>d</sup>	175	80	984	254	1,239
1977 .....	100	286	246	401	7	1	174	84	1,040	259	1,298
1978 .....	94	276	256	413	7	<sup>d</sup>	170	88	1,046	258	1,304
1979 .....	106	282	268	426	7	<sup>d</sup>	178	84	1,090	262	1,352
1980 .....	122	310	272	438	8	1	187	89	1,151	276	1,427
1981 .....	78	206	173	271	5	<sup>d</sup>	88	42	733	130	864
1982 .....	88	246	206	278	11	1	93	48	830	141	971
1983 .....	102	258	225	311	5	1	122	68	902	190	1,092
1984 .....	103	267	247	321	7	<sup>d</sup>	178	108	944	286	1,230
1985 .....	114	294	297	409	7	<sup>d</sup>	151	73	1,122	223	1,345
1986 .....	122	316	334	426	7	1	150	81	1,205	231	1,437
1987 .....	108	287	299	331	7	1	134	66	1,033	200	1,233
1988 .....	114	282	301	317	7	1	131	69	1,021	200	1,221
1989 .....	116	297	323	329	7	<sup>d</sup>	146	76	1,072	222	1,294
1990 .....	149	335	380	356	6	<sup>d</sup>	156	71	1,226	227	1,454
1991 .....	237	391	453	391	7	<sup>d</sup>	159	68	1,479	227	1,706
1992 .....	339	453	522	407	8	<sup>d</sup>	163	64	1,728	226	1,955
1993 .....	473	506	570	416	7	<sup>d</sup>	158	61	1,973	218	2,191
1994 .....	517	492	571	402	6	<sup>d</sup>	136	52	1,989	188	2,177
1995 .....	473	435	524	363	6	<sup>d</sup>	121	44	1,801	165	1,966
1996 .....	431	393	500	345	9	1	108	44	1,678	153	1,831
1997 .....	306	317	438	307	8	1	82	35	1,377	117	1,494
1998 .....	318	317	453	331	9	1	96	39	1,428	136	1,563
1999 .....	338	317	470	336	6	<sup>d</sup>	107	39	1,468	145	1,614
2000 .....	337	321	486	341	6	<sup>d</sup>	102	39	1,493	140	1,633
2001 .....	351	346	502	354	4	<sup>d</sup>	98	35	1,558	134	1,691
2002 .....	385	388	550	384	4	<sup>d</sup>	105	38	1,711	142	1,853
2003 .....	400	404	565	408	4	<sup>d</sup>	100	36	1,781	135	1,916
2004 .....	420	438	604	452	4	<sup>d</sup>	101	37	1,919	138	2,057
2005 .....	429	439	604	477	5	<sup>d</sup>	112	44	1,954	156	2,110
2006 .....	415	437	584	484	4	<sup>d</sup>	109	41	1,925	150	2,075
2007 .....	421	442	578	502	5	<sup>d</sup>	105	39	1,948	143	2,091
2008 .....	434	482	593	535	5	<sup>d</sup>	109	38	2,048	147	2,195
2009 .....	497	578	666	612	5	<sup>d</sup>	110	37	2,359	147	2,506
2010 .....	503	599	666	645	5	1	110	38	2,419	148	2,567
2011 .....	498	588	646	662	6	1	114	39	2,400	153	2,553
2012 .....	474	555	605	651	5	1	111	36	2,291	147	2,438
Projected:											
2013 .....	448	508	570	609	7	<sup>d</sup>	115	37	2,142	152	2,294
2014 .....	452	513	575	604	6	<sup>d</sup>	121	38	2,150	159	2,309
2015 .....	436	501	559	590	6	<sup>d</sup>	125	39	2,093	164	2,256
2016 .....	424	486	542	572	6	<sup>d</sup>	128	40	2,030	168	2,198
2017 .....	413	472	528	553	6	<sup>d</sup>	132	41	1,971	173	2,144
2018 .....	407	462	518	540	6	<sup>d</sup>	135	42	1,934	177	2,111
2019 .....	405	457	512	532	6	<sup>d</sup>	139	43	1,913	183	2,095
2020 .....	407	456	510	529	7	<sup>d</sup>	143	44	1,908	188	2,096
2021 .....	410	457	511	526	7	<sup>d</sup>	146	46	1,910	193	2,103
2022 .....	416	463	519	526	7	<sup>d</sup>	149	48	1,931	197	2,128
2023 .....	425	471	533	527	7	<sup>d</sup>	151	50	1,964	201	2,165
2024 .....	430	474	542	522	7	<sup>d</sup>	153	52	1,975	205	2,180
2025 .....	431	473	548	513	7	<sup>d</sup>	155	54	1,972	209	2,182
2026 .....	432	471	554	505	7	<sup>d</sup>	156	56	1,970	212	2,183
2027 .....	434	470	558	500	7	<sup>d</sup>	157	57	1,968	215	2,183
2028 .....	436	467	562	496	7	<sup>d</sup>	158	59	1,967	217	2,184
2029 .....	437	465	563	494	7	<sup>d</sup>	157	61	1,966	218	2,184
2030 .....	439	463	564	493	7	<sup>d</sup>	155	63	1,966	218	2,184
2031 .....	439	462	564	494	6	<sup>d</sup>	152	65	1,966	217	2,183
2032 .....	440	461	565	494	6	<sup>d</sup>	150	67	1,966	217	2,183
2033 .....	440	461	565	494	6	<sup>d</sup>	148	69	1,967	217	2,184
2034 .....	440	461	567	494	6	<sup>d</sup>	148	70	1,968	218	2,186
2035 .....	439	462	567	495	6	<sup>d</sup>	147	72	1,970	219	2,189
2036 .....	438	463	568	497	6	<sup>d</sup>	146	73	1,972	219	2,191
2037 .....	437	464	567	500	6	<sup>d</sup>	142	74	1,975	217	2,191

<sup>a</sup> Based on data reported in the Integrated Workload Management System (formerly known as the District Office Workload Report).

<sup>b</sup> "All" column estimated by the Office of Research, Evaluation, and Statistics using a 10-percent sample and published in the SSI Annual Statistical Report.

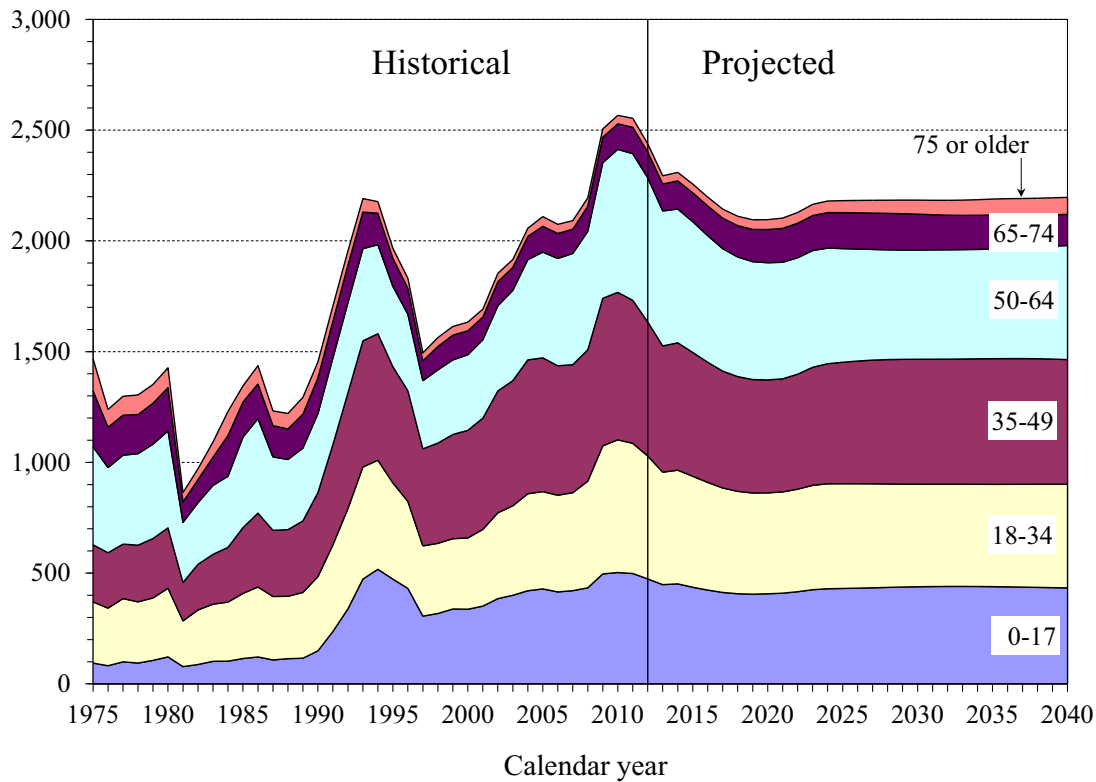
<sup>c</sup> Includes conversions from State programs and applications received in 1973.

<sup>d</sup> Fewer than 500.

Note: Totals do not necessarily equal the sums of rounded components. We estimate the historical split among age groups on a calendar year of age basis.



**Figure IV.B1.—SSI Federally-Administered Applications by Age Group, Calendar Years 1975-2040**  
[In thousands]



As part of SSA’s adjudication of these applications, we evaluate levels of income and resources available to the applicants as well as other eligibility factors including marital and citizenship status and living arrangements. In addition, well over 90 percent of the SSI applications are for disability benefits that require the DDS to evaluate the alleged impairment. Applicants may appeal an unfavorable disability determination through several administrative levels of appeal. If an applicant exhausts all administrative levels of appeal, he or she may appeal to the Federal courts.<sup>1</sup>

Table IV.B2 and figure IV.B2 present historical and projected numbers of persons who start receiving SSI payments as a result of this decision process. We count individuals as of the first month that they move into SSI payment status. For this reason, we refer to these individuals as “new recipients” rather than “awards.”<sup>2</sup> From 2004 to 2007, the numbers of new recipients remained fairly level, roughly consistent with the applications received during this period. Starting in 2008, however, the numbers of new recipients increased substantially. This increase is attributable to: (1) the sharp increase in applications due to the economic downturn; (2) improvements in claims processing; and (3) initiatives to accelerate the processing of cases pending adjudication.

<sup>1</sup> See section V.C for data on recent experience in the disability decision process.

<sup>2</sup> In addition, these counts differ slightly from other similar totals identified as “awards” and published by the Office of Research, Evaluation, and Statistics (ORES) in the *Annual Statistical Supplement to the Social Security Bulletin*. The ORES totals are similar in concept to those used in this report, but differ slightly due to the timing of the action being tabulated. For example, ORES does not count a disability benefit as being awarded until the disability decision is made. In contrast, under the procedures used in this report, individuals first coming on the SSI rolls through a finding of presumptive disability would be counted as a “new recipient” in the first month of presumptive disability payment.

**Table IV.B2.—SSI Federally-Administered New Recipients, Calendar Years 1974-2037**  
[In thousands]

Calendar year <sup>a</sup>	Blind or disabled, by age group					Aged, by age group			Totals <sup>b</sup>		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1974 <sup>c</sup> .....	63	390	381	925	141	18	1,211	1,268	1,919	2,479	4,398
1975.....	58	133	105	272	16	<sup>d</sup>	216	131	584	347	931
1976.....	43	105	88	207	9	<sup>d</sup>	147	70	452	218	669
1977.....	48	104	84	184	8	1	140	69	429	209	637
1978.....	43	92	76	154	6	<sup>d</sup>	127	66	370	193	563
1979.....	44	87	62	133	4	<sup>d</sup>	116	53	330	169	499
1980.....	41	92	61	142	4	<sup>d</sup>	125	59	341	184	524
1981.....	37	77	49	106	3	<sup>d</sup>	80	37	272	117	389
1982.....	38	63	51	90	4	<sup>d</sup>	72	31	245	103	348
1983.....	47	88	62	117	3	<sup>d</sup>	95	51	317	146	463
1984.....	47	109	78	142	4	<sup>d</sup>	131	78	380	209	589
1985.....	48	104	80	148	4	<sup>d</sup>	106	46	384	152	536
1986.....	55	127	109	153	5	<sup>d</sup>	110	51	449	161	610
1987.....	48	119	106	157	5	<sup>d</sup>	116	52	435	167	602
1988.....	50	101	108	146	5	1	112	56	412	167	579
1989.....	48	113	115	155	5	<sup>d</sup>	127	62	436	189	625
1990.....	76	136	134	182	5	<sup>d</sup>	149	66	533	215	748
1991.....	126	146	172	200	6	<sup>d</sup>	139	54	650	193	844
1992.....	221	199	221	233	6	<sup>d</sup>	133	48	881	181	1,062
1993.....	235	194	221	225	6	<sup>d</sup>	136	49	881	185	1,066
1994.....	204	164	207	215	6	<sup>d</sup>	116	42	796	157	953
1995.....	177	147	207	218	5	<sup>d</sup>	105	36	755	141	895
1996.....	145	134	193	203	6	1	93	35	681	128	809
1997.....	116	111	171	178	4	<sup>d</sup>	68	25	580	93	673
1998.....	135	117	181	194	7	1	78	30	634	108	742
1999.....	140	114	186	195	5	<sup>d</sup>	88	33	640	120	760
2000.....	145	112	180	191	5	<sup>d</sup>	84	31	633	115	748
2001.....	157	121	185	198	4	<sup>d</sup>	79	28	665	107	772
2002.....	171	128	195	212	4	<sup>d</sup>	82	29	710	111	821
2003.....	180	132	194	214	4	<sup>d</sup>	77	27	724	104	828
2004.....	183	138	202	231	4	<sup>d</sup>	78	27	757	105	862
2005.....	178	131	192	238	4	<sup>d</sup>	81	29	744	111	854
2006.....	175	128	190	243	3	<sup>d</sup>	81	28	739	109	849
2007.....	172	128	186	252	3	<sup>d</sup>	75	27	741	103	844
2008.....	183	146	204	289	4	<sup>d</sup>	79	26	825	105	930
2009.....	198	161	214	322	4	<sup>d</sup>	80	26	900	106	1,006
2010.....	205	173	221	346	4	<sup>d</sup>	80	26	949	106	1,055
2011.....	202	163	206	356	4	<sup>d</sup>	83	27	932	110	1,042
2012.....	190	148	181	340	4	<sup>d</sup>	85	25	863	110	973
Projected:											
2013.....	187	140	176	331	6	<sup>d</sup>	92	26	840	118	958
2014.....	181	139	175	318	5	<sup>d</sup>	93	26	818	120	938
2015.....	178	138	174	313	6	<sup>d</sup>	95	27	809	122	931
2016.....	175	138	174	305	6	<sup>d</sup>	97	28	797	125	922
2017.....	171	138	173	294	6	<sup>d</sup>	99	28	782	128	910
2018.....	170	137	171	287	6	<sup>d</sup>	101	30	771	131	902
2019.....	173	139	173	288	6	<sup>d</sup>	106	31	781	137	918
2020.....	171	136	169	281	6	<sup>d</sup>	107	31	764	138	902
2021.....	172	136	169	279	6	<sup>d</sup>	109	32	764	141	905
2022.....	174	138	171	278	7	<sup>d</sup>	111	34	768	145	913
2023.....	177	139	175	277	7	<sup>d</sup>	112	35	776	147	923
2024.....	182	143	181	279	7	<sup>d</sup>	116	37	792	153	945
2025.....	180	140	180	270	7	<sup>d</sup>	115	38	776	153	929
2026.....	180	139	181	265	7	<sup>d</sup>	116	39	773	155	927
2027.....	180	139	183	262	7	<sup>d</sup>	116	40	770	156	927
2028.....	181	138	184	259	7	<sup>d</sup>	116	42	768	158	926
2029.....	181	137	184	258	7	<sup>d</sup>	116	43	767	158	925
2030.....	185	139	188	262	6	<sup>d</sup>	116	45	781	161	942
2031.....	182	136	185	257	6	<sup>d</sup>	112	46	767	158	924
2032.....	182	136	185	257	6	<sup>d</sup>	110	47	765	157	922
2033.....	182	136	185	256	6	<sup>d</sup>	109	48	765	156	921
2034.....	181	136	186	256	6	<sup>d</sup>	108	49	765	157	922
2035.....	181	136	186	257	6	<sup>d</sup>	108	50	766	157	924
2036.....	184	139	190	263	6	<sup>d</sup>	108	52	782	160	942
2037.....	180	137	186	259	6	<sup>d</sup>	104	51	767	155	922

<sup>a</sup> Represents period in which first payment was made, not date of first eligibility for payments.

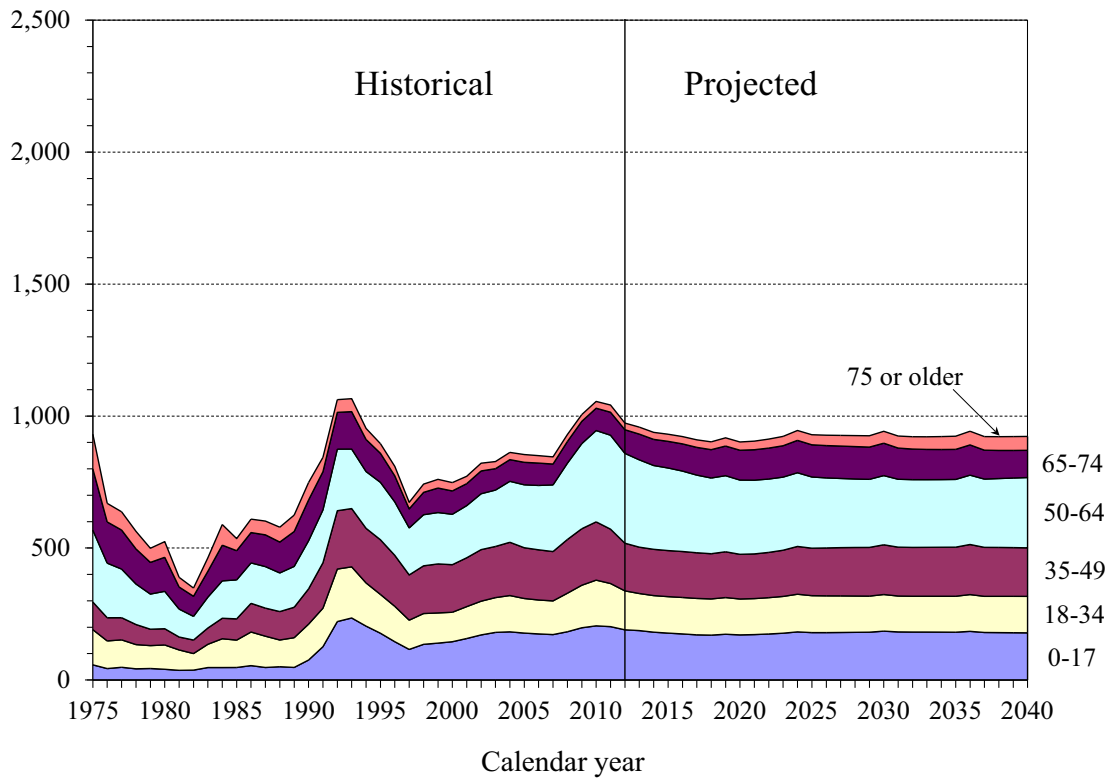
<sup>b</sup> Historical totals estimated based on 1-percent or 10-percent sample data.

<sup>c</sup> Totals for 1974 include recipients converted from previous State programs as well as new recipients to the SSI program during 1974.

<sup>d</sup> Fewer than 500.

Note: Totals do not necessarily equal the sums of rounded components. We estimate the historical split among age groups on a calendar year of age basis.

**Figure IV.B2.—SSI Federally-Administered New Recipients by Age Group, Calendar Years 1975-2040**  
[In thousands]



The numbers of new recipients declined slightly in 2011 and more sharply in 2012, similar to the change in applications. Consistent with the pattern of projected applications, we project the total number of new recipients to continue to decline from the peak in 2010 and then to reach a relative low point by 2020. Over the longer term, we project the number of new recipients to level off and remain essentially level throughout the projection period. These projected new recipients reflect the adjustments to the projected applications to make them more consistent with the assumptions underlying the OASDI Trustees Report.

Some persons receiving SSI benefits in a year will stop receiving payments during the year because of death or the loss of SSI eligibility. A recipient can lose eligibility in two ways: (1) a nonmedical redetermination; or (2) a continuing disability review (CDR).<sup>1</sup> In a redetermination, we reexamine the recipient's nonmedical factors of eligibility, including income and resources. In a CDR, we determine whether the recipient continues to meet the Social Security Act's definition of disability. For example, disabled children, upon attainment of age 18, lose eligibility if they do not qualify for benefits under the disabled adult eligibility criteria. We refer to the net reduction in the number of SSI recipients in current-payment status during a period as the number of SSI terminations for that period.

In the following tables, we have separated the numbers of persons moving out of payment status into terminations due to death (table IV.B3), as well as terminations for all other reasons (table IV.B4). Table IV.B5 and figure IV.B3 present historical and projected numbers of total terminations by calendar year. The overall total number of terminations in 2012 decreased by about 2 percent from 2011. This decrease in the number of Federally-administered terminations is due in part to a decrease in the number of terminations for State recipients not receiving Federal benefits. In addition, some of the decrease is attributable to a decrease in the number of new SSI recipients concurrently eligible for OASDI disability benefits who

<sup>1</sup> We present some historical details on income and resource redeterminations and the results of continuing disability reviews in section V.D. Section V.E presents information on certain incentive programs intended to encourage disabled SSI recipients to return to work.

received SSI benefits only temporarily during the 5-month SSDI waiting period due to the 2012 decrease in new recipients.

**Table IV.B3.—SSI Federally-Administered Terminations Due to Death<sup>a</sup>, Calendar Years 1974-2037**  
[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals <sup>b</sup>		All
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	
Historical data:											
1974 .....	<sup>c</sup>	3	8	34	7	2	40	97	55	137	192
1975 .....	1	5	12	35	10	2	39	108	65	147	212
1976 .....	2	5	9	36	12	1	34	103	64	137	201
1977 .....	1	5	12	30	15	1	36	101	65	137	203
1978 .....	2	5	8	34	16	2	31	95	67	126	193
1979 .....	2	6	9	32	18	2	29	92	67	121	189
1980 .....	3	5	9	31	22	1	27	100	71	127	198
1981 .....	3	5	8	31	24	2	21	92	73	112	186
1982 .....	3	4	8	28	21	2	16	80	65	96	161
1983 .....	3	6	8	25	21	3	15	79	65	94	158
1984 .....	3	4	9	29	18	5	13	83	67	96	163
1985 .....	2	6	10	29	24	6	17	84	77	101	178
1986 .....	2	8	12	28	22	8	15	83	80	98	178
1987 .....	3	8	13	30	23	10	15	82	87	97	184
1988 .....	5	8	14	31	25	12	16	81	95	97	191
1989 .....	3	8	16	33	23	12	15	78	95	93	187
1990 .....	4	9	18	36	22	14	16	75	103	92	194
1991 .....	4	9	20	39	23	17	17	74	112	91	203
1992 .....	4	11	22	38	22	15	16	69	111	84	195
1993 .....	6	13	27	41	23	17	16	72	127	88	215
1994 .....	6	14	27	41	23	17	16	69	127	85	212
1995 .....	6	13	30	43	24	18	16	65	135	81	216
1996 .....	7	12	30	44	24	18	16	67	135	83	218
1997 .....	5	10	24	43	24	19	15	64	127	79	206
1998 .....	5	9	24	43	25	20	14	64	127	78	205
1999 .....	5	9	25	45	25	21	13	63	131	76	207
2000 .....	5	8	27	46	25	21	12	61	132	73	205
2001 .....	5	8	28	47	25	22	11	60	135	71	207
2002 .....	5	8	28	49	24	21	11	58	135	70	205
2003 .....	5	9	28	51	26	21	10	56	138	66	204
2004 .....	5	8	27	52	25	22	10	56	140	65	205
2005 .....	5	8	28	54	25	22	9	54	141	63	204
2006 .....	5	8	27	55	25	22	9	54	143	62	205
2007 .....	5	8	26	57	25	23	8	54	145	62	207
2008 .....	5	8	25	60	25	21	8	53	144	62	206
2009 .....	5	9	25	64	26	22	8	52	150	60	210
2010 .....	4	8	22	63	26	22	8	50	146	58	204
2011 .....	5	9	21	66	26	23	8	50	149	58	207
2012 .....	5	9	22	69	27	23	8	51	154	58	212
Projected:											
2013 .....	5	10	22	72	28	24	7	49	160	56	216
2014 .....	4	10	22	74	28	25	8	48	163	55	218
2015 .....	4	10	21	75	29	25	8	48	164	56	220
2016 .....	4	10	21	75	30	25	8	48	165	56	221
2017 .....	4	10	21	74	31	26	8	48	165	56	221
2018 .....	4	10	20	73	32	26	8	48	165	56	221
2019 .....	4	10	20	71	34	26	8	48	165	56	221
2020 .....	4	10	20	70	35	27	8	48	165	56	221
2021 .....	4	10	20	69	36	27	9	48	165	56	221
2022 .....	4	10	20	67	37	28	9	48	165	57	222
2023 .....	4	10	20	66	38	28	9	48	165	57	222
2024 .....	4	9	20	64	39	29	9	49	166	57	223
2025 .....	4	9	20	63	39	30	9	49	166	58	224
2026 .....	4	9	20	62	40	31	9	50	166	59	225
2027 .....	4	9	21	61	40	32	9	50	166	59	226
2028 .....	3	9	21	60	39	34	9	51	166	60	226
2029 .....	3	9	21	59	39	35	9	52	166	61	227
2030 .....	3	9	21	59	38	36	9	53	167	62	228
2031 .....	3	9	21	59	37	38	9	54	167	63	229
2032 .....	3	9	20	58	36	39	9	55	167	64	231
2033 .....	3	9	20	58	36	40	8	56	167	65	231
2034 .....	3	9	20	58	35	42	8	58	167	66	232
2035 .....	3	9	20	57	34	43	8	59	167	67	233
2036 .....	3	9	20	57	33	44	8	60	167	68	235
2037 .....	3	9	20	57	33	45	8	61	167	69	236

<sup>a</sup> Terminations where the death of the SSI recipient was recorded in SSA administrative systems as of the first month of nonpayment of SSI benefits.

<sup>b</sup> Historical totals estimated based on 1-percent or 10-percent sample data.

<sup>c</sup> Fewer than 500.

Note: Totals do not necessarily equal the sums of rounded components. We estimate the historical split among age groups on a calendar year of age basis.

**Table IV.B4.—SSI Federally-Administered Terminations Due to Reasons Other Than Death, Calendar Years 1974-2037**  
[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals <sup>a</sup>		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
<b>Historical data:</b>											
1974 .....	5	33	34	69	12	2	27	29	154	56	210
1975 .....	7	50	44	104	15	2	88	91	221	180	401
1976 .....	11	70	61	139	24	1	107	133	306	240	546
1977 .....	13	65	56	110	19	1	76	92	265	168	433
1978 .....	11	64	49	97	18	1	64	86	241	150	391
1979 .....	12	59	43	96	23	1	58	85	234	144	378
1980 .....	19	48	43	80	23	1	44	77	214	121	334
1981 .....	17	43	39	72	21	1	49	86	192	134	326
1982 .....	19	48	43	79	23	1	50	87	212	137	348
1983 .....	18	43	36	63	14	1	25	61	175	86	261
1984 .....	13	51	37	77	21	1	37	60	200	98	298
1985 .....	11	42	37	68	13	2	23	54	172	77	249
1986 .....	18	49	47	73	16	3	34	60	206	94	300
1987 .....	19	51	48	75	17	3	32	57	214	89	302
1988 .....	19	52	51	74	15	5	33	59	216	93	309
1989 .....	19	55	52	72	16	4	33	58	218	91	308
1990 .....	14	52	57	73	17	8	40	68	221	108	330
1991 .....	20	50	70	84	18	5	33	58	248	91	339
1992 .....	39	68	94	103	19	8	34	56	329	90	419
1993 .....	34	73	97	106	22	8	37	55	340	92	433
1994 .....	41	73	101	107	18	8	32	49	348	81	429
1995 .....	47	81	111	115	20	7	32	48	382	80	461
1996 .....	47	89	128	119	21	8	29	49	413	78	491
1997 .....	128	105	147	115	18	8	24	40	522	64	586
1998 .....	67	89	112	110	19	8	22	38	406	61	466
1999 .....	119	111	120	116	20	9	24	43	495	68	563
2000 .....	84	99	111	112	22	9	22	38	437	61	498
2001 .....	65	95	111	118	20	9	22	38	418	60	478
2002 .....	78	100	122	133	20	9	20	35	463	55	517
2003 .....	72	95	122	135	20	9	20	36	453	56	509
2004 .....	85	101	136	156	23	9	24	38	510	62	572
2005 .....	64	101	129	157	20	8	15	30	479	45	524
2006 .....	56	96	131	162	21	8	19	30	473	50	522
2007 .....	46	108	124	160	20	8	18	29	466	48	513
2008 .....	63	112	131	185	20	8	18	27	518	45	563
2009 .....	61	124	141	214	27	10	25	37	576	63	639
2010 .....	76	122	131	209	21	8	22	28	565	50	615
2011 .....	73	128	126	222	23	8	23	31	580	54	634
2012 <sup>b</sup> .....	66	125	119	214	8	2	37	41	533	78	611
<b>Projected:</b>											
2013 .....	68	131	118	215	23	10	23	30	567	53	620
2014 .....	68	139	116	213	23	10	23	28	569	52	620
2015 .....	71	138	114	215	24	11	24	29	573	53	626
2016 .....	94	137	112	213	26	11	24	29	593	53	646
2017 .....	95	140	114	215	27	12	24	29	603	54	657
2018 .....	75	143	116	214	29	13	24	31	591	55	646
2019 .....	73	142	116	211	30	13	24	32	584	56	640
2020 .....	74	142	116	207	31	13	25	32	582	57	639
2021 .....	75	140	115	201	33	13	26	32	577	58	635
2022 .....	73	142	115	196	34	14	26	33	574	59	633
2023 .....	72	140	116	192	35	14	27	34	570	61	631
2024 .....	74	140	119	189	35	15	27	35	571	62	633
2025 .....	74	140	121	186	36	15	28	36	572	63	635
2026 .....	73	141	123	184	37	16	28	37	573	64	638
2027 .....	73	141	125	182	37	16	28	38	574	66	640
2028 .....	74	141	126	181	37	17	28	39	575	67	642
2029 .....	74	140	127	180	36	18	28	40	575	68	643
2030 .....	75	140	127	180	36	19	28	41	576	69	646
2031 .....	75	140	128	180	35	20	28	42	578	70	648
2032 .....	76	140	128	180	35	20	28	43	579	71	650
2033 .....	76	140	128	180	34	21	27	44	580	72	652
2034 .....	76	140	129	180	34	22	27	46	582	73	654
2035 .....	76	141	129	181	34	22	27	47	583	73	657
2036 .....	77	142	130	182	34	23	27	48	586	74	661
2037 .....	76	142	130	183	33	23	26	49	588	75	663

<sup>a</sup> Historical totals estimated based on 1-percent or 10-percent sample data.

<sup>b</sup> Terminations for 2012 reflect the reclassification of about 23,000 Federal recipients from the aged to the blind or disabled category because the State of Massachusetts took over the administration of their State Supplementation program.

Note: Totals do not necessarily equal the sums of rounded components. We estimate the historical split among age groups on a calendar year of age basis.

**Table IV.B5.—SSI Federally-Administered Terminations for All Reasons, Calendar Years 1974-2037**  
[In thousands]

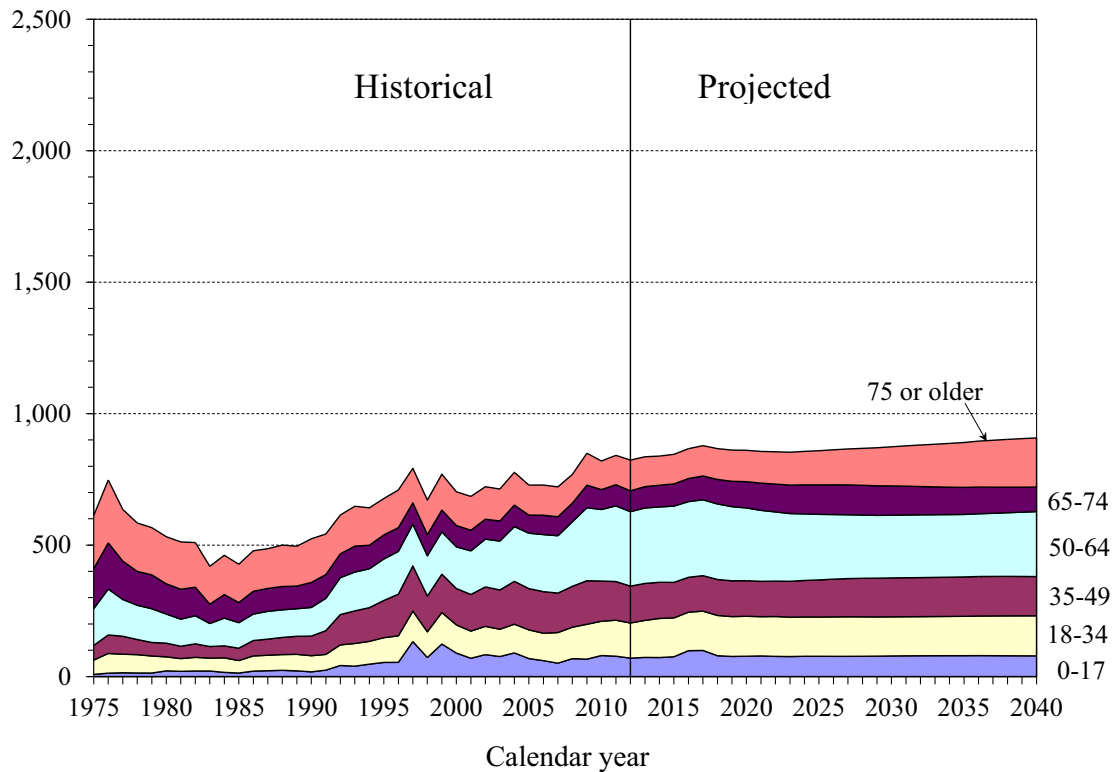
Calendar year	Blind or disabled, by age group					Aged, by age group			Totals <sup>a</sup>		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1974 .....	5	36	42	103	19	4	67	126	209	193	402
1975 .....	8	55	56	140	25	3	127	199	287	326	613
1976 .....	13	75	71	174	35	3	141	236	371	377	748
1977 .....	14	71	68	140	34	3	112	194	330	305	636
1978 .....	14	70	58	130	34	3	94	181	308	276	584
1979 .....	13	65	52	128	41	2	88	177	301	265	566
1980 .....	22	53	52	111	45	2	70	177	284	248	532
1981 .....	20	48	47	103	45	3	69	177	266	246	512
1982 .....	21	52	51	107	43	2	65	168	277	233	510
1983 .....	21	49	44	87	34	4	39	140	240	180	419
1984 .....	16	55	46	106	39	6	50	144	267	194	461
1985 .....	13	47	47	97	37	8	40	138	249	178	427
1986 .....	21	58	59	101	38	11	48	143	287	192	478
1987 .....	22	59	61	106	40	13	47	138	301	185	486
1988 .....	24	60	65	105	39	18	49	140	311	189	500
1989 .....	22	63	69	105	39	15	47	136	312	183	496
1990 .....	18	61	75	109	39	22	56	144	324	200	524
1991 .....	25	60	90	123	40	22	50	132	360	182	542
1992 .....	42	78	115	140	41	23	50	125	440	175	614
1993 .....	40	86	124	148	45	24	54	127	467	181	648
1994 .....	47	87	128	148	41	24	48	118	475	166	642
1995 .....	54	94	142	158	44	25	47	113	517	160	677
1996 .....	54	101	158	163	45	27	45	116	548	161	710
1997 .....	133	116	172	159	43	26	39	105	648	143	792
1998 .....	73	98	136	153	44	29	36	102	533	138	671
1999 .....	124	120	146	161	45	31	38	106	626	144	770
2000 .....	89	107	138	159	46	29	35	99	569	134	703
2001 .....	70	103	139	166	45	31	34	98	554	132	685
2002 .....	83	108	150	182	44	30	31	93	598	124	722
2003 .....	76	104	149	186	46	30	31	92	591	122	713
2004 .....	90	109	163	208	48	31	34	93	650	127	777
2005 .....	69	109	157	211	45	30	24	84	621	107	728
2006 .....	61	104	158	217	46	31	28	84	615	112	727
2007 .....	51	116	150	218	46	31	27	83	610	110	720
2008 .....	68	120	155	245	45	29	26	80	663	106	769
2009 .....	66	133	166	278	52	32	33	90	726	123	849
2010 .....	80	130	153	272	46	30	29	79	712	108	820
2011 .....	77	137	147	288	49	31	31	81	729	112	841
2012 <sup>b</sup> .....	70	134	140	283	35	25	44	92	687	136	823
Projected:											
2013 .....	73	141	141	287	51	35	30	79	727	109	836
2014 .....	72	149	138	287	51	35	31	76	731	107	839
2015 .....	75	148	135	290	53	36	32	77	737	108	845
2016 .....	98	146	133	288	56	37	32	77	758	109	867
2017 .....	99	149	135	289	58	38	32	77	769	109	878
2018 .....	79	153	137	287	61	39	32	79	756	111	867
2019 .....	77	151	136	282	64	39	33	80	749	112	861
2020 .....	77	152	135	277	66	40	33	80	747	113	860
2021 .....	78	149	134	270	69	40	34	80	742	115	856
2022 .....	77	152	135	263	71	41	35	81	739	116	855
2023 .....	76	150	136	258	73	43	35	82	736	118	853
2024 .....	77	150	139	253	74	44	36	84	737	119	856
2025 .....	77	149	141	249	76	45	36	85	738	121	859
2026 .....	77	150	144	246	76	47	37	86	739	123	862
2027 .....	77	151	145	243	76	49	37	88	740	125	866
2028 .....	77	150	147	240	76	51	37	90	741	127	868
2029 .....	78	149	147	239	75	53	37	92	741	129	870
2030 .....	78	149	148	238	74	55	37	94	743	131	874
2031 .....	79	149	148	239	73	57	37	96	745	133	877
2032 .....	79	149	149	239	71	59	36	98	746	135	881
2033 .....	79	149	149	238	70	61	36	101	747	137	884
2034 .....	79	149	149	238	69	63	35	103	748	138	887
2035 .....	79	150	150	238	68	65	35	106	750	140	890
2036 .....	80	151	150	239	67	67	34	108	753	142	895
2037 .....	79	151	150	240	66	68	34	110	755	144	899

<sup>a</sup> Historical totals estimated based on 1-percent or 10-percent sample data.

<sup>b</sup> Terminations for 2012 reflect the reclassification of about 23,000 Federal recipients from the aged to the blind or disabled category because the State of Massachusetts took over the administration of their State Supplementation program.

Note: Totals do not necessarily equal the sums of rounded components. We estimate the historical split among age groups on a calendar year of age basis.

**Figure IV.B3.—SSI Federally-Administered Terminations by Age Group, Calendar Years 1975-2040**  
[In thousands]



Our projected terminations reflect the assumption that within the next few years increased resources will be available to SSA for processing CDRs, which would result in higher levels of SSI terminations, although that assumption is uncertain and it has been difficult to predict Congressional action in this area.

**Table IV.B6.—SSI Recipients with Federal Benefits in Current-Payment Status as of December, 1974-2037**  
[In thousands]

Year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1974 .....	70	338	321	756	109	13	1,010	1,019	1,606	2,029	3,635
1975 .....	106	395	352	838	164	14	963	1,062	1,869	2,025	3,893
1976 .....	124	420	352	813	208	14	864	1,003	1,932	1,867	3,799
1977 .....	147	442	358	800	249	16	785	980	2,013	1,765	3,778
1978 .....	165	460	361	791	277	16	728	958	2,069	1,686	3,755
1979 .....	176	472	359	764	307	16	656	938	2,094	1,593	3,687
1980 .....	188	500	351	750	342	17	609	925	2,149	1,533	3,682
1981 .....	194	514	349	720	366	17	541	888	2,160	1,430	3,590
1982 .....	191	517	346	683	386	21	459	871	2,144	1,329	3,473
1983 .....	198	555	366	692	412	28	449	890	2,250	1,339	3,590
1984 .....	210	595	393	700	406	48	463	884	2,352	1,347	3,699
1985 .....	226	634	426	717	402	72	462	860	2,477	1,322	3,799
1986 .....	240	688	475	739	397	91	465	827	2,630	1,291	3,922
1987 .....	249	717	524	756	392	113	464	804	2,751	1,268	4,019
1988 .....	254	738	564	774	387	127	468	777	2,844	1,245	4,089
1989 .....	263	757	613	799	382	145	488	760	2,959	1,247	4,206
1990 .....	306	788	677	840	389	156	508	749	3,156	1,257	4,412
1991 .....	395	833	769	897	390	166	542	736	3,451	1,279	4,730
1992 .....	555	920	877	970	402	173	577	727	3,898	1,304	5,202
1993 .....	721	990	979	1,034	410	179	604	720	4,312	1,324	5,636
1994 .....	839	1,032	1,071	1,089	425	182	610	716	4,638	1,326	5,965
1995 .....	915	1,058	1,150	1,134	435	188	601	713	4,880	1,315	6,194

**Table IV.B6.—SSI Recipients with Federal Benefits in Current-Payment Status as of December, 1974-2037 (Cont.)**

Year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data: (Cont.)											
1996 .....	954	1,066	1,198	1,176	444	192	586	711	5,029	1,296	6,326
1997 .....	878	1,039	1,196	1,198	457	193	547	704	4,960	1,251	6,212
1998 .....	885	1,038	1,238	1,243	464	197	521	705	5,063	1,226	6,289
1999 .....	845	1,005	1,274	1,278	474	195	499	704	5,072	1,203	6,275
2000 .....	844	994	1,303	1,313	484	196	483	703	5,134	1,186	6,320
2001 .....	879	995	1,329	1,353	493	196	461	703	5,245	1,165	6,410
2002 .....	912	1,002	1,344	1,394	502	200	447	705	5,354	1,152	6,505
2003 .....	956	1,023	1,353	1,436	511	204	430	703	5,482	1,133	6,614
2004 .....	990	1,044	1,350	1,476	515	208	412	699	5,584	1,111	6,695
2005 .....	1,034	1,065	1,347	1,523	522	215	408	705	5,706	1,113	6,819
2006 .....	1,076	1,095	1,334	1,575	529	220	405	704	5,830	1,109	6,939
2007 .....	1,119	1,124	1,316	1,634	540	228	397	704	5,960	1,101	7,061
2008 .....	1,151	1,173	1,306	1,704	550	234	396	704	6,119	1,100	7,219
2009 .....	1,198	1,229	1,302	1,793	559	241	396	704	6,322	1,101	7,423
2010 .....	1,238	1,294	1,307	1,900	566	251	394	704	6,557	1,099	7,656
2011 .....	1,276	1,345	1,305	2,002	577	260	398	703	6,765	1,101	7,866
2012 .....	1,311	1,381	1,287	2,089	608	278	391	694	6,955	1,085	8,040
Projected:											
2013 .....	1,338	1,396	1,268	2,156	625	286	401	690	7,067	1,091	8,158
2014 .....	1,359	1,401	1,252	2,202	644	293	411	688	7,150	1,099	8,250
2015 .....	1,369	1,409	1,247	2,226	669	299	422	688	7,218	1,110	8,328
2016 .....	1,350	1,422	1,250	2,228	701	303	435	687	7,254	1,122	8,376
2017 .....	1,325	1,431	1,253	2,210	735	309	447	690	7,263	1,137	8,400
2018 .....	1,316	1,439	1,252	2,179	772	314	460	693	7,273	1,153	8,426
2019 .....	1,313	1,449	1,254	2,150	811	320	477	697	7,298	1,174	8,472
2020 .....	1,307	1,454	1,255	2,119	850	325	492	702	7,309	1,194	8,504
2021 .....	1,301	1,462	1,260	2,086	886	333	503	715	7,328	1,218	8,546
2022 .....	1,298	1,469	1,274	2,051	919	343	509	734	7,355	1,243	8,598
2023 .....	1,298	1,479	1,294	2,021	946	354	518	752	7,393	1,269	8,662
2024 .....	1,299	1,491	1,322	1,996	972	366	528	771	7,446	1,299	8,746
2025 .....	1,297	1,500	1,346	1,967	993	380	537	791	7,483	1,328	8,811
2026 .....	1,297	1,506	1,369	1,939	1,007	397	545	812	7,515	1,357	8,872
2027 .....	1,300	1,510	1,386	1,917	1,015	416	551	834	7,544	1,385	8,930
2028 .....	1,309	1,509	1,400	1,900	1,017	436	556	858	7,571	1,413	8,984
2029 .....	1,320	1,506	1,409	1,889	1,015	456	558	883	7,596	1,440	9,036
2030 .....	1,334	1,508	1,418	1,891	1,006	477	560	909	7,633	1,468	9,101
2031 .....	1,345	1,508	1,421	1,892	991	497	556	935	7,655	1,491	9,146
2032 .....	1,353	1,508	1,424	1,896	976	516	550	961	7,674	1,511	9,185
2033 .....	1,359	1,509	1,430	1,898	963	533	544	986	7,691	1,529	9,221
2034 .....	1,364	1,510	1,435	1,898	953	549	537	1,010	7,708	1,547	9,255
2035 .....	1,366	1,512	1,440	1,898	945	563	529	1,034	7,724	1,563	9,287
2036 .....	1,369	1,518	1,447	1,907	935	576	523	1,056	7,753	1,579	9,332
2037 .....	1,367	1,523	1,449	1,919	921	586	514	1,075	7,765	1,590	9,355

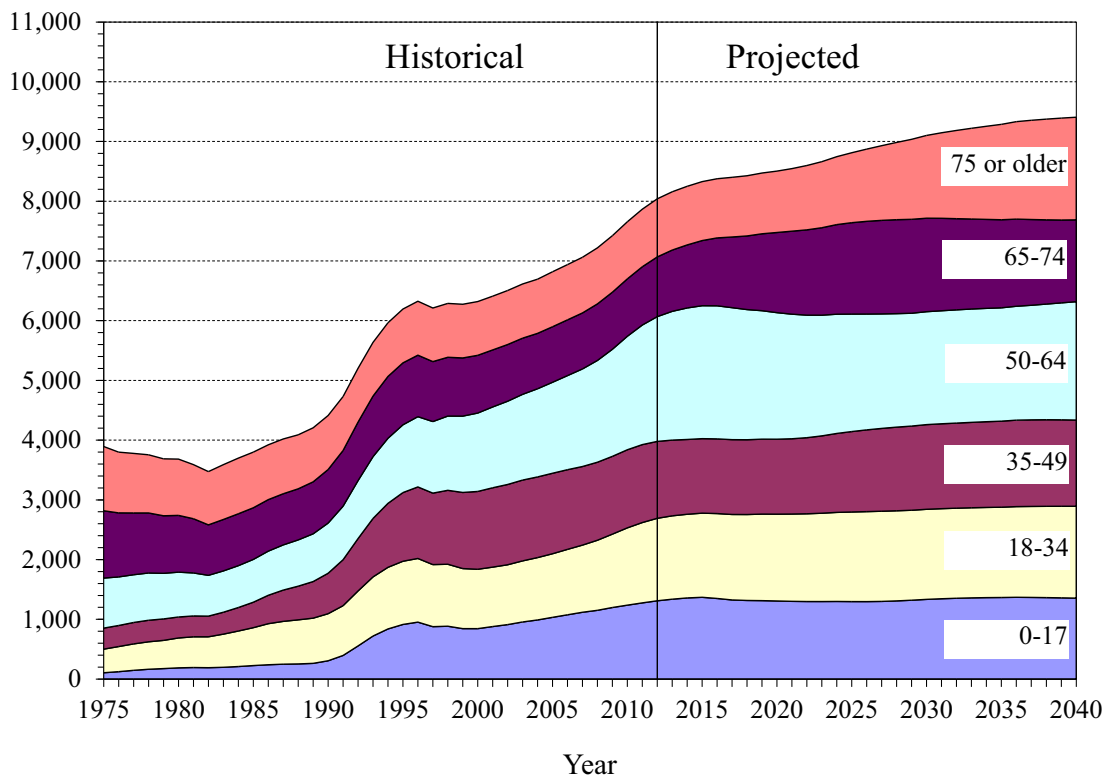
Note: Totals do not necessarily equal the sums of rounded components. We estimate the historical split among age groups on a calendar year of age basis.

