



Annual Report of the Supplemental Security Income Program



SOCIAL SECURITY

The Commissioner

May 30, 2019

President Donald J. Trump
The White House
Washington, DC 20500

Dear Mr. President:

It is my pleasure to submit to you the 2019 *Annual Report of the Supplemental Security Income Program* (the 23rd 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 Pence and Congresswoman Pelosi. If you have any questions regarding this report, your staff may contact Royce Min, our Acting Deputy Commissioner for Legislation and Congressional Affairs, at (202) 358-6030 or at Royce.Min@ssa.gov.

Sincerely,

Nancy A. Berryhill
Acting Commissioner

Enclosure



SOCIAL SECURITY

The Commissioner

May 30, 2019

The Honorable Michael R. Pence
President of the Senate
Washington, DC 20510

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SOCIAL SECURITY

The Commissioner

May 30, 2019

The Honorable Nancy Pelosi
Speaker of the House of Representatives
Washington, DC 20515

Dear Madam Speaker:

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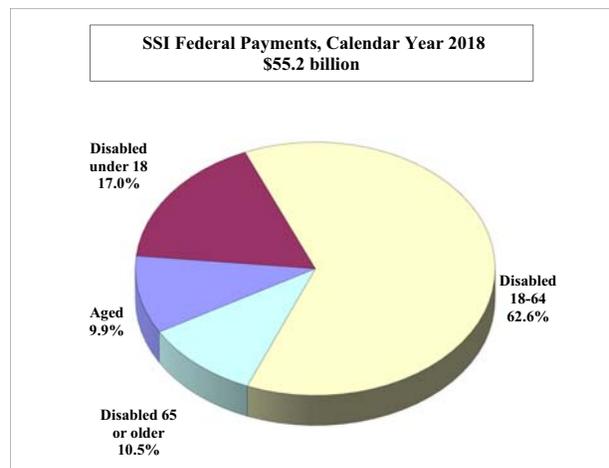
Enclosure

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 required elements of these reports. This report is the 23rd 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 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. Individual States have the option to supplement Federal payments.
- In January 2019, 7.97 million individuals received monthly Federal SSI payments averaging \$549, a decrease of 98 thousand recipients from the 8.07 million recipients with an average payment of \$536 in January 2018.
- Federal expenditures for cash payments under the SSI program during calendar year 2018 increased 0.9 percent to \$55.2 billion, while the funds made available to administer the SSI program in fiscal year 2018 increased 5.6 percent to \$4.4 billion. In 2017, the corresponding program and administrative expenditures were \$54.6 billion and \$4.2 billion, respectively.



Major Findings of the Report

- By 2043, the end of the 25-year projection period, we estimate that the Federal SSI recipient population will reach 8.7 million. The projected growth in the SSI program over the 25-year period is largely due to the overall growth in the U.S. population, though the growth in the SSI recipient population is projected to be somewhat slower than the growth in the U.S. population.
- As a percentage of the total U.S. population, the number of Federal SSI recipients decreased slightly from 2.43 percent in 2017 to 2.39 percent in 2018. We project this percentage to gradually decline throughout the 25-year projection period, reaching 2.22 percent of the population in 2043.
- We estimate that Federal expenditures for SSI payments in calendar year 2019 will increase by \$0.9 billion to \$56.1 billion, an increase of 1.7 percent from 2018 levels.
- In dollars adjusted by the Consumer Price Index to 2019 levels, we project that Federal expenditures for SSI payments will increase to \$61.9 billion in 2043, a real increase of 0.4 percent per year.
- Federal SSI expenditures expressed as a percentage of the Gross Domestic Product (GDP) were 0.27 percent in 2018. We project that expenditures as a percentage of GDP will decrease to 0.26 percent of GDP in 2019, and continue to decline thereafter to 0.19 percent of GDP by 2043.

CONTENTS

I. INTRODUCTION	1
II. HIGHLIGHTS	2
A. RECENT PROGRAM EXPERIENCE	2
B. SSI LEGISLATION SINCE THE 2018 ANNUAL REPORT	3
C. CURRENT ISSUES FACING THE SSI PROGRAM	3
D. KEY RESULTS FROM THE 25-YEAR PROJECTIONS	4
III. THE SUPPLEMENTAL SECURITY INCOME PROGRAM	6
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	13
c. Sponsor-to-Alien Deeming	13
E. INCENTIVES FOR WORK AND OPPORTUNITIES FOR REHABILITATION	14
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	15
5. Plan to Achieve Self-Support (PASS)	15
6. Special Provisions for Disabled Recipients Who Work	15
7. Vocational Rehabilitation/Ticket to Work Program	16
8. Expedited Reinstatement	17
F. ADMINISTRATION OF THE SSI PROGRAM	17
1. Application Process	17
2. Determination of Eligibility for Benefits	18
3. Payment of Benefits	18
4. Ensuring Continued Eligibility for Benefits	18
5. Representative Payees	19
6. Appeal Rights	20
7. Fees for Attorneys and Non-attorney Representatives	20
8. Advance Payments	21
a. Emergency Advance Payments	21
b. Presumptive Disability or Blindness	21
G. STATE SUPPLEMENTATION	21
1. Optional State Supplementation Programs	22
2. Mandatory State Supplementation Programs	22
3. Administration of State Supplementation Payments	22
4. Passalong Provisions	22

H. COORDINATION WITH OTHER PROGRAMS.....	23
1. Windfall Offset.....	23
2. Interim Assistance Reimbursement.....	23
3. Medicaid Determinations.....	23
4. Supplemental Nutrition Assistance Program (SNAP) Applications.....	24
IV. ESTIMATES OF PROGRAM RECIPIENTS AND FEDERAL EXPENDITURES UNDER THE SUPPLEMENTAL SECURITY INCOME PROGRAM, 2019-2043.....	26
A. DEMOGRAPHIC AND ECONOMIC ASSUMPTIONS.....	26
B. NUMBERS OF SSI PROGRAM RECIPIENTS.....	30
1. Recipient Categories.....	30
2. Applications and New Recipients.....	30
3. Terminations.....	33
4. Recipients in Current Payment Status.....	34
C. FEDERAL PAYMENTS UNDER SSI.....	48
D. FEDERAL SSI PAYMENTS AS A PERCENTAGE OF GROSS DOMESTIC PRODUCT ..	54
E. THE SSI PROGRAM’S SHARE OF SSA’S ADMINISTRATIVE COSTS AND BENEFICIARY SERVICES COSTS.....	56
V. APPENDICES.....	57
A. HISTORY OF PROVISIONS.....	57
1. Basic Eligibility Requirements.....	57
2. Other Eligibility Provisions.....	58
a. Citizenship and U.S. Residency.....	58
b. Other Benefits.....	60
c. Drug Addiction and Alcoholism.....	61
d. Institutionalization.....	62
e. Vocational Rehabilitation and Treatment.....	62
f. Continuing Disability Reviews and Eligibility Redeterminations ..	65
g. Deeming of Income and Resources.....	66
3. Federal Benefit Payments.....	67
a. Windfall Offset.....	67
b. Proration of Benefit.....	67
c. Retrospective Monthly Accounting.....	67
d. Uncashed Checks.....	68
e. Rounding of Payment Amounts.....	68
f. Penalties for False or Misleading Statements or Withholding of Information.....	68
g. Installment Payments.....	69
h. Retroactive Payments to Prisoners, Fugitive Felons, and Probation or Parole Violators.....	69
4. Federal Benefit Rates.....	70
5. Exclusions from Income.....	71
a. General Exclusions.....	71
b. Special Exclusions.....	71
6. Resources.....	76
a. General Exclusions.....	76
b. Special Exclusions.....	77
c. Transfer-of-Resources Penalties.....	80
7. Presumptive and Emergency Payments and Interim Assistance Reimbursement.....	80
a. Presumptive Payments.....	80
b. Emergency Advance Payments.....	81
c. Interim Assistance Reimbursement.....	81

8. Medicaid Eligibility	81
9. State Supplementation	83
10. Overpayment Recovery	84
11. Fees for Attorneys and Non-Attorney Representatives	85
12. Administration of the Program.	86
B. INCOME AND RESOURCE EXCLUSIONS.	87
1. Earned Income Exclusions	87
2. Unearned Income Exclusions.	88
3. Resource Exclusions	90
C. HISTORICAL ALLOWANCE DATA	93
1. Technical Notes on the Disability Research File	93
2. General Considerations	94
D. HISTORICAL NON-MEDICAL REDETERMINATION AND MEDICAL CONTINUING DIS- ABILITY REVIEW DATA	102
1. Non-medical Redeterminations	102
2. Medical Continuing Disability Reviews	103
E. INCENTIVES FOR WORK AND OPPORTUNITIES FOR REHABILITATION.	112
1. Work Incentives	112
a. Numbers of Participants in Work Incentive Programs	113
b. Average Earnings of Participants in Work Incentive Programs	115
2. Vocational Rehabilitation/Ticket to Work Program	115
F. INVOLVEMENT OF SSI RECIPIENTS IN OTHER PROGRAMS	121
G. RESEARCH ON RELATED TOPICS.	123
1. Ongoing Research	123
a. SSI Policy Simulations.	123
b. National Survey of SSI Children and Families	123
c. SSI Research through the Retirement and Disability Research Consortium	124
d. Analytic Studies	124
e. Evaluation of the Ticket to Work Program.	126
f. Youth Transition Demonstration	127
g. Occupational Information System	129
h. Homeless with Schizophrenia Presumptive Disability Pilot Demonstration	129
i. Promoting Readiness of Minors in SSI	130
j. Supported Employment Demonstration.	131
k. SSI Elderly Notice Pilot	131
2. Bibliography of Recent Publications	132
H. GLOSSARY.	153

ADDITIONAL STATEMENT BY THE SOCIAL SECURITY ADVISORY BOARD

TABLES

III.H1	SSI State Supplementation and Coordination with Other Programs	25
IV.A1	Historical and Projected Social Security Area Population based on the Intermediate Assumptions of the 2019 OASDI Trustees Report, as of July 1, 1975-2043	27
IV.A2	SSI Federal Benefit Rate Increases and Levels: Historical and Projected on the Basis of the Intermediate Assumptions of the 2019 OASDI Trustees Report, 1975-2043	28
IV.B1	SSI Federally Administered Applications, Calendar Years 1975-2043	39
IV.B2	SSI Federally Administered New Recipients, Calendar Years 1975-2043	40
IV.B3	SSI Federally Administered Terminations Due to Death, Calendar Years 1975-2043	41
IV.B4	SSI Federally Administered Terminations Due to Reasons Other Than Death, Calendar Years 1975-2043	42
IV.B5	SSI Federally Administered Terminations for All Reasons, Calendar Years 1975-2043	43
IV.B6	SSI Recipients with Federal Payments in Current-Payment Status as of December, 1975-2043	44
IV.B7	Federal SSI Prevalence Rates, as of December, 1975-2043	45
IV.B8	SSI Recipients with Federally Administered State Supplementation Payments Only, in Current-Payment Status as of December, 1975-2043	46
IV.B9	SSI Recipients with Federally Administered Payments in Current-Payment Status as of December, 1975-2043	47
IV.C1	SSI Federal Payments in Current Dollars, Calendar Years 1975-2019	48
IV.C2	SSI Federal Payments in Current Dollars, Fiscal Years 1980-2019	49
IV.C3	SSI Federal Payments in CPI-Adjusted 2019 Dollars, Calendar Years 1975-2043	52
IV.C4	SSI Federally Administered State Supplementation Payments in Current Dollars, Calendar Years 1975-2018	53
IV.D1	SSI Federal Payments as a Percentage of GDP, Calendar Years 1975-2043	55
IV.E1	Selected SSI Costs, Fiscal Years 1980-2019	56
V.A1	Federal Benefit Rates Set by Legislation	70
V.C1	Disabled Adult Claims: Disposition of Applications for SSI Disability Benefits by Year of Filing and Level of Decision	96
V.C2	Disabled Child Claims: Disposition of Applications for SSI Disability Benefits by Year of Filing and Level of Decision	99
V.D1	SSI Non-medical Redeterminations and Limited Issues Completed, Fiscal Years 1986-2018	102
V.D2	SSI Continuing Disability Full Medical Reviews by Year of Initial Decision, Fiscal Years 1993-2018	105
V.D3	SSI Disabled Adult Reviews: Disposition of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2004-2018	106

V.D4	SSI Disabled Child Reviews: Disposition of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2004-2018	109
V.E1	SSI Substantial Gainful Activity and Student Earned Income Exclusion Amounts, Calendar Years 1974-2019.	112
V.E2	SSI Federally Administered Blind or Disabled Working Recipients as of December, 1987-2018.	113
V.E3	SSI Federally Administered Blind or Disabled Individuals with SSI Recipient Status Participating in Other Work Incentives as of December, 1990-2018	114
V.E4	Average Monthly Earnings of SSI Federally Administered Blind or Disabled Working Recipients, as of December, 1987-2018	115
V.E5	Vocational Rehabilitation Reimbursement Claims Allowed, Fiscal Years 1987-2018	119
V.E6	Employment Network Payments Allowed, Fiscal Years 2002-2018.	120
V.F1	Percentage of SSI Federally Administered Recipients in Current-Payment Status with Participation in Selected Programs Based on SSA Administrative Records, December 2018	121

FIGURES

IV.B1	SSI Federally Administered Applications by Age Group, Calendar Years 1975-2045	31
IV.B2	SSI Federally Administered New Recipients by Age Group, Calendar Years 1975-2045	32
IV.B3	SSI Federally Administered Terminations by Age Group, Calendar Years 1975-2045.	34
IV.B4	SSI Recipients with Federal Benefits in Current-Payment Status, by Age Group, as of December, 1975-2045.	35
IV.B5	Federal SSI Prevalence Rates, by Age Group, as of December, 1975-2045.	36
IV.B6	Age-Sex-Adjusted Federal SSI Prevalence Rates, by Eligibility Category, as of December, 1975-2045.	37
IV.C1	SSI Federal Payments, by Age Group, in CPI-Adjusted 2019 Dollars, Calendar Years 1975-2045.	51
IV.D1	SSI Federal Payments, by Age Group, as a Percentage of GDP, Calendar Years 1975-2045.	54
V.E1	SSI Federally Administered Blind or Disabled Working Recipients as of December, 1987-2018.	114

I. INTRODUCTION

Congress established the Supplemental Security Income (SSI) program in 1972 by amending the Social Security Act (Act) to include Title XVI, 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 2019, the SSI program provides a monthly Federal cash payment of \$771 (\$1,157 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.G, 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 23rd 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 the Social Security Advisory Board's views of the SSI program.

Much of the required information is the subject of extensive ongoing research. In responding to each of the specific requests for information, SSA has made every effort 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 aged, blind, or disabled individuals. This section presents highlights of recent SSI program experience, a summary of important legislative 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 2018, 1.5 million individuals applied for SSI benefits based on blindness or disability, a decrease of 5 percent from 2017. Additionally, 128 thousand individuals applied for SSI benefits based on age, a decrease of 10 percent as compared to the 142 thousand who applied in 2017. In 2018, 720 thousand applicants became new recipients of SSI benefits, a decrease of 6 percent as compared to the 768 thousand who became new recipients in 2017.
- Each month on average during calendar year 2018, 8.0 million individuals received Federal SSI benefits. This group was composed of 1.1 million aged recipients and 6.9 million blind or disabled recipients, of which 66 thousand were blind. Of these 6.9 million blind or disabled recipients, 1.2 million were under age 18, and 1.0 million were aged 65 or older. During calendar year 2018, 8.9 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 2018 totaled \$55.2 billion, up from \$54.6 billion in 2017.
- Each month on average during calendar year 2018, 1.5 million individuals received federally administered State supplementation payments. This group was composed of 411 thousand aged recipients, 1.1 million disabled recipients, and 20 thousand blind recipients. During calendar year 2018, 1.6 million individuals received at least 1 month of State supplementation payment.
- State expenditures for federally administered State supplements, excluding fees for Federal administration totaled \$2.6 billion in calendar year 2018, roughly the same level as in 2017.
- In fiscal year (FY) 2018, 96 percent of SSI recipients received their benefits electronically, roughly the same level as in 2017.
- The cost the Social Security Administration (SSA) incurred to administer the SSI program in FY 2018 was \$4.3 billion, which was roughly 8 percent of total federally administered SSI expenditures.¹
- In January 2019, 8.1 million individuals received federally administered monthly SSI benefits averaging \$565. Of these, 8.0 million received monthly Federal SSI payments averaging \$549, and 1.5 million received monthly State supplementation payments averaging \$146.

¹ Administrative costs do not include the costs of beneficiary services provided to recipients through State vocational rehabilitation (VR) agencies and employment networks for VR services and payments under the Ticket to Work program.

B. SSI LEGISLATION SINCE THE 2018 ANNUAL REPORT

Since we submitted the 2018 *Annual Report of the Supplemental Security Income Program* to the President and Congress on July 31, 2018, there have been no legislative changes made to the SSI program.

C. CURRENT ISSUES FACING THE SSI PROGRAM

For more than 40 years, the SSI program has provided a safety net for aged, blind, and disabled Americans who have nowhere else to turn, and who must rely on SSI benefits to meet basic needs of food and shelter. The program plays a crucial role in the lives of over eight million Americans and is funded from general tax revenues. Accordingly, we take great care to administer the program as accurately and efficiently as possible and remain committed to effectively overseeing the program, protecting taxpayer dollars, and maintaining the public's trust.

Program Integrity

We strive to prevent improper payments—either paying too much (overpayments) or paying too little (underpayments)—and to find, correct, and recover improper payments as soon as possible when they occur.

Making correct payments is especially challenging because SSI is a means-tested program. Accordingly, the correct monthly SSI payment amount changes as a recipient's income, resources, living arrangements, and other circumstances change. The first line of defense against improper payments is timely reporting of these changing circumstances. We require recipients to report changes that may affect their benefits right away. However, some circumstances, such as the recipients' medical impairment, may make reporting changes in a timely manner difficult. For this reason, it is important we have strong program integrity tools to detect unreported changes that may affect SSI eligibility and payment. These tools help us ensure that only individuals who are eligible for benefits receive them, and that we pay eligible individuals correctly.

One of our most effective program integrity tools is the SSI non-medical redetermination process, under which we conduct scheduled reviews of all nonmedical factors of eligibility to determine whether the recipient is still eligible for SSI and if his or her payment amount is correct. These reviews are often time-consuming and resource-intensive, therefore it would be administratively challenging and burdensome to complete scheduled redeterminations on each SSI recipient every year; consequently, to maximize resources and limit the burden on the public, we use a statistical model to prioritize redeterminations.

This allows us to focus on recipients who are most likely to have a change that affects eligibility or the amount of benefits. These redeterminations save billions of program dollars with a comparatively small investment of administrative funds. Based on the program integrity funding available, we expect to complete about 2.8 million SSI non-medical redeterminations in FY 2019. The President's proposed FY 2020 Budget would provide funding sufficient to complete about 2.8 million SSI redeterminations in FY 2020.¹ Our estimates indicate that those redeterminations would yield about \$3 of net Federal SSI and Medicaid savings over the first 10 years on average per \$1 budgeted to conduct those reviews.

¹ In our efforts to accurately pay benefits, we also conduct medical continuing disability reviews (CDR). CDRs are periodic reviews of a recipient's medical impairment to determine if he or she is still disabled according to the statute. Generally, the cases with the highest likelihood of medical improvement receive a full medical review, whereas, the remaining cases due for review receive a mailer requesting updates on their impairments, medical treatment, and work activities, subject to available administrative funding.

Highlights

Ongoing Efforts

We continue to rely heavily on emerging technology to support our efforts to review recipient eligibility. For example, we use the Access to Financial Institutions (AFI) process to identify excess resources in bank accounts of SSI applicants and recipients by electronically checking for known and potentially unreported accounts directly with the financial institution. We also use a process to detect and verify when SSI recipients own real property (e.g., houses other than their primary residence) that they have not reported to us, a leading cause of improper payments in the program. We have integrated this functionality into our SSI claims-taking and non-medical redetermination systems to ensure technicians can immediately use the data to determine eligibility and payment amount.

The SSI Telephone Wage Reporting System (SSITWR) is another important tool we use to reduce improper payments. It is an automated, toll-free telephone number that allows recipients and representative payees to report wages by calling in and using either voice recognition or touchtone software.

We also have a mobile application that allows individuals to make monthly wage reports through an Android or iPhone smartphone. By entering information through a series of easily followed prompts, recipients can quickly and efficiently report wages from wherever they are. We expect these tools will help reduce improper SSI payments by making it easier for recipients to comply with reporting requirements.

Our most recent wage reporting tool is myWageReport (myWR). It is a tool located behind the mySocialSecurity portal that allows SSI recipients, the parents and spouses of SSI recipients, Social Security disability beneficiaries, and representative payees to report wages via desktop, laptop, or mobile device. Wage reporters are provided an automated receipt that can be viewed, printed, or saved on their device.

Conclusion

More than 40 years after its implementation, the SSI program continues to provide support for millions of vulnerable individuals. Our goal remains consistent: to pay the right person the right benefit at the right time. We will use every tool at our disposal to ensure that SSI payments are accurate. Moving forward, we will continue to search for ways to simplify the SSI program and to pursue technological improvements, resulting in a program that is easier for the public to understand, more efficient to administer, and that continues to provide critical public assistance.

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 through 2013, but in recent years the SSI recipient population has slightly declined as the number of applicants for SSI payments has continued to decline. We project the number of applications to increase slightly in 2019, and then to resume a modest level of growth which is estimated to continue throughout the remainder of the projection period at a rate somewhat slower than the rate of growth in the U.S. population. By 2043, we estimate that the Federal SSI recipient population will reach 8.7 million. As a percentage of the total U.S. population, we project the number of Federal SSI recipients to decrease very gradually from 2.39 in 2018 to 2.22 percent of the population by 2043.

Key Results From The 25-Year Projections

- We estimate that Federal expenditures for SSI payments in calendar year 2019 will slightly increase by \$0.9 billion to \$56.1 billion, an increase of 1.7 percent from 2018 levels. In dollars adjusted by the Consumer Price Index to 2019 levels, we project that SSI program outlays will increase to \$61.9 billion in 2043, a real increase of 0.4 percent per year.
- Federal SSI expenditures were 0.27 percent of Gross Domestic Product (GDP) in 2018. We project that such expenditures will decrease to 0.26 percent of GDP in 2019, and continue to decline thereafter to 0.19 percent of GDP by 2043.

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 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”¹ 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 family members in need.

Responding to these concerns, Congress passed and the President approved the 1972 Amendments to the Social Security Act, which created the SSI program, and thereby substantially reversed the Federal and State roles with regard to means-tested assistance. Under the new program, the SSI mission was to provide 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 aged, blind, or disabled individuals whose income and resources are below certain limits. 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;

¹ Committee on Ways and Means House Report No. 92-231 (to accompany H.R.1 “The Social Security Amendments of 1971”) on May 26, 1971.

- Incentives for States to supplement 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 supplemental nutrition assistance, medical assistance, and other programs.¹

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, establishing a consistent national program. The following uniform standards and objective eligibility criteria apply to the SSI program:

- **Income and resource limit.** If an individual's income or resources go above the limit, he or she may not qualify for SSI assistance. The countable income limits for individuals and couples are equal to their respective Federal benefit rates (FBR)² and generally increase annually according to changes in the cost of living. For 2019, the FBR is \$771 a month for individuals and \$1,157 a month for couples. The resource limit is \$2,000 in countable resources for individuals and \$3,000 for couples.
- **Minimum age of 65 to receive age-based assistance.**
- **Definition of disability and blindness.** The definitions for individuals age 18 or older are the same as those used for the Social Security 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);³ or (2) if under age 18, results in marked and severe functional limitations. 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 with a visual field limitation of 20 degrees or less in the better eye.
- **Citizenship and residency requirements.** 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 the 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

¹ 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.

² See table IV.A2 for historical and estimated future Federal benefit rates.

³ "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 \$1,220 a month are evidence of ability to engage in SGA. If an SSI *applicant* is earning over \$1,220 a month, he or she generally would not be considered disabled. However, if an SSI *recipient* is earning over \$1,220 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 \$1,220 was increased from \$1,180 effective January 1, 2019 (83 FR 53702). According to regulation, SSA bases yearly increases in the SGA level on increases in the national average wage index. See table V.E1 for the history of SGA level amounts.

— a qualified alien.

Only certain categories of qualified aliens are eligible to receive SSI benefits, including¹:

- Noncitizen active duty U.S. Armed Forces personnel, honorably discharged veterans, and their spouses and dependent children; or
- Lawful permanent residents (LPR) 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.
- Certain noncitizens who are blind or disabled and were lawfully residing in the United States on August 22, 1996; and
- Certain immigrants lawfully residing in the United States for humanitarian reasons²:
 - 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 whose deportations were withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or whose removals were 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 (eligibility for these categories generally limited to the 7-year period after the date that entrant status is granted); and
 - 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).

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 certain types of human trafficking in the United States³ (eligibility generally limited to the 7 years after a determination is made that they are trafficking victims); and

¹ A complete list of noncitizens who are considered qualified aliens can be found in the Glossary under “Qualified Alien.”

² Generally, the law limits SSI eligibility for humanitarian immigrants to 7 years. As of December 2018 there were approximately 54 thousand SSI recipients receiving time-limited SSI benefit payments, which was roughly 0.7 percent of all recipients who received federally administered SSI payments in that month.

³ “Human trafficking” is 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.

- Iraqi or Afghan noncitizens granted special immigrant status under emergency conditions, such as 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 (eligibility for SSI generally limited to the 7 years after the special immigrant status is granted).

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.¹ 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.; or
- 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 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 (FBR).² Generally, ineligibility for SSI occurs when countable income equals the FBR plus the amount of an applicable federally administered State supplementation payment.³

The 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, pensions, and unemployment compensation. The distinction between earned and unearned income is significant because different exclusions apply to each type of income.

In the SSI program, we count food and shelter-related items an individual receives as a type of unearned income called "in-kind support and maintenance" (ISM). We determine the value of ISM using one of the following calculations:

¹ Fifty States, the District of Columbia, or the Northern Mariana Islands.

² 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.

³ We discuss State supplementation payments in section III.G.

- We use the **Value of the One-Third Reduction (VTR)** to determine the ISM value when a recipient lives throughout a month in another person's household and receives both food and shelter from others living in the household. The VTR is equal to one-third of the FBR. This reduction is not rebuttable even if the individual can show that the actual value is less.
- We use the **Presumed Maximum Value (PMV)** to calculate the ISM value in all other cases (e.g. the recipient receives free food but not shelter, or free shelter, but must pay for food). The PMV is the maximum amount we can count as income and is equal to one-third of the FBR plus \$20. Unlike the VTR, the PMV is rebuttable. If an individual can show that the actual value of the food or shelter received is less than the full PMV, then we count the actual value of the food or shelter received as unearned income.

However, under the law, not everything an individual receives is considered to be income. Generally, if the item received is not food or shelter or cannot be used to obtain food or shelter, we do not consider it income. For example, if someone pays an individual's medical bills or offers free medical care, or if the individual receives money from a social services agency that is a repayment of an amount he or she previously spent, we would not consider these payments or services countable income for SSI purposes. In addition, we can also exclude some earned income (i.e. income from work) when we determine the individual's SSI payment amount. For example, 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 infrequently or irregularly received income in a calendar quarter.

Similarly to earned income, we can exclude some unearned income when determining an individual's eligibility and payment amount. The principal **unearned income exclusions** are:

- The first \$20 per month;¹
- 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 programs;
- The value of supplemental nutrition assistance; and
- The first \$60 of infrequently or irregularly received income in a calendar quarter.

2. Resources

The Act also requires us to consider the value of an individual's resources in determining SSI eligibility for a given month.² In general, individuals who have countable resources, determined monthly, that exceed \$2,000 (\$3,000 for a couple) are ineligible for SSI. Our regulations define "resources" as liquid assets, such as cash, or any real or personal property that individuals, spouses of individuals, or parents of

¹ Any portion of this \$20 amount not used to exclude unearned income may be used to exclude earned income.

² The Act does not define "resources", however it specifies items that are not considered resources under the law.

a child under the age of 18 own and could convert to cash for their support and maintenance; however, there are numerous and complex exceptions to this general rule.

If an individual 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).¹ The penalty does not apply if the applicant can show that the resources were disposed of exclusively for a purpose other than establishing SSI eligibility.

The principal resource exclusions² are:

- The individual's home (and land appertaining to it) regardless of value and so long as it is his or her primary residence;
- 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;
- 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 or an Assets for Independence Act individual development account, 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 all 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 financial responsibility for residents of their public institutions. The SSI program continues this long-standing pub-

¹ 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.

² For a more detailed list of the SSI resource exclusions, please refer to section V.B.

lic assistance policy. Individuals who reside in a public institution 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;
 - The recipient was eligible under section 1619(a) or (b)¹ 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 this situation, 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 FBR 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 within the income and resource limits 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.² 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. We also deduct from the income available for deeming a living allowance for any ineligible children under age 18 (or under age 22 and a student) living in the household, which reduces the amount of income to be

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

² Deeming also applies to an individual who lives with an essential person (a concept carried over from the former State assistance plans). However, as of March 2019 there were only 10 of these cases remaining.

deemed.¹ 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 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 exclude from the parent's income certain types and amounts of income that are not subject to deeming. We then subtract a living allowance for each ineligible child under age 18 (or under age 22 if a student).² Then we use any exclusions that apply to the remaining income (for example, the \$20 general income exclusion), and subtract a living allowance based on the number of parents living in the household. Finally, we deem the remainder to be available to the eligible children in equal shares.

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 support³ or the previous version of the affidavit. Generally, noncitizens who entered the country before 1998 did so under the old version of the affidavit.⁴

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.⁵ The law provides living allowances equal to the Federal benefit rate for the sponsor as well as allowances equal to one-half of the FBR 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

¹ The living allowance for ineligible children living in a household who themselves are receiving some form of countable income (such as wages or Social Security benefits) is reduced by the countable amount of that income

² The living allowance for ineligible children living in a household who themselves are receiving some form of countable income (such as wages or Social Security benefits) is reduced by the countable amount of that income.

³ Legally enforceable affidavits of support are required by Public Law 104-208.

⁴ The United States Citizenship and Immigration Services, previously known as the Immigration and Naturalization Service, began using these 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.

⁵ For a temporary period—January 1994 through September 1996—the deeming period was 5 years.

workers may be credited with quarters earned by the worker. A quarter otherwise earned after 1996 does not count as 1 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 eligibility 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.

The SSI program also includes provisions to help disabled recipients obtain vocational rehabilitation (VR) and employment support services. Legislation revised these provisions by 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 out-of-pocket 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, assistive technology, 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 Federal Insurance Contributions Act 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 \$1,870 of earned income per month but no more than \$7,550 per year.¹

5. Plan to Achieve Self-Support (PASS)

A 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 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, after consideration of any other income, 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;

¹ Effective January 1, 2019 (83 FR 53702). The student earned income exclusion generally increases yearly based on changes in the cost of living. See table V.E1 for a history of maximum monthly and calendar year exclusion amounts.

- 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 to Work legislation provided that ENs would be compensated under an outcome or outcome-milestone payment system.¹ 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 access to employment support services to eligible individuals who receive SSI benefits due to blindness or disability. These individuals may obtain the VR 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 con-

¹ 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.

tinue, 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 whether the individual is disabled or blind, the Medical Improvement Review Standard (MIRS) generally applies.¹ Normal non-medical 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 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. Additionally, 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 1,200 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. As of April 1, 2017, people who file online for disability insurance benefits can also file for SSI online in certain circumstances (<https://www.ssa.gov/disabilityssi/>).

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

¹ Under MIRS, an individual's disability continues unless (1) the disabling condition has improved since the last favorable disability determination or comparison point decision and (2) an individual can engage in SGA. There are limited exceptions to the application of MIRS, including cases involving fraud, errors on the face of the record of the allowance, or failure to cooperate with the review.

With regard to disability and blindness claims, SSA determines the non-medical eligibility factors and each State's DDS determines the medical eligibility factors.¹

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 payments in a month is based on resources owned as of the first day of the month and income received in that month, in addition to other criteria. We generally calculate the amount of the monthly payment using income in the second month preceding the month for which the payment is made.² However, at the start of a period of eligibility or re-eligibility, we determine the amount of payments 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 last working day immediately 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.)

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. 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 living in a remote geographic location lacking the necessary infrastructure to support electronic financial transactions. As of April 2019, about 96 percent of SSI recipients received their benefits electronically.

4. Ensuring Continued Eligibility for Benefits

SSA reviews non-medical eligibility factors for SSI recipients. The frequency of these reviews, which we call "non-medical redeterminations," depends on a variety of factors.

In addition to non-medical redeterminations, 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 generally conduct medical reviews most often on 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;³
- At least once every 3 years for recipients under age 18 whose medical conditions are likely to improve;

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

² This method of calculating the benefit is called retrospective monthly accounting.

³ A medical review cannot be initiated while the SSI recipient is "using a ticket" under the Ticket to Work program.