Combining the number of persons coming on the SSI payment rolls during a year with the number of those already receiving benefits at the beginning of the year, and subtracting the number leaving the rolls during the year, yields the number of persons receiving Federally-administered SSI payments at the end of the year. Table IV.B6 and figure IV.B4 present the number of individuals receiving Federal SSI payments, who comprise the great majority of Federally-administered recipients. The number of Federal SSI recipients at the end of 2012 increased by about 2.2 percent over the corresponding number at the end of 2011, a somewhat smaller increase than experienced between 2010 and 2011.

As figure IV.B4 illustrates, the implementation of Public Law 104-121 and Public Law 104-193 resulted in a decline in the Federal recipient population from 1996 to 1997. From the end of 1997 through the end of 2000, the Federal SSI recipient population grew at an annual rate of less than 1 percent. From the end of 2000 to the end of 2008, the Federal SSI recipient population grew an average of 1.7 percent per year. Since the end of 2008, the Federal recipient population has grown an average of 2.7 percent per year due largely to the economic recession and continuing economic downturn. As the economy slowly recovers, we project somewhat slower growth in the recipient population with year-to-year increases averaging approximately 1.2 percent from the end of 2012 through the end of 2015.



**Figure IV.B4.—SSI Recipients with Federal Benefits in Current-Payment Status, by Age Group, as of December, 1975-2040**  
[In thousands]



Beginning in 2015, the numbers of Federal SSI recipients are projected to grow at a rate of less than 1 percent per year for the remainder of the 25-year projection period. In order to place this projected growth in the context of overall population growth, table IV.B7 and figure IV.B5 present Federal SSI prevalence rates, defined as SSI recipients with Federal benefits in current-payment status as percentages of selected Social Security area population totals.

In table IV.B7, we calculated the age group percentages using the corresponding population age group totals. We computed the ratios for the separate recipient categories—*total blind or disabled* and *total aged*—as percentages of differing base populations, the total Social Security Area population and the 65 and older Social Security population, respectively. As a result of this method of calculation, the percentage for the total SSI recipient population is not the arithmetic sum of the percentages for the respective recipient categories. The prevalence rate for all Federal SSI recipients declined from 1975 through the early 1980s. In 1983, this percentage started increasing and continued to increase through 1996. The prevalence rate then declined in 1997, due to the implementation of Public Law 104-121 and Public Law 104-193, but leveled out over the next few years. It has increased slightly over the past few years, and we expect it to continue to increase slightly through 2015 and then decrease gradually through the rest of the projection period.

Table IV.B7.—Federal SSI Prevalence Rates, as of December, 1974-2037

Year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled <sup>a</sup>	Aged <sup>b</sup>	All <sup>c</sup>
Historical data:											
1974 .....	0.10	0.56	0.88	2.29	0.77	0.14	7.19	11.23	0.72	8.78	1.63
1975 .....	.15	.63	.97	2.51	1.14	.15	6.70	11.38	.83	8.54	1.73
1976 .....	.18	.65	.96	2.42	1.41	.14	5.88	10.43	.85	7.68	1.67
1977 .....	.22	.67	.97	2.36	1.66	.17	5.21	9.94	.88	7.09	1.65
1978 .....	.25	.68	.96	2.32	1.80	.15	4.73	9.46	.89	6.61	1.62
1979 .....	.27	.68	.94	2.23	1.96	.15	4.17	9.00	.89	6.10	1.58
1980 .....	.29	.71	.91	2.18	2.14	.16	3.81	8.64	.91	5.74	1.56
1981 .....	.30	.72	.87	2.10	2.25	.16	3.33	8.07	.91	5.24	1.51
1982 .....	.29	.71	.83	1.99	2.33	.18	2.77	7.68	.89	4.77	1.44
1983 .....	.31	.76	.85	2.02	2.46	.24	2.68	7.63	.93	4.71	1.48
1984 .....	.32	.81	.88	2.06	2.39	.40	2.72	7.39	.96	4.65	1.51
1985 .....	.35	.87	.93	2.11	2.32	.58	2.67	7.00	1.00	4.47	1.53
1986 .....	.37	.94	1.00	2.19	2.26	.72	2.64	6.57	1.05	4.28	1.57
1987 .....	.38	.98	1.06	2.25	2.20	.87	2.60	6.25	1.09	4.13	1.59
1988 .....	.39	1.01	1.11	2.30	2.14	.97	2.59	5.90	1.12	3.99	1.60
1989 .....	.40	1.03	1.16	2.37	2.10	1.07	2.67	5.62	1.15	3.93	1.63
1990 .....	.45	1.08	1.24	2.48	2.10	1.12	2.74	5.40	1.21	3.88	1.69
1991 .....	.58	1.16	1.36	2.62	2.08	1.17	2.89	5.19	1.31	3.88	1.79
1992 .....	.80	1.29	1.51	2.79	2.12	1.19	3.04	5.00	1.46	3.89	1.95
1993 .....	1.02	1.40	1.64	2.92	2.15	1.20	3.16	4.85	1.60	3.90	2.09
1994 .....	1.17	1.48	1.75	3.02	2.22	1.20	3.18	4.71	1.70	3.86	2.19
1995 .....	1.26	1.53	1.83	3.10	2.27	1.21	3.13	4.59	1.77	3.78	2.25
1996 .....	1.31	1.55	1.87	3.12	2.32	1.21	3.06	4.46	1.81	3.70	2.27
1997 .....	1.20	1.52	1.85	3.05	2.40	1.18	2.87	4.32	1.76	3.54	2.21
1998 .....	1.21	1.52	1.88	3.05	2.45	1.18	2.75	4.24	1.78	3.45	2.22
1999 .....	1.15	1.47	1.92	3.02	2.52	1.15	2.65	4.16	1.77	3.37	2.19
2000 .....	1.14	1.45	1.95	3.00	2.58	1.14	2.57	4.09	1.77	3.30	2.18
2001 .....	1.18	1.44	1.98	2.98	2.63	1.13	2.46	4.04	1.80	3.22	2.19
2002 .....	1.22	1.44	2.00	2.96	2.67	1.13	2.38	4.00	1.82	3.16	2.21
2003 .....	1.28	1.47	2.01	2.95	2.70	1.14	2.27	3.94	1.84	3.08	2.22
2004 .....	1.31	1.49	2.01	2.92	2.70	1.15	2.16	3.87	1.86	2.99	2.23
2005 .....	1.37	1.52	2.00	2.92	2.69	1.18	2.11	3.86	1.88	2.96	2.25
2006 .....	1.42	1.55	1.99	2.92	2.67	1.20	2.04	3.82	1.91	2.90	2.27
2007 .....	1.47	1.58	1.97	2.94	2.64	1.22	1.94	3.79	1.93	2.82	2.29
2008 .....	1.51	1.63	1.98	2.99	2.59	1.25	1.87	3.76	1.97	2.76	2.32
2009 .....	1.57	1.69	2.00	3.06	2.55	1.28	1.81	3.73	2.02	2.70	2.37
2010 .....	1.63	1.76	2.03	3.16	2.51	1.31	1.75	3.69	2.08	2.64	2.42
2011 .....	1.68	1.81	2.04	3.27	2.45	1.35	1.69	3.64	2.13	2.57	2.47
2012 .....	1.73	1.84	2.03	3.37	2.44	1.42	1.57	3.54	2.17	2.44	2.51
Projected:											
2013 .....	1.76	1.85	2.01	3.43	2.39	1.43	1.54	3.46	2.19	2.37	2.52
2014 .....	1.79	1.84	1.99	3.46	2.37	1.44	1.51	3.39	2.19	2.31	2.53
2015 .....	1.79	1.85	1.98	3.47	2.36	1.44	1.49	3.32	2.20	2.26	2.53
2016 .....	1.76	1.85	1.98	3.46	2.38	1.43	1.48	3.24	2.19	2.22	2.53
2017 .....	1.72	1.86	1.97	3.42	2.42	1.42	1.47	3.16	2.17	2.18	2.51
2018 .....	1.70	1.85	1.96	3.37	2.46	1.39	1.46	3.07	2.15	2.14	2.50
2019 .....	1.68	1.85	1.96	3.32	2.49	1.38	1.46	3.00	2.14	2.10	2.49
2020 .....	1.66	1.85	1.95	3.27	2.51	1.36	1.46	2.94	2.13	2.07	2.47
2021 .....	1.64	1.85	1.95	3.23	2.55	1.34	1.45	2.88	2.11	2.04	2.46
2022 .....	1.63	1.86	1.95	3.19	2.60	1.32	1.44	2.81	2.10	2.02	2.46
2023 .....	1.62	1.86	1.96	3.18	2.62	1.30	1.43	2.76	2.10	2.00	2.46
2024 .....	1.61	1.87	1.98	3.17	2.63	1.29	1.43	2.72	2.09	1.99	2.46
2025 .....	1.60	1.88	1.98	3.15	2.64	1.29	1.43	2.68	2.09	1.98	2.46
2026 .....	1.59	1.89	1.99	3.13	2.63	1.30	1.42	2.65	2.08	1.97	2.46
2027 .....	1.58	1.89	1.99	3.12	2.61	1.31	1.42	2.62	2.07	1.96	2.46
2028 .....	1.58	1.89	1.99	3.11	2.59	1.32	1.41	2.60	2.07	1.96	2.45
2029 .....	1.58	1.89	1.99	3.10	2.57	1.33	1.41	2.58	2.06	1.95	2.45
2030 .....	1.58	1.89	1.99	3.09	2.54	1.34	1.41	2.56	2.06	1.96	2.45
2031 .....	1.58	1.89	1.99	3.08	2.52	1.35	1.41	2.54	2.05	1.96	2.45
2032 .....	1.58	1.88	1.99	3.07	2.50	1.36	1.41	2.52	2.04	1.96	2.44
2033 .....	1.58	1.88	1.98	3.06	2.48	1.36	1.40	2.51	2.03	1.96	2.44
2034 .....	1.58	1.88	1.98	3.05	2.47	1.36	1.39	2.50	2.03	1.96	2.43
2035 .....	1.58	1.87	1.98	3.04	2.46	1.35	1.38	2.48	2.02	1.95	2.43
2036 .....	1.58	1.87	1.98	3.04	2.45	1.35	1.37	2.47	2.02	1.95	2.43
2037 .....	1.57	1.86	1.98	3.03	2.44	1.34	1.36	2.46	2.01	1.95	2.42

<sup>a</sup> Blind or disabled recipients as a percentage of the total Social Security Area population.

<sup>b</sup> Aged recipients as a percentage of the 65 or older Social Security Area population.

<sup>c</sup> Total recipients as a percentage of the total Social Security Area population. Totals do not equal sums of components due to overlapping populations.

The various subcategories of Federal SSI recipients follow significantly different growth patterns in relation to their respective population totals. The overall aged prevalence rate has declined steadily throughout the historical period. We project that it will continue to decline through 2027, and then remain fairly level thereafter through the rest of the projection period, as the portion of the aged population over 74 increases. In contrast, except for decreases in the late 1990s due to the eligibility redeterminations and continuing disability reviews mandated by Public Law 104-193, the prevalence rate for blind or disabled children increased steadily throughout the historical period, with the increase being quite steep in the early 1990s. The total blind or disabled prevalence rate (as a percentage of the total population at all ages) remained fairly level until the early 1980s, when it started increasing and then continued to increase through 1996. The blind or disabled prevalence rate declined slightly in the late 1990s due to the effects of welfare reform legislation, but resumed its upward trend in 2000. That upward trend has continued through 2012, and we estimate it will continue through 2015, reaching 2.2 percent of the total population. In the later years of the projection period, the estimated overall prevalence rate for blind or disabled recipients will gradually decline due to: (1) the SSI-eligible population growing more slowly than the overall population, (2) a smaller proportion of the population becoming new recipients than during the recent economic slowdown; (3) the changing age distribution in the population; and (4) our assumption that SSA will receive the resources necessary to process normal CDR and nonmedical redetermination workloads.

**Figure IV.B5.—Federal SSI Prevalence Rates, by Age Group, as of December, 1975-2040**

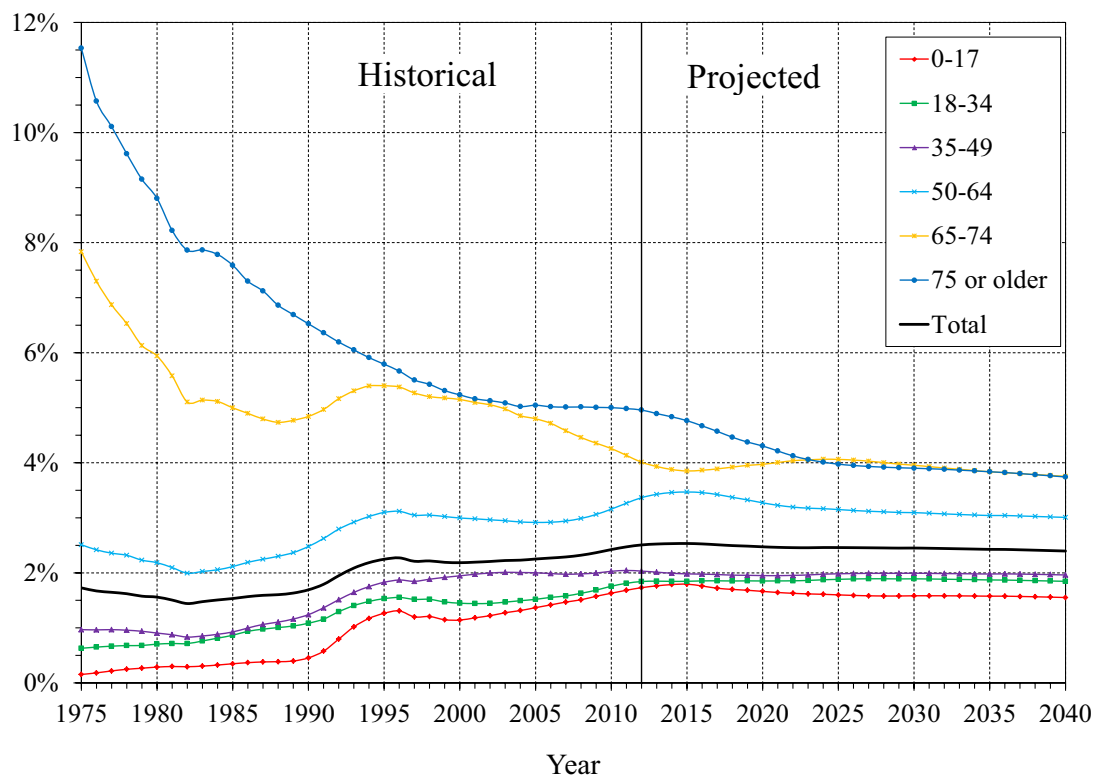


Figure IV.B6 presents prevalence rates on an age-sex-adjusted basis, adjusted to the age-sex distribution of the Social Security area population for the year 2004. Adjusting these rates in this manner is useful when comparing rates over a long period of time because the age-sex-adjusted rates control for the effects that a changing age-sex distribution in the population can have on prevalence rates over time. We do not, however, account for the change over time of other factors that may affect the percentage of the Social Security area population that is SSI-eligible.

A review of the chart below shows that the age-sex adjustment does not change the overall pattern of the prevalence rates. The overall SSI prevalence rate on an age-sex adjusted basis is higher in the early years and lower in the projection period than the gross prevalence rate. The adjustment generally results in a more noticeable effect for the aged, especially in the early years of the SSI program, due in part to the aged prevalence rate being quite high in those early years.

Figure IV.B6.—Age-Sex-Adjusted Federal SSI Prevalence Rates, by Eligibility Category, as of December, 1975-2040

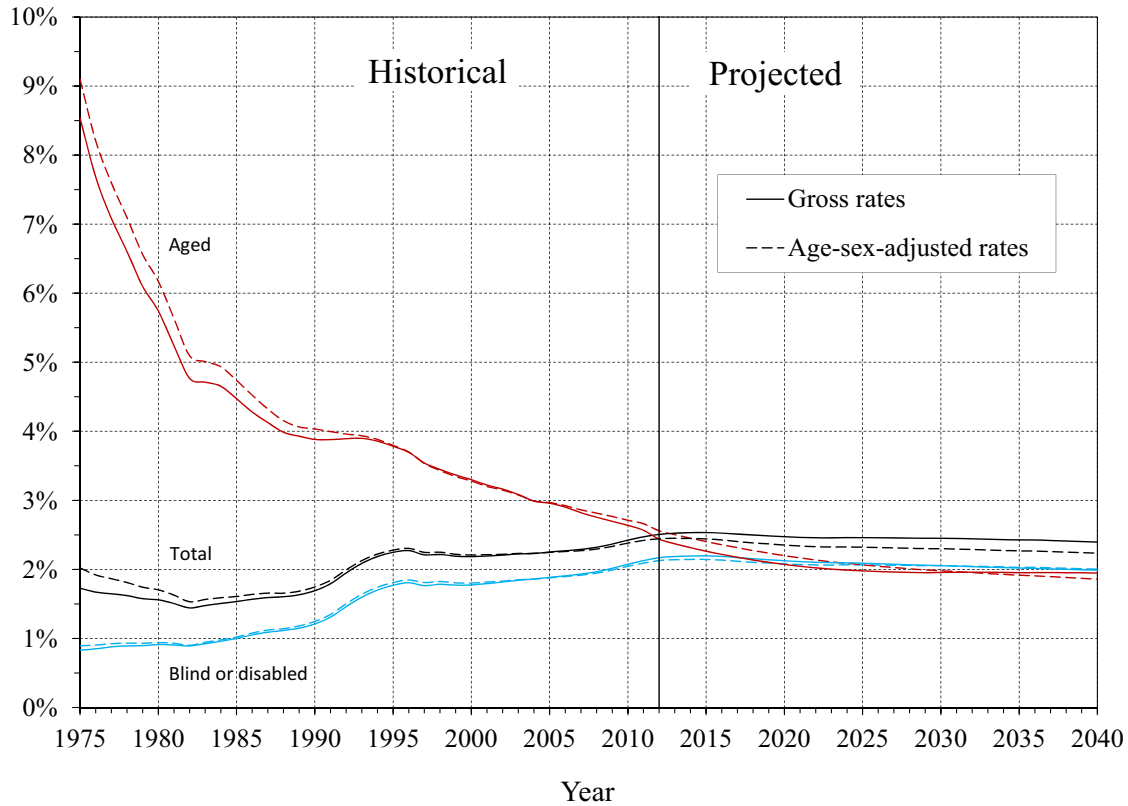


Table IV.B8 presents historical and projected numbers of individuals who receive only a Federally-administered State supplement.

Table IV.B8.—SSI Recipients with Federally-Administered State Supplementation Benefits Only, in Current-Payment Status as of December, 1974-2037  
[In thousands]

Year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1974 .....	1	12	20	57	13	1	138	120	104	257	361
1975 .....	1	15	25	74	21	2	144	138	139	282	421
1976 .....	1	14	27	87	26	2	134	146	156	280	437
1977 .....	1	16	27	94	35	2	136	150	174	286	460
1978 .....	1	16	26	93	41	2	127	155	180	282	462
1979 .....	1	18	25	89	49	2	121	157	184	278	462
1980 .....	2	20	26	82	52	2	112	162	185	274	460
1981 .....	1	19	26	75	58	2	94	155	181	248	429
1982 .....	1	18	23	68	53	2	82	137	165	219	384
1983 .....	1	17	19	50	44	4	65	111	136	176	312
1984 .....	1	18	23	50	47	7	68	116	147	184	331
1985 .....	1	21	28	53	45	8	67	115	157	182	339
1986 .....	1	23	31	55	45	11	66	116	166	182	348
1987 .....	1	26	36	60	43	12	72	115	178	187	366
1988 .....	1	26	42	59	44	14	74	114	187	188	375
1989 .....	2	28	45	60	45	16	76	115	195	192	387
1990 .....	2	31	54	60	44	17	82	116	208	197	405
1991 .....	2	29	54	59	42	17	78	108	203	186	389

**Table IV.B8.—SSI Recipients with Federally-Administered State Supplementation Benefits Only, in Current-Payment Status as of December, 1974-2037 (Cont.)**  
[In thousands]

Year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data: (Cont.)											
1992 .....	2	29	55	59	37	16	70	97	197	167	364
1993 .....	2	29	58	59	34	15	64	88	197	151	348
1994 .....	2	28	59	56	32	14	59	81	192	139	331
1995 .....	3	25	59	56	32	14	54	77	188	131	320
1996 .....	2	21	54	53	29	13	49	68	172	116	288
1997 .....	2	20	55	53	29	13	46	65	172	111	283
1998 .....	2	18	54	55	28	13	43	63	171	106	277
1999 .....	2	18	57	58	28	13	43	62	177	105	282
2000 .....	2	17	57	60	29	13	42	61	179	103	282
2001 .....	2	17	56	62	29	12	41	59	179	100	278
2002 .....	3	17	57	64	30	12	42	58	183	100	283
2003 .....	3	18	58	67	30	12	42	58	188	100	288
2004 .....	3	18	58	70	31	12	43	58	193	100	293
2005 .....	3	18	56	73	31	12	44	58	193	102	295
2006 .....	3	18	55	76	32	12	45	58	194	103	297
2007 .....	2	18	53	77	32	12	46	57	195	103	298
2008 .....	3	18	52	80	34	12	46	57	198	103	301
2009 .....	2	16	43	69	29	11	38	48	168	85	254
2010 .....	2	16	42	71	29	11	37	48	171	85	257
2011 .....	2	16	39	70	29	11	35	45	166	81	246
2012 .....	1	14	34	64	28	11	31	40	152	71	223
Projected:											
2013 .....	1	14	32	65	29	11	34	41	153	74	227
2014 .....	1	15	32	67	31	11	37	42	156	79	235
2015 .....	1	15	32	68	32	11	39	43	160	83	243
2016 .....	1	16	33	69	34	12	41	45	164	86	250
2017 .....	1	16	33	70	36	12	43	46	168	90	258
2018 .....	2	17	34	71	38	12	46	48	174	94	267
2019 .....	2	17	36	72	40	13	48	50	180	98	278
2020 .....	2	18	37	73	42	13	50	52	185	102	287
2021 .....	2	18	37	73	44	14	52	54	188	106	294
2022 .....	2	18	38	72	46	14	53	56	191	109	300
2023 .....	2	18	38	71	48	15	54	59	193	112	305
2024 .....	2	18	39	70	49	16	55	61	195	116	310
2025 .....	2	18	40	69	51	16	56	63	196	119	315
2026 .....	2	18	41	68	51	17	57	65	197	122	319
2027 .....	2	18	41	68	52	18	57	67	198	124	323
2028 .....	2	18	42	67	52	19	58	69	199	127	326
2029 .....	2	18	42	66	52	20	58	72	200	129	329
2030 .....	2	18	42	66	51	21	58	74	201	132	333
2031 .....	2	18	42	66	50	22	58	76	201	134	335
2032 .....	2	19	42	67	50	23	57	78	202	135	337
2033 .....	2	19	43	67	49	24	56	80	202	137	339
2034 .....	2	19	43	67	48	25	55	82	203	138	341
2035 .....	2	19	43	66	48	25	55	84	203	139	342
2036 .....	2	19	43	67	48	26	54	86	203	140	344
2037 .....	2	19	43	67	47	26	53	88	204	141	345

Note: Totals do not necessarily equal the sums of rounded components. We estimate the historical split among age groups on a calendar year of age basis.

Table IV.B9 displays the combined numbers of persons receiving either a Federal SSI payment or a Federally-administered State supplement.

Certain noteworthy patterns appear in the numbers of SSI recipients in the recent past and projections of such numbers for the near future. The total number of SSI recipients increased rapidly in the early 1990s due to the growth in the numbers of disabled adults and children. The growth in the numbers of children receiving SSI resulted in large part from the Supreme Court decision in the case of *Sullivan v. Zebley*, 110 S. Ct. 885 (1990), which greatly expanded the criteria used for determining disability for children. The growth in the numbers of disabled adults is a more complicated phenomenon. Extensive research conducted under contract to SSA and the Department of Health and Human Services suggests that this growth was the result of a combination of factors including: (1) demographic trends; (2) a downturn in the economy in the late 1980s and early 1990s; (3) long-term structural changes in the economy; and (4) changes in other support programs (in particular, the reduction or elimination of general assistance programs in certain States). The 1996 welfare reform legislation, the economic downturn in the early 2000s,

and the recent economic recession that began late in 2007 have contributed to the more recent changes in program participation.

**Table IV.B9.—SSI Recipients with Federally-Administered Benefits in Current-Payment Status as of December, 1974-2037**  
[In thousands]

Year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
<b>Historical data:</b>											
1974 .....	71	349	341	813	122	14	1,148	1,138	1,710	2,286	3,996
1975 .....	107	410	378	911	185	16	1,107	1,200	2,007	2,307	4,314
1976 .....	125	434	379	900	234	15	999	1,149	2,088	2,148	4,236
1977 .....	147	458	385	893	284	18	921	1,130	2,187	2,051	4,238
1978 .....	166	476	387	884	319	17	855	1,113	2,249	1,968	4,217
1979 .....	177	490	384	852	357	17	777	1,095	2,278	1,872	4,150
1980 .....	190	521	377	833	393	20	721	1,086	2,334	1,808	4,142
1981 .....	195	533	375	795	424	19	635	1,043	2,341	1,678	4,019
1982 .....	192	535	369	751	439	23	541	1,008	2,309	1,549	3,858
1983 .....	198	572	386	742	456	32	514	1,001	2,386	1,515	3,901
1984 .....	212	613	417	751	453	54	531	999	2,499	1,530	4,029
1985 .....	227	655	454	769	447	80	530	975	2,634	1,504	4,138
1986 .....	241	711	506	794	442	102	531	942	2,796	1,473	4,269
1987 .....	251	743	560	816	436	124	536	920	2,930	1,455	4,385
1988 .....	255	764	606	833	431	142	543	891	3,030	1,433	4,464
1989 .....	265	785	658	859	427	160	564	875	3,154	1,439	4,593
1990 .....	309	819	731	900	432	172	589	865	3,363	1,454	4,817
1991 .....	397	863	823	956	432	183	620	845	3,654	1,465	5,118
1992 .....	556	949	932	1,029	440	189	647	824	4,095	1,471	5,566
1993 .....	723	1,019	1,036	1,093	445	194	667	808	4,509	1,475	5,984
1994 .....	841	1,060	1,130	1,146	457	196	669	797	4,830	1,466	6,296
1995 .....	917	1,083	1,209	1,190	467	202	656	790	5,068	1,446	6,514
1996 .....	955	1,087	1,252	1,229	472	205	634	778	5,201	1,413	6,614
1997 .....	880	1,059	1,251	1,252	486	205	593	770	5,133	1,362	6,495
1998 .....	887	1,056	1,292	1,298	492	209	564	768	5,234	1,332	6,566
1999 .....	847	1,024	1,331	1,336	503	208	543	765	5,249	1,308	6,557
2000 .....	847	1,011	1,360	1,373	513	209	525	764	5,312	1,289	6,602
2001 .....	882	1,012	1,385	1,415	522	209	502	762	5,424	1,264	6,688
2002 .....	915	1,019	1,401	1,458	532	212	489	763	5,536	1,252	6,788
2003 .....	959	1,040	1,410	1,503	541	216	471	761	5,670	1,233	6,902
2004 .....	993	1,062	1,408	1,546	546	221	455	756	5,777	1,211	6,988
2005 .....	1,036	1,083	1,404	1,596	553	228	452	763	5,900	1,214	7,114
2006 .....	1,079	1,113	1,388	1,651	560	232	450	762	6,024	1,212	7,236
2007 .....	1,121	1,142	1,369	1,711	572	240	443	761	6,155	1,205	7,360
2008 .....	1,154	1,191	1,358	1,784	584	246	442	761	6,317	1,203	7,521
2009 .....	1,200	1,244	1,345	1,862	588	252	434	752	6,491	1,186	7,677
2010 .....	1,239	1,311	1,350	1,971	595	262	432	752	6,728	1,184	7,912
2011 .....	1,277	1,361	1,344	2,072	606	271	434	748	6,931	1,182	8,113
2012 .....	1,312	1,395	1,321	2,154	637	289	422	734	7,107	1,156	8,263
<b>Projected:</b>											
2013 .....	1,339	1,410	1,300	2,221	654	297	435	731	7,220	1,165	8,385
2014 .....	1,360	1,415	1,284	2,269	675	304	447	731	7,307	1,178	8,485
2015 .....	1,371	1,424	1,279	2,294	701	310	461	731	7,379	1,192	8,571
2016 .....	1,351	1,437	1,283	2,297	735	315	477	731	7,418	1,208	8,626
2017 .....	1,326	1,447	1,286	2,279	771	321	491	736	7,431	1,227	8,658
2018 .....	1,318	1,455	1,286	2,250	810	327	506	741	7,447	1,247	8,693
2019 .....	1,315	1,466	1,290	2,223	851	333	525	747	7,478	1,272	8,750
2020 .....	1,309	1,472	1,291	2,192	892	339	543	754	7,494	1,296	8,791
2021 .....	1,303	1,480	1,297	2,159	931	347	555	768	7,516	1,323	8,840
2022 .....	1,300	1,487	1,312	2,124	965	358	562	790	7,546	1,352	8,897
2023 .....	1,300	1,497	1,333	2,092	995	369	571	810	7,586	1,381	8,967
2024 .....	1,301	1,509	1,361	2,067	1,021	382	583	832	7,641	1,415	9,056
2025 .....	1,299	1,518	1,386	2,036	1,043	396	593	854	7,680	1,447	9,126
2026 .....	1,299	1,524	1,409	2,008	1,058	414	601	877	7,713	1,479	9,191
2027 .....	1,302	1,528	1,428	1,985	1,067	434	608	901	7,743	1,510	9,252
2028 .....	1,310	1,527	1,442	1,967	1,069	455	613	927	7,770	1,540	9,311
2029 .....	1,322	1,524	1,451	1,955	1,066	477	616	954	7,796	1,570	9,366
2030 .....	1,336	1,527	1,460	1,957	1,057	498	618	983	7,834	1,600	9,434
2031 .....	1,347	1,526	1,464	1,959	1,042	519	614	1,011	7,856	1,625	9,481
2032 .....	1,355	1,527	1,467	1,962	1,025	539	607	1,039	7,876	1,646	9,522
2033 .....	1,361	1,527	1,472	1,965	1,011	557	600	1,066	7,894	1,666	9,560
2034 .....	1,365	1,528	1,478	1,964	1,001	573	592	1,093	7,911	1,684	9,595
2035 .....	1,367	1,530	1,483	1,964	993	588	584	1,118	7,927	1,702	9,629
2036 .....	1,371	1,537	1,491	1,974	983	601	577	1,142	7,956	1,719	9,676
2037 .....	1,369	1,542	1,492	1,986	968	612	568	1,163	7,969	1,730	9,699

Note: Totals do not necessarily equal the sums of rounded components. We estimate the historical split among age groups on a calendar year of age basis.

### C. FEDERAL PAYMENTS UNDER SSI

To estimate future amounts of Federal expenditures under SSI, we first modify the projected Federal benefit rates (table IV.A2) to reflect actual payment levels, taking into account historical and projected levels of adjustments for other actual or deemed income. We combine these actual payment levels with the projected numbers of persons receiving Federal SSI payments to generate estimates of the amounts of Federal SSI payments. Table IV.C1 shows historical amounts of such payments by calendar year. We compute these payment amounts on a cash-flow basis, which is consistent with the concepts used to define SSI obligations for the Federal Budget. As a result, for months after January 1978, when SSI payments are due on the first of the month and the first of the month falls on a weekend or Federal holiday, we tabulate these payments in the previous month.<sup>1</sup>

**Table IV.C1.—SSI Federal Payments in Current Dollars,<sup>a</sup> Calendar Years 1974-2013**  
[In millions]

Calendar year	Blind or disabled, by age group						Aged, by age group			Totals	
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
1974.....	\$40	\$438	\$452	\$968	\$135	\$17	\$825	\$958	\$2,050	\$1,783	\$3,833
1975.....	128	537	499	1,099	190	17	812	1,031	2,471	1,843	4,314
1976.....	176	605	541	1,147	241	17	762	1,023	2,727	1,785	4,512
1977.....	227	671	579	1,174	298	17	721	1,016	2,966	1,737	4,703
1978 <sup>b</sup> .....	302	781	655	1,312	381	18	736	1,111	3,449	1,847	5,296
1979.....	340	809	650	1,296	429	21	667	1,093	3,546	1,760	5,306
1980.....	397	931	731	1,420	544	28	642	1,230	4,051	1,872	5,923
1981.....	458	1,079	821	1,542	654	32	643	1,320	4,586	1,963	6,549
1982.....	512	1,211	883	1,590	704	38	630	1,364	4,937	1,994	6,931
1983.....	574	1,372	985	1,704	774	58	624	1,440	5,466	2,064	7,530
1984.....	659	1,576	1,128	1,835	836	102	670	1,512	6,136	2,182	8,318
1985.....	736	1,709	1,250	1,924	833	160	699	1,499	6,611	2,198	8,809
1986.....	831	1,929	1,452	2,043	848	209	731	1,479	7,312	2,210	9,522
1987.....	900	2,081	1,618	2,157	846	259	765	1,444	7,860	2,210	10,069
1988.....	955	2,228	1,818	2,303	874	304	814	1,449	8,481	2,263	10,744
1989.....	1,025	2,431	2,048	2,481	936	366	881	1,479	9,286	2,361	11,647
1990.....	1,201	2,660	2,395	2,792	969	407	987	1,532	10,423	2,519	12,943
1991.....	1,678	3,129	2,966	3,305	1,060	463	1,169	1,637	12,601	2,806	15,407
1992.....	3,154	3,900	3,577	3,790	1,124	487	1,303	1,690	16,033	2,993	19,026
1993.....	3,909	4,465	4,164	4,188	1,208	513	1,471	1,759	18,447	3,230	21,677
1994.....	4,167	4,504	4,666	4,533	1,274	538	1,566	1,814	19,682	3,380	23,063
1995.....	4,657	4,777	5,155	4,896	1,357	565	1,599	1,900	21,407	3,499	24,906
1996.....	4,947	5,004	5,614	5,298	1,427	590	1,643	1,977	22,880	3,621	26,501
1997.....	4,920	5,031	5,564	5,410	1,505	614	1,586	2,046	23,044	3,632	26,676
1998.....	4,965	5,150	5,901	5,777	1,588	635	1,542	2,136	24,017	3,678	27,695
1999.....	4,835	5,132	6,185	6,037	1,660	654	1,503	2,206	24,503	3,709	28,212
2000.....	4,789	5,121	6,404	6,293	1,717	675	1,470	2,309	24,999	3,779	28,778
2001.....	5,104	5,354	6,817	6,783	1,838	713	1,470	2,454	26,608	3,924	30,532
2002.....	5,353	5,484	7,048	7,131	1,909	738	1,433	2,520	27,663	3,953	31,616
2003.....	5,686	5,715	7,243	7,532	1,984	771	1,408	2,601	28,932	4,009	32,941
2004.....	6,036	5,954	7,384	7,943	2,054	809	1,366	2,657	30,179	4,023	34,202
2005.....	6,488	6,291	7,624	8,437	2,148	871	1,358	2,778	31,859	4,136	35,995
2006.....	6,948	6,656	7,760	8,943	2,235	924	1,413	2,895	33,467	4,308	37,775
2007.....	7,346	7,067	7,871	9,539	2,333	981	1,406	2,970	35,137	4,376	39,514
2008 <sup>c</sup> .....	7,831	7,623	8,172	10,387	2,459	1,051	1,438	3,078	37,523	4,516	42,040
2009 <sup>c</sup> .....	8,635	8,493	8,618	11,556	2,644	1,153	1,528	3,277	41,099	4,805	45,904
2010.....	9,020	9,013	8,735	12,283	2,689	1,213	1,521	3,294	42,953	4,815	47,767
2011.....	9,312	9,379	8,658	12,871	2,739	1,267	1,520	3,292	44,226	4,811	49,038
2012.....	9,877	9,921	8,756	13,834	2,980	1,417	1,534	3,384	46,785	4,918	51,703
2013 <sup>d</sup> .....	10,307	10,273	8,771	14,603	3,140	1,503	1,580	3,427	48,597	5,007	53,605

<sup>a</sup> Total historical payments for 1974-77 agree with those presented in the *Annual Statistical Supplement to the Social Security Bulletin*. Total historical payments for 1978-83 are estimated.

<sup>b</sup> Includes 13 months of payments since payments due on January 1, 1978 and January 1, 1979 were both paid in calendar year 1978.

<sup>c</sup> Payments for 2008 include \$1.4 billion for SSI checks mailed in late December 2008, but reported by the Department of the Treasury in January 2009.

<sup>d</sup> Partially estimated.

Note: Totals do not necessarily equal the sums of rounded components. We estimate the historical split among age groups on a calendar year of age basis.

Since we use this cash-flow concept, payments in table IV.C1 differ from similar amounts in other Social Security Administration publications, such as the *Annual Statistical Supplement to the Social Security Bulletin*, in two main ways. First, tabulations of payments in the *Annual Statistical Supplement* group payments by the month the payment is due, while table IV.C1 groups payments by the month in which we

<sup>1</sup> Public Law 95-216, the Social Security Amendments of 1977, enacted December 20, 1977, requires that SSI payments, which are normally due on the first of the month, be delivered early when the normal delivery date falls on a Saturday, Sunday, or Federal holiday.

actually make the payments. In particular, since January 1 of each year is a Federal holiday, SSI payments due on January 1 of years 1979 and later are actually paid in December of the previous year. For example, the calendar year 2012 payment amounts shown in table IV.C1 reflect payments made in January-December 2012, and include the payments due on January 1, 2013 (which were actually paid in December 2012), but not the payments due on January 1, 2012 (which were actually paid in December 2011). Second, beginning in 1991, SSA remitted overpayment recoveries directly to the Department of the Treasury and did not use them to reduce SSI obligations as accounted for in the Federal Budget. Tabulations in the *Annual Statistical Supplement* continue to report payment amounts that are reduced by such overpayment recoveries.

Table IV.C2 presents corresponding amounts of SSI outlays on a fiscal year basis for fiscal years<sup>1</sup> 1978-2013. We omit fiscal years prior to 1978 because SSI payment amounts are not readily available on a fiscal year basis for these years. As with the calendar year figures, we show these fiscal year amounts on a cash-flow basis. Consequently, fiscal year totals may contain 11, 12, or 13 months of payments.<sup>2</sup>

**Table IV.C2.—SSI Federal Payments in Current Dollars, Fiscal Years 1978-2013**  
[In millions]

Fiscal year	Blind or disabled, by age group						Aged, by age group			Totals	
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
1978.....	\$206	\$740	\$668	\$1,438	\$312	\$22	\$772	\$1,076	\$3,386	\$1,848	\$5,234
1979 <sup>a</sup> .....	226	711	620	1,265	331	20	656	954	3,172	1,610	4,782
1980.....	372	877	698	1,360	506	26	629	1,184	3,840	1,813	5,653
1981.....	442	1,039	797	1,508	625	31	647	1,307	4,442	1,954	6,396
1982.....	499	1,181	861	1,570	693	36	640	1,356	4,840	1,996	6,836
1983.....	596	1,416	1,024	1,783	806	56	660	1,510	5,680	2,170	7,850
1984 <sup>a</sup> .....	588	1,411	1,005	1,665	760	85	613	1,391	5,514	2,004	7,517
1985.....	713	1,662	1,215	1,895	828	145	691	1,502	6,459	2,193	8,652
1986.....	800	1,864	1,386	1,995	840	196	723	1,487	7,080	2,209	9,290
1987.....	880	2,030	1,565	2,119	845	242	755	1,448	7,681	2,203	9,884
1988.....	1,009	2,356	1,898	2,425	932	316	860	1,559	8,935	2,419	11,354
1989 <sup>a</sup> .....	1,012	2,378	1,997	2,452	910	345	862	1,473	9,094	2,335	11,430
1990 <sup>a</sup> .....	1,039	2,378	2,115	2,479	876	362	879	1,394	9,247	2,273	11,521
1991.....	1,519	2,975	2,772	3,141	1,032	447	1,120	1,608	11,886	2,728	14,614
1992.....	2,684	3,621	3,398	3,653	1,099	476	1,269	1,680	14,932	2,949	17,881
1993.....	3,817	4,377	3,977	4,033	1,175	502	1,420	1,730	17,880	3,150	21,029
1994.....	4,328	4,771	4,866	4,756	1,344	569	1,659	1,930	20,635	3,588	24,223
1995 <sup>a</sup> .....	4,554	4,719	5,031	4,822	1,341	560	1,596	1,884	21,027	3,480	24,507
1996 <sup>a</sup> .....	4,543	4,595	5,123	4,830	1,305	540	1,510	1,808	20,936	3,317	24,254
1997.....	4,933	5,004	5,529	5,340	1,478	606	1,602	2,027	22,890	3,629	26,519
1998.....	4,915	5,114	5,816	5,688	1,567	630	1,548	2,110	23,729	3,658	27,387
1999.....	4,901	5,152	6,123	5,975	1,638	648	1,506	2,180	24,438	3,685	28,123
2000.....	5,152	5,500	6,827	6,692	1,822	718	1,599	2,453	26,710	4,052	30,763
2001 <sup>a</sup> .....	4,597	4,869	6,170	6,125	1,670	652	1,352	2,236	24,083	3,588	27,671
2002.....	5,290	5,456	6,998	7,041	1,889	731	1,444	2,500	27,405	3,944	31,349
2003.....	5,558	5,623	7,170	7,390	1,957	759	1,417	2,572	28,456	3,989	32,445
2004.....	5,910	5,868	7,327	7,797	2,031	796	1,380	2,638	29,729	4,018	33,748
2005.....	6,856	6,669	8,150	8,928	2,282	916	1,463	2,945	33,800	4,409	38,208
2006 <sup>a</sup> .....	6,832	6,560	7,739	8,813	2,207	908	1,404	2,863	33,060	4,267	37,327
2007 <sup>a</sup> .....	6,659	6,427	7,207	8,630	2,135	895	1,297	2,731	31,952	4,028	35,981
2008.....	7,651	7,411	8,063	10,106	2,416	1,027	1,419	3,035	36,673	4,454	41,127
2009.....	8,389	8,241	8,493	11,208	2,598	1,126	1,505	3,233	40,056	4,737	44,793
2010.....	8,899	8,846	8,710	12,057	2,674	1,194	1,524	3,289	42,379	4,813	47,192
2011.....	9,938	9,981	9,355	13,650	2,921	1,341	1,636	3,532	47,186	5,168	52,354
2012 <sup>a</sup> .....	8,986	9,042	8,075	12,549	2,699	1,276	1,409	3,111	42,627	4,521	47,147
2013 <sup>b</sup> .....	10,139	10,157	8,740	14,339	3,086	1,478	1,562	3,410	47,940	4,971	52,911

<sup>a</sup> Payment due on October 1 of fiscal year paid in previous fiscal year.

<sup>b</sup> Partially estimated.

Note: Totals do not necessarily equal the sums of rounded components. We estimate the historical split among age groups on a calendar year of age basis.

<sup>1</sup> Fiscal years 1977 and later cover the 12-month period ending September 30. For example, fiscal year 2012 payments include payments made from October 1, 2011 through September 30, 2012.

<sup>2</sup> Public Law 95-216, the Social Security Amendments of 1977, enacted December 20, 1977, requires that SSI payments, which are normally due on the first of the month, be delivered early when the normal delivery date falls on a Saturday, Sunday, or Federal holiday. As such, fiscal year 1978 contained 13 months of payments. Generally, for fiscal years 1979 and later, if October 1 of:

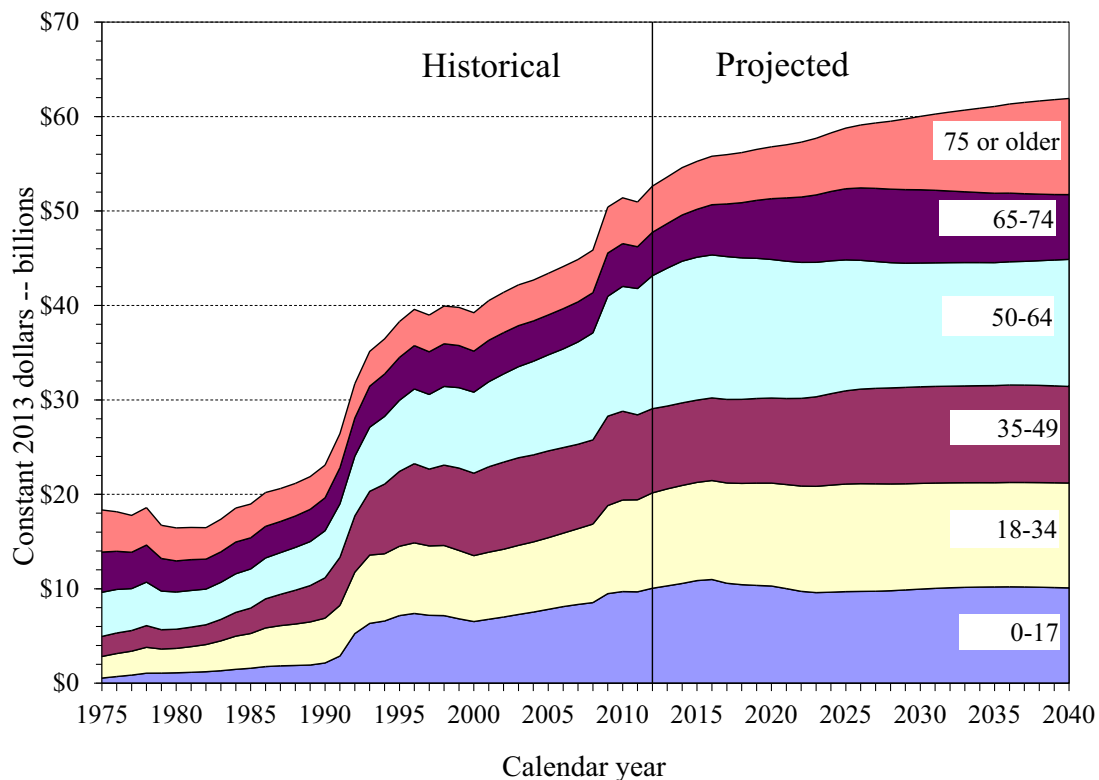
- the current, but not the succeeding, fiscal year falls on a weekend, there are 11 months of payments;
- both the current and succeeding fiscal years falls on a weekday, there are 12 months of payments (i.e., all payments are made in the fiscal years in which they are due);
- both the current and succeeding fiscal years falls on a weekend, there are 12 months of payments (i.e., both payments are made in the preceding fiscal year, respectively); and
- the succeeding, but not current, fiscal year falls on a weekend, there are 13 months of payments.



The declining value of the dollar due to inflation can make it difficult to make meaningful comparisons of dollar amounts over longer periods of time. For this reason, it is desirable to have some means of removing inflation from the 25-year projections of SSI expenditures. The CPI, which we discuss in section IV.A, is an appropriate means of standardizing projected SSI costs over time. Table IV.C3 presents CPI-indexed dollar values of Federal SSI payments (those adjusted by the CPI) for both the historical period, calendar years 1974-2012, and the full 25-year projection period, 2013-37. We present this same information as a graph in figure IV.C1. We base the projections of the CPI used for this standardization on the intermediate economic assumptions of the 2013 OASDI Trustees Report.

The future growth in the “CPI-indexed dollar” estimates is primarily attributable to the underlying growth in the U.S. population (table IV.A1). A notable aspect of this time series of constant dollar estimates is the rather sharp level increase from 2008 to 2009 in these amounts. This level shift is the result of the combination of the spike in the CPI for the third quarter of calendar year 2008, which caused the large 5.8 percent benefit rate increase for 2009 and the subsequent drop in the CPI for 2009.

**Figure IV.C1.—SSI Federal Payments, by Age Group, in CPI-Indexed 2013 Dollars, Calendar Years 1975-2040**  
[In billions]



**Table IV.C3.—SSI Federal Payments in CPI-Indexed 2013 Dollars, Calendar Years 1974-2037**  
 [Payment amounts in millions]

Calendar year	Adjusted <sup>a</sup> CPI	Blind or disabled, by age group					Aged, by age group			Totals		
		0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:												
1974.....	21.54	\$187	\$2,031	\$2,097	\$4,496	\$628	\$80	\$3,830	\$4,447	\$9,519	\$8,277	\$17,796
1975.....	23.51	546	2,284	2,122	4,673	808	74	3,455	4,384	10,508	7,839	18,346
1976.....	24.85	707	2,436	2,177	4,615	970	68	3,065	4,117	10,972	7,182	18,154
1977.....	26.47	859	2,534	2,187	4,437	1,124	66	2,725	3,837	11,207	6,562	17,769
1978 <sup>b</sup> .....	28.48	1,061	2,741	2,298	4,606	1,339	64	2,583	3,901	12,110	6,485	18,594
1979.....	31.74	1,071	2,551	2,049	4,084	1,353	66	2,101	3,445	11,174	5,546	16,720
1980.....	36.02	1,103	2,585	2,030	3,942	1,511	77	1,782	3,415	11,248	5,197	16,445
1981.....	39.71	1,154	2,717	2,067	3,884	1,648	79	1,619	3,325	11,549	4,944	16,493
1982.....	42.09	1,218	2,877	2,098	3,777	1,673	90	1,496	3,241	11,731	4,737	16,469
1983.....	43.36	1,323	3,164	2,272	3,929	1,784	133	1,439	3,320	12,605	4,759	17,364
1984.....	44.85	1,470	3,514	2,515	4,091	1,864	227	1,494	3,371	13,682	4,866	18,547
1985.....	46.44	1,584	3,679	2,691	4,144	1,794	344	1,505	3,227	14,237	4,733	18,970
1986.....	47.16	1,763	4,091	3,080	4,332	1,798	443	1,550	3,136	15,506	4,685	20,192
1987.....	48.85	1,841	4,259	3,312	4,414	1,732	530	1,567	2,956	16,088	4,523	20,611
1988.....	50.80	1,880	4,386	3,579	4,533	1,721	598	1,603	2,852	16,697	4,455	21,152
1989.....	53.24	1,926	4,565	3,846	4,659	1,759	687	1,655	2,779	17,441	4,434	21,875
1990.....	56.05	2,142	4,746	4,274	4,982	1,728	725	1,762	2,733	18,598	4,495	23,093
1991.....	58.31	2,878	5,366	5,087	5,668	1,819	793	2,005	2,808	21,611	4,813	26,424
1992.....	60.01	5,256	6,500	5,961	6,317	1,873	812	2,171	2,817	26,719	4,988	31,707
1993.....	61.70	6,336	7,236	6,749	6,788	1,958	832	2,384	2,850	29,898	5,235	35,133
1994.....	63.26	6,587	7,120	7,376	7,167	2,014	851	2,476	2,867	31,115	5,343	36,459
1995.....	65.04	7,160	7,344	7,926	7,527	2,086	869	2,458	2,921	32,911	5,380	38,291
1996.....	66.95	7,389	7,475	8,386	7,913	2,132	881	2,455	2,953	34,176	5,408	39,584
1997.....	68.43	7,190	7,351	8,131	7,906	2,199	897	2,317	2,989	33,674	5,307	38,980
1998.....	69.34	7,160	7,427	8,510	8,331	2,290	916	2,224	3,080	34,634	5,304	39,938
1999.....	70.90	6,820	7,238	8,723	8,516	2,342	922	2,120	3,112	34,561	5,232	39,793
2000.....	73.35	6,529	6,981	8,730	8,579	2,340	921	2,004	3,148	34,079	5,152	39,231
2001.....	75.36	6,772	7,104	9,045	9,000	2,438	946	1,951	3,256	35,306	5,207	40,513
2002.....	76.39	7,008	7,179	9,227	9,335	2,499	966	1,876	3,299	36,214	5,175	41,388
2003.....	78.10	7,281	7,318	9,275	9,645	2,541	988	1,803	3,330	37,047	5,133	42,180
2004.....	80.13	7,533	7,430	9,215	9,913	2,563	1,010	1,705	3,316	37,664	5,021	42,685
2005.....	82.95	7,821	7,585	9,192	10,171	2,590	1,050	1,637	3,350	38,409	4,986	43,396
2006.....	85.62	8,113	7,774	9,063	10,445	2,611	1,079	1,650	3,382	39,085	5,031	44,117
2007.....	88.07	8,341	8,024	8,938	10,832	2,649	1,114	1,596	3,373	39,898	4,969	44,867
2008.....	91.67	8,535	8,317	8,914	11,334	2,686	1,148	1,567	3,361	40,934	4,928	45,861
2009.....	91.05	9,484	9,328	9,465	12,693	2,904	1,267	1,678	3,599	45,140	5,277	50,417
2010.....	92.93	9,706	9,698	9,399	13,217	2,893	1,306	1,636	3,545	46,219	5,181	51,400
2011.....	96.24	9,677	9,746	8,997	13,374	2,846	1,316	1,579	3,420	45,956	4,999	50,955
2012.....	98.23	10,056	10,100	8,914	14,083	3,034	1,443	1,561	3,445	47,629	5,006	52,635
Projected:												
2013.....	100.00	10,307	10,273	8,771	14,603	3,140	1,503	1,580	3,427	48,597	5,007	53,605
2014.....	102.21	10,563	10,380	8,745	14,999	3,266	1,558	1,628	3,455	49,512	5,083	54,595
2015.....	104.67	10,868	10,401	8,713	15,131	3,399	1,603	1,675	3,469	50,114	5,144	55,259
2016.....	107.33	10,983	10,480	8,748	15,141	3,581	1,643	1,736	3,488	50,577	5,224	55,801
2017.....	110.23	10,584	10,621	8,847	15,122	3,782	1,693	1,791	3,528	50,649	5,319	55,968
2018.....	113.31	10,435	10,724	8,899	14,984	3,993	1,737	1,848	3,566	50,771	5,414	56,185
2019.....	116.49	10,358	10,832	8,963	14,841	4,218	1,785	1,918	3,608	50,997	5,525	56,522
2020.....	119.75	10,292	10,899	9,007	14,674	4,445	1,831	1,991	3,656	51,150	5,647	56,797
2021.....	123.10	10,019	11,019	9,113	14,541	4,658	1,889	2,039	3,732	51,238	5,771	57,010
2022.....	126.55	9,727	11,150	9,287	14,399	4,853	1,965	2,066	3,842	51,380	5,908	57,288
2023.....	130.09	9,595	11,253	9,480	14,240	5,030	2,045	2,104	3,951	51,643	6,055	57,698
2024.....	133.73	9,638	11,337	9,685	14,065	5,197	2,133	2,150	4,065	52,056	6,214	58,270
2025.....	137.48	9,700	11,392	9,873	13,863	5,339	2,233	2,195	4,186	52,399	6,381	58,780
2026.....	141.33	9,723	11,406	10,015	13,638	5,432	2,346	2,233	4,315	52,560	6,548	59,108
2027.....	145.28	9,739	11,377	10,108	13,433	5,480	2,467	2,264	4,453	52,604	6,718	59,321
2028.....	149.35	9,791	11,310	10,169	13,262	5,495	2,593	2,287	4,596	52,621	6,883	59,504
2029.....	153.53	9,877	11,241	10,208	13,150	5,489	2,728	2,302	4,750	52,694	7,053	59,747
2030.....	157.83	9,964	11,196	10,230	13,105	5,445	2,861	2,312	4,906	52,801	7,217	60,018
2031.....	162.25	10,045	11,151	10,234	13,085	5,374	2,995	2,308	5,070	52,884	7,377	60,261
2032.....	166.79	10,108	11,111	10,235	13,079	5,293	3,127	2,290	5,239	52,953	7,529	60,482
2033.....	171.46	10,152	11,078	10,249	13,064	5,227	3,245	2,266	5,403	53,016	7,669	60,685
2034.....	176.27	10,181	11,053	10,270	13,038	5,178	3,358	2,238	5,565	53,078	7,803	60,881
2035.....	181.20	10,195	11,037	10,286	13,017	5,142	3,464	2,207	5,724	53,141	7,930	61,071
2036.....	186.27	10,208	11,050	10,318	13,050	5,089	3,557	2,180	5,877	53,273	8,058	61,330
2037.....	191.49	10,193	11,063	10,311	13,104	5,016	3,638	2,147	6,025	53,325	8,173	61,497

<sup>a</sup> The "adjusted CPI" is the series of actual and projected CPI values indexed to 2013 (i.e., adjusted so that the value shown for 2013 is 100.00). Projections of the adjusted CPI are based on the intermediate economic assumptions of the 2013 OASDI Trustees Report.

<sup>b</sup> Payment amounts include 13 months of payments since payments due on January 1, 1978 and January 1, 1979 were both paid in calendar year 1978.

Note: Totals do not necessarily equal the sums of rounded components. We estimate the historical split among age groups on a calendar year of age basis.

Although we do not prepare detailed projections of the SSI State supplementation payments that SSA administers, we present historical information on the amounts of such supplements in Table IV.C4 for two broad recipient categories. These amounts are consistent with tabulations in the *Annual Statistical Supplement to the Social Security Bulletin*.

**Table IV.C4.—SSI Federally-Administered State Supplementation Payments  
in Current Dollars, Calendar Years 1974-2012**  
[In millions]

Calendar year	Aged	Blind or disabled	Total
1974	\$631	\$632	\$1,264
1975	674	729	1,403
1976	635	753	1,388
1977	627	804	1,431
1978	636	855	1,491
1979	661	928	1,590
1980	757	1,091	1,848
1981	731	1,108	1,839
1982	694	1,104	1,798
1983	645	1,066	1,711
1984	645	1,148	1,792
1985	694	1,278	1,973
1986	759	1,484	2,243
1987	849	1,714	2,563
1988	873	1,798	2,671
1989	954	2,001	2,955
1990	1,038	2,201	3,239
1991	999	2,232	3,231
1992	1,023	2,412	3,435
1993	934	2,336	3,270
1994	876	2,240	3,116
1995	864	2,253	3,118
1996	833	2,155	2,988
1997	824	2,090	2,913
1998	838	2,165	3,003
1999	921	2,380	3,301
2000	943	2,439	3,381
2001	956	2,505	3,460
2002	1,051	2,768	3,820
2003	1,098	2,906	4,005
2004	1,133	3,045	4,178
2005	1,128	3,050	4,178
2006	1,147	3,006	4,153
2007	1,187	3,133	4,320
2008	1,198	3,187	4,385
2009	1,070	2,894	3,964
2010	924	2,665	3,589
2011	895	2,626	3,521
2012	827	2,478	3,305

Note: Totals do not necessarily equal the sums of rounded components.

Previously, this report included historical information on State-administered State supplementary payments, but complete data for all States are not available. The SSA publication, *State Assistance Programs for SSI Recipients*<sup>1</sup> provides information on selected characteristics of State assistance programs for SSI recipients.

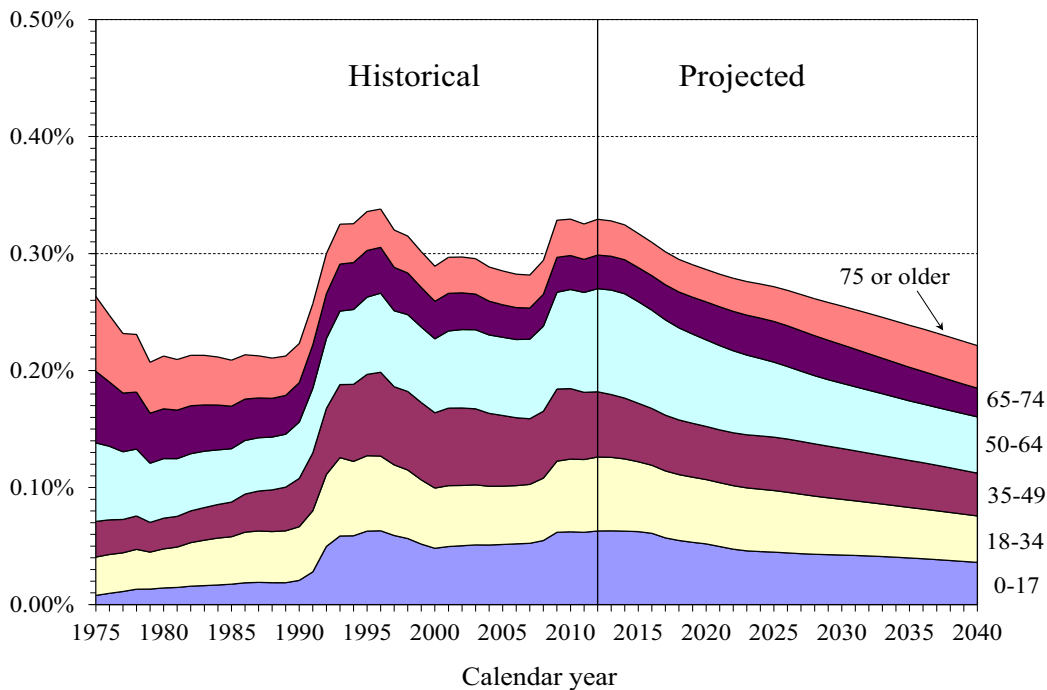
<sup>1</sup> Publication No. 13-11975, prepared by the Office of Research, Evaluation, and Statistics, is available on the internet at [http://www.socialsecurity.gov/policy/docs/progdesc/ssi\\_st\\_asst/](http://www.socialsecurity.gov/policy/docs/progdesc/ssi_st_asst/).

**D. FEDERAL SSI PAYMENTS AS A PERCENTAGE OF GROSS DOMESTIC PRODUCT**

A comparison of estimated annual SSI program costs to the GDP is another relative measure of program costs that produces an inflation-independent measure of the cost of the SSI program. Because GDP represents the total value of goods and services produced in the U.S., displaying Federal SSI payments as a percentage of GDP provides a useful perspective on the proportion of the total output of the U.S. economy needed to provide Federal SSI benefits. As table IV.D1 and figure IV.D1 show, we project the total cost of the SSI program relative to GDP to be relatively constant through 2014 and decline thereafter.

Table IV.D1 and figure IV.D1 present historical and projected Federal expenditures under the SSI program as a percentage of GDP. Although SSI program costs were comparatively higher in the first few years of the program, total Federal SSI payments during the 1980s were relatively constant as a percentage of GDP (0.21 percent). During the early 1990s, SSI grew rather rapidly (to 0.34 percent of GDP in 1996) due to a combination of factors (see section IV.B). Following legislation enacted in 1996<sup>1</sup>, the cost of SSI decreased as a percentage of GDP beginning in 1997 and continuing through 2000. The share of GDP devoted to Federal SSI expenditures increased slightly after 2000, partly because of a slowdown in economic growth over that period, but resumed its very gradual downward trend from 2002 to 2007 due to relatively slower growth in the number of SSI recipients. Beginning in 2008, however, this trend reversed due to an increase in program recipients and a temporary decline in nominal GDP during the economic recession. As the economy recovers, we project the gradual downward trend to resume. This ultimate trend is the net effect of two factors. First, we project that Federal SSI expenditures, after adjusting for growth in prices, will grow roughly in line with the population (see section IV.C). This estimate follows from our projection that the estimated prevalence rate for the SSI recipient population will stay fairly level during the projection period, showing only a slight decline during this period. Second, using the 2013 Trustees Report intermediate assumptions, we project that the effect of the real growth in GDP following the recent economic downturn will be greater than the effect of projected increases in SSI recipients. Accordingly, we project that Federal SSI payments will decline as a percentage of GDP throughout the projection period, until it reaches 0.23 percent of GDP by 2037.

**Figure IV.D1.—SSI Federal Payments, by Age Group, as a Percentage of GDP, Calendar Years 1975-2040**



<sup>1</sup> Public Law 104-121 and Public Law 104-193.

Table IV.D1.—SSI Federal Payments as a Percentage of GDP, Calendar Years 1974-2037

Calendar year	GDP <sup>a</sup> (In billions)	Blind or disabled, by age group					Aged, by age group			Totals		
		0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:												
1974 .....	\$1,499	0.003	0.029	0.030	0.065	0.009	0.001	0.055	0.064	0.137	0.119	0.256
1975 .....	1,638	.008	.033	.030	.067	.012	.001	.050	.063	.151	.113	.263
1976 .....	1,825	.010	.033	.030	.063	.013	.001	.042	.056	.149	.098	.247
1977 .....	2,030	.011	.033	.029	.058	.015	.001	.036	.050	.146	.086	.232
1978 .....	2,294	.013	.034	.029	.057	.017	.001	.032	.048	.150	.081	.231
1979 .....	2,562	.013	.032	.025	.051	.017	.001	.026	.043	.138	.069	.207
1980 .....	2,788	.014	.033	.026	.051	.020	.001	.023	.044	.145	.067	.212
1981 .....	3,127	.015	.035	.026	.049	.021	.001	.021	.042	.147	.063	.209
1982 .....	3,253	.016	.037	.027	.049	.022	.001	.019	.042	.152	.061	.213
1983 .....	3,535	.016	.039	.028	.048	.022	.002	.018	.041	.155	.058	.213
1984 .....	3,931	.017	.040	.029	.047	.021	.003	.017	.038	.156	.056	.212
1985 .....	4,217	.017	.041	.030	.046	.020	.004	.017	.036	.157	.052	.209
1986 .....	4,460	.019	.043	.033	.046	.019	.005	.016	.033	.164	.050	.213
1987 .....	4,736	.019	.044	.034	.046	.018	.005	.016	.030	.166	.047	.213
1988 .....	5,100	.019	.044	.036	.045	.017	.006	.016	.028	.166	.044	.211
1989 .....	5,482	.019	.044	.037	.045	.017	.007	.016	.027	.169	.043	.212
1990 .....	5,801	.021	.046	.041	.048	.017	.007	.017	.026	.180	.043	.223
1991 .....	5,992	.028	.052	.050	.055	.018	.008	.020	.027	.210	.047	.257
1992 .....	6,342	.050	.061	.056	.060	.018	.008	.021	.027	.253	.047	.300
1993 .....	6,667	.059	.067	.062	.063	.018	.008	.022	.026	.277	.048	.325
1994 .....	7,085	.059	.064	.066	.064	.018	.008	.022	.026	.278	.048	.326
1995 .....	7,415	.063	.064	.070	.066	.018	.008	.022	.026	.289	.047	.336
1996 .....	7,838	.063	.064	.072	.068	.018	.008	.021	.025	.292	.046	.338
1997 .....	8,332	.059	.060	.067	.065	.018	.007	.019	.025	.277	.044	.320
1998 .....	8,793	.056	.059	.067	.066	.018	.007	.018	.024	.273	.042	.315
1999 .....	9,354	.052	.055	.066	.065	.018	.007	.016	.024	.262	.040	.302
2000 .....	9,951	.048	.051	.064	.063	.017	.007	.015	.023	.251	.038	.289
2001 .....	10,286	.050	.052	.066	.066	.018	.007	.014	.024	.259	.038	.297
2002 .....	10,642	.050	.052	.066	.067	.018	.007	.013	.024	.260	.037	.297
2003 .....	11,142	.051	.051	.065	.068	.018	.007	.013	.023	.260	.036	.296
2004 .....	11,853	.051	.050	.062	.067	.017	.007	.012	.022	.255	.034	.289
2005 .....	12,623	.051	.050	.060	.067	.017	.007	.011	.022	.252	.033	.285
2006 .....	13,377	.052	.050	.058	.067	.017	.007	.011	.022	.250	.032	.282
2007 .....	14,029	.052	.050	.056	.068	.017	.007	.010	.021	.250	.031	.282
2008 .....	14,292	.055	.053	.057	.073	.017	.007	.010	.022	.263	.032	.294
2009 .....	13,974	.062	.061	.062	.083	.019	.008	.011	.023	.294	.034	.329
2010 .....	14,499	.062	.062	.060	.085	.019	.008	.010	.023	.296	.033	.329
2011 .....	15,076	.062	.062	.057	.085	.018	.008	.010	.022	.293	.032	.325
2012 .....	15,700	.063	.063	.056	.088	.019	.009	.010	.022	.298	.031	.329
Projected:												
2013 .....	16,348	.063	.063	.054	.089	.019	.009	.010	.021	.297	.031	.328
2014 .....	17,194	.063	.062	.052	.089	.019	.009	.010	.021	.294	.030	.325
2015 .....	18,239	.062	.060	.050	.087	.020	.009	.010	.020	.288	.030	.317
2016 .....	19,346	.061	.058	.049	.084	.020	.009	.010	.019	.281	.029	.310
2017 .....	20,463	.057	.057	.048	.081	.020	.009	.010	.019	.273	.029	.301
2018 .....	21,582	.055	.056	.047	.079	.021	.009	.010	.019	.267	.028	.295
2019 .....	22,667	.053	.056	.046	.076	.022	.009	.010	.019	.262	.028	.290
2020 .....	23,747	.052	.055	.045	.074	.022	.009	.010	.018	.258	.028	.286
2021 .....	24,853	.050	.055	.045	.072	.023	.009	.010	.018	.254	.029	.282
2022 .....	25,993	.047	.054	.045	.070	.024	.010	.010	.019	.250	.029	.279
2023 .....	27,187	.046	.054	.045	.068	.024	.010	.010	.019	.247	.029	.276
2024 .....	28,440	.045	.053	.046	.066	.024	.010	.010	.019	.245	.029	.274
2025 .....	29,744	.045	.053	.046	.064	.025	.010	.010	.019	.242	.029	.272
2026 .....	31,105	.044	.052	.046	.062	.025	.011	.010	.020	.239	.030	.269
2027 .....	32,524	.044	.051	.045	.060	.024	.011	.010	.020	.235	.030	.265
2028 .....	33,997	.043	.050	.045	.058	.024	.011	.010	.020	.231	.030	.261
2029 .....	35,526	.043	.049	.044	.057	.024	.012	.010	.021	.228	.030	.258
2030 .....	37,121	.042	.048	.043	.056	.023	.012	.010	.021	.224	.031	.255
2031 .....	38,796	.042	.047	.043	.055	.022	.013	.010	.021	.221	.031	.252
2032 .....	40,547	.042	.046	.042	.054	.022	.013	.009	.022	.218	.031	.249
2033 .....	42,382	.041	.045	.041	.053	.021	.013	.009	.022	.214	.031	.246
2034 .....	44,319	.040	.044	.041	.052	.021	.013	.009	.022	.211	.031	.242
2035 .....	46,360	.040	.043	.040	.051	.020	.014	.009	.022	.208	.031	.239
2036 .....	48,504	.039	.042	.040	.050	.020	.014	.008	.023	.205	.031	.236
2037 .....	50,751	.038	.042	.039	.049	.019	.014	.008	.023	.201	.031	.232

<sup>a</sup> Projected values based on the intermediate economic assumptions of the 2013 OASDI Trustees Report.

Note: Totals do not necessarily equal the sums of rounded components. Historical GDP amounts subject to revision.

**E. THE SSI PROGRAM'S SHARE OF SSA'S ADMINISTRATIVE COSTS  
AND BENEFICIARY SERVICES COSTS**

SSA administers the SSI program, but unlike the OASDI program, general revenues fund the SSI program. When the SSI program began in 1972, the agency's existing field office network and its automated data processing capabilities made it uniquely qualified to administer the program. Since the administration of the SSI and OASDI programs is integrated, it is more practical to fund them from a single source. The trust funds and the general fund pay their appropriate share of administrative expenses into SSA's Limitation on Administrative Expenses account, which funds the total operating expenses of the agency. A Government Accountability Office approved method of cost analysis determines the appropriate share of administrative expenses borne by each funding source, and a final settlement of costs occurs by the end of the subsequent fiscal year. If necessary, section 201(g)(1) of the Social Security Act provides that the Social Security trust funds may finance SSI administrative expenses, including Federal administration of State supplementation payments. General revenues subsequently reimburse the trust funds, including any interest lost.

The SSI program also provides beneficiary services to recipients through State VR agencies and ENs for VR services and payments under the Ticket to Work program. VR strives to help individuals with disabilities achieve and sustain productive, self-supporting work activity.

**Table IV.E1.—Selected SSI Costs, Fiscal Years 1978-2013**  
[Outlays in millions]

Fiscal year	SSI Administrative expenses <sup>a</sup>	Beneficiary services <sup>b</sup>
1978.....	\$539	\$31.6
1979.....	611	57.0
1980.....	668	33.1
1981.....	717	37.3
1982.....	780	12.0
1983.....	846	8.0
1984.....	864	<sup>c</sup> 84.0
1985.....	956	3.0
1986.....	1,023	7.2
1987.....	977	9.5
1988.....	976	12.9
1989.....	1,052	20.0
1990.....	1,075	28.3
1991.....	1,230	33.1
1992.....	1,426	36.0
1993.....	1,468	32.3
1994.....	1,780	33.8
1995.....	1,978	48.2
1996.....	1,953	71.8
1997.....	2,055	77.3
1998.....	2,304	46.0
1999.....	2,493	52.0
2000.....	2,321	53.7
2001.....	2,397	43.9
2002.....	2,522	54.0
2003.....	2,656	37.0
2004.....	2,806	38.6
2005.....	2,795	30.4
2006.....	2,916	38.9
2007.....	2,857	36.1
2008.....	2,820	45.1
2009.....	3,316	48.6
2010.....	3,629	46.1
2011.....	3,931	33.0
2012.....	3,881	35.5
2013 (estimated)	<sup>d</sup> 3,769	42.0

<sup>a</sup> Includes user fees charged to participating States to reimburse SSA for the costs of administering their SSI State supplementation program.

<sup>b</sup> We include payments for referral and monitoring services for drug addicts and alcoholics through December 1996; these payments were terminated effective January 1997.

<sup>c</sup> Reflects a one-time payment to State VR agencies for prior year expenses.

<sup>d</sup> This amount does not include the extra \$106 million that the President's Budget proposes to provide, the SSI share of the additional \$266 million in funding allowed by the cap adjustment for program integrity, consistent with section 251(b)(2)(B) of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended.

## V. APPENDICES

### A. HISTORY OF PROVISIONS

Act

#### 1. Basic Eligibility Requirements

**1972**

*Public Law 92-603,  
enacted October 30*

An individual may qualify for payments on the basis of age, blindness, or disability.

**Aged:** Any person aged 65 or older.

**Blind:** Any person with 20/200 or less vision in the better eye with the use of a correcting lens, or with tunnel vision of 20 degrees or less. An individual transferred from a State Aid to the Blind (AB) program to Supplemental Security Income (SSI) is eligible if he or she received such State aid in December 1973 and continues to meet the October 1972 State definition of blindness.

**Disabled:** Any person unable to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment expected to result in death or that has lasted or can be expected to last for a continuous period of at least 12 months. For a child under age 18, eligibility is based on disability of severity comparable with that of an adult. An individual transferred from a State Aid to the Permanently and Totally Disabled (APTD) program to SSI is also eligible if he or she received such State aid in December 1973 and continues to meet the October 1972 State definition of disability.

**1973**

*Public Law 93-233,  
enacted December 31*

Only persons who had received APTD before July 1973 and were on the rolls in December 1973 may receive SSI on the basis of the State definition of disability; those who became eligible for State aid from July to December 1973 must meet the Federal definition of disability.

**1980**

*Public Law 96-265,  
enacted June 9*

A disabled recipient who loses Federal SSI eligibility because of earnings at the SGA level may continue to receive a special benefit under section 1619 and retain eligibility for Medicaid under Title XIX of the Social Security Act. This special benefit status may continue as long as the recipient has the disabling impairment and meets all nondisability SSI eligibility criteria. States have the option of supplementing this special benefit.

This provision of the law was in effect from January 1, 1981, through December 31, 1983. Beginning in January 1984, under a 1-year demonstration project, this provision was continued for persons already eligible for either regular SSI payments or special monthly benefits.

**1984**

*Public Law 98-460,  
enacted October 9*

The special benefit and Medicaid provisions of the 1980 legislation were extended through June 30, 1987 (retroactive to January 1, 1984).

**1986**

*Public Law 99-643,  
enacted November 10*

The special benefit and Medicaid provisions of the 1980 amendments are made permanent. The provisions were amended effective July 1, 1987, with significant modifications to simplify administration and to allow free movement between regular SSI disability payments and either the special cash benefit or Medicaid eligibility under section 1619. The distinction between a disabled person eligible for regular SSI payments and one eligible for 1619(a) is that the latter has several months with gross earnings above the SGA level. Previously,

Act

section 1619(a) status required completion of a trial work period and the determination that the work was SGA.

**1996**

*Public Law 104-193,  
enacted August 22*

For individuals under age 18, the “comparable severity” standard is eliminated and replaced with a requirement that a child be considered disabled if he or she has a medically determinable impairment that results in “marked and severe functional limitations,” and meets the existing statutory duration requirement. The law also eliminates references to “maladaptive behaviors” from the personal/behavioral domain of the mental disorders in the Listing of Impairments for children, and discontinues the use of individualized functional assessments for children.

SSI eligibility is prohibited for an individual in any month during which such an individual is a fugitive felon, fleeing prosecution for a felony, or violating State or Federal conditions of probation or parole.<sup>1</sup> In addition, SSI eligibility is prohibited for 10 years for those convicted of fraudulently claiming residence to obtain benefits simultaneously in two or more States.<sup>2</sup>

**2006**

*Public Law 109-171,  
enacted February 8*

Requires the Commissioner to conduct reviews of a specific percentage of SSI initial disability and blindness cases involving individuals aged 18 or older that are allowed by the State disability determination services (DDS). The provision is phased in as follows—for fiscal year 2006, the Commissioner is required to review 20 percent of DDS allowances; in fiscal year 2007, the requirement is 40 percent; and, for fiscal years 2008 and thereafter, 50 percent of all DDS allowances are required to be reviewed. These reviews are to be made before the allowance decision is implemented.

**2. Other Eligibility Provisions**

**a. Citizenship and U.S. Residency**

**1972**

*Public Law 92-603,  
enacted October 30*

The individual must reside within one of the 50 States or the District of Columbia and be a citizen or an alien lawfully admitted for permanent residence or permanently residing in the United States under color of law. Persons living outside the United States for an entire calendar month lose their eligibility for such a month.

**1976**

*Public Law 94-241,  
enacted March 24*

Eligibility for SSI is extended to residents of the Northern Mariana Islands, effective January 9, 1978.

**1980**

*Public Law 96-265,  
enacted June 9*

The income and resources of the immigration sponsors of aliens applying for SSI are considered in determining eligibility for and the amount of payment. After allowances for the needs of the sponsor and his or her family, the remain-

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<sup>1</sup> In 2009, the agency entered into a nationwide class action settlement that limits the felony crime offense codes upon which fugitive felon non-payments may be based under this statute. In 2012, based on a Federal court order, the agency stopped suspending and denying Title II and Title XVI benefits based solely on a probation or parole violation warrant.

<sup>2</sup> Lawmakers repealed this last provision in the 1999 Public Law 106-169 and replaced it with a provision providing for nonpayment of benefits for up to 24 months for knowingly making false or misleading statements regarding material facts.



## Act

der is deemed available for the support of the alien applicant for a 3-year period after admission to the United States for permanent residence. This provision does not apply to those who become blind or disabled after admission, to refugees, or to persons granted political asylum. (See section 2.g. for subsequent changes to sponsor-to-alien deeming provisions.)

**1989**

*Public Law 101-239,  
enacted December 19*

SSI eligibility is continued for a disabled or blind child who was receiving SSI benefits while living in the United States and is now living with a parent who is a member of the U.S. Armed Forces assigned to permanent duty ashore outside the United States but not where the parent is stationed in Puerto Rico or the territories and possessions of the United States.

**1993**

*Public Law 103-66,  
enacted August 10*

Above provision made applicable where the parent is a member of the U.S. Armed Forces and stationed in Puerto Rico or the territories and possessions of the United States.

**1996**

*Public Law 104-193,  
enacted August 22*

Prohibits SSI eligibility for anyone who is not a U.S. citizen or national unless they are in a “qualified alien” category and meet one of certain exceptions such as lawful permanent residents who earn or can be credited with 40 qualifying quarters of earnings, certain refugee type categories eligible for up to 5 years of time limited eligibility, or active duty U.S. military or veterans and their spouses and children. Extends eligibility for aliens receiving SSI as of August 22, 1996 (the enactment date of the law) for 1 year after the enactment date for those aliens found ineligible under the new standards.

*Public Law 104-208,  
enacted September 30*

Amends Public Law 104-193 to add to the list of “qualified aliens” certain non-citizens (and their children) who have been battered or subjected to extreme cruelty by a spouse or parent or a member of the spouse’s or parent’s family living in the same household.

**1997**

*Public Law 105-18,  
enacted June 12*

Extends eligibility for aliens receiving SSI as of August 22, 1996 until September 30, 1997 for those found ineligible under the new alien standards of Public Law 104-193.

*Public Law 105-33,  
enacted August 5*

Further amends Public Law 104-193 to add Cuban and Haitian entrants and the child of a parent who has been battered or subjected to extreme cruelty to the list of qualified aliens. Provides that Cuban and Haitian entrants and Amerasian immigrants qualify for time limited eligibility and increases the time limit from 5 to 7 years for all time-limited categories. Additional exceptions are added for qualified aliens: (1) lawfully residing in the United States and receiving SSI benefits on August 22, 1996; and (2) lawfully residing in the United States on August 22, 1996 and meeting the definition of blind or disabled in the Social Security Act.

Certain noncitizen American Indians are excepted from the alien nonpayment provisions of Public Law 104-193. Extends eligibility for “nonqualified aliens” receiving SSI as of August 22, 1996, until September 30, 1998.

**1998**

*Public Law 105-306,  
enacted October 28*

Permanently extends eligibility of all remaining “nonqualified aliens” who were receiving SSI benefits when Public Law 104-193 was enacted on August 22, 1996.

Act

**2000**

*Public Law 106-386,  
enacted October 28*

Noncitizens may be eligible for SSI to the same extent as refugees, if they have been certified by the Department of Health and Human Services to be victims of “severe forms of trafficking in persons.”

**2004**

*Public Law 108-203,  
enacted March 2*

Extends SSI eligibility to blind or disabled children who are U.S. citizens living with a parent assigned to permanent U.S. military duty outside of the United States, and who were not receiving SSI benefits while in the United States. Previously, only blind or disabled children who received an SSI benefit for the month before the parent reported for permanent duty abroad were eligible. Effective April 2004 for applications filed after enactment.

**2007**

*Public Law 110-161,  
enacted December 26*

Provides certain Iraqi and Afghan aliens with special immigrant status as described in section 101(a)(27) of the Immigration and Nationality Act. As special immigrants, these Iraqi and Afghan aliens are eligible for resettlement assistance, entitlement programs, and other benefits available to refugees admitted under section 207 of such Act (admission of refugees in emergency situations) for a period not to exceed 6 months.

**2008**

*Public Law 110-181,  
enacted January 28*

Provides certain Iraqi aliens who have provided service to the United States with special immigrant status, as described in section 101(a)(27) of the Immigration and Nationality Act. As special immigrants, these Iraqis are eligible for resettlement assistance, entitlement programs, and other benefits available to refugees admitted under section 207 of such Act (admission of refugees in emergency situations) for a period not to exceed 8 months.

*Public Law 110-328,  
enacted September 30*

Extends the 7-year SSI eligibility period for certain refugees, asylees, and other humanitarian immigrants (including victims of human trafficking) to 9 years for the period October 1, 2008 through September 30, 2011. Those with naturalization applications pending or awaiting the swearing-in-ceremony are exempt from time limitations through September 30, 2011. Also applies to the noncitizens whose SSI had previously ceased due to the expiration of the 7-year period. For these noncitizens, SSI benefits will be paid for months in the period October 1, 2008 through September 30, 2011, for the duration of the noncitizen’s reestablished eligibility.

**2009**

*Public Law 111-118,  
enacted December 19*

Eliminates the 8-month time limit on SSI eligibility for certain Iraqi and Afghan refugees who have provided service to the United States. The time-limited eligibility for these individuals is now the same period applicable to other humanitarian refugees.

**b. Other Benefits**

**1980**

*Public Law 96-272,  
enacted June 17*

SSI applicants and recipients are not required as a condition of eligibility to elect to receive Veterans Administration pensions under the Veterans and Survivors’ Pension Improvement Act of 1978 if the State of residence lacks a medically-needy program under Title XIX.

Act

**c. Drug Addiction and Alcoholism (DAA)**

**1972**

*Public Law 92-603,  
enacted October 30*

Any disabled individual who has been medically determined to be an alcoholic or drug addict must accept appropriate treatment, if available, in an approved facility and demonstrate compliance with conditions and requirements for treatment.

SSI payments are required to be made through a representative payee—another person or public or private agency designated by the Social Security Administration (SSA) to manage the recipient's benefits on his or her behalf.

**1994**

*Public Law 103-296,  
enacted August 15*

Any individual who is receiving SSI based on a disability where drug addiction or alcoholism is a contributing factor material to the finding of disability must comply with the DAA treatment requirements. The individual must accept appropriate treatment when it is available and comply with the conditions and terms of treatment. Instances of noncompliance with the requirements result in progressively longer payment suspensions. Before payments can resume, the individual must demonstrate compliance for specific periods: 2 months, 3 months, and 6 months, respectively, for the first, second, third and subsequent instances of noncompliance. An individual who is not in compliance with the DAA treatment requirements for 12 consecutive months shall not be eligible for payments; however, this does not prevent such individuals from reapplying and again becoming eligible for payments.

SSI disability payments based on DAA are also limited to a total of 36 benefit months (beginning March 1995) regardless of whether appropriate treatment is available. Months for which benefits are not due and received do not count towards the 36-month limit.

Payments based on DAA must be made to a representative payee. Preference is required to be given to community based nonprofit social service agencies and Federal, State, or local government agencies in representative payee selection. These agencies when serving as payees for individuals receiving payments based on DAA may retain the lesser of 10 percent of the monthly benefit or \$50 (adjusted annually after 1995 by the Automatic Cost-of-Living Increase) as compensation for their services.

Establishment of one or more referral and monitoring agencies for each State is required.

**1996**

*Public Law 104-121,  
enacted March 29*

An individual is not considered disabled if DAA is a contributing factor material to a finding of disability.

Applies DAA representative payee requirements enacted under Public Law 103-296 to disabled SSI recipients who have a DAA condition and are incapable of managing their benefits. In addition, these recipients shall be referred to the appropriate State agency administering the State plan for substance abuse treatment.

**d. Institutionalization**

**1972**

*Public Law 92-603,  
enacted October 30*

An individual who is an inmate of a public institution is ineligible for SSI payments unless the institution is a facility approved for Medicaid payments and is

Act

receiving such payments on behalf of the person. Under *regulations*, the Medicaid payment must represent more than 50 percent of the cost of services provided by the facility to the individual.

**1976**

*Public Law 94-566,  
enacted October 20*

An inmate of a publicly operated community residence serving no more than 16 persons may, if otherwise eligible, receive SSI.

**1983**

*Public Law 98-21,  
enacted April 20*

Payments may be made to persons who are residents of public emergency shelters for the homeless for a period of up to 3 months in any 12-month period.

**1986**

*Public Law 99-643,  
enacted November 10*

Effective July 1, 1987, disabled or blind recipients who were receiving special SSI payments or had special SSI recipient status under section 1619 in the month preceding the first full month of institutionalization, may receive payments based on the full Federal benefit rate for the initial 2 full months of institutionalization if they reside in certain public medical, psychiatric or Medicaid facilities or in private Medicaid facilities.

**1987**

*Public Law 100-203,  
enacted December 22*

Effective January 1, 1988, payments may be made to persons who are residents of public emergency shelters for the homeless for up to 6 months in a 9-month period.

Effective July 1, 1988, continued payment of SSI benefits for up to 3 months is permitted, at the rate that was applicable in the month prior to the first full month of institutionalization, for individuals whose expected institutional stay on admission is not likely to exceed 3 months as certified by a physician, and for whom the receipt of benefits is necessary to maintain living arrangements to which they may return.

**1996**

*Public Law 104-193,  
enacted August 22*

Effective December 1996, institutionalized children under age 18 whose private health insurance is making payments to the institution may receive no more than \$30 per month in Federal SSI.

***e. Vocational Rehabilitation and Treatment***

**1972**

*Public Law 92-603,  
enacted October 30*

Blind or disabled individuals receiving Federal SSI benefits who are under age 65, must be referred to the State agency providing services under the Vocational Rehabilitation Act and must accept the services offered. States are reimbursed for the cost of services.

**1976**

*Public Law 94-566,  
enacted October 20*

Blind or disabled children under age 16 must be referred to the State agency administering crippled children's services or to another agency designated by the State. States are reimbursed for the cost of services.

Of funds provided for these services, at least 90 percent must be used for children under age 6 or for those who have never attended public schools.

**1980**

*Public Law 96-265,  
enacted June 9*

Disabled SSI recipients who medically recover while enrolled in approved vocational rehabilitation (VR) programs of State VR agencies, may continue to receive benefits during their participation in such programs if the Commissioner

## Act

of Social Security determines that continuation in the program will increase the probability that they leave the rolls permanently.

**1981**

*Public Law 97-35,  
enacted August 13*

Funding no longer provided under Title XVI for medical, social, developmental and rehabilitative services to disabled or blind children.

Reimbursement for the cost of rehabilitation services will be made only if the services result in the recipient's return to work for a continuous period of 9 months. The work must be at the substantial gainful activity earnings level.

**1984**

*Public Law 98-460,  
enacted October 9*

Authorizes the reimbursement of States for the cost of VR services provided to individuals who (1) continue to receive benefits after medical recovery because they are participating in a State VR program; or (2) refuse, without good cause, to continue in or cooperate with the VR program in which they had been participating.

**1987**

*Public Law 100-203,  
enacted December 22*

Extends the provision for continuation of payments to disabled SSI recipients who have medically recovered while enrolled in an approved VR program to include blind SSI recipients.

**1990**

*Public Law 101-508,  
enacted November 5*

Reimbursement authorized for the cost of VR services provided in months in which the individual was not receiving Federal SSI payments, if:

- SSI recipient status for Medicaid eligibility purposes was retained under work incentive provisions; or
- Benefits were in suspense<sup>1</sup> status (for a reason other than cessation of disability or blindness); or
- Federally-administered State supplementation was received.

Extends benefit continuation provision to disabled SSI recipients who medically recover while participating in a non-State VR program.

**1999**

*Public Law 106-170,  
enacted December 17*

Establishes a Ticket to Work and Self-Sufficiency program which will provide SSI and Old-Age, Survivors, and Disability Insurance (OASDI) beneficiaries entitled on the basis of disability with a ticket that can be used to obtain VR services, employment services, or other support services, from an employment network (EN) of their choice. An EN chooses one of the two EN payment options at the time it submits an application to SSA to become an EN. The chosen payment system will apply to all beneficiaries served. An EN can elect to receive payment under the:

- Outcome payment system, under which it can receive payment for up to 60 outcome payment months, which are defined as months in which SSA does not pay any Federal disability cash benefits to a beneficiary because of work or earnings; or

<sup>1</sup> Recipients who have lost eligibility for SSI benefits for fewer than 13 consecutive months are in suspended payment status.

Act

- Outcome-milestone payment system, under which it can receive payment for one or more milestones in addition to reduced outcome payments, but will receive less in total than under the outcome payment system.

The Commissioner will initially establish and periodically review the amount and duration of the outcome payments and the number and amounts of the outcome-milestone payments.

Also eliminates the requirement that blind or disabled SSI recipients age 16 through 64 be referred to the State VR agency and accept the services offered.

**Under the initial regulation, effective January 28, 2002:**

- The outcome payment system provided that ENs could receive payment for up to 60 outcome payment months for both OASDI and SSI beneficiaries based on earnings exceeding the SGA level and the beneficiary no longer receiving Federal disability cash benefits because of work or earnings; and
- The outcome-milestone payment system provided that ENs could receive up to four milestone payments in addition to reduced outcome payments. The four milestones were based on gross earnings exceeding the SGA level for specified months. Milestone payments were made only for milestones achieved prior to the first outcome payment month, and outcome payments were reduced by the amount of milestone payments received. Four milestone payments plus 60 months of reduced outcome payments equaled 85 percent of the total that would be available if the EN chose the outcome payment system.

**Under the revised regulation, effective July 21, 2008:**

- The outcome payment system provides that ENs can receive payment for up to 60 outcome payment months for an SSI beneficiary and up to 36 outcome payment months for an OASDI beneficiary (including a concurrent OASDI/SSI disability beneficiary), with the reduction in available number of outcome months for OASDI beneficiaries offset by an increased outcome payment; and
- The outcome-milestone payment system provides that ENs can receive the following milestone payments in addition to outcome payments:
  - Up to four Phase 1 milestones achieved by either an OASDI or SSI beneficiary (including a concurrent OASDI/SSI disability beneficiary); and
  - Up to 11 Phase 2 milestones achieved by an OASDI or concurrent beneficiary or up to 18 Phase 2 milestones achieved by an SSI beneficiary.

Phase 1 milestones are based on gross earnings at or above trial work level for specified months, and Phase 2 milestones are based on gross earnings exceeding the SGA level for specified months. These milestones must occur before the EN enters the first month for which it is eligible for an outcome payment. If an available milestone payment is not paid prior to the outcome period, it is payable in a reconciliation payment when the beneficiary reaches the 12<sup>th</sup> outcome month. This payment amount is equal to the total amount of unpaid Phase 1 and Phase 2 milestones that were available when the ticket was first assigned. The

## Act

Phase 1 and Phase 2 milestone payments and outcome payments equal 90 percent of the total that would be available if the EN chose the outcome payment system.

*f. Continuing Disability Reviews and Eligibility Redeterminations*

**1994**

*Public Law 103-296,  
enacted August 15*

During each of fiscal years 1996, 1997, and 1998, requires SSA to conduct continuing disability reviews (CDRs) on a minimum of 100,000 SSI recipients. In addition, during the same period, requires SSA to redetermine the SSI eligibility of at least one-third of all child SSI recipients who reach age 18 after April 1995 during the 1-year period following attainment of age 18. Redeterminations for persons turning age 18 could count toward the 100,000 CDR requirement.

**1996**

*Public Law 104-193,  
enacted August 22*

Repeals the requirement that SSA redetermine the eligibility of at least one-third of all child SSI recipients who reach age 18 after April 1995 during the 1-year period following attainment of age 18.

Requires a CDR:

- At least once every 3 years for SSI recipients under age 18 who are eligible by reason of an impairment that is likely to improve, and
- Not later than 12 months after birth for recipients whose low birth weight is a contributing factor material to the determination of their disability.

Requires eligibility redetermination under the adult disability standard for all child SSI recipients eligible for the month before the month in which they attain age 18.

Requires redetermination of eligibility for children considered disabled based on an individualized functional assessment or consideration of maladaptive behavior.

Requires the representative payee of a child SSI recipient whose continuing eligibility is being reviewed to present evidence that the recipient is receiving treatment that is considered medically necessary and available for the condition that was the basis for providing SSI benefits.

**1997**

*Public Law 105-33,  
enacted August 5*

Modifies provision of Public Law 104-193 to extend from 12 to 18 months the period for redetermining the disability of children under age 18 under the new childhood disability standard.

Modifies provision of Public Law 104-193 to permit SSA to schedule a CDR for a disabled child for whom low birth weight is a contributing factor material to the determination of disability, at a date after the child's first birthday if the Commissioner determines the impairment is not expected to improve within 12 months of the child's birth.

Modifies provision of Public Law 104-193 to provide SSA the authority to make redeterminations of disabled childhood recipients who attain age 18, more than 1 year after the date such recipient attains age 18.

**1999**

*Public Law 106-170,  
enacted December 17*

Prohibits the initiation of a CDR during the period that a recipient is "using a ticket" under the Ticket to Work program.

Act

**g. Deeming of Income and Resources**

**1972**

*Public Law 92-603,  
enacted October 30*

Deeming occurs when the income and resources of certain family members living in the same household with the SSI recipient are considered in determining the amount of the SSI payment. These family members are the ineligible spouse of an adult recipient and the ineligible parents of a child recipient under age 21. After deduction of personal allocations for the spouse (or parents) and for ineligible children in the home, and after application of income exclusions, any remaining income of the spouse (or parents) is added to the income of the eligible person.

**1980**

*Public Law 96-265,  
enacted June 9*

Children aged 18 or older are not subject to parental deeming.

Sponsor's income and resources deemed to an alien for 3 years.

**1989**

*Public Law 101-239,  
enacted December 19*

Disabled children receiving home care services under State Medicaid programs who are ineligible for SSI because of deeming of parental income, and who received SSI benefits limited to \$30 while in a medical treatment facility may receive the \$30 monthly allowance that would be payable if the recipient were institutionalized.

**1993**

*Public Law 103-66,  
enacted August 10*

Considers an ineligible spouse or parent who is absent from the household due to active military service to be a member of the household for deeming purposes.

*Public Law 103-152,  
enacted November 24*

Sponsor-to-alien deeming period extended from 3 years to 5 years, effective January 1, 1994, through September 30, 1996.

**1996**

*Public Law 104-193,  
enacted August 22*

Deeming of income and resources from an immigration sponsor to a noncitizen continues until citizenship, with exceptions for those who earn, or can be credited with, 40 qualifying quarters of earnings. Effective for those whose sponsor signs a new legally enforceable affidavit of support.

*Public Law 104-208,  
enacted September 30*

Amends Public Law 104-193 to add two exceptions to the sponsor-to-alien deeming:

- Provides that if the noncitizen is indigent and would be unable to obtain food and shelter without SSI benefits even after receiving support from the sponsor, then only the amount of income and resources actually provided by the sponsor will be counted for a 12-month period after a determination of indigence; and
- Provides that in certain cases, deeming would not apply for a 12-month period (with some options for extension) if the noncitizen (or his or her children) has been battered, or subjected to extreme cruelty by family members.