- 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
- Generally, within 1 year after attaining age 18 for 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 cash benefits by imposing administrative sanctions 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. SSA generally recovers overpayments to SSI recipients by withholding an amount equal to 10 percent of the individual's countable monthly income from the recipient's monthly payment. For many recipients whose only income is SSI, this withheld amount is 10 percent of their monthly SSI payment. However, if SSA determines 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 or directing others to manage their benefits, or are declared legally incompetent, we appoint representative payees for such recipients who receive the individual's SSI benefits on their behalf. In many cases the representative payee is a spouse, a parent, or other close relative or individual who will act in the recipient's best interest. In some limited cases, SSA approves an organization to serve as a payee. SSA authorizes certain types of organizations to collect a fee from the individual's payment for acting as payee. The fee cannot exceed the lesser of 10 percent of the payment amount or a specified amount (\$43 a month in 2019).¹

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 FBR, including any optional State supplementation payments, the Act requires the representative payee to establish a dedicated account at a financial institution to maintain the retroactive payment. Representative payees must make expenditures from the account primarily for certain expenses related to the child's impairment.

¹ For disabled recipients who also have a drug addiction or alcoholism condition, the maximum permitted fee in 2019 is \$82 a month (83 FR 53702). We periodically increase the maximum permitted amounts of the representative payee fees based on changes in the cost of living.

6. Appeal Rights

Individuals who disagree with an SSA determination (e.g., eligibility for or the amount of SSI benefits) can appeal by filing an appeal request online¹ or by writing to their local field office. 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 personnel (or DDS personnel if applicants are appealing a disability determination) who have had no involvement in the initial determination.² 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 Appeals Council may dismiss a request for review, deny a request for review if there is substantial evidence supporting the hearing decision, 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 in some cases 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

An individual may appoint a representative at any time during an adjudication of a pending issue with SSA. The representative may be either an attorney in good standing and permitted to practice law before a U.S. court or a capable non-attorney generally known to have good character and reputation.

With a limited exception, representatives must use one of SSA's fee authorization processes to request a fee for their services.³ 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.⁴ 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

¹ <https://www.ssa.gov/disabilityssi/appeal.html>

² SSA introduced a modification of this process in 10 States for disability applications filed October 1, 1999 and later. Under this revised process, claimants appeal an initial disability denial by requesting an Administrative Law Judge hearing, thereby eliminating the reconsideration step. As of January 1, 2019, SSA is reinstating the reconsideration level of appeal in these States via a staged roll-out that will be completed by the end of April 2020.

³ 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.

⁴ 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.

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 \$95.¹ 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.

To receive direct payment out of applicants' past-due benefits non-attorney representatives must: (1) have a bachelor's degree or equivalent qualifications from training and work experience; (2) secure and maintain adequate professional liability insurance; (3) pass a criminal background check; (4) pass an examination given by SSA that tests knowledge of the relevant provisions of the Act and our current policies and procedures; and (5) demonstrate 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.

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,² in many instances, may want to provide a higher level of income maintenance than the Federal SSI program provides. Thus, the law gives the States the option to supplement Federal 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 current forms of State supplementation. 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 Effective January 1, 2019 (83 FR 53702). We generally adjust the flat-rate cap periodically based on changes in the cost-of-living.

² 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.

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 payments 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. However, Congress enacted passalong provisions that significantly restricted States' flexibility in setting supplementary payments. See information on the passalong provisions in section III.G.4.

2. Mandatory State Supplementation Programs

In addition to optional State supplementation programs, in limited cases, States must pay mandatory supplementation payments. Congress requires 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, with two exceptions: Texas, which has a constitutional bar against mandatory State supplementation, and West Virginia, because the SSI FBR in 1973 exceeded the applicable income standards under that State's adult assistance programs. 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 2019, the fee is \$12.21 per payment issued.¹ 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.²

4. Passalong Provisions

When the SSI program began in 1974, Congress did not require States to maintain 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—

¹ Increased from \$11.87 effective October 1, 2018. Under current regulations, this amount is subject to yearly increases to reflect changes in the cost of living. The regulations also allow us to set a different fee “appropriate for the State,” based on the complexity of its program.

² Including recipients whose countable income precludes eligibility for a Federal SSI payment but is low enough to allow eligibility for a State supplement payment.

the “total expenditures” method. Currently, 39 States use the payment levels method and 8 States plus the District of Columbia use the total expenditures method. There are 3 States that do not pay State supplementary payments. 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).¹

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” requirement to prevent windfall payments to individuals entitled to receive Social Security and SSI payments for the same period.

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 (IAR) agreements, if the individual has given SSA written authorization, SSA first reimburses the State, then pays the appointed representative’s fee, and pays the remainder in installments to the recipient or his or her representative payee. Thirty-six States and the District of Columbia have IAR 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. Forty-one States, the District of Columbia, and the Northern Mariana Islands use SSI criteria and 9 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

¹ In 2008, the Food Stamp program changed its name to SNAP.

The Supplemental Security Income Program

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 34 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 (SNAP) Applications

SSI recipients in all States¹ may be eligible for SNAP benefits. Under agreements entered into by the Department of Agriculture and SSA, Social Security offices provide information about SNAP to all Social Security and SSI applicants, beneficiaries, and recipients and make SNAP applications and informational materials available to them.

The law also provides for Social Security offices to offer to take SNAP applications from potentially eligible SSI households that are not already receiving nutrition benefits, as well as offer to assist those individuals needing to recertify their SNAP benefits. Social Security offices forward the SNAP applications to the local SNAP offices within 1 day of taking the application. The SNAP office determines eligibility for nutrition benefits.

¹ In 2018, California enacted legislation that will end its "cash out" program effective June 1, 2019. Under that program, SSI recipients in California had received an allotment in their State supplementation payment, in lieu of SNAP benefits. Although that program is ending, California is not reducing its supplementation payment.

Table III.H1.—SSI State Supplementation^a 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 ^b	*			*		*		*	
Alaska	*				*	*			*
Arizona						*		*	* ^c
Arkansas ^d				*		*		*	
California ^e		*		*		*		*	*
Colorado	*				*	*		*	*
Connecticut ^b	*			*			*		*
Delaware ^e			*	*		*		*	
District of Columbia ^e			*		*	*		*	*
Florida ^b	*			*		*		*	*
Georgia ^e	*			*		*		*	*
Hawaii ^b		*			*		*		*
Idaho	*			*		*			
Illinois	*			*			*		*
Indiana ^b	*			*		*		*	*
Iowa ^e			*	*		*		*	*
Kansas ^d	*			*		*		*	*
Kentucky ^b	*			*		*		*	*
Louisiana ^e	*			*		*		*	
Maine	*			*		*		*	*
Maryland ^e	*			*		*		*	*
Massachusetts	*			*		*		*	*
Michigan ^e			*	*		*		*	*
Minnesota ^b	*			*			*		*
Mississippi ^d				*		*		*	
Missouri	*			*			*		*
Montana ^e		*		*		*		*	*
Nebraska	*				*	*			*
Nevada ^b		*		*		*			*
New Hampshire	*			*			*		* ^f
New Jersey ^e		*		*		*		*	*
New Mexico	*			*		*		*	* ^f
New York	*			*		*		*	*
North Carolina	*			*		*		*	*
North Dakota ^b							*		
Ohio ^e	*			*		*			*
Oklahoma	*				*		*		
Oregon	*				*	*			*
Pennsylvania ^e			*	*		*		*	* ^c
Rhode Island ^b			*	*		*		*	* ^f
South Carolina ^b	*			*		*		*	
South Dakota ^e	*			*		*		*	
Tennessee ^d				*		*		*	
Texas ^g	*			*		*		*	
Utah ^b	*			*		*			*
Vermont ^b		*		*		*		*	*
Virginia ^b	*			*			*		* ^c
Washington	*				*	*		*	*
West Virginia ^g						*		*	
Wisconsin	*				*	*		*	*
Wyoming	*			*		*		*	
Total	33	6	6	39	9	42	9	34	37

^a See body of text for description of the various forms of State supplementation.

^b State has no recipients receiving mandatory minimum State supplementation.

^c State no longer pays State or local payment that meet the IAR criteria. State still has a valid IAR agreement with SSA.

^d Mandatory minimum State supplementation program is federally administered. No optional program.

^e Mandatory minimum State supplementation program is federally administered.

^f State provides assistance only in initial application cases. No assistance provided during periods that SSI benefits are suspended or terminated.

^g State does not have a mandatory minimum State supplementation program.

IV. ESTIMATES OF PROGRAM RECIPIENTS AND FEDERAL EXPENDITURES UNDER THE SUPPLEMENTAL SECURITY INCOME PROGRAM, 2019-2043

As section III explains, an individual must meet certain requirements related to his or her income and resources, taking into account the individual's living arrangements and family structure, in order to be eligible for SSI payments. The individual must also meet certain citizenship status and residency requirements. In addition, all persons under age 65, and certain noncitizen legal residents age 65 or older, must be blind or disabled. Consequently, future SSI program expenditures will depend on a variety of difficult-to-project factors, including the performance of national and local economies, growth and distribution of personal income and financial assets, household and family compositions, the prevalence of disability in the general population, and the determination of disability according to the definition in the Act. Nonetheless, for planning purposes and to meet the legislative requirement for this report, it is important to develop our 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 reflect the current law governing the operation of the SSI program. Projections are developed consistent with the intermediate demographic and economic assumptions developed for the 2019 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds.¹ SSI payments may be partially or completely offset under current law for recipients with income, including earnings from employment and Social Security monthly benefits. For the purpose of projections in this report, the level of SSI payments net of offsets for receipt of Social Security benefits are estimated on the basis of scheduled Social Security benefit levels intended by Congress under current law. However, it should be noted that under the intermediate assumptions in the 2019 Trustees Report, assuming no change in current Social Security law, the OASI Trust Fund reserves would become depleted before the end of the projection period in this SSI report. If this were to happen, the level of Social Security benefits could be reduced from scheduled levels for some SSI recipients resulting in somewhat higher levels in net SSI payments.

There are four main inputs to the current projection model for SSI recipients: (1) historical and projected estimates of the Social Security area population by single year of age and gender; (2) historical tabulations of the numbers of recipients in current-payment status and suspense status by whether the recipient is receiving payments based solely on age or due to disability, single year of age, and gender; (3) historical tabulations of the numbers of recipients transitioning into and out of SSI payment status by the same characteristics as in (2) above; and (4) historical tabulations of the total amount of Federal SSI payments by the same characteristics mentioned in (2) above. Using these inputs, transitions into SSI payment status are projected separately for: (1) new recipients resulting from an application for program payments; and (2) returns to payment status from suspended status. Movements out of payment status are projected separately for: (1) terminations due to death; (2) suspensions due to excess income; and (3) suspensions of payment for all other reasons.² The assumptions and methods used by the model preparing these projections are reexamined each year and, if warranted, revised in light of recent experience and new information about future conditions.

A. DEMOGRAPHIC AND ECONOMIC ASSUMPTIONS

This section presents the most relevant demographic and economic projections from the 2019 Trustees Report that are used for the SSI projections in this SSI Annual Report. Sections V.A and V.B of the Trustees Report present a detailed discussion of these demographic and economic projections. The following two tables summarize two key parameters underlying the estimates in this report. Table IV.A1 presents population projections by age subgroups that provide the basis for the projected numbers of SSI recipients by age group presented in the next section.

¹ House Document 116-28 published April 25, 2019.

² Other reasons for suspension of SSI payments include excess resources and cessation of disability.

Table IV.A1.—Historical and Projected Social Security Area Population based on the Intermediate Assumptions of the 2019 OASDI Trustees Report, as of July 1, 1975-2043
[In thousands]

Year	Age groups ^a						Total all ages
	0-17	18-34	35-49	50-64	65-74	75 or older	
Historical data:							
1975	69,932	61,782	36,367	33,189	14,175	9,132	224,578
1980	65,965	70,190	38,526	34,261	15,813	10,493	235,247
1981	65,519	71,416	39,340	34,328	16,090	10,786	237,480
1982	65,183	72,123	40,716	34,285	16,368	11,103	239,777
1983	64,985	72,580	42,267	34,195	16,609	11,424	242,060
1984	64,959	72,937	43,767	34,106	16,831	11,728	244,327
1985	65,119	73,155	45,279	33,972	17,101	12,031	246,656
1986	65,380	73,273	46,845	33,803	17,407	12,332	249,040
1987	65,642	73,343	48,482	33,680	17,692	12,641	251,479
1988	65,918	73,401	50,146	33,637	17,924	12,949	253,975
1989	66,340	73,306	51,879	33,680	18,108	13,265	256,578
1990	67,162	72,943	53,673	33,789	18,319	13,605	259,490
1991	68,296	72,328	55,492	33,991	18,569	13,938	262,614
1992	69,419	71,586	57,227	34,418	18,784	14,269	265,704
1993	70,442	70,871	58,810	35,046	18,941	14,587	268,697
1994	71,330	70,179	60,413	35,708	19,039	14,900	271,568
1995	72,049	69,526	62,120	36,316	19,075	15,238	274,324
1996	72,619	68,982	63,590	37,172	19,052	15,593	277,008
1997	73,032	68,588	64,588	38,528	18,977	15,949	279,663
1998	73,315	68,356	65,435	40,055	18,864	16,279	282,304
1999	73,561	68,254	66,272	41,545	18,736	16,574	284,943
2000	73,871	68,358	66,912	43,044	18,648	16,857	287,689
2001	74,213	68,685	67,326	44,581	18,609	17,131	290,545
2002	74,562	69,099	67,534	46,195	18,626	17,375	293,390
2003	74,877	69,531	67,578	47,837	18,721	17,599	296,144
2004	75,197	69,961	67,587	49,528	18,893	17,817	298,982
2005	75,603	70,436	67,696	51,312	19,138	18,034	302,219
2006	76,072	70,983	67,751	53,108	19,497	18,237	305,649
2007	76,464	71,517	67,386	54,758	20,066	18,418	308,609
2008	76,640	71,955	66,576	56,178	20,815	18,552	310,716
2009	76,735	72,497	65,681	57,597	21,555	18,689	312,755
2010	76,688	73,209	64,897	59,229	22,164	18,889	315,075
2011	76,444	73,884	64,148	60,641	22,961	19,082	317,160
2012	76,239	74,372	63,495	61,538	24,154	19,295	319,092
2013	76,081	74,772	62,960	62,289	25,367	19,565	321,034
2014	76,045	75,316	62,642	63,063	26,488	19,857	323,412
2015	76,085	75,800	62,658	63,663	27,618	20,169	325,993
2016	76,061	76,101	62,824	63,963	28,728	20,542	328,220
2017 ^b	76,006	76,451	63,107	64,069	29,758	21,060	330,451
2018 ^b	75,903	76,906	63,492	64,120	30,699	21,702	332,821
Projected:							
2019	75,802	77,399	63,760	64,139	31,727	22,328	335,155
2020	75,788	77,812	63,938	64,214	32,876	22,887	337,514
2021	75,809	78,215	64,162	64,223	33,869	23,628	339,906
2022	75,890	78,643	64,592	63,941	34,585	24,705	342,357
2023	76,068	79,028	65,279	63,456	35,232	25,835	344,898
2024	76,306	79,371	66,131	62,906	35,938	26,878	347,528
2025	76,563	79,665	67,076	62,318	36,668	27,922	350,212
2026	76,868	79,920	68,056	61,744	37,333	28,987	352,909
2027	77,307	80,114	68,913	61,293	37,872	30,093	355,592
2028	77,888	80,244	69,625	60,951	38,316	31,217	358,240
2029	78,561	80,357	70,190	60,720	38,645	32,368	360,841
2030	79,284	80,462	70,570	60,752	38,785	33,537	363,391
2031	80,017	80,574	70,887	61,001	38,708	34,701	365,887
2032	80,735	80,713	71,187	61,351	38,457	35,886	368,328
2033	81,434	80,845	71,517	61,708	38,179	37,029	370,711
2034	82,167	80,906	71,916	61,968	37,957	38,122	373,036
2035	82,971	80,853	72,305	62,152	37,806	39,214	375,301
2036	83,837	80,731	72,660	62,386	37,647	40,246	377,507
2037	84,693	80,645	72,970	62,813	37,343	41,188	379,652
2038	85,492	80,576	73,240	63,480	36,898	42,051	381,737
2039	86,214	80,529	73,447	64,304	36,437	42,830	383,761
2040	86,821	80,549	73,569	65,220	36,108	43,459	385,725
2041	87,284	80,630	73,716	66,168	35,938	43,899	387,634
2042	87,603	80,764	73,979	67,002	35,927	44,216	389,491
2043	87,816	80,985	74,315	67,699	36,001	44,488	391,304

^a Age as of last birthday.

^b Estimated.

Notes:

1. Totals do not necessarily equal the sums of rounded components.
2. Historical data are subject to revision
3. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI19.

Program Recipients and Federal Expenditures

Table IV.A2 presents a history of the Social Security and Federal SSI benefit rate increases and Federal benefit rates since the inception of the program, along with the projections of such amounts consistent with the Trustees economic projections used also for the SSI expenditure estimates in section IV.C. An adjustment is made to the monthly Federal benefit rate in January of each year for which there is a cost-of-living adjustment (COLA).¹ The Social Security benefit rate increase is the COLA applied to Social Security benefits under the OASDI program after initial benefit eligibility. In previous years, the Federal SSI 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.

Table IV.A2.—SSI Federal Benefit Rate Increases and Levels: Historical and Projected on the Basis of the Intermediate Assumptions of the 2019 OASDI Trustees Report, 1975-2043

Year	Social Security benefit rate increase ^a	SSI benefit rate increase ^b	Federal SSI benefit rate		
			Individual	Couple	Essential person ^c
Historical data:					
1975	14.3%	8.0%	\$157.70	\$236.60	\$78.90
1980	11.2	14.3	238.00	357.00	119.20
1981	7.4	11.2	264.70	397.00	132.60
1982	7.0	7.4	284.30	426.40	142.50
1983	3.5	^d 7.0	304.30	456.40	152.50
1984	3.5	3.5	314.00	472.00	157.00
1985	3.1	3.5	325.00	488.00	163.00
1986	1.3	3.1	336.00	504.00	168.00
1987	4.2	1.3	340.00	510.00	170.00
1988	4.0	4.2	354.00	532.00	177.00
1989	4.7	4.0	368.00	553.00	184.00
1990	5.4	4.7	386.00	579.00	193.00
1991	3.7	5.4	407.00	610.00	204.00
1992	3.0	3.7	422.00	633.00	211.00
1993	2.6	3.0	434.00	652.00	217.00
1994	2.8	2.6	446.00	669.00	223.00
1995	2.6	2.8	458.00	687.00	229.00
1996	2.9	2.6	470.00	705.00	235.00
1997	2.1	2.9	484.00	726.00	242.00
1998	1.3	2.1	494.00	741.00	247.00
1999	^e 2.5	1.3	500.00	751.00	250.00
2000	3.5	^e 2.5	^f 513.00	769.00	257.00
2001	2.6	3.5	^f 531.00	796.00	266.00
2002	1.4	2.6	545.00	817.00	273.00
2003	2.1	1.4	552.00	829.00	277.00
2004	2.7	2.1	564.00	846.00	282.00
2005	4.1	2.7	579.00	869.00	290.00
2006	3.3	4.1	603.00	904.00	302.00
2007	2.3	3.3	623.00	934.00	312.00
2008	5.8	2.3	637.00	956.00	319.00
2009	0.0	5.8	674.00	1,011.00	338.00
2010	0.0	0.0	674.00	1,011.00	338.00
2011	3.6	0.0	674.00	1,011.00	338.00
2012	1.7	3.6	698.00	1,048.00	350.00
2013	1.5	1.7	710.00	1,066.00	356.00
2014	1.7	1.5	721.00	1,082.00	361.00
2015	0.0	1.7	733.00	1,100.00	367.00
2016	0.3	0.0	733.00	1,100.00	367.00
2017	2.0	0.3	735.00	1,103.00	368.00
2018	2.8	2.0	750.00	1,125.00	376.00
2019	1.8	2.8	771.00	1,157.00	386.00

¹ The COLA applicable in January of a given year is equal to the percentage increase in the average CPI for the third quarter of the prior year over the average CPI in the third quarter of the year prior to the last year in which a COLA became effective. If there is an increase, it must be rounded to the nearest tenth of one percent. If there is no increase, or if the rounded increase is zero, there is no COLA. This unusual situation occurred in 2010, 2011, and 2016, as shown in table IV.A2.

Table IV.A2.—SSI Federal Benefit Rate Increases and Levels: Historical and Projected on the Basis of the Intermediate Assumptions of the 2019 OASDI Trustees Report, 1975-2043 (Cont.)

Year	Social Security benefit rate increase ^a	SSI benefit rate increase ^b	Federal SSI benefit rate		
			Individual	Couple	Essential person ^c
Projected:					
2020	2.7%	1.8%	\$785.00	\$1,178.00	\$393.00
2021	2.6	2.7	806.00	1,209.00	404.00
2022	2.6	2.6	827.00	1,241.00	414.00
2023	2.6	2.6	849.00	1,273.00	425.00
2024	2.6	2.6	871.00	1,306.00	436.00
2025	2.6	2.6	893.00	1,340.00	448.00
2026	2.6	2.6	917.00	1,375.00	459.00
2027	2.6	2.6	941.00	1,411.00	471.00
2028	2.6	2.6	965.00	1,448.00	483.00
2029	2.6	2.6	990.00	1,485.00	496.00
2030	2.6	2.6	1,016.00	1,524.00	509.00
2031	2.6	2.6	1,042.00	1,564.00	522.00
2032	2.6	2.6	1,069.00	1,604.00	536.00
2033	2.6	2.6	1,097.00	1,646.00	550.00
2034	2.6	2.6	1,126.00	1,689.00	564.00
2035	2.6	2.6	1,155.00	1,733.00	579.00
2036	2.6	2.6	1,185.00	1,778.00	594.00
2037	2.6	2.6	1,216.00	1,824.00	609.00
2038	2.6	2.6	1,248.00	1,871.00	625.00
2039	2.6	2.6	1,280.00	1,920.00	641.00
2040	2.6	2.6	1,313.00	1,970.00	658.00
2041	2.6	2.6	1,347.00	2,021.00	675.00
2042	2.6	2.6	1,383.00	2,074.00	693.00
2043	2.6	2.6	1,418.00	2,128.00	711.00

^a Increases prior to 1984 were effective for the payment due for June of the year. Increases shown for 1984 and later are effective for the payment due for December of the year.

^b 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.

^c A concept carried over from the former State assistance plans. As of March 2019, only about 10 such cases remain.

^d Ad hoc increase as specified in the law.

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

^f Benefits originally paid in 2000 and through July 2001 were based on Federal benefit rates of \$512.00 and \$530.00, respectively. Pursuant to Public Law 106-554, monthly payments beginning in August 2001 were effectively based on the higher \$531 amount. Lump-sum compensation payments were made based on an adjusted benefit rate for months prior to August 2001.

B. NUMBERS OF SSI PROGRAM RECIPIENTS

This section presents historical data and projections of the numbers of (1) persons applying for SSI payments; (2) new recipients of SSI payments as a result of an application; (3) terminations from SSI payment status; and, (4) recipients of federally administered SSI payments. These historical data and projections are presented by category and age group.¹ All of the corresponding tables are located at the end of this section.

1. Recipient Categories

SSI recipients are classified into one of two categories based on the criteria for which they are eligible, in addition to meeting other SSI eligibility requirements. The two general categories are (1) aged; or (2) blind or disabled. The following paragraphs discuss the recipient categories in more detail.

- *Aged* recipients establish their eligibility for SSI payment by meeting the age-65-or-older requirement², the applicable income and resource limits, and other SSI eligibility requirements. In December 2018, 1.2 million aged individuals received federally administered SSI payments.
- *Blind or disabled* recipients establish their eligibility for SSI payments 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 2018, there were 7.0 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 may qualify for a special student earned income exclusion. When blind or disabled adult recipients reach age 65, these individuals generally continue to be classified as blind or disabled adults (rather than aged). In December 2018, 5.8 million blind or disabled individuals age 18 or older received federally administered SSI payments, including 1.1 million blind or disabled recipients age 65 or older.
 - *Blind or disabled children* meet the definition of blindness or disability for individuals under age 18 in addition to other SSI eligibility requirements. 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. Those individuals who continue to be eligible after attainment of age 18 are reclassified as blind or disabled adults. In December 2018, 1.1 million blind or disabled individuals under age 18 received federally administered SSI payments.

2. Applications and New Recipients

Figure IV.B1 presents historical and projected numbers of persons applying for SSI payments at SSA field offices, including applications by telephone and online, by calendar year³. Following a 4-year period in the mid-2000s when the number of 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 continued to increase through 2010, decreased only slightly in 2011 as the economy recovered slowly, and generally decreased at a faster rate from 2012 through 2018. Applications in 2019 are projected to stay at about the same level as experienced in 2018. Starting in 2020,

¹ Recipient flows are projected 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, the tabulations that reflect activity throughout the calendar year are summarized 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.

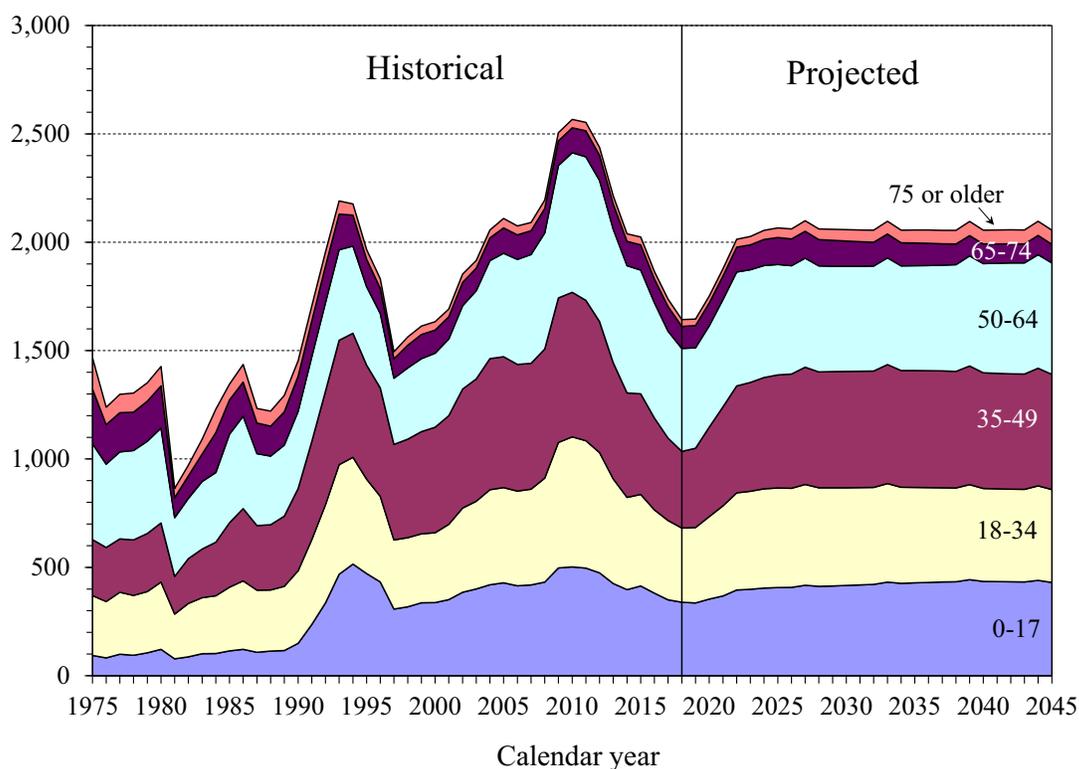
² Individuals may apply for SSI payments based on age as of the day preceding their 65th birthday.

³ See table IV.B1 for the same information in tabular form.

the number of applications is projected to rise, reaching about 2.1 million applications per year for 2024, and then remain at roughly this level thereafter.¹

In the shorter term, the rate of application underlying the projected number of applications gradually increases from the low level experienced in 2018 to the longer-term historical average level. Beyond the short term (after 2024) the application rate is assumed to gradually decline, with this declining rate being offset by the projected increase in the population yielding relatively stable numbers of applications, as shown in section IV.A. This gradual decline in the application rate after 2024 reflects the following assumptions: (1) the portion of the population that meets SSI income and resource requirements will decline over time as average wages and income generally grow faster than the CPI, and therefore the SSI Federal benefit rate; (2) the fixed value of the countable resource limits and most of the income exclusions become more limiting over time as individuals' income and asset levels grow generally; and (3) the portion of the Social Security area population composed of U.S. citizens or legal immigrants potentially eligible to become SSI recipients declines. These assumptions are consistent with the assumptions underlying the 2019 OASDI Trustees Report.

Figure IV.B1.—SSI Federally Administered Applications by Age Group, Calendar Years 1975-2045
[In thousands]



As part of SSA's adjudication of these applications, the levels of income and resources available to the applicants are evaluated along with other eligibility factors including marital and citizenship status and living arrangements. In addition, over 90 percent of the SSI applications are for disability payments that require the State Disability Determination Services (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.² An applicant may decide at any point in this process to file a new application for benefits in lieu of continuing

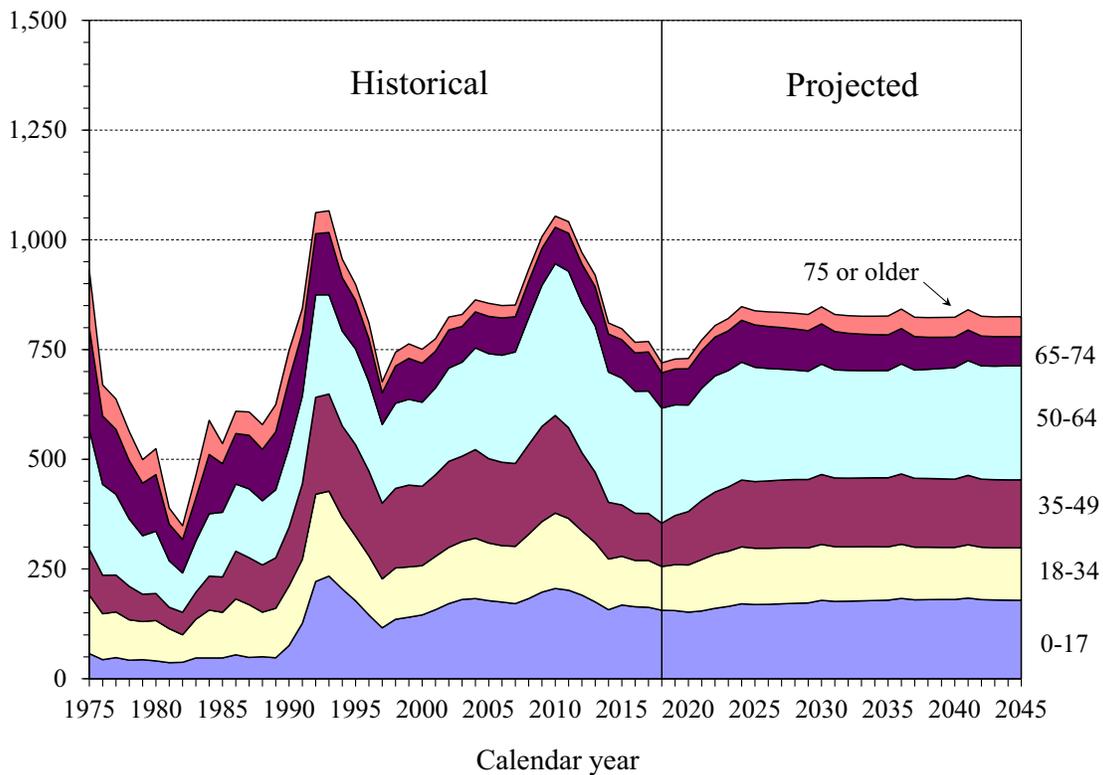
¹ Applications for SSI at SSA's field offices are presented on an operating month basis rather than a true calendar month basis. An operating month ends on the last Friday of the calendar month. Each quarter of a normal operating year contains 13 weeks and the calendar year contains 52 weeks. Every 5 or 6 years, the calendar year contains 53 weeks rather than the normal 52 weeks.

² See section V.C for data on recent experience in the disability decision process.

through the prescribed appeals process, generally provided that the individual does not currently have an appeal of an SSI application pending in this process.¹

Figure IV.B2 presents historical and projected numbers of persons who start receiving SSI payments as a result of this decision process². From 2004 to 2007, the numbers of new recipients remained fairly level, roughly consistent with the applications received during this period. From 2007 to 2010, however, the numbers of new recipients increased substantially. This increase is primarily attributable to the sharp increase in applications due to the economic recession.

Figure IV.B2.—SSI Federally Administered New Recipients by Age Group, Calendar Years 1975-2045
[In thousands]



The numbers of new recipients declined generally from 2010 to 2018, following the change in applications. With the proportion of the population applying for SSI payments assumed to return to longer-term historical levels by 2024, the projected number of new recipients rises from 2020 through 2024. Over the longer term, after 2024, the number of new recipients is projected to decrease slightly throughout the remainder of the projection period, despite the growing size of the legal resident population. This slight decrease reflects the effects of the same factors assumed to affect the level of projected applications, as discussed previously.