**1997**

*Public Law 105-33,  
enacted August 5*

Amends Public Law 104-208 to add an additional exception to sponsor-to-alien deeming when the parent of a noncitizen has been battered or subjected to extreme cruelty by family members.



Act

**2006**

*Public Law 109-163,  
enacted January 6*

Provides that individuals who were made ineligible for SSI because of their spouses or parents being called to active military duty would not have to file a new application for SSI benefits if they again could be eligible for benefits before the end of 24 consecutive months of ineligibility.

**3. Federal Benefit Payments**

*a. Windfall Offset*

**1980**

*Public Law 96-265,  
enacted June 9*

Offset (by reduction of retroactive Social Security benefits) to prevent persons whose initial OASDI payment is retroactive from receiving more in total benefits than if they were paid the benefits when regularly due.

**1984**

*Public Law 98-369,  
enacted July 18*

Offset provision expanded to allow for reduction of retroactive SSI benefits and to apply in cases of OASDI benefit reinstatement.

*b. Proration of Benefit*

**1982**

*Public Law 97-248,  
enacted September 3*

Benefit for first month of eligibility to be prorated by the number of days in the month for which an application has been filed and there is eligibility.

**1996**

*Public Law 104-193,  
enacted August 22*

Changes the effective date of an SSI application to the first day of the month following the date on which the application was filed or on which the individual first becomes eligible, whichever is later. This change, in effect, eliminates prorated payments in initial claims.

*c. Retrospective Monthly Accounting*

**1981**

*Public Law 97-35,  
enacted August 13*

Changes the method of computing the SSI payment to one under which the payment amount is computed on a monthly basis and is based on income and other characteristics in the previous (or second previous) month.

**1984**

*Public Law 98-369,  
enacted July 18*

Changes the method of computing the SSI benefit to persons receiving OASDI payments. The effect of the increased OASDI income at the time of the cost-of-living increase is not delayed as it otherwise would be.

**1987**

*Public Law 100-203,  
enacted December 22*

Provides an exception to retrospective monthly accounting so that amounts received under Aid to Families With Dependent Children, foster care, refugee cash assistance, Cuban-Haitian entrant assistance, or general and child welfare assistance provided by the Bureau of Indian Affairs are counted only in the month received.

**1993**

*Public Law 103-66,  
enacted August 10*

Changes the method of computing the SSI benefit to persons receiving the value of the one-third reduction. The effect of the increased value at the time of the cost-of-living increase is not delayed as it otherwise would be. Effective January 1995.

Act

**2004**

*Public Law 108-203,  
enacted March 2*

Eliminates triple counting of one-time, nonrecurring income by providing that this income will be counted only for the month that the income is received, and not for any other month during the transition to retrospective monthly accounting, which occurs during the first 3 months of an individual's SSI eligibility. Effective April 2005.

**d. Uncashed Checks**

**1981**

*Public Law 97-35,  
enacted August 13*

States that have Federally-administered supplements to be credited their share of SSI checks that remain unnegotiated for 180 days.

**1987**

*Public Law 100-86,  
enacted August 10*

SSI checks now unnegotiable after 1 year. States are credited their share of SSI checks after 1 year rather than 180 days.

**e. Rounding of Payment Amounts**

**1982**

*Public Law 97-248,  
enacted September 3*

Cost-of-living adjustments in the Federal SSI benefit and income eligibility levels are to be rounded to the next lower whole dollar, after the adjustment is calculated. Subsequent cost-of-living adjustments will be calculated on the previous year's benefit standard before rounding.

**f. Penalties for False or Misleading Statements or Withholding of Information**

**1999**

*Public Law 106-169,  
enacted December 14*

Provides for the nonpayment of OASDI and SSI benefits (6, 12 and 24 months, respectively, for the first, second, and third or subsequent violations) for individuals found to have knowingly made a false or misleading statement of material fact for use in determining eligibility for benefits.

**2004**

*Public Law 108-203,  
enacted March 2*

Expands the administrative sanction of nonpayment of benefits to situations where an individual has failed to disclose material information, if the person knew or should have known that such failure was misleading.

Authorizes Federal courts to order a defendant convicted of defrauding Social Security, Special Veterans' Benefits, or SSI to make restitution to SSA. Restitution funds would be deposited to the trust funds or General Fund of the Treasury, as appropriate. Effective with respect to violations occurring on or after the date of enactment.

**g. Installment Payments**

**1996**

*Public Law 104-193,  
enacted August 22*

Establishes a schedule for paying retroactive SSI payment amounts that exceed 12 times the Federal benefit rate (FBR) plus the State supplement level. Payments would be made at 6-month intervals:

- The first installment would be 12 times the FBR plus any Federally administered State supplement.
- Any remaining retroactive benefits would be paid in a second installment (not to exceed the first payment amount).

## Act

- All remaining retroactive benefits would be paid in the third installment.

Provides that where an underpaid individual has incurred debts to provide for food, clothing or shelter, has expenses for disability-related items and services that exceed the installment amount, or has entered into a contract to purchase a home, the installment payment would be increased by the amount needed to cover those debts, expenses and obligations.

Provides that full retroactive payments be paid to an individual who is terminally ill or, if currently ineligible, is likely to remain so for the next 12 months.

**2006**

*Public Law 109-171,  
enacted February 8*

Requires that past-due monthly SSI benefits that exceed three times the maximum monthly benefit (Federal benefit rate plus State supplementation payment amount, if any) payable to the individual be paid in up to three installment payments, 6 months apart. Also, limits the amount of the first two installment payments to three times the maximum monthly benefit. All remaining benefits due are to be paid in the third installment. As under current law, the amounts of the installment payments may be increased in certain cases, such as those in which the individual has outstanding debt relating to food, clothing, or shelter, or has necessary medical needs.

Effective 3 months after February 8, 2006.

***h. Retroactive Payments to Prisoners, Fugitive Felons, and Probation or Parole Violators***

**2009**

*Public Law 111-115,  
enacted December 15*

Prohibits the payment of any retroactive SSI benefits to individuals while they are in prison; in violation of conditions of their parole or probation; or fleeing to avoid prosecution, custody, or confinement for a felony or a crime punishable by sentence of more than 1 year.

**4. Federal Benefit Rates**

The Federal benefit rate is the standard SSA uses to compute the amount of Federal SSI payments. Federal benefit rates differ for individuals and couples living in households and for persons in medical treatment facilities where Medicaid pays more than 50 percent of the cost of care. Individuals or couples living in their own households are eligible for the full Federal benefit rate. If an individual or couple is living in another person's household and receiving support and maintenance there, we reduce the Federal benefit rate by one-third. We increase the Federal benefit rate for persons in households annually to reflect increases in the cost of living. There is a summary of legislation affecting the level of Federal benefit rates since the inception of the SSI program in table V.A1.

**Table V.A1.—Federal Benefit Rates Set by Legislation**

Act	Living arrangements <sup>a</sup>	Amount <sup>b</sup>		Conditions
		Individual	Couple	
1972 <sup>c</sup> .....	Own household <sup>d</sup>	\$130.00	\$195.00	Was to be effective January 1, 1974; superseded by Public Law 93-233.
1973 <sup>e</sup> .....	—	140.00	210.00	Was to be effective January 1, 1974; superseded by Public Law 93-233.
1973 <sup>f</sup> .....	—	140.00	210.00	Effective January 1, 1974.
1973 <sup>f</sup> .....	—	146.00	219.00	Effective July 1, 1974.
1974 <sup>g</sup> .....	—	—	—	Mechanism established for providing cost-of-living adjustments coordinated with earlier legislation applying to OASDI cash benefits. SSI payments to be increased by the same percentage as OASDI benefits and at the same time.
	—	<sup>h</sup> 157.70	<sup>h</sup> 236.60	Effective July 1, 1975.
1983 <sup>i</sup> .....	—	304.30	456.40	Effective July 1, 1983 (general benefit increase).
	—	<sup>h</sup> 314.00	<sup>h</sup> 472.00	Effective January 1, 1984.
1973 <sup>e</sup> .....	Increment for “essential person” in household	65.00	—	Was to be effective January 1, 1974. For persons transferred from OAA, AB, or APTD programs who were receiving payments in December 1973 under a State plan that took account of “essential persons” in the household.
	—	70.00	—	Was to be effective July 1, 1974.
1973 <sup>f</sup> .....	—	70.00	—	Effective January 1, 1974.
	—	73.00	—	Effective July 1, 1974.
1974 <sup>g</sup> .....	—	—	—	Mechanism established for providing cost-of-living adjustments.
	—	<sup>h</sup> 78.90	—	Effective July 1, 1975.
1983 <sup>i</sup> .....	—	152.50	—	Effective July 1, 1983 (general benefit increase).
	—	<sup>h</sup> 157.00	—	Effective January 1, 1984.
1972 <sup>c</sup> .....	Receiving institutional care covered by Medicaid	25.00	50.00	Effective January 1, 1974. Must be receiving more than 50 percent of the cost of the care from Medicaid (Title XIX of the Social Security Act).
1987 <sup>j</sup> .....	—	30.00	60.00	Effective July 1, 1988. Must be receiving more than 50 percent of the cost of the care from Medicaid (Title XIX of the Social Security Act).

<sup>a</sup> For those in another person’s household receiving support and maintenance there, the Federal benefit rate is reduced by one-third.

<sup>b</sup> For those without countable income. These payments are reduced by the amount of countable income of the individual or couple.

<sup>c</sup> Public Law 92-603, enacted October 30, 1972.

<sup>d</sup> Includes persons in private institutions whose care is not provided by Medicaid.

<sup>e</sup> Public Law 93-66, enacted July 9, 1973.

<sup>f</sup> Public Law 93-233, enacted December 31, 1973.

<sup>g</sup> Public Law 93-368, enacted August 7, 1974.

<sup>h</sup> Subject to automatic provisions, see table IV.A2.

<sup>i</sup> Public Law 98-21, enacted April 20, 1983.

<sup>j</sup> Public Law 100-203, enacted December 22, 1987.

Act

## 5. Exclusions from Income

### a. General Exclusions

**1972**

*Public Law 92-603,  
enacted October 30*

The first \$60 of earned or unearned income per calendar quarter for an individual or couple; the next \$195 and one-half the remainder of quarterly earned income. Unearned income includes Social Security benefits, other government or private pensions, veterans' benefits, and workers' compensation.

**1981**

*Public Law 97-35,  
enacted August 13*

The first \$20 of earned or unearned income per month for an individual or couple; the next \$65 and one-half the remainder of monthly earned income. Unearned income includes Social Security benefits, other government or private pensions, veterans' benefits, and workers' compensation.

**2000**

*Public Law 106-554,  
enacted December 21*

Earnings of persons defined as Social Security statutory employees are treated as self-employment income for SSI purposes.

### b. Special Exclusions

**1972**

*Public Law 92-603,  
enacted October 30*

Any amount of tax rebate issued to an individual by any public agency that is based on either real property or food purchase taxes.

Grants, scholarships, and fellowships used to pay tuition and fees at an educational institution.

Income required for achieving an approved self-support plan for blind or disabled persons.

Work expenses of blind persons.

For blind persons transferred from State programs to SSI, income exclusions equal to the maximum amount permitted as of October 1972 under the State programs.

Irregularly or infrequently received income totaling \$60 or less of unearned income and \$30 of earned income in a calendar quarter.

Payment for foster care of ineligible child residing in recipient's home through placement by a public or private nonprofit child care agency.

One-third of any payment received from an absent parent for the support of a child eligible for SSI.

Certain earnings of a blind or disabled child under age 22 regularly attending an educational institution.

State or local government cash payments based on need and designed to supplement SSI payments.

**1976**

*Public Law 94-331,  
enacted June 30*

Disaster assistance from income for 9 months and application of one-third reduction for 6 months for certain victims of disasters occurring between January 1, 1976 and December 31, 1976.

*Public Law 94-566,  
enacted October 20*

Any assistance based on need (including vendor payments) made to or on behalf of SSI recipients that is paid and wholly funded by State or local governments.

Act

**1977**

*Public Law 95-113,  
enacted September 29*

The value of assistance provided under certain Federal housing programs.

Food stamps, Federally donated food, and the value of free or reduced price food for women and children under the Child Nutrition Act and National School Lunch Act.

*Public Law 95-171,  
enacted November 12*

Provisions for exclusions for support and maintenance under the Disaster Relief and Emergency Assistance Act of 1974 extended on a permanent basis. Effective January 1, 1978.

**1980**

*Public Law 96-222,  
enacted April 1*

Earned income tax credit treated as earned income (temporarily excluded from 1975 through 1980).

*Public Law 96-265,  
enacted June 9*

Remunerations received in sheltered workshops and work activity centers are considered earned income and qualify for earned income exclusions.

Impairment-related work expenses paid by the individual (including cost for attendant care, medical equipment, drugs, and services necessary to control an impairment) are deducted from earnings when determining if an individual is engaging in SGA. Impairment-related work expenses are excluded in calculating income for benefit purposes if initial eligibility for benefits exists on the basis of countable income without applying this exclusion.

**1981**

*Public Law 97-35,  
enacted August 13*

Modifies provision under which irregularly or infrequently received income is excluded to conform to change from quarterly to monthly accounting; amounts excludable: \$20 or less of unearned income and \$10 of earned income in a month.

**1982**

*Public Law 97-377,  
enacted December 21*

From December 18, 1982 to September 30, 1983, certain home energy assistance payments are excluded if a State agency certified that they are based on need.

**1983**

*Public Law 97-424,  
enacted January 6*

Support or maintenance assistance (including home energy assistance) provided in-kind by a nonprofit organization or in cash or in-kind by certain providers of home energy is excluded if the State determines that the assistance is based on need. Provision is applicable through September 1984.

Certain home energy assistance payments are excluded if a State agency certified that the assistance is based on need. Provision is applicable through June 1985.

**1984**

*Public Law 98-369,  
enacted July 18*

The 1983 provisions for support and maintenance and home energy assistance continue to October 1, 1987.

**1986**

*Public Law 99-498,  
enacted October 17*

Educational assistance used for educational expenses under the Higher Education Act of 1965 as amended.

**1987**

*Public Law 100-203,  
enacted December 22*

The 1983 provisions for support and maintenance and home energy assistance made permanent.

Act

	Excludes death payments (e.g., proceeds from life insurance) from SSI income determinations to the extent they were spent on last illness and burial.
	Modifies the 1982 resource exclusion for burial funds to extend the exclusion to any burial fund of \$1,500 or less maintained separately from all other assets, thereby allowing interest to be excluded from income if retained in the fund.
<b>1988</b> <i>Public Law 100-383, enacted August 10</i>	Restitution payments made to Japanese internees and relocated Aleutians.
<b>1989</b> <i>Public Law 101-239, enacted December 19</i>	Interest on agreements representing the purchase of an excluded burial space. Payments from the Agent Orange Settlement. Value of a ticket for domestic travel received as a gift and not cashed.
<b>1990</b> <i>Public Law 101-508, enacted November 5</i>	Earned income tax credit (including the child health insurance portion). Payments received from a State-administered fund established to aid victims of crime. Impairment-related work expenses excluded from income in determining initial eligibility for benefits. Payments received as State or local government relocation assistance. Payments received under the Radiation Exposure Compensation Act. Redefines as earned income, royalties earned in connection with any publication of the individual's work and honoraria received for services rendered (previously defined as unearned income).
<b>1993</b> <i>Public Law 103-66, enacted August 10</i>	Hostile fire pay to members of the uniformed services. Payments received as State or local government relocation assistance made permanent.
<b>1994</b> <i>Public Law 103-286, enacted August 1</i>	Payments to victims of Nazi persecution.
<b>1998</b> <i>Public Law 105-285, enacted October 27</i>	Funds made available to an SSI recipient by a State or local government or a nonprofit organization as part of the Individual Development Account demonstration project.
<i>Public Law 105-306, enacted October 28</i>	In-kind gifts to children with life-threatening conditions by tax-exempt organizations not converted to cash. The first \$2,000 annually of cash gifts by tax-exempt organizations to, or for the benefit of, individuals under age 18 with life-threatening conditions.
<i>Public Law 105-369, enacted November 12</i>	Payments made under the Ricky Ray Hemophilia Relief Fund Act of 1998.

Act

**2000**

*Public Law 106-554,  
enacted December 21*

Interest on funds deposited in an Individual Development Account.

Any adjustments made to prior payments from other Federal programs to account for the error in the computation of the Consumer Price Index during 1999.

**2001**

*Public Law 107-16,  
enacted June 7*

The refundable child tax credit is excluded in determining eligibility for means-tested programs, including SSI.

**2004**

*Public Law 108-203,  
enacted March 2*

Changes the calculation of infrequent or irregular income from a monthly to a quarterly basis. Excludes from the determination of an individual's income all interest and dividend income earned on countable resources. Effective July 2004.

Permits the student earned income exclusion to apply to any individual under age 22 who is a student. Thus, students under age 22 who are married or heads of households would be eligible for the exclusion. Effective April 2005.

Excludes from the determination of income any gift to an individual for use in paying tuition or educational fees, just as grants, scholarships, and fellowships for such use are currently excluded from the determination of income. Effective June 2004.

**2005**

*Public Law 109-64,  
enacted September 20*

Amends the National Flood Insurance Act of 1968 to specify that assistance provided under a program for flood mitigation activities with respect to a property would not be considered income or a resource of the owner of the property when determining eligibility for or benefit levels under any income assistance or resource-tested program (including SSI) that is funded in whole or in part by a Federal agency or by appropriated Federal funds.

**2006**

*Public-Law 109-432,  
enacted December 20*

Extends the present law that allows combat pay to be considered for Earned Income Tax Credit (EITC) purposes for one additional year (for taxable years ending before January 1, 2008). For SSI purposes, EITC payments are excluded from income and are not a countable resource for 9 calendar months following the month of receipt.

**2008**

*Public Law 110-185,  
enacted February 13*

A rebate payment received under the Economic Stimulus Act of 2008 and any other credit or refund under section 6428 of the Internal Revenue Code would not be taken into account as income for purposes of SSI.

*Public Law 110-245,  
enacted June 17*

Privatized military housing allowances withdrawn directly from a service member's pay by military payroll and paid to the landlord will be considered in-kind income, and the SSI benefit reduction attributable to the housing allowance will be capped at one-third of the Federal benefit rate. In other cases, housing allowances will be considered earned income.

Excludes any cash or in-kind benefits provided under an AmeriCorps program from income consideration. Effective for benefits payable for months beginning 60 days after enactment.



## Act

Excludes annuity payments paid by a State to a person or his or her spouse because the State has determined the person is a veteran and blind, disabled, or aged.

**2009**

*Public Law 111-5,  
enacted February 17*

A one-time economic recovery payment of \$250 to SSI recipients will not be taken into account as income for purposes of SSI.

The Making Work Pay tax credit, which provides a tax credit in the form of decreased withholding by employers, will not be counted as income.

A one-time payment of \$15,000 for eligible Filipino veterans who are citizens of the United States and \$9,000 for eligible veterans who are noncitizens will not be taken into account as income for SSI purposes.

**2010**

*Public Law 111-148,  
enacted March 23*

Excludes incentives an SSI recipient with Medicaid receives for participating in an “Incentives for Prevention of Chronic Diseases in Medicaid” program from consideration as income.

*Public Law 111-255,  
enacted October 5*

Excludes the first \$2,000 received during a calendar year by an SSI recipient or spouse as compensation for participation in a clinical trial for rare diseases or conditions from consideration as income. The exclusion is effective for a 5-year period from date of enactment.

*Public Law 111-291,  
enacted December 8*

Excludes any settlement payments to American Indians under the Claims Resettlement Act of 2010 from consideration as income.

*Public Law 111-312,  
enacted December 17*

Excludes Federal tax refunds and advance payment of refundable tax credits received after December 31, 2009 but before January 1, 2013 from consideration as income.

**2013**

*Public Law 112-240,  
enacted January 2*

Makes permanent the exclusion from income of all refundable, Federal, advanced tax credits.

**6. Resources****1972**

*Public Law 92-603,  
enacted October 30*

Countable resources limited to \$1,500 or less for an individual and to \$2,250 or less for a couple.

**1984**

*Public Law 98-369,  
enacted July 18*

Limit on countable resources raised by \$100 a year for individuals and \$150 a year for couples beginning in calendar year 1985 through 1989. The respective limits would become \$2,000 for an individual and \$3,000 for a couple in 1989 and thereafter.

**1999**

*Public Law 106-169,  
enacted December 14*

Includes generally in the countable resources of an individual the assets of a trust that could be used for the benefit of the individual or spouse.

**a. General Exclusions****1972**

*Public Law 92-603,  
enacted October 30*

A home of reasonable value—established *by regulation* as not exceeding a fair-market value of \$25,000 (\$35,000 in Alaska and Hawaii).

Act

Personal effects and household goods of reasonable value established by *regulation* as not exceeding a total market value of \$1,500.

An automobile of reasonable value—established *by regulation* as not exceeding a market value of \$1,200.

An automobile may be excluded, regardless of value, if the individual's household uses it for employment or medical treatment, or if it is modified to be operated by or for transportation of a person with a disability.

Life insurance with face value of \$1,500 or less.

**1976**

*Public Law 94-569,  
enacted October 20*

The recipient's home, regardless of value, is excluded from consideration in determining resources.

**1977**

*Public Law 95-171,  
enacted November 12*

Assistance received under the Disaster Relief and Emergency Assistance Act of 1974 for 9 months following receipt.

**1979**

Reasonable value for an automobile increased *by regulation* to \$4,500 of current-market value; personal goods and household effects increased to \$2,000 of equity value.

**1982**

*Public Law 97-248,  
enacted September 3*

The value, within prescribed limits, of a burial space for the recipient, spouse, and immediate family is excluded. In addition, \$1,500 each (less the value of already excluded life insurance and any amount in an irrevocable burial arrangement) may be set aside for the burial of the recipient and spouse.

**1984**

*Public Law 98-369,  
enacted July 18*

The unspent portion of any retroactive OASDI or SSI payment is excluded for 6 months following its receipt, and the individual must be given written notice of the time limit on the exclusion.

**1985**

*Regulations* permit exclusion, regardless of value, of an automobile needed for essential transportation or modified for a person with a disability. The \$4,500 current market value limit applies only if no automobile could be excluded based on the nature of its use.

**1987**

*Public Law 100-203,  
enacted December 22*

Provides for suspension of the 1980 transfer of assets provision in any month that it is determined that undue hardship would result.

Real property that cannot be sold for the following reasons: it is jointly owned; its sale would cause the other owner(s) undue hardship due to loss of housing; its sale is barred by a legal impediment; or the owner's reasonable efforts to sell have been unsuccessful.

Temporarily extends the 1984 exclusion of retroactive OASDI and SSI benefits from 6 months to 9 months (the longer exclusion applies to benefits paid in fiscal years 1988 and 1989).

**1988**

*Public Law 100-707,  
enacted November 23*

Removes the time limit for exclusion of disaster assistance.

Act

**2004**

*Public Law 108-203,  
enacted March 2*

Increases to 9 months and makes uniform the time period for excluding from resources amounts attributable to payments of past-due Social Security and SSI benefits and earned income and child tax credits. Effective for such payments received on or after the date of enactment.

**2005**

*Regulations* permit exclusion, regardless of value, of:

- One automobile if used for transportation for the beneficiary or a member of the beneficiary's household; and
- Personal goods and household effects.

**b. Special Exclusions**

**1972**

*Public Law 92-603,  
enacted October 30*

Assets of a blind or disabled individual that are necessary to an approved plan of self-support.

Tools and other property essential to self-support, within reasonable limits. Shares of nonnegotiable stock in regional or village corporations held by natives of Alaska.

For persons transferred from State programs to SSI, resource exclusions equal to the maximum amount permitted as of October 1972 under the State program.

**1988**

*Public Law 100-383,  
enacted August 10*

Restitution payments made to Japanese internees and relocated Aleutians.

**1989**

*Public Law 101-239,  
enacted December 19*

Specifies that no limitation can be placed on property essential to self-support used in a trade or business or by an individual as an employee (including the tools of a tradesperson and the machinery and livestock of a farmer).

Payments from the Agent Orange Settlement.

**1990**

*Public Law 101-508,  
enacted November 5*

EITC excluded for the month following the month the credit is received.

Payments received from a State-administered fund established to aid victims of crime excluded for a 9-month period. Individual not required to file for such benefits.

Payments received as State or local government relocation assistance excluded for a 9-month period. (The provision expired 3 years after its effective date.)

Payments received under the Radiation Exposure Compensation Act.

**1993**

*Public Law 103-66,  
enacted August 10*

Makes permanent the 9-month exclusion of payments received as State or local government relocation assistance.

**1994**

*Public Law 103-286,  
enacted August 1*

Payments to victims of Nazi persecution.

Act

**1996**

*Public Law 104-193,  
enacted August 22*

Dedicated financial institution accounts required to be established for large past-due benefits for disabled individuals under age 18 with a representative payee.

**1998**

*Public Law 105-285,  
enacted October 27*

Funds made available to an SSI recipient by a State or local government or a nonprofit organization as part of the Individual Development Account demonstration project.

*Public Law 105-306,  
enacted October 28*

In-kind gifts to children with life-threatening conditions by tax-exempt organizations not converted to cash.

The first \$2,000 annually of cash gifts by tax-exempt organizations to, or for the benefit of, individuals under age 18 with life-threatening conditions.

*Public Law 105-369,  
enacted November 12*

Payments made under the Ricky Ray Hemophilia Relief Fund Act of 1998.

**2000**

*Public Law 106-554,  
enacted December 21*

Funds deposited by an individual in an Individual Development Account and the interest on those funds.

**2001**

*Public Law 107-16,  
enacted June 7*

The refundable child tax credit in the month of receipt and in the following month.

**2004**

*Public Law 108-203,  
enacted March 2*

Excludes grants, scholarships, fellowships, or gifts to be used for tuition or educational fees from an individual's countable resources for 9 months after the month of receipt.

**2005**

*Public Law 109-64,  
enacted September 20*

Amends the National Flood Insurance Act of 1968 to specify that assistance provided under a program for flood mitigation activities with respect to a property would not be considered income or a resource for SSI purposes.

**2008**

*Public Law 110-185,  
enacted February 13*

A rebate payment received under the Economic Stimulus Act of 2008, and any other credit or refund under section 6428 of the Internal Revenue Code, would not be included as a resource during the month of receipt or the following 2 months.

*Public Law 110-245,  
enacted June 17*

Excludes State-provided pensions for aged, blind, or disabled veterans (or their spouses) from resources consideration. Effective for benefits payable for months beginning 60 days after enactment.

**2009**

*Public Law 111-5,  
enacted February 17*

A one-time economic recovery payment of \$250 to SSI recipients will not be taken into account as a resource for the month of receipt and the following 9 months.

The Making Work Pay tax credit, which provides a tax credit in the form of decreased withholding by employers, will not be taken into account as a resource for the month of receipt and the following 2 months.

A one-time payment of \$15,000 for eligible Filipino veterans who are citizens of the United States and \$9,000 for eligible veterans who are noncitizens will

Act

**2010**

*Public Law 111-148,  
enacted March 23*

not be taken into account as a resource for SSI purposes, although interest earned on any such payment may be considered a resource.

Excludes incentives an SSI recipient with Medicaid receives for participating in an “Incentives for Prevention of Chronic Diseases in Medicaid” program from consideration as a resource.

*Public Law 111-255,  
enacted October 5*

Excludes the first \$2,000 received during a calendar year by an SSI recipient or spouse as compensation for participation in a clinical trial for rare diseases or conditions from consideration as a resource. The exclusion is effective for a 5-year period from date of enactment.

*Public Law 111-291,  
enacted December 8*

Excludes any settlement payments to American Indians under the Claims Resettlement Act of 2010 from consideration as a resource (for a period of 12 months from receipt).

*Public Law 111-312,  
enacted December 17*

Excludes Federal tax refunds and advance payment of refundable tax credits received after December 31, 2009 but before January 1, 2013 from consideration as a resource (for a period of 12 months from receipt).

**2013**

*Public Law 112-240,  
enacted January 2*

Makes permanent the 12-month resource exclusion of all refundable Federal advanced tax credits.

***c. Transfer-of-Resources Penalties***

**1980**

*Public Law 96-611,  
enacted December 28*

Assets transferred for less than fair market value for the purpose of establishing eligibility for benefits under the Social Security Act are counted as resources for 24 months after transfer.

**1988**

*Public Law 100-360,  
enacted July 1*

Removes the transfer-of-assets penalty for transfers made July 1, 1988, or later.

**1999**

*Public Law 106-169,  
enacted December 14*

Provides a penalty under the SSI program for the disposal of resources at less than fair market value. The penalty is a loss of benefits for up to 36 months. A formula is provided to determine the number of months.

**7. Presumptive and Emergency Payments and Interim Assistance Reimbursement**

***a. Presumptive Payments***

**1972**

*Public Law 92-603,  
enacted October 30*

A person applying on the basis of disability who meets all other criteria of eligibility, and is likely to be disabled, may receive payments for 3 months pending the disability determination.

**1976**

*Public Law 94-569,  
enacted October 20*

Presumptive payment provision was extended to persons applying on the basis of blindness.

Act

**1990**

*Public Law 101-508,  
enacted November 5*

Extends the period for receipt of payments to 6 months.

**b. Emergency Advance Payments**

**1972**

*Public Law 92-603,  
enacted October 30*

Any applicant who can be presumed to meet the criteria of eligibility, but has not yet been determined eligible and who is faced with a financial emergency may receive an immediate cash advance of up to \$100.

**1987**

*Public Law 100-203,  
enacted December 22*

Increases the maximum emergency advance payment amount to the maximum amount of the regular Federal SSI monthly benefit rate, plus, if any, the Federally-administered State supplementation payment.

**1996**

*Public Law 104-193,  
enacted August 22*

Applicants who have a financial emergency may receive an emergency advance payment in the month of application, which, effective with this law, is always prior to the first month of eligibility. These advance payments are recouped by proportional reductions in the recipient's first 6 months of SSI benefits.

**c. Interim Assistance Reimbursement**

**1974**

*Public Law 93-368,  
enacted August 7*

SSA may enter into agreements with the States to repay them directly for assistance payments made to an SSI applicant while his or her claim is being adjudicated. The repayment is made from the first check due to the individual. This legislation expires June 30, 1976.

**1976**

*Public Law 94-365,  
enacted July 14*

The authority to repay the State for interim assistance is made permanent.

**1987**

*Public Law 100-203,  
enacted December 22*

Extends interim assistance reimbursement to situations in which payments are made by States or political subdivisions to persons whose SSI payments were suspended or terminated and who subsequently are found to be eligible for such benefits. Also clarifies that the payment from which the interim assistance reimbursement is paid must be the first payment of benefits relating to the interim period.

**8. Medicaid Eligibility**

**1972**

*Public Law 92-603,  
enacted October 30*

States can provide Medicaid coverage to all recipients of SSI payments. Alternatively, they can limit coverage by applying more restrictive criteria from the State Medicaid plan in effect on January 1, 1972.

States can accept SSA determination of eligibility, or make their own determination.

**1976**

*Public Law 94-566,  
enacted October 20*

Preserves the Medicaid eligibility of recipients who become ineligible for cash SSI payments due to the cost-of-living increases in Social Security benefits.

## Act

**1980**

*Public Law 96-265,  
enacted June 9*

Blind or disabled recipients under age 65 no longer eligible for either regular or special SSI payments because of their earnings may retain SSI recipient status for Medicaid eligibility purposes under the following conditions: (1) they continue to have the disabling impairment, (2) they meet all nondisability eligibility criteria except for earned income, (3) they would be seriously inhibited from continuing employment without Medicaid services, and (4) their earnings are insufficient to provide a reasonable equivalent of SSI payments and Medicaid.

In States that do not provide Medicaid coverage categorically to all SSI recipients, qualification for Medicaid benefits depends on the State's specific eligibility and program requirements.

The Medicaid provision of the 1980 legislation was in effect from January 1, 1981, through December 31, 1983. Under a 1-year demonstration project, beginning January 1, 1984, this provision was continued for persons already eligible for regular or special SSI payments or for retention of Medicaid eligibility.

**1984**

*Public Law 98-460,  
enacted October 9*

Medicaid provision of 1980 legislation extended through June 30, 1987 (retroactive to January 1, 1984).

**1986**

*Public Law 99-272,  
enacted April 7*

Restores Medicaid eligibility for some disabled widow(er)s who became ineligible for SSI when their OASDI benefits increased in 1984 because of a change in the Social Security disabled widow(er)s benefits reduction factor.

*Public Law 99-643,  
enacted November 10*

The SSI recipient status for Medicaid eligibility provision of the 1980 amendments is made permanent.

Effective July 1, 1987, certain expenses are excluded from earnings when determining sufficiency of earnings to establish SSI recipient status eligibility for Medicaid purposes:

- Impairment-related work expenses of disabled persons;
- Work expenses of blind persons;
- Income required for achieving an approved self-support plan; and
- The value of publicly funded attendant care services.

Effective July 1, 1987, preserves the Medicaid eligibility of recipients who become ineligible for SSI payments because of entitlement to, or an increase in, Social Security disabled adult child benefits on or after the effective date.

Effective July 1, 1987, requires all States to provide Medicaid coverage for recipients in special SSI status (either receiving special SSI payments or in the special recipient status described for 1980) if they received Medicaid coverage the month before special SSI status.

**1987**

*Public Law 100-203,  
enacted December 22*

Effective July 1, 1988, restores or preserves the Medicaid eligibility of persons aged 60 or older who are eligible for Social Security benefits as widows or widowers (but not eligible for Medicare) and who become ineligible for SSI payments or State supplementation because of the receipt of old-age or survivors insurance benefits under Social Security.

Act

**1990**

*Public Law 101-508,  
enacted November 5*

Age limit for retention of SSI recipient status for Medicaid eligibility purposes (1980 and subsequent work incentive provisions, above) is eliminated.

Preserves the Medicaid eligibility of SSI recipients who become ineligible for payments when they become entitled to Social Security disabled widow(er)s benefits following the revised definition used for their disability.

**1997**

*Public Law 105-33,  
enacted August 5*

Requires States to continue Medicaid coverage for disabled children who were receiving SSI payments as of August 22, 1996 and would have continued to be eligible for such payments except that their eligibility terminated because they did not meet the revised SSI childhood disability standard established under Public Law 104-193.

**2006**

*Public Law 109-171,  
enacted February 5*

Begins Medicaid coverage for children who are eligible for SSI effective the month the SSI application is filed or the first month of SSI eligibility, whichever is later. (Under prior law, Medicaid eligibility for such children began the month following the month of the SSI application or first eligibility.)

**9. State Supplementation**

**1972**

*Public Law 92-603,  
enacted October 30*

States are given the option of providing supplementary payments both to recipients transferred from the State program and to those newly eligible for SSI.

States may either administer the payments themselves or have the Social Security Administration make payments on their behalf. When State supplementation is Federally-administered, the Social Security Administration makes eligibility and payment determinations for the State and assumes administrative costs.

“Hold harmless” protection, which limits a State’s fiscal liability to its share of Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally disabled expenditures for calendar year 1972, is provided to States electing Federal administration of their supplementary plans. This provision applies only to supplementary payments that do not, on average, exceed a State’s “adjusted payment level.” (The adjusted payment level is the average of the payments that individuals with no other income received in January 1972; it may include the bonus value of food stamps. Adjustments are provided for payments that had been below State standards.)

**1973**

*Public Law 93-66,  
enacted July 9*

Provides for mandatory State supplementation as assurance against reduction of income for persons who received State assistance in December 1973 and were transferred to SSI. These supplementary payments must equal the difference between: (1) the amount of the State assistance payment that the individual received in December 1973 plus other income; and (2) his or her Federal SSI payment plus other income.

**1976**

*Public Law 94-585,  
enacted October 21*

After June 30, 1977, when the Federal SSI payment level is increased by a cost-of-living increase, such an increase will be excluded in calculating the “hold harmless” amount.



## Act

- Requires States to maintain State supplementation payments at the level of December 1976 (“maintenance of payments”) or to continue to pay in supplements the same total annual amounts (“maintenance of expenditures”) when the Federal SSI payment level is increased and thereby pass through any increases in Federal benefits without reducing State supplements.
- 1982**  
*Public Law 97-248, enacted September 3*
- Begins a 3-year phase out of “hold harmless” protection. Effective with fiscal year 1985, Wisconsin and Hawaii (the only remaining “hold harmless” States) assumed the full cost of their supplementary payments.
- 1983**  
*Public Law 98-21, enacted April 20*
- Federal pass-through law is adjusted: (1) by substituting the State supplementation payment levels in effect in March 1983 for those in effect in December 1976 as the levels that States must maintain in complying with the pass-through requirements, and (2) with regard to the \$20 (individual) and \$30 (couple) increase in the Federal SSI standard in July 1983, by requiring States to pass through only as much as would have been required if the SSI cost-of-living adjustment had been made in July 1983.
- 1987**  
*Public Law 100-203, enacted December 22*
- Provides for Federal administration of State supplements to residents of medical institutions.
- Provides for required pass through of \$5 increase in Federal rate for persons whose care in institutions is paid in substantial part by Medicaid.
- 1993**  
*Public Law 103-66, enacted August 10*
- Requires States to pay fees for Federal administration of their State supplementation payments. The fees are \$1.67 for each monthly supplementary payment in fiscal year 1994, \$3.33 in fiscal year 1995, and \$5.00 in fiscal year 1996. Fees for subsequent fiscal years will be \$5.00 or another amount determined by the Commissioner to be appropriate. The Commissioner may charge the States additional fees for services they request that are beyond the level customarily provided in administering State supplementation payments.
- 1997**  
*Public Law 105-33, enacted August 5*
- Revises the schedule of per-payment fees for Federal administration of State supplementation for fiscal years 1998 (\$6.20) through 2002 (\$8.50) and provides a formula for determining the fee beyond fiscal year 2002.
- 1999**  
*Public Law 106-170, enacted December 17*
- A State that has an agreement with SSA to administer its supplementation payments, must remit both payments and fees prior to the SSI payment date.
- 2000**  
*Public Law 106-554, enacted December 21*
- Changes the effective date of above provision from 2009 to 2001.
- 10. Overpayment Recovery**
- 1984**  
*Public Law 98-369, enacted July 18*
- Limits the rate of recovering overpayments from monthly payments to the lesser of: (1) the monthly payment; or (2) 10 percent of a recipient’s monthly income. Permits a higher or lower adjustment at the request of the recipient subject to the agreement of the Commissioner. The limit does not apply if fraud, willful mis-

Act

representation, or concealment of material information was involved on the part of the recipient or spouse in connection with the overpayment.

Waives recovery of certain overpayments due to amount of excess resources of \$50 or less.

Provides authority for the recovery of overpayments from tax refunds.

**1998**

*Public Law 105-306,  
enacted October 28*

Authorizes SSA to collect SSI overpayments for individuals not currently eligible for SSI cash benefits by offsetting OASDI benefits, with a maximum monthly offset of no more than 10 percent of the Social Security benefit. The limit does not apply if fraud, willful misrepresentation, or concealment of material information was involved on the part of the recipient or spouse in connection with the overpayment.

**1999**

*Public Law 106-169,  
enacted December 14*

Makes a representative payee liable for an SSI overpayment caused by a payment made to the representative payee on behalf of a recipient, after the recipient's death and requires SSA to establish an overpayment control record under the representative payee's Social Security number.

Requires SSA to recover SSI overpayments from SSI lump-sum amounts by withholding at least 50 percent of the lump-sum payment or the amount of the overpayment, whichever is less.

Extends all of the debt collection authorities currently available for the collection of overpayments under the OASDI program to the SSI program.

**2004**

*Public Law 108-203,  
enacted March 2*

Provides for recovery of overpayment of SSI benefits by withholding from OASDI and Special Veterans' benefits up to 100 percent of any underpayment of benefits and 10 percent of ongoing monthly benefits. The 10 percent limit does not apply if fraud, willful misrepresentation, or concealment of material information was involved on the part of the recipient or spouse in connection with the overpayment.

Also provides for recovery of overpayment of OASDI or Special Veterans' benefits by withholding from SSI up to 100 percent of any underpayment of benefits but limits any recovery from SSI benefits to the lesser of 100 percent of the monthly benefit or 10 percent of the individual's total monthly income.

Effective with respect to overpayments that are outstanding at the time of enactment.

**11. Fees for Attorneys and Non-Attorney Representatives**

**2004**

*Public Law 108-203,  
enacted March 2*

Extends the current OASDI attorney fee withholding process to SSI for a period of 5 years to attorneys. Also extends OASDI and SSI fee withholding provisions to qualified non-attorneys effective with the implementation of the 5-year demonstration project mentioned below.

Authorizes a 5-year demonstration project that extends attorney fee withholding and direct pay procedures to qualified non-attorney representatives.

*Act*

**2010**

*Public Law 111-142,  
enacted February 27*

Permanently extends the OASDI fee withholding and direct pay procedures to attorney and qualified non-attorney representatives of SSI recipients. The prior authority expired February 28, 2010.

## ***B. INCOME AND RESOURCE EXCLUSIONS***

### **1. Earned Income Exclusions**

- Any refund of Federal income taxes received under section 32 of the Internal Revenue Code (relating to earned income tax credit) and any payment received under section 3507 of the Internal Revenue Code (relating to advance payment of earned income tax credit);
- Amounts received pursuant to the Making Work Pay tax credit set forth in the American Recovery and Reinvestment Act of 2009;
- Any refundable child tax credit;
- The first \$30 of earned income in a quarter if it is infrequent or irregular, that is: (1) if it is received only once in a calendar quarter from a single source and is not also received in the month immediately preceding or the month immediately following the month of receipt regardless of whether or not these payments occur in different calendar quarters; or (2) if its receipt cannot reasonably be expected;
- Up to \$1,730<sup>1</sup> per month but not more than \$6,960 in a calendar year received by a blind or disabled recipient who is a working student under age 22 and regularly attending school;
- Any portion of the monthly \$20 exclusion that we did not exclude from unearned income;
- \$65 of earned income in a month;
- Amounts used to pay impairment-related work expenses if a recipient is disabled (but not blind) and under age 65 or is disabled (but not blind) and receiving Supplemental Security Income (SSI) (or disability payments under a former State plan) before age 65<sup>2</sup>;
- One-half of remaining earned income in a month;
- Earned income used to meet any expenses reasonably attributable to the earning of the income if the recipient is blind and under age 65 or if he or she received SSI as a blind person prior to age 65<sup>2</sup>;
- Any earned income received and used to fulfill an approved plan to achieve self-support if the recipient is blind or disabled and under age 65 or is blind or disabled and received SSI as a blind or disabled individual in the month before he or she attained age 65;
- Cash or in-kind income provided under an AmeriCorps program;
- Any earned income deposited into either a Temporary Assistance for Needy Families (TANF) or “Assets for Independence Act” Individual Development Account (IDA); and
- Many Federal laws in addition to the Social Security Act provide for the exclusion of earned income for SSI purposes. For the most part, the income received under these laws relates to assistance received in the form of food, housing and utilities, educational and employment benefits or benefits derived from being a member of a Native American tribe. A complete list of laws that exclude earned income under SSI can be found in the Federal Regulations Appendix to Subpart K 20 CFR 416.

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<sup>1</sup> Effective January 1, 2013 (77 FR 65754). Based on changes in the cost of living the student earned income exclusion increases yearly .

<sup>2</sup> Amounts used to pay impairment-related work expenses are deducted before the one-half of earned income deduction, whereas amounts used to pay the work expenses of the blind are deducted after the one-half of earned income deduction. As a result, amounts of blind work expenses reduce SSI earned income to a greater degree than impairment-related work expenses.

## 2. Unearned Income Exclusions

- Any public agency's refund of taxes on real property or food;
- Assistance based on need wholly funded by a State or one of its political subdivisions. This exclusion includes State supplementation of Federal SSI benefits but does not include payments under a Federal/State grant program such as TANF;
- Any portion of a grant, scholarship, fellowship, or gift to an individual used for paying tuition, fees or other necessary educational expenses<sup>1</sup>;
- Food raised by a household if it is consumed by that household;
- Assistance received under the Disaster Relief and Emergency Assistance Act and assistance provided under any Federal statute because of a catastrophe that the President of the United States declares to be a major disaster;
- Assistance received under a program for flood mitigation activities;
- The first \$60 of unearned income in a quarter if it is infrequent or irregular, that is: (1) if it is received only once in a calendar quarter from a single source and is not also received in the month immediately preceding or the month immediately following the month of receipt regardless of whether or not these payments occur in different calendar quarters; or (2) if its receipt cannot reasonably be expected;
- Any unearned income received and used to fulfill an approved plan to achieve self-support if the recipient is blind or disabled and under age 65, or if the recipient is blind or disabled and received SSI as a blind or disabled individual in the month before he or she attained age 65;
- Periodic payments made by a State under a program established before July 1, 1973, and based solely on the recipient's length of residence and attainment of age 65;
- Payments for providing foster care to an ineligible child placed in the recipient's home by a public or private nonprofit child placement or child care agency;
- Any interest earned on excluded burial funds and any appreciation in the value of an excluded burial arrangement left to accumulate and become part of the separately identifiable burial fund;
- Certain support and maintenance assistance provided in the form of home energy assistance;
- One-third of support payments made by an absent parent if the recipient is a child;
- The first \$20 of unearned income in a month other than income in the form of in-kind support and maintenance received in the household of another and income based on need;
- The value of any assistance paid with respect to a dwelling unit under the United States Housing Act of 1937, the National Housing Act, section 101 of the Housing and Urban Development Act of 1965, Title V of the Housing Act of 1949, or section 202(h) of the Housing Act of 1959;
- Any interest accrued on and left to accumulate as part of the value of an excluded burial space purchase agreement (effective April 1, 1990) and any interest earned on the value of nonexcludable burial funds and burial space purchase agreements is excluded from income (effective July 1, 2004);

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<sup>1</sup> Funds used for food or shelter are not exclusions.

- The value of any commercial transportation ticket, for travel by a recipient or his or her spouse among the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa and the Northern Mariana Islands, that is received as a gift and is not converted to cash;
- Payments received from a fund established by a State to aid victims of crime;
- State-provided pensions to aged, blind, or disabled veterans (or their spouses);
- Relocation assistance provided by a State or local government that is comparable to assistance provided under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
- Hostile fire pay received from one of the uniformed services pursuant to 37 U.S.C. 310 and other kinds of additional pay received by military personnel in a combat zone;
- Interest or other earnings on a dedicated account excluded from resources;
- In-kind gifts not converted to cash and the first \$2,000 annually of cash gifts made by tax-exempt organizations, such as the Make-A-Wish Foundation, to, or for the benefit of, individuals under age 18 with life-threatening conditions;
- Payments made under the Ricky Ray Hemophilia Relief Fund Act of 1998;
- Up to \$2,000 per calendar year in compensation for participating in clinical trials researching treatment of rare diseases and conditions<sup>1</sup>;
- TANF funds made available to an SSI recipient as part of an IDA;
- Amounts received from the Filipino Veterans Equity Compensation Fund set forth in the American Recovery and Reinvestment Act of 2009;
- Amounts received by Medicaid beneficiaries from the “Incentives for Prevention of Chronic Diseases in Medicaid” program established by the Affordable Care Act of 2010;
- Payments to Indian landowners made in accordance with the *Cobell v. Salazar, et al.* lawsuit settlement, as ratified by the Claims Resettlement Act of 2010;
- Refundable tax credits (or advance payment of such credits);
- Deposits made by a participating individual or a sponsoring nonprofit organization or State or local government into an IDA under the Assets for Independence Act IDA demonstration project and interest earned on these deposits;
- Unearned income excluded by other Federal laws. See Federal Regulations Appendix to Subpart K 20 CFR 416; and
- Generally, all interest and dividend income earned on countable resources.

### 3. Resource Exclusions

- The home in which an individual has ownership interest and that serves as the individual’s principal place of residence (including the land appertaining thereto);

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<sup>1</sup> This unearned income exclusion was authorized by the Improving Access to Clinical Trials Act of 2010. The exclusion sunsets five years after the date of enactment (in October 2015).

- Household goods and personal effects;
- One automobile if used for transportation for the beneficiary or a member of the beneficiary's household;
- Property used in a trade or business that is essential to self-support;
- Up to \$6,000 of nonbusiness property that is essential to self-support;
- Resources of a blind or disabled individual that are necessary to fulfill an approved plan to achieve self-support;
- Stock in regional or village corporations held by natives of Alaska during the 20-year period in which the stock is inalienable pursuant to the Alaska Native Claims Settlement Act;
- Life insurance owned by an individual (and spouse, if any) provided that all life insurance on any person does not exceed a face value of \$1,500;
- Restricted allotted Indian lands;
- Disaster relief assistance;
- Assistance received under a program for flood mitigation activities;
- Burial spaces and certain funds up to \$1,500 for burial expenses;
- SSI or Old-Age, Survivors, and Disability Insurance retroactive payments (for 9 months following the month of receipt);
- The value of any assistance paid with respect to a dwelling unit under the United States Housing Act of 1937, the National Housing Act, section 101 of the Housing and Urban Development Act of 1965, Title V of the Housing Act of 1949, or section 202(h) of the Housing Act of 1959;
- Refunds of Federal income taxes and advances made by an employer relating to an earned income tax credit (for 9 months following the month of receipt)<sup>1</sup>;
- One-time economic recovery payment received under the American Recovery and Reinvestment Act of 2009, for the month of receipt and the following 9 months;
- Amounts received pursuant to the Making Work Pay tax credit set forth in the American Recovery and Reinvestment Act of 2009 for the month of receipt and the following 12 months<sup>2</sup>;
- Amounts received from the Filipino Veterans Equity Compensation Fund set forth in the American Recovery and Reinvestment Act of 2009;
- Refundable child tax credit (for 12 months following the month of receipt);
- Refundable tax credits (or advance payment of such credits) for 12 months following the month of receipt<sup>3</sup>;

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<sup>1</sup> Lawmakers extended the exclusion period from 9 to 12 months by the Tax Relief, Unemployment Insurance Reauthorization, and Job Creation Act of 2010, for refunds or credits received between January 1, 2010 and December 31, 2012. On January 1, 2013, the period reverted to 9 months.

<sup>2</sup> Lawmakers extended the exclusion period from 2 to 12 months by the Tax Relief, Unemployment Insurance Reauthorization, and Job Creation Act of 2010, for refunds or credits received between January 1, 2010 and December 31, 2012.

<sup>3</sup> Prior to the enactment of the American Taxpayer Relief Act of 2012 (P.L. 112-240) on January 2, 2013, this resource exclusion applied to such tax credits received between January 1, 2010 and December 31, 2012. P.L. 112-240 made the 12-month resource exclusion permanent.

- Grants, scholarships, fellowships or gifts to be used for tuition or educational fees (for 9 months following the month of receipt);
- Payments received as compensation for replacement or repair of losses, damages, or theft (for 9 months following the month of receipt);
- Relocation assistance from a State or local government (for 9 months following the month of receipt);
- Payments made from State-provided pensions to aged, blind, or disabled veterans (or their spouses);
- Dedicated financial institution accounts for disabled children;
- In-kind gifts not converted to cash and the first \$2,000 annually of cash gifts made by tax-exempt organizations, such as the Make-A-Wish Foundation, to, or for the benefit of, individuals under age 18 with life-threatening conditions;
- Up to \$2,000 per calendar year in compensation for participating in clinical trials researching treatment of rare diseases and conditions;
- Amounts received by Medicaid beneficiaries from the “Incentives for Prevention of Chronic Diseases in Medicaid” program established by the Affordable Care Act of 2010;
- Payments to Indian landowners made in accordance with the *Cobell et al. v. Salazar et al.* lawsuit settlement, as ratified by the Claims Resettlement Act of 2010 (for 12 months following the month of receipt);
- Payments made under the Ricky Ray Hemophilia Relief Fund Act of 1998;
- Amounts deposited into either a TANF or Assets for Independence Act IDA, including matching funds and interest earned on such amounts;
- Certain trusts (e.g., those established by will or certain Medicaid trusts that will repay the State, upon the death of the beneficiary, for the costs of medical assistance provided to that individual); and
- Payments or benefits provided under a Federal statute other than Title XVI of the Social Security Act where exclusion is provided by such statute.



### C. HISTORICAL ALLOWANCE DATA

At the end of 2012, 86 percent of Supplemental Security Income (SSI) recipients were receiving benefits based on disability or blindness. Individuals file claims at a local Social Security office, and we send claims requiring an evaluation of disability to the State disability determination services (DDS) for a disability decision. Applicants may appeal unfavorable initial DDS decisions. Historically, the State DDS conducted the first level of appeal—the reconsideration appeal step. Persons denied at the reconsideration level could then request a hearing before an administrative law judge (ALJ) and, if dissatisfied with the hearing decision, could request a review by the Appeals Council. Those dissatisfied with the Appeals Council’s action could seek further relief through the Federal court system. This appeals process is still in effect for the majority of new applicants.<sup>1</sup> However, since the mid-1990s the Social Security Administration (SSA) has conducted small pilots testing revisions to this process and introduced a modification of this process that 10 States utilize for applications filed on or after October 1, 1999. The revised process eliminates the reconsideration step, so the first level of appeal of an initial determination is a request for hearing before an ALJ.

This process of application and appeal can span several years. However, before 1993 the only data available on the disability determination process resided in files compiled at each separate stage of the process and only captured various point-in-time snapshots. Only a longitudinal database of administrative records at all stages of appeal can provide a complete picture of the disability determination process. Beginning in 1993, SSA’s Office of Disability Programs constructed such a longitudinal database (the “Disability Research File”) to assist the agency in understanding and managing this process. However, we did encounter some problems in the construction of this database due to inconsistencies in the data collected from all the respective levels of appeal. The following sections present some additional details and qualifications essential to a complete understanding of the resulting data. Following these technical notes, tables V.C1 and V.C2 present the latest available summary of results on disability determinations under Title XVI.

#### 1. Technical Notes on the Disability Research File

*Methods used to build the Title XVI Disability Research File*—The “base” file for the Title XVI research file is the Supplemental Security Record. We match the “base” file against records from various other administrative sources, including transactions from the disability determination (SSA-831) files, Social Security number identification records and earnings data, and Office of Disability Adjudication and Review (ODAR) appeals data.

Creating the Disability Research file is a cumbersome process; it involves about 200 steps and generally requires 2 to 4 months to complete. The process is complex because we assemble the file based on filing date cohorts, and many of the source files do not contain a filing date. The basic data sources provide information for the three most recent calendar year cohorts. Older calendar year cohorts reflect updated activity since the last time we built the file. Since the process is so time-consuming, we update the research file only annually (usually beginning in July); research file data are not yet available for claims filed in 2012.

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<sup>1</sup> SSA first implemented the Disability Service Improvement (DSI) process in the Boston region in August 2006. The DSI process eliminated reconsideration as the first level of appeal of an initial disability determination and introduced review by the Office of the Federal Reviewing Official (OFedRO) in its place. By final rule published in the Federal Register (73 FR 2411) SSA suspended new claims to the OFedRO level; this change was effective March 23, 2008 (73 FR 10381). For those initial disability appeals that had not been transferred to OFedRO on or before the effective date, the procedure for the first level of appeal reverted to that which was in place prior to August 2006, (i.e., reconsideration). The DSI regulations also modified administrative appeal of an ALJ’s decision or dismissal by: (1) setting requirements on the timeliness for submission of evidence for consideration by the ALJ; and (2) eliminating the Appeals Council as a separate appeals step. By final rule (76 FR 24802), we restored the Appeals Council appeal step, although the other modifications concerning which evidence can be considered remain in effect in the Boston region.

*Methods used for estimating results (through January 2013) for claims filed in 2012*—Although decision counts are available for 2012 filers from many of the “source” files, those counts do not translate directly into the claims/appeals counts in the following tables because we consolidate multiple transactions and apply claims-based tolerance rules when we build the research file.

To prepare preliminary estimates of results through January 2013 for 2012 filers, we started from the latest available transaction data, such as the SSA-831 data, and took into account recent years’ experience of the relationship between corresponding earlier transaction data and the resulting claims/appeals data in completed research files. We estimate ODAR appeals activity from a file that tracks individual claimants, rather than individual claims, which has resulted in a slight undercount of ODAR activity. Recent revocation of the agency’s “subsequent application” policy should largely eliminate the disparity between claims and claimants.

While we believe that these methods are reasonable, we emphasize that the resulting estimates may not be completely reliable, especially because the estimates give results only through January 2013, whereas the final research files will reflect information through June 2013. Actual data for 2012 will replace these estimates in the 2014 Annual Report.

## **2. General Considerations**

Some general points that apply to tables V.C1 and V.C2 are as follows:

- Data for 1988-2011 filers are as of June 2012 for decisions at the DDS level. Results for those years’ filers include results at the hearing and Appeals Council levels and Federal courts through July 2012.
- Data for 2012 filers are preliminary estimates as of January 2013, and reflect larger numbers of claims still pending. January 2013 data on number of appeals may be too low because larger numbers of claimants are still within the period allowed for filing an appeal (i.e., larger numbers of recently denied claimants who have not yet filed an appeal may appeal before the time limit runs out).
- Remaining appeals will affect the results. Since we usually decide allowances more quickly than denials, we expect that the percent allowed will ultimately be lower when the processing of all cases is complete.
- In certain pilot activities and under the revised process introduced October 1, 1999 in 10 States, individuals can appeal initial denials directly to ODAR without a separate reconsideration step. As a result, the appeals of initial denials in these tables include cases that will not receive a decision at the reconsideration level.
- The tables do not show the cases appealed to the OFedRO level under the DSI process separately, but we included these cases in the reconsideration counts.
- In reports issued in 2010 and earlier, we counted allowances at the highest adjudicative level a filer reached. Beginning with data in the 2011 Annual Report for claims filed after 1999, we now count allowances at the earliest adjudicative level of allowance. For claims filed prior to 2000, we continue to count allowances at the highest adjudicative level reached.

**Table V.C1.—Disabled Adult Claims: Disposition of Applications for SSI Disability Benefits by Year of Filing<sup>a</sup> and Level of Decision<sup>b</sup>**

Calendar year of filing	Total claims filed	Initial decisions						
		Pending	Allowances		Denials		Appeals of initial denials	
			Number	Percent <sup>c</sup>	Number	Percent <sup>c</sup>	Number <sup>d</sup>	Percent <sup>e</sup>
1988	946,603	—	272,204	28.8	674,399	71.2	265,151	39.3
1989	969,218	—	292,044	30.1	677,174	69.9	274,823	40.6
1990	1,099,805	—	347,823	31.6	751,982	68.4	320,207	42.6
1991	1,288,331	—	415,336	32.2	872,995	67.8	383,669	43.9
1992	1,415,624	—	436,888	30.9	978,736	69.1	433,244	44.3
1993	1,503,278	—	416,300	27.7	1,086,978	72.3	485,166	44.6
1994	1,436,958	—	353,995	24.6	1,082,963	75.4	482,533	44.6
1995	1,318,416	—	323,084	24.5	995,332	75.5	439,166	44.1
1996	1,247,926	—	305,351	24.5	942,575	75.5	406,425	43.1
1997	1,110,898	—	292,839	26.4	818,059	73.6	357,973	43.8
1998	1,108,957	—	322,734	29.1	786,223	70.9	339,288	43.2
1999	1,105,109	—	326,734	29.6	778,375	70.4	340,114	43.7
2000	1,139,623	—	347,024	30.5	792,599	69.5	338,664	42.7
2001	1,216,040	—	368,981	30.3	847,059	69.7	360,793	42.6
2002	1,322,451	—	374,373	28.3	948,078	71.7	405,333	42.8
2003	1,403,003	—	382,013	27.2	1,020,990	72.8	431,546	42.3
2004	1,475,149	—	387,857	26.3	1,087,292	73.7	434,283	39.9
2005	1,470,300	—	373,582	25.4	1,096,718	74.6	420,489	38.3
2006	1,499,551	—	367,973	24.5	1,131,578	75.5	428,268	37.8
2007	1,506,654	—	376,632	25.0	1,130,022	75.0	436,633	38.6
2008	1,602,444	—	418,258	26.1	1,184,186	73.9	487,369	41.2
2009	1,831,721	—	465,276	25.4	1,366,445	74.6	572,241	41.9
2010	1,882,425	—	447,667	23.8	1,434,758	76.2	612,980	42.7
2011	1,845,764	17,420	414,587	22.7	1,413,757	77.3	611,125	43.2
2012	1,804,519	342,539	397,812	27.2	1,064,168	72.8	393,954	37.0

Calendar year of filing	Reconsiderations <sup>f</sup>						Appeals beyond reconsideration <sup>g</sup>			
	Pending	Allowances		Denials	Appeals of reconsideration denials		Pending <sup>i</sup>	Allowances		
		Number	Percent <sup>c</sup>		Number <sup>h</sup>	Percent <sup>e</sup>		Number	Percent <sup>j</sup>	Denials <sup>k</sup>
1988	—	38,385	14.5	226,766	140,663	62.0	—	82,414	58.6	58,249
1989	—	43,505	15.8	231,318	146,082	63.2	—	90,169	61.7	55,913
1990	—	52,055	16.3	268,152	175,520	65.5	—	109,098	62.2	66,422
1991	—	59,157	15.4	324,512	221,816	68.4	—	139,698	63.0	82,118
1992	—	58,819	13.6	374,425	260,554	69.6	—	159,084	61.1	101,470
1993	—	57,938	11.9	427,228	294,801	69.0	—	170,402	57.8	124,399
1994	—	55,822	11.6	426,711	293,448	68.8	—	164,537	56.1	128,911
1995	—	51,697	11.8	387,469	264,270	68.2	—	143,582	54.3	120,688
1996	—	49,263	12.1	357,162	242,407	67.9	—	133,323	55.0	109,084
1997	—	47,573	13.4	306,561	213,969	69.8	—	121,619	55.8	96,189
1998	—	46,507	13.7	292,272	203,767	69.7	—	115,323	56.5	88,953
1999	—	40,375	12.5	283,475	199,371	70.3	—	117,431	54.5	98,204
2000	—	37,768	13.4	243,790	173,465	71.2	—	122,829	53.3	107,742
2001	—	37,388	13.2	246,613	174,286	70.7	—	133,018	53.0	118,060
2002	—	38,617	12.2	277,567	195,633	70.5	—	150,228	52.8	134,554
2003	—	39,086	11.5	300,283	210,217	70.0	—	159,460	52.7	142,934
2004	—	37,197	10.9	302,649	211,503	69.9	—	163,761	53.5	142,179
2005	—	34,753	10.6	293,829	205,932	70.1	581	163,067	54.9	134,191
2006	—	34,145	10.3	298,918	210,685	70.5	1,537	169,390	55.7	134,963
2007	—	35,893	10.6	304,060	215,543	70.9	4,847	169,203	55.0	138,173
2008	—	40,868	10.7	341,794	245,570	71.8	13,946	182,300	54.2	154,031
2009	—	43,507	9.7	406,284	295,671	72.8	49,303	193,778	52.5	175,040
2010	—	40,749	8.4	443,013	328,452	74.1	158,768	150,876	50.5	148,026
2011	59,968	31,610	7.6	385,524	279,133	72.4	340,596	33,903	46.7	38,657
2012	100,280	18,741	9.2	184,608	110,806	60.0	192,569	5,507	64.3	3,055

**Table V.C1.—Disabled Adult Claims: Disposition of Applications for SSI Disability Benefits by Year of Filing<sup>a</sup> and Level of Decision<sup>b</sup> (Cont.)**Selected summary case information by decision status: *Numbers of cases*

Calendar year of filing	Total claims filed	Initial decisions pending	Total initial decisions	Allowances	Denials	
					Appeal decision pending	No appeal pending
1988	946,603	—	946,603	393,003	—	553,600
1989	969,218	—	969,218	425,718	—	543,500
1990	1,099,805	—	1,099,805	508,976	—	590,829
1991	1,288,331	—	1,288,331	614,191	—	674,140
1992	1,415,624	—	1,415,624	654,791	—	760,833
1993	1,503,278	—	1,503,278	644,640	—	858,638
1994	1,436,958	—	1,436,958	574,354	—	862,604
1995	1,318,416	—	1,318,416	518,363	—	800,053
1996	1,247,926	—	1,247,926	487,937	—	759,989
1997	1,110,898	—	1,110,898	462,031	—	648,867
1998	1,108,957	—	1,108,957	484,564	—	624,393
1999	1,105,109	—	1,105,109	484,540	—	620,569
2000	1,139,623	—	1,139,623	507,621	—	632,002
2001	1,216,040	—	1,216,040	539,387	—	676,653
2002	1,322,451	—	1,322,451	563,218	—	759,233
2003	1,403,003	—	1,403,003	580,559	—	822,444
2004	1,475,149	—	1,475,149	588,815	—	886,334
2005	1,470,300	—	1,470,300	571,402	581	898,317
2006	1,499,551	—	1,499,551	571,508	1,537	926,506
2007	1,506,654	—	1,506,654	581,728	4,847	920,079
2008	1,602,444	—	1,602,444	641,426	13,946	947,072
2009	1,831,721	—	1,831,721	702,561	49,303	1,079,857
2010	1,882,425	—	1,882,425	639,292	158,768	1,084,365
2011	1,845,764	17,420	1,828,344	480,100	400,564	947,680
2012	1,804,519	342,539	1,461,980	422,060	292,849	747,071

**Table V.C1.—Disabled Adult Claims: Disposition of Applications for SSI Disability Benefits by Year of Filing<sup>a</sup> and Level of Decision<sup>b</sup> (Cont.)**

Selected summary case information by decision status

Calendar year of filing	Numbers as a percentage of total claims filed				Numbers as a percentage of total initial decisions		
	Initial decision pending	Allowances	Denials		Allowances	Denials	
			Appeal decision pending	No appeal pending		Appeal decision pending	No appeal pending
1988	—	41.5	—	58.5	41.5	—	58.5
1989	—	43.9	—	56.1	43.9	—	56.1
1990	—	46.3	—	53.7	46.3	—	53.7
1991	—	47.7	—	52.3	47.7	—	52.3
1992	—	46.3	—	53.7	46.3	—	53.7
1993	—	42.9	—	57.1	42.9	—	57.1
1994	—	40.0	—	60.0	40.0	—	60.0
1995	—	39.3	—	60.7	39.3	—	60.7
1996	—	39.1	—	60.9	39.1	—	60.9
1997	—	41.6	—	58.4	41.6	—	58.4
1998	—	43.7	—	56.3	43.7	—	56.3
1999	—	43.8	—	56.2	43.8	—	56.2
2000	—	44.5	—	55.5	44.5	—	55.5
2001	—	44.4	—	55.6	44.4	—	55.6
2002	—	42.6	—	57.4	42.6	—	57.4
2003	—	41.4	—	58.6	41.4	—	58.6
2004	—	39.9	—	60.1	39.9	—	60.1
2005	—	38.9	1	61.1	38.9	1	61.1
2006	—	38.1	0.1	61.8	38.1	0.1	61.8
2007	—	38.6	.3	61.1	38.6	.3	61.1
2008	—	40.0	.9	59.1	40.0	.9	59.1
2009	—	38.4	2.7	59.0	38.4	2.7	59.0
2010	—	34.0	8.4	57.6	34.0	8.4	57.6
2011	0.9	26.0	21.7	51.3	26.3	21.9	51.8
2012	19.0	23.4	16.2	41.4	28.9	20.0	51.1

<sup>a</sup> Data for claims filed in 1988-2011 reflect results as of June 2012 at the DDS level and as of July 2012 at the ODAR level. The numbers of total claims filed for 2009-2011 are subject to change. Data for claims filed in 2012 are preliminary estimates as of January 2013. The ultimate numbers of allowances and denials are subject to change until all initial decisions have been completed and all appeals are final.

<sup>b</sup> For claims filed in 2000 or later, we count allowances at the earliest adjudicative level of allowance. We count allowances for claims filed prior to 2000 at the highest adjudicative level reached.

<sup>c</sup> Percentage of decisions at this level

<sup>d</sup> Includes certain cases that can be appealed directly to the hearing level.

<sup>e</sup> Percentage of denials at this level appealed to next level.

<sup>f</sup> Includes cases reviewed by Federal Reviewing Officials (FedRO) during the period August 2006 through November 2008 as part of the DSI process.

<sup>g</sup> Includes cases appealed to the hearing and Appeals Council levels and to the Federal courts.

<sup>h</sup> Number of persons appealing beyond the reconsideration level.

<sup>i</sup> Includes cases remanded to SSA from the Federal courts.

<sup>j</sup> Percentage of decisions at this level. For years in which decisions are still pending, the preliminary percentage shown is expected to ultimately be lower as all cases are processed. This occurs because allowances are generally processed more quickly than denials.

<sup>k</sup> Includes denied claims where the final administrative action was a dismissal of an appeal request (e.g., the appeal was not filed timely or the applicant failed to appear at the scheduled hearing).

<sup>l</sup> Less than 0.05 percent

**Table V.C2.—Disabled Child Claims: Disposition of Applications for SSI Disability Benefits by Year of Filing<sup>a</sup> and Level of Decision<sup>b</sup>**

Calendar year of filing	Total claims filed	Initial decisions						
		Pending	Allowances		Denials		Appeals of initial denials	
			Number	Percent <sup>c</sup>	Number	Percent <sup>c</sup>	Number <sup>d</sup>	Percent <sup>e</sup>
1991	250,962	—	148,220	59.1	102,742	40.9	24,702	24.0
1992	372,971	—	189,079	50.7	183,892	49.3	49,297	26.8
1993	496,131	—	212,268	42.8	283,863	57.2	75,967	26.8
1994	525,013	—	172,219	32.8	352,794	67.2	92,093	26.1
1995	487,730	—	144,231	29.6	343,499	70.4	86,841	25.3
1996	453,473	—	127,416	28.1	326,057	71.9	75,013	23.0
1997	332,032	—	106,528	32.1	225,504	67.9	51,493	22.8
1998	335,732	—	123,249	36.7	212,483	63.3	50,110	23.6
1999	342,162	—	129,375	37.8	212,787	62.2	49,996	23.5
2000	349,285	—	138,262	39.6	211,023	60.4	48,156	22.8
2001	367,726	—	152,651	41.5	215,075	58.5	49,013	22.8
2002	402,116	—	165,220	41.1	236,896	58.9	55,863	23.6
2003	425,336	—	172,655	40.6	252,681	59.4	59,699	23.6
2004	435,562	—	174,514	40.1	261,048	59.9	58,533	22.4
2005	424,876	—	163,705	38.5	261,171	61.5	55,367	21.2
2006	432,747	—	160,959	37.2	271,788	62.8	58,617	21.6
2007	433,941	—	160,261	36.9	273,680	63.1	60,040	21.9
2008	449,451	—	171,593	38.2	277,858	61.8	66,097	23.8
2009	516,130	—	193,872	37.6	322,258	62.4	79,982	24.8
2010	517,966	—	186,830	36.1	331,136	63.9	82,525	24.9
2011	506,285	2,857	178,975	35.6	324,453	64.4	80,700	24.9
2012	490,160	77,965	170,237	41.3	241,958	58.7	51,488	21.3

Calendar year of filing	Reconsiderations <sup>f</sup>					Appeals beyond reconsideration <sup>g</sup>				
	Pending	Allowances		Denials	Appeals of reconsideration denials		Pending <sup>i</sup>	Allowances		Denials <sup>k</sup>
		Number	Percent <sup>c</sup>		Number <sup>h</sup>	Percent <sup>e</sup>		Number	Percent <sup>j</sup>	
1991	—	5,605	22.7	19,097	9,196	48.2	—	3,884	42.2	5,312
1992	—	9,463	19.2	39,834	19,770	49.6	—	7,523	38.1	12,247
1993	—	11,338	14.9	64,629	31,193	48.3	—	10,638	34.1	20,555
1994	—	11,332	12.3	80,761	38,433	47.6	—	12,954	33.7	25,479
1995	—	10,287	11.8	76,554	35,592	46.5	—	10,924	30.7	24,668
1996	—	9,355	12.5	65,658	27,920	42.5	—	8,853	31.7	19,067
1997	—	8,266	16.2	42,705	18,916	44.3	—	7,027	36.2	12,411
1998	—	7,799	15.6	42,237	18,762	44.4	—	7,034	37.3	11,802
1999	—	6,475	13.8	40,423	18,164	44.9	—	7,558	35.5	13,704
2000	—	6,043	16.0	31,741	14,366	45.3	—	8,451	34.2	16,287
2001	—	5,839	16.1	30,318	13,448	44.4	—	8,825	33.6	17,479
2002	—	6,360	15.4	34,842	15,216	43.7	—	9,909	33.2	19,968
2003	—	6,644	14.8	38,275	16,208	42.3	—	10,237	33.0	20,751
2004	—	6,209	14.1	37,948	15,756	41.5	—	10,020	33.3	20,112
2005	—	6,020	14.2	36,306	15,196	41.9	23	9,573	33.9	18,641
2006	—	6,158	13.6	39,049	16,444	42.1	94	10,797	36.3	18,963
2007	—	6,016	12.9	40,557	17,172	42.3	259	11,081	36.5	19,299
2008	—	6,888	13.2	45,196	19,705	43.6	931	11,584	35.3	21,203
2009	—	7,704	12.3	54,757	24,571	44.9	4,437	12,403	32.9	25,252
2010	—	7,533	11.5	57,712	26,105	45.2	15,132	8,801	31.2	19,452
2011	6,518	6,216	10.8	51,184	22,414	43.8	32,831	1,596	25.1	4,769
2012	11,106	3,364	11.5	25,970	9,290	35.8	19,635	160	22.8	543

**Table V.C2.—Disabled Child Claims: Disposition of Applications for SSI Disability Benefits by Year of Filing<sup>a</sup> and Level of Decision<sup>b</sup> (Cont.)**Selected summary case information by decision status: *Numbers of cases*

Calendar year of filing	Total claims filed	Initial decisions pending	Total initial decisions	Allowances	Denials	
					Appeal decision pending	No appeal pending
1991	250,962	—	250,962	157,709	—	93,253
1992	372,971	—	372,971	206,065	—	166,906
1993	496,131	—	496,131	234,244	—	261,887
1994	525,013	—	525,013	196,505	—	328,508
1995	487,730	—	487,730	165,442	—	322,288
1996	453,473	—	453,473	145,624	—	307,849
1997	332,032	—	332,032	121,821	—	210,211
1998	335,732	—	335,732	138,082	—	197,650
1999	342,162	—	342,162	143,408	—	198,754
2000	349,285	—	349,285	152,756	—	196,529
2001	367,726	—	367,726	167,315	—	200,411
2002	402,116	—	402,116	181,489	—	220,627
2003	425,336	—	425,336	189,536	—	235,800
2004	435,562	—	435,562	190,743	—	244,819
2005	424,876	—	424,876	179,298	23	245,555
2006	432,747	—	432,747	177,914	94	254,739
2007	433,941	—	433,941	177,358	259	256,324
2008	449,451	—	449,451	190,065	931	258,455
2009	516,130	—	516,130	213,979	4,437	297,714
2010	517,966	—	517,966	203,164	15,132	299,670
2011	506,285	2,857	503,428	186,787	39,349	277,292
2012	490,160	77,965	412,195	173,761	30,741	207,693

**Table V.C2.—Disabled Child Claims: Disposition of Applications for SSI Disability Benefits by Year of Filing<sup>a</sup> and Level of Decision<sup>b</sup> (Cont.)**

Selected summary case information by decision status

Calendar year of filing	Numbers as a percentage of total claims filed				Numbers as a percentage of total initial decisions		
	Initial decision pending	Allowances	Denials		Allowances	Denials	
			Appeal decision pending	No appeal pending		Appeal decision pending	No appeal pending
1991	—	62.8	—	37.2	62.8	—	37.2
1992	—	55.2	—	44.8	55.2	—	44.8
1993	—	47.2	—	52.8	47.2	—	52.8
1994	—	37.4	—	62.6	37.4	—	62.6
1995	—	33.9	—	66.1	33.9	—	66.1
1996	—	32.1	—	67.9	32.1	—	67.9
1997	—	36.7	—	63.3	36.7	—	63.3
1998	—	41.1	—	58.9	41.1	—	58.9
1999	—	41.9	—	58.1	41.9	—	58.1
2000	—	43.7	—	56.3	43.7	—	56.3
2001	—	45.5	—	54.5	45.5	—	54.5
2002	—	45.1	—	54.9	45.1	—	54.9
2003	—	44.6	—	55.4	44.6	—	55.4
2004	—	43.8	—	56.2	43.8	—	56.2
2005	—	42.2	1	57.8	42.2	1	57.8
2006	—	41.1	1	58.9	41.1	1	58.9
2007	—	40.9	0.1	59.1	40.9	0.1	59.1
2008	—	42.3	.2	57.5	42.3	.2	57.5
2009	—	41.5	.9	57.7	41.5	.9	57.7
2010	—	39.2	2.9	57.9	39.2	2.9	57.9
2011	0.6	36.9	7.8	54.8	37.1	7.8	55.1
2012	15.9	35.4	6.3	42.4	42.2	7.5	50.4

<sup>a</sup> Data for claims filed in 1988-2011 reflect results as of June 2012 at the DDS level and as of July 2012 at the ODAR level. The numbers of total claims filed for 2009-2011 are subject to change. Data for claims filed in 2012 are preliminary estimates as of January 2013. The ultimate numbers of allowances and denials are subject to change until all initial decisions have been completed and all appeals are final.

<sup>b</sup> For claims filed in 2000 or later, we count allowances at the earliest adjudicative level of allowance. We count allowances for claims filed prior to 2000 at the highest adjudicative level reached.

<sup>c</sup> Percentage of decisions at this level

<sup>d</sup> Includes certain cases that can be appealed directly to the hearing level.

<sup>e</sup> Percentage of denials at this level appealed to next level.

<sup>f</sup> Includes cases reviewed by Federal Reviewing Officials (FedRO) during the period August 2006 through November 2008 as part of the DSI process.

<sup>g</sup> Includes cases appealed to the hearing and Appeals Council levels and to the Federal courts.

<sup>h</sup> Number of persons appealing beyond the reconsideration level.

<sup>i</sup> Includes cases remanded to SSA from the Federal courts.

<sup>j</sup> Percentage of decisions at this level. For years in which decisions are still pending, the preliminary percentage shown is expected to ultimately be lower as all cases are processed. This occurs because allowances are generally processed more quickly than denials.

<sup>k</sup> Includes denied claims where the final administrative action was a dismissal of an appeal request (e.g., the appeal was not filed timely or the applicant failed to appear at the scheduled hearing).

<sup>l</sup> Less than 0.05 percent.



**D. HISTORICAL REDETERMINATION AND CONTINUING DISABILITY REVIEW DATA****1. Redeterminations**

Redeterminations are reviews of all of the nonmedical factors of eligibility to determine whether a recipient is still eligible for Supplemental Security Income (SSI) and still receiving the correct payment amount. There are two types of redeterminations: scheduled and unscheduled. All recipients are subject to periodic scheduling for a redetermination. Every year the Social Security Administration (SSA) schedules redeterminations for the cases most likely to have payment error, but the agency can also schedule reviews for cases unlikely to have payment error. SSA completes unscheduled redeterminations on an as-needed basis when recipients report, or we discover, certain changes in circumstances that could affect the continuing SSI payment amount. The numbers of redeterminations completed fluctuate from year to year due to variation in: (1) the numbers of unscheduled redeterminations completed; and (2) the numbers of scheduled redeterminations that we are able to complete during the fiscal year because of limitations on administrative resources and the impact of other workload requirements on the field offices. Redeterminations that we cannot complete in the scheduled fiscal year carry over into the next fiscal year.

Between scheduled redeterminations, SSA uses the limited issue process to detect situations that have the potential to affect the continuing eligibility of SSI recipients and SSI payment amounts. SSA conducts periodic computer matches between its own systems and the systems of other Federal and State agencies to determine if the income and resources information on SSI recipients' records conflicts with data that we obtain from the other systems. We post an indicator to the individual's Supplemental Security Record when a match detects conflicting information. We select these limited issue cases for field office review of the issues for which we posted indicators. Beginning in fiscal year 2007, SSA included limited issue completions with redetermination completions.

Table V.D1 provides historical data on numbers of redeterminations and limited issues by fiscal year.

**Table V.D1.—SSI Redeterminations<sup>a</sup> and Limited Issues Completed, Fiscal Years 1986-2012**  
[In thousands]

Fiscal year	Numbers of completions		Total
	Redeterminations	Limited issues	
1986	2,278	b	b
1987	2,244	b	b
1988	1,997	b	b
1989	2,226	b	b
1990	2,103	b	b
1991	2,138	b	b
1992	2,321	b	b
1993	2,223	b	b
1994	<sup>c</sup> 1,900	b	b
1995	<sup>d</sup> 1,597	b	b
1996	1,763	b	b
1997	1,773	b	b
1998	1,853	b	b
1999	2,122	751	2,873
2000	2,182	582	2,764
2001	2,316	589	2,905
2002	2,311	582	2,894
2003	2,450	472	2,921
2004	2,279	248	2,527
2005	<sup>e</sup> 1,725	737	2,462
2006	<sup>e</sup> 1,071	348	1,418
2007	<sup>e</sup> 692	346	1,039
2008	<sup>e</sup> 900	321	1,221
2009	<sup>e</sup> 1,390	341	1,731
2010	2,248	218	2,466
2011	<sup>f</sup> 2,223	<sup>f</sup> 234	<sup>f</sup> 2,457
2012	2,408	216	2,624

<sup>a</sup> Effective fiscal year 2007, total redeterminations reported by SSA include limited issues.

<sup>b</sup> Data not available.

<sup>c</sup> Decrease in number of redeterminations completed in fiscal year 1994 due to low-error profile redeterminations not being completed from January through September 1994.

<sup>d</sup> Effective fiscal year 1995, we selected approximately 200,000 fewer redeterminations annually due to a change from a 3-year to a 6-year redetermination cycle for low-error profile cases.

<sup>e</sup> We selected fewer redeterminations in fiscal years 2005-09 due to limitations on administrative funding.

<sup>f</sup> Includes redeterminations completed during the 53 operating weeks in fiscal year 2011.

## 2. Continuing Disability Reviews

Following enactment of the Social Security Disability Amendments of 1980, section 221(i) of the Social Security Act generally requires SSA to review the continuing eligibility of Old-Age, Survivors, and Disability Insurance (OASDI) disabled beneficiaries at least every 3 years. No legislation required the same review process for disabled SSI recipients at that time. Although the Committee on Finance of the Senate stated in its report on this legislation that the same continuing disability review (CDR) procedures should apply to both the OASDI and SSI programs, no new legislation amended Title XVI to accomplish this. Section 1614(a)(4) of the Act gives SSA discretionary authority to conduct periodic CDRs on SSI recipients. On September 28, 1994, SSA issued a Federal Register notice that periodic SSI CDRs would begin on October 1, 1994. In 1994 and again in 1996 Congress enacted new legislation adding some mandates for CDRs under the SSI program.

Public Law 103-296 required SSA to conduct CDRs on a minimum of 100,000 SSI recipients during each of fiscal years 1996, 1997, and 1998. In addition, during the same period, the law required SSA to redetermine the eligibility of at least one-third of all SSI child recipients who reached age 18 after April 1995 within one year of attainment of age 18. Such redeterminations for persons turning age 18 could count toward the 100,000 CDRs required by the law.

Public Law 104-193 required SSA to redetermine the eligibility of all SSI child recipients who attain age 18 based on the adult initial eligibility criteria. This law also required that SSA perform a CDR:

- At least once every 3 years for SSI recipients under age 18 who are eligible by reason of an impairment that is likely to improve; and
- Not later than 12 months after birth for recipients whose low birth weight is a contributing factor material to the determination of their disability.

Public Law 105-33 provided SSA some additional flexibility in the scheduling of these categories of CDRs.

Beginning in 1993, SSA developed a screening process for OASDI cases scheduled for a CDR in order to handle the large CDR workload mandated by these various provisions. The screening process included a mailer questionnaire for selected cases. In 1996, SSA extended the profiling process to SSI adults who were scheduled for a CDR. In fiscal year 2012, we deferred full medical reviews for 392,960 adult SSI recipients scheduled for a CDR as a result of the screening process.

In 2007, SSA implemented a streamlined failure to cooperate (FTC) process for medical CDRs. Under this process, recipients who fail to comply with the field office requests for information necessary for processing their medical CDRs have their benefits suspended. After 12 consecutive months of suspension for non-compliance, SSA terminates their eligibility for disability benefits. SSA initially terminated 1,134 centrally-initiated medical CDRs involving SSI recipients in fiscal year 2012 as a result of the streamlined FTC process.

For individuals who receive both OASDI and SSI benefits on the basis of their own disability, SSA initiates CDRs as Title II CDRs, and the results of the review affect eligibility for benefits under both programs.<sup>1</sup> Table V.D2 presents the numbers of centrally-initiated periodic medical CDRs of SSI recipients we performed under Titles II and XVI since 1993. Tables V.D3 and V.D4 present the latest available detailed results<sup>2</sup> on CDRs of SSI recipients performed in the most recent 15 years.<sup>3</sup> These tables include only cases for which we conducted a full medical review. In particular, they do not include:

- Cases for which the individual completed a mailer but for which we deferred a full medical review;
- Administrative closures—cases for which we curtail development for technical reasons;
- Streamlined FTC terminations;
- CDRs initiated as the result of work activity on the part of the beneficiary/recipient; and
- Miscellaneous other CDRs processed by the State disability determination services (DDS) but not as part of the normal CDR scheduling process (such as voluntary and third-party reports of medical improvement, post-transplant end-stage renal disease cases, and rehabilitation reports).

In contrast with the allowance data presented in section V.C, we tabulate the CDR data on a cohort basis by the date of initial decision.

**Table V.D2.—SSI Continuing Disability Full Medical Reviews by Year of Initial Decision, Fiscal Years 1993-2012**  
[In thousands]

Fiscal year of initial DDS decision	Disabled adults			Disabled children				
	Reviews of concurrent Title II/XVI cases initiated under Title II	Title XVI initiated reviews	Total SSI adult reviews	Reviews of low-birth-weight children	Redeterminations at age 18	All other reviews of SSI disabled children	Total SSI children reviews	Total full medical reviews
1993	1	—	1	—	—	—	—	1
1994	11	—	11	1	—	—	1	12
1995	17	4	21	4	a	4	8	29
1996	27	55	82	6	13	1	19	101
1997	51	70	121	7	49	a	56	177
1998	81	75	156	18	41	91	150	306
1999	81	140	221	10	50	183	243	464
2000	106	173	279	10	52	141	203	482
2001	110	144	254	9	49	96	154	408
2002	104	173	276	13	55	164	231	508
2003	72	213	285	7	54	127	189	474
2004	85	221	306	12	53	103	169	474
2005	81	110	191	14	55	61	130	321
2006	72	41	112	8	41	19	68	181
2007	26	18	45	3	71	4	79	124
2008	40	19	59	5	69	5	79	138
2009	42	29	71	13	101	11	124	195
2010	40	35	74	22	87	17	126	201
2011	38	33	71	19	93	25	138	209
2012	51	46	97	16	82	65	163	260

<sup>a</sup> Fewer than 500.

<sup>1</sup> Individuals concurrently receiving OASDI and SSI benefits where the OASDI benefit is not based on the individuals' disability are initiated as title XVI CDRs. The results of the review only affect the individual's eligibility for SSI benefits.

<sup>2</sup> We included in these tables the SSI recipients whose benefits terminate as a result of CDRs. We report estimates of Federal SSI program savings resulting from the cessation of benefits to Congress in the Annual Report of Continuing Disability Reviews. The most recent such report, issued May 1, 2012, presented estimates of the effects of CDRs conducted in fiscal year 2010.

<sup>3</sup> For years prior to 1998 see the most recent Annual Report of Continuing Disability Reviews for the summary of results for all years since 1993.

**Table V.D3.—SSI Disabled Adult Reviews: Disposition<sup>a</sup> of Continuing Disability Medical Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 1998-2012**

Fiscal year of initial DDS decision <sup>b</sup>	Initial decisions						
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration	
		Number	Percent <sup>c</sup>	Number	Percent <sup>c</sup>	Number	Percent <sup>d</sup>
Reviews of concurrent Title II/XVI cases initiated under Title II							
1998	81,185	68,533	84.4	12,652	15.6	8,723	68.9
1999	80,816	70,353	87.1	10,463	12.9	6,201	59.3
2000	105,787	93,962	88.8	11,825	11.2	6,851	57.9
2001	110,341	99,666	90.3	10,675	9.7	6,291	58.9
2002	103,947	92,069	88.6	11,878	11.4	7,087	59.7
2003	72,175	63,021	87.3	9,154	12.7	5,443	59.5
2004	84,622	75,047	88.7	9,575	11.3	5,891	61.5
2005	80,597	70,687	87.7	9,910	12.3	5,927	59.8
2006	71,825	63,789	88.8	8,036	11.2	4,776	59.4
2007	26,469	22,893	86.5	3,576	13.5	2,155	60.3
2008	40,045	35,891	89.6	4,154	10.4	2,659	64.0
2009	41,609	38,238	91.9	3,371	8.1	2,217	65.8
2010	39,908	35,879	89.9	4,029	10.1	2,738	68.0
2011	37,799	33,194	87.8	4,605	12.2	3,305	71.8
2012	50,715	43,409	85.6	7,306	14.4	5,308	72.7
Title XVI initiated reviews							
1998	75,071	64,829	86.4	10,242	13.6	7,239	70.7
1999	140,429	125,079	89.1	15,350	10.9	10,292	67.0
2000	173,470	156,065	90.0	17,405	10.0	10,923	62.8
2001	143,902	126,610	88.0	17,292	12.0	10,262	59.3
2002	172,527	150,837	87.4	21,690	12.6	13,314	61.4
2003	213,212	191,061	89.6	22,151	10.4	14,665	66.2
2004	221,129	199,938	90.4	21,191	9.6	14,627	69.0
2005	110,072	97,330	88.4	12,742	11.6	8,125	63.8
2006	40,605	35,957	88.6	4,648	11.4	2,853	61.4
2007	18,172	16,006	88.1	2,166	11.9	1,426	65.8
2008	18,933	17,049	90.0	1,884	10.0	1,268	67.3
2009	29,137	27,233	93.5	1,904	6.5	1,378	72.4
2010	34,575	31,766	91.9	2,809	8.1	2,049	72.9
2011	33,460	30,291	90.5	3,169	9.5	2,413	76.1
2012	46,439	39,954	86.0	6,485	14.0	4,831	74.5
Total reviews, SSI disabled adults							
1998	156,256	133,362	85.3	22,894	14.7	15,962	69.7
1999	221,245	195,432	88.3	25,813	11.7	16,493	63.9
2000	279,257	250,027	89.5	29,230	10.5	17,774	60.8
2001	254,243	226,276	89.0	27,967	11.0	16,553	59.2
2002	276,474	242,906	87.9	33,568	12.1	20,401	60.8
2003	285,387	254,082	89.0	31,305	11.0	20,108	64.2
2004	305,751	274,985	89.9	30,766	10.1	20,518	66.7
2005	190,669	168,017	88.1	22,652	11.9	14,052	62.0
2006	112,430	99,746	88.7	12,684	11.3	7,629	60.1
2007	44,641	38,899	87.1	5,742	12.9	3,581	62.4
2008	58,978	52,940	89.8	6,038	10.2	3,927	65.0
2009	70,746	65,471	92.5	5,275	7.5	3,595	68.2
2010	74,483	67,645	90.8	6,838	9.2	4,787	70.0
2011	71,259	63,485	89.1	7,774	10.9	5,718	73.6
2012	97,154	83,363	85.8	13,791	14.2	10,139	73.5

**Table V.D3.—SSI Disabled Adult Reviews: Disposition<sup>a</sup> of Continuing Disability Medical Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 1998-2012 (Cont.)**

Fiscal year of initial DDS decision <sup>b</sup>	Reconsiderations						Appeals beyond reconsideration <sup>e</sup>			
	Pending	Continuations		Cessations	Appeals to beyond reconsideration		Pending	Continuations		
		Number	Percent <sup>c</sup>		Number <sup>f</sup>	Percent <sup>d</sup>		Number	Percent	Cessations
Reviews of concurrent Title II/XVI cases initiated under Title II										
1998	—	5,503	63.1	3,220	2,466	76.6	—	1,158	47.0	1,308
1999	—	3,974	64.1	2,227	1,542	69.2	—	679	44.0	863
2000	—	4,427	64.6	2,424	1,556	64.2	—	659	42.4	897
2001	—	4,177	66.4	2,114	1,240	58.7	—	496	40.0	744
2002	—	4,787	67.5	2,300	1,451	63.1	—	594	40.9	857
2003	—	3,575	65.7	1,868	1,179	63.1	—	482	40.9	697
2004	—	3,779	64.1	2,112	1,413	66.9	—	594	42.0	819
2005	—	3,827	64.6	2,100	1,492	71.0	—	652	43.7	840
2006	—	3,038	63.6	1,738	1,279	73.6	—	567	44.3	712
2007	—	1,461	67.8	694	531	76.5	—	232	43.7	299
2008	—	1,789	67.3	870	679	78.0	—	284	41.8	395
2009	9	1,510	68.4	698	559	80.1	1	201	36.0	357
2010	146	1,756	67.7	836	627	75.0	41	187	31.9	399
2011	540	1,761	63.7	1,004	702	69.9	313	106	27.2	283
2012	1,738	2,421	67.8	1,149	683	59.4	606	17	22.1	60
Title XVI initiated reviews										
1998	—	4,527	62.5	2,712	1,987	73.3	—	781	39.3	1,206
1999	—	6,610	64.2	3,682	2,508	68.1	—	973	38.8	1,535
2000	—	6,823	62.5	4,100	2,778	67.8	—	1,057	38.0	1,721
2001	—	6,224	60.7	4,038	2,618	64.8	—	934	35.7	1,684
2002	—	8,160	61.3	5,154	3,323	64.5	—	1,110	33.4	2,213
2003	—	9,656	65.8	5,009	3,335	66.6	—	1,232	36.9	2,103
2004	—	9,404	64.3	5,223	3,743	71.7	—	1,455	38.9	2,288
2005	—	5,233	64.4	2,892	2,052	71.0	—	772	37.6	1,280
2006	—	1,805	63.3	1,048	746	71.2	—	284	38.1	462
2007	—	963	67.5	463	342	73.9	—	151	44.2	191
2008	1	866	68.4	401	302	75.3	—	118	39.1	184
2009	2	995	72.3	381	285	74.8	1	96	33.8	188
2010	95	1,417	72.5	537	423	78.8	20	130	32.3	273
2011	381	1,484	73.0	548	409	74.6	167	72	29.8	170
2012	1,409	2,327	68.0	1,095	683	62.4	604	28	35.4	51
Total reviews, SSI disabled adults										
1998	—	10,030	62.8	5,932	4,453	75.1	—	1,939	43.5	2,514
1999	—	10,584	64.2	5,909	4,050	68.5	—	1,652	40.8	2,398
2000	—	11,250	63.3	6,524	4,334	66.4	—	1,716	39.6	2,618
2001	—	10,401	62.8	6,152	3,858	62.7	—	1,430	37.1	2,428
2002	—	12,947	63.5	7,454	4,774	64.0	—	1,704	35.7	3,070
2003	—	13,231	65.8	6,877	4,514	65.6	—	1,714	38.0	2,800
2004	—	13,183	64.3	7,335	5,156	70.3	—	2,049	39.7	3,107
2005	—	9,060	64.5	4,992	3,544	71.0	—	1,424	40.2	2,120
2006	—	4,843	63.5	2,786	2,025	72.7	—	851	42.0	1,174
2007	—	2,424	67.7	1,157	873	75.5	—	383	43.9	490
2008	1	2,655	67.6	1,271	981	77.2	—	402	41.0	579
2009	11	2,505	69.9	1,079	844	78.2	2	297	35.3	545
2010	241	3,173	69.8	1,373	1,050	76.5	61	317	32.1	672
2011	921	3,245	67.6	1,552	1,111	71.6	480	178	28.2	453
2012	3,147	4,748	67.9	2,244	1,366	60.9	1,210	45	28.8	111

**Table V.D3.—SSI Disabled Adult Reviews: Disposition<sup>a</sup> of Continuing Disability Medical Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 1998-2012 (Cont.)**

Selected summary case information by decision status as of February 2013							
Fiscal year of initial DDS decision <sup>b</sup>	Total initial decisions	Numbers of cases			Numbers as a percentage of total initial decisions		
		Continuations	Cessations pending an appeal decision	Cessations with no appeal pending	Continuations	Cessations pending an appeal decision	Cessations with no appeal pending
Reviews of concurrent Title II/XVI cases initiated under Title II							
1998	81,185	75,194	—	5,991	92.6	—	7.4
1999	80,816	75,006	—	5,810	92.8	—	7.2
2000	105,787	99,048	—	6,739	93.6	—	6.4
2001	110,341	104,339	—	6,002	94.6	—	5.4
2002	103,947	97,450	—	6,497	93.7	—	6.3
2003	72,175	67,078	—	5,097	92.9	—	7.1
2004	84,622	79,420	—	5,202	93.9	—	6.1
2005	80,597	75,166	—	5,431	93.3	—	6.7
2006	71,825	67,394	—	4,431	93.8	—	6.2
2007	26,469	24,586	—	1,883	92.9	—	7.1
2008	40,045	37,964	—	2,081	94.8	—	5.2
2009	41,609	39,949	10	1,650	96.0	<sup>g</sup>	4.0
2010	39,908	37,822	187	1,899	94.8	0.5	4.8
2011	37,799	35,061	853	1,885	92.8	2.3	5.0
2012	50,715	45,847	2,344	2,524	90.4	4.6	5.0
Title XVI initiated reviews							
1998	75,071	70,137	—	4,934	93.4	—	6.6
1999	140,429	132,662	—	7,767	94.5	—	5.5
2000	173,470	163,945	—	9,525	94.5	—	5.5
2001	143,902	133,768	—	10,134	93.0	—	7.0
2002	172,527	160,107	—	12,420	92.8	—	7.2
2003	213,212	201,949	—	11,263	94.7	—	5.3
2004	221,129	210,797	—	10,332	95.3	—	4.7
2005	110,072	103,335	—	6,737	93.9	—	6.1
2006	40,605	38,046	—	2,559	93.7	—	6.3
2007	18,172	17,120	—	1,052	94.2	—	5.8
2008	18,933	18,033	1	899	95.2	<sup>g</sup>	4.7
2009	29,137	28,324	3	810	97.2	<sup>g</sup>	2.8
2010	34,575	33,313	115	1,147	96.3	.3	3.3
2011	33,460	31,847	548	1,065	95.2	1.6	3.2
2012	46,439	42,309	2,013	2,117	91.1	4.3	4.6
Total reviews, SSI disabled adults							
1998	156,256	145,331	—	10,925	93.0	—	7.0
1999	221,245	207,668	—	13,577	93.9	—	6.1
2000	279,257	262,993	—	16,264	94.2	—	5.8
2001	254,243	238,107	—	16,136	93.7	—	6.3
2002	276,474	257,557	—	18,917	93.2	—	6.8
2003	285,387	269,027	—	16,360	94.3	—	5.7
2004	305,751	290,217	—	15,534	94.9	—	5.1
2005	190,669	178,501	—	12,168	93.6	—	6.4
2006	112,430	105,440	—	6,990	93.8	—	6.2
2007	44,641	41,706	—	2,935	93.4	—	6.6
2008	58,978	55,997	1	2,980	94.9	<sup>g</sup>	5.1
2009	70,746	68,273	13	2,460	96.5	<sup>g</sup>	3.5
2010	74,483	71,135	302	3,046	95.5	.4	4.1
2011	71,259	66,908	1,401	2,950	93.9	2.0	4.1
2012	97,154	88,156	4,357	4,641	90.7	4.5	4.8

<sup>a</sup> Data reflect results as of February 2013. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

<sup>b</sup> For years prior to 1998 see the most recent Annual Report of Continuing Disability Reviews.