¹ SSA's Program Operations Manual System (POMS) describes this policy in detail, including exceptions to this policy. See POMS DI 51501.001 available at <https://secure.ssa.gov/poms.nsf/lnx/0451501001>.

² See table IV.B2 for the same information in tabular form. Individuals are counted as of the first month that they move into SSI payment status on a given application. For this reason, these individuals are referred to as "new recipients" rather than "awards". 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.

3. Terminations

Some persons receiving SSI payments in a year will stop receiving payments during the year because of death or the loss of SSI eligibility. SSA uses three primary tools to assess continuing eligibility: (1) a non-medical redetermination; (2) a medical continuing disability review (CDR); and (3) medical redeterminations of SSI child recipients at age 18 using the adult initial disability criteria.¹ In a non-medical redetermination, the recipient's non-medical factors of eligibility are reexamined, including income, resources, and living arrangements. In a medical CDR, the recipient's medical condition is reevaluated to determine whether the recipient continues to meet the Social Security Act's definition of disability. Medical redeterminations of disabled children attaining age 18 evaluate whether such recipients qualify for payments using the adult medical eligibility criteria. The net reduction in the number of SSI recipients in current-payment status during a period is referred to as the number of SSI terminations for that period.

For the purposes of presentation in the following figures, and in the tables at the end of this section, "terminations" refers to the total of: (1) deaths while in current-payment status during the period; plus (2) the number of persons during the period moving out of payment status into suspended status less those returning to payment status from suspended status. This latter group is primarily comprised of individuals who have become ineligible for SSI payments due to excess income or financial resources, or no longer meeting the definition of disability based on medical improvement as set forth in the Act. For individuals who have concurrently filed an application for disability benefits under both the OASDI and SSI programs and are determined to meet the definition of disability, a portion are initially awarded an SSI payment and subsequently suspended for excess income. The primary reason for this suspension is the fact that not all such concurrent applicants have satisfied the 5-month waiting period for Social Security Disability Insurance benefits as of the first month of SSI eligibility. Individuals whose ongoing monthly OASDI benefit, in conjunction with their marital status, living arrangement, and all other income, renders them ineligible for SSI payments are only temporarily eligible for SSI payments. This group of concurrent applicants is currently about one-third of all SSI applicants. Changes in the portion of SSI applicants who also have the appropriate insured status for Social Security disability benefits can affect overall SSI terminations, as it has over the last ten years.

Figure IV.B3 presents historical and projected numbers of total terminations by calendar year². The total number of terminations of federally administered recipients in 2018 increased from 2017, by about 3 percent. This change in total terminations differs by reason for termination. Terminations due to death decreased by less than 1 percent in 2018, while the number of terminations for all other reasons increased by about 5 percent in 2018 from 2017 levels.

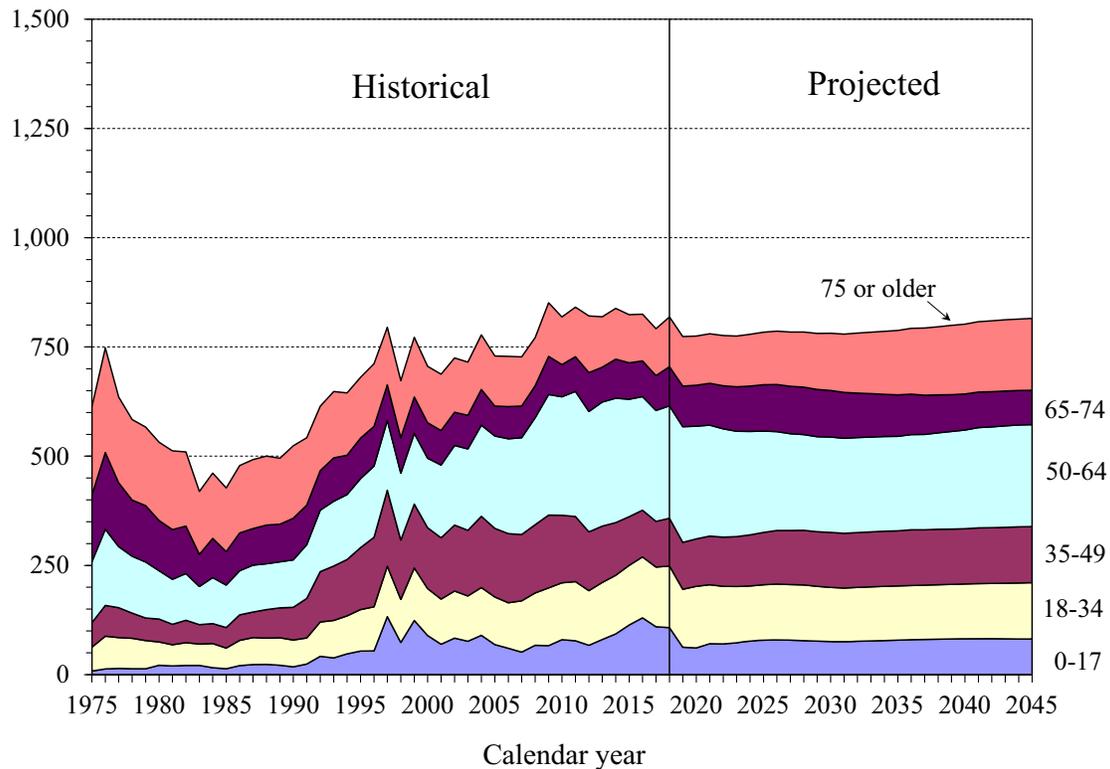
This change in terminations for all reasons other than death varies by age. Terminations for reasons other than death for SSI children under age 18 decreased by 2 percent from the level experienced in 2017. For SSI adults age 18 or older, terminations for all reasons other than death increased by 6 percent.

Projected terminations over the next few years reflect the recent levels of increased Congressional appropriations to conduct program integrity activities during the last several years and the assumed continuation of these increased appropriation levels. These increased appropriations in the recent past allowed SSA to work down the backlog of such reviews. If increased appropriations persist into the future, they will allow SSA to continue to perform these reviews on a timely basis in the long term. The recent increase in appropriations, relative to such appropriations over the 10-year period from 2005 to 2014, resulted in, and will continue to result in, higher levels of SSI terminations from medical cessation.

¹ Some historical details on non-medical redeterminations and the results of medical continuing disability reviews and medical age 18 redeterminations are presented in section V.D. Section V.E presents information on certain incentive programs intended to encourage disabled SSI recipients to return to work.

² In the tables, the numbers of total terminations are separated into the two separate categories: (1) terminations due to death (table IV.B3); and (2) net suspensions of payments for all other reasons (table IV.B4). The total number of terminations is also shown in table IV.B5, which is the same information presented in figure IV.B3 in tabular form.

Figure IV.B3.—SSI Federally Administered Terminations by Age Group, Calendar Years 1975-2045
[In thousands]



4. Recipients in Current Payment Status

Combining the number of new recipients of SSI payments during a year with the number of those already receiving payments at the end of the previous year, and subtracting the number of terminations during the year, yields the number of persons receiving federally administered SSI payments at the end of the year. Figure IV.B4 presents the number of individuals receiving Federal SSI payments, who comprise the great majority of federally administered recipients.¹

The number of SSI recipients receiving Federal payments increased rapidly in the early 1990s mainly 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 suggested 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).^{2,3} The 1996 welfare reform legislation, the economic downturn in the early

¹ See table IV.B6 for the same information in tabular form.

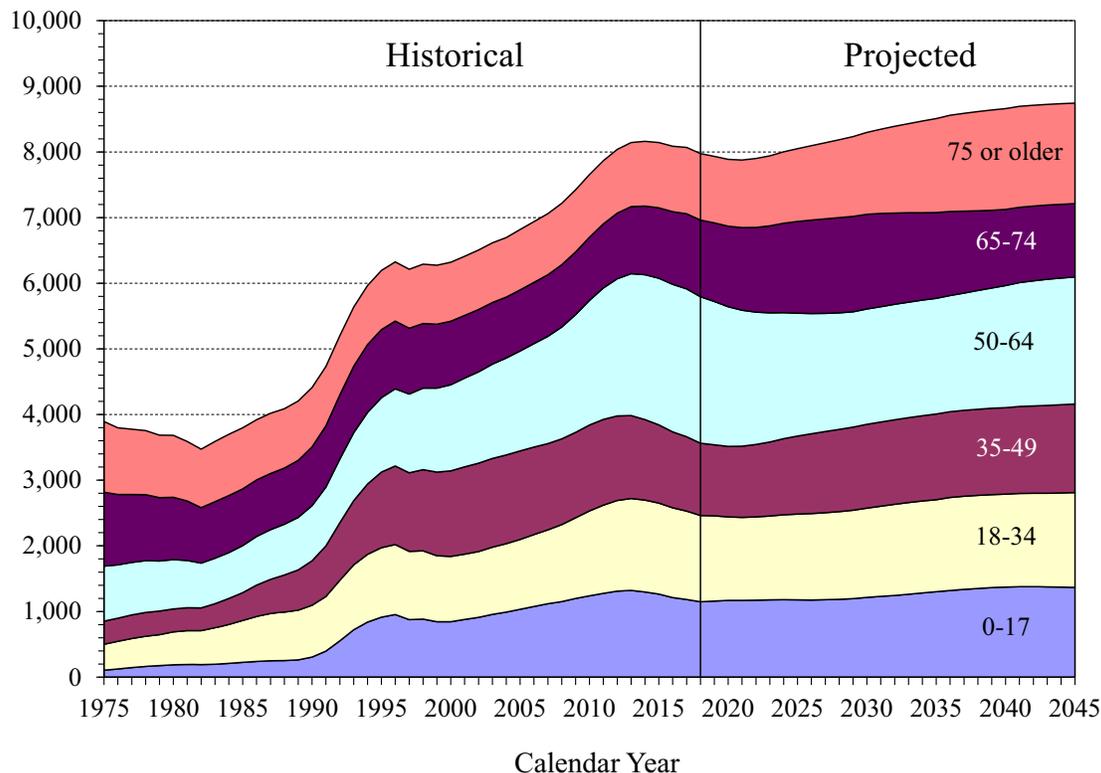
² Stapleton, David, Burt Barnow, Kevin Coleman, Kimberly Dietrich, Jeff Furman, and Gilbert Lo. *Labor Market Conditions, Socioeconomic Factors, and the Growth of Applications and Awards for SSDI and SSI Disability Benefits*, final report and appendix prepared under contract to the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services and the Social Security Administration, May 23, 1995.

³ Stapleton, David, Gina Livermore, Andrea Zeuschner, Jeffery Furman, Kimberly Dietrich, and Gilbert Lo. *Impairment Trends in the Growth of Applications and Awards for SSA Disability Benefits*, final report and appendix prepared under contract to the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services and the Social Security Administration, May 24, 1995.

2000s, the economic recession that began in 2007, and the recent strong economy and dramatic decline in applications, have contributed to the more recent changes in program participation.

Figure IV.B4.—SSI Recipients with Federal Benefits in Current-Payment Status, by Age Group, as of December, 1975-2045

[In thousands]



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. From the end of 2008 to the end of 2012, the Federal recipient population grew an average of 2.7 percent per year due largely to the economic recession and the slow recovery from that economic downturn. In 2013 and 2014, the Federal SSI recipient growth slowed, and beginning in 2015, the Federal SSI recipient population began to decrease. In 2018, recipients in current-payment status continued to decrease from 2017 levels by about 1.2 percent. These decreases in the last several years reflect the lower numbers of applications and new recipients and the increased number of medical CDRs conducted in recent years. For 2019 through 2021, these decreases are projected to continue, for the reasons previously mentioned. Thereafter, as the proportion of the population applying for SSI payments is assumed to return to more nearly the historical long-term average, adjusted for the declining proportion of the population eligible for SSI payments as discussed in section 2, the numbers of Federal SSI recipients are projected to grow more slowly at an average 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, figure IV.B5 presents Federal SSI prevalence rates by age group, defined as SSI recipients with Federal payments in current-payment status as percentages of the total Social Security area population for each age group.¹

¹ See table IV.B7 for the same information in tabular form.

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 through 2004. It increased slightly over the period 2005 through 2013, and experienced slight decreases in each of 2014 through 2018. The prevalence rate is projected to decline gradually throughout the projection period.

Figure IV.B5.—Federal SSI Prevalence Rates, by Age Group, as of December, 1975-2045

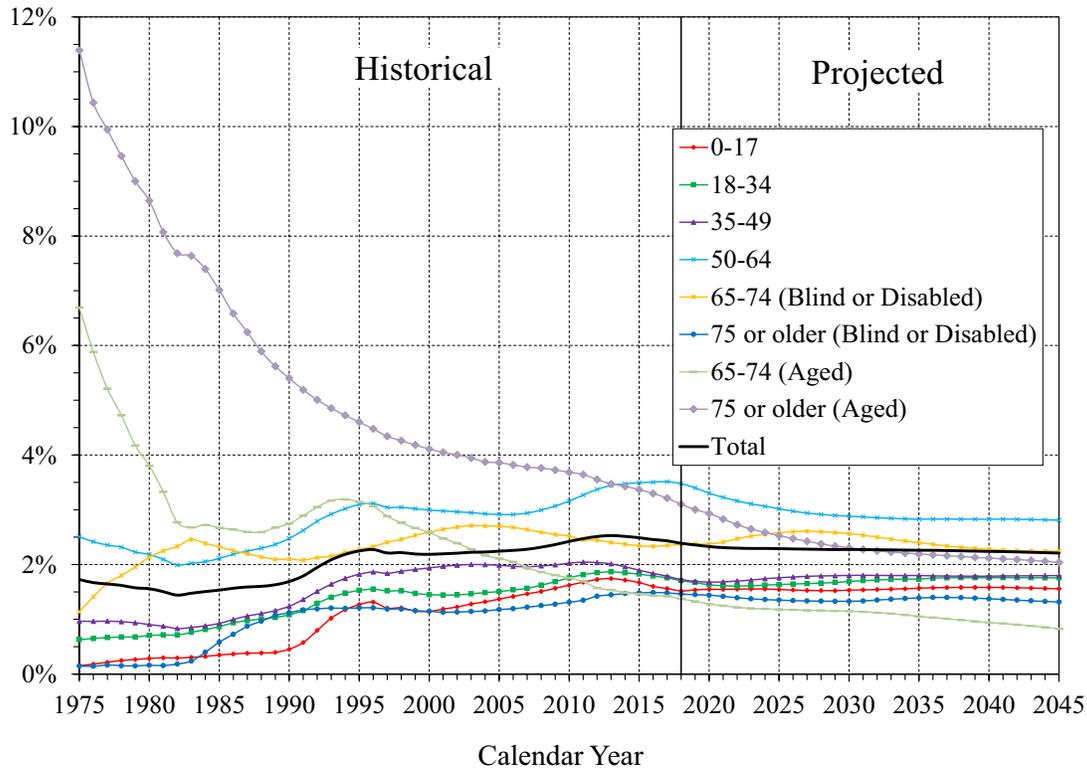
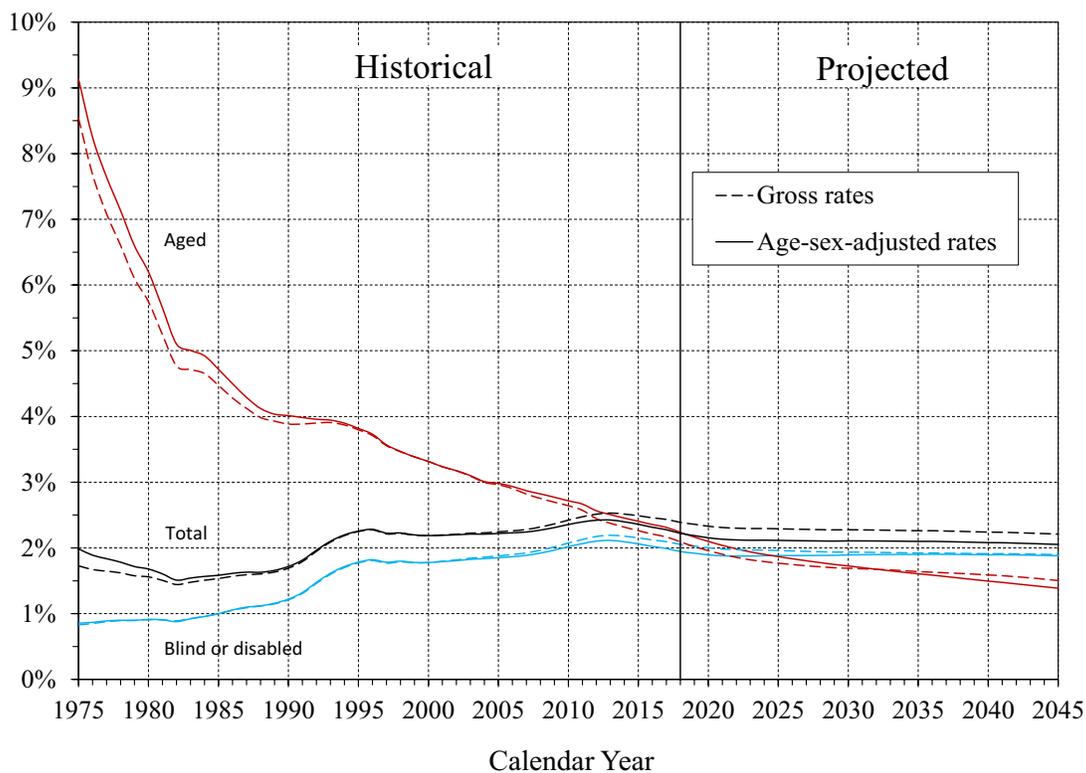


Figure IV.B6 presents prevalence rates for the two eligibility categories - *blind and disabled* and *aged*¹ - as well as for the SSI program as a whole. It also shows these rates on an age-sex-adjusted basis, adjusted to the age-sex distribution of the Social Security area population for the year 2000. 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. That adjustment, however, does not account for the change over time of other factors that may affect the percentage of the Social Security area population that is SSI eligible.

Figure IV.B6 shows that the age-sex adjustment does not fundamentally change the overall pattern of the prevalence rates. The total SSI prevalence rate on an age-sex adjusted basis is higher before 2000 and lower after 2000 than the gross prevalence rate due to the changing age distribution of the total population. The adjustment generally results in a more noticeable effect for the aged, especially in the early years of the SSI program, because the prevalence rate for ages 75 and older was much higher than for ages 65 to 74.

¹ The ratios for the separate recipient categories—total blind or disabled and total aged—are computed as percentages of differing base populations, the total Social Security area population and the 65 and older Social Security population, respectively.

Figure IV.B6.—Age-Sex-Adjusted Federal SSI Prevalence Rates, by Eligibility Category, as of December, 1975-2045



The prevalence rates for the eligibility categories of Federal SSI recipients follow significantly different growth patterns. The overall aged prevalence rate has declined steadily throughout the historical period. Gradual declines continue throughout the projection period. In contrast, except for decreases in the late 1990s due to the medical eligibility redeterminations and CDRs mandated by Public Law 104-193, the prevalence rate for blind or disabled children increased steadily through 2013, with the increase being relatively steep in the early 1990s. Since then, the prevalence rate for child recipients has decreased slightly each year from 2014 through 2018 which is primarily attributable to the (1) increased number of medical CDRs for these children over the past few years, and (2) the continuing drop in applications for SSI payments. 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 an upward trend in 2000. That upward trend continued through 2013, but experienced slight decreases in 2014 through 2018. The projected overall prevalence rate for blind or disabled recipients gradually declines throughout the projection period due to: (1) the SSI potentially eligible population (i.e., the legal resident 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) the assumption that SSA will receive the resources authorized in the Bipartisan Budget Act of 2015 to process medical CDR and non-medical redetermination workloads.¹

The total number of federally administered SSI recipients includes recipients only receiving a federally administered State supplement, as well as those receiving a Federal payment. Table IV.B8 presents historical and projected numbers of individuals who receive only a federally administered State supplement. Such recipients have countable income that exceeds the Federal benefit rate but which is lower than the combined amount of the Federal benefit rate and the State supplementary benefit level. These individuals

¹ Public Law 114-74 enacted November 2, 2015.

Program Recipients and Federal Expenditures

must meet all other criteria required in order to be eligible for a Federal SSI payment. The vast majority of these individuals are concurrently beneficiaries of OASDI benefits.

Table IV.B9 displays the combined numbers of persons receiving either a Federal SSI payment or a federally administered State supplement. This is the total number of SSI recipients, which follows largely the same patterns of growth as the number of recipients receiving a Federal payment.

Numbers of SSI Program Recipients

Table IV.B1.—SSI Federally Administered Applications,^a Calendar Years 1975-2043

[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:											
1975 ^b	94	276	258	443	15	^c	238	145	1,086	382	1,468
1980	122	310	272	438	8	1	187	89	1,151	276	1,427
1981	78	206	173	271	5	^c	88	42	733	130	864
1982	87	246	207	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	^c	178	108	944	286	1,230
1985	114	294	297	409	7	^c	151	73	1,122	223	1,345
1986	122	316	334	426	7	1	150	81	1,205	231	1,437
1987	108	287	298	332	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	^c	146	76	1,072	222	1,294
1990	149	335	380	356	6	^c	156	71	1,226	227	1,454
1991	237	391	453	391	7	^c	159	68	1,479	227	1,706
1992	336	453	525	407	7	^c	163	64	1,728	226	1,955
1993	468	506	573	418	7	^c	158	60	1,973	218	2,191
1994	515	493	573	402	6	^c	136	52	1,989	188	2,177
1995	472	435	526	362	6	1	121	44	1,801	165	1,966
1996	433	395	501	343	6	1	110	42	1,678	153	1,831
1997	307	319	440	306	4	^c	86	32	1,377	117	1,494
1998	318	319	455	329	6	1	98	37	1,428	136	1,563
1999	337	318	472	336	6	^c	107	39	1,468	145	1,614
2000	338	322	486	341	5	^c	102	39	1,493	141	1,633
2001	352	347	502	353	4	^c	98	35	1,558	134	1,691
2002	385	388	549	384	4	^c	104	38	1,711	142	1,853
2003	401	404	564	407	4	^c	99	36	1,781	135	1,916
2004	420	438	605	452	4	^c	101	37	1,919	138	2,057
2005	429	439	604	477	5	^c	112	44	1,954	156	2,110
2006	415	437	584	484	4	^c	109	41	1,925	150	2,075
2007	419	442	581	502	5	^c	105	38	1,948	143	2,091
2008	432	479	596	536	5	^c	108	39	2,048	147	2,195
2009	498	578	667	611	5	^c	109	38	2,359	147	2,506
2010	502	600	667	644	5	1	110	38	2,419	148	2,567
2011	496	588	647	663	5	1	114	39	2,400	153	2,553
2012	475	555	604	651	5	1	111	36	2,291	147	2,438
2013	425	483	536	616	5	1	112	36	2,066	148	2,214
2014	397	426	482	587	5	1	108	34	1,897	142	2,039
2015	414	422	464	570	5	1	111	36	1,877	147	2,024
2016	381	385	423	532	4	1	105	33	1,727	139	1,865
2017	350	366	380	493	4	1	109	33	1,595	142	1,737
2018	339	342	354	475	4	1	98	30	1,515	128	1,643
Projected:											
2019	336	348	366	463	5	1	97	29	1,519	126	1,646
2020	354	380	412	468	4	1	101	31	1,619	132	1,751
2021	368	416	457	495	5	1	104	33	1,742	136	1,878
2022	395	448	494	525	6	^c	109	36	1,869	144	2,013
2023	399	452	502	520	6	1	109	38	1,879	147	2,027
2024	405	457	514	517	6	1	114	41	1,899	155	2,055
2025	407	459	522	509	6	1	118	44	1,904	162	2,066
2026	407	458	527	500	6	1	117	46	1,898	163	2,061
2027	418	465	541	503	6	1	118	48	1,933	167	2,100
2028	412	455	535	489	6	1	115	49	1,897	164	2,061
2029	415	452	536	486	6	1	113	50	1,896	164	2,060
2030	417	451	536	486	6	1	111	52	1,896	163	2,058
2031	419	449	537	485	5	1	107	54	1,896	161	2,057
2032	422	447	537	484	5	1	104	55	1,896	160	2,056
2033	432	455	549	493	6	1	104	58	1,935	162	2,096
2034	426	443	539	483	6	1	101	58	1,897	159	2,056
2035	428	440	539	483	6	1	100	59	1,898	159	2,057
2036	431	437	539	485	5	1	97	60	1,899	157	2,056
2037	432	435	539	488	5	1	94	61	1,900	155	2,055
2038	434	432	538	493	5	1	90	62	1,903	152	2,055
2039	443	439	547	508	5	1	89	64	1,943	153	2,096
2040	435	429	534	503	5	1	85	63	1,907	149	2,056
2041	435	428	533	508	5	1	84	63	1,909	147	2,057
2042	434	427	532	511	5	1	83	63	1,911	147	2,057
2043	433	427	532	513	5	1	82	63	1,911	146	2,057

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

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

^c Fewer than 500.

Notes:

1. Totals do not necessarily equal the sums of rounded components. The historical split among age groups is estimated on a calendar year of age basis.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI19.

Program Recipients and Federal Expenditures

Table IV.B2.—SSI Federally Administered New Recipients, Calendar Years 1975-2043
[In thousands]

Calendar year ^a	Blind or disabled, by age group					Aged, by age group			Totals ^b		
	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:											
1975.....	58	133	105	272	16	c	216	131	584	347	931
1980.....	41	92	61	142	4	c	125	59	341	184	524
1981.....	37	77	49	106	3	c	80	37	272	117	389
1982.....	38	63	51	90	4	c	72	31	245	103	348
1983.....	47	88	62	117	3	c	95	51	317	146	463
1984.....	47	109	78	142	4	c	131	78	380	209	589
1985.....	48	104	80	148	4	c	106	46	384	152	536
1986.....	55	127	109	153	5	c	110	51	449	161	610
1987.....	49	120	107	157	6	1	116	53	439	169	608
1988.....	50	101	108	146	5	1	112	56	412	167	579
1989.....	48	113	115	155	5	c	127	62	436	189	625
1990.....	76	136	134	182	5	c	149	66	533	215	748
1991.....	126	146	172	200	6	c	139	54	650	193	844
1992.....	221	199	221	233	6	c	133	48	881	181	1,062
1993.....	234	193	221	226	6	c	136	49	881	185	1,066
1994.....	205	164	208	216	6	c	116	42	798	158	956
1995.....	178	148	208	218	5	c	105	36	757	141	899
1996.....	145	134	194	203	6	1	93	35	683	128	811
1997.....	116	111	172	179	4	c	69	25	583	93	676
1998.....	135	117	181	194	7	1	78	30	636	108	744
1999.....	140	115	187	195	5	c	88	33	642	120	763
2000.....	146	112	181	192	5	c	84	31	635	115	751
2001.....	158	121	186	198	4	c	79	28	667	107	774
2002.....	171	128	196	212	4	c	83	29	712	112	824
2003.....	181	132	194	214	4	c	77	27	726	104	830
2004.....	183	138	202	231	4	c	78	27	758	105	863
2005.....	178	131	193	239	4	c	81	29	744	111	855
2006.....	175	129	190	244	3	c	81	28	741	109	850
2007.....	171	130	189	254	4	c	76	27	749	103	851
2008.....	183	147	204	289	4	c	79	27	826	106	932
2009.....	197	161	217	321	4	c	80	27	900	107	1,007
2010.....	206	172	222	346	4	c	79	25	950	104	1,054
2011.....	202	164	207	356	4	c	83	26	933	109	1,041
2012.....	190	147	178	341	4	c	84	26	861	110	971
2013.....	175	135	160	333	4	c	86	26	808	112	920
2014.....	157	115	129	297	4	c	83	25	703	108	811
2015.....	168	111	117	289	4	c	83	25	689	108	797
2016.....	164	106	107	278	4	c	83	24	659	107	767
2017.....	163	106	107	279	4	c	85	24	660	109	768
2018.....	156	99	99	262	4	c	76	23	621	99	720
Projected:											
2019.....	155	105	112	252	4	c	77	22	628	100	728
2020.....	152	108	122	243	4	c	79	23	628	102	730
2021.....	154	117	135	256	5	c	81	25	666	105	772
2022.....	161	123	142	264	5	c	83	26	695	109	805
2023.....	165	126	146	265	5	c	85	28	707	113	821
2024.....	171	130	152	269	6	c	90	31	727	121	848
2025.....	169	128	152	261	6	c	91	32	715	123	838
2026.....	170	128	153	256	5	c	90	33	712	124	836
2027.....	171	127	155	253	5	c	89	34	711	124	835
2028.....	172	126	156	249	5	c	88	35	709	124	833
2029.....	173	125	156	247	5	c	87	37	706	124	830
2030.....	179	127	159	252	5	c	87	39	722	125	847
2031.....	177	124	157	246	5	c	82	39	709	121	830
2032.....	177	124	156	245	5	c	80	40	707	120	827
2033.....	178	123	157	244	5	c	78	41	707	119	826
2034.....	178	123	157	244	5	c	77	42	707	119	826
2035.....	179	122	157	244	5	c	76	43	707	119	827
2036.....	183	123	161	250	5	c	76	44	722	120	842
2037.....	180	120	157	247	4	c	72	44	708	116	824
2038.....	180	119	157	249	4	c	69	45	709	114	823
2039.....	181	119	156	251	4	c	67	45	711	112	823
2040.....	181	119	156	254	4	c	65	45	713	111	824
2041.....	184	121	158	261	4	c	65	46	729	112	841
2042.....	180	119	155	258	4	c	64	45	717	109	826
2043.....	180	119	155	259	4	c	63	45	717	108	825

^a Represents period in which first payment was made, not date of first eligibility for payments.

^b Historical totals estimated based on 1-percent sample data prior to 1993; 10-percent sample data for 1993-2006, and 100-percent data after 2006.

^c Fewer than 500.

Notes:

1. Totals do not necessarily equal the sums of rounded components. The historical split among age groups is estimated on a calendar year of age basis.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI19.

Table IV.B3.—SSI Federally Administered Terminations Due to Death^a, Calendar Years 1975-2043
[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals ^b		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:											
1975	1	5	12	35	10	2	39	108	65	147	212
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	9	11	33	24	9	15	87	89	101	190
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	85	196
1993	6	14	28	43	24	17	17	74	131	91	222
1994	6	14	29	43	23	17	17	71	132	88	220
1995	7	14	32	45	25	19	16	67	140	83	223
1996	7	12	31	46	25	19	16	69	139	85	225
1997	6	11	26	45	25	19	15	66	131	81	212
1998	5	9	25	45	26	21	14	65	131	79	211
1999	5	9	26	46	26	22	14	64	134	77	211
2000	5	9	28	48	25	21	12	62	136	74	210
2001	5	8	29	49	25	22	12	61	139	73	212
2002	6	8	29	50	24	21	12	59	138	71	209
2003	5	9	28	52	26	21	10	57	141	67	208
2004	5	8	28	54	26	23	10	56	143	66	209
2005	5	8	28	56	25	22	9	55	145	64	208
2006	5	9	27	57	26	23	9	54	146	63	209
2007	5	8	26	59	25	22	9	53	146	62	207
2008	5	8	25	61	26	22	9	53	148	62	210
2009	5	9	25	64	26	23	8	53	153	61	214
2010	5	9	23	65	26	22	8	50	150	58	208
2011	5	9	23	68	27	23	8	51	155	59	214
2012	5	9	22	70	27	23	8	50	155	58	213
2013	5	9	21	73	29	25	8	51	161	59	220
2014	4	9	21	74	29	24	8	49	162	56	218
2015	4	9	20	78	32	26	8	51	169	59	228
2016	4	9	19	76	32	26	8	49	166	57	223
2017 ^c	4	9	19	77	34	27	8	50	170	58	228
2018 ^c	4	8	18	76	35	28	8	50	169	58	227
Projected:											
2019	3	8	17	74	36	28	8	49	166	57	223
2020	4	8	17	72	38	28	8	49	166	57	223
2021	4	7	17	69	39	29	8	48	165	56	221
2022	4	7	17	67	41	30	8	48	165	55	220
2023	4	7	17	65	42	30	8	47	165	55	220
2024	4	7	17	63	43	31	8	47	165	55	220
2025	4	7	18	61	44	31	8	47	165	55	220
2026	4	7	18	59	45	32	8	47	165	55	220
2027	4	7	18	57	45	33	8	47	164	55	220
2028	4	7	18	56	45	34	8	48	164	55	220
2029	4	7	18	55	45	35	8	48	164	56	220
2030	4	7	18	54	44	36	8	49	163	56	220
2031	4	7	18	54	43	37	8	49	163	57	220
2032	4	7	18	54	42	38	7	50	163	57	220
2033	4	7	18	53	41	39	7	51	162	58	220
2034	4	7	18	53	40	40	7	51	162	58	220
2035	3	7	18	52	39	42	7	52	161	59	220
2036	3	7	18	52	38	43	6	53	161	60	221
2037	3	7	18	52	36	44	6	54	161	60	221
2038	3	7	17	53	35	44	6	55	160	61	221
2039	3	7	17	53	34	45	6	56	160	61	221
2040	3	7	17	53	33	46	5	56	160	62	222
2041	3	7	17	54	33	46	5	57	160	62	222
2042	3	7	17	54	32	46	5	58	159	63	222
2043	3	7	17	54	32	46	5	58	159	63	222

^a Terminations where the SSI recipient was deceased as of the first month of nonpayment of SSI payments.

^b Historical totals estimated based on 1-percent sample data prior to 1993; 10-percent sample data for 1993-2006, and 100-percent data after 2006.

^c Preliminary and subject to revision.

Notes:

1. Totals do not necessarily equal the sums of rounded components. The historical split among age groups is estimated on a calendar year of age basis.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI19.

Program Recipients and Federal Expenditures

Table IV.B4.—SSI Federally Administered Terminations Due to Reasons Other Than Death,^a Calendar Years 1975-2043

[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals ^b		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:											
1975	7	50	44	104	15	2	88	91	221	180	401
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	20	53	48	74	17	5	28	58	216	86	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	38	68	94	102	18	7	34	56	328	90	419
1993	33	72	97	105	22	7	37	53	335	90	426
1994	41	73	100	106	18	7	32	48	345	79	425
1995	48	81	110	113	20	7	32	46	379	78	457
1996	48	89	128	117	21	8	29	47	410	77	487
1997	127	105	148	115	18	8	23	39	520	62	583
1998	68	89	111	108	19	8	23	37	403	59	462
1999	119	111	120	115	20	9	24	42	494	67	561
2000	84	99	111	111	21	9	23	38	436	60	496
2001	64	95	111	117	19	9	23	37	416	60	476
2002	78	100	122	132	20	9	20	34	461	54	516
2003	72	95	122	134	20	9	20	35	452	56	507
2004	85	101	136	155	23	9	24	37	508	61	568
2005	64	101	129	156	20	8	15	29	477	44	521
2006	55	95	131	160	20	8	19	30	470	49	519
2007	46	109	126	163	20	8	18	30	472	48	520
2008	62	111	131	183	20	8	19	27	516	46	561
2009	61	123	141	212	27	10	26	37	574	63	637
2010	75	121	131	206	20	8	20	28	562	48	610
2011	73	127	126	218	24	9	21	30	576	52	627
2012 ^c	63	116	113	206	23	9	31	48	529	78	608
2013	76	122	107	211	22	9	21	31	547	52	599
2014 ^d	89	125	100	210	28	11	24	33	564	57	621
2015	110	128	91	191	24	8	20	24	552	44	596
2016	126	130	88	184	23	8	19	24	559	43	602
2017 ^e	106	128	85	177	21	8	17	22	525	39	564
2018 ^e	104	133	91	181	25	9	21	27	543	48	591
Projected:											
2019	59	125	90	191	27	10	21	27	503	48	551
2020	58	133	92	186	27	10	21	26	506	47	552
2021	67	128	94	185	28	10	20	26	512	46	559
2022	67	124	96	181	30	11	20	27	509	47	556
2023	69	122	97	177	31	12	21	27	507	48	555
2024	73	119	100	174	32	12	21	28	510	49	559
2025	75	119	102	171	33	13	21	29	514	50	564
2026	76	120	105	168	34	13	21	29	515	51	566
2027	75	120	106	164	34	13	22	30	513	52	564
2028	74	121	107	163	34	14	22	31	512	52	564
2029	73	118	107	162	34	14	21	31	509	53	561
2030	72	117	107	164	33	15	21	32	508	53	562
2031	72	115	107	164	33	15	21	32	506	53	560
2032	73	116	107	164	32	16	21	33	508	54	562
2033	74	117	108	164	31	17	20	34	510	54	564
2034	74	117	108	164	31	17	20	35	511	54	566
2035	75	116	109	164	31	18	19	35	513	54	568
2036	77	117	109	166	30	19	19	36	517	55	572
2037	77	117	109	166	29	19	18	37	518	55	572
2038	78	117	109	168	28	19	17	37	520	55	575
2039	78	117	110	170	28	20	17	38	523	55	578
2040	79	118	110	173	27	20	16	38	526	54	581
2041	79	119	110	176	27	20	16	38	532	54	586
2042	79	119	111	177	27	20	16	38	533	54	587
2043	79	120	111	178	27	20	15	38	536	54	590

^a Represents the number of persons during the period moving out of payment status into suspended status less those returning to payment status from suspended status.

^b Historical totals estimated based on 1-percent sample data prior to 1993; 10-percent sample data for 1993-2006, and 100-percent data after 2006.

^c 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 its State Supplementation program.

^d Terminations for 2014 reflect the decision of the State of New York to take over the administration of its State supplementation program.

^e Preliminary and subject to revision.

Notes:

1. Totals do not necessarily equal the sums of rounded components. The historical split among age groups is estimated on a calendar year of age basis.

2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI19.

Table IV.B5.—SSI Federally Administered Terminations for All Reasons,^a Calendar Years 1975-2043
[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group		Totals ^b			
	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:											
1975	8	55	56	140	25	3	127	199	287	326	613
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	23	62	59	107	41	14	43	144	305	187	492
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	38	86	125	148	45	25	54	127	467	181	648
1994	47	87	129	148	41	24	49	118	478	167	645
1995	54	95	142	158	45	25	48	113	519	161	680
1996	54	101	159	163	46	27	45	117	550	162	712
1997	133	116	174	160	43	27	38	105	651	144	795
1998	74	98	136	153	45	29	37	102	534	139	673
1999	124	120	146	162	45	31	38	106	628	144	772
2000	90	107	139	159	47	30	35	99	571	134	705
2001	70	103	140	166	45	31	34	98	555	132	688
2002	84	108	151	182	45	30	32	93	600	125	725
2003	76	104	150	186	46	30	31	92	592	123	715
2004	90	109	163	209	48	31	34	93	651	127	778
2005	69	109	157	211	45	31	24	84	622	108	729
2006	61	104	158	217	46	31	28	84	616	112	728
2007	51	118	152	221	46	30	27	83	618	110	727
2008	67	120	156	244	46	30	27	80	664	108	771
2009	66	132	167	276	53	33	34	90	727	124	851
2010	80	130	155	271	46	30	28	79	712	107	818
2011	78	135	149	286	50	32	29	81	730	111	841
2012 ^c	67	125	135	276	50	32	39	98	685	136	821
2013	80	131	129	284	51	33	29	82	708	111	819
2014 ^d	93	134	121	285	57	35	32	81	725	113	838
2015	114	137	111	269	56	35	28	75	721	103	824
2016	130	139	107	260	55	34	27	73	725	100	825
2017 ^e	110	136	104	254	55	36	25	72	695	97	792
2018 ^e	108	141	109	257	60	37	30	77	713	106	819
Projected:											
2019	63	133	107	265	64	38	29	76	669	104	774
2020	61	141	109	258	65	38	29	75	672	103	775
2021	71	135	111	254	67	39	28	74	677	102	780
2022	71	132	112	248	71	41	28	74	674	102	776
2023	73	129	114	241	73	42	28	75	672	103	775
2024	77	126	117	237	76	43	28	75	675	104	779
2025	79	126	120	232	77	44	29	76	679	105	784
2026	80	128	122	226	79	45	29	77	680	106	786
2027	79	128	124	222	79	46	29	78	677	107	784
2028	78	128	125	219	79	48	29	78	676	108	784
2029	77	126	125	217	79	49	29	79	672	108	781
2030	76	124	125	218	78	50	29	80	672	109	781
2031	76	122	125	218	76	52	29	82	669	110	779
2032	77	123	125	217	74	54	28	83	671	111	782
2033	77	124	126	217	72	56	27	85	672	112	784
2034	78	124	126	217	70	58	26	86	673	112	786
2035	79	124	127	216	69	60	26	88	674	113	788
2036	80	124	127	218	68	61	25	89	678	114	793
2037	81	124	127	218	66	63	24	91	678	115	793
2038	81	124	127	221	63	64	23	92	681	116	796
2039	82	125	127	223	62	65	22	93	683	116	799
2040	82	125	127	226	61	65	22	94	686	116	802
2041	83	126	127	230	60	66	21	95	691	116	808
2042	82	127	127	231	60	66	21	96	693	117	810
2043	82	127	128	232	59	66	20	97	695	117	812

^a Annual figures represent the sum of: (1) terminations from current-payment status due to death during the year; and (2) the number of persons during the year moving out of payment status into suspended status less those returning to payment status from suspended status.

^b Historical totals estimated based on 1-percent sample data prior to 1993; 10-percent sample data for 1993-2006, and 100-percent data after 2006.

^c 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 its State Supplementation program.

^d Terminations for 2014 reflect the decision of the State of New York to take over the administration of its State supplementation program.

^e Preliminary and subject to revision.

Notes:

1. Totals do not necessarily equal the sums of rounded components. The historical split among age groups is estimated on a calendar year of age basis.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI19.

Program Recipients and Federal Expenditures

Table IV.B6.—SSI Recipients with Federal Payments in Current-Payment Status as of December, 1975-2043
[In thousands]

Year	Blind or disabled, by age group					Aged, by age group			Totals		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:											
1975	106	395	352	838	164	14	963	1,062	1,869	2,025	3,893
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
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 ^a	1,311	1,381	1,287	2,089	608	278	391	694	6,955	1,085	8,040
2013	1,321	1,400	1,263	2,161	624	287	398	689	7,056	1,087	8,144
2014	1,299	1,398	1,226	2,206	643	296	404	690	7,068	1,094	8,162
2015	1,266	1,386	1,191	2,234	661	303	412	689	7,041	1,101	8,142
2016	1,212	1,367	1,158	2,247	684	311	421	688	6,979	1,109	8,088
2017	1,182	1,347	1,133	2,253	712	319	431	691	6,945	1,122	8,067
2018	1,147	1,316	1,099	2,231	739	324	429	688	6,857	1,117	7,974
Projected:											
2019	1,160	1,296	1,083	2,183	768	330	430	684	6,819	1,113	7,932
2020	1,168	1,272	1,076	2,126	797	336	429	683	6,774	1,112	7,887
2021	1,168	1,265	1,084	2,073	827	344	429	686	6,761	1,115	7,876
2022	1,173	1,268	1,103	2,017	864	355	427	695	6,780	1,121	7,901
2023	1,178	1,276	1,128	1,966	897	365	428	702	6,810	1,130	7,940
2024	1,181	1,292	1,160	1,921	929	375	433	712	6,857	1,145	8,002
2025	1,179	1,304	1,189	1,873	958	387	438	723	6,889	1,161	8,050
2026	1,176	1,316	1,216	1,830	980	398	442	735	6,917	1,177	8,094
2027	1,179	1,326	1,237	1,798	996	412	445	747	6,948	1,193	8,140
2028	1,186	1,335	1,254	1,775	1,003	426	448	760	6,978	1,208	8,186
2029	1,197	1,345	1,266	1,758	1,004	441	448	774	7,010	1,222	8,232
2030	1,214	1,361	1,275	1,757	996	456	447	790	7,060	1,237	8,296
2031	1,230	1,375	1,282	1,756	981	474	440	807	7,098	1,247	8,345
2032	1,245	1,388	1,286	1,759	959	496	431	825	7,134	1,256	8,390
2033	1,262	1,398	1,292	1,761	939	516	421	842	7,168	1,263	8,431
2034	1,281	1,404	1,298	1,762	921	537	410	859	7,202	1,269	8,471
2035	1,301	1,402	1,306	1,761	908	556	398	877	7,234	1,275	8,509
2036	1,322	1,413	1,306	1,772	891	573	388	892	7,278	1,280	8,558
2037	1,338	1,416	1,309	1,787	870	586	376	905	7,307	1,281	8,588
2038	1,353	1,417	1,312	1,809	850	596	363	917	7,336	1,279	8,615
2039	1,364	1,417	1,315	1,832	833	602	350	926	7,363	1,276	8,639
2040	1,371	1,418	1,316	1,859	821	605	340	931	7,390	1,271	8,661
2041	1,378	1,421	1,323	1,887	814	604	332	934	7,427	1,266	8,693
2042	1,378	1,423	1,330	1,906	812	603	325	933	7,451	1,259	8,710
2043	1,375	1,427	1,338	1,921	810	601	318	932	7,473	1,250	8,723

^a Number of recipients in 2012 reflects the reclassification of around 23,000 Federal recipients from the aged to the blind or disabled category because the State of Massachusetts took over administration of its State Supplementation program.

Notes:

1. Totals do not necessarily equal the sums of rounded components. The historical split among age groups is estimated on a calendar year of age basis.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI19.

Table IV.B7.—Federal SSI Prevalence Rates, as of December, 1975-2043
[Percentage]

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 ^a	Aged ^b	All ^c
Historical data:											
1975	0.15	0.63	0.97	2.51	1.14	0.15	6.70	11.39	0.83	8.54	1.73
1980	.29	.71	.91	2.18	2.14	.16	3.81	8.64	.91	5.74	1.56
1981	.30	.72	.87	2.09	2.25	.16	3.33	8.07	.91	5.24	1.51
1982	.29	.71	.83	1.99	2.33	.19	2.77	7.69	.89	4.77	1.44
1983	.31	.76	.85	2.02	2.46	.24	2.68	7.64	.93	4.71	1.48
1984	.33	.81	.88	2.05	2.39	.40	2.72	7.40	.96	4.65	1.51
1985	.35	.87	.93	2.11	2.32	.58	2.67	7.01	1.00	4.47	1.53
1986	.37	.94	1.00	2.19	2.26	.73	2.64	6.58	1.05	4.28	1.57
1987	.38	.98	1.06	2.25	2.20	.87	2.60	6.24	1.09	4.12	1.59
1988	.39	1.01	1.11	2.30	2.14	.97	2.59	5.89	1.12	3.98	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	.46	1.08	1.24	2.48	2.10	1.12	2.75	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	2.13	1.19	3.05	5.01	1.46	3.90	1.95
1993	1.02	1.40	1.64	2.92	2.15	1.21	3.17	4.86	1.60	3.91	2.09
1994	1.18	1.48	1.75	3.02	2.22	1.20	3.19	4.73	1.70	3.87	2.19
1995	1.27	1.53	1.82	3.10	2.28	1.21	3.14	4.60	1.77	3.80	2.25
1996	1.32	1.55	1.87	3.12	2.33	1.21	3.07	4.48	1.81	3.71	2.27
1997	1.21	1.52	1.84	3.04	2.41	1.19	2.88	4.34	1.77	3.56	2.21
1998	1.21	1.52	1.88	3.05	2.46	1.19	2.76	4.26	1.79	3.46	2.22
1999	1.15	1.47	1.91	3.02	2.53	1.16	2.67	4.18	1.77	3.39	2.19
2000	1.15	1.45	1.94	3.00	2.59	1.15	2.59	4.11	1.78	3.32	2.19
2001	1.19	1.45	1.97	2.98	2.64	1.13	2.48	4.05	1.80	3.24	2.20
2002	1.23	1.45	1.99	2.96	2.69	1.13	2.39	4.00	1.82	3.17	2.21
2003	1.28	1.47	2.00	2.95	2.71	1.14	2.28	3.95	1.84	3.09	2.23
2004	1.32	1.49	2.00	2.93	2.71	1.15	2.17	3.87	1.86	3.00	2.23
2005	1.37	1.51	1.99	2.92	2.70	1.18	2.11	3.86	1.88	2.96	2.25
2006	1.42	1.54	1.97	2.92	2.68	1.19	2.05	3.82	1.90	2.90	2.26
2007	1.47	1.57	1.96	2.94	2.64	1.22	1.94	3.78	1.92	2.82	2.28
2008	1.51	1.62	1.98	3.00	2.59	1.25	1.86	3.76	1.96	2.75	2.32
2009	1.57	1.69	1.99	3.07	2.55	1.28	1.81	3.73	2.01	2.70	2.37
2010	1.62	1.76	2.03	3.16	2.52	1.31	1.76	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 ^d	1.73	1.85	2.04	3.37	2.45	1.42	1.57	3.55	2.17	2.45	2.51
2013	1.75	1.87	2.01	3.45	2.40	1.45	1.54	3.47	2.19	2.38	2.53
2014	1.72	1.85	1.96	3.47	2.37	1.47	1.49	3.43	2.18	2.32	2.51
2015	1.67	1.83	1.90	3.49	2.34	1.48	1.46	3.37	2.15	2.26	2.49
2016	1.60	1.79	1.84	3.51	2.33	1.49	1.44	3.30	2.12	2.21	2.46
2017	1.56	1.76	1.79	3.51	2.35	1.48	1.42	3.21	2.10	2.17	2.43
2018	1.52	1.71	1.73	3.48	2.37	1.46	1.37	3.10	2.05	2.09	2.39
Projected:											
2019	1.54	1.67	1.70	3.40	2.37	1.45	1.33	3.00	2.03	2.02	2.36
2020	1.55	1.63	1.68	3.30	2.38	1.44	1.28	2.93	2.00	1.96	2.33
2021	1.55	1.61	1.68	3.23	2.41	1.42	1.25	2.83	1.98	1.90	2.31
2022	1.55	1.61	1.70	3.16	2.47	1.39	1.22	2.73	1.97	1.86	2.30
2023	1.55	1.61	1.72	3.11	2.52	1.38	1.20	2.65	1.97	1.82	2.30
2024	1.55	1.62	1.74	3.07	2.56	1.36	1.19	2.59	1.97	1.79	2.30
2025	1.55	1.64	1.76	3.02	2.58	1.35	1.18	2.53	1.96	1.77	2.29
2026	1.53	1.64	1.77	2.98	2.60	1.34	1.17	2.48	1.95	1.75	2.29
2027	1.53	1.65	1.79	2.94	2.61	1.34	1.17	2.43	1.95	1.73	2.28
2028	1.53	1.66	1.79	2.92	2.60	1.33	1.16	2.38	1.94	1.71	2.28
2029	1.52	1.67	1.80	2.90	2.59	1.33	1.15	2.34	1.94	1.70	2.27
2030	1.53	1.69	1.80	2.89	2.56	1.33	1.15	2.31	1.94	1.69	2.28
2031	1.54	1.71	1.80	2.87	2.54	1.34	1.14	2.28	1.93	1.68	2.27
2032	1.54	1.72	1.80	2.86	2.50	1.35	1.12	2.25	1.93	1.67	2.27
2033	1.55	1.73	1.80	2.84	2.46	1.37	1.10	2.23	1.93	1.66	2.27
2034	1.56	1.74	1.80	2.84	2.43	1.38	1.08	2.21	1.93	1.65	2.26
2035	1.57	1.74	1.80	2.83	2.40	1.39	1.05	2.19	1.92	1.64	2.26
2036	1.58	1.75	1.79	2.83	2.37	1.40	1.03	2.18	1.92	1.63	2.26
2037	1.58	1.76	1.79	2.83	2.34	1.40	1.01	2.16	1.92	1.62	2.26
2038	1.58	1.76	1.79	2.83	2.31	1.40	.99	2.15	1.92	1.61	2.25
2039	1.58	1.76	1.79	2.83	2.30	1.39	.96	2.13	1.91	1.60	2.25
2040	1.58	1.76	1.79	2.83	2.28	1.38	.94	2.12	1.91	1.59	2.24
2041	1.58	1.76	1.79	2.83	2.26	1.36	.92	2.11	1.91	1.58	2.24
2042	1.58	1.76	1.79	2.83	2.25	1.35	.90	2.09	1.91	1.56	2.23
2043	1.57	1.76	1.80	2.82	2.25	1.34	.88	2.08	1.91	1.54	2.22

^a Blind or disabled recipients as a percentage of the total Social Security area population.

^b Aged recipients as a percentage of the 65 or older Social Security area population.

^c Total recipients as a percentage of the total Social Security area population. Totals do not equal sums of components due to overlapping populations.

^d Prevalence rates in 2012 reflect the reclassification of around 23,000 Federal recipients from the aged to the blind or disabled category because the State of Massachusetts took over administration of its State Supplementation program.

Note: A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI19.

Program Recipients and Federal Expenditures

Table IV.B8.—SSI Recipients with Federally Administered State Supplementation Payments Only, in Current-Payment Status as of December, 1975-2043

[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:											
1975	1	15	25	74	21	2	144	138	139	282	421
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
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	54	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 ^a	1	14	34	64	28	11	31	40	152	71	223
2013	1	13	32	64	29	11	30	39	150	70	220
2014 ^b	1	10	23	50	23	9	26	32	116	58	174
2015	1	9	21	48	23	9	25	31	111	56	167
2016	1	9	19	46	23	9	24	31	108	55	163
2017	1	8	19	45	24	9	23	31	106	54	161
2018	1	8	17	43	24	9	22	31	102	53	155
Projected:											
2019	1	8	17	40	24	9	21	30	100	51	151
2020	1	8	17	40	25	9	21	30	100	51	151
2021	1	9	17	40	26	10	21	30	102	51	153
2022	1	9	18	40	27	10	21	31	106	52	158
2023	1	9	19	41	29	10	22	31	110	53	164
2024	1	10	21	42	31	11	23	32	115	55	171
2025	1	10	22	43	33	11	24	33	120	58	178
2026	1	10	24	43	35	12	25	35	124	59	184
2027	1	10	24	43	36	12	25	36	127	61	188
2028	1	10	25	43	37	13	25	36	129	62	191
2029	1	10	25	43	37	13	25	37	130	63	193
2030	1	11	25	43	37	14	25	39	131	64	195
2031	1	11	26	43	37	15	25	40	132	65	197
2032	1	11	26	43	36	16	25	41	133	65	198
2033	1	11	26	43	36	16	24	41	133	65	199
2034	1	11	26	43	35	17	23	42	134	66	200
2035	1	11	26	43	35	18	23	43	134	66	200
2036	1	11	26	43	34	18	22	44	134	66	201
2037	1	12	26	43	33	19	21	45	135	66	201
2038	1	12	26	44	33	19	21	45	135	66	201
2039	1	12	26	44	32	19	20	46	135	66	201
2040	1	12	26	45	32	19	19	46	135	66	201
2041	1	11	26	46	31	19	19	46	136	65	201
2042	1	11	27	46	31	19	19	46	136	65	201
2043	1	11	27	47	31	19	18	46	136	64	201

^a Number of recipients in 2012 reflects the decision of the State of Massachusetts to take over the administration of its State supplementation program.

^b Number of recipients in 2014 reflects the decision of the State of New York to take over the administration of its State supplementation program.

Notes:

1. Totals do not necessarily equal the sums of rounded components. The historical split among age groups is estimated on a calendar year of age basis.

2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI19.

Table IV.B9.—SSI Recipients with Federally Administered Payments in Current-Payment Status as of December, 1975-2043
[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:											
1975	107	410	378	911	185	16	1,107	1,200	2,007	2,307	4,314
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 ^a	1,312	1,395	1,321	2,154	637	289	422	734	7,107	1,156	8,263
2013	1,322	1,414	1,295	2,226	653	298	429	728	7,206	1,157	8,363
2014 ^b	1,300	1,408	1,249	2,256	666	305	430	722	7,184	1,152	8,336
2015	1,267	1,395	1,212	2,282	684	312	437	721	7,152	1,157	8,310
2016	1,213	1,375	1,177	2,293	708	320	445	720	7,087	1,165	8,251
2017	1,183	1,355	1,151	2,299	736	328	454	722	7,051	1,176	8,228
2018	1,148	1,324	1,116	2,274	764	334	451	718	6,960	1,169	8,129
Projected:											
2019	1,161	1,304	1,099	2,223	792	339	451	714	6,919	1,164	8,083
2020	1,169	1,280	1,093	2,165	822	345	450	713	6,875	1,163	8,038
2021	1,169	1,274	1,101	2,113	853	354	450	716	6,863	1,166	8,030
2022	1,174	1,277	1,121	2,057	891	365	448	725	6,885	1,173	8,058
2023	1,179	1,286	1,148	2,007	926	375	450	733	6,920	1,183	8,104
2024	1,182	1,301	1,180	1,963	960	386	456	744	6,972	1,200	8,173
2025	1,180	1,314	1,211	1,916	990	398	462	757	7,009	1,219	8,227
2026	1,177	1,326	1,239	1,874	1,015	410	467	769	7,041	1,236	8,277
2027	1,180	1,336	1,262	1,841	1,032	424	470	783	7,075	1,253	8,328
2028	1,187	1,345	1,279	1,818	1,040	439	473	796	7,107	1,269	8,376
2029	1,198	1,356	1,291	1,801	1,041	454	473	812	7,141	1,285	8,425
2030	1,215	1,372	1,300	1,800	1,034	470	472	829	7,191	1,301	8,491
2031	1,231	1,386	1,307	1,799	1,018	489	465	847	7,230	1,312	8,542
2032	1,246	1,399	1,311	1,802	996	512	455	866	7,267	1,321	8,588
2033	1,263	1,409	1,318	1,804	975	533	445	884	7,302	1,329	8,630
2034	1,282	1,415	1,324	1,805	957	554	433	902	7,336	1,335	8,671
2035	1,302	1,413	1,332	1,804	943	574	421	920	7,369	1,341	8,709
2036	1,324	1,425	1,333	1,815	925	591	410	937	7,412	1,347	8,759
2037	1,340	1,428	1,335	1,830	904	605	397	950	7,442	1,348	8,789
2038	1,354	1,428	1,339	1,853	882	615	384	962	7,470	1,346	8,816
2039	1,365	1,428	1,341	1,877	865	622	370	972	7,498	1,342	8,840
2040	1,372	1,429	1,342	1,904	853	624	359	977	7,525	1,336	8,861
2041	1,379	1,432	1,350	1,933	845	624	351	980	7,563	1,331	8,894
2042	1,379	1,435	1,357	1,953	843	622	344	979	7,587	1,323	8,911
2043	1,376	1,438	1,365	1,968	841	620	336	978	7,609	1,314	8,923

^a Number of recipients in 2012 reflects the decision of the State of Massachusetts to take over the administration of its State supplementation program. This change in the administration of State supplementation payments resulted in a reclassification of around 23,000 Federal recipients from the aged to the blind or disabled category.

^b Number of recipients in 2014 reflects the decision of the State of New York to take over the administration of its State supplementation program.

Notes:

1. Totals do not necessarily equal the sums of rounded components. The historical split among age groups is estimated on a calendar year of age basis.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI19.

C. FEDERAL PAYMENTS UNDER SSI

To estimate future amounts of Federal expenditures under SSI, the projected Federal benefit rates (table IV.A2) are first modified to reflect actual payment levels, taking into account historical and projected levels of adjustments for other actual or deemed income, marital status, and living arrangements. These actual payment levels are combined with the projected numbers of persons receiving Federal SSI payments to generate estimates of the total amounts of Federal SSI payments. Table IV.C1 shows historical amounts of such payments by calendar year. These payment amounts are presented on a payment-date 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, these payments are made in the previous month.¹

Table IV.C1.—SSI Federal Payments in Current Dollars,^a Calendar Years 1975-2019
[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
1975.....	\$128	\$537	\$499	\$1,099	\$190	\$17	\$812	\$1,031	\$2,471	\$1,843	\$4,314
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.....	518	1,214	884	1,590	697	38	634	1,355	4,941	1,990	6,931
1983.....	576	1,377	987	1,700	767	57	631	1,433	5,465	2,064	7,530
1984.....	664	1,578	1,129	1,833	828	101	680	1,507	6,132	2,187	8,318
1985.....	744	1,717	1,254	1,923	824	158	705	1,484	6,620	2,189	8,809
1986.....	836	1,937	1,460	2,045	839	207	736	1,462	7,325	2,197	9,522
1987.....	904	2,086	1,626	2,163	844	259	759	1,429	7,882	2,188	10,069
1988.....	960	2,235	1,822	2,307	867	301	820	1,432	8,492	2,252	10,744
1989.....	1,031	2,430	2,065	2,487	909	354	895	1,474	9,277	2,369	11,647
1990.....	1,219	2,667	2,403	2,788	956	401	995	1,514	10,434	2,509	12,943
1991.....	1,729	3,122	2,962	3,292	1,040	453	1,183	1,627	12,597	2,810	15,407
1992.....	3,223	3,916	3,560	3,755	1,100	476	1,318	1,677	16,031	2,995	19,026
1993.....	3,911	4,447	4,179	4,187	1,194	507	1,495	1,757	18,425	3,252	21,677
1994.....	4,194	4,495	4,663	4,527	1,258	531	1,585	1,810	19,668	3,395	23,063
1995.....	4,674	4,772	5,161	4,886	1,340	558	1,618	1,897	21,392	3,515	24,906
1996.....	4,966	5,002	5,601	5,289	1,417	585	1,664	1,977	22,860	3,641	26,501
1997.....	4,927	5,012	5,587	5,421	1,487	607	1,589	2,046	23,040	3,635	26,675
1998.....	4,978	5,121	5,940	5,788	1,566	631	1,545	2,126	24,024	3,671	27,695
1999.....	4,858	5,115	6,207	6,045	1,631	647	1,508	2,202	24,502	3,710	28,212
2000.....	4,812	5,123	6,413	6,280	1,703	668	1,486	2,293	24,999	3,779	28,778
2001.....	5,128	5,355	6,829	6,768	1,822	705	1,486	2,438	26,608	3,924	30,532
2002.....	5,379	5,483	7,063	7,114	1,894	729	1,449	2,504	27,663	3,953	31,616
2003.....	5,714	5,714	7,260	7,513	1,969	762	1,423	2,585	28,932	4,008	32,941
2004.....	6,066	5,951	7,402	7,924	2,038	799	1,382	2,641	30,179	4,023	34,202
2005.....	6,522	6,285	7,646	8,413	2,132	862	1,372	2,764	31,859	4,136	35,995
2006.....	6,947	6,656	7,760	8,944	2,236	924	1,412	2,896	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 ^b	7,824	7,624	8,172	10,389	2,462	1,052	1,436	3,081	37,522	4,517	42,040
2009 ^b	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.....	9,313	9,379	8,658	12,870	2,739	1,267	1,520	3,291	44,226	4,811	49,038
2012.....	9,879	9,921	8,756	13,833	2,979	1,417	1,534	3,383	46,785	4,917	51,703
2013.....	10,171	10,256	8,723	14,593	3,128	1,508	1,592	3,431	48,379	5,023	53,402
2014.....	10,217	10,386	8,532	15,046	3,264	1,579	1,650	3,478	49,025	5,128	54,153
2015.....	10,136	10,461	8,413	15,484	3,425	1,659	1,706	3,543	49,577	5,250	54,827
2016.....	9,789	10,362	8,222	15,685	3,551	1,709	1,764	3,553	49,317	5,317	54,634
2017.....	9,507	10,257	8,132	15,899	3,715	1,764	1,795	3,579	49,274	5,374	54,648
2018.....	9,379	10,249	8,099	16,158	3,956	1,838	1,847	3,637	49,678	5,483	55,161
2019 ^c	9,530	10,325	8,152	16,294	4,257	1,930	1,898	3,721	50,487	5,619	56,106

^a Total historical payments prior to 1978 agree with those presented in the *Annual Statistical Supplement to the Social Security Bulletin*. Total historical payments for 1980-83 are estimated.

^b 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.

^c Partially estimated.

Notes:

1. Totals do not necessarily equal the sums of rounded components. The historical split among age groups is estimated on a calendar year of age basis.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI19.

¹ 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.

Based on this payment-date concept, payments in table IV.C1 differ from similar amounts in other SSA 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 the payments are made. 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 2018 payment amounts shown in table IV.C1 reflect payments made in January-December 2018, and include the payments due on January 1, 2019 (which were actually paid in December 2018), but not the payments due on January 1, 2018 (which were actually paid in December 2017). Second, beginning in 1991, SSI obligations as accounted for in the Federal Budget are not reduced for certain recovered overpayments which are remitted directly to the Department of the Treasury. Tabulations in the *Annual Statistical Supplement* continue to report payment amounts that are reduced by such overpayment recoveries.