<sup>c</sup> Percentage of decisions at this level.

<sup>d</sup> Percentage of cessations at this level appealed to next level.

<sup>e</sup> We do not reflect the status and disposition of cases in the Federal courts here. However, we have included information on the status and disposition at the Office of Disability Adjudication and Review (ODAR) for cases remanded to us by the courts. The excluded experience in the Federal courts has a minimal impact on the number of continuations.

<sup>f</sup> Number of persons appealing beyond the reconsideration level.

<sup>g</sup> Less than 0.05 percent.

**Table V.D4.—SSI Disabled Child Reviews: Disposition<sup>a</sup> of Continuing Disability Medical Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 1998-2012**

Fiscal year of initial DDS decision <sup>b</sup>	Initial decisions						
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration	
		Number	Percent <sup>c</sup>	Number	Percent <sup>c</sup>	Number	Percent <sup>d</sup>
<b>Reviews of low-birth-weight children</b>							
1998	17,620	6,092	34.6	11,528	65.4	3,640	31.6
1999	9,773	4,114	42.1	5,659	57.9	1,639	29.0
2000	10,178	4,566	44.9	5,612	55.1	1,561	27.8
2001	9,086	4,152	45.7	4,934	54.3	1,403	28.4
2002	12,732	5,869	46.1	6,863	53.9	1,953	28.5
2003	7,283	3,516	48.3	3,767	51.7	1,026	27.2
2004	12,060	6,075	50.4	5,985	49.6	1,782	29.8
2005	13,710	6,540	47.7	7,170	52.3	1,995	27.8
2006	8,303	4,030	48.5	4,273	51.5	1,229	28.8
2007	3,175	1,368	43.1	1,807	56.9	510	28.2
2008	5,272	2,231	42.3	3,041	57.7	924	30.4
2009	12,511	5,741	45.9	6,770	54.1	2,121	31.3
2010	22,396	9,048	40.4	13,348	59.6	4,638	34.7
2011	19,359	7,608	39.3	11,751	60.7	4,323	36.8
2012	16,416	6,487	39.5	9,929	60.5	3,632	36.6
<b>Redeterminations at age 18</b>							
1998	40,945	21,453	52.4	19,492	47.6	10,915	56.0
1999	49,557	27,413	55.3	22,144	44.7	10,879	49.1
2000	51,713	28,863	55.8	22,850	44.2	11,021	48.2
2001	48,944	28,167	57.5	20,777	42.5	10,049	48.4
2002	54,947	32,388	58.9	22,559	41.1	11,549	51.2
2003	53,905	31,862	59.1	22,043	40.9	11,742	53.3
2004	53,232	31,890	59.9	21,342	40.1	11,585	54.3
2005	55,331	31,434	56.8	23,897	43.2	12,403	51.9
2006	40,640	21,796	53.6	18,844	46.4	9,340	49.6
2007	71,359	36,339	50.9	35,020	49.1	17,775	50.8
2008	69,430	34,547	49.8	34,883	50.2	17,658	50.6
2009	100,986	51,712	51.2	49,274	48.8	27,505	55.8
2010	87,310	41,545	47.6	45,765	52.4	25,714	56.2
2011	93,256	42,772	45.9	50,484	54.1	29,405	58.2
2012	81,568	36,585	44.9	44,983	55.1	25,648	57.0
<b>All other reviews of SSI disabled children</b>							
1998	91,157	67,203	73.7	23,954	26.3	13,267	55.4
1999	183,211	129,420	70.6	53,791	29.4	28,410	52.8
2000	140,699	106,583	75.8	34,116	24.2	17,014	49.9
2001	95,835	72,896	76.1	22,939	23.9	11,808	51.5
2002	163,768	130,434	79.6	33,334	20.4	17,888	53.7
2003	127,444	100,522	78.9	26,922	21.1	14,876	55.3
2004	103,437	80,748	78.1	22,689	21.9	12,852	56.6
2005	61,387	45,597	74.3	15,790	25.7	8,400	53.2
2006	19,384	14,428	74.4	4,956	25.6	2,591	52.3
2007	4,440	3,161	71.2	1,279	28.8	668	52.2
2008	4,707	3,473	73.8	1,234	26.2	671	54.4
2009	10,637	8,355	78.5	2,282	21.5	1,206	52.8
2010	16,677	12,501	75.0	4,176	25.0	2,230	53.4
2011	25,166	17,157	68.2	8,009	31.8	4,608	57.5
2012	64,834	41,269	63.7	23,565	36.3	14,543	61.7
<b>Total reviews, SSI disabled children</b>							
1998	149,722	94,748	63.3	54,974	36.7	27,822	50.6
1999	242,541	160,947	66.4	81,594	33.6	40,928	50.2
2000	202,590	140,012	69.1	62,578	30.9	29,596	47.3
2001	153,865	105,215	68.4	48,650	31.6	23,260	47.8
2002	231,447	168,691	72.9	62,756	27.1	31,390	50.0
2003	188,632	135,900	72.0	52,732	28.0	27,644	52.4
2004	168,729	118,713	70.4	50,016	29.6	26,219	52.4
2005	130,428	83,571	64.1	46,857	35.9	22,798	48.7
2006	68,327	40,254	58.9	28,073	41.1	13,160	46.9
2007	78,974	40,868	51.7	38,106	48.3	18,953	49.7
2008	79,409	40,251	50.7	39,158	49.3	19,253	49.2
2009	124,134	65,808	53.0	58,326	47.0	30,832	52.9
2010	126,383	63,094	49.9	63,289	50.1	32,582	51.5
2011	137,781	67,537	49.0	70,244	51.0	38,336	54.6
2012	162,818	84,341	51.8	78,477	48.2	43,823	55.8

**Table V.D4.—SSI Disabled Child Reviews: Disposition<sup>a</sup> of Continuing Disability Medical Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 1998-2012 (Cont.)**

Fiscal year of initial DDS decision <sup>b</sup>	Reconsiderations						Appeals beyond reconsideration <sup>c</sup>			
	Pending	Continuations		Cessations	Appeals to beyond reconsideration		Pending	Continuations		Cessations
		Number	Percent <sup>e</sup>		Number <sup>f</sup>	Percent <sup>d</sup>		Number	Percent	
Reviews of low-birth-weight children										
1998	—	1,231	33.8	2,409	1,142	47.4	—	244	21.4	898
1999	—	607	37.0	1,032	488	47.3	—	83	17.0	405
2000	—	609	39.0	952	452	47.5	—	99	21.9	353
2001	—	504	35.9	899	405	45.1	—	61	15.1	344
2002	—	698	35.7	1,255	549	43.7	—	112	20.4	437
2003	—	364	35.5	662	301	45.5	—	60	19.9	241
2004	—	643	36.1	1,139	554	48.6	—	84	15.2	470
2005	—	702	35.2	1,293	626	48.4	—	104	16.6	522
2006	—	421	34.3	808	415	51.4	—	78	18.8	337
2007	—	173	33.9	337	189	56.1	—	37	19.6	152
2008	—	264	28.6	660	361	54.7	—	64	17.7	297
2009	34	592	28.4	1,495	863	57.7	10	149	17.5	704
2010	377	1,190	27.9	3,071	1,708	55.6	167	223	14.5	1,318
2011	955	1,056	31.4	2,312	1,232	53.3	515	94	13.1	623
2012	1,703	738	38.3	1,191	478	40.1	423	5	9.1	50
Redeterminations at age 18										
1998	—	3,070	28.1	7,845	4,388	55.9	—	1,026	23.4	3,362
1999	—	3,356	30.8	7,523	4,304	57.2	—	1,059	24.6	3,245
2000	—	3,575	32.4	7,446	4,034	54.2	—	1,017	25.2	3,017
2001	—	3,256	32.4	6,793	3,723	54.8	—	969	26.0	2,754
2002	—	3,819	33.1	7,730	4,125	53.4	—	1,100	26.7	3,025
2003	—	3,818	32.5	7,924	4,295	54.2	—	1,146	26.7	3,149
2004	—	3,531	30.5	8,054	4,646	57.7	—	1,298	27.9	3,348
2005	—	3,757	30.3	8,646	5,134	59.4	—	1,435	28.0	3,699
2006	—	2,582	27.6	6,758	4,129	61.1	—	1,219	29.5	2,910
2007	2	4,793	27.0	12,980	8,276	63.8	4	2,431	29.4	5,841
2008	10	5,091	28.8	12,557	8,365	66.6	14	2,214	26.5	6,137
2009	367	7,047	26.0	20,091	13,273	66.1	220	3,131	24.0	9,922
2010	1,801	5,994	25.1	17,919	11,504	64.2	853	2,189	20.6	8,462
2011	6,242	6,430	27.8	16,733	9,910	59.2	3,974	1,095	18.4	4,841
2012	11,487	4,527	32.0	9,634	4,505	46.8	3,843	134	20.2	528
All other reviews of SSI disabled children										
1998	—	4,456	33.6	8,811	5,511	62.5	—	1,305	23.7	4,206
1999	—	9,324	32.8	19,086	11,711	61.4	—	2,615	22.3	9,096
2000	—	6,434	37.8	10,580	6,237	59.0	—	1,427	22.9	4,810
2001	—	4,619	39.1	7,189	4,257	59.2	—	955	22.4	3,302
2002	—	7,238	40.5	10,650	6,155	57.8	—	1,372	22.3	4,783
2003	—	6,248	42.0	8,628	4,996	57.9	—	1,149	23.0	3,847
2004	—	4,871	37.9	7,981	4,943	61.9	—	1,181	23.9	3,762
2005	—	3,121	37.2	5,279	3,326	63.0	—	769	23.1	2,557
2006	—	943	36.4	1,648	1,089	66.1	—	268	24.6	821
2007	—	269	40.3	399	264	66.2	—	80	30.3	184
2008	—	252	37.6	419	259	61.8	—	58	22.4	201
2009	8	506	42.2	692	446	64.5	4	90	20.4	352
2010	173	764	37.1	1,293	862	66.7	60	131	16.3	671
2011	1,123	1,292	37.1	2,193	1,363	62.2	595	143	18.6	625
2012	7,171	2,920	39.6	4,452	2,239	50.3	2,075	27	16.5	137
Total reviews, SSI disabled children										
1998	—	8,757	31.5	19,065	11,041	57.9	—	2,575	23.3	8,466
1999	—	13,287	32.5	27,641	16,503	59.7	—	3,757	22.8	12,746
2000	—	10,618	35.9	18,978	10,723	56.5	—	2,543	23.7	8,180
2001	—	8,379	36.0	14,881	8,385	56.3	—	1,985	23.7	6,400
2002	—	11,755	37.4	19,635	10,829	55.2	—	2,584	23.9	8,245
2003	—	10,430	37.7	17,214	9,592	55.7	—	2,355	24.6	7,237
2004	—	9,045	34.5	17,174	10,143	59.1	—	2,563	25.3	7,580
2005	—	7,580	33.2	15,218	9,086	59.7	—	2,308	25.4	6,778
2006	—	3,946	30.0	9,214	5,633	61.1	—	1,565	27.8	4,068
2007	2	5,235	27.6	13,716	8,729	63.6	4	2,548	29.2	6,177
2008	10	5,607	29.1	13,636	8,985	65.9	14	2,336	26.0	6,635
2009	409	8,145	26.8	22,278	14,582	65.5	234	3,370	23.5	10,978
2010	2,351	7,948	26.3	22,283	14,074	63.2	1,080	2,543	19.6	10,451
2011	8,320	8,778	29.2	21,238	12,505	58.9	5,084	1,332	17.9	6,089
2012	20,361	8,185	34.9	15,277	7,222	47.3	6,341	166	18.8	715



**Table V.D4.—SSI Disabled Child Reviews: Disposition<sup>a</sup> of Continuing Disability Medical Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 1998-2012 (Cont.)**

Selected summary case information by decision status as of February 2013							
Fiscal year of initial DDS decision <sup>b</sup>	Total initial decisions	Numbers of cases			Numbers as a percentage of total initial decisions		
		Continuations	Cessations pending an appeal decision	Cessations with no appeal pending	Continuations	Cessations pending an appeal decision	Cessations with no appeal pending
<b>Reviews of low-birth-weight children</b>							
1998	17,620	7,567	—	10,053	42.9	—	57.1
1999	9,773	4,804	—	4,969	49.2	—	50.8
2000	10,178	5,274	—	4,904	51.8	—	48.2
2001	9,086	4,717	—	4,369	51.9	—	48.1
2002	12,732	6,679	—	6,053	52.5	—	47.5
2003	7,283	3,940	—	3,343	54.1	—	45.9
2004	12,060	6,802	—	5,258	56.4	—	43.6
2005	13,710	7,346	—	6,364	53.6	—	46.4
2006	8,303	4,529	—	3,774	54.5	—	45.5
2007	3,175	1,578	—	1,597	49.7	—	50.3
2008	5,272	2,559	—	2,713	48.5	—	51.5
2009	12,511	6,482	44	5,985	51.8	0.4	47.8
2010	22,396	10,461	544	11,391	46.7	2.4	50.9
2011	19,359	8,758	1,470	9,131	45.2	7.6	47.2
2012	16,416	7,230	2,126	7,060	44.0	13.0	43.0
<b>Redeterminations at age 18</b>							
1998	40,945	25,549	—	15,396	62.4	—	37.6
1999	49,557	31,828	—	17,729	64.2	—	35.8
2000	51,713	33,455	—	18,258	64.7	—	35.3
2001	48,944	32,392	—	16,552	66.2	—	33.8
2002	54,947	37,307	—	17,640	67.9	—	32.1
2003	53,905	36,826	—	17,079	68.3	—	31.7
2004	53,232	36,719	—	16,513	69.0	—	31.0
2005	55,331	36,626	—	18,705	66.2	—	33.8
2006	40,640	25,597	—	15,043	63.0	—	37.0
2007	71,359	43,563	6	27,790	61.0	g	38.9
2008	69,430	41,852	24	27,554	60.3	g	39.7
2009	100,986	61,890	587	38,509	61.3	.6	38.1
2010	87,310	49,728	2,654	34,928	57.0	3.0	40.0
2011	93,256	50,297	10,216	32,743	53.9	11.0	35.1
2012	81,568	41,246	15,330	24,992	50.6	18.8	30.6
<b>All other reviews of SSI disabled children</b>							
1998	91,157	72,964	—	18,193	80.0	—	20.0
1999	183,211	141,359	—	41,852	77.2	—	22.8
2000	140,699	114,444	—	26,255	81.3	—	18.7
2001	95,835	78,470	—	17,365	81.9	—	18.1
2002	163,768	139,044	—	24,724	84.9	—	15.1
2003	127,444	107,919	—	19,525	84.7	—	15.3
2004	103,437	86,800	—	16,637	83.9	—	16.1
2005	61,387	49,487	—	11,900	80.6	—	19.4
2006	19,384	15,639	—	3,745	80.7	—	19.3
2007	4,440	3,510	—	930	79.1	—	20.9
2008	4,707	3,783	—	924	80.4	—	19.6
2009	10,637	8,951	12	1,674	84.1	.1	15.7
2010	16,677	13,396	233	3,048	80.3	1.4	18.3
2011	25,166	18,592	1,718	4,856	73.9	6.8	19.3
2012	64,834	44,216	9,246	11,372	68.2	14.3	17.5
<b>Total reviews, SSI disabled children</b>							
1998	149,722	106,080	—	43,642	70.9	—	29.1
1999	242,541	177,991	—	64,550	73.4	—	26.6
2000	202,590	153,173	—	49,417	75.6	—	24.4
2001	153,865	115,579	—	38,286	75.1	—	24.9
2002	231,447	183,030	—	48,417	79.1	—	20.9
2003	188,632	148,685	—	39,947	78.8	—	21.2
2004	168,729	130,321	—	38,408	77.2	—	22.8
2005	130,428	93,459	—	36,969	71.7	—	28.3
2006	68,327	45,765	—	22,562	67.0	—	33.0
2007	78,974	48,651	6	30,317	61.6	g	38.4
2008	79,409	48,194	24	31,191	60.7	g	39.3
2009	124,134	77,323	643	46,168	62.3	0.5	37.2
2010	126,383	73,585	3,431	49,367	58.2	2.7	39.1
2011	137,781	77,647	13,404	46,730	56.4	9.7	33.9
2012	162,818	92,692	26,702	43,424	56.9	16.4	26.7

<sup>a</sup> Data reflect results as of February 2013. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

<sup>b</sup> For years prior to 1998 see the most recent Annual Report of Continuing Disability Reviews.

<sup>c</sup> Percentage of decisions at this level.

<sup>d</sup> Percentage of cessations at this level appealed to next level.

<sup>e</sup> We do not reflect the status and disposition of cases in the Federal courts here. However, we have included information on the status and disposition at the Office of Disability Adjudication and Review (ODAR) for cases remanded to us by the courts. The excluded experience in the Federal courts has a minimal impact on the number of continuations.

<sup>f</sup> Number of persons appealing beyond the reconsideration level.

<sup>g</sup> Less than 0.05 percent.

## ***E. INCENTIVES FOR WORK AND OPPORTUNITIES FOR REHABILITATION***

### **1. Work Incentives**

Since the beginning of the Supplemental Security Income (SSI) program, a number of disabled or blind recipients have worked and received SSI payments. Initially, the program contained a basic earned income exclusion that recognized the additional costs associated with employment. In addition, the law contained a number of special income exclusions designed to encourage work. The income exclusion for blind work expenses (BWE), plan to achieve self-support (PASS), and student earned income exclusion were among these provisions.

In the 1980 amendments to the Social Security Act, Congress provided additional incentives to help SSI disabled recipients become self-supporting. These incentives included:

- Providing for an earned income exclusion for impairment-related work expenses (IRWE);
- Changing the treatment of sheltered workshop earnings from unearned income to earned income, thereby qualifying sheltered workshop earnings for the earned income exclusion;
- Providing for the continuation of SSI payments for certain disabled individuals enrolled in vocational rehabilitation programs whose disability ceased due to medical recovery (extended to SSI blind recipients, effective April 1988);
- Establishing section 1619, which provided:
  - In subsection 1619(a), special SSI cash benefits to disabled individuals who lose eligibility for SSI payments because they have earnings exceeding the level that is ordinarily considered to represent substantial gainful activity (SGA), and
  - In subsection 1619(b), special SSI recipient status for Medicaid purposes to working disabled or blind individuals when their earnings make them ineligible for cash payments.

We discuss the incentives for work and opportunities for rehabilitation in more detail in section III.E. In the following tables we provide historical information on participation by SSI recipients in work incentive programs.<sup>1</sup>

#### ***a. Numbers of Participants in Work Incentive Programs***

In this section, we present historical data on participation by SSI recipients in work incentive programs. Table V.E1 presents historical numbers of SSI recipients categorized according to their section 1619 status. Figure V.E1 presents this information in graphical form.

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<sup>1</sup> More detailed information on participation by SSI recipients in work incentive programs is provided in the *SSI Annual Statistical Report, Pub. No. 13-11827*, prepared by the Office of Research, Evaluation, and Statistics, Social Security Administration.

**Table V.E1.—SSI Federally-Administered Blind or Disabled Working Recipients as of December, 1987-2012**

Year	SGA level <sup>a</sup>	In current-payment status			Total workers
		1619(a) workers <sup>b</sup>	Other workers <sup>c</sup>	1619(b) workers <sup>d</sup>	
1987.....	\$300	14,559	142,664	15,632	172,855
1988.....	300	19,920	153,599	15,625	189,144
1989.....	300	25,655	161,928	18,254	205,837
1990.....	500	13,994	182,421	23,517	219,932
1991.....	500	15,531	186,824	27,264	229,619
1992.....	500	17,603	199,665	31,649	248,917
1993.....	500	20,028	210,322	35,299	265,649
1994.....	500	24,315	217,478	40,683	282,476
1995.....	500	28,060	223,573	47,002	298,635
1996.....	500	31,085	225,310	51,905	308,300
1997.....	500	34,673	228,093	57,089	319,855
1998.....	500	37,271	229,662	59,542	326,475
1999.....	<sup>e</sup> 700	25,528	245,825	69,265	340,618
2000.....	700	27,542	249,313	83,572	360,427
2001.....	740	22,100	247,555	76,455	346,110
2002.....	780	17,271	241,462	82,177	340,910
2003.....	800	17,132	235,453	71,097	323,682
2004.....	810	17,114	237,409	73,681	328,204
2005.....	830	17,621	240,744	78,205	336,570
2006.....	860	17,394	242,676	89,350	349,420
2007.....	900	16,939	242,854	97,551	357,344
2008.....	940	16,142	240,138	99,482	355,762
2009.....	980	11,900	236,741	91,534	340,175
2010.....	1,000	11,305	234,481	72,751	318,537
2011.....	1,000	11,763	235,248	65,768	312,779
2012.....	1,010	11,813	233,915	67,927	313,655

<sup>a</sup> According to regulation, SSA bases increases in 2001 and subsequent years on increases in the national average wage index. SGA rules do not apply to blind recipients.

<sup>b</sup> Includes disabled workers whose earnings are above SGA level.

<sup>c</sup> Includes blind workers in current-payment status and disabled workers whose earnings are at or below SGA level.

<sup>d</sup> 1619(b) recipients are not in current-payment status but retain SSI recipient status for Medicaid purposes.

<sup>e</sup> Increased to \$700 in July 1999.

**Figure V.E1.—SSI Federally-Administered Blind or Disabled Working Recipients as of December, 1987-2012**

[In thousands]

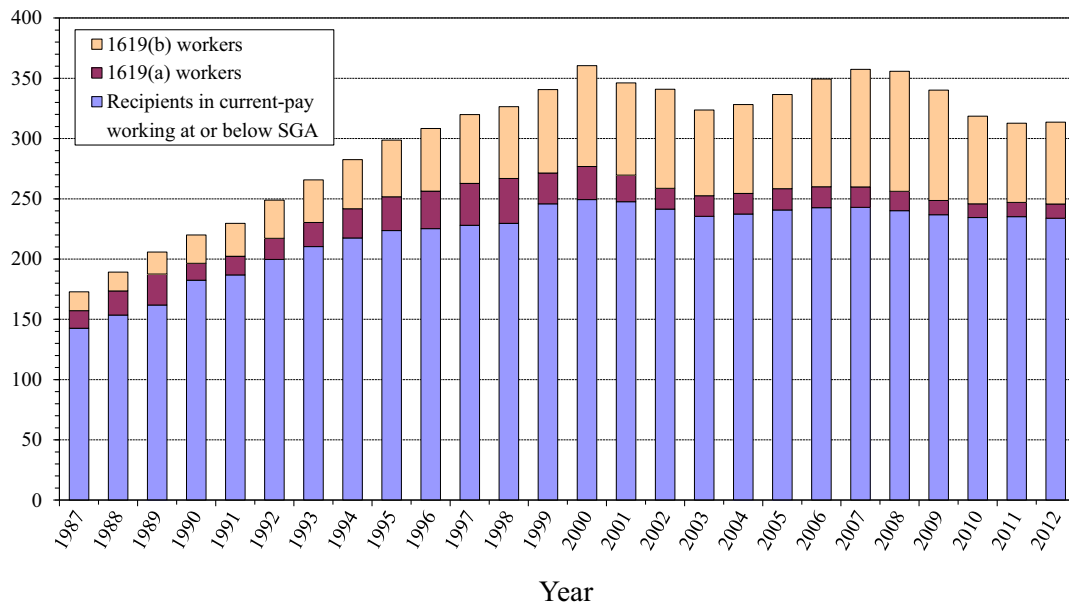


Table V.E2 presents historical numbers of SSI recipients who benefit from other selected work incentive provisions: (1) PASS; (2) IRWE; and (3) BWE. These recipients may be benefiting from more than one of these selected work incentive provisions. This information is available only for calendar years 1990 and later.

**Table V.E2.—SSI Federally-Administered Blind or Disabled Individuals with SSI Recipient Status Participating in Other Work Incentives as of December, 1990-2012**

Year	PASS <sup>a</sup>			IRWE	BWE
	Non-workers	Workers	Total		
1990.....	1,215	1,040	2,255	5,384	4,385
1991.....	1,969	1,601	3,570	6,546	4,330
1992.....	3,189	2,658	5,847	7,813	4,454
1993.....	4,528	3,602	8,130	8,629	4,406
1994.....	5,842	4,487	10,329	9,484	4,380
1995.....	5,719	4,603	10,322	9,940	4,433
1996.....	2,760	1,944	4,704	9,799	4,230
1997.....	1,290	708	1,998	9,637	4,116
1998.....	712	362	1,074	9,301	3,802
1999.....	698	347	1,045	9,520	3,971
2000.....	862	520	1,382	9,422	3,895
2001.....	1,024	576	1,600	8,798	3,642
2002.....	1,150	571	1,721	8,047	3,386
2003.....	1,181	524	1,705	7,604	3,074
2004.....	1,112	486	1,598	6,874	2,827
2005.....	1,089	493	1,582	6,310	2,552
2006.....	1,098	485	1,583	5,650	2,370
2007.....	1,003	512	1,515	5,161	2,142
2008.....	1,074	485	1,559	4,572	1,925
2009.....	1,037	420	1,457	3,862	1,643
2010.....	1,001	392	1,393	3,491	1,847
2011.....	882	405	1,287	3,339	1,570
2012.....	760	356	1,116	3,157	1,410

<sup>a</sup> For years 1990 through 1996, data do not include PASS plans that exclude only resources.

Note: Working recipients participating in these other work incentives may be 1619(a) recipients, 1619(b) recipients or other working recipients.

### *b. Average Earnings of Participants in Work Incentive Programs*

In this section, we present historical data on average earnings of SSI working recipients. Table V.E3 presents average earnings of SSI recipients categorized according to their section 1619 status.

**Table V.E3.—Average Monthly Earnings of SSI Federally-Administered Blind or Disabled Working Recipients, as of December, 1987-2012**

Year	Blind or disabled workers with SSI recipient status			
	In current-payment status			Total workers
	1619(a) workers <sup>a</sup>	Other workers <sup>b</sup>	1619(b) workers <sup>c</sup>	
1987.....	\$494	<sup>d</sup> \$124	\$739	<sup>d</sup> \$211
1988.....	522	<sup>d</sup> 127	721	<sup>d</sup> 218
1989.....	518	<sup>d</sup> 131	712	<sup>d</sup> 231
1990.....	712	145	746	245
1991.....	724	148	780	262
1992.....	726	150	781	271
1993.....	728	153	784	280
1994.....	746	157	803	301
1995.....	754	160	834	322
1996.....	764	162	881	344
1997.....	772	164	932	367
1998.....	772	182	954	390
1999.....	926	207	980	418
2000.....	945	239	1,048	481
2001.....	1,004	252	1,043	475
2002.....	1,043	253	1,094	495
2003.....	1,059	241	1,081	469
2004.....	1,076	246	1,070	474
2005.....	1,111	255	1,118	500
2006.....	1,166	258	1,193	542
2007.....	1,193	262	1,267	581
2008.....	1,235	259	1,340	605
2009.....	1,262	252	1,327	577
2010.....	1,260	244	1,266	513
2011.....	1,265	248	1,261	499
2012.....	1,298	257	1,318	526

<sup>a</sup> Workers' earnings are above the SGA level. See table V.E1 for yearly SGA levels.

<sup>b</sup> Disabled workers' earnings are at or below the SGA level.

<sup>c</sup> 1619(b) recipients are not in current-payment status but retain SSI recipient status for Medicaid purposes.

<sup>d</sup> Estimated.

## 2. Vocational Rehabilitation/Ticket to Work Program

Provisions designed to make vocational rehabilitation (VR) services available to SSI blind or disabled recipients have been part of the SSI program since its inception. From the beginning, the Social Security Administration (SSA) referred SSI recipients to State VR agencies, which provided services to those recipients they accepted as clients. Prior to 1981, SSA made block grants to VR agencies to fund services to disabled beneficiaries. The 1981 amendments changed this and established a “cost” reimbursement provision. Under this provision, we reimburse VR agencies for the cost of VR services furnished to blind or disabled SSI recipients only if the services result in the recipient returning to work. For reimbursement purposes, we consider recipients to have returned to work if they have had earnings exceeding the SGA level for 9 continuous months.

The 1984 amendments authorized reimbursement for cases<sup>1</sup> where the recipient medically recovers while engaged in a program of rehabilitation services approved by SSA and SSA determines that continuation or completion of such a program would increase the likelihood the individual will permanently leave the rolls. The 1990 amendments authorized reimbursement for the cost of services the VR agencies provide in months in which the individual is not receiving Federal SSI benefits if the individual:

- Has special SSI recipient status for Medicaid purposes under section 1619(b) of the Social Security Act;
- Receives a Federally-administered State supplementation payment; or
- Temporarily loses eligibility for SSI benefits for fewer than 13 consecutive months for a reason other than cessation of disability or blindness.

In 1994, SSA amended the regulations to include reimbursement to alternate private and non-State public VR providers (“alternate participants”) that provided VR services to recipients that a State VR agency had not accepted as clients. The Ticket to Work and Work Incentives Improvement Act of 1999 subsequently replaced the alternate provider program with the Ticket to Work and Self-Sufficiency program (Ticket to Work program).

Under the Ticket to Work program, a disabled beneficiary may obtain vocational rehabilitation, employment and other support services from qualified private or public providers—“employment networks” (ENs). The Ticket to Work program authorized the Commissioner to provide payments to ENs under either an outcome payment system or an outcome-milestone payment system.<sup>2</sup> By expanding the pool of providers and giving the providers incentives for achieving success, this program expands access to these services for persons with disabilities to assist them in finding, entering, and retaining employment as well as reducing their dependence on cash benefits.

Beginning in February 2002, SSA implemented the Ticket to Work program on a State-by-State basis and completed implementation in September 2004. As we implemented the Ticket to Work program in a State, we eliminated the alternate provider and the traditional VR referral process described earlier. SSA provides eligible individuals who receive SSI benefits due to blindness or disability in such a State with access to employment support services. Ticket-eligible beneficiaries may use the ticket to obtain vocational rehabilitation services, employment services, and other support services needed to return to work or go to work for the first time from ENs or their State VR agencies. Individuals not eligible for a ticket may

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<sup>1</sup> The 1980 amendments provided for benefit continuation for such SSI recipients who were continuing in a VR program after their disability ended. Lawmakers extended the provision to blind recipients effective April 1988.

<sup>2</sup> State VR agencies may elect on a case-by-case basis to receive payment under the traditional VR reimbursement system, or as an EN under the outcome or outcome-milestone payment system.

still request services from a State VR agency; the VR agency continues to decide whether each beneficiary is eligible for services under the Rehabilitation Act of 1973.

The Ticket legislation required that SSA establish a corps of work incentives specialists to disseminate accurate information about work incentives. In addition, the Social Security Protection Act of 2004 mandated that SSA provide a work report receipt to the beneficiary. SSA responded to these mandates with the following actions:

- In fiscal year 2003, SSA established the Area Work Incentives Coordinator (AWIC) position and trained a total of 58 AWICs, assigning at least one AWIC to each Area Office. We created the AWIC position to improve the quality of employment support services provided to beneficiaries through training, outreach, and better coordination of support services. As of fiscal year 2013, there are 52 AWICs on duty.
- In fiscal year 2004, SSA released eWork, a web-based design application that provides a uniform electronic system to process and control OASDI return to work cases. Since eWork does not communicate with any SSI systems, SSA developed a web-based application, the SSI Monthly Wage Verification (SSIMWV), to process and control SSI work reports. The SSIMWV allows SSA employees to issue the mandated work report receipt in addition to processing the wage report. We released SSIMWV nationally in November 2006.

In 2008, we implemented the Supplemental Security Income Telephone Wage Reporting (SSITWR) system nationally to help reduce wage-related improper payments and facilitate timely and accurate wage reporting. SSITWR is an automated system that uses a toll-free dedicated telephone number, with touch-tone entry and voice-recognition software. It allows SSI recipients, their representative payees and deemors to report gross wages from the prior month over the phone. Wage reporters can only use the SSITWR during the first 6 days of the month to report wages successfully for the prior month. SSITWR posts successful wage reports to the SSI record without intervention from an SSA employee, and adjusts subsequent SSI payment amounts before we issue the payment. The system also issues an automated receipt to the SSI recipient and his or her representative payee for each successful wage report as required by section 202 of the Social Security Protection Act of 2004.

- In fiscal year 2006, SSA awarded cooperative agreements in all States, the District of Columbia, and Territories under the new Work Incentives Planning and Assistance (WIPA) program, which replaced and enhanced the former Benefits Planning, Assistance, and Outreach (BPAO) program. The WIPA program provides accurate information about work incentive programs and other employment support services, as well as planning and assistance services, to beneficiaries with disabilities to support and facilitate their transition into the workforce. Funding for SSA's WIPA program, provided from SSA's fiscal year 2011 appropriation, came to a close in the summer of 2012. Therefore as of June 30, 2012, the majority of WIPA program grantees no longer had SSA funds available to continue to provide these services. Some grants had sufficient funding through September 2012, others through December 2012, and a small number through 2013, but despite the 2012 funding lapse, the WIPA program will restart again by the end of the summer of 2013.

In fiscal year 2003, AWIC employees provided refresher training on employment supports to the local Work Incentive Liaisons located in each of the local field offices. Beginning in fiscal year 2004, SSA updated the systems application phase of this training with the release of eWork. We provided training to all direct service employees in field offices, teleservice centers and the payment processing centers. We completed this training initiative in November 2004.

AWICs have also been very active in participating in outreach activities in their local areas and continue to be the primary point of contact for public information outreach in the communities. They have strength-

ened the relationship with our Ticket to Work partners. AWICs also work closely with the regional PASS cadres in SSA to make joint educational presentations to the community about our employment support programs. The partnership has strengthened support of one of the objectives of the Ticket to Work program, which is to educate the public about the benefits of returning to work and becoming self-sufficient. We have made presentations directly to persons with disabilities and entities that provide services to this target group, including presentations at:

- Work Incentives Seminar Events
- Disability Employment Fairs
- Disability Forums and Expos
- Technical Colleges
- Universities
- Disability Resource Centers
- One-Stop Career Centers
- Small Business Administration Groups
- Workforce Investment Fairs
- Independent Living Councils' Conferences
- United Way Agencies
- State Advocacy Groups

In 2008, SSA revised the Ticket to Work regulations to enhance beneficiary choice and improve the effectiveness of the program. The revisions extended the program to all adult OASDI disabled and SSI blind or disabled beneficiaries, removed disincentives for employment networks to participate in the program, provided incentives for them to support beneficiaries through a more gradual return to work, and positioned them to better support ongoing retention of employment. Since we published the new regulations, SSA has noted promising trends:

- We have seen a 52 percent increase in beneficiaries initiating return to work programs, from 203,664 as of May 1, 2008 to 310,291 as of February 1, 2013. In the period covered by this report, we have seen a 5.5 percent increase in beneficiaries choosing to participate in the Ticket to Work program, from 294,182 in January 2012 to 310,291 in January 2013; and
- In 2011, the number of beneficiaries receiving services under the Ticket to Work program who worked increased by 11.9 percent (from 117,124 to 131,099) over calendar year 2010.

See section V.G.1.d for information on the evaluation of the Ticket to Work program.

Table V.E4 provides historical data on the number of VR agency reimbursement claims allowed and the amount of such awards for SSI recipients.

In a somewhat broader context of providing work incentives for disabled beneficiaries of both the OASDI and SSI programs, the President's Fiscal Year 2013 Budget contains a proposal to test a framework for simplifying the rather complicated array of work incentives available under the OASDI program. Under

the proposed Work Incentives Simplification Program, we would treat earnings of OASDI disabled beneficiaries more like the treatment of earnings for SSI disabled adults under SSI.

**Table V.E4.—Vocational Rehabilitation Reimbursement Claims Allowed, Fiscal Years 1987-2012**

Fiscal year	Concurrent Title II/XVI claims		Title XVI only claims		Total claims	
	Number	Amount <sup>a</sup> (in thousands)	Number	Amount (in thousands)	Number	Amount <sup>a</sup> (in thousands)
1987.....	b	b	1,493	\$10,010	b	b
1988.....	b	b	1,720	14,831	b	b
1989.....	b	b	1,871	18,366	b	b
1990.....	1,267	\$3,290	2,819	22,832	4,086	\$26,122
1991.....	1,445	4,325	2,171	20,615	3,616	24,940
1992.....	1,634	5,312	2,834	28,276	4,468	33,588
1993.....	1,928	6,670	2,158	22,264	4,086	28,934
1994.....	1,880	7,057	2,074	23,400	3,954	30,457
1995.....	2,140	7,761	2,229	26,402	4,369	34,162
1996.....	2,033	6,518	2,138	24,334	4,171	30,852
1997.....	2,735	8,541	2,914	31,532	5,649	40,073
1998.....	3,329	10,089	3,446	36,313	6,775	46,402
1999.....	3,572	11,403	4,046	42,281	7,618	53,684
2000.....	3,260	11,357	3,589	40,793	6,849	52,150
2001.....	2,388	9,590	2,763	34,842	5,151	44,432
2002.....	3,241	12,201	3,474	43,244	6,715	55,445
2003.....	2,139	8,110	1,993	25,238	4,132	33,348
2004.....	1,999	7,759	2,150	26,390	4,149	34,149
2005.....	1,883	7,420	1,692	21,866	3,575	29,286
2006.....	2,581	10,382	2,257	28,597	4,838	38,979
2007.....	2,037	8,407	1,871	26,468	3,908	34,875
2008.....	2,743	11,229	2,515	35,732	5,258	46,961
2009.....	2,567	11,046	2,373	34,801	4,940	45,847
2010.....	2,337	9,431	2,109	32,511	4,446	41,942
2011.....	1,300	6,551	1,407	23,196	2,707	29,747
2012.....	1,418	6,046	1,540	24,351	2,958	30,397

<sup>a</sup> For concurrent Title II/XVI claims, amounts shown represent Title XVI portion of claim.

<sup>b</sup> For fiscal years 1987-89, data on Title II reimbursement claims involving concurrent Title XVI reimbursement claims are not available.

Note: Totals do not necessarily equal the sums of rounded components.

Table V.E5 provides historical data on the number of employment network payments allowed and the amount of such payments for SSI recipients.

**Table V.E5.—Employment Network Payments Allowed, Fiscal Years 2002-12<sup>a</sup>**

Fiscal year	Concurrent Title II/XVI payments		Title XVI only payments		Total payments	
	Number	Amount <sup>b</sup> (in thousands)	Number	Amount (in thousands)	Number	Amount <sup>b</sup> (in thousands)
2002.....	7	\$1	1	<sup>c</sup>	8	\$1
2003.....	138	19	260	\$47	398	66
2004.....	245	35	674	127	919	162
2005.....	692	105	1,292	251	1,984	356
2006.....	975	137	1,648	317	2,623	454
2007.....	1,259	181	1,713	334	2,972	515
2008.....	1,827	274	2,524	520	4,351	794
2009.....	2,575	594	3,282	1,310	5,857	1,904
2010.....	3,461	864	3,819	1,704	7,280	2,568
2011.....	4,565	1,145	5,879	2,789	10,444	3,934
2012.....	5,577	1,359	6,257	2,971	11,834	4,330

<sup>a</sup> Does not include reimbursements to State VR agencies for tickets assigned under the VR cost reimbursement option.

<sup>b</sup> For concurrent Title II/XVI payments, amounts shown represent Title XVI portion of the payments.

<sup>c</sup> Less than \$500.

Note: Totals do not necessarily equal the sums of rounded components.



## **F. INVOLVEMENT OF SSI RECIPIENTS IN OTHER PROGRAMS**

In this appendix, we present statistics on participation by Supplemental Security Income (SSI) recipients in other programs using data from the Supplemental Security Record (SSR), the main administrative file for the SSI program. We develop summary data on: (1) current participation by SSI recipients in other programs from a 100-percent extract of the SSR; and (2) previous participation by SSI recipients in other programs from a 10-percent extract of the SSR. Both sets of summary data are representative of the overall SSI recipient population.

Since the amount of an individual's income affects both the eligibility for, and the amount of, his or her SSI benefit, the SSR must contain information on participation by SSI recipients in certain other programs that may provide countable income to the SSI recipient. A significant number of SSI recipients are Social Security beneficiaries whose total countable income, including OASDI benefits, is less than the Federal benefit rate plus the amount of applicable Federally-administered State supplementation payment. A smaller number of SSI recipients participate in other programs and receive income such as Workers' Compensation benefits or disability cash benefits from the Department of Veterans Affairs.

SSA does not maintain complete information concerning the involvement of SSI recipients in other assistance programs because under the law payments from such programs are not countable income attributable to the individual. We do, however, have some data with regard to entitlement to benefits under two other programs—Temporary Assistance for Needy Families (TANF) (which replaced Aid to Families with Dependent Children (AFDC)) and State Interim Assistance Reimbursement—at the point that the individual applied for SSI benefits. TANF (and AFDC previously) is a State program funded under Part A of Title IV of the Social Security Act. Interim assistance is assistance a State gives to SSI applicants in cash or vendor payments for meeting basic needs while they are awaiting the outcome of the SSI eligibility determination process.

Table V.F1 presents percentages of SSI recipients who: (1) concurrently receive payments from certain other selected programs; or (2) have previously received TANF/AFDC benefits or Interim Assistance Reimbursement.

**Table V.F1.—Percentage of SSI Federally-Administered Recipients in Current-Payment Status with Participation<sup>a</sup> in Selected Programs Based on SSA Administrative Records, December 2012**

	Age groups			All
	0-17	18-64	65 or older	
Number of Federally-administered recipients, December 2012 (in thousands).....	1,312	4,869	2,082	8,263
<b>Program</b>	<b>(In percent)</b>			
<b>Program participation by SSI recipients, December 2012</b>				
Federal SSI.....	99.9	97.7	94.7	97.3
Federally-administered State SSI supplementation.....	17.9	22.9	41.5	26.8
OASDI.....	7.6	30.8	56.1	33.5
Black Lung.....	0.0	<sup>b</sup>	<sup>b</sup>	<sup>b</sup>
Railroad Retirement.....	<sup>b</sup>	<sup>b</sup>	<sup>b</sup>	<sup>b</sup>
Veterans Affairs disability cash benefits.....	0.1	0.3	0.9	0.4
Workers' Compensation.....	<sup>b</sup>	0.1	<sup>b</sup>	0.1
<b>Previous program participation by SSI recipients, December 2012</b>				
TANF/AFDC.....	25.6	28.1	12.7	23.8
Interim Assistance Reimbursement.....	0.7	13.8	11.2	11.0

<sup>a</sup> SSI recipients or households of SSI recipients may participate in more than one of these programs.

<sup>b</sup> Less than 0.05 percent of SSI recipients in this gender/age grouping participate in the program.

Note: Total numbers of recipients do not necessarily equal the sums of rounded components.

There are other potential sources for information on SSI recipients when that information is not available on the SSI administrative files. These sources include the following:

- The Survey of Income and Program Participation, a U.S. Census Bureau sample survey, is comprised of a continuous series of national panels that collect information such as the source and amount of income, asset holdings, program participation and general demographic characteristics for the U.S. civilian noninstitutionalized population.
- The Current Population Survey (CPS), a U.S. Census Bureau sample survey conducted monthly by the Bureau of the Census for the Bureau of Labor Statistics is the primary source of information on the labor force characteristics of the U.S. population. The CPS March Supplement (the Annual Social and Economic Supplement), collects, in addition to the usual monthly labor force data, information on income, noncash benefits, program participation and general demographic characteristics for the U.S. resident noninstitutionalized population.
- The Health and Retirement Study, a survey sponsored by the National Institute on Aging and conducted by the University of Michigan, is a biennial survey that collects information such as health status, health care utilization, income, asset holdings, program participation and general demographic characteristics for the U. S. population over age 50.

## **G RESEARCH ON RELATED TOPICS**

The legislative mandate for this report requires inclusion of information about “relevant research on the SSI program by the Social Security Administration (SSA) and others.” Section 1 of this appendix describes major ongoing projects. Section 2 presents a bibliography of studies regarding Supplemental Security Income (SSI) payment levels, recipients, and reform proposals published in the past 10 years by both public and private entities.

### **1. Ongoing Research**

#### ***a. SSI Policy Simulations***

Using Survey of Income and Program Participation (SIPP) data matched to administrative records, SSA researchers have developed a model of financial eligibility for SSI to estimate the rate of participation among the eligible elderly and the effects of various options to modify the SSI program (see Davies et al. 2001/2002). The model suggests that the rate of participation among the eligible elderly was about 62 percent in 1991. The comparable participation rate estimate at the end of 1996 was also 62 percent. An updated version of the model uses the 2004 SIPP matched to administrative records.

We used the model to simulate the potential effects of several approaches to expand the SSI program to fight poverty among the elderly. Approaches focusing on incremental changes in the Federal benefit rate, the general income exclusion, and the resources test appear roughly equally effective in reducing the poverty gap among the elderly on a cost-equivalent basis, while two approaches focusing on relaxing the earned income exclusion are less effective (Davies, Rupp, and Strand, 2004). More recently, we expanded the model to address SSI participation and financial eligibility among the working-age disabled and to assess SSI benefit restructuring options for the entire SSI population. The working-aged model allows for the identification of working-aged persons by their SSI financial eligibility status, Social Security Disability Insurance (SSDI) insured status, and participation in both programs. We used the expanded model to assess SSI’s role in complementing SSDI and enhancing the safety net for the working-aged population (Rupp, Davies, and Strand, 2008). We simulated the effects of several approaches to changing in-kind support and maintenance rules and options for altering the calculation of the Federal benefit rate for certain living arrangement categories (Balkus et al. 2009). We also studied eligibility for Medicare buy-in programs with the financial eligibility model (see Rupp and Sears 2000; Sears 2001/2002). In unpublished internal research, we used the model to estimate the size of the population potentially eligible for the Medicare Part D low income subsidy.

#### ***b. National Survey of SSI Children and Families***

The National Survey of SSI Children and Families (NSCF) addressed a number of agency policy and program objectives. One objective was to address issues specifically pertaining to the effects of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (welfare reform). However, the survey as designed is useful for the study of a broader range of issues of current interest to policy makers. Most importantly, it allows for the analysis of a nationally representative cross-section of SSI beneficiary children aged 0-17 and young adults aged 18-23. Among the questions the survey answers are the following:

- What are the characteristics of SSI children?
- What alternative sources of care are available to disabled children who lose SSI benefits?
- How is quality of life and utilization of medical services impacted by gaining or losing SSI benefits?
- What is the cost of caring for a child with disabilities?

- What are the uses of SSI benefits?
- What is the impact of the nature and severity of the child's disabilities on parental labor force participation?

The NSCF data collection began July 2001 and concluded June 2002. The NSCF sample size was considerably larger for SSI children and young adults than the sample size available in other surveys. Altogether, the NSCF includes 8,535 completed interviews, including 5,006 who received SSI benefits in December 2000 and 5,033 who received SSI benefits in December 1996. The NSCF public-use data file and documentation is available on our website at [www.socialsecurity.gov/disabilityresearch/nscf.htm](http://www.socialsecurity.gov/disabilityresearch/nscf.htm). Davies and Rupp (2005/2006) provides an overview of the survey and describes some key features. We discuss other analyses using these data in section c below. Although it was a cross-sectional data collection effort, we continue to update the match between NSCF and SSI administrative records with longitudinal data on SSI program participation.

### *c. Analytic Studies*

A number of studies by SSA researchers provide a better understanding of the SSI program, the elderly and disabled target populations, program interactions, and the role of the SSI program in the United States social safety net. Koenig and Rupp (2003/2004) estimates the prevalence of households and families with multiple SSI recipients and provides an assessment of the poverty status of multirecipient households. In 2003 and again in 2005, SSA provided funding for interviewing supplemental samples of SSI and SSDI beneficiaries to increase the SIPP sample size available for analyses of these target groups. DeCesaro and Hemmeter (2008) examines the characteristics of SSDI and SSI program participants using the 2003 supplemental sample combined with the 2001 SIPP, both matched to administrative records. Ongoing research by Stegman and Hemmeter will update this research note using the 2008 SIPP matched to 2010 administrative records to examine the characteristics of SSDI and SSI program participants. Rupp and Davies (2004) tracks survey respondents from the 1984 SIPP for 14 years using administrative records on SSI and SSDI participation and death events to assess the relationship between self-reported health status, disabilities, mortality, and participation in the SSI and SSDI programs. Weathers et al. (2007) uses a unique longitudinal dataset based on administrative data from the National Technical Institute for the Deaf (NTID) linked to SSA administrative records to conduct a case study of SSI children who applied for post-secondary education at NTID. Another study uses SSA administrative records from August 2005 through August 2007 to analyze SSI recipients who lived in counties and parishes affected by Hurricanes Katrina and Rita (Davies and Hemmeter 2010). Hemmeter (2009) examines the occupational distribution of SSI disability recipients aged 18-61 who work. Hemmeter and Gilby (2009) analyzes age-18 redetermination outcomes for SSI youth, including appeals of initial cessations and subsequent reapplications for benefits after a period of ineligibility, while Hemmeter (2012) looks at changes in diagnostic codes following the age-18 redetermination. Another ongoing research study examines the subsequent participation in the SSDI and SSI programs by individuals whose eligibility for those programs ceased through a continuing disability review because of medical improvements. Rupp (2012) analyzes factors affecting initial disability allowance rates for the SSDI and SSI programs and finds that demographic and diagnostic characteristics of applicants and the local unemployment rate substantially affect the initial allowance rate.

Using data from the Current Population Survey matched to SSA administrative records, Nicholas and Wiseman (2009) assesses the impact of using administrative records on poverty estimation among elderly SSI recipients using the official and alternative definitions of poverty. Wiseman and Ycas (2008) compares the Canadian social assistance program for the elderly with the SSI program, looking at program structure, cost and consequences for elderly poverty rates. Kemp (2010) conducts a descriptive analysis of the SSI student earned income exclusion. One ongoing study is examining the growth in SSI applications and awards among children. Another ongoing study is looking at SSI children by year of award and age at award and analyzing transitions (onto SSDI, off SSDI and SSI, mortality) as they age into adulthood. Rene

Parent, Incigul Sayman and Kevin Kulzer published a Social Security research and Statistical note entitled, “Profile of Social Security Disabled Workers and Dependents Who Have a Connection to Workers’ Compensation or Public Disability Benefits” (No. 2012-03 (released September 2012)). This note provides a comprehensive profile of the characteristics of disability beneficiaries with a connection to workers’ compensation or public disability benefits. Parent et al. (2012) found that 8.3 percent of disabled workers who have this connection tend to be economically better off, more frequently middle-aged, male, afflicted with a musculoskeletal and connective tissue disorder, and tend to wait longer to apply for social security disability benefits after onset than the general disabled-worker population.

Several studies focus on the distributional effects of the SSI program through its interactions with other Federal and State programs. One on-going study is utilizing longitudinal data from the Health and Retirement Study to assess the role of SSI and related social safety net programs in providing a buffer against the potentially adverse effects of disability shocks in the near-elderly population on financial well-being. Rupp et al. (2008) provides an empirical analysis of the SSI Federal benefit rate for assessing benefit adequacy among elderly Social Security beneficiaries and the effectiveness of the SSI benefit eligibility screens for targeting economically vulnerable elderly beneficiaries. Balkus et al. (2009) examines the distributional effects of replacing current policies on living arrangements and in-kind support with a simpler, cost neutral alternative. Rupp and Strand (2007) highlights the distributional implications of Social Security reform scenarios involving a potential shift from wage indexing to price indexing or longevity indexing in the establishment of initial benefits. Strand (2010) uses matched SIPP records to examine potential eligibility for three major means-tested programs (SSI, Medicaid, and Food Stamp) among near retirees aged 55 to 64 and eventual SSI participation upon reaching age 65. Rupp, Davies, and Strand (2008) finds that over one-third of the working-age population is covered by SSI in the event of a severe disability, which provides disability benefit coverage to many who are not SSDI-insured and enhances the potential bundle of disability cash benefits among a substantial segment of those who are SSDI-insured.

On-going work and previously published papers by Rupp and Riley are based on a linkage of individual-level administrative data from SSA and the Centers for Medicare & Medicaid Services. First, Rupp and Riley (2011) analyzes longitudinal patterns of interaction between SSDI and SSI and finds that one quarter of the year 2000 cohort of first-ever working-age disability awardees received benefits from both programs over a 60-month period. A second paper (Rupp and Riley, 2012) analyzes the effect of longitudinal interactions between the SSDI and SSI programs in providing access to Medicare and Medicaid, and finds that SSI facilitates high levels of Medicaid coverage for SSI awardees overall and provides access to Medicaid for many SSDI awardees during the 24-month Medicare waiting period. A third paper (Riley and Rupp, 2012) tracks expenditures for 2000-2006 for the SSDI, SSI, Medicare and Medicaid programs and finds that SSI is a relatively low expenditure program with important implications for the other three programs. The authors conclude that SSI and Medicaid provide a temporary safety net supporting SSDI beneficiaries during their SSDI and Medicare waiting periods. Ongoing work by the authors focuses on estimated cumulative expenditure patterns over the working-age adult portion of the life cycle for the year 2000 awardees for the four programs (SSDI, SSI, Medicare and Medicaid). Other on-going research using the same data set analyzes whether disability benefit recipients (SSDI and SSI) in States with easier access to health insurance will be more likely to work and exit from SSDI and/or SSI than their peers in states where health insurance is more difficult to access.

Wamhoff and Wiseman (2005/2006) examines the financial consequences of Temporary Assistance for Needy Families (TANF)-to-SSI transfers and develops new estimates of both the prevalence of receipt of SSI benefits among families receiving cash assistance from TANF and the proportion of new SSI awards that go to adults and children residing in families receiving TANF-related benefits. Trenkamp and Wiseman (2007) addresses the connections between the SSI and Food Stamp programs. Meijer, Karoly, and Michaud (2009, 2010) analyzes eligibility for the Medicare Part D Low Income Subsidy, which relies on a simplified SSI methodology.

A number of studies utilize the NSCF to focus on children and young adults receiving SSI. Rupp et al. (2005/2006) presents highlights from the survey characterizing SSI children with disabilities and their families. Hemmeter (2011) analyzes the unmet health care needs of SSI children after the age-18 redetermination. Additional research studies employment and caregiving patterns of parents of SSI children (Rupp and Ressler 2009), examines employment and program outcomes among young adults after their eligibility redetermination at age 18 (Hemmeter, Kauff, and Wittenburg 2009), and analyzes factors affecting out-of-pocket medical expenses and unmet health care needs of disabled children (DeCesaro and Hemmeter 2009). These papers appear in a special issue of the *Journal of Vocational Rehabilitation* (volume 30, number 3, 2009) devoted to SSI children and young adults and the transition to adulthood. The special issue also includes a paper that introduces the issue and examines the life-cycle human capital development and longer-term SSI and earnings outcomes of SSI youth as they transition to adulthood (Davies, Rupp, and Wittenburg 2009), as well as two papers that focus on SSA's Youth Transition Demonstration (Fraker and Rangarajan 2009; Luecking and Wittenburg 2009). The articles from the special issue are available on SSA's web site at [www.socialsecurity.gov/policy/JVR.html](http://www.socialsecurity.gov/policy/JVR.html). Camacho and Hemmeter (2013) summarize the findings from two earlier Youth Transition Demonstration projects.

#### ***d. Evaluation of the Ticket to Work (TTW) Program***

The Ticket to Work and Work Incentives Improvement Act of 1999 requires the Commissioner of Social Security to provide independent evaluations to assess the effectiveness of the TTW program. We are conducting all TTW evaluation reports through an independent evaluation contractor, Mathematica Policy Research, Inc. Papers from all seven TTW reports are available on Social Security Online at [http://www.socialsecurity.gov/disabilityresearch/twe\\_reports.htm](http://www.socialsecurity.gov/disabilityresearch/twe_reports.htm).

One of the foundations of the evaluation is an annual research file, the Disability Analysis File (DAF). The DAF was previously called the Ticket Research File. The DAF contains the agency's disparate administrative data resources for all beneficiaries age 10 to full retirement age who have received disability cash benefits from the SSI, OASDI, or both programs since 1996. We initially produced the DAF to support the TTW evaluation, and researchers now use it for a wide array of disability-related research.

A second foundation of the TTW evaluation is the National Beneficiary Survey (NBS). In the NBS, we collect information that is not available from our administrative records from a representative sample of SSI and OASDI disability beneficiaries. Key items of interest in the NBS include work attitudes and work-related activities, health and functional status, education, access to health insurance, household composition, and sources of income. We implemented the first four rounds between 2004 and 2010, but delayed the fourth round of the NBS survey to observe the 2008 changes to the TTW program. We will conduct three additional rounds in 2014, 2016, and 2018.

Our TTW evaluation contractor is currently completing its analyses for the seventh TTW evaluation report. Three papers for this report are complete, and our contractor will complete the remaining reports in fiscal year 2013. In the first completed report, we updated Work Incentives Planning and Assistance (WIPA) project activities and examined the outcomes achieved by WIPA enrollees following their enrollment. We found that 70 percent of beneficiaries who enrolled in WIPA services between October 2009 and March 2010 were employed or actively seeking employment at the time of enrollment. Fifty-five percent of these beneficiaries had earnings at some point during the 9 to 15 months following service entry, and about 16 percent experienced a reduction in Social Security disability benefits because of earnings during at least one month in the nine-month period following WIPA program entry. We also found that receipt of more intensive WIPA services (as measured by hours of service) was significantly associated with a greater likelihood of using our work incentives; having earnings in 2010; experiencing an increase in earnings between 2009 and 2010; and having benefits suspended or terminated because of earnings during at least one month between WIPA program entry and the end of December 2010.

In the second completed paper from the seventh report, we examined the longer-term changes in the TTW program following our implementation of the 2008 regulations. Since that time, we find the number of beneficiaries served under the milestone-outcome payment system has increased markedly and has continued to grow. We also find that the proportion of employment networks (ENs) that are actively taking Tickets has nearly doubled, from 28 percent in July 2008 to 52 percent in December 2010 as we have focused on limiting the pool of ENs to those that have the potential to be actively involved in the program and to promote its goals. However, beneficiary participation rates in TTW have increased only slightly since the introduction of the revised regulations, and Partnership Plus cases (where the State VR agency serves the beneficiary and then hands them off to an EN for long-term case management) make up a tiny proportion of all Ticket assignments. The increase in milestone-outcome assignments, particularly at a time when assignments to the other payment systems were stagnant, suggests that we were successful in making milestone-outcome more enticing to both ENs and State VR agencies.

In the third completed paper from the seventh report, we present the sampling design and data collection activities for Round 4 (2010) of the NBS. It also provides descriptive statistics on working-age individuals receiving SSI and SSDI, based on the nationally representative sample from the 2010 NBS. This paper updates the descriptive statistics from the appendices to earlier TTW evaluation reports. We do not analyze the NBS data, but rather provide a data resource to support the analyses conducted in other papers for the seventh report.

Other researchers and policy analysts within the agency and at other Federal agencies and academic institutions, use the DAF and the NBS for general disability research and analysis not limited to TTW participants. Examples of these papers include: interactions between SSDI and SSI for new beneficiaries with disabilities (Longitudinal Patterns of Participation in the Social Security Disability Insurance and Supplemental Security Income Programs for People with Disabilities, by Kalman Rupp and Gerald F. Riley); the differences in employment outcomes between young participants (ages 18 to 30) with psychiatric disabilities versus young participants with other disabilities (Employment Experiences of Young Medicaid Buy-In Participants with Psychiatric Disabilities, by Jody Schimmel, Su Liu, and Sarah Croake); and work activities and employment outcomes for our beneficiaries with disabilities in seven articles in a special issue of the Social Security Bulletin (Social Security Bulletin, Vol. 71 No. 3).

***e. Homeless Outreach Projects and Evaluation (HOPE)***

In 2004, we awarded funds to 41 service providers nationwide to provide outreach services to people who are homeless. We trained these service providers and gave them training materials so they could help individuals who are homeless with our disability application process. In October 2007, Westat, the evaluation contractor, released the final evaluation report. We are currently conducting a longitudinal evaluation of HOPE. Findings from this analysis will be available later in 2013.

***f. Youth Transition Demonstration (YTD)***

The YTD established partnerships to improve employment outcomes for youths age 14-25 who receive (or could receive) SSI or OASDI payments based on their own disability. The YTD projects included service delivery systems and a broad array of services and supports to assist youth with disabilities in their transition from school to employment and to help them gain economic self-sufficiency.

YTD began in 2003, with seven projects in six States. In 2007, we piloted new projects in five States, choosing three new projects in Florida, Maryland, and West Virginia. These three projects joined three (Colorado and two New York) of the original seven projects in a random assignment study. This study will produce the first evaluation of the empirical evidence of the effects of youth transition programs and modified SSI work incentives.

The modified SSI program rules that we tested under the YTD included five elements.

- Despite the finding of a continuing disability review or an age-18 medical redetermination that an individual is no longer eligible for benefits, we continued paying benefits for as long as the individual continued to be a YTD participant.
- The student earned income exclusion (section 1612(b)(1) of the Social Security Act (Act)), which normally applies only to students who are age 21 or younger, applied to all participants who met school attendance requirements.
- The general earned-income exclusions (section 1612(b)(4) of the Act) permit the exclusion of \$65 plus half of what an individual earns in excess of \$65. For the YTD, we excluded the first \$65 plus three-fourths of any additional earnings.
- We extended the SSI program's treatment of federally supported Individual Development Accounts (IDA) to IDAs that do not involve federal funds.
- Ordinarily, a plan to achieve self-support (PASS) must specify an employment goal that refers to getting a particular kind of job or starting a particular business. For the YTD, we approved an otherwise satisfactory PASS that had either career exploration or postsecondary education as its goal. Income and assets that an individual used for PASS expenses did not count when we determined SSI eligibility and payment amount.

The YTD projects in Colorado and New York ended in 2010. The Florida, Maryland, and West Virginia projects ended in 2012. The 12-month, post-random-assignment reports for all the sites are finalized and have been released to the public. A comprehensive final report of the six random assignment projects is due in August 2014.

The YTD projects in the Bronx, West Virginia, and Florida had a positive effect on employment during the first year after random assignment. The Miami and West Virginia YTD programs also had positive impacts on youth income. Program group members in Miami earned an average of \$895 during the year after they entered the evaluation, which was \$306 more than control group members earned, a difference of 52 percent. Youth in the West Virginia program group earned an average of \$1,559 in the year after they entered the evaluation, which was 50 percent more than the \$1,035 earned by control group members. In both sites, the average total income (earnings plus disability benefits) of program group members during the year after entering the evaluation exceeded that of control group members.

The 12-month reports for the three Phase 2 projects also indicate that treatment group participants are receiving more employment-promoting services, benefits counseling and are more likely to use work incentives than the control group.

These research findings will help us assess the implications of such impacts for the Social Security trust funds and Federal income tax revenues.

#### ***g. TANF/SSI Disability Transition Project***

Both welfare agencies and the federal disability system seek to support low-income people with disabilities and help them become more independent. However, the two systems often have differing missions and organization, definitions of disability, operational and financial issues, and work rules and incentives, making it challenging for the TANF and SSI programs to work together. TANF clients who apply for SSI may confront conflicting messages from TANF agencies regarding work requirements and benefit eligibility. The Government Accountability Office (GAO) and Social Security Advisory Board recommended that



SSA and the Administration for Children and Families (ACF) work together to address serious concerns in Congress among stakeholders that the TANF and SSI lacked the coordination necessary to serve the public effectively and efficiently.

In response to these concerns, and to improve our understanding of the relationship between the TANF and SSI populations and programs, our Office of Program Development and Research and ACF launched the TANF-SSI Disability Transition Project in October 2008. Working with ACF, TANF agencies in California, Florida, Michigan, Minnesota, and New York, select counties in these States, and the evaluation firm MDRC, we are analyzing program data, examining State and county program coordination, and pilot-testing program innovations for TANF clients with disabilities. SSA, ACF, TANF agencies, and low-income individuals with disabilities and their families would benefit from more effective and efficient services—moving toward employment when possible, making informed decisions about applying for SSI, receiving SSI as quickly as possible if eligible, and reducing administrative costs. The project will conclude in 2013 with final reports on data analysis, program coordination, pilot test observations, and options for a larger demonstration project that builds on these findings.

#### ***h. Occupational Information System (OIS)***

We require information about work in the national economy in order to decide whether the majority of claimants are eligible for disability benefits according to our policy. The information must include a broad range of occupations that are widely available in the U.S. economy and descriptions of the physical and mental requirements of these occupations. For almost 50 years, we have relied upon the Department of Labor's (DOL) Dictionary of Occupational Titles (DOT) and its companion volume, the Selected Characteristics of Occupations, as our sources of occupational information, but the DOL stopped updating these resources about 20 years ago, and the information is becoming obsolete. The DOL replaced the DOT with the Occupational Information Network (O\*NET), but our research found that its descriptions of the physical demands of work do not conform to our policy requirements. We researched other existing OIS, but could not identify one that meets our unique disability adjudication needs.

We signed an interagency agreement with the Bureau of Labor Statistics (BLS) for part of fiscal year 2012 and all of fiscal year 2013 to test the feasibility of using the National Compensation Survey platform to collect updated occupational information that we can use under our current policy. The occupational data the BLS is collecting includes critical information about exertional and nonexertional job requirements, a measurement of how long workers typically take to become proficient in jobs (similar to Specific Vocational Preparation in the DOT) and the environmental factors to which workers are exposed. The BLS is conducting the data collection testing in three phases and has successfully completed the first two. Phase three will be completed by the end of the fiscal year. At the completion of each test phase, BLS evaluates results, issues a report to us, and meets with us to discuss issues. The BLS then modifies the data collection protocol based on their analysis and their discussions with us. Each test phase will expand the number and variety of occupations sampled, and BLS will train additional BLS field economists for each phase in preparation for production data collection.

We are also working with the DOL's Employment and Training Administration (ETA) to research whether it is possible to incorporate elements of O\*NET with the BLS data to form our new OIS. In September 2012, we held an introductory meeting with ETA staff. Although O\*NET does not describe physical job demands at the level of detail our program requires, we believe that we can use elements of O\*NET in disability adjudication. We plan to continue meeting with the ETA staff.

In April, we formed a workgroup to develop a small list of data elements that will describe the mental and cognitive demands of jobs in order to facilitate uniformity in deciding claims with mental allegations. Workgroup members include contracted psychological and psychiatric consultants from the Office of

Medical and Vocational Expertise, disability policy experts from SSA stakeholder components, and representatives from BLS and ETA. By the end of the fiscal year, the workgroup will make a recommendation, and the BLS could begin testing collecting of the mental/cognitive data elements in fiscal year 2014.

*i. Homeless with Schizophrenia Presumptive Disability (HSPD) Pilot Demonstration*

In the HSPD Pilot Demonstration, we are partnering with clinicians and case managers in California from the Health Services Agencies of San Francisco and Santa Cruz counties, the Department of Public Health of the City of San Francisco, and the Department of Mental Health of Los Angeles County who are actively engaged in assisting their patients to navigate the SSI application process. We believe that they have established relationships with patients who have been diagnosed with schizophrenia and schizoaffective disorder who are also known to be homeless. The goal is to improve the economic well-being of adult applicants who are homeless and have been diagnosed with schizophrenia or schizoaffective disorder. There are two main features of the program. We have developed the Schizophrenia Presumptive Disability Recommendation Form for clinicians to complete, which certifies that the medical evidence establishes that the applicant's mental impairment meets the severity of Listing 12.03 Schizophrenic, Paranoid and Other Psychotic Disorders. The clinicians and case managers submit the form, along with the supporting medical evidence, as well as assist with completing the online and paper applications for SSI benefits.

The second feature of the pilot demonstration is that we will pay up to six months of SSI payments to the applicant based on presumptive disability (PD), which will provide economic relief to the applicant while we gather the medical evidence and process the necessary application to make a formal finding of disability. Applicants are not required to pay back PD SSI payments if we ultimately deny their applications, as long as we did not deny the applications for nonmedical reasons. There must be a high degree of probability that the applicant is disabled when we confer PD SSI payments. Our field offices generally make PD findings only for specific disability categories, which do not include schizophrenia or schizoaffective disorder. This pilot demonstration allows us to create special units in our San Francisco, Santa Cruz, and certain Los Angeles field offices to make PD findings for applicants who are homeless, have a diagnosis of schizophrenia or schizoaffective disorder, and whose application includes a Schizophrenia Presumptive Disability Recommendation Form completed by an acceptable medical source certifying the diagnosis and the severity of the applicant's impairment.

In our evaluation of the demonstration, we will examine whether the program improves the administration of the SSI application and determination process. We will also examine whether providing the application assistance and the PD improves outcomes for individuals who are homeless and who have schizophrenia or schizoaffective disorder.

We began fielding the pilot in spring 2012. The community partners have since identified 58 individuals to assist with the SSI application process. All but one of these applicants received presumptive disability payments. Of the 58 applicants, 41 received favorable determinations that they are eligible for SSI, 15 are awaiting their determinations, one was denied for immigration reasons, and one was ineligible for the PD, but eligible for SSI.

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## H. GLOSSARY

**Administrative Expenses (or Costs).** Expenses incurred by the Social Security Administration (SSA) in administering the Supplemental Security Income (SSI) program. The Department of the Treasury initially pays such administrative expenses from the OASI and DI Trust Funds as provided in section 201(g)(1) of the Social Security Act. The Department of the Treasury subsequently reimburses the trust funds for such expenditures, including any interest lost, from the General Fund of the Treasury.

**Affidavit of Support.** A contract under which a United States citizen or legal resident agrees to provide support to maintain (i.e., to sponsor) an immigrant as a condition of the immigrant's admission into the United States.

**Aged.** Individuals aged 65 or older.

**Aid—Old-Age Assistance (OAA), Aid to the Blind (AB), and Aid to the Permanently and Totally Disabled (APTD).** The former Federal-State programs of adult cash assistance under Titles I, X, and XVI respectively. The SSI program replaced these programs in the 50 States and the District of Columbia in 1974. The United States Department of Health and Human Services administers these programs in Guam, the Virgin Islands, and Puerto Rico.

**Alien Lawfully Admitted for Permanent Residence.** A noncitizen lawfully accorded the privilege of residing permanently in the United States. Such individuals may obtain immigrant visas overseas from the Department of State, or adjusted to permanent resident status while living in the United States by the U.S. Citizenship and Immigration Services (USCIS).

**Appeal Rights Process.** Includes administrative appeals and judicial review. The administrative review process followed by SSA in determining an individual's rights under the Social Security Act typically consists of several steps: (1) reconsideration; (2) hearings; and (3) Appeals Council review. Individuals dissatisfied with the outcome of the administrative review process may request judicial review by filing a complaint in the U.S. District Court. Each step in the process must be requested within certain time periods. SSA introduced a modification of this process in 10 States for disability applications filed October 1, 1999 and later. Under this revised process claimants file appeals of initial disability denials directly with the Office of Disability Adjudication and Review, thereby eliminating the reconsideration step. The options for appeal beyond the hearing level are unchanged.

**Assistance Based on Need.** Assistance provided by certain programs which use income as a factor of eligibility. The assistance must be funded wholly by a State, a political subdivision of a State, or a combination of such jurisdictions.

**Assumptions.** Values relating to future trends in certain key factors that affect the eligibility for SSI benefits and the level of such SSI payments. Demographic assumptions include fertility, mortality, net immigration, marriage, and divorce. Economic assumptions include unemployment rates, average earnings, inflation, interest rates, and productivity. Program-specific assumptions include rates of application for and new receipt of various SSI benefits and rates of termination of SSI benefits. The assumptions underlying the projections presented in this report are consistent with the intermediate assumptions of the 2013 OASDI Trustees Report.

**Asylee.** A noncitizen already in the United States or at a port-of-entry who is granted asylum in the United States. Asylum may be granted to an individual who is unable or unwilling to return to his or her country of nationality, or to seek the protection of that country, because of persecution (or a well-founded fear of persecution) based on the noncitizen's race, religion, nationality, membership in a particular social group, or political opinion.

**Attendant Care Services.** Services (including personal care assistance) paid for from Federal, State or local funds and provided by a paid attendant required to assist with work-related or personal functions.

**Automatic Cost-of-Living Increase.** The annual increase in SSI Federal benefit rates, effective for January of the current year, which reflects the change in the cost of living. In general, the benefit increase equals the percentage increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) measured from the third quarter of the previous year to the third quarter of the current year. If there is no increase in the CPI-W, there is no cost-of-living benefit increase.

**Award.** An administrative determination that an individual is eligible for an SSI benefit.

**Blind.** For purposes of the SSI program, the law considers an individual to be blind if he or she has 20/200 or less vision in the better eye with the use of a correcting lens, has tunnel vision of 20 degrees or less, or met the October 1972 State definition of blindness and received benefits under the State's former program of Aid to the Blind in December 1973.

**Blind Work Expenses (BWE).** Any expenses incurred by a blind individual that are reasonably attributable to earning income. The BWE provision permits the exclusion of these expenses from the earned income of a blind individual. (See "Impairment-Related Work Expenses (IRWE)" for the related exclusions for disabled individuals.)

**Burial Funds.** A comprehensive term that for SSI purposes includes revocable burial contracts, trusts and other burial arrangements (including amounts paid on installment sales contracts for burial spaces), cash, accounts, or other financial instruments with a definite cash value clearly designated for the individual's burial expenses.

**Child.** A blind or disabled individual who is neither married nor the head of household and who is: (1) under age 18; or (2) under the age of 22 and a student regularly attending a school, college or university, or a course of vocational or technical training designed to prepare him or her for gainful employment. A child 18 or older is subject to the adult definition of disability and is not subject to parental deeming.

**Comparable Severity.** The phrase in the Social Security Act that defined disability for children prior to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193). Under prior law, an individual under age 18 would have been considered disabled if he or she had an impairment of comparable severity to one that would disable an adult.

**CPI-Indexed Dollars.** Dollar amounts adjusted by the CPI to the value of the dollar in a particular year.

**Consumer Price Index (CPI).** An official measure of inflation in consumer prices. In this report, all references to the CPI relate to the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). The Bureau of Labor Statistics, Department of Labor, publishes historical values for the CPI-W.

**Continuing Disability Review (CDR).** An evaluation of an individual's impairment(s) to determine whether the person is still disabled within the meaning of the law for purposes of eligibility for SSI and OASDI benefits.

**Cost-of-Living Adjustment (COLA).** See "Automatic Cost-of-Living Increase."

**Countable Income.** An individual's income less all applicable exclusions. This amount is an important factor in SSI eligibility and payment amount determination.

**Countable Resources.** The amount of resources after all exclusions. This amount is an important factor in an individual's or couple's SSI eligibility determination. A resource may be cash or other liquid assets or any real or personal property that an individual (or his or her spouse) owns and could convert to cash to be used for support and maintenance. Title XVI stipulates what items are to be excluded from resources.

**Current Dollars.** Amounts expressed in nominal dollars with no adjustment for inflationary changes in the value of the dollar over time.

**Current-Payment Status.** Status of an SSI recipient when we pay a benefit to that person for a given month. SSI benefits for a month are usually payable on the first day of that month.

**Dedicated Account.** An account in a financial institution established for a disabled or blind child to contain retroactive SSI payments that exceed six times the Federal benefit rate (FBR) plus State supplementation (certain smaller retroactive payments may be placed in the account once it is established). Representative payees may only use dedicated account funds for the following allowable expenses:

- Education or job skills training;
- Personal needs assistance;
- Special equipment or housing modifications;
- Medical treatment;
- Therapy or rehabilitation; or
- Other items or services that the Commissioner deems appropriate—

provided that the expense benefits the child and, in the case of the last five items, is related to the child's impairment. A representative payee must repay money from a dedicated account that is knowingly spent on items or services that are not allowable. We exclude these accounts from resources and the interest earned is excluded from income.

**Deeming.** The process by which we consider the income and resources of an ineligible individual to be available to a recipient when determining eligibility or payment amount. Deeming applies only between:

- The living-with ineligible spouse and the eligible spouse;
- The living-with ineligible parent(s) and eligible child(ren) under age 18; and
- The immigration sponsors of some noncitizens and the noncitizen(s).

**Demographic Assumptions.** See "Assumptions."

**Direct Express® Debit Card.** Direct Express® is a low-cost prepaid debit card program sponsored by the U.S. Department of the Treasury that is available to OASDI and SSI beneficiaries through Comerica Bank. Beneficiaries can access their OASDI and SSI benefits by making purchases, paying bills, and getting cash at thousands of Automatic Teller Machines (ATMs) and retail locations using the Direct Express® debit card.

**Disability.** For individuals aged 18 or older, the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of at least 12 months. An individual under age 18 must have a medically determinable physical or mental impairment that results in marked and severe functional limitations and that can be expected to result in death or that has lasted or can be expected to last for a continuous period of at least 12 months.

**Disability Determination Services (DDS).** Federally funded State agencies that make disability determinations for SSA.

**Disaster Assistance.** Assistance from Federal programs and agencies, joint Federal and State programs, State or local government programs, and private organizations (e.g., the Red Cross) provided to victims of a Presidentially declared disaster.

**Disposal of Resources for Less Than Fair Market Value.** Transferring resources, either liquid, real, or personal property, for less than the resources are worth.

**Earned Income.** For SSI purposes we consider wages, net earnings from self-employment, remuneration for work in a sheltered workshop, royalties on published work, and honoraria for services rendered to be earned income. The distinction between earned and unearned income is significant because we apply more generous exclusions to earned income.

**Earned Income Exclusion.** The first \$65 of a recipient's monthly earnings and one-half of the earnings in excess of \$65 are excluded in computing an SSI benefit.

**Earned Income Tax Credit (EITC).** A special tax credit that reduces the Federal tax liability of certain low-income working taxpayers. This tax credit may or may not result in a payment to the taxpayer.

**Economic Assumptions.** See "Assumptions."

**Effective Date of Application.** An application for SSI benefits is effective on the first day of the month following the date on which the application is filed, or on which the individual first becomes eligible, whichever is later.

**Electronic Transfer Account (ETA).** A low-cost account, available at participating financial institutions, for recipients of certain Federal payments. Once a beneficiary opens an ETA, his or her Federal payment will be directly deposited into that account.

**Eligible Couple.** Two persons married and living together in the same household or living together as married, both being aged, blind, or disabled and meeting all qualifications, including filing an application for SSI.

**Eligible Individual.** An aged, blind or disabled person who meets all the requirements for eligibility under the SSI program, including filing an application.

**Emergency Advance Payments (EAP).** Special SSI payments of up to 1 month of SSI benefits that are available only at the time of initial application to those individuals who present strong evidence that they: (1) qualify for an SSI payment in the current or following month by meeting the qualifications for SSI eligibility (age, disability, blindness, citizenship or alien status as applicable); and (2) face a financial emergency due to insufficient income or resources to meet an immediate need for food, clothing, shelter or medical care. We recover from subsequent benefit payments the amount of the EAP an individual receives. If an individual who receives an EAP is found ineligible for SSI because he or she is not blind or disabled, the amount of the EAP is waived; if the individual is found ineligible for other reasons, we treat the amount of the EAP as an overpayment.

**Essential Person.** An individual whose presence in the home of an SSI recipient who was transferred from a State assistance program to SSI in January 1974 results in an increase in the FBR of the SSI recipient. The essential person must have been: (1) living in the household of the SSI recipient in December 1973 and continuously thereafter; (2) never eligible for SSI; (3) not eligible for State assistance in December 1973; and (4) taken into account when the SSI recipient's need for State assistance was determined in December 1973.

**Federal Benefit Rate (FBR).** The standard used in computing the amount of Federal SSI benefits for individuals and couples. The FBRs increase annually to reflect increases in the cost of living. (See table IV.A2.)

**Fiscal Year (FY).** The accounting year of the United States Government. Since 1976, a fiscal year is the 12-month period ending September 30. For example, fiscal year 2013 began October 1, 2012 and will end September 30, 2013.

**Food Stamps.** See “Supplemental Nutrition Assistance Program (SNAP).”

**General Fund of the Treasury.** Funds held by the Treasury of the United States, other than receipts collected for a specific purpose (such as Social Security) and maintained in a separate account for that purpose.

**Gross Domestic Product (GDP).** The total dollar value of all goods and services produced by labor and property located in the United States, regardless of who supplies the labor or property.

**Home Energy Assistance.** A Federal Government block grant program that provides funds to States for energy assistance (including weatherization) to low-income households. This assistance may be provided by a variety of agencies (e.g., State or local welfare offices, community action agencies, special energy offices, etc.) and may be known by a variety of names (e.g., Low Income Home Energy Assistance Program, Project Safe, etc.).

**Household.** A group of two or more individuals who use a single dwelling unit separate from other individuals’ living units as their primary quarters for living and eating.

**Household of Another.** We consider an individual to be living in the household of another when the individual lives with others, does not own or rent the shelter, and does not pay a pro rata share of the household’s food and shelter expenses. We do not consider an individual who provides all of his or her own food, or lives in a public assistance household or in noninstitutional care, to be living in the household of another. We consider an individual who is determined to be living in the household of another to be receiving in-kind support and maintenance from that household, and we reduce his or her SSI benefit by one-third of the FBR.

**Impairment-Related Work Expenses (IRWE).** The provision that permits the exclusion from earnings of the costs of items and services needed in order for a disabled individual to work, paid for by the individual, and necessarily incurred by that individual because of a physical or mental impairment. We exclude these IRWEs from earnings when determining substantial gainful activity (SGA) or computing eligibility and ongoing SSI monthly payments. (See “Blind Work Expenses (BWE)” for the related exclusions for blind individuals.)

**Income.** See—“Earned Income,” “In-Kind Income” and “Unearned Income.”

**Individual Development Account (IDA).** A savings account that low-income individuals, including SSI recipients, may establish in order to save for purchasing a first home, meeting the costs of post-secondary education, or capitalizing a business. An individual’s deposits into an IDA receive matching funds by a sponsoring nonprofit organization, or State or local government participating in the program.

**Ineligible Spouse.** The husband or wife of an eligible individual who is not eligible for SSI benefits.

**Inflation.** An increase in the volume of money and credit relative to available goods, which results in an increase in the general price level.



**Infrequent or Irregular Income.** Income received either infrequently or irregularly that we can exclude from the determination of an individual's income. Infrequent income<sup>1</sup> is income an individual has not received more than once in a calendar quarter from a single source.<sup>2</sup> Irregular income is income that an individual could not reasonably expect to receive. In any given quarter, we exclude up to \$30 of earned (infrequent or irregular) and \$60 of unearned (infrequent or irregular) income.

**Initial Determination.** A determination SSA makes about an individual's eligibility for benefits or about any other matter that gives that person a right to further administrative or judicial review.

**In-Kind Income.** Income that is not cash, but is food or shelter or something an individual can use to obtain food or shelter.

**In-Kind Support and Maintenance (ISM).** Unearned income in the form of food or shelter.

**Interim Assistance Reimbursement (IAR).** The process used to reimburse a State for basic assistance provided by the State to a claimant either while the claimant's application for SSI was pending or during the period in which the claimant's SSI benefits were suspended. SSA may reimburse a State from the claimant's retroactive SSI payment if: (1) the State has an agreement with SSA to participate in IAR; (2) the claimant has given SSA written authorization to reimburse the State from the retroactive payments; and (3) we find the claimant eligible for SSI benefits or for reinstatement of his or her benefits for the same period of suspense.

**Living With.** A required condition for parent-to-child and spouse-to-spouse deeming. Deeming of income and resources occurs if an eligible child lives with his or her ineligible parent(s) or an eligible individual lives with his or her ineligible spouse.

**Maintenance-of-Effort.** See "Passalong."

**Mandatory State Supplementation.** See "State Supplementation."

**Means-Testing.** The measuring of income and resources against specified amounts as eligibility factors for certain assistance benefits. SSI is a means-tested benefit program.

**Medicaid.** The program authorized under Title XIX of the Social Security Act, which provides medical assistance to certain low-income individuals and families and certain disabled and medically needy individuals. Medicaid is administered by the States with support from the Federal Government in the form of matching grants. The Federal Government provides guidelines to the States for formulating their programs. As a result of the flexibility of these guidelines, Medicaid programs vary widely among the States.

**Medicaid Facility.** A medical treatment facility such as a hospital, extended care facility, nursing home, or intermediate care facility, where Medicaid pays more than 50 percent of the cost of a person's care.

**Medical Treatment Facility.** An institution or that part of an institution licensed or otherwise approved by a Federal, State, or local government to provide inpatient medical care and services.

**Medicare.** A nationwide, Federally-administered health insurance program authorized in 1965 under Title XVIII of the Social Security Act to cover the cost of hospitalization, medical care, and some related services for most people age 65 and over. In 1972, lawmakers extended coverage to people receiving Social Security Disability Insurance (SSDI) payments for two years and people with End-Stage Renal Disease. Effective July 2001, people with Amyotrophic Lateral Sclerosis became Medicare-eligible during their first 24 months of receiving SSDI payments. In 2010, people exposed to environmental health hazards

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<sup>1</sup> We modified the definition of infrequent income in final rules published on August 9, 2006 (71 FR 45375). Previously, we defined infrequent income as income not received more than once a quarter from a single source.

<sup>2</sup> Also, infrequent income is income that an individual has not received in two consecutive months, regardless of whether these payments occur in different calendar quarters.

within areas under a corresponding emergency declaration became Medicare-eligible. Traditional Medicare consists of two separate but coordinated programs—Hospital Insurance (HI, also known as Part A) and Supplementary Medical Insurance (SMI, also known as Part B). Part A helps pay for inpatient hospital care, inpatient skilled nursing care, and hospice care. Part B helps pay for doctors' services and other medical expenses, and supplies not covered by Part A. In 2006, prescription drug coverage (also known as Part D) was added. Almost all persons who are aged 65 and over or disabled and who are entitled to Part A are eligible to enroll in Part B and Part D on a voluntary basis by paying monthly premiums.

**New Recipient.** An SSI recipient in the first month of SSI payment receipt.

**Noncitizen.** An individual who is not a United States citizen. Also referred to in welfare and immigration law as an alien. (See "Alien Lawfully Admitted for Permanent Residence," "Asylee," "Parolee" and "Refugee.")

**Nonqualified Alien.** A noncitizen who is not in a qualified alien category for SSI eligibility purposes.

**OASDI.** The Old-Age, Survivors, and Disability Insurance programs established under Title II of the Social Security Act.

**One-Third Reduction.** The reduction of an individual's SSI payment that occurs when an individual is living in the household of another. Instead of determining the actual dollar value of in-kind support and maintenance, we count one-third of the Federal benefit rate as additional income to an individual living in another person's household for a full calendar month and receiving both food and shelter from the household.

**Optional State Supplementation.** See "State Supplementation."

**Overpayment.** The payment of more than the amount due for any period, including any amounts of Federally-administered State supplementation payments.

**Parent.** For SSI purposes, the natural mother or father of the child, or the person who legally adopted the child, or the stepparent who lives in the same household as the child.

**Parolee.** A noncitizen who appears to be inadmissible to the inspecting USCIS officer but is allowed to enter the United States because of emergency humanitarian conditions or the noncitizen's entry is determined to be in the public interest. Parole does not constitute a formal admission to the United States and confers temporary admission status only, requiring parolees to leave when the conditions supporting their parole cease to exist.

**Passalong.** A requirement that States must meet in order to be eligible for Medicaid reimbursement. Any State making supplementary payments (see "State Supplementation") after June 30, 1977, must continue making such payments and must pass along any cost-of-living increase to the Federal benefit rate. Two methods are available to ensure that cost-of-living increases are passed on to the recipients.

- *Payment Levels Method*—States may not lower their supplementary payment for any of the living arrangement categories below their adjusted March 1983 levels. The adjusted level is the State's March 1983 payment level minus that portion of the July 1983 increase in the Federal benefit rate that was not attributable to the increase in the cost of living (i.e., \$10.30 per individual and \$15.40 per couple).
- *Total Expenditures Method*—State expenditures for supplementary payments in the current calendar year must at least equal expenditures in the preceding calendar year. If expenditures are less in the current year (shortfall), the State must increase expenditures in the next calendar year by an amount at least equal to the shortfall.

**Past-Due Benefits.** The total amount of SSI payments accumulated because of a favorable administrative or judicial determination or decision, up to but not including the month the determination is made, and excluding any corresponding windfall offset amounts.

**Personal Needs Allowance.** The amount allowed for an institutionalized recipient's personal needs (currently \$30). If an SSI recipient is in a Medicaid facility, the law requires that the SSI benefit be used only for the recipient's personal needs (i.e., that the institution cannot retain the benefit in repayment of the cost of the individual's care).

**Plan to Achieve Self-Support (PASS).** A plan that permits a disabled or blind SSI recipient to set aside income (earned or unearned) or resources for a work goal. The income and resources set aside under a PASS are used to pay for goods or services needed to reach that goal, such as education, vocational training, starting a business, or purchasing work-related equipment. We exclude income and resources set aside under a PASS from SSI income and resources. SSA must approve an individual's PASS.

**Presumptive Disability or Blindness.** A finding that SSI payments may be made before SSA makes a formal determination as to whether or not the individual is disabled or blind. The individual's impairment must be apparent and meet specified criteria. In addition, the individual must meet all other requirements for eligibility. These payments may be made for no more than 6 months. The presumptive payments will not be considered overpayments if SSA later finds that the individual is not blind or disabled.

**Property Essential to Self-Support (PESS).** The real and personal property used in a trade or business, nonbusiness income-producing property and property used to produce goods or services essential to the individual's daily activities. We may exclude PESS from resources under certain conditions.

**Proration of Benefits.** The method of computing payment amounts in months in which the individual reacquires eligibility after a month or more of ineligibility. In such months, we will pay an individual's SSI benefit according to the number of days in the month that he or she is eligible, beginning with the first day in the month on which he or she meets all eligibility requirements. In order to determine the benefit payable in a prorated month SSA counts the number of days an individual is eligible in the month. We then multiply the amount of the individual's regular monthly payment by the number of days for which he or she is eligible for benefits. Finally, we divide that figure by the number of days in the month for which the benefit is being determined. The resulting amount is the amount due for the prorated month. The statute eliminated proration for months of initial eligibility for all claims filed August 22, 1996 and later.

**Public Educational Institution.** An institution operated by or controlled by the Federal Government, a State, or a political subdivision of a State, such as a city or county, for the primary purpose of providing educational or vocational training.

**Public Emergency Shelter for the Homeless.** A shelter for homeless individuals that provides food, a place to sleep, and some services.

**Public Institution.** An institution operated by or controlled by the Federal Government, a State, or a political subdivision of a State such as a city or county.

**Publicly Operated Community Residence.** A facility that provides food and shelter and some other service such as social services, help with personal living activities, training in socialization and life skills, or occasional or incidental medical or remedial care. In order to be publicly operated it must be operated or controlled by the Federal Government, a State, or a political subdivision of a State such as a city or county. The facility must serve no more than 16 residents and must be located in a community setting.

**Qualified Alien.** An individual who is:

- Lawfully admitted for permanent residence under the Immigration and Nationality Act (INA);

- A refugee under section 207 of the INA;
- An asylee under section 208 of the INA;
- A person whose deportation is withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or whose removal has been withheld under section 241(b)(3) of the INA;
- A parolee under section 212(d)(5) of the INA for at least 1 year;
- A person granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980;
- A Cuban or Haitian entrant as defined by Federal statute, including section 501(e) of the Refugee Education Assistance Act of 1980;
  - Former parolees and other aliens who became permanent residents under the Cuban Adjustment Act of 1966;
  - Aliens who became permanent residents under the provisions of the Immigration Reform and Control Act (IRCA) of 1986;
  - Aliens who became permanent residents under the Nicaraguan and Central American Relief Act;  
or
  - Aliens who became permanent residents under the Haitian Refugee Immigration Fairness Act;  
or
- A certain alien, or an alien parent of a child, or an alien child of a parent who:
  - Has been battered or subjected to extreme cruelty in the United States by a spouse, parent, or certain other family members the alien, parent or child lived with;
  - Is not living in the same household with the abusive individual;
  - Has been determined to need SSI because of this abuse; and
  - Has a determination from the USCIS for a certain change in status.

**Qualifying Quarter of Earnings.** Credit for a requisite amount of earnings assigned to a calendar quarter for the purpose of determining the SSI eligibility of a lawfully admitted permanent resident.

**Quarter of Coverage.** The crediting of coverage needed for insured status under the Social Security program. In 2013, a worker receives one quarter of coverage (up to four a year) for each \$1,160 of annual earnings reported from employment or self-employment. The amount of earnings required for a quarter of coverage is subject to annual automatic increases in proportion to increases in average wages.

**Recipient.** A person who is receiving SSI payments based on an evaluation of his or her countable income and resources, age, and disability status.

**Reconsideration.** The first step in the administrative review process if an individual is dissatisfied with SSA's initial determination, unless it is one of ten States that has eliminated reconsideration. See "Appeal Rights Process."

**Redetermination.** A periodic review of eligibility for SSI recipients to ensure that requirements for eligibility continue to be met and that payment levels are in the proper amount. During redeterminations we

review income, resources, living arrangements and other factors. In the redetermination process we do not review the determination of disability.

**Refugee.** A noncitizen outside of his or her country of nationality who is unable or unwilling to return to his or her country of nationality or to seek the protection of that country because of persecution (or a well-founded fear of persecution) based on the noncitizen's race, religion, nationality, membership in a particular social group or political opinion. Unlike asylees, refugees apply for and receive this status prior to entry into the United States.

**Relocation Assistance.** A type of assistance provided to persons displaced by projects that acquire real property. Examples of types of reimbursement, allowances, and help provided are:

- Moving expenses;
- Reimbursement for losses of tangible property;
- Displacement allowances;
- Amounts required to replace a dwelling that exceed the agency's acquisition cost for the prior dwelling;
- Rental expenses for displaced tenants;
- Amounts for down payments on replacement housing for tenants who decide to buy;
- Mortgage insurance through Federal programs with waiver of requirements that borrowers must usually meet; and
- Replacement housing.

**Representative Payee.** A person who receives SSI payments on behalf of an SSI recipient. SSA will pay benefits to a representative payee on behalf of an individual 18 years old or older when it appears that such method of payment will be in the interest of the individual. A representative payee will be appointed if the individual is legally incompetent or mentally or physically incapable of managing or directing the management of his or her benefits. Also, in general, if the individual is under the age of 18, a representative payee will be appointed. The law and regulations generally require that a beneficiary under age 15 have a representative payee.

**Resident of a Public Institution.** An individual who can receive substantially all of his or her food and shelter while living in a public institution is considered a resident of the public institution. Generally, an individual who is a resident of a public institution throughout a month is ineligible for SSI.

**Resident of the United States.** A person who has established an actual dwelling place within the geographical limits of the United States with the intent to continue to live in the United States. (See "United States.")

**Resource.** The cash or other liquid assets or any real or personal property of an individual (or his or her spouse) that he or she could use or could convert to cash to be used for his or her support and maintenance.