Table IV.C2.—SSI Federal Payments in Current Dollars, Fiscal Years 1980-2019
[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
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	497	1,187	867	1,562	699	38	623	1,365	4,849	1,987	6,836
1983	601	1,419	1,024	1,784	798	55	670	1,500	5,680	2,170	7,850
1984 ^a	590	1,413	1,006	1,664	756	84	618	1,387	5,512	2,005	7,517
1985	718	1,667	1,216	1,899	825	140	696	1,490	6,466	2,186	8,652
1986	806	1,870	1,388	2,001	836	192	725	1,471	7,093	2,197	9,290
1987	881	2,036	1,572	2,127	841	242	750	1,435	7,699	2,185	9,884
1988	1,019	2,364	1,904	2,434	924	311	863	1,536	8,955	2,399	11,354
1989 ^a	1,015	2,380	2,000	2,447	900	342	877	1,468	9,084	2,346	11,430
1990 ^a	1,045	2,384	2,117	2,483	870	358	881	1,382	9,257	2,264	11,521
1991	1,525	2,981	2,770	3,136	1,024	442	1,130	1,607	11,876	2,737	14,614
1992	2,693	3,629	3,397	3,650	1,088	472	1,279	1,673	14,929	2,952	17,881
1993	3,830	4,377	3,974	4,028	1,162	496	1,435	1,727	17,867	3,163	21,029
1994	4,352	4,770	4,863	4,749	1,325	561	1,682	1,922	20,620	3,603	24,223
1995 ^a	4,575	4,713	5,034	4,811	1,324	553	1,616	1,882	21,010	3,497	24,507
1996 ^a	4,553	4,592	5,119	4,822	1,295	536	1,527	1,810	20,917	3,337	24,254
1997	4,956	4,995	5,537	5,335	1,460	599	1,615	2,022	22,882	3,637	26,519
1998	4,940	5,094	5,840	5,686	1,545	625	1,556	2,102	23,729	3,658	27,387
1999	4,918	5,134	6,143	5,982	1,611	642	1,515	2,178	24,430	3,693	28,123
2000	5,175	5,503	6,834	6,681	1,807	711	1,615	2,437	26,710	4,052	30,763
2001 ^a	4,620	4,871	6,179	6,112	1,656	645	1,368	2,220	24,083	3,588	27,671
2002	5,314	5,458	7,011	7,026	1,874	722	1,460	2,484	27,405	3,944	31,349
2003	5,584	5,623	7,185	7,373	1,942	750	1,433	2,556	28,456	3,989	32,445
2004	5,938	5,867	7,344	7,778	2,016	787	1,395	2,623	29,729	4,018	33,748
2005	6,887	6,666	8,168	8,908	2,265	905	1,480	2,929	33,800	4,409	38,208
2006 ^a	6,832	6,560	7,739	8,813	2,207	908	1,404	2,863	33,060	4,267	37,327
2007 ^a	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	9,939	9,981	9,354	13,651	2,921	1,340	1,637	3,531	47,186	5,168	52,354
2012 ^a	8,986	9,042	8,076	12,548	2,699	1,276	1,409	3,111	42,626	4,521	47,147
2013	10,073	10,134	8,720	14,325	3,075	1,477	1,565	3,405	47,804	4,971	52,775
2014	10,211	10,344	8,588	14,887	3,218	1,554	1,630	3,457	48,803	5,088	53,891
2015	10,175	10,449	8,457	15,341	3,377	1,636	1,687	3,525	49,435	5,212	54,647
2016	10,671	11,187	8,914	16,828	3,777	1,820	1,887	3,820	53,197	5,707	58,904
2017 ^a	9,556	10,273	8,146	15,823	3,670	1,749	1,786	3,569	49,217	5,355	54,571
2018 ^a	8,701	9,489	7,505	14,884	3,604	1,684	1,692	3,353	45,868	5,044	50,913
2019 ^b	9,415	10,284	8,111	16,265	4,160	1,902	1,878	3,694	50,137	5,572	55,709

^a Payment due on October 1 of fiscal year paid in previous fiscal year.

^b Partially estimated.

Notes:

1. Totals do not necessarily equal the sums of the rounded components. The historical split among age groups is estimated on a calendar year of age basis.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI19. Fiscal years prior to 1978 are omitted because SSI payment amounts are not readily available on a fiscal year basis for these years.

Table IV.C2 presents corresponding amounts of historical SSI outlays on a fiscal year basis¹. As with the calendar year figures, these fiscal year amounts are shown on a payment-date basis. Consequently, fiscal year totals may contain 11, 12, or 13 months of payments.²

Changes in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI)³ directly affect SSI expenditures, since the Federal benefit rate is generally indexed to the CPI through annual cost-of-living adjustments (COLAs)⁴. Because of this indexing, price inflation contributes to increases in the total dollar amounts of Federal SSI expenditures over time. Table IV.C3 presents “constant 2019 dollar” values of total Federal SSI payments (values adjusted to remove from total expenditure growth the increases in the CPI) by calendar year, for both the historical period and the full 25-year projection period. This same information is presented as a graph in figure IV.C1. The projections of the CPI are based on the intermediate economic assumptions of the 2019 OASDI Trustees Report. By adjusting the historical and projected total amounts of SSI expenditures to remove the change in the CPI, the resulting projected amounts reflect all other reasons for change, including changes in (1) the number of recipients, (2) the composition of the recipient population by categorical eligibility, age, and sex, (3) the average SSI payment as a percentage of the Federal benefit rate due to distributional changes in marital status, living arrangements, and sources and amounts of countable income, and (4) changes in the Federal benefit rate itself other than the changes from indexing to the CPI. Section D presents an additional perspective on Federal expenditures by examining the share of the total output of the U.S. economy (GDP) needed to support the SSI program.

The future growth in the total Federal “CPI-adjusted dollar” estimates is primarily attributable to the underlying growth in the SSI recipient population (table IV.B6). A notable aspect of this time series of CPI-adjusted dollar estimates is the rather sharp level increase from 2008 to 2009. 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.

¹ Fiscal years 1977 and later cover the 12-month period ending September 30. For example, fiscal year 2018 payments include payments made from October 1, 2017 through September 30, 2018.

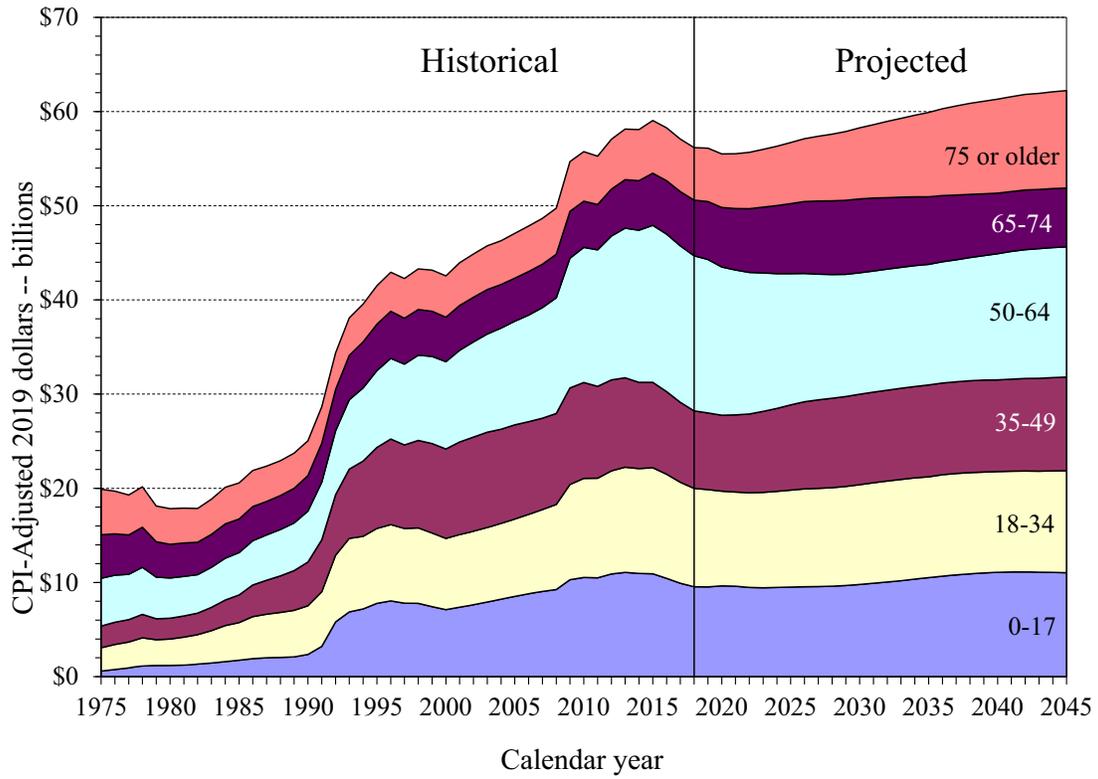
² Public Law 95-216, the Social Security Amendments of 1977, enacted December 20, 1977, requires that SSI payments, which are normally due on the first of the month, be delivered early when the normal delivery date falls on a Saturday, Sunday, or Federal holiday. As such, fiscal year 1978 contained 13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

- a) the current, but not the succeeding, fiscal year falls on a weekend, there are 11 months of payments;
- b) 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);
- c) 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
- d) the succeeding, but not current, fiscal year falls on a weekend, there are 13 months of payments.

³ Historical values of the CPI are developed and published by the Bureau of Labor Statistics.

⁴ The CPI is also used to index several other automatically-adjusted amounts relevant to the SSI program.

Figure IV.C1.—SSI Federal Payments, by Age Group, in CPI-Adjusted 2019 Dollars, Calendar Years 1975-2045
 [In billions]



Program Recipients and Federal Expenditures

Table IV.C3.—SSI Federal Payments in CPI-Adjusted 2019 Dollars, Calendar Years 1975-2043
[Payment amounts in millions]

Calendar year	Adjusted ^a 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:												
1975.....	21.67	\$593	\$2,479	\$2,303	\$5,071	\$877	\$80	\$3,749	\$4,757	\$11,403	\$8,506	\$19,909
1980.....	33.20	1,196	2,804	2,202	4,276	1,639	84	1,933	3,705	12,202	5,638	17,839
1981.....	36.61	1,252	2,947	2,242	4,213	1,787	86	1,756	3,607	12,528	5,363	17,892
1982.....	38.81	1,334	3,128	2,278	4,098	1,797	97	1,635	3,493	12,733	5,127	17,860
1983.....	39.97	1,442	3,446	2,469	4,254	1,919	144	1,579	3,586	13,674	5,165	18,839
1984.....	41.37	1,604	3,814	2,728	4,431	2,001	243	1,643	3,643	14,821	5,285	20,106
1985.....	42.81	1,737	4,010	2,929	4,493	1,925	369	1,646	3,466	15,463	5,113	20,576
1986.....	43.49	1,922	4,454	3,357	4,702	1,929	476	1,691	3,361	16,841	5,052	21,893
1987.....	45.06	2,006	4,630	3,609	4,802	1,873	575	1,684	3,171	17,494	4,855	22,349
1988.....	46.86	2,048	4,770	3,889	4,924	1,849	643	1,750	3,056	18,124	4,806	22,930
1989.....	49.10	2,100	4,950	4,206	5,066	1,852	721	1,824	3,001	18,895	4,825	23,720
1990.....	51.66	2,359	5,161	4,651	5,396	1,851	776	1,926	2,931	20,195	4,857	25,052
1991.....	53.79	3,215	5,804	5,508	6,120	1,933	842	2,200	3,024	23,421	5,224	28,645
1992.....	55.35	5,823	7,075	6,433	6,784	1,988	860	2,382	3,030	28,963	5,412	34,375
1993.....	56.91	6,873	7,814	7,344	7,357	2,098	891	2,628	3,087	32,376	5,714	38,090
1994.....	58.31	7,192	7,708	7,997	7,763	2,157	911	2,719	3,103	33,729	5,822	39,550
1995.....	59.99	7,791	7,953	8,603	8,144	2,234	930	2,697	3,161	35,656	5,858	41,515
1996.....	61.72	8,046	8,104	9,076	8,570	2,297	948	2,695	3,204	37,041	5,899	42,940
1997.....	63.12	7,805	7,940	8,852	8,588	2,357	961	2,518	3,241	36,504	5,759	42,263
1998.....	63.96	7,784	8,006	9,287	9,050	2,448	986	2,416	3,324	37,561	5,740	43,301
1999.....	65.36	7,432	7,825	9,496	9,249	2,495	990	2,307	3,369	37,487	5,676	43,163
2000.....	67.64	7,113	7,574	9,481	9,284	2,517	988	2,197	3,390	36,957	5,587	42,544
2001.....	69.49	7,380	7,707	9,828	9,740	2,623	1,015	2,139	3,508	38,293	5,647	43,940
2002.....	70.45	7,636	7,784	10,026	10,099	2,689	1,035	2,057	3,554	39,268	5,611	44,879
2003.....	72.01	7,935	7,935	10,082	10,434	2,735	1,058	1,977	3,590	40,179	5,566	45,745
2004.....	73.89	8,210	8,054	10,017	10,724	2,757	1,081	1,871	3,574	40,843	5,445	46,288
2005.....	76.49	8,526	8,216	9,996	10,998	2,788	1,126	1,794	3,613	41,649	5,407	47,056
2006.....	78.94	8,801	8,432	9,831	11,330	2,832	1,170	1,789	3,668	42,396	5,458	47,854
2007.....	81.21	9,046	8,702	9,693	11,747	2,872	1,208	1,731	3,658	43,269	5,389	48,658
2008 ^b	84.53	9,257	9,019	9,668	12,291	2,912	1,245	1,699	3,645	44,392	5,344	49,736
2009 ^b	83.96	10,285	10,116	10,265	13,765	3,149	1,374	1,820	3,903	48,954	5,723	54,677
2010.....	85.69	10,526	10,517	10,193	14,334	3,137	1,416	1,774	3,844	50,124	5,618	55,743
2011.....	88.74	10,495	10,569	9,757	14,504	3,086	1,428	1,713	3,709	49,839	5,422	55,260
2012.....	90.60	10,903	10,950	9,664	15,268	3,288	1,564	1,693	3,734	51,638	5,427	57,065
2013.....	91.84	11,074	11,167	9,498	15,889	3,406	1,642	1,733	3,736	52,676	5,469	58,145
2014.....	93.22	10,960	11,141	9,153	16,140	3,501	1,694	1,770	3,731	52,589	5,501	58,090
2015.....	92.84	10,918	11,268	9,062	16,678	3,689	1,787	1,838	3,816	53,401	5,654	59,056
2016.....	93.75	10,442	11,053	8,771	16,731	3,788	1,823	1,881	3,790	52,607	5,671	58,279
2017.....	95.74	9,930	10,714	8,494	16,607	3,880	1,843	1,875	3,738	51,467	5,613	57,080
2018.....	98.21	9,550	10,436	8,246	16,453	4,028	1,871	1,881	3,703	50,584	5,583	56,168
Projected:												
2019.....	100.00	9,530	10,325	8,152	16,294	4,257	1,930	1,898	3,721	50,487	5,619	56,106
2020.....	102.63	9,649	10,043	8,071	15,735	4,412	1,974	1,899	3,727	49,883	5,627	55,510
2021.....	105.30	9,615	9,993	8,182	15,390	4,611	2,045	1,910	3,777	49,836	5,687	55,524
2022.....	108.04	9,476	10,044	8,376	15,030	4,844	2,131	1,909	3,853	49,900	5,762	55,662
2023.....	110.85	9,431	10,129	8,610	14,693	5,064	2,213	1,926	3,925	50,139	5,851	55,990
2024.....	113.73	9,468	10,204	8,820	14,293	5,276	2,300	1,952	4,004	50,360	5,956	56,315
2025.....	116.68	9,516	10,298	9,045	13,927	5,463	2,391	1,983	4,094	50,640	6,077	56,717
2026.....	119.72	9,543	10,391	9,259	13,615	5,617	2,484	2,021	4,191	50,910	6,212	57,122
2027.....	122.83	9,560	10,437	9,402	13,342	5,715	2,582	2,047	4,297	51,039	6,344	57,383
2028.....	126.02	9,601	10,467	9,501	13,122	5,761	2,681	2,073	4,398	51,133	6,471	57,605
2029.....	129.30	9,678	10,510	9,560	12,962	5,774	2,789	2,084	4,513	51,273	6,597	57,870
2030.....	132.66	9,797	10,587	9,601	12,908	5,741	2,902	2,089	4,636	51,535	6,725	58,260
2031.....	136.11	9,929	10,649	9,631	12,868	5,661	3,027	2,074	4,768	51,766	6,842	58,607
2032.....	139.65	10,056	10,714	9,642	12,861	5,543	3,181	2,040	4,911	51,997	6,951	58,949
2033.....	143.28	10,191	10,756	9,670	12,849	5,437	3,327	2,003	5,048	52,230	7,051	59,281
2034.....	147.01	10,348	10,763	9,702	12,834	5,342	3,477	1,956	5,190	52,465	7,146	59,611
2035.....	150.83	10,509	10,715	9,743	12,811	5,270	3,619	1,902	5,331	52,667	7,233	59,900
2036.....	154.75	10,681	10,766	9,736	12,870	5,176	3,748	1,859	5,466	52,976	7,325	60,301
2037.....	158.77	10,816	10,760	9,740	12,947	5,064	3,863	1,808	5,594	53,191	7,402	60,593
2038.....	162.90	10,932	10,740	9,753	13,085	4,949	3,953	1,752	5,709	53,411	7,460	60,872
2039.....	167.14	11,016	10,713	9,756	13,226	4,856	4,026	1,692	5,812	53,593	7,504	61,097
2040.....	171.48	11,072	10,699	9,748	13,388	4,792	4,073	1,646	5,893	53,772	7,540	61,312
2041.....	175.94	11,110	10,699	9,785	13,557	4,752	4,102	1,611	5,959	54,006	7,570	61,576
2042.....	180.52	11,121	10,711	9,830	13,681	4,747	4,126	1,581	6,016	54,216	7,597	61,813
2043.....	185.21	11,092	10,723	9,871	13,758	4,742	4,143	1,547	6,059	54,328	7,606	61,934

^a The "adjusted CPI" is the series of actual and projected CPI values indexed to 2019 (i.e., adjusted so that the value shown for 2019 is 100.00). Projections of the adjusted CPI are based on the intermediate economic assumptions of the 2019 OASDI Trustees Report.

^b Payments for 2008 include \$1.4 billion in current dollars for SSI checks mailed in late December 2008, but reported by the Department of the Treasury in January 2009.

Notes:

1. Totals do not necessarily equal the sums of rounded components. The historical split among age groups is estimated on a calendar year of age basis.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI19.

Table IV.C4 presents historical SSI State supplementation payments that SSA administers for two broad recipient categories. These amounts are consistent with tabulations in the *Annual Statistical Supplement to the Social Security Bulletin*. Detailed projections of such payments are not currently prepared.

**Table IV.C4.—SSI Federally Administered State Supplementation Payments
in Current Dollars, Calendar Years 1975-2018**
[In millions]

Calendar year	Aged	Blind or disabled	Total
1975	\$674	\$729	\$1,403
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
2013	821	2,454	3,275
2014	797	2,322	3,118
2015	715	1,916	2,631
2016	717	1,899	2,616
2017	734	1,916	2,650
2018	726	1,878	2,604

Notes:

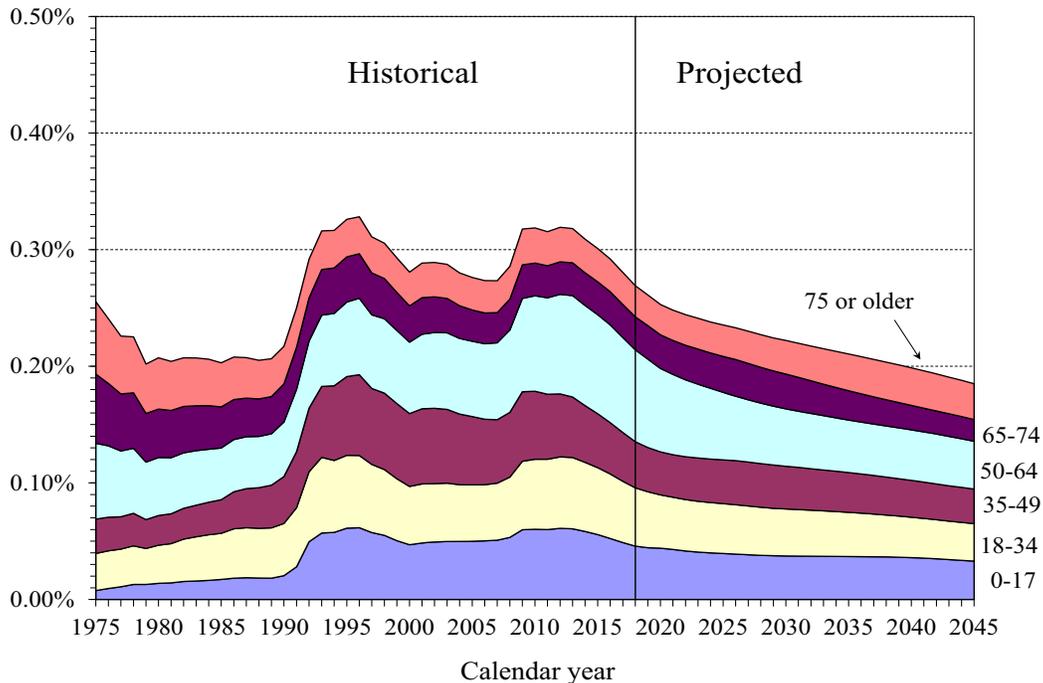
1. Totals do not necessarily equal the sums of rounded components.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI19.

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

Displaying Federal SSI payments as a percentage of GDP provides a useful perspective on the cost of SSI payments relative to the total output of the U.S. economy. As table IV.D1 and figure IV.D1 show, after remaining relatively constant between 1993 and 2013, the total cost of the SSI program relative to GDP has been declining steadily in the historical period and is projected to continue to decline throughout the projection period.

Total Federal SSI payments during the 1980s were relatively constant as a percentage of GDP (roughly 0.2 percent). During the early 1990s, SSI grew rather rapidly (to 0.33 percent of GDP in 1996) due to a combination of factors (see section IV.B). Following legislation enacted in 1996¹, the cost of SSI decreased as a percentage of GDP beginning in 1997 and continued to decline through 2000. Federal SSI expenditures as a share of GDP increased slightly after 2000, partly because of a slowdown in economic growth over that period, but resumed its very gradual downward trend from 2003 to 2006 due to relatively slower growth in the number of SSI recipients. Beginning in 2007, however, this trend reversed due to an increase in program recipients and a temporary decline in real GDP during the economic recession. In 2013, Federal SSI payments relative to GDP remained at roughly the same level as in 2012, and decreased in 2014 through 2018. This gradual downward trend is projected to continue due to the net effect of two factors. First, Federal SSI expenditures, after adjusting for growth in prices, are projected to grow roughly in line with the SSI recipient population (see section IV.C). Second, using the 2019 OASDI Trustees Report intermediate assumptions, the effect of the real growth in GDP following the recent economic downturn is projected to be greater than the effect of projected increases in SSI recipients. Accordingly, Federal SSI payments are projected to decline as a percentage of GDP throughout the projection period, until it reaches 0.19 percent of GDP by 2043.

Figure IV.D1.—SSI Federal Payments, by Age Group, as a Percentage of GDP, Calendar Years 1975-2045



¹ Public Law 104-121 and Public Law 104-193.

Federal SSI Payments as a Percentage of Gross Domestic Product

Table IV.D1.—SSI Federal Payments as a Percentage of GDP, Calendar Years 1975-2043

Calendar year	GDP ^a (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:												
1975	\$1,685	0.008	0.032	0.030	0.065	0.011	0.001	0.048	0.061	0.147	0.109	0.256
1980	2,857	.014	.033	.026	.050	.019	.001	.022	.043	.142	.066	.207
1981	3,207	.014	.034	.026	.048	.020	.001	.020	.041	.143	.061	.204
1982	3,344	.015	.036	.026	.048	.021	.001	.019	.041	.148	.060	.207
1983	3,634	.016	.038	.027	.047	.021	.002	.017	.039	.150	.057	.207
1984	4,038	.016	.039	.028	.045	.021	.002	.017	.037	.152	.054	.206
1985	4,339	.017	.040	.029	.044	.019	.004	.016	.034	.153	.050	.203
1986	4,580	.018	.042	.032	.045	.018	.005	.016	.032	.160	.048	.208
1987	4,855	.019	.043	.033	.045	.017	.005	.016	.029	.162	.045	.207
1988	5,236	.018	.043	.035	.044	.017	.006	.016	.027	.162	.043	.205
1989	5,642	.018	.043	.037	.044	.016	.006	.016	.026	.164	.042	.206
1990	5,963	.020	.045	.040	.047	.016	.007	.017	.025	.175	.042	.217
1991	6,158	.028	.051	.048	.053	.017	.007	.019	.026	.205	.046	.250
1992	6,520	.049	.060	.055	.058	.017	.007	.020	.026	.246	.046	.292
1993	6,859	.057	.065	.061	.061	.017	.007	.022	.026	.269	.047	.316
1994	7,287	.058	.062	.064	.062	.017	.007	.022	.025	.270	.047	.316
1995	7,640	.061	.062	.068	.064	.018	.007	.021	.025	.280	.046	.326
1996	8,073	.062	.062	.069	.066	.018	.007	.021	.024	.283	.045	.328
1997	8,578	.057	.058	.065	.063	.017	.007	.019	.024	.269	.042	.311
1998	9,063	.055	.057	.066	.064	.017	.007	.017	.023	.265	.041	.306
1999	9,631	.050	.053	.064	.063	.017	.007	.016	.023	.254	.039	.293
2000	10,252	.047	.050	.063	.061	.017	.007	.014	.022	.244	.037	.281
2001	10,582	.048	.051	.065	.064	.017	.007	.014	.023	.251	.037	.289
2002	10,936	.049	.050	.065	.065	.017	.007	.013	.023	.253	.036	.289
2003	11,458	.050	.050	.063	.066	.017	.007	.012	.023	.253	.035	.287
2004	12,214	.050	.049	.061	.065	.017	.007	.011	.022	.247	.033	.280
2005	13,037	.050	.048	.059	.065	.016	.007	.011	.021	.244	.032	.276
2006	13,815	.050	.048	.056	.065	.016	.007	.010	.021	.242	.031	.273
2007	14,452	.051	.049	.054	.066	.016	.007	.010	.021	.243	.030	.273
2008	14,713	.053	.052	.056	.071	.017	.007	.010	.021	.255	.031	.286
2009	14,449	.060	.059	.060	.080	.018	.008	.011	.023	.284	.033	.318
2010	14,992	.060	.060	.058	.082	.018	.008	.010	.022	.287	.032	.319
2011	15,543	.060	.060	.056	.083	.018	.008	.010	.021	.285	.031	.316
2012	16,197	.061	.061	.054	.085	.018	.009	.009	.021	.289	.030	.319
2013	16,785	.061	.061	.052	.087	.019	.009	.009	.020	.288	.030	.318
2014	17,522	.058	.059	.049	.086	.019	.009	.009	.020	.280	.029	.309
2015	18,219	.056	.057	.046	.085	.019	.009	.009	.019	.272	.029	.301
2016	18,707	.052	.055	.044	.084	.019	.009	.009	.019	.264	.028	.292
2017	19,485	.049	.053	.042	.082	.019	.009	.009	.018	.253	.028	.280
2018	20,502	.046	.050	.040	.079	.019	.009	.009	.018	.242	.027	.269
Projected:												
2019	21,485	.044	.048	.038	.076	.020	.009	.009	.017	.235	.026	.261
2020	22,523	.044	.046	.037	.072	.020	.009	.009	.017	.227	.026	.253
2021	23,558	.043	.045	.037	.069	.021	.009	.009	.017	.223	.025	.248
2022	24,616	.042	.044	.037	.066	.021	.009	.008	.017	.219	.025	.244
2023	25,735	.041	.044	.037	.063	.022	.010	.008	.017	.216	.025	.241
2024	26,907	.040	.043	.037	.060	.022	.010	.008	.017	.213	.025	.238
2025	28,109	.040	.043	.038	.058	.023	.010	.008	.017	.210	.025	.235
2026	29,349	.039	.042	.038	.056	.023	.010	.008	.017	.208	.025	.233
2027	30,637	.038	.042	.038	.053	.023	.010	.008	.017	.205	.025	.230
2028	31,972	.038	.041	.037	.052	.023	.011	.008	.017	.202	.026	.227
2029	33,363	.038	.041	.037	.050	.022	.011	.008	.017	.199	.026	.224
2030	34,800	.037	.040	.037	.049	.022	.011	.008	.018	.196	.026	.222
2031	36,304	.037	.040	.036	.048	.021	.011	.008	.018	.194	.026	.220
2032	37,873	.037	.040	.036	.047	.020	.012	.008	.018	.192	.026	.217
2033	39,501	.037	.039	.035	.047	.020	.012	.007	.018	.189	.026	.215
2034	41,199	.037	.038	.035	.046	.019	.012	.007	.019	.187	.025	.213
2035	42,963	.037	.038	.034	.045	.018	.013	.007	.019	.185	.025	.210
2036	44,793	.037	.037	.034	.044	.018	.013	.006	.019	.183	.025	.208
2037	46,700	.037	.037	.033	.044	.017	.013	.006	.019	.181	.025	.206
2038	48,689	.037	.036	.033	.044	.017	.013	.006	.019	.179	.025	.204
2039	50,772	.036	.035	.032	.044	.016	.013	.006	.019	.176	.025	.201
2040	52,965	.036	.035	.032	.043	.016	.013	.005	.019	.174	.024	.199
2041	55,249	.035	.034	.031	.043	.015	.013	.005	.019	.172	.024	.196
2042	57,640	.035	.034	.031	.043	.015	.013	.005	.019	.170	.024	.194
2043	60,160	.034	.033	.030	.042	.015	.013	.005	.019	.167	.023	.191

^a Projected values based on the intermediate economic assumptions of the 2019 OASDI Trustees Report.

Notes:

1. Totals do not necessarily equal the sums of rounded components. Historical GDP amounts subject to revision.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI19.

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. Because 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.¹ A Government Accountability Office approved method of cost analysis is used to determine the appropriate share of administrative expenses borne by each funding source, and a final settlement of costs is made by the end of the subsequent fiscal year.

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 1980-2019
[Outlays in millions]

Fiscal year	SSI administrative expenses ^a	Beneficiary services ^b
1980.....	\$668	\$33.1
1981.....	717	37.3
1982.....	780	12.0
1983.....	846	8.0
1984.....	864	^c 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.....	3,789	55.6
2014.....	3,990	63.0
2015.....	4,242	88.6
2016.....	4,212	95.7
2017.....	4,123	83.5
2018.....	4,330	113.2
2019(estimated).....	4,546	118.0

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

^b Includes payments for referral and monitoring services for drug addicts and alcoholics through December 1996; these payments were terminated effective January 1997.

^c Reflects a one-time payment to State VR agencies for prior year expenses.

Note: A complete table of historical values and an estimate for 2019 is available at www.ssa.gov/OACT/ssir/SSI19.

¹ If necessary, section 201(g)(1) of the Act provides that the Social Security trust funds may temporarily finance SSI administrative expenses, including Federal administration of State supplementation payments. General revenues subsequently reimburse the trust funds, including any interest lost.

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 (unchanged from requirements under State Old-Age Assistance (OAA) program).

Blind: Any person with central visual acuity of 20/200 or less vision in the better eye with the use of a correcting lens, or with a visual field limitation of 20 degrees or less in the better eye. 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 per-

Act

son 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, 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.¹ 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.²

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.

¹ In 2009, the agency entered into a nationwide class action settlement that limits the felony crime offense codes upon which fugitive felon nonpayments 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.

² 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

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 remainder 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. of this appendix 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.

History of Provisions

Act

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.

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 re-established 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 Administration¹ pensions under the Veterans and Sur-

¹The Veterans Administration was replaced by the Department of Veterans Affairs which was established on March 15, 1989.

Act

vivors' Pension Improvement Act of 1978 if the State of residence lacks a medically needy program under Title XIX.

c. Drug Addiction and Alcoholism

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 drug addiction and alcoholism (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.

Act

1972

*Public Law 92-603,
enacted October 30*

d. Institutionalization

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 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 or 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.

Act

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 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 SGA 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 suspense¹ 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:

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

Act

- 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
- 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

Act

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 12th 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 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.

History of Provisions

Act

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.

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

Act

- 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.

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*

Prevents a windfall to claimants concurrently entitled to SSI payments and OASDI retroactive benefits for the same period. Retroactive OASDI benefits resulting from an initial award are reduced by the amount of SSI payments that would not have been paid if the OASDI benefits had been paid when 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.

History of Provisions

Act

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.

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.

Act

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).
- 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 (FBR 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 necessary medical needs or has outstanding debt relating to food, clothing, or shelter.

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.

2018*Public Law 115-123,
enacted February 9*

Changes the time by which correctional facilities that have signed an Incentive Payment Memorandum of Understanding with SSA must report prison information in order to receive the maximum prisoner incentive payment. Entities that report within 15 days of the recipient's incarceration will receive an incentive payment of \$400. If they report more than 15 days but within 90 days of the recipient's incarceration, the incentive payment will be \$200. Does not apply to prisoner reports relating to beneficiaries who only receive title II-benefits; however, for cases in which the prisoner receives concurrent benefits, entities that report the incarceration more than 15 days, but within 30 days of incarceration will receive \$300.

4. Federal Benefit Rates

The FBR is the standard SSA uses to compute the amount of Federal SSI payments. FBRs 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 FBR. If an individual or couple is living in another person's household and receiving support and maintenance there, we reduce the FBR by one-third. We increase the FBR for persons in households annually to reflect increases in the cost of living. There is a summary of legislation affecting the level of FBRs since the inception of the SSI program in table V.A1.