**Retroactive Payments.** The SSI payments made in a month later than the month or months in which they were due.

**Retrospective Monthly Accounting (RMA).** The calculation method used in the SSI program to determine an individual's eligibility for each month. RMA has two parts: (1) an eligibility determination; and (2) a payment computation. If the individual is ineligible based on the current month's factors (including

the current month's countable income), no payment is due and we make no payment. If the individual is eligible based on the current month's factors, we compute the payment. The benefit for a month is generally based on the individual's countable income in the second month prior to the current month. However, at the start of a period of eligibility or re-eligibility, we determine the amount of benefits for both the first and second months using the income received in the first month.

**Section 1619(a) Status.** The special SSI cash benefits provided to disabled individuals who lose eligibility for SSI benefits under the regular rules because they have earnings at the level ordinarily considered substantial gainful activity.

**Section 1619(b) Status.** The special SSI recipient status for Medicaid purposes provided to working disabled or blind individuals when their earnings make them ineligible for regular or special cash payments.

**SNAP.** See "Supplemental Nutrition Assistance Program (SNAP)."

**Social Security Act.** Provisions of the law governing most operations of the Social Security programs. The original Social Security Act is Public Law 74-271, enacted August 14, 1935. With subsequent amendments, the Social Security Act consists of 21 titles, of which three have been repealed. In particular five titles of the Act authorized the following programs:

- Title II of the Act authorized the OASDI program;
- Title VIII of the Act authorized special benefits for certain World War II veterans;
- Title XVI of the Act authorized the SSI program;
- Title XVIII of the Act authorized the Medicare program; and
- Title XIX of the Act authorized the Medicaid program.

**Social Security Area Population.** The population comprised of: (i) residents of the 50 States and the District of Columbia (adjusted for net census undercount); (ii) civilian residents of Puerto Rico, the Virgin Islands, Guam, American Samoa and the Northern Mariana Islands; (iii) Federal civilian employees and persons in the Armed Forces abroad and their dependents; (iv) crew members of merchant vessels; and (v) all other U.S. citizens abroad.

**Sponsor.** An individual who has signed an affidavit of support for a noncitizen entering the country.

**State Supplementation.** The payments made by a State or one of its political subdivisions to aged, blind, or disabled individuals.

- *Administration*—The governmental unit responsible for administering State supplementation payments may be either a State or local agency or SSA. Under State administration, the State must absorb both program benefits and administrative costs. Under Federal administration, the State is responsible for the program benefits and, for 2013, pays a \$11.12 administrative fee for each benefit paid.
- *Mandatory Supplementation*—The supplementary payments made only to beneficiaries converted to the SSI program from former State assistance programs at the inception of the SSI program. The law requires mandatory minimum State supplementation payments to maintain the December 1972 payment levels that these beneficiaries received under the former State assistance programs. The law also requires States to provide the supplementation to maintain their Federal matching funds for Medicaid.
- *Optional Supplementation*—The payments made by States to help persons meet needs not fully covered by Federal SSI benefits. The State determines whether it will make a payment, to whom, and in what amount. These supplements, paid on a regular basis, are intended to cover such items as food, shelter, clothing, utilities, and other daily necessities. Some States provide optional supplementary

payments to all persons eligible for SSI benefits, while others may limit them to certain SSI recipients such as the blind or residents of domiciliary-care facilities, or they may extend payments to persons ineligible for SSI because of SSI income.

**Statutory Blindness.** See “Blind.”

**Student.** An individual who is regularly attending a school, college or university, or a course of vocational or technical training designed to prepare him or her for gainful employment.

**Student Earned Income Exclusion.** An earned income exclusion for a student under age 22 with certain limitations established by regulations. For 2013, we exclude up to \$1,730 earned income in a month, but no more than \$6,960 per year.

**Substantial Gainful Activity (SGA).** The level of work activity used to establish disability. A finding of disability requires that a person be unable to engage in SGA. For 2013, a person who is not statutorily blind and is earning more than \$1,040 a month (net of impairment-related work expenses) is ordinarily considered to be engaging in SGA.

**Supplemental Nutrition Assistance Program (SNAP).** The U.S. Department of Agriculture (USDA), under cooperative Federal-State agreements, issues Supplemental Nutrition Assistance Program (SNAP) benefits in the form of paper food coupons (commonly known as food stamps) and through electronic benefit transfer, to provide nutrition for low-income families. Recipients can use food stamps only to buy food at stores authorized by USDA to accept them. Prior to October 1, 2008, the Supplemental Nutrition Assistance Program was known as the Federal Food Stamp Program.

**Supplemental Security Record (SSR).** The computerized database maintained by SSA and containing identifying information, income, resources and other eligibility factors, for all SSI recipients. The SSR includes the history of SSI payments made to an individual.

**Suspension.** An ineligibility status that causes the nonpayment of benefits for a period of anywhere from 1 to 12 months for any of a number of reasons such as income or resources over allowable levels, absence from the United States, residence in a public institution, etc. Benefits can resume without reapplication, when all requirements for entitlement are again met. Suspense that lasts more than 12 months (24 months for individuals who were made ineligible because of their spouses or parent being called to active military duty) results in a termination of the SSI record. (Once a record is terminated, reapplication is necessary.)

**TANF.** See “Temporary Assistance for Needy Families (TANF).”

**Temporary Absence.** An individual’s physical move from his or her permanent place of residence that does not constitute a change in living arrangement. In general, a temporary absence is an absence from a permanent residence that is not intended to, and does not, exceed a full calendar month.

**Temporary Assistance for Needy Families (TANF).** The State grant program of assistance for needy families established by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193). TANF replaced the Aid to Families with Dependent Children program.

**Termination.** For an individual, cessation of benefits, which can occur for a number of reasons, including death, medical improvement, or a period of suspension lasting longer than 12 months.

**Terminations.** As used in Section IV, the net reduction (after accounting for new entrants) in the number of SSI recipients in current-payment status during a period.

**Ticket to Work Program.** The Ticket to Work and Work Incentives Improvement Act of 1999 established a voluntary Ticket to Work and Self-Sufficiency program (Ticket to Work program) under which a blind or disabled beneficiary may obtain vocational rehabilitation (VR), employment and other support services

from a qualified private or public provider referred to as an “employment network,” or from a State VR agency.

**Trusts.** A legal arrangement involving property and ownership interests. Generally, we consider property held in a trust to be a resource for SSI purposes if the assets of the trust could be used for the benefit of the individual or spouse.

**Unearned Income.** The income that is not earned income. Unearned income may be in cash or in-kind. Some examples of unearned income are:

- Annuities, pensions, and other periodic payments;
- Retirement and disability benefits;
- Veterans’, workers’, and unemployment compensation;
- Alimony and support payments;
- Dividends, interest, and certain royalties; and
- Rents.

**United States.** For purposes of the SSI program, the United States consists of the 50 States, the District of Columbia, and the Northern Mariana Islands.

**Vocational Rehabilitation (VR).** The process of restoring individuals with disabilities to full capabilities. VR services are designed to provide an individual with the training or other services that are needed to return to work, to begin working, or to enter a new line of work.

**Windfall Offset.** A provision to prevent a person from receiving monthly SSI and OASDI benefits in excess of the total amount that would have been paid if the OASDI benefits had been paid when they were due rather than retroactively.

**Work Incentives.** Provisions in the SSI program that are intended to act as incentives for disabled or blind individuals to work. Examples of work incentives under the SSI program are:

- Earned income exclusions;
- Impairment related work expenses;
- Blind work expenses;
- Plan to achieve self-support;
- Section 1619 benefits; and
- Ticket to Work program.



**SOCIAL SECURITY ADVISORY BOARD**  
**STATEMENT ON THE SUPPLEMENTAL SECURITY INCOME PROGRAM**

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Public Law 104-193 requires that members of the Social Security Advisory Board (SSAB) be given an opportunity, either individually or jointly, to include their views in the Social Security Administration's annual report to the President and Congress on the Supplemental Security Income (SSI) program. We have asked the Social Security Administration (SSA) to include in this year's annual report the SSAB concerns regarding the SSI children's program and request SSA conduct a comprehensive review of the program as described in this statement before implementing any changes.

Over the last year the Board has reviewed and reported on the disability programs administered by SSA with particular emphasis on the adult programs and return to work efforts. The disability programs are by far the most complex and challenging workload for the agency and as such, two-thirds of its administrative budget is spent on issues related to these programs. While the retirement and survivor programs serve a greater number of people, their decision making process is relatively straight forward and constant. In contrast, the disability decision making process involves collecting a myriad of documentation including information from the claimant, medical records, functional evaluations and expert opinions, to assess whether the person meets the statutory definition of disability and then evaluate the likelihood that the claimant will continue to meet that definition.

There are two distinct disability programs administered by SSA. The Social Security Disability Insurance (SSDI) program, funded through payroll taxes paid by both employers and employees, and Supplemental Security Income (SSI), a means tested assistance program, funded through general revenues, for low income aged, blind and disabled individuals. Both the Social Security trustees and the Congressional Budget Office project that beginning in 2016 the Disability Insurance Trust Fund will only have enough to pay approximately eighty percent of disability insurance benefits. Congress will soon have to consider whether it should simply reallocate trust fund money as it has done in the past or tie any reallocation to programmatic changes in an effort to strengthen the program which has been criticized for its subjective decision making and long delays. Although the insolvency issues facing the SSDI program are not at issue for beneficiaries receiving SSI, as their benefits have no connection to the trust fund, policy changes to the SSDI program could affect beneficiaries in the SSI program.

Within the SSI program, there is a program for low income children with disabilities; this is the focus of this statement. We believe the issues and concerns pertaining to the children's program are unique and should be researched, evaluated and addressed separately from the SSDI program. Following is an historical overview of the SSI program including the important policy

changes that have occurred in evaluating disability for low income children as well as some discussion about how to approach any proposed changes.

### **The History of the SSI Program**

On October 30, 1972, Public Law 92-603, the Social Security Amendments of 1972, was signed into law. At the time it was probably the longest single piece of legislation that Congress had adopted. Medicare was expanded to cover individuals with disabilities who had been receiving benefits for two years, the waiting period for disability benefits was reduced, and the new Federal SSI program for the low income aged, blind and disabled adults and children was established.

The legislative journey of Public Law 92-603 began years earlier. In the original 1935 Social Security Act, programs were introduced for needy aged and blind individuals; in 1950, a program for low income individuals with disabilities was added. These three programs were collectively called the "adult categories" and were administered by State and local governments with partial Federal funding. Over the years, the State programs became increasingly complex and inconsistent. There were several different definitions of disability, as many as 1,350 administrative agencies were involved, and benefit levels varied by more than 300 percent from State to State. These discrepancies provoked calls for program reforms.

In August 1969, President Nixon outlined a Family Assistance Plan, which included a negative Federal income tax program which would provide an income floor to the families of the unemployed and working poor on the condition that they find work or enroll in job training. This represented a big departure from then existing welfare policies. Under the Nixon proposals, eligibility requirements would no longer be based solely on income and asset levels and the program would be run through the Federal tax system rather than administered by State and local governments.

The House of Representatives began a series of public hearings on the plan and on June 22, 1971, passed H.R. 1, a modified version of the President's recommendations. The bill moved to the Senate for consideration but languished for more than a year. Finally in late September 1972, an amendment outlining the SSI program passed and H.R. 1 followed. In conference, all family welfare provisions were dropped and all existing public assistance programs were repealed and replaced with the newly established Federal SSI program. SSI authorized cash benefits for aged, blind, and disabled individuals and introduced a new assistance program for children under 18 years old who had a disability of comparable severity to adult recipients.

The Social Security Administration was chosen to administer the new program and convert over 3 million people from State welfare programs to the new Federal SSI program. SSA had an established reputation for successful administration of existing social insurance programs and with its network of field offices and experience in processing claims and maintaining records, it seemed the most reliable choice.

### **Implementation and Growth of the SSI Program for Children**

The agency had a little over 14 months to prepare for the roll out of this brand new nationwide program. The SSI disability program for adults incorporated many of the features of the SSDI program but there was no parallel children's program and little in the legislative record to provide guidance on the purpose and goals of a program for children. In fact, there was fundamental disagreement about the basis for a children's program.

The 1972 House Committee on Ways and Means report which accompanied the legislation that established SSI stated:

... disabled children who live in low-income households are certainly among the most disadvantaged of all Americans and they are deserving of special assistance in order to help them become self-supporting members of our society. Making it possible for disabled children to get benefits under this program, if it is to their advantage, rather than under the program for families with children, would be appropriate because their needs are often greater than those of non-disabled children. The bill accordingly, would include disabled children under the new program.

However, the Senate Committee on Finance did not agree with the House and noted in its report:

The House justified its inclusion of disabled children under age 18 under aid to the disabled, if it is to their advantage, rather than under the program for families with children, on the grounds that their needs are often greater than those of non-disabled children. The needs of disabled children however, are generally greater only in the area of health care expenses. In all but the two States that do not have Medicaid programs, children now eligible for cash assistance are covered under existing State medical assistance programs. Disabled children's needs for food, clothing and shelter are usually no greater than the needs of non-disabled children.<sup>1</sup>

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<sup>1</sup>The National Commission on Childhood Disability, Report to Congress, October 1995  
<http://www.ssa.gov/history/reports/SSI/ChildhoodDisabilityReport.html>

A House/Senate conference ultimately reconciled the two versions of the bill. But among the hundreds of issues, the children's program received little attention and the 67-page conference report failed to explain how the issue was resolved or define disability for a child.<sup>2</sup>

For an adult, the definition of disability was the same under the SSI program as it was for SSDI: *[The] inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.*<sup>3</sup> For a child, an individual under age 18, eligibility was based on having a disability of *comparable severity* to that of an adult, defined as older than 18. While the evaluation for adults involved a 5 step sequential evaluation<sup>4</sup> which included an analysis of their functional ability, the evaluation stopped at step three for children, meaning if they did not have an impairment severe enough to meet a listing, they were not found to be disabled.

Subsequently, Congress directed the Secretary of Health and Human Services to create eligibility standards that would establish disabling impairments in children that were of "comparable severity" to a disabling impairment in an adult. The agency began working on a listing of medical impairments that were unique to children but by 1976 the listings had not been published. The agency was criticized by Congress for delays in publishing the impairments which were necessary regulatory guidance for the State agencies. During floor debate in the Senate in 1976,<sup>5</sup> one Senator noted:

Of particular concern is the current status of children in this [SSI] program. It has been 4 years since the Congress enacted the SSI program, and there are still no adequate guidelines which would enable State agencies to determine how to apply the program to children. Individual States, receiving no direction from the Federal Government, have been adopting their own widely varying guidelines.<sup>6</sup>

Section 501(b) of Pub. L. 94-566 was added to the Unemployment Compensation Amendments which required SSA to publish criteria for childhood disability determinations within 120 days. The agency complied and a separate listing of impairments, designated as Part B of Appendix 1 following 20 C.F.R. § 416.985, was devised for use in determining a child's disability.

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<sup>2</sup> "Cost Soar for Children's Disability Program; How 26 Words Cost the Taxpayers Billions in New Entitlement Payments" Bob Woodward & Benjamin Weiser, *The Washington Post* 4 February 1994, <http://www.gpo.gov/fdsys/pkg/CREC-1994-02-08/html/CREC-1994-02-08-pt1-PgH42.htm>

<sup>3</sup> The Social Security Act §223 (d)(1); 42 U.S.C. 423(d)(1)(A) [http://www.ssa.gov/OP\\_Home/ssact/title02/0223.htm](http://www.ssa.gov/OP_Home/ssact/title02/0223.htm)

<sup>4</sup> The Social Security Act §223 (d)(1); 42 U.S.C. 423(d)(1)(B) (2)(A) [http://www.ssa.gov/OP\\_Home/ssact/title02/0223.htm](http://www.ssa.gov/OP_Home/ssact/title02/0223.htm) (1) Is the individual engaging in substantial gainful activity? (2) Is the impairment severe and does it meet the duration requirement? (3) Does the impairment meet, or equal in severity, one of the medical listings? (4) Can the individual perform his or her past work? (5) Can the individual (considering his or her age, education, and prior work) perform any other work?

<sup>5</sup> Pub.L. 94-566 Title V Misc Provisions Sec. 501 (Oct. 20, 1976) <http://www.gpo.gov/fdsys/pkg/STATUTE-90/pdf/STATUTE-90-Pg2667.pdf>

<sup>6</sup> 122 Cong. Rec. 33301 (1976)

## *The Effects of Court Decisions*

In the years that followed implementation of the SSI program, the evaluation of disability cases became the subject of litigation in the courts. In the *City of New York v. Heckler*,<sup>7</sup> the Second Court of Appeals upheld the district court finding that SSA used an improper standard in evaluating the impairments of young workers with mental illness. After a series of hearings Congress responded by requiring SSA to rewrite the listings of mental disorders within 120 days.<sup>8</sup> The House Report noted that serious questions had been raised about the old listings, observing that even "the Secretary has determined that a full scale re-evaluation of the Listings and current procedures is necessary. . ."<sup>9</sup> The agency complied and issued new listings for analyzing mental disorders in adults.<sup>10</sup> However, the children's listing for mental disorders remained the same for almost six years, despite the similarity in the analysis between the adult's and children's listings for mental disorders.

Finally, in December 1990, in accordance with the Disability Benefits Reform Act of 1984, the agency issued new regulations revising the medical listings to include new medical standards for assessing mental impairments in children. The regulations incorporated functional criteria into the children's listings and were intended to reflect medical advancements in the treatment of mental illness. Behavioral impairments such as Attention Deficit Hyperactivity Disorder, and learning disorders, were now included in the listings.

That same month, the Supreme Court issued its seminal decision in *Sullivan v. Zebley*.<sup>11</sup> The case challenged the comparable severity analysis used in children's claims. The court held that a disability analysis based solely on the medical listings was inconsistent with the statutory standard of comparable severity because there was no individualized functional analysis as contemplated by the statute and applied to the analysis in adult disability cases. The decision prompted new regulations, increased outreach efforts, and the review of thousands of prior decisions in children cases.

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<sup>7</sup> 742 F. 2d 729 (1984)

<sup>8</sup> Social Security Disability Benefits Reform Act of 1984, Pub. L. 98-460 §5(a), 98 Stat. 1801, 42 U.S.C. 5421 note; Amicus Brief of the American Academy of Child and Adolescent Psychiatry, on behalf of Brian Zebley <http://old.povertylaw.org/poverty-law-library/case/43100/43127/43127c.pdf>

<sup>9</sup> House Report No. 98-619, 98th Cong., 2d Sess. at 15, 1984

<sup>10</sup> 50 Fed. Reg. 35038 (Aug. 28, 1985)

<sup>11</sup> 493 U.S. 521 (1990)

## Post Zebley

To comply with *Zebley*, SSA was required to reopen denials in children's SSI disability cases back to 1980. SSA estimated that the workload would include re-adjudicating about 550,000 claims, along with an ongoing workload of approximately 35,000 additional cases per year.<sup>12</sup>

Understanding that issuing new regulations would take time interim standards were established. SSA used the *Zebley* decision as an opportunity to consider other changes and invited childhood and pediatric experts to help develop the best criteria for evaluating disability in children. One of the recommendations was an Individualized Functional Assessment which focused on behavioral problems as a type of disorder.<sup>13</sup>

SSA published the revised final rules for determining disability in children in 1993; the new standards included:

- a new step to determine if a child's impairment had more than a minimal effect on his or her ability to function (equivalent to the severity step found in the adult rules),
- a new approach to satisfying the Listing of Impairments for children, called "functional equivalence," and
- an Individualized Functional Assessment for evaluating a child's impairment beyond the medical listings to parallel the vocational steps applied in adult cases and to satisfy the "comparable severity" criterion<sup>14</sup>

In the early 1990s, there was a spike in disability allowances for children. The review of claims denied prior to the *Zebley* decision certainly contributed to the increase, but other factors included the new listings on mental impairments, the rising number of children in poverty and SSA's outreach efforts.<sup>15</sup> There was particular concern directed at the children that were awarded benefits because of ADHD and other impairments seen as "behavior problems." The General Accounting Office (GAO) was asked to conduct a study concerning the growth in awards to children. They reviewed the disability decisions in the two years preceding the *Zebley*

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<sup>12</sup> Social Security Bulletin, Vol. 70 No. 3, 2010, by Carolyn Puckett, *Administering Social Security: Challenges yesterday and Today – 1990s, Complying with Sullivan v. Zebley* <http://www.ssa.gov/policy/docs/ssb/v70n3/v70n3p27.html>; noting that it took SSA a little over 3 years to process the readjudications.

<sup>13</sup> SSA Oral history collections: Interview with John Ritter Larry DeWitt. <http://www.socialsecurity.gov/history/ritter6.html>.

<sup>14</sup> Social Security Bulletin, Vol. 70 No. 3, 2010, by Carolyn Puckett, *Administering Social Security: Challenges yesterday and Today – 1990s, Complying with Sullivan v. Zebley* <http://www.ssa.gov/policy/docs/ssb/v70n3/v70n3p27.html>

<sup>15</sup> Social Security Bulletin, Vol. 70 No. 3, 2010, by Carolyn Puckett, *Administering Social Security: Challenges yesterday and Today – 1990s, Complying with Sullivan v. Zebley* - SSA worked with 150 national organizations to reach approximately 450,000 children whose claims might be affected by the court decision. The agency also placed more than 125,000 posters in English and Spanish in offices of State and local government agencies and nonprofit organizations that provided services to disabled children. <http://www.ssa.gov/policy/docs/ssb/v70n3/v70n3p27.html>

decision and the two years after the *Zebley* decision. GAO issued its report in September 1994, finding:

While much of the attention has focused on the *Sullivan v. Zebley* Supreme Court decision as the cause of this growth, our analysis shows a more complicated picture. Although the new functional assessment process established by *Zebley* added 87,900 children to the disability rolls through 1992 who previously would have been denied benefits, this new process only accounts for about 30 percent of all awards made since it was implemented. In contrast, 70 percent of all awards went to children whose impairments were severe enough to qualify on the basis of SSA's medical standards alone, without the need for a functional assessment. Thus, most of the children who received new awards would have qualified for them even without the functional assessment process mandated by the *Zebley* decision.<sup>16</sup>

GAO did find that the revised and expanded medical standards for childhood mental impairments accounted for much of the growth in the program. Awards based on the mental impairments (primarily mental retardation) almost tripled while awards for children with physical impairments was nearly double during the same time period.<sup>17</sup>

During this period, there were numerous news reports, both in local and national press about children being coached by parents to misbehave in order to qualify for SSI.<sup>18</sup> ABC's *Primetime Live* aired an examination of the SSI program which featured a former SSA doctor who claimed that less than thirty percent of children on SSI really deserved benefits although no supporting evidence was provided for her claim.<sup>19</sup>

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<sup>16</sup> "Rapid Rise in Children on SSI Disability Rolls Follows New Regulations" Report to Congressional Requesters, Washington D.C.: U.S. Govt. Accountability Office, September 1994 <http://www.gao.gov/assets/230/220229.pdf>

<sup>17</sup> "Rapid Rise in Children on SSI Disability Rolls Follows New Regulations" Report to Congressional Requesters, Washington D.C.: U.S. Govt. Accountability Office, September 1994 <http://www.gao.gov/assets/230/220229.pdf>

<sup>18</sup> SSI: "The Black Hole of the Welfare State" Christopher Wright, *Cato Policy Analysis No. 224*, 27 April 1995 <http://www.cato.org/publications/policy-analysis/ssi-black-hole-welfare-state> describes "Gaming the childhood disability system has become an epidemic." "How Americans Game the \$400 Billion-a-Year 'Disability-Industrial Complex'" Avik Roy, *Forbes*, 8 April 2013, <http://www.forbes.com/sites/aroy/2013/04/08/how-americans-game-the-200-billion-a-year-disability-industrial-complex/>; "Disability Dilemma, Court Decision Meant More Aid, Questions," Neil D. Rosenberg, *The Milwaukee Journal* 30 May 1993, <http://news.google.com/newspapers?nid=1499&dat=19930530&id=mKlaAAAAIBAJ&sjid=xiwEAAAIBAJ&pg=4766,4395105>; "Cost Soar for Children's Disability Program; How 26 Words Cost the Taxpayers Billions in New Entitlement Payments" Bob Woodward & Benjamin Weiser, *The Washington Post* 4 February 1994, <http://www.gpo.gov/fdsys/pkg/CREC-1994-02-08/html/CREC-1994-02-08-pt1-PgH42.htm>; "Lambert Wants Analysis of 'Crazy Checks'" Jerry Dean, *Arkansas Democrat-Gazette*, 16 February 1994; "Disability Grants for Children Fuel Welfare Debate; Critics Say Vague Standards Lead to Soaring Cost, Widespread Abuse" Charles M. Sennott, *Boston Globe*, 12 May 1994; "A Media Crusade Gone Haywire" Christopher M. Wright, *Forbes Media Critic*, September 1995, <http://www.clsphila.org/files/Forbes%20Media%20Critic%201995%20A%20Media%20Crusade.pdf>; "Administering Social Security Challenges Yesterday and Today" Social Security Bulletin 2010 Vol. 70 No. 3 <http://www.ssa.gov/policy/docs/ssb/v70n3/v70n3p27.html>; SSA Oral history collections: Interview with John Ritter Larry DeWitt. <http://www.socialsecurity.gov/history/ritter6.html>

<sup>19</sup> ABC's *PrimeTime Live* 13, October 1994, <http://www.tvguide.com/detail/tvshow.aspx?vobjectid=191723&more=ucepisodelist&episodeid=847498>



In a March 1995 report GAO addressed the allegation of parental coaching in a Report to Congress and found:

Because coaching is difficult to detect, the extent of coaching cannot be measured with much confidence. In recent studies, SSA and the HHS IG reviewed case files and identified scant evidence of coaching or malingering. In the rare instances where they found evidence of possible coaching or malingering, most of the claimants had been denied benefits anyway.<sup>20</sup>

In March 1996, GAO again considered the allegations of coaching by parents, and examined cases from two initiatives conducted by SSA to identify cases of possible parental coaching. GAO found<sup>21</sup>:

Both of these initiatives identified few cases of suspected coaching and very few of the children involved received SSI benefits....The DDS initiative identified 1,232 cases in which coaching was suspected or alleged. Only 77 of these cases resulted in awards. Most cases were included because the child's performance during psychological tests or on a comprehensive examination raised questions about the child's impairment. The quality reviewers returned very few cases to the DDSs for additional evidence or for reversal of a DDS' decision to award or deny benefits.

In response to these reports, Congress once again considered how children's disability cases were being analyzed and in The *Personal Responsibility and Work Opportunity Reconciliation Act of 1996* (PRWORA),<sup>22</sup> Congress redefined the disability analysis in children's cases. The comparable severity standard was replaced by the standard that a child is considered disabled if he or she has a medically-determinable impairment which results in "marked and severe" functional limitations and which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. SSA was directed to eliminate references to maladaptive behavior in the domain of personal/behavioral function in the listing of impairments for children and to discontinue the use of Individualized Functional Assessments in evaluating a child's disability. SSA developed the final rules in 2000 with assistance from outside experts and advocates; the rules "delink" functional equivalence from

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<sup>20</sup> "SSA New Functional Assessments for Children Raise Eligibility Questions" Report to Congressional Requesters. Washington D.C.: U.S. Govt. Accountability Office, March 1995, <http://www.gao.gov/assets/230/220953.pdf>

<sup>21</sup> "SSA Initiatives to Identify Coaching" Report to Congressional Requesters. Washington D.C.: U.S. Govt. Accountability Office, 5 March 1996, <http://www.gao.gov/assets/90/85342.pdf>;

<sup>22</sup> Summary of Welfare Reforms made by Pub.Law 104-193 The Personal Responsibility and Work Opportunity Reconciliation Act and Associated Legislation November 6, 1996, <http://www.gpo.gov/fdsys/pkg/CPRT-104WPRT27305/html/CPRT-104WPRT27305.htm>



specific listings and establish a new standard of listing-level severity based on “marked” or “extreme” limitation.

Further, the rules established a “whole child” approach to disability evaluation that considers how the child functions compared to other children of the same age without impairments, 24 hours a day, 7 days a week, “at home, at school, and in the community.” They consider all indicia of a child’s functioning and any limitations, including the level of assistance the child needs within age-appropriate expectations. In addition to evidence from medical examinations, examples of such evidence include special education placement and accommodations, medications, adaptive devices, therapies, one-to-one assistance, supportive/structured settings, and information from parents, teachers, and others who know the child.

To date this new definition has withstood court challenges. However, a similar round of media reports of abuse and families “gaming the system” has cropped up.<sup>23</sup> There has also been concern about the growth of the children’s disability program,<sup>24</sup> and the increased number of children receiving SSI benefits due to mental impairments, which comprise a growing majority of all child beneficiaries.<sup>25</sup>

### **The Current Make Up of the Program**

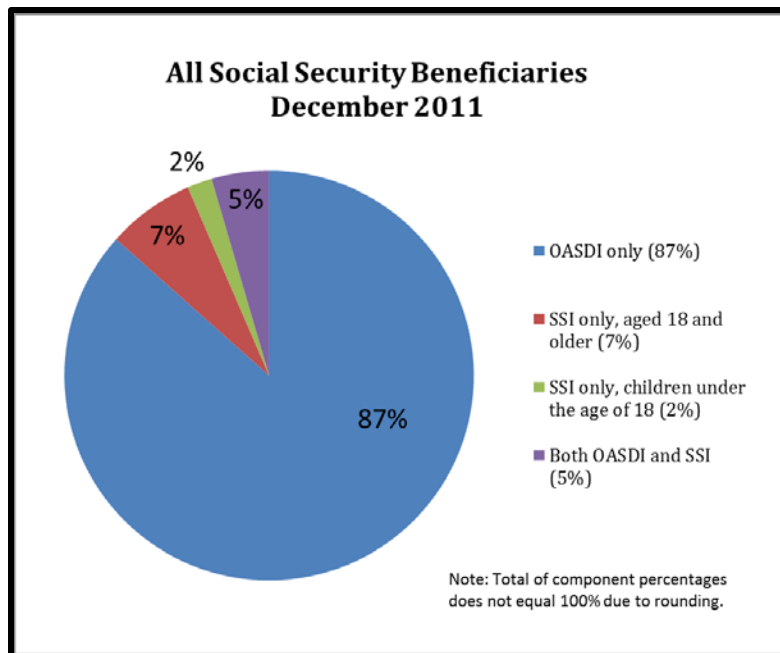
Given the attention to the program in media reports, congressional hearings, GAO studies and internal agency reviews, a review of the data regarding the SSI program for children may help clarify some of the issues. As the following chart shows, the percentage of children receiving SSI disability benefits is small in comparison to the total number of all beneficiaries paid by the programs administered by SSA.

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<sup>23</sup> “Profiting From a Child’s Illiteracy” Nicholas D. Kristof, *The New York Times*, 7, December 2012, [http://www.nytimes.com/2012/12/09/opinion/sunday/kristof-profiting-from-a-childs-illiteracy.html?pagewanted=all&\\_r=0](http://www.nytimes.com/2012/12/09/opinion/sunday/kristof-profiting-from-a-childs-illiteracy.html?pagewanted=all&_r=0); “A Legacy of Unintended Side Effects” Patricia Wen, *The Boston Globe*, (3 part series) 12-14 December 2010, [http://www.boston.com/news/local/massachusetts/articles/2010/12/12/with\\_ssi\\_program\\_a\\_legacy\\_of\\_unintended\\_side\\_effects](http://www.boston.com/news/local/massachusetts/articles/2010/12/12/with_ssi_program_a_legacy_of_unintended_side_effects); “Unfit for Work, The Startling Rise of Disability in America” Chana Joffe-Walt, *NPR Planet Money*, 28 March 2013, <http://apps.npr.org/unfit-for-work/>; “The Declining Work and Welfare of People with Disabilities” Richard V. Burkhauser and Mary C. Daly, *American Enterprise Institute*, 2011; “The Future of Children” Ron Haskins, *Princeton-Brookings*, Spring 2012 [http://futureofchildren.org/futureofchildren/publications/docs/22\\_01\\_PolicyBrief.pdf](http://futureofchildren.org/futureofchildren/publications/docs/22_01_PolicyBrief.pdf)

<sup>24</sup> “Evaluating Growth in the Supplemental Security Income Program for Disabled Children” Richard V. Burkhauser, *Cornell University*, Mary C. Daly and Brian Lucking *Federal Reserve Bank of San Francisco*, <http://www.frbsf.org/economics/economists/mdaly/Evaluating-SSI-Disabled-Children.pdf>

<sup>25</sup> “*Supplemental Security Income Preliminary Observations on Children with Mental Impairments*” Report to Congressional Requesters, Washington D.C.: U.S. Govt. Accountability Office, October 2011 <http://www.gao.gov/assets/590/585946.pdf>; “*Supplemental Security Income – Growth and Change in Recipient Population Call for Reexamining Program*” Report to Congressional Requesters, Washington D.C.: U.S. Govt. Accountability Office July 1995, <http://www.gao.gov/assets/230/221392.pdf>



Source: Fast Facts & Figures About Social Security, 2012 [http://www.ssa.gov/policy/docs/chartbooks/fast\\_facts/2012/fast\\_facts12.pdf](http://www.ssa.gov/policy/docs/chartbooks/fast_facts/2012/fast_facts12.pdf)  
 Over 56% of SSI recipients aged 65 or older received OASDI benefits. Over 56% of SSI recipients aged 65 or older received OASDI benefits, as did 31.3% of those aged 18-64 and 7.6% of those under age 18. (from Fast Facts & Figures About Social Security, 2012, page 30)

Several studies have documented the correlation between poverty and disability.<sup>26</sup> Children in low-income families that live in poor areas face heightened environmental risks. Those environments, including choices and constraints induced by poverty, may result in low birth weight due to poor nutrition during pregnancy and less access to health care which could result in the development of serious disabilities and consequently increased applications for SSI disability benefits.

According to the National Center for Children in Poverty (NCCP)<sup>27</sup> in 2011 the federal poverty level (FPL) for a family of four was \$22,350, for a family of three it was \$18,530, for a family of two it was \$14,710.<sup>28</sup> In 2011 there were more than 72 million children under 18 years old in the United States. 22 percent or 16.1 million of them lived below the federal poverty level (FPL) and were categorized as poor. NCCP also noted the research suggesting that families actually need an income level of twice the federal poverty level to meet the family's basic needs and be considered a living wage.

<sup>26</sup> "Disentangling the Dynamics of Family Poverty and Child Disability: Does Disability Come First?" Shirley L. Porterfield and Colleen Tracey Working Paper No. 03-01 – 25 March 2003, Center for Social Development, Washington University, <http://csd.wustl.edu/Publications/Documents/WP03-01.pdf>;

<sup>27</sup> National Center for Children in Poverty – Basic Fact About Low-Income Children January 2013 [http://www.nccp.org/publications/pdf/text\\_1074.pdf](http://www.nccp.org/publications/pdf/text_1074.pdf)

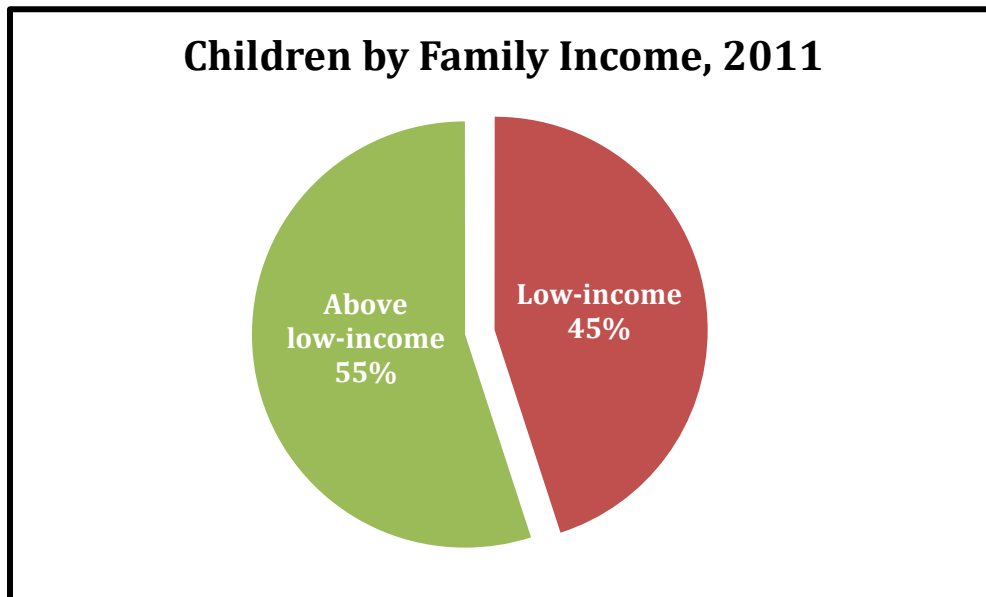
<sup>28</sup> National Center for Children in Poverty – Basic Fact About Low-Income Children January 2013 [http://www.nccp.org/publications/pdf/text\\_1074.pdf](http://www.nccp.org/publications/pdf/text_1074.pdf)

Therefore, families that earn up to 199% of the FPL are still not making a living wage and are categorized as low income. A living wage starts at an income equal to twice the FPL.

<b>Family Size</b>	<b>Federal Poverty Limit (FPL)</b>	<b>Living Wage (200 percent of FPL)</b>
Family of Four	\$22,350	\$44,700
Family of Three	\$18,530	\$37,060
Family of Two	\$14,710	\$29,420

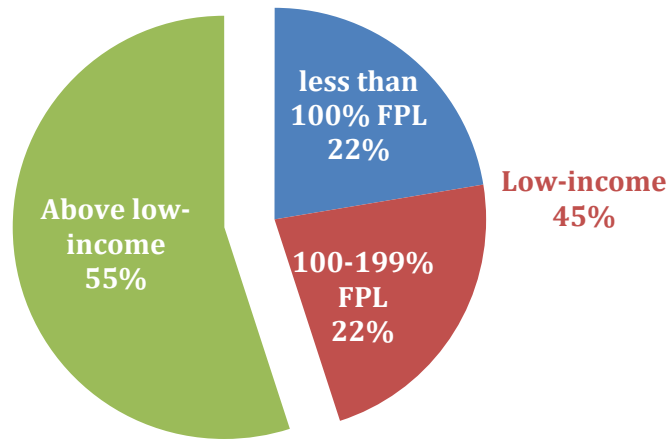
Source: National Center for Children in Poverty [http://www.nccp.org/publications/pdf/text\\_1074.pdf](http://www.nccp.org/publications/pdf/text_1074.pdf)

The total percent of children that fell into the *Low Income* category in 2011 is about 45 percent of all the children living in the U.S.



Source: National Center for Children in Poverty [http://www.nccp.org/publications/pdf/text\\_1074.pdf](http://www.nccp.org/publications/pdf/text_1074.pdf)

## Family Income Further Broken Down by Federal Poverty Level (FPL), 2011



Percentages may not add to 100 due to rounding.

Source: National Center for Children in Poverty [http://www.nccp.org/publications/pdf/text\\_1074.pdf](http://www.nccp.org/publications/pdf/text_1074.pdf)

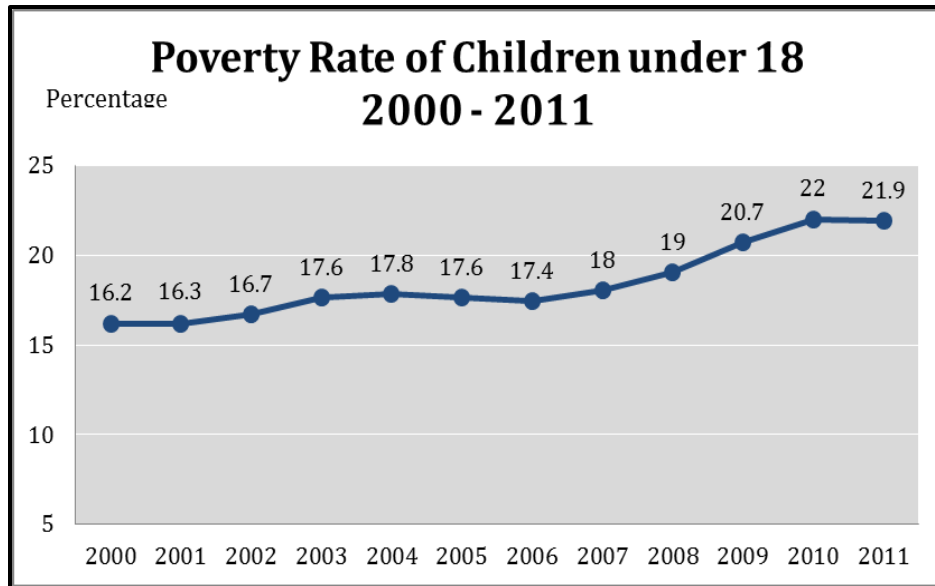
Furthermore, the number of children that live in either poor or low-income families has been increasing over time. From 2006 to 2011, the total number of children in the U.S. increased by less than 1 percent, but there was a 13 percent increase in the number of children in families falling into the low income category and a 23 percent increase in the number of children in families with income below the FPL.

### Percentage change of children living in Low-income and Poor Families, 2006–2011

	2006	2011	Percent Change
Low Income (less than 200% of FPL)	28,530,186	32,379,884	13%
Poor (less than 100% of FPL)	13,078,106	16,105,863	23%

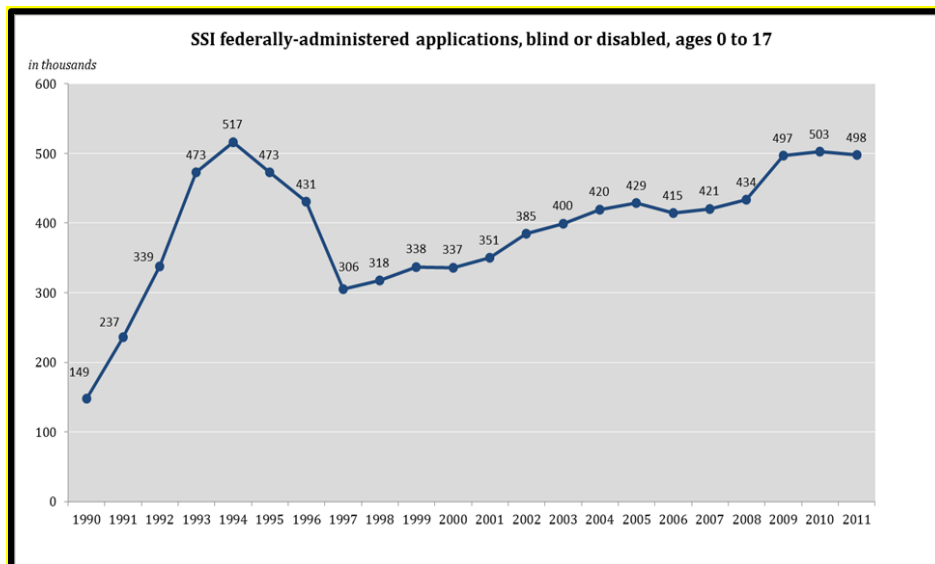
Source: National Center for Children in Poverty [http://www.nccp.org/publications/pdf/text\\_1074.pdf](http://www.nccp.org/publications/pdf/text_1074.pdf)

According to the Census Bureau the number of children in poverty has been increasing steadily from approximately 16.2 percent in 2000 to 19 percent in 2008, and approximately 22 percent in both 2010 and 2011.

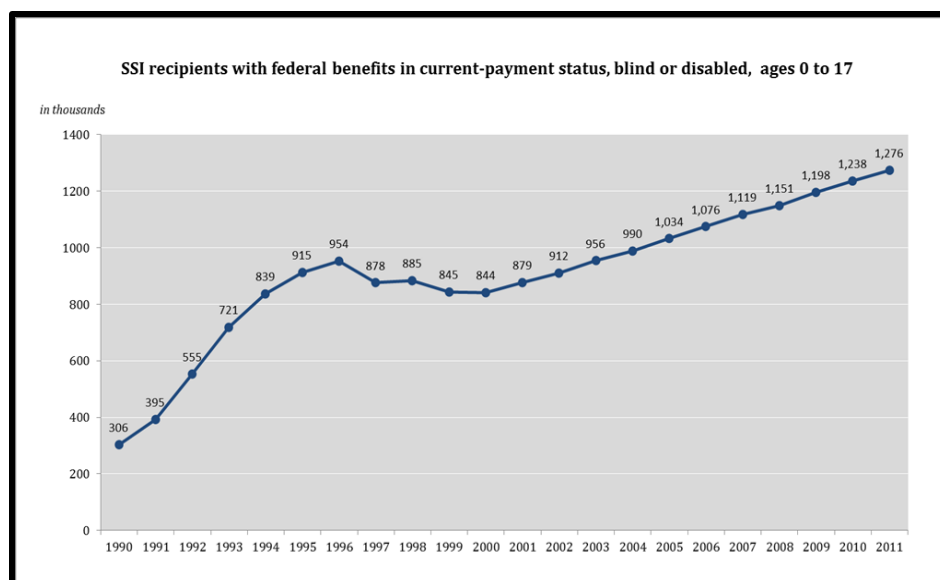


Source: United States Census Bureau [www.census.gov/hhes/www/poverty/data/historical/hstpov3.xls](http://www.census.gov/hhes/www/poverty/data/historical/hstpov3.xls)

As the following charts indicate, the number of SSI applications for children for the same period has also increased substantially from 337,000 in 2000 to 498,000 in 2011. The number of total recipients has increased from 844,000 in 2000 to 1.276 million in 2011, but the overall allowance rate has declined slightly from 43.7 in 2000 to 41.6 in 2011.



Source: Annual Report of the Supplemental Security Income Program 2012 - Table IV.B1.2  
[http://www.ssa.gov/oact/ssir/SSI12/IV\\_B\\_Recipients.html#856912](http://www.ssa.gov/oact/ssir/SSI12/IV_B_Recipients.html#856912)



Source: Annual Report of the Supplemental Security Income Program 2012 – Table IV.B6.  
[http://www.ssa.gov/oact/ssir/SSI12/IV\\_B\\_Recipients.html#819110](http://www.ssa.gov/oact/ssir/SSI12/IV_B_Recipients.html#819110)

### **What’s Next? Approaching Change in the SSI Children’s Program**

The historical record of the program suggests that changes in its laws and in the standards governing SSI disability adjudications were motivated by public opinion as reflected in media reports and court decisions in cases that challenged prior decisions. Much of the history of this program has been a reaction to news reports which often contain unsubstantiated anecdotes,<sup>29</sup> court decisions and congressional mandates. It is important that the decisions we make are factually based. Rather than simply developing streamlined processes for the efficient adjudication of the claims, we first need to define the mission for this particular program; a program that is supposed to serve children with disabilities, who live in poverty and are reliant on others to provide voice to their concerns and to care for their needs.

The following is a list of questions that we believe must be answered to identify the purpose and mission of the SSI children’s program. The questions posed below are the discussion points to begin a dialogue and a comprehensive review of the program. They are not proposals or recommendations; rather, they are a starting place.

<sup>29</sup> See Footnote 15 for list of media reports; “Better Management Oversight Needed for Children’s Benefits” Report to Congressional Requester, Washington D.C.: U.S. Govt. Accountability Office, June 2012 <http://www.gao.gov/assets/600/591872.pdf>; “New Functional Assessments for Children Raise Eligibility Questions” Report to Congressional Requesters, Washington D.C.: U.S. Govt. Accountability Office, March 1995 <http://www.gao.gov/assets/230/220953.pdf>

1. How should we decide the criteria and where should we draw the line in determining which children should be considered disabled and deserving of public support and how should we identify those children who should be served?
2. Is the SSI disability program adequately designed to make the nuanced determinations about all types of children's disabilities? Or should the SSI program in part or in its entirety be relocated to a different Federal agency that has more interaction and perhaps more understanding of the needs and issues related to the children's impairments and their functional impact? Should there be a cap on SSI benefits offered for families or for any group of beneficiaries living together?
3. What cash benefits and services should be provided to children with disabilities? Should a cash benefit be paid to a parent who stays home to care for the child? Should the benefits to the child cover only whatever medical services, equipment, transportation costs or tangible goods that are directly related to the child's disability be provided? Should SSA be responsible for determining those supports and services or should that determination be made by a different source?
4. How do we ensure that SSI children receive the services that will prepare them, if possible, for the workforce? What role if any, should SSA have in transitioning youth with disabilities to the world of work?
5. What's the best program for a child with a disability which will both assist them with basic necessities, and enable them to learn the skills necessary to meaningfully engage in the workforce in order to become self-sufficient and productive citizens?

As the Congress considers the status of the SSI program in general, we urge that special consideration be given to the part of the SSI program that serves children with disabilities. As one of the most vulnerable segments of our population, children should have access to a program that clearly meets their needs and offers them hope for the future.

Barbara B. Kennelly, Chair (A)

Bernadette Franks-Ongoy     Jagadeesh Gokhale

Dorcas R. Hardy