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

Act	Living arrangements ^a	Amount ^b		Conditions
		Individual	Couple	
1972 ^c	Own household ^d	\$130.00	\$195.00	Was to be effective January 1, 1974; superseded by Public Law 93-233.
1973 ^e	—	140.00	210.00	Was to be effective January 1, 1974; superseded by Public Law 93-233.
1973 ^f	—	140.00	210.00	Effective January 1, 1974.
1973 ^f	—	146.00	219.00	Effective July 1, 1974.
1974 ^g	—	—	—	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.
	—	^h 157.70	^h 236.60	Effective July 1, 1975.
1983 ⁱ	—	304.30	456.40	Effective July 1, 1983 (general benefit increase).
	—	^h 314.00	^h 472.00	Effective January 1, 1984.
1973 ^e	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 ^f	—	70.00	—	Effective January 1, 1974.
	—	73.00	—	Effective July 1, 1974.
1974 ^g	—	—	—	Mechanism established for providing cost-of-living adjustments.
	—	^h 78.90	—	Effective July 1, 1975.
1983 ⁱ	—	152.50	—	Effective July 1, 1983 (general benefit increase).
	—	^h 157.00	—	Effective January 1, 1984.
1972 ^c	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 ^j	—	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 Act).

^a For those in another person's household receiving support and maintenance there, the FBR is reduced by one-third.

^b For those without countable income. These payments are reduced by the amount of countable income of the individual or couple.

^c Public Law 92-603, enacted October 30, 1972.

^d Includes persons in private institutions whose care is not provided by Medicaid.

^e Public Law 93-66, enacted July 9, 1973.

^f Public Law 93-233, enacted December 31, 1973.

^g Public Law 93-368, enacted August 7, 1974.

^h Subject to automatic provisions, see table IV.A2.

ⁱ Public Law 98-21, enacted April 20, 1983.

^j 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 (i.e., independent contractors who are treated as employees by law for certain employment tax withholdings) are treated as self-employment income for SSI purposes.

b. Special Exclusions

1972

*Public Law 92-603,
enacted October 30*

Any amount of public-agency issued tax rebate 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.

History of Provisions

Act

*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.

The value of assistance provided under certain Federal housing programs.

1977

*Public Law 95-113,
enacted September 29*

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 (EITC) 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.

Act

1987

*Public Law 100-203,
enacted December 22*

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

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.

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*

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.

1990

*Public Law 101-508,
enacted November 5*

EITC (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).

1993

*Public Law 103-66,
enacted August 10*

Hostile fire pay to members of the uniformed services.

Payments received as State or local government relocation assistance made permanent.

1994

*Public Law 103-286,
enacted August 1*

Payments to victims of Nazi persecution.

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.

History of Provisions

Act

*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*

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. Therefore, 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 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 FBR. 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 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.

2014

*Public Law 113-295,
enacted December 19*

Modifies the Internal Revenue Code to define a type of tax-advantaged account in which money can be saved for the benefit of certain individuals who became disabled or blind prior to age 26. Contributions to an Achieving a Better Life Experience (ABLE) account are excluded from the income of the account’s designated beneficiary. Furthermore, interest and dividends accrued by and retained within an ABLE account are also excluded. Finally, distributions from an ABLE account are not income.¹

2015

*Public Law 114-63,
enacted October 7*

Makes permanent the exclusion of the first \$2,000 in payments per calendar year that an SSI recipient receives as compensation for participation in certain clinical trials.

2016

*Public Law 114-241,
enacted October 7*

Excludes from income payments made by a State program intended to compensate individuals who had been sterilized under the authority of a State.

¹ Distributions from an ABLE account for qualified housing-related expenses or non-qualified expenses are considered as a countable resource in the month they are used or in a month for which they are intended to be used for such expenses, and not as income.

Act

1972

*Public Law 92-603,
enacted October 30*

6. Resources

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).

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

Act

	current market value limit applies only if no automobile could be excluded based on the nature of its use.
1987 <i>Public Law 100-203, enacted December 22</i>	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 <i>Public Law 100-707, enacted November 23</i>	Removes the time limit for exclusion of disaster assistance.
2004 <i>Public Law 108-203, enacted March 2</i>	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	<i>Regulations</i> permit exclusion, regardless of value, of: <ul style="list-style-type: none"> • One automobile if used for transportation for the recipient or a member of the recipient's household; and • Personal goods and household effects. <p>b. Special Exclusions</p> <p>Assets of a blind or disabled individual that are necessary to an approved plan of self-support.</p> <p>Tools and other property essential to self-support, within reasonable limits.</p> <p>Shares of nonnegotiable stock in regional or village corporations held by natives of Alaska.</p> <p>For persons transferred from State programs to SSI, resource exclusions equal to the maximum amount permitted as of October 1972 under the State program.</p>
1972 <i>Public Law 92-603, enacted October 30</i>	
1988 <i>Public Law 100-383, enacted August 10</i>	Restitution payments made to Japanese internees and relocated Aleutians.
1989 <i>Public Law 101-239, enacted December 19</i>	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.

History of Provisions

Act

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.

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.

Act

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

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 a resource.

*Public Law 111-255,
enacted October 5*

Excludes the first \$2,000 received during a calendar year by an SSI recipient 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.

2014

*Public Law 113-295,
enacted December 19*

Modifies the Internal Revenue Code to define a type of tax-advantaged account in which money can be saved for the benefit of certain individuals who became disabled prior to age 26. The first \$100,000 of the balance of an Achieving a Better Life Experience (ABLE) account is excluded. Additionally, if the amount in excess of \$100,000 in an SSI recipient’s ABLE account causes the recipient to exceed the SSI resource limit, then the recipient’s monthly cash payments are suspended, but the recipient keeps eligibility for Medicaid and SSI.¹ Any distribution for a qualified disability expense that is not housing-related is excluded

¹ In other words, the individual can receive monthly payments again without having to file a new application if the ABLE account balance drops below the limit and the individual continues to meet the other eligibility requirements for the SSI program.

Act

from resources in the month it is used or in a month for which it is intended to be used for such expenses.

2015

*Public Law 114-63,
enacted October 7*

Makes permanent the exclusion as a resource of the first \$2,000 in payments per calendar year that an SSI recipient receives as compensation for participation in certain clinic trials.

2016

*Public Law 114-241,
enacted October 7*

Excludes from resources payments made by a State program intended to compensate individuals who had been sterilized under the authority of a State, if the payment is retained by the recipient beyond the month in which it is received.

2017

*Public Law 115-97,
enacted December 22*

Allows individuals to transfer funds from qualified tuition plans (i.e., 529 plans) to an ABLE account without penalty and without counting against the annual contribution limit. Additionally, allows ABLE account beneficiaries who worked but did not contribute to certain types of retirement plans in a given year to contribute more than the annual limit (\$15,000 in 2018) to his or her ABLE account, subject to established limits. Finally, provides that designated beneficiaries may be eligible for a tax credit for contributions he or she makes to an ABLE account. The rollover change was effective upon enactment. The additional contribution and tax credit changes are effective with tax year 2018 and sunset in January 2026.

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. Also provides a formula 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 monthly FBR 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 special 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 8*

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 SSA make payments on their behalf. When State supplementation is federally administered, SSA 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.

2018

*Public Law 115-165,
enacted April 13*

Limits overpayment liability for children in the foster care by clarifying that State payees for minors in foster care are responsible for repaying overpayments incurred while the State acted as payee.

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. Also extends OASDI and SSI fee withholding provisions to qualified non-attorneys effective with the implementation of the 5-year demonstration project mentioned below.

Act

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

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.

12. Administration of the Program

2015

*Public Law 114-74,
enacted November 2*

Authorizes SSA to establish automated information exchanges with payroll data providers. Recipients who give SSA permission to obtain their wages through such an exchange will not be subject to a penalty¹, under section 1129A of the Social Security Act (ACT), for any omission or error with respect to wages reported by the payroll data provider(s). Additionally, we will find good cause and not subject individuals to a penalty of monetary deduction from their SSI payments under section 1631(e)(2) of the Act, if they fail or delay to report a change in employer.

2018

*Public Law 115-165,
enacted April 13*

Protects SSI recipients with representative payees by:

- Strengthening oversight of representative payees by increasing the number of performance reviews of payees, requiring additional types of reviews, and improving the effectiveness of reviews;
- Reducing the burden on families by eliminating the requirement to file the annual accounting form for representative payees who are parents of and who live with the minor child recipients they serve, or who are spouses of the recipients they serve;
- Protecting the most vulnerable recipients through improved information-sharing by requiring SSA to identify whether a recipient is in foster care and reassess whether the payee is appropriate, and by directing SSA to study how better to coordinate with Adult Protective Services and with state guardianship courts;
- Enhancing personal control by allowing recipients to make a designation of their preferred payee in advance, and improve payee selection by requiring SSA to assess the appropriateness of the order-of-preference list it uses to select payees; and
- Helping to ensure that no recipient has a barred payee by codifying the policy that bans individuals with certain criminal convictions from serving as payees (including individuals currently serving as payees) and prohibiting individuals who have payees from serving as a payee for others.

¹ Section 1631(e)(2) of the Social Security Act authorizes SSA to assess a penalty when a recipient fails to report or delays reporting changes relevant to SSI eligibility or payment amount. The amounts of these penalties are \$25 for the first failure or delay, \$50 for the second failure or delay, and \$100 for each subsequent failure or delay.

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 (EITC)) and any payment received under section 3507 of the Internal Revenue Code (relating to advance payment of EITC);
- 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 \$1,870¹ per month but not more than \$7,550 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;²
- 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;²
- 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.

¹ Effective January 1, 2019 (83 FR 53702). The student earned income exclusion generally increases yearly based on changes in the cost of living. See table V.E1 for the history of maximum monthly and calendar year exclusion amounts.

² 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;¹
- 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);

¹ 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;
- 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 recipients 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;
- Generally, all interest and dividend income earned on countable resources;
- Lump sum payments made under the Energy Employees Occupational Illness Compensation Program Act of 2000 (the EEOCIP Act), including reimbursement for medical expenses, are excluded from income for SSI purposes;

Income and Resource Exclusions

- Contributions to an Achieving a Better Life Experience (ABLE) account¹ are excluded for the account's beneficiary. In addition, interest and dividends accrued by and retained within an ABLE account are also excluded; and
- Payments made by a State program intended to compensate individuals who had been sterilized under the authority of a State.

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);
- Household goods and personal effects;
- One automobile if used for transportation for the recipient or a member of the recipient'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 EITC for 12 months following the month of receipt;²

¹ Contributions, however, do not decrease the countable income of the person contributing. For example, if a parent who is a devisor to an SSI recipient were to deposit \$500 of their earnings into the recipient's ABLE account, we would still consider that \$500 to be part of the parent's gross wages, unless excluded otherwise. Similarly, if a recipient were to deposit \$500 of their earnings into their ABLE account, we would still consider the \$500 to be part of their gross wages, unless excluded otherwise.

² 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. The American Taxpayer Relief Act of 2012 (P.L. 112-240) made the 12-month exclusion permanent.

- 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;¹
- 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;²
- 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 recipients 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 recipient, for the costs of medical assistance provided to that individual);
- Payments or benefits provided under a Federal statute other than Title XVI of the Social Security Act where exclusion is provided by such statute;

¹ 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.

² 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.

Income and Resource Exclusions

- Up to \$100,000 held in a qualified ABLE account. Furthermore, any distribution from an ABLE account for a qualified disability expense that is not housing-related is excluded from resources in the month it is used or in a month for which it is intended to be used for such expenses; and
- Payments made by a State program intended to compensate individuals who had been sterilized under the authority of a State.

C. HISTORICAL ALLOWANCE DATA

At the end of 2018, 86 percent of federally administered 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.¹ Applicants may appeal unfavorable initial DDS decisions. Historically, the State DDS conducted the first level of appeal—the reconsideration appeal step. Claimants 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.² 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 use 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.³

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 our 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, the main computerized file for administering the SSI program. We match the “base” file against records from various other administrative sources, including transactions from the disability determination (SSA-831) files, Structured Data Repository (SDR), Social Security number identification records and earnings data, and hearing and Appeals Council level 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 3 most recent calendar year cohorts. Older calendar year cohorts reflect updated activ-

¹ A relatively small number of cases are sent for evaluation to Extended Service Team, Flexible Disability Unit, and Disability Processing Branch sites. All references to “State DDS” include these sites as well.

² SSA first implemented the Disability Service Improvement (DSI) process in the Boston Region in August 2006 (for the SSI program and disability claims filed under the Social Security program). 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.

³ As of January 1, 2019, SSA is reinstating the reconsideration level of appeal in these States via a staged roll-out that will be completed by the end of April 2020.

Historical Allowance Data

ity 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 2018.

Methods used for estimating results (through January 2019) for claims filed in 2018—Although decision counts are available for 2018 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 2019 for 2018 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 hearing and Appeals Council appeals activity from a file that tracks individual claimants, rather than individual claims, which has resulted in a slight undercount of hearing and Appeals Council individual claims. Recent revocation of the agency's subsequent application (i.e., an application filed while an earlier claim is pending at a review level) policy should largely eliminate the disparity between the number of 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 2019, whereas the final research files will reflect information through at least June 2019. Actual data for 2018 will replace these estimates in the 2020 Annual Report.

2. General Considerations

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

- Data for 1988-2017 filers are as of June 2018 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 2018.
- Data for 2018 filers are preliminary estimates as of January 2019, and reflect larger numbers of claims still pending. January 2019 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 the hearing level 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.¹
- The tables do not show the cases appealed to the Office of the Federal Reviewing Official level under the DSI process separately, but we included these cases in the reconsideration counts.

¹ As of January 1, 2019, SSA is reinstating the reconsideration level of appeal in these States via a staged roll-out that will be completed by the end of April 2020.

- 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^a and Level of Decision^b

Calendar year of filing	Total claims filed	Initial decisions						
		Pending	Allowances		Denials		Appeals of initial denials	
			Number	Percent ^c	Number	Percent ^c	Number ^d	Percent ^e
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	431,548	42.3
2004	1,475,149	—	387,857	26.3	1,087,292	73.7	434,291	39.9
2005	1,470,300	—	373,582	25.4	1,096,718	74.6	420,445	38.3
2006	1,499,551	—	367,973	24.5	1,131,578	75.5	428,193	37.8
2007	1,506,654	—	376,632	25.0	1,130,022	75.0	436,462	38.6
2008	1,602,444	—	418,258	26.1	1,184,186	73.9	486,770	41.1
2009	1,831,721	—	465,276	25.4	1,366,445	74.6	571,402	41.8
2010	1,881,418	—	450,337	23.9	1,431,081	76.1	612,080	42.8
2011	1,842,499	—	425,626	23.1	1,416,873	76.9	627,252	44.3
2012	1,794,616	—	414,620	23.1	1,379,996	76.9	616,106	44.6
2013	1,633,124	—	382,749	23.4	1,250,375	76.6	574,503	45.9
2014	1,496,914	—	355,295	23.7	1,141,619	76.3	522,449	45.8
2015	1,411,989	—	334,642	23.7	1,077,347	76.3	462,662	42.9
2016	1,324,279	—	320,682	24.2	1,003,597	75.8	425,652	42.4
2017	1,266,526	25,540	299,682	24.1	941,304	75.9	367,987	39.1
2018	1,196,400	243,856	312,891	32.8	639,653	67.2	210,835	33.0

Calendar year of filing	Reconsiderations ^f						Appeals beyond reconsideration ^g			
	Pending	Allowances		Denials	Appeals of reconsideration denials		Pending ⁱ	Allowances		Denials ^k
		Number	Percent ^c		Number ^h	Percent ^e		Number	Percent ^j	
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	210,228	70.0	—	159,464	52.7	142,943
2004	—	37,197	10.9	302,649	211,583	69.9	—	163,800	53.5	142,228
2005	—	34,753	10.6	293,829	205,752	70.0	—	163,212	54.8	134,403
2006	—	34,145	10.3	298,918	210,427	70.4	—	169,878	55.6	135,679
2007	—	35,893	10.6	304,060	214,678	70.6	—	170,932	54.9	140,255
2008	—	40,868	10.7	341,794	244,060	71.4	—	186,883	53.7	161,285
2009	—	43,507	9.7	406,284	293,455	72.2	—	205,052	49.4	210,014
2010	—	41,231	8.5	441,260	328,970	74.6	3,690	203,992	44.8	250,877
2011	—	42,102	8.5	451,375	340,922	75.5	4,411	195,268	41.5	275,018
2012	—	40,786	8.4	444,905	336,984	75.7	5,834	178,890	38.8	282,675
2013	—	37,169	8.2	415,114	320,876	77.3	8,863	162,359	37.4	271,874
2014	—	35,411	8.6	376,297	286,372	76.1	18,811	143,921	38.0	234,381
2015	—	34,107	9.4	330,078	245,196	74.3	67,669	106,652	38.6	169,352
2016	—	31,513	9.3	306,996	226,383	73.7	202,956	41,789	37.8	68,781
2017	39,926	22,133	8.7	233,636	160,732	68.8	219,399	3,585	26.3	10,040
2018	57,265	12,124	10.8	100,080	59,167	59.1	98,899	447	27.4	1,187

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

Selected summary case information by decision status: <i>Numbers of cases</i>						
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	580,563	—	822,440
2004	1,475,149	—	1,475,149	588,854	—	886,295
2005	1,470,300	—	1,470,300	571,547	—	898,753
2006	1,499,551	—	1,499,551	571,996	—	927,555
2007	1,506,654	—	1,506,654	583,457	—	923,197
2008	1,602,444	—	1,602,444	646,009	—	956,435
2009	1,831,721	—	1,831,721	713,835	—	1,117,886
2010	1,881,418	—	1,881,418	695,560	3,690	1,182,168
2011	1,842,499	—	1,842,499	662,996	4,411	1,175,092
2012	1,794,616	—	1,794,616	634,296	5,834	1,154,486
2013	1,633,124	—	1,633,124	582,277	8,863	1,041,984
2014	1,496,914	—	1,496,914	534,627	18,811	943,476
2015	1,411,989	—	1,411,989	475,401	67,669	868,919
2016	1,324,279	—	1,324,279	393,984	202,956	727,339
2017	1,266,526	25,540	1,240,986	325,400	259,325	656,261
2018	1,196,400	243,856	952,544	325,462	156,164	470,919

Historical Allowance Data

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

Calendar year of filing	Selected summary case information by decision status						
	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	—	61.1	38.9	—	61.1
2006	—	38.1	—	61.9	38.1	—	61.9
2007	—	38.7	—	61.3	38.7	—	61.3
2008	—	40.3	—	59.7	40.3	—	59.7
2009	—	39.0	—	61.0	39.0	—	61.0
2010	—	37.0	0.2	62.8	37.0	0.2	62.8
2011	—	36.0	.2	63.8	36.0	.2	63.8
2012	—	35.3	.3	64.3	35.3	.3	64.3
2013	—	35.7	.5	63.8	35.7	.5	63.8
2014	—	35.7	1.3	63.0	35.7	1.3	63.0
2015	—	33.7	4.8	61.5	33.7	4.8	61.5
2016	—	29.8	15.3	54.9	29.8	15.3	54.9
2017	2.0	25.7	20.5	51.8	26.2	20.9	52.9
2018	20.4	27.2	13.1	39.4	34.2	16.4	49.4

^a Data for claims filed in 1988-2017 reflect results as of June 2018 at the DDS level and as of July 2018 at the hearing and Appeals Council levels. The numbers of total claims filed for 2015-2017 are subject to change. Data for claims filed in 2018 are preliminary estimates as of January 2019. The ultimate numbers of allowances and denials are subject to change until all initial decisions have been completed and all appeals are final.

^b 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.

^c Percentage of decisions at this level

^d Includes certain cases that can be appealed directly to the hearing level.

^e Percentage of denials at this level appealed to next level.

^f Includes cases reviewed by the Office of the Federal Reviewing Official (OFedRO) during the period August 2006 through November 2008 as part of the DSI process.

^g Includes cases appealed to the hearing and Appeals Council levels and cases appealed to the to the Federal courts.

^h Number of persons appealing beyond the reconsideration level.

ⁱ Includes cases remanded to SSA from the Federal courts.

^j 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.

^k 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).

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

Calendar year of filing	Total claims filed	Initial decisions						
		Pending	Allowances		Denials		Appeals of initial denials	
			Number	Percent ^c	Number	Percent ^c	Number ^d	Percent ^e
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	59,700	23.6
2004	435,562	—	174,514	40.1	261,048	59.9	58,534	22.4
2005	424,876	—	163,705	38.5	261,171	61.5	55,364	21.2
2006	432,747	—	160,959	37.2	271,788	62.8	58,609	21.6
2007	433,941	—	160,261	36.9	273,680	63.1	60,031	21.9
2008	449,451	—	171,593	38.2	277,858	61.8	66,058	23.8
2009	516,130	—	193,872	37.6	322,258	62.4	79,923	24.8
2010	517,642	—	186,513	36.0	331,129	64.0	82,492	24.9
2011	505,692	—	179,592	35.5	326,100	64.5	82,879	25.4
2012	491,691	—	174,882	35.6	316,809	64.4	80,091	25.3
2013	444,226	—	158,730	35.7	285,496	64.3	69,547	24.4
2014	416,653	—	155,077	37.2	261,576	62.8	60,206	23.0
2015	417,877	—	159,188	38.1	258,689	61.9	54,323	21.0
2016	392,716	—	157,230	40.0	235,486	60.0	49,229	20.9
2017	375,197	4,767	152,672	41.2	217,758	58.8	43,501	20.0
2018	360,099	61,815	152,423	51.1	145,861	48.9	24,130	16.5

Calendar year of filing	Reconsiderations ^f					Appeals beyond reconsideration ^g				
	Pending	Allowances		Denials	Appeals of reconsideration denials		Pending ⁱ	Allowances		Denials ^k
		Number	Percent ^c		Number ^h	Percent ^e		Number	Percent ^j	
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	20,752
2004	—	6,209	14.1	37,948	15,758	41.5	—	10,021	33.3	20,114
2005	—	6,020	14.2	36,306	15,188	41.8	—	9,578	33.9	18,648
2006	—	6,158	13.6	39,049	16,436	42.1	—	10,828	36.3	19,010
2007	—	6,016	12.9	40,557	17,141	42.3	—	11,154	36.5	19,445
2008	—	6,888	13.2	45,196	19,639	43.5	—	11,786	35.1	21,827
2009	—	7,704	12.3	54,757	24,473	44.7	—	12,974	30.9	28,961
2010	—	7,548	11.6	57,616	26,196	45.5	180	12,105	27.9	31,239
2011	—	7,492	11.3	58,563	27,380	46.8	189	11,728	26.6	32,287
2012	—	7,036	11.0	56,822	26,217	46.1	262	10,516	24.9	31,672
2013	—	6,038	11.0	48,733	22,527	46.2	407	9,397	25.5	27,499
2014	—	5,633	11.9	41,846	18,095	43.2	1,248	7,988	27.0	21,586
2015	—	5,528	12.9	37,353	15,294	40.9	5,633	5,617	26.6	15,486
2016	—	5,175	13.1	34,365	13,415	39.0	15,718	1,827	24.7	5,559
2017	4,203	3,938	12.7	27,104	9,292	34.3	16,658	113	12.7	777
2018	5,700	2,023	14.5	11,897	3,450	29.0	7,820	16	11.4	124

Historical Allowance Data

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

Selected summary case information by decision status: <i>Numbers of cases</i>						
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	190,744	—	244,818
2005	424,876	—	424,876	179,303	—	245,573
2006	432,747	—	432,747	177,945	—	254,802
2007	433,941	—	433,941	177,431	—	256,510
2008	449,451	—	449,451	190,267	—	259,184
2009	516,130	—	516,130	214,550	—	301,580
2010	517,642	—	517,642	206,166	180	311,296
2011	505,692	—	505,692	198,812	189	306,691
2012	491,691	—	491,691	192,434	262	298,995
2013	444,226	—	444,226	174,165	407	269,654
2014	416,653	—	416,653	168,698	1,248	246,707
2015	417,877	—	417,877	170,333	5,633	241,911
2016	392,716	—	392,716	164,232	15,718	212,766
2017	375,197	4,767	370,430	156,723	20,861	192,846
2018	360,099	61,815	298,284	154,462	13,520	130,302

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

Calendar year of filing	Selected summary case information by decision status						
	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	—	57.8	42.2	—	57.8
2006	—	41.1	—	58.9	41.1	—	58.9
2007	—	40.9	—	59.1	40.9	—	59.1
2008	—	42.3	—	57.7	42.3	—	57.7
2009	—	41.6	—	58.4	41.6	—	58.4
2010	—	39.8	¹	60.1	39.8	¹	60.1
2011	—	39.3	¹	60.6	39.3	¹	60.6
2012	—	39.1	0.1	60.8	39.1	0.1	60.8
2013	—	39.2	.1	60.7	39.2	.1	60.7
2014	—	40.5	.3	59.2	40.5	.3	59.2
2015	—	40.8	1.3	57.9	40.8	1.3	57.9
2016	—	41.8	4.0	54.2	41.8	4.0	54.2
2017	1.3	41.8	5.6	51.4	42.3	5.6	52.1
2018	17.2	42.9	3.8	36.2	51.8	4.5	43.7

^a Data for claims filed in 1988-2017 reflect results as of June 2018 at the DDS level and as of July 2018 at the hearing and Appeals Council levels. The numbers of total claims filed for 2015-2017 are subject to change. Data for claims filed in 2018 are preliminary estimates as of January 2019. The ultimate numbers of allowances and denials are subject to change until all initial decisions have been completed and all appeals are final.

^b 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.

^c Percentage of decisions at this level

^d Includes certain cases that can be appealed directly to the hearing level.

^e Percentage of denials at this level appealed to next level.

^f Includes cases reviewed by the Office of the Federal Reviewing Official (OFedRO) during the period August 2006 through November 2008 as part of the DSI process.

^g Includes cases appealed to the hearing and Appeals Council levels and cases appealed to the Federal courts.

^h Number of persons appealing beyond the reconsideration level.

ⁱ Includes cases remanded to SSA from the Federal courts.

^j 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.

^k 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).

¹ Less than 0.05 percent.

D. HISTORICAL NON-MEDICAL REDETERMINATION AND MEDICAL CONTINUING DISABILITY REVIEW DATA

1. Non-medical Redeterminations

Non-medical redeterminations are reviews of all of the non-medical 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 these redeterminations: scheduled and unscheduled. All recipients are subject to scheduling for a non-medical redetermination at the discretion of the Social Security Administration (SSA). Every year SSA schedules non-medical 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 non-medical 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. Non-medical 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 Record¹ 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, non-medical redetermination completions reported in SSA's Agency Financial Report² include limited issue completions.

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

Table V.D1.—SSI Non-medical Redeterminations^a and Limited Issues Completed, Fiscal Years 1986-2018
[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.....	^c 1,900	b	b
1995.....	^d 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.....	^e 1,725	737	2,462

¹ The main administrative file for the SSI program.

² Publication No. 31-231 is available at www.ssa.gov/finance/index.html.

Table V.D1.—SSI Non-medical Redeterminations^a and Limited Issues Completed, Fiscal Years 1986-2018 (Cont.)
[In thousands]

Fiscal year	Numbers of completions		Total
	Redeterminations	Limited issues	
2006.....	^e 1,071	348	1,418
2007.....	^e 692	346	1,039
2008.....	^e 900	321	1,221
2009.....	^e 1,390	341	1,731
2010.....	2,248	218	2,466
2011.....	^f 2,223	^f 234	^f 2,457
2012.....	2,408	216	2,624
2013.....	2,437	197	2,634
2014.....	2,447	181	2,628
2015.....	2,084	183	2,267
2016.....	^f 2,324	^f 180	^f 2,505
2017.....	2,401	189	2,590
2018.....	2,631	282	2,913

^a Effective fiscal year 2007, total non-medical redeterminations reported by SSA include limited issues.

^b Data not available.

^c Decrease in number of non-medical redeterminations completed in fiscal year 1994 due to low-error profile redeterminations not being completed from January through September 1994.

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

^e We selected fewer non-medical redeterminations in fiscal years 2005-09 due to limitations on administrative funding.

^f Includes non-medical redeterminations completed during the 53 operating weeks in fiscal years 2011 and 2016.

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

2. Medical 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 in order to ensure that such beneficiaries continue to meet the definition of disability. 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 medical 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 medical eligibility, using the adult initial eligibility criteria, of at least one-third of all SSI child recipients who reached age 18 after April 1995 within 1 year of attainment of age 18. Such medical 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 medical 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

Historical Redetermination and Medical CDR Data

mailer questionnaire for selected cases. In 1996, SSA extended this profiling process to SSI adults who were scheduled for a CDR. In fiscal year 2018, we deferred full medical reviews for 231,351 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 4,959 centrally initiated medical CDRs involving SSI recipients in fiscal year 2018 as a result of the streamlined FTC process. A more detailed discussion of CDRs can be found in the Annual Report of Medical Continuing Disability Reviews.¹

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.² 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 results³ on CDRs of SSI recipients performed in the most recent 15 years.⁴ 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 (e.g., 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 CDR decision.

¹ The most recent such report can be found at www.ssa.gov/legislation/FY%202014%20CDR%20Report.pdf.

² Individuals concurrently receiving OASDI and SSI benefits where the OASDI benefit is not based on the individual's disability are initiated as Title XVI CDRs. The results of the review only affect the individual's eligibility for SSI benefits.

³ We included in these tables the SSI recipients whose benefits terminate as a result of medical 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 December 19, 2016, presented estimates of the effects of CDRs conducted in fiscal year 2014.

⁴ For years prior to 2003, see the most recent Annual Report of Continuing Disability Reviews for the summary of results for all years since 1993.

Table V.D2.—SSI Continuing Disability Full Medical Reviews ^a by Year of Initial Decision, Fiscal Years 1993-2018
[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	b	4	8	29
1996	27	55	82	6	13	1	19	101
1997	51	70	121	7	49	b	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
2013	52	35	87	19	92	53	164	251
2014	62	50	112	18	86	89	193	305
2015	74	157	231	14	84	224	322	554
2016	75	180	255	15	81	261	357	612
2017	86	203	289	15	86	209	310	598
2018	84	195	279	17	82	229	328	607

^a Excludes reviews conducted outside of the centrally initiated CDR scheduling process.

^b Fewer than 500.

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

Historical Redetermination and Medical CDR Data

Table V.D3.—SSI Disabled Adult Reviews: Disposition^a of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2004-2018

Fiscal year of initial DDS decision ^b	Initial decisions						
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration	
		Number	Percent ^c	Number	Percent ^c	Number	Percent ^d
Reviews of concurrent Title II/XVI cases initiated under Title II							
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	2,210	65.6
2010	39,908	35,879	89.9	4,029	10.1	2,645	65.6
2011	37,799	33,194	87.8	4,605	12.2	2,947	64.0
2012	50,715	43,409	85.6	7,306	14.4	4,803	65.7
2013	51,844	44,924	86.7	6,920	13.3	4,867	70.3
2014	62,400	53,478	85.7	8,922	14.3	6,464	72.5
2015	74,422	61,183	82.2	13,239	17.8	9,381	70.9
2016	74,680	62,151	83.2	12,529	16.8	8,829	70.5
2017	85,992	71,560	83.2	14,432	16.8	9,907	68.6
2018	84,090	70,155	83.4	13,935	16.6	9,050	64.9
Title XVI initiated reviews							
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	1,267	67.3
2009	29,137	27,233	93.5	1,904	6.5	1,376	72.3
2010	34,575	31,766	91.9	2,809	8.1	1,984	70.6
2011	33,460	30,291	90.5	3,169	9.5	2,191	69.1
2012	46,439	39,954	86.0	6,485	14.0	4,338	66.9
2013	34,941	30,850	88.3	4,091	11.7	2,862	70.0
2014	49,810	43,552	87.4	6,258	12.6	4,536	72.5
2015	156,987	132,651	84.5	24,336	15.5	17,226	70.8
2016	179,901	152,339	84.7	27,562	15.3	18,971	68.8
2017	202,608	168,443	83.1	34,165	16.9	23,711	69.4
2018	194,626	165,687	85.1	28,939	14.9	19,082	65.9
Total reviews, SSI disabled adults							
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	3,926	65.0
2009	70,746	65,471	92.5	5,275	7.5	3,586	68.0
2010	74,483	67,645	90.8	6,838	9.2	4,629	67.7
2011	71,259	63,485	89.1	7,774	10.9	5,138	66.1
2012	97,154	83,363	85.8	13,791	14.2	9,141	66.3
2013	86,785	75,774	87.3	11,011	12.7	7,729	70.2
2014	112,210	97,030	86.5	15,180	13.5	11,000	72.5
2015	231,409	193,834	83.8	37,575	16.2	26,607	70.8
2016	254,581	214,490	84.3	40,091	15.7	27,800	69.3
2017	288,600	240,003	83.2	48,597	16.8	33,618	69.2
2018	278,716	235,842	84.6	42,874	15.4	28,132	65.6

Table V.D3.—SSI Disabled Adult Reviews: Disposition^a of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2004-2018 (Cont.)

Fiscal year of initial DDS decision ^b	Reconsiderations						Appeals beyond reconsideration ^c			
	Pending	Continuations		Cessations	Appeals to beyond reconsideration		Pending	Continuations		
		Number	Percent ^e		Number ^f	Percent ^d		Number	Percent	Cessations
Reviews of concurrent Title II/XVI cases initiated under Title II										
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	—	653	43.8	839
2006	—	3,038	63.6	1,738	1,279	73.6	—	571	44.6	708
2007	—	1,461	67.8	694	531	76.5	—	238	44.8	293
2008	—	1,789	67.3	870	679	78.0	—	288	42.4	391
2009	—	1,510	68.3	700	561	80.1	—	208	37.1	353
2010	—	1,759	66.5	886	680	76.7	—	235	34.6	445
2011	—	1,770	60.1	1,177	897	76.2	—	263	29.3	634
2012	—	2,882	60.0	1,921	1,477	76.9	—	443	30.0	1,034
2013	1	2,944	60.5	1,922	1,366	71.1	10	394	29.1	962
2014	3	3,873	59.9	2,588	1,885	72.8	16	536	28.7	1,333
2015	20	5,597	59.8	3,764	2,660	70.7	109	622	24.4	1,929
2016	65	5,444	62.1	3,320	2,268	68.3	653	386	23.9	1,229
2017	429	6,203	65.4	3,275	2,066	63.1	1,413	145	22.2	508
2018	2,730	4,621	73.1	1,699	836	49.2	786	9	18.0	41
Title XVI initiated reviews										
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	—	152	44.4	190
2008	—	866	68.4	401	302	75.3	—	121	40.1	181
2009	—	995	72.3	381	284	74.5	—	101	35.6	183
2010	—	1,416	71.4	568	456	80.3	—	157	34.4	299
2011	—	1,498	68.4	693	554	79.9	—	184	33.2	370
2012	—	2,686	61.9	1,652	1,275	77.2	4	409	32.2	862
2013	1	1,784	62.4	1,077	784	72.8	6	223	28.7	555
2014	1	2,705	59.6	1,830	1,307	71.4	7	373	28.7	927
2015	53	10,017	58.3	7,156	5,021	70.2	193	1,126	23.3	3,702
2016	223	11,492	61.3	7,256	4,928	67.9	1,553	728	21.6	2,647
2017	1,140	14,195	62.9	8,376	5,389	64.3	3,594	315	17.5	1,480
2018	5,981	9,558	73.0	3,543	1,828	51.6	1,704	12	9.7	112
Total reviews, SSI disabled adults										
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	—	1,425	40.2	2,119
2006	—	4,843	63.5	2,786	2,025	72.7	—	855	42.2	1,170
2007	—	2,424	67.7	1,157	873	75.5	—	390	44.7	483
2008	—	2,655	67.6	1,271	981	77.2	—	409	41.7	572
2009	—	2,505	69.9	1,081	845	78.2	—	309	36.6	536
2010	—	3,175	68.6	1,454	1,136	78.1	—	392	34.5	744
2011	—	3,268	63.6	1,870	1,451	77.6	—	447	30.8	1,004
2012	—	5,568	60.9	3,573	2,752	77.0	4	852	31.0	1,896
2013	2	4,728	61.2	2,999	2,150	71.7	16	617	28.9	1,517
2014	4	6,578	59.8	4,418	3,192	72.2	23	909	28.7	2,260
2015	73	15,614	58.8	10,920	7,681	70.3	302	1,748	23.7	5,631
2016	288	16,936	61.6	10,576	7,196	68.0	2,206	1,114	22.3	3,876
2017	1,569	20,398	63.6	11,651	7,455	64.0	5,007	460	18.8	1,988
2018	8,711	14,179	73.0	5,242	2,664	50.8	2,490	21	12.1	153

Table V.D3.—SSI Disabled Adult Reviews: Disposition^a of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2004-2018 (Cont.)

Fiscal year of initial DDS decision ^b	Selected summary case information by decision status as of February 2019						
	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							
2004	84,622	79,420	—	5,202	93.9	—	6.1
2005	80,597	75,167	—	5,430	93.3	—	6.7
2006	71,825	67,398	—	4,427	93.8	—	6.2
2007	26,469	24,592	—	1,877	92.9	—	7.1
2008	40,045	37,968	—	2,077	94.8	—	5.2
2009	41,609	39,956	—	1,653	96.0	—	4.0
2010	39,908	37,873	—	2,035	94.9	—	5.1
2011	37,799	35,227	—	2,572	93.2	—	6.8
2012	50,715	46,734	—	3,981	92.2	—	7.8
2013	51,844	48,262	11	3,571	93.1	^g	6.9
2014	62,400	57,887	19	4,494	92.8	^g	7.2
2015	74,422	67,402	129	6,891	90.6	0.2	9.3
2016	74,680	67,981	718	5,981	91.0	1.0	8.0
2017	85,992	77,908	1,842	6,242	90.6	2.1	7.3
2018	84,090	74,785	3,516	5,789	88.9	4.2	6.9
Title XVI initiated reviews							
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	17,121	—	1,051	94.2	—	5.8
2008	18,933	18,036	—	897	95.3	—	4.7
2009	29,137	28,329	—	808	97.2	—	2.8
2010	34,575	33,339	—	1,236	96.4	—	3.6
2011	33,460	31,973	—	1,487	95.6	—	4.4
2012	46,439	43,049	4	3,386	92.7	^g	7.3
2013	34,941	32,857	7	2,077	94.0	^g	5.9
2014	49,810	46,630	8	3,172	93.6	^g	6.4
2015	156,987	143,794	246	12,947	91.6	.2	8.2
2016	179,901	164,559	1,776	13,566	91.5	1.0	7.5
2017	202,608	182,953	4,734	14,921	90.3	2.3	7.4
2018	194,626	175,257	7,685	11,684	90.0	3.9	6.0
Total reviews, SSI disabled adults							
2004	305,751	290,217	—	15,534	94.9	—	5.1
2005	190,669	178,502	—	12,167	93.6	—	6.4
2006	112,430	105,444	—	6,986	93.8	—	6.2
2007	44,641	41,713	—	2,928	93.4	—	6.6
2008	58,978	56,004	—	2,974	95.0	—	5.0
2009	70,746	68,285	—	2,461	96.5	—	3.5
2010	74,483	71,212	—	3,271	95.6	—	4.4
2011	71,259	67,200	—	4,059	94.3	—	5.7
2012	97,154	89,783	4	7,367	92.4	^g	7.6
2013	86,785	81,119	18	5,648	93.5	^g	6.5
2014	112,210	104,517	27	7,666	93.1	^g	6.8
2015	231,409	211,196	375	19,838	91.3	.2	8.6
2016	254,581	232,540	2,494	19,547	91.3	1.0	7.7
2017	288,600	260,861	6,576	21,163	90.4	2.3	7.3
2018	278,716	250,042	11,201	17,473	89.7	4.0	6.3

^a Data reflect results as of February 2019. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

^b For years prior to 2004, see the most recent Annual Report of Continuing Disability Reviews.

^c Percentage of decisions at this level.

^d Percentage of cessations at this level appealed to next level.

^e 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 hearing and Appeals Council levels for cases remanded to us by the courts. The excluded experience in the Federal courts has a minimal impact on the number of continuations.

^f Number of persons appealing beyond the reconsideration level.

^g Less than 0.05 percent.

Table V.D4.—SSI Disabled Child Reviews: Disposition^a of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2004-2018

Fiscal year of initial DDS decision ^b	Initial decisions						
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration	
		Number	Percent ^c	Number	Percent ^c	Number	Percent ^d
Reviews of low-birth-weight children							
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	2,092	30.9
2010	22,396	9,048	40.4	13,348	59.6	4,425	33.2
2011	19,359	7,608	39.3	11,751	60.7	3,794	32.3
2012	16,416	6,487	39.5	9,929	60.5	3,020	30.4
2013	19,299	7,672	39.8	11,627	60.2	3,948	34.0
2014	18,126	7,174	39.6	10,952	60.4	3,919	35.8
2015	14,321	5,840	40.8	8,481	59.2	2,989	35.2
2016	15,283	6,403	41.9	8,880	58.1	2,928	33.0
2017	14,921	6,648	44.6	8,273	55.4	2,705	32.7
2018	17,346	7,937	45.8	9,409	54.2	2,921	31.0
Redeterminations at age 18							
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	17,773	50.8
2008	69,430	34,547	49.8	34,883	50.2	17,650	50.6
2009	100,986	51,712	51.2	49,274	48.8	27,205	55.2
2010	87,310	41,545	47.6	45,765	52.4	24,840	54.3
2011	93,256	42,772	45.9	50,484	54.1	26,498	52.5
2012	81,568	36,585	44.9	44,983	55.1	22,867	50.8
2013	91,519	40,507	44.3	51,012	55.7	27,539	54.0
2014	85,708	37,022	43.2	48,686	56.8	26,488	54.4
2015	84,499	36,463	43.2	48,036	56.8	25,093	52.2
2016	81,025	34,924	43.1	46,101	56.9	23,403	50.8
2017	86,378	39,771	46.0	46,607	54.0	23,449	50.3
2018	81,662	38,857	47.6	42,805	52.4	20,787	48.6
All other reviews of SSI disabled children							
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	1,200	52.6
2010	16,677	12,501	75.0	4,176	25.0	2,143	51.3
2011	25,166	17,157	68.2	8,009	31.8	3,932	49.1
2012	64,834	41,269	63.7	23,565	36.3	12,308	52.2
2013	52,998	33,760	63.7	19,238	36.3	10,556	54.9
2014	88,993	57,060	64.1	31,933	35.9	18,964	59.4
2015	223,607	150,118	67.1	73,489	32.9	42,820	58.3
2016	261,185	183,221	70.1	77,964	29.9	44,866	57.5
2017	208,500	150,827	72.3	57,673	27.7	32,429	56.2
2018	229,341	177,077	77.2	52,264	22.8	28,907	55.3
Total reviews, SSI disabled children							
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	18,951	49.7
2008	79,409	40,251	50.7	39,158	49.3	19,245	49.1
2009	124,134	65,808	53.0	58,326	47.0	30,497	52.3
2010	126,383	63,094	49.9	63,289	50.1	31,408	49.6
2011	137,781	67,537	49.0	70,244	51.0	34,224	48.7
2012	162,818	84,341	51.8	78,477	48.2	38,195	48.7
2013	163,816	81,939	50.0	81,877	50.0	42,043	51.3
2014	192,827	101,256	52.5	91,571	47.5	49,371	53.9
2015	322,427	192,421	59.7	130,006	40.3	70,902	54.5
2016	357,493	224,548	62.8	132,945	37.2	71,197	53.6
2017	309,799	197,246	63.7	112,553	36.3	58,583	52.0
2018	328,349	223,871	68.2	104,478	31.8	52,615	50.4

Historical Redetermination and Medical CDR Data

Table V.D4.—SSI Disabled Child Reviews: Disposition^a of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2004-2018 (Cont.)

Fiscal year of initial DDS decision ^b	Reconsiderations						Appeals beyond reconsideration ^c			
	Pending	Continuations		Cessations	Appeals to beyond reconsideration		Pending	Continuations		Cessations
		Number	Percent ^e		Number ^f	Percent ^d		Number	Percent	
Reviews of low-birth-weight children										
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	—	38	20.1	151
2008	—	264	28.6	660	361	54.7	—	64	17.7	297
2009	—	592	28.3	1,500	869	57.9	—	155	17.8	714
2010	—	1,190	26.9	3,235	1,884	58.2	—	284	15.1	1,600
2011	—	1,068	28.1	2,726	1,680	61.6	—	234	13.9	1,446
2012	—	868	28.7	2,152	1,222	56.8	—	158	12.9	1,064
2013	—	1,095	27.7	2,853	1,570	55.0	1	217	13.8	1,352
2014	—	1,166	29.8	2,753	1,421	51.6	6	187	13.2	1,228
2015	3	909	30.4	2,077	1,051	50.6	56	111	11.2	884
2016	25	1,000	34.4	1,903	939	49.3	277	75	11.3	587
2017	194	925	36.8	1,586	719	45.3	499	26	11.8	194
2018	1,276	702	42.7	943	337	35.7	311	2	7.7	24
Redeterminations at age 18										
2004	—	3,531	30.5	8,054	4,646	57.7	—	1,298	27.9	3,348
2005	—	3,756	30.3	8,647	5,135	59.4	—	1,436	28.0	3,699
2006	—	2,581	27.6	6,759	4,130	61.1	—	1,220	29.5	2,910
2007	—	4,793	27.0	12,980	8,273	63.7	—	2,449	29.6	5,824
2008	—	5,091	28.8	12,559	8,361	66.6	—	2,256	27.0	6,105
2009	—	7,047	25.9	20,158	13,356	66.3	—	3,302	24.7	10,054
2010	—	5,994	24.1	18,846	12,578	66.7	—	2,761	22.0	9,817
2011	—	6,494	24.5	20,004	13,415	67.1	—	2,668	19.9	10,747
2012	2	5,641	24.7	17,224	11,107	64.5	1	2,081	18.7	9,025
2013	—	6,201	22.5	21,338	12,661	59.3	19	2,108	16.7	10,534
2014	6	5,939	22.4	20,543	11,788	57.4	81	1,866	15.9	9,841
2015	73	5,721	22.9	19,299	10,794	55.9	403	1,450	14.0	8,941
2016	341	6,112	26.5	16,950	9,156	54.0	2,265	900	13.1	5,991
2017	1,960	6,503	30.3	14,986	7,503	50.1	4,726	347	12.5	2,430
2018	8,026	4,758	37.3	8,003	3,217	40.2	2,961	26	10.2	230
All other reviews of SSI disabled children										
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	—	61	23.6	198
2009	—	506	42.2	694	448	64.6	—	95	21.2	353
2010	—	764	35.7	1,379	953	69.1	—	159	16.7	794
2011	—	1,306	33.2	2,626	1,807	68.8	—	344	19.0	1,463
2012	—	3,717	30.2	8,591	5,949	69.2	2	957	16.1	4,990
2013	1	3,094	29.3	7,461	4,729	63.4	9	661	14.0	4,059
2014	5	5,610	29.6	13,349	8,438	63.2	30	1,225	14.6	7,183
2015	48	14,421	33.7	28,351	17,338	61.2	795	2,480	15.0	14,063
2016	498	16,362	36.9	28,006	16,211	57.9	5,122	1,607	14.5	9,482
2017	2,489	12,663	42.3	17,277	9,380	54.3	6,664	375	13.8	2,341
2018	11,292	9,198	52.2	8,417	3,742	44.5	3,530	19	9.0	193
Total reviews, SSI disabled children										
2004	—	9,045	34.5	17,174	10,143	59.1	—	2,563	25.3	7,580
2005	—	7,579	33.2	15,219	9,087	59.7	—	2,309	25.4	6,778
2006	—	3,945	30.0	9,215	5,634	61.1	—	1,566	27.8	4,068
2007	—	5,235	27.6	13,716	8,726	63.6	—	2,567	29.4	6,159
2008	—	5,607	29.1	13,638	8,981	65.9	—	2,381	26.5	6,600
2009	—	8,145	26.7	22,352	14,673	65.6	—	3,552	24.2	11,121
2010	—	7,948	25.3	23,460	15,415	65.7	—	3,204	20.8	12,211
2011	—	8,868	25.9	25,356	16,902	66.7	—	3,246	19.2	13,656
2012	2	10,226	26.8	27,967	18,278	65.4	3	3,196	17.5	15,079
2013	1	10,390	24.7	31,652	18,960	59.9	29	2,986	15.8	15,945
2014	11	12,715	25.8	36,645	21,647	59.1	117	3,278	15.2	18,252
2015	124	21,051	29.7	49,727	29,183	58.7	1,254	4,041	14.5	23,888
2016	864	23,474	33.4	46,859	26,306	56.1	7,664	2,582	13.9	16,060
2017	4,643	20,091	37.2	33,849	17,602	52.0	11,889	748	13.1	4,965
2018	20,594	14,658	45.8	17,363	7,296	42.0	6,802	47	9.5	447

Table V.D4.—SSI Disabled Child Reviews: Disposition^a of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2004-2018 (Cont.)

		Selected summary case information by decision status as of February 2019					
Fiscal year of initial DDS decision ^b	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 low-birth-weight children							
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	1,579	—	1,596	49.7	—	50.3
2008	5,272	2,559	—	2,713	48.5	—	51.5
2009	12,511	6,488	—	6,023	51.9	—	48.1
2010	22,396	10,522	—	11,874	47.0	—	53.0
2011	19,359	8,910	—	10,449	46.0	—	54.0
2012	16,416	7,513	—	8,903	45.8	—	54.2
2013	19,299	8,984	1	10,314	46.6	g	53.4
2014	18,126	8,527	6	9,593	47.0	g	52.9
2015	14,321	6,860	59	7,402	47.9	0.4	51.7
2016	15,283	7,478	302	7,503	48.9	2.0	49.1
2017	14,921	7,599	693	6,629	50.9	4.6	44.4
2018	17,346	8,641	1,587	7,118	49.8	9.1	41.0
Redeterminations at age 18							
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	43,581	—	27,778	61.1	—	38.9
2008	69,430	41,894	—	27,536	60.3	—	39.7
2009	100,986	62,061	—	38,925	61.5	—	38.5
2010	87,310	50,300	—	37,010	57.6	—	42.4
2011	93,256	51,934	—	41,322	55.7	—	44.3
2012	81,568	44,307	3	37,258	54.3	g	45.7
2013	91,519	48,816	19	42,684	53.3	g	46.6
2014	85,708	44,827	87	40,794	52.3	.1	47.6
2015	84,499	43,634	476	40,389	51.6	.6	47.8
2016	81,025	41,936	2,606	36,483	51.8	3.2	45.0
2017	86,378	46,621	6,686	33,071	54.0	7.7	38.3
2018	81,662	43,641	10,987	27,034	53.4	13.5	33.1
All other reviews of SSI disabled children							
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	3,786	—	921	80.4	—	19.6
2009	10,637	8,956	—	1,681	84.2	—	15.8
2010	16,677	13,424	—	3,253	80.5	—	19.5
2011	25,166	18,807	—	6,359	74.7	—	25.3
2012	64,834	45,943	2	18,889	70.9	g	29.1
2013	52,998	37,515	10	15,473	70.8	g	29.2
2014	88,993	63,895	35	25,063	71.8	g	28.2
2015	223,607	167,019	843	55,745	74.7	.4	24.9
2016	261,185	201,190	5,620	54,375	77.0	2.2	20.8
2017	208,500	163,865	9,153	35,482	78.6	4.4	17.0
2018	229,341	186,294	14,822	28,225	81.2	6.5	12.3
Total reviews, SSI disabled children							
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	48,670	—	30,304	61.6	—	38.4
2008	79,409	48,239	—	31,170	60.7	—	39.3
2009	124,134	77,505	—	46,629	62.4	—	37.6
2010	126,383	74,246	—	52,137	58.7	—	41.3
2011	137,781	79,651	—	58,130	57.8	—	42.2
2012	162,818	97,763	5	65,050	60.0	g	40.0
2013	163,816	95,315	30	68,471	58.2	g	41.8
2014	192,827	117,249	128	75,450	60.8	.1	39.1
2015	322,427	217,513	1,378	103,536	67.5	.4	32.1
2016	357,493	250,604	8,528	98,361	70.1	2.4	27.5
2017	309,799	218,085	16,532	75,182	70.4	5.3	24.3
2018	328,349	238,576	27,396	62,377	72.7	8.3	19.0

^a Data reflect results as of February 2019. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

^b For years prior to 2004, see the most recent Annual Report of Continuing Disability Reviews.

^c Percentage of decisions at this level.

^d Percentage of cessations at this level appealed to next level.

^e 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 hearing and Appeals Council levels for cases remanded to us by the courts. The excluded experience in the Federal courts has a minimal impact on the number of continuations.

^f Number of persons appealing beyond the reconsideration level.

^g 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 (SEIE) 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 (VR) programs whose disability ceased due to medical recovery (extended to SSI blind recipients, effective April 1988);
- Establishing section 1619, which provides the following:
 - 1619(a) allows us to continue to provide cash payments when the recipient earns above substantial gainful activity (SGA), an earnings level that would have previously made them ineligible for any payment; and
 - 1619(b) allows recipients to remain eligible for Medicaid when their earnings reduce their cash payment to \$0.

Table V.E1 presents the historical SGA and SEIE amounts.

Table V.E1.—SSI Substantial Gainful Activity and Student Earned Income Exclusion Amounts, Calendar Years 1974-2019

Year	SGA level ^b	SEIE ^a	
		Monthly exclusion	Maximum exclusion for calendar year
1974 to 1975	\$200	\$400	\$1,620
1976.....	230	400	1,620
1977.....	240	400	1,620
1978.....	260	400	1,620
1979.....	280	400	1,620
1980 to 1989	300	400	1,620
1990 to 1998	500	400	1,620
1999 to 2000	^c 700	400	1,620
2001.....	740	1,290	5,200
2002.....	780	1,320	5,340
2003.....	800	1,340	5,410
2004.....	810	1,370	5,520
2005.....	830	1,410	5,670
2006.....	860	1,460	5,910
2007.....	900	1,510	6,100
2008.....	940	1,550	6,240
2009.....	980	1,640	6,600
2010.....	1,000	1,640	6,600
2011.....	1,000	1,640	6,600
2012.....	1,010	1,700	6,840
2013.....	1,040	1,730	6,960
2014.....	1,070	1,750	7,060

Table V.E1.—SSI Substantial Gainful Activity and Student Earned Income Exclusion Amounts, Calendar Years 1974-2019 (Cont.)

Year	SGA level ^b	SEIE ^a	
		Monthly exclusion	Maximum exclusion for calendar year
2015.....	\$1,090	\$1,780	\$7,180
2016.....	1,130	1,780	7,180
2017.....	1,170	1,790	7,200
2018.....	1,180	1,820	7,350
2019.....	1,220	1,870	7,550

^a Under current regulations, this amount increases yearly based on changes in the cost of living.

^b 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 under the SSI program.

^c Increased to \$700 in July 1999.

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.¹

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.E2 presents historical numbers of SSI recipients categorized according to their section 1619 status. Figure V.E1 presents this information in graphical form.

Table V.E2.—SSI Federally Administered Blind or Disabled Working Recipients as of December, 1987-2018

Year	In current-payment status			Total workers
	1619(a) workers ^a	Other workers ^b	1619(b) workers ^c	
1987.....	14,559	142,664	15,632	172,855
1988.....	19,920	153,599	15,625	189,144
1989.....	25,655	161,928	18,254	205,837
1990.....	13,994	182,421	23,517	219,932
1991.....	15,531	186,824	27,264	229,619
1992.....	17,603	199,665	31,649	248,917
1993.....	20,028	210,322	35,299	265,649
1994.....	24,315	217,478	40,683	282,476
1995.....	28,060	223,573	47,002	298,635
1996.....	31,085	225,310	51,905	308,300
1997.....	34,673	228,093	57,089	319,855
1998.....	37,271	229,662	59,542	326,475
1999.....	25,528	245,825	69,265	340,618
2000.....	27,542	249,313	83,572	360,427
2001.....	22,100	247,555	76,455	346,110
2002.....	17,271	241,462	82,177	340,910
2003.....	17,132	235,453	71,097	323,682
2004.....	17,114	237,409	73,681	328,204
2005.....	17,621	240,744	78,205	336,570
2006.....	17,394	242,676	89,350	349,420
2007.....	16,939	242,854	97,551	357,344
2008.....	16,142	240,138	99,482	355,762
2009.....	11,900	236,741	91,534	340,175
2010.....	11,305	234,481	72,751	318,537
2011.....	11,763	235,248	65,768	312,779
2012.....	11,813	233,915	67,927	313,655
2013.....	12,054	232,196	67,818	312,068
2014.....	12,757	231,922	70,233	314,912
2015.....	13,098	238,577	76,333	328,008
2016.....	13,480	242,778	80,579	336,837
2017.....	15,210	238,117	88,890	342,217
2018.....	14,443	232,895	94,708	342,046

^a Includes disabled workers whose earnings are above SGA level.

^b Includes blind workers in current-payment status and disabled workers whose earnings are at or below SGA level.

^c 1619(b) recipients are not in current-payment status but retain SSI recipient status for Medicaid purposes.

¹ 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.

Figure V.E1.—SSI Federally Administered Blind or Disabled Working Recipients as of December, 1987-2018

[In thousands]

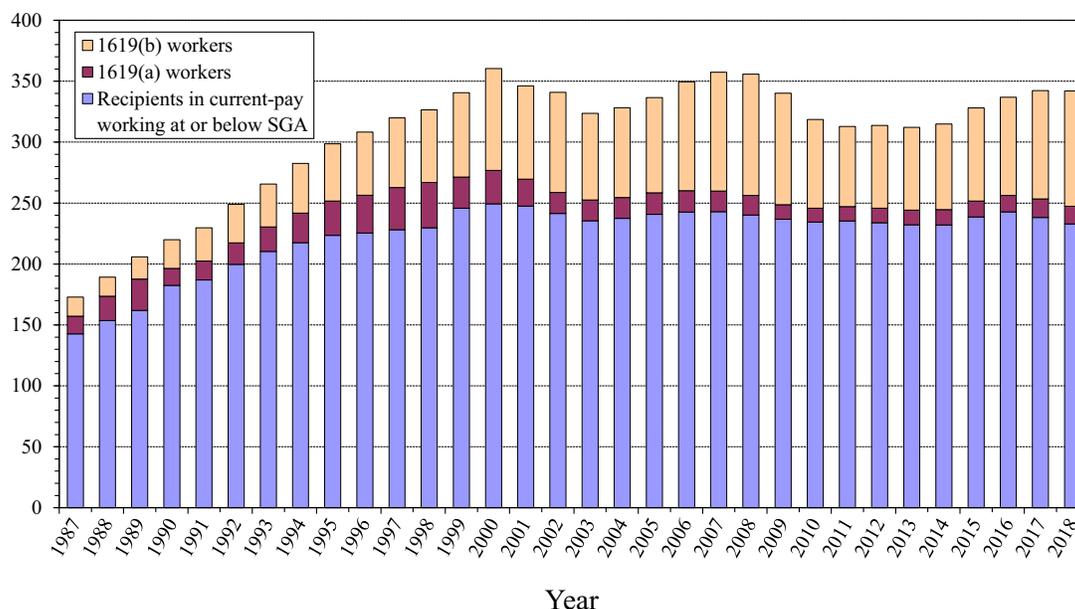


Table V.E3 presents historical numbers of SSI recipients who benefit from other selected work incentive provisions: (1) PASS; (2) IRWE; and (3) BWE. These recipients may be benefiting from more than one of these selected work incentive provisions. This information is available only for calendar years 1990 and later.

Table V.E3.—SSI Federally Administered Blind or Disabled Individuals with SSI Recipient Status Participating in Other Work Incentives as of December, 1990-2018

Year	PASS ^a			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
2013	612	336	948	2,982	1,284
2014	545	317	862	3,040	1,145

Table V.E3.—SSI Federally Administered Blind or Disabled Individuals with SSI Recipient Status Participating in Other Work Incentives as of December, 1990-2018 (Cont.)

Year	PASS ^a			IRWE	BWE
	Non-workers	Workers	Total		
2015.....	480	341	821	3,188	1,161
2016.....	433	259	692	3,128	1,068
2017.....	363	272	635	3,065	1,022
2018.....	332	236	568	2,942	955

^a 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.E4 presents average earnings of SSI recipients categorized according to their section 1619 status.

Table V.E4.—Average Monthly Earnings of SSI Federally Administered Blind or Disabled Working Recipients, as of December, 1987-2018

Year	Blind or disabled workers with SSI recipient status			
	In current-payment status			Total workers
	1619(a) workers ^a	Other workers ^b	1619(b) workers ^c	
1987.....	\$494	^d \$124	\$739	^d \$211
1988.....	522	^d 127	721	^d 218
1989.....	518	^d 131	712	^d 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
2013.....	1,321	266	1,374	548
2014.....	1,332	284	1,431	582
2015.....	1,358	306	1,468	618
2016.....	1,384	337	1,484	654
2017.....	1,397	362	1,544	715
2018.....	1,453	396	1,631	783

^a Workers' earnings are above the SGA level. See table V.E1 for yearly SGA levels.

^b Disabled workers' earnings are at or below the SGA level.

^c 1619(b) recipients are not in current-payment status but retain SSI recipient status for Medicaid purposes.

^d Estimated.

2. Vocational Rehabilitation/Ticket to Work Program

Provisions designed to make 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 who are successful in returning to work. For reimbursement purposes, we consider recipients to have “successfully” returned to work if they achieve SGA-level earnings for nine continuous months; or nine of 12

months if the reason for the non-SGA months was beyond the recipient's control and not related to their impairment.

The 1984 amendments authorized reimbursement for cases 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.¹ 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 VR, employment and other support services from qualified private or public providers—“employment networks” (EN). The Ticket to Work program authorizes the Commissioner to provide payments to ENs under either an outcome payment system or an outcome-milestone payment system.² By expanding the pool of providers and giving the providers incentives for achieving success, this program provides 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 each 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 VR 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 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 to Work program 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:

-

¹ 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.

² 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.

- Most field offices have a Work Incentive Liaison (WIL) who works with outside organizations that serve disabled and blind people. WILs are field office points of contact that are considered subject matter experts and can assist a recipient with his or her needs when returning to work.
- 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 Director's 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 2019, there are 55 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 Old-Age, Survivors, and Disability Insurance (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 fiscal year 2006, SSA awarded cooperative agreements in all States, the District of Columbia, and U.S. territories under the new Work Incentives Planning and Assistance (WIPA) program, which replaced and enhanced the former Benefits Planning, Assistance, and Outreach 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 the WIPA program terminated in the summer of 2012. We reinstated the WIPA program in August 2013. When the program restarted, some of the prior awardees were not available to provide services. SSA negotiated with some of the prior WIPA awardees to increase their coverage areas so that the program would continue to provide full coverage across the country. Ninety-five WIPAs received funding that expired July 31, 2015. SSA hosted a full and open WIPA competition in the spring of 2015 and awarded a new cadre of 83 WIPAs on August 1, 2015. Thirty-two of the 83 projects cover one entire state, and six of the 32 cover an entire state or US territory as well as all or part of another state or U.S. territory.
- In fiscal year 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. Beginning in fiscal year 2014, wage reporters can use the SSITWR on any day of the month to successfully report wages 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 2013, we implemented the Supplemental Security Income Mobile Wage Reporting (SSIMWR) system nationally. SSIMWR is the first transactional mobile application available in the Google play and Apple App Stores for SSI recipients, deemors, and representative payees to report monthly wages using either Android or Apple smartphone platforms. A successful attempt automates the wage reporting process and posts the gross amount to the SSR, reducing improper payments and field office handling. SSIMWR functionality mirrors that of SSITWR, but on a mobile platform.
- In fiscal year 2017, SSA released myWageReport (myWR). myWR is an online wage reporting tool which addresses Section 826 of the Bipartisan Budget Act of 2015 that required the Agency to implement a system that would allow Social Security disability beneficiaries and representative payees to

Work Incentives and Rehabilitation Opportunities

report wages through electronic means and automatically issue a receipt. In fiscal year 2018, SSA expanded the use of myWR to SSI recipients, deemors, and representative payees. It allows wage reporters to report wages via desktop, laptop, or mobile device. Successful wage reports post to the SSI record without intervention from SSA employees and adjust subsequent SSI payments before we issue the payment. The tool also generates a receipt that can be viewed, printed, and saved on the reporter's device.

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 strengthened the relationship with our Ticket to Work program 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 organizations that provide services to this target group, including presentations at:

- Work Incentives Seminar Events¹
- Disability Employment Fairs
- Disability Forums and Expos
- Technical Colleges
- Universities
- Disability Resource Centers
- One-Stop Career Centers (now called American Job Centers)
- Small Business Administration Groups
- Workforce Investment Fairs
- Independent Living Councils' Conferences
- United Way Agencies
- State Advocacy Groups

In 2008, we 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.

See section V.G.1.d for information on the evaluation of the Ticket to Work program.

Table V.E5 provides historical data on the number of VR agency reimbursement claims allowed and the amount of such awards for SSI recipients.

¹ Work Incentives Seminar Events are now hosted via a national monthly webinar format rather than as local, in-person events.

In the broader context of helping people with disabilities remain in the workforce, the Bipartisan Budget Act of 2015 renewed SSA's authority to conduct demonstration projects involving the Disability Insurance program. SSA expects these new demonstrations to affect the SSI program since there are a large number of SSI recipients who concurrently receive Disability Insurance benefits. Many policies have been proposed that have the potential to achieve long-term gains in the employment and quality of life of people with disabilities. SSA is also exploring early-intervention measures, such as supportive employment services for individuals with mental impairments.

Table V.E5.—Vocational Rehabilitation Reimbursement Claims Allowed, Fiscal Years 1987-2018

Fiscal year	Concurrent Title II/XVI claims		Title XVI only claims		Total claims	
	Number	Amount ^a (in thousands)	Number	Amount (in thousands)	Number	Amount ^a (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
2013	2,788	12,847	2,636	40,167	5,424	53,014
2014	2,649	11,946	2,707	45,689	5,356	57,635
2015	3,070	14,296	3,843	65,298	6,913	79,593
2016	3,165	14,368	4,069	67,323	7,234	81,691
2017	2,586	6,010	3,422	25,268	6,008	31,278
2018	4,140	18,173	6,250	79,064	10,390	97,237

^a For concurrent Title II/XVI claims, amounts shown represent Title XVI portion of claim.

^b 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.

Work Incentives and Rehabilitation Opportunities

Table V.E6 provides historical data on the number of employment network payments allowed and the amount of such payments for SSI recipients.

Table V.E6.—Employment Network Payments Allowed, Fiscal Years 2002-2018^a

Fiscal year	Concurrent Title II/XVI payments		Title XVI only payments		Total payments	
	Number ^b	Amount ^c (in thousands)	Number ^b	Amount (in thousands)	Number ^b	Amount ^c (in thousands)
2002	7	\$1	1	^d	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
2013	5,579	1,375	6,262	3,185	11,841	4,560
2014	7,627	2,029	8,683	5,023	16,310	7,052
2015	10,822	\$2,637	11,819	\$5,974	22,641	\$8,611
2016	19,642	5,373	21,446	13,224	41,088	18,597
2017	16,496	4,216	20,735	11,978	37,231	16,194
2018	17,090	4,190	21,344	11,458	38,434	15,648

^a Does not include reimbursements to State VR agencies for tickets assigned under the VR cost-reimbursement option.

^b Beginning in 2016, reflects a revised process used to identify payments to Employment Network service providers.

^c For concurrent Title II/XVI payments, amounts shown represent Title XVI portion of the payments.

^d 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 Supplemental Security Income (SSI) recipients' participation 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 Old-Age, Survivors, and Disability Insurance (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^a in Selected Programs Based on SSA Administrative Records, December 2018

	Age groups			All
	0-17	18-64	65 or older	
Number of Federally administered recipients, December 2018 (in thousands).....	1,148	4,714	2,266	8,129
	Program (In percent)			
Program participation by SSI recipients, December 2018				
Federal SSI.....	99.9	98.6	96.2	98.1
Federally administered State SSI supplementation	11.0	14.4	29.5	18.1
OASDI	6.6	29.2	56.4	33.6
Black Lung.....	—	^b	^b	^b
Railroad retirement	—	^b	^b	^b
Veterans Affairs disability cash benefits.....	0.8	0.5	0.6	0.5
Workers' compensation.....	^b	^b	^b	^b
Previous program participation by SSI recipients at SSI application, December 2018				
TANF/AFDC	20.5	26.3	14.4	22.2
Interim Assistance Reimbursement	0.9	11.9	11.2	10.2

^a SSI recipients or households of SSI recipients may participate in more than one of these programs.

^b Less than 0.05 percent of SSI recipients in this age grouping participate in the program.

Note: Total numbers of recipients do not necessarily equal the sums of rounded components.

Involvement in Other Programs

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 three surveys described below:

- 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 Supplemental Security Income (SSI) program by the Social Security Administration (SSA) and others. Section 1 of this appendix describes SSA's major ongoing projects. Section 2 presents a bibliography of studies regarding 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

SSA researchers have long used a model of financial eligibility for SSI to estimate rates of participation among the eligible populations and the effects of various options to modify the SSI program (see Davies et al. 2001/2002). The model relies on Survey of Income and Program Participation (SIPP) data matched to administrative records. Using administrative measures of OASDI income yields an estimated participation rate of over 72 percent for elderly SSI recipients, which is higher than estimates based on self-reported income (see Strand, Rupp, and Davies 2009). Balkus et al. (2009) uses the model to simulate alternate rules for in-kind support and maintenance in the SSI program. In unpublished internal studies, SSA researchers generate a variety of estimates with the model ranging from eligibility for the Medicare Part D low-income subsidy to the home equity of elderly SSI recipients.

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 recipient 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 with 5,006 individuals 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.ssa.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 d, Analytic Studies, below. Although it was a cross-sectional data col-

lection effort, we continue to update the match between NSCF and SSI administrative records with longitudinal data on SSI program participation.

c. SSI Research through the Retirement and Disability Research Consortium

In FY 2018, the former Retirement Research Consortium and Disability Research Consortium consolidated into a single program, the Retirement and Disability Research Consortium (RDRC), with a scope equivalent to the two former programs. These programs support “centers” at universities and other private research institutions. The centers organize experts from around the country to produce research on Social Security programs and related topics. The RDRC program consists of five-year agreements for cooperatively funded research centers: The National Bureau of Economic Research's Retirement and Disability Research Center, Center for Retirement Research at Boston College, the University of Michigan Retirement and Disability Research Center, and the University of Wisconsin Retirement and Disability Research Center.

One of the goals of the RDRC is to research and evaluate topics related to SSI and other federal disability policies. Some of the RDRC work focuses on the relationship between SSI and other public programs. Layton et al. (forthcoming) assess the effects of Medicaid policy on healthcare utilization and health outcomes of individuals eligible for SSI. Goodman-Bacon and Schmidt (2018) estimate the effect of the introduction of SSI on participation in state-level transfer programs. Hembre, Urban, and Schmidt (forthcoming) look for evidence of households switching from the Temporary Assistance for Needy Families (TANF) program to SSI. Other RDRC work focuses on youth and vulnerable groups. Dizon-Ross and Deshpande (forthcoming) explore the effects of beliefs about the likelihood of SSI removal at age 18 on human capital investment. Kurban (forthcoming) examines the financial well-being of SSI recipients.

d. Analytic Studies

SSA researchers have conducted a number of studies that 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. Nicholas (2013) as well as Koenig and Rupp (2003/2004) estimate the prevalence, characteristics, and poverty status of SSI recipients living with others on SSI (who are not an eligible spouse) in the context of their individual, family and household units. 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. Bailey and Hemmeter (2014, 2015) updated this research note using the 2008 SIPP matched to SSA 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 our administrative records to conduct a case study of SSI children who applied for postsecondary education at NTID. Hemmeter et al. (2015) compare the outcomes of participants in the Marriott Foundation for People with Disabilities Bridges from School to Work program with non-participating SSI recipients. Another study uses our 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. Hemmeter (2015) looks at the entry of youth onto the SSI program at age 18. Another series of research studies examine 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 (Hemmeter and Stegman 2013; Hemmeter and Bailey 2015). Hemmeter, Mann, and Wittenburg (2017) look at state variation in post-age-18 redetermination outcomes. 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. Rupp, Hemmeter, and Davies (2015) built off the work by Davies, Rupp, and Wittenburg (2009) to explore the longitudinal patterns of DI and SSI participation and mortality of child SSI awardees.

Using data from the Current Population Survey matched to our administrative records, Nicholas and Wiseman (2009 and 2010) assess 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. Rupp, Hemmeter, and Davies (2015) looked at SSI children by year and age at award and analyzed transitions (e.g., onto SSDI, off SSDI and SSI, mortality) as they age into adulthood. Parent, Sayman and Kulzer (2012) provides a comprehensive profile of the characteristics of disability beneficiaries with a connection to workers' compensation or public disability benefits. Parent, Sayman, and Kulzer (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 SSDI benefits after onset than the general disabled-worker population.

Several studies highlight interactions between the SSI program and other Federal and State programs. Dushi and Rupp (2013) uses 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. Coe and Rupp (2013) 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 or SSI than their peers in States where health insurance is more difficult to access. Strand (2010) uses matched SIPP records to examine potential eligibility for three major means-tested programs (SSI, Medicaid, and SNAP) among near retirees aged 55-64 and eventual SSI participation upon reaching age 65. A series of studies by Rupp and Riley rely 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) 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, 2014b) 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. A fourth paper (Riley & Rupp 2014a) focuses on estimated cumulative expenditure patterns over the working-age adult portion of the life cycle for the year 2000 awardees for SSDI, SSI, Medicare, and Medicaid. Finally, Rupp and Riley (2016) focuses on the effect of State variations in Medicaid enrollment policies for SSI recipients on Medicaid coverage and expenditures.

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 (YTD) (Fraker and Rangarajan 2009; Luecking and Wittenburg 2009). The articles from the special issue are available on SSA's web site at www.ssa.gov/policy/JVR.html. Camacho and Hemmeter (2013) summarize the findings from two earlier YTD projects.

e. Evaluation of the Ticket to Work Program

The Ticket to Work and Work Incentives Improvement Act of 1999 (the Ticket Act) required the Commissioner of Social Security to provide independent evaluations to assess the effectiveness of the Ticket to Work program. We conducted all Ticket to Work evaluation reports through an independent evaluation contractor, Mathematica Policy Research, Inc. Our contractor completed the evaluation of the Ticket to Work program in 2013. There are seven Ticket to Work evaluation reports in all, and all reports are available on SSA's website at www.ssa.gov/disabilityresearch/twe_reports.htm.

The findings through the fourth report indicated that, while the program may have significant potential, we need to improve both beneficiary awareness of the program and employment network (EN) incentives. Partly in response to these findings, we implemented new regulations for the Ticket to Work program in July 2008 to improve EN and beneficiary participation and outcomes. The fifth and sixth reports consist of studies focused on the employment efforts of working-age SSI recipients and SSDI beneficiaries, and on the Social Security work incentives and supports designed to encourage their employment. The seventh (final) report focused primarily on the overall success of the Ticket to Work program and on the effect of the changes to the Ticket to Work regulations in 2008.

Overall, the Ticket to Work evaluation finds that beneficiaries who use Ticket to Work generally like the program, that the program has increased use of return-to-work services, and those who participate in Ticket to Work have better outcomes than those who return to work without the help of SSA-financed employment services. However, we also find that the increase in service use and better outcomes by participants has not translated into net increases in benefit suspension or termination for work or an increase in the number of months spent in suspension or termination for work. This suggests that Ticket to Work has primarily extended the types of services that were available under the program that preceded Ticket to Work, where services were offered only through State vocational rehabilitation agencies, and has achieved the same level of success as before Ticket to Work. More beneficiaries are getting these services now, but the success rate has not measurably changed.

The Ticket to Work evaluation has also produced two by-products that will continue beyond the end of our specific evaluation efforts for the Ticket to Work program that was mandated in the Ticket Act. One of the foundations of the evaluation was an annual research file, the Disability Analysis File (DAF), previously

called the Ticket Research File, which contains the agency's disparate administrative data resources for child and working-age adult beneficiaries who have received disability cash benefits from the SSI; Old-Age, Survivors, and Disability Insurance (OASDI); or both programs since 1996. We initially produced the DAF to support the Ticket to Work evaluation, and researchers now use it for a wide array of disability-related research.

A second foundation of the Ticket to Work evaluation was 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, called the Representative Beneficiary Sample (RBS). 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, with a particular focus on participation in the Ticket to Work program. We completed additional rounds in 2015 and 2017, which included a broader focus on all SSA beneficiaries who work. In particular, the 2017 NBS included both the RBS and a large-scale focus on beneficiaries who have experienced employment success—the Successful Worker Sample (SWS). In 2019, we are fielding the next round of the survey, which will contain both RBS and SWS components and will add a longitudinal sample of successful workers who were part of the 2017 SWS. In 2017, we published a compendium of disability statistics from the 2015 NBS, “National Beneficiary Survey: Disability Statistics, 2015” (<http://www.ssa.gov/policy/docs/statcomps/nbs/index.html>). The publication provides descriptive statistics on the health, program and service participation, employment interest and activity, job characteristics, and benefits and employment interaction of SSI recipients and SSDI beneficiaries.

Other researchers and policy analysts within SSA and at other Federal agencies and academic institutions use the DAF and the NBS for general disability research and analysis not limited to Ticket to Work program participants. Examples of these papers include: interactions between SSDI and SSI for new beneficiaries with disabilities (Rupp and Riley 2011); the differences in employment outcomes between young participants (ages 18 to 30) with psychiatric disabilities versus young participants with other disabilities (Schimmel, Liu, and Croake 2012); the impact of workplace injuries on receipt of SSDI benefits (O’Leary et al. 2012); work activities and employment outcomes for our beneficiaries with disabilities in seven articles in a special issue of the *Social Security Bulletin* (volume 71, number 3, 2011); the long-term effects of evidence-based supported employment services on vocational outcomes (Cook, Burke-Miller, and Roessel 2016); the employment and benefit receipt outcomes of vocational rehabilitation applicants (Mann et al. 2017); the income effect of SSDI payments on earnings (Gelber, Moore, and Strand 2016); a profile of working-age SSDI and SSI beneficiaries with psychiatric disabilities (Livermore and Bardos 2017); outcomes for transition-age youth with disabilities who applied and were eligible for Vocational Rehabilitation services (Honeycutt, Martin, and Wittenburg 2017); the characteristics associated with return-to-work success (Ben-Shalom and Mamun, 2015); a review of work incentive use by transition age youth (U.S. Government Accountability Office 2017); an assessment of the cost effectiveness of vocational rehabilitation services for SSA disabled beneficiaries (U.S. Social Security Administration 2017); an examination of how social insurance, family support and work capacity enhance individuals' economic well-being following significant health and income shocks (Rennane 2016); and the effect of the Affordable Care Act (ACA) on SSI disability applications (Schimmel Hyde et al. 2017).

f. Youth Transition Demonstration

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; Bronx County, New York; and Erie County, 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 program waivers.

- 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. We have released the 12-month, post-random-assignment reports for all the sites to the public. We published a 24-month, post-random-assignment report covering all the sites in the February 2014 edition of the *Social Security Bulletin* (Hemmeter 2014). We posted the comprehensive final report of the six random assignment projects to our website in November 2014. This demonstration produced mixed evidence on whether YTD impacts on paid employment is sustainable.

Two of the six projects showed an increase in employment three years after random assignment. Florida and Bronx, New York showed positive impacts on paid employment during the year after participants entered the evaluation. In Florida, 23 percent of participants in the program group worked for pay during that year, compared with just 13 percent of control group members. Because several youths took advantage of the modified program rules (listed in bullets above), participants of five of the six projects had higher total income from earnings and disability benefits in the third year after random assignment. These impacts ranged from \$1,010 higher total income in West Virginia to \$1,729 higher in Bronx, New York. The YTD showed that substantial doses of well-designed service to youth with disabilities can improve key transition outcomes in the medium term.

In 2018, two follow up analyses were completed and published. One paper summarized the effects of the YTD interventions three years after random assignment (Fraker et al. 2018). The second paper examined implementation and outcomes in one specific site, the West Virginia Youth Works site (Cobb, Wittenburg, and Stepanczuk 2018). This examination provides a potential case study for other states interested in expanding services to youths with disabilities. The effects at this site were large relative to those of previ-

ous SSA demonstrations. We will follow participants using administrative data and conduct cost-benefit analyses at specified periods, such as 5 to 10 years, to test the longer-term outcomes of these projects.

Our findings from YTD influenced the development of Promoting Readiness of Minors in SSI (PROMISE) project, a joint initiative of SSA and the Departments of Education, Health and Human Services, and Labor that funds model demonstration projects in several States to promote positive outcomes for children with disabilities who receive SSI and their families (described in section i).

g. Occupational Information System

To determine whether adult disability applicants qualify for benefits, our adjudicators follow a sequential five-step evaluation process. At steps four and five, where we decide the majority of our claims, we require information about work in the national economy to determine whether claimants' impairment-related limitations would prevent them from working. Currently, we base these medical-vocational decisions on the occupational information found in the Department of Labor's (DOL) Dictionary of Occupational Titles (DOT) and its companion volume, the Selected Characteristics of Occupations. Although DOL did not design the DOT for our use, we incorporated many of its concepts and definitions into our regulations and policy. DOL stopped updating the DOT in 1991 and later replaced it with the Occupational Information Network (O*NET), which we would not be able to use in our disability adjudication process without significant modifications. We could not identify any other existing Occupational Information System (OIS) that would meet our unique needs.

In July 2012, we signed an Interagency Agreement with the Bureau of Labor Statistics (BLS) to test the feasibility of using the National Compensation Survey (NCS) platform to collect updated occupational information about the skill level, physical, environmental, and mental and cognitive requirements of work. This information will provide us with data about work in the national economy to inform current and future policy. We signed additional agreements with BLS for fiscal years (FY) 2013 through 2018 to continue testing and, in FY 2015, began production data collection. In FY 2013 and 2014, BLS conducted feasibility testing and worked with us to improve the survey tools and testing protocols. We also met periodically with DOL's Employment and Training Administration to discuss how to incorporate elements of O*NET with the data collected by BLS and began working with a contractor to outline the requirements for a web-based IT platform to house the OIS. In FY 2015, we began developing the IT platform, conducted a nationwide pre-production test, and began production data collection. In FY 2016, BLS completed the first round of production data collection and continued testing to resolve any issues raised by earlier data collection. In May 2016, BLS began the second year of production data collection.

In FY 2017, BLS completed the second year of data collection. BLS released the first-year production estimates in December 2016, and the second-year estimates in November 2017. In FY 2018, BLS completed the initial three years of data collection, which they published in February 2019. We will continue to test the OIS IT platform and BLS will conduct ongoing data validity and sample design research to ensure the data continues to meet our needs. In FY 2019, BLS will complete the first year of the first OIS refresh cycle, which will run for five years, and begin the second year. BLS has proposed a sampling approach that will target rarer occupations in the first two years of the refresh, which they estimate will result in more publishable occupations at the end of the five year period. In FY 2020, BLS will complete the second year, and begin the third year of production data collection as part of the first 5-year refresh cycle. BLS will publish the data from the first year of the first 5-year refresh cycle.

h. Homeless with Schizophrenia Presumptive Disability Pilot Demonstration

The goal of the Homeless with Schizophrenia Presumptive Disability (HSPD) Pilot Demonstration is to improve the economic well-being of adult SSI applicants who are both homeless and diagnosed with schizophrenia or schizoaffective disorder. We partnered 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 assisting their clients to navigate the SSI application process and have established relationships with patients diagnosed with schizophrenia and schizoaffective disorder who are also homeless. There were two main features of the project: (1) the SSI application assistance; and (2) the use of presumptive disability (PD). The clinicians and case managers assisted these individuals with gathering supporting medical evidence, coordinating medical appointments, and submitting the SSI application. Along with the SSI application, a Presumptive Disability Recommendation Form, created for this pilot demonstration, was also submitted. Clinicians from the community agencies certified that the applicant met the SSA criteria for a diagnosis of schizophrenia or schizoaffective disorder. To provide economic relief to the applicant while we processed the application, we awarded up to 6 months of SSI payments to the applicant based on PD. Applicants were not required to pay back these payments if we ultimately denied their applications, as long as we did not deny the applications for non-medical reasons; therefore, there must be a high degree of probability that the applicant was disabled when we conferred PD SSI payments. Our field offices generally make PD findings only for specific disability categories, which do not include schizophrenia or schizoaffective disorder.

Project implementation began in April 2012, with a goal of recruiting at least 200 participants. We met this enrollment goal and completed the implementation phase in April 2014. The community partners identified 260 individuals to assist through the SSI application process. Among the 238 we are using for our evaluation, we approved 223 of these applicants, denied 14, and 1 had no decision.

In our evaluation (Bailey, Engler, and Hemmeter 2016), we examined whether the program improves the administration of the SSI application and determination process. The evaluation is based on a quasi-experimental design, in which we compared outcomes for applicants who receive assistance and PD payments with applicants from a previous period and applicants in surrounding areas. Within this framework, we examined differences in initial allowance rates, appeals, failure-to-cooperate denials, processing times, total payments, exits from SSI, mortality, and the need for consultative exams. Relative to the comparison groups chosen in the surrounding geographic areas, in an earlier period, and in the same locations, we found that the pilot led to higher allowance rates at the initial adjudicative level, fewer requests for consultative examinations, and reduced time to award.

i. Promoting Readiness of Minors in SSI

PROMISE is a joint project between SSA and the Departments of Education (ED), Labor, and Health and Human Services. The goals of the project are to improve the provision and coordination of services and supports for children with disabilities who receive SSI and their families in order to achieve improved education and employment outcomes. The targeted outcomes include completing postsecondary education and job training to obtain competitive employment in an integrated setting that may result in long-term reductions in the child recipient's reliance on SSI. In 2013, ED funded model demonstration projects in five individual States (Arkansas, California, Maryland, New York, and Wisconsin) and one consortium of States (Arizona, Colorado, Montana, North Dakota, South Dakota, and Utah) for 5 years. SSA is responsible for evaluating PROMISE.

Each PROMISE project enrolled at least 2,000 youths ages 14-16. The projects provide youths randomly assigned into the treatment group services including: case management; benefits counseling; career and work-based learnings experiences; and parent/guardian training and information. Youths randomly assigned to a control group receive the services usually available in their communities.

The PROMISE evaluation includes process, impact, and cost-benefit analyses. Enrollment began in April 2014 and ended in April 2016. All projects will end by September 2019. Project-specific process analyses (Anderson et al. 2018; Honeycutt, Gionfriddo, Kauff et al. 2018; Kauff et al. 2018; Matulewicz et al. 2018; McCutcheon et al. 2018; Selekman et al. 2018) and two special topic reports (Honeycutt, Gionfriddo, and Livermore 2018; Honeycutt and Livermore 2018) describe how the projects were implemented

and how PROMISE compares with and uses other transition policies and practices. An interim impact and services report will be available in 2019. The individual projects are also planning to produce research on the projects (see, for example, Ipsen et al. 2019). The final evaluation report (on the longer-term impacts and cost-benefit analyses) will be available in 2022.

j. Supported Employment Demonstration

The Supported Employment Demonstration (SED) evaluates whether offering evidence-based packages of integrated vocational, medical, and mental health services to recently denied disability applicants promotes employment, self-sufficiency, and improved mental health and quality of life. The project focuses on individuals aged 18 to 50 who express a desire to work and who have recently been denied disability benefits (SSDI or SSI) while alleging a mental illness.

With the cooperation of 30 community health centers across the country, SED will enroll and randomly assign 3,000 participants into one of three groups: 1) The Full-Service Treatment Group; 2) The Basic-Service Treatment Group; or 3) The Control Group (usual services). Participants assigned to the Full-Treatment Group receive Individual Placement and Support (IPS) services, a nurse care coordinator, systematic medication management, and assistance with cost sharing for medications and behavioral health and work-related expenses. Participants assigned to the Basic-Service Treatment Group also receive the IPS services and assistance with behavioral health and work-related expenses, but do not receive the services of a nurse care coordinator, systematic medication management, or assistance with cost sharing for medications. Participants assigned to the control group have access to all standard behavioral health or employment-related services available at the community health center and receive a local Community Resources information book.

The SED project will run from August 2016 to August 2022. Recruitment and participant enrollment began in early FY 2018. Participants receive 36 months of intervention services after entry. Field operations will end in FY 2020 and include technical assistance, training, and data collection activities for process and outcome evaluations. The final evaluation reports will be available in FY 2022.

k. SSI Elderly Notice Pilot

Several research studies indicate that a large number of low-income seniors do not receive SSI even though they are potentially eligible for payments. In FY 2017, SSA, in partnership with the General Services Administration's Office of Evaluation Science, conducted a pilot to identify what specific language, if any, has the greatest effect on SSI participation among potentially-eligible low-benefit OASDI beneficiaries. In September 2017, we sent one of four differently worded notices to randomly selected groups of low-benefit OASDI beneficiaries meeting the inclusion criteria. We used program records on the rates of SSI applications and awards to measure the effect of the notices on SSI applications as compared to a control group, who did not receive a notice (Hemmeter, Safran, and Wilson 2018). We found the letters increased applications by about 5 percentage points (a relative increase of over 1000 percent) and increased awards by about 1.5 percentage points (a relative increase of over 860 percent). We will continue to analyze the data to see if it is possible to better target such information to potential individuals.

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H. GLOSSARY

Achieving a Better Life Experience (ABLE) Account. An ABLE account is a type of tax-advantaged account that can be used to save funds for the qualified expenses of someone who became blind or disabled before age 26. This person is the account's "designated beneficiary". An ABLE account can only be established through a program established by a State, or agency or instrumentality thereof. The law generally limits the maximum total contribution to \$15,000 per year, which the Internal Revenue Service periodically increases.¹ The maximum balance in an ABLE account varies for each State program. An individual can be the designated beneficiary of only one ABLE account, and account contributions are excluded from his or her income.² The Social Security Administration (SSA) will exclude up to \$100,000 of the balance in an ABLE account from consideration as a resource for Supplemental Security Income (SSI) purposes. Consequently, any account balance over the limit would count toward the beneficiary's SSI resource limit. If the designated beneficiary's resources exceed the SSI limit due to the excess account balance, SSA will suspend the SSI payment for that month, but the individual remains eligible for Medicaid.³ Additionally, SSA excludes any ABLE account distribution for a qualified disability expense that is not housing-related from resources in the month it is used, or in a month the beneficiary intends to use the funds for such expenses. Upon the death of a designated beneficiary, any funds remaining in their ABLE account are used to repay the Medicaid benefits received in their life.

Administrative Expenses (or Costs). Expenses SSA incurs in administering the SSI program. Such expenses are paid from the General Revenue 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 be 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. SSA follows an administrative review process in determining an individual's rights under the Act that typically consists of several steps: (1) reconsideration; (2) hearing; 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. Individuals must submit appeal requests 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 appeal an initial disability denial by requesting an Administrative Law Judge hearing, thereby eliminating the reconsideration step. As of January 1, 2019, SSA is reinstating the

¹ P.L. 115-97 changed ABLE account rules to allow an ABLE account's designated beneficiary to contribute additional amounts to his or her ABLE account if he or she worked and didn't contribute to certain retirement accounts. Such additional contribution is limited to the lesser of the beneficiary's compensation or the amount of the poverty line for a one-person household.

² Contributions are not excluded from the income of the person contributing.

³ In other words, the individual can receive monthly payments again without having to file a new application if the ABLE account balance drops below the limit and the individual continues to meet the other eligibility requirements for the SSI program.

reconsideration level of appeal in these States via a staged roll-out that will be completed by the end of April 2020.

Assistance Based on Need. Assistance provided by certain programs that 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 2019 Old-Age, Survivors, and Disability Insurance (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 the SSI Federal benefit rate (FBR), 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. An 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 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.

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.

CPI-Indexed Dollars. Dollar amounts adjusted by the Consumer Price Index (CPI) to the value of the dollar in a particular year.

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 determinations.

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 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;

Glossary

- 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 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 (ATM) 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 recipient 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 the requirements for eligibility under the SSI program, 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 are subject to annual increases to reflect changes in the cost of living. (See table IV.A2.)

Fiscal Year. The accounting year of the U.S. Government. Since 1976, a fiscal year is the 12-month period ending September 30. For example, fiscal year 2019 began October 1, 2018 and will end September 30, 2019.

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 spouse of an eligible individual who is not eligible for SSI benefits.

Inflation. An increase in the general price level of goods and services.

Infrequent or Irregular Income. Income received either infrequently or irregularly that we can exclude from the determination of an individual's income. Infrequent income¹ is income an individual has not received more than once in a calendar quarter from a single source.² 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, shelter, or both.

In-Kind Support and Maintenance (ISM). Unearned income in the form of food, shelter, or both.

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 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.

¹ 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.

² 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.

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 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 2 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 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). HI helps pay for inpatient hospital care, inpatient skilled nursing care, and hospice care. SMI helps pay for doctors' services and other medical expenses, and supplies not covered by HI. 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 U.S. 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.

Old-Age, Survivors, and Disability Insurance (OASDI). The programs established under Title II of the 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 FBR 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 parent 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 FBR. 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 FBR 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 determines that the individual is not blind or disabled.

Property Essential to Self-Support. 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 property essential to self-support 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 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 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 2019, a worker receives one quarter of coverage (up to a total of four a year) for each \$1,360 of annual covered earnings reported from employment or self-employment. For years after 1978, 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, disability status, and other eligibility criteria.

Reconsideration. The first step in the administrative review process if an individual is dissatisfied with SSA's initial determination, unless it is a State that has eliminated reconsideration for initial disability decisions. See "Appeal Rights Process."

Redetermination. A review of eligibility for SSI recipients to ensure that certain requirements for eligibility continue to be met. There are two types of redeterminations:

- Non-medical redeterminations assess the non-medical factors affecting eligibility and payment levels. These reviews are scheduled at the discretion of SSA to ensure that only eligible individuals receive payments, and those payments are in the proper amount. During these redeterminations we review income, resources, living arrangements and other factors.
- Medical redeterminations - Upon attainment of age 18, child SSI recipients undergo a medical assessment to determine if they meet the adult standard 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 age 18, a representative payee will be appointed. The law and regulations require that a recipient 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. The calculation method used in the SSI program to determine an individual's eligibility for each month. Retrospective monthly accounting 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, in conjunction with other income, make them ineligible for regular or special SSI 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 Act is Public Law 74-271, enacted August 14, 1935. With subsequent amendments, the 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: (1) residents of the 50 States and the District of Columbia (adjusted for net census undercount); (2) civilian residents of Puerto Rico, the Virgin Islands, Guam, American Samoa and the Northern Mariana Islands; (3) Federal civilian employees and persons in the U.S. Armed Forces abroad and their dependents; (4) non-citizens living abroad who are insured for Social Security benefits; and (5) all other U.S. citizens abroad.

Sponsor. An individual who has signed an affidavit of support for a non-citizen 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 fiscal year 2019, pays a \$12.21 administrative fee for each benefit paid. This fee is subject to annual increases to reflect changes in the cost of living.

- **Mandatory Supplementation**—The supplementary payments made only to recipients 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 recipients 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 (SEIE). An earned income exclusion for a student under age 22 with certain limitations established by regulations. The amounts of earned income that can be excluded are subject to monthly and calendar year limits that are subject to annual changes consistent with changes in the cost of living. See table V.E1 for the history of maximum monthly and calendar year exclusion amounts.

Substantial Gainful Activity (SGA). The level of work activity used to establish disability. For SSI applicants age 18 or older, a finding of disability requires that a person be unable to engage in SGA. A person who is not statutorily blind and is earning above the SGA level in a month (net of impairment-related work expenses) is ordinarily considered to be engaging in SGA. According to regulation, SSA bases yearly increases in the SGA level on increases in the national average wage index. See table V.E1 for the history of SGA level amounts.

Supplemental Nutrition Assistance Program (SNAP). The Department of Agriculture, under cooperative Federal-State agreements, issues 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 supplemental nutrition assistance only to buy food at stores authorized by the Department of Agriculture to accept them. Prior to October 1, 2008, SNAP 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 generally 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) generally 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, generally.

Terminations. As used in section IV, the total of (1) deaths while in current-payment status during a period plus (2) the number of persons during that same period moving out of payment status into suspended status less those returning to payment status from suspended status.

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). Services provided to disabled people to help them to enter or return to gainful employment. 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. The General Fund of the Treasury, and the OASDI trust funds in the case of individuals also receiving Social Security disability benefits, reimburse the providers of such services only in those cases where the services contributed to the successful rehabilitation of the recipients.

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;

Glossary

- 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

2019

Public Law 104-193 requires that members of the Social Security Advisory Board (“Board”) be given an opportunity, either individually or jointly, to include their views in the Social Security Administration’s (SSA) annual report to the President and the Congress on the Supplemental Security Income (SSI) program. The Board has asked SSA to include the following discussion of SSI dedicated accounts in this year’s annual report.

Introduction

Dedicated accounts are separate accounts required for holding some lump-sum past-due payments owed to children receiving SSI. The funds held in dedicated accounts are subject to spending restrictions not applicable to other SSI payments. The accounts are triggered by, among other things, delays in determining SSI eligibility that qualify children for large initial back payments that may otherwise disqualify them from the program under the income and resource limit. These back payments are considered “past-due” per agency policy because they are payments to which SSA has determined recipients are eligible, but that are paid sometime after recipients became eligible to receive them.¹ In 2019, the minimum value of past-due payments requiring a dedicated account is \$4,626 (six times \$771, the monthly Federal Benefit Rate (FBR) for an individual).² The 31,497 active, non-zero dedicated accounts, as of February 2019, make up just 2.8 percent of child cases in the SSI program³ and hold a combined balance of \$58,761,319.41, an average balance of \$1,865.62 per account.⁴

The available anecdotal evidence suggests that dedicated accounts are burdensome for representative payees (“payees”), most of whom are parents, and that their limited allowable uses

¹ Social Security Administration, Program Operations Manual System, GN 00605.223B.2. *Past-Due Benefits-Definition*, December 10, 1998 <<http://policy.ssa.gov/poms.nsf/lnx/0200605223>>.

² In cases where there is a federally administered state supplement payment, the minimum value of past-due payments requiring a dedicated account includes the supplemental amount; the retroactive payment due is first adjusted to remove any interim assistance that was previously provided to the recipient before determining whether the payment exceeds six times the FBR including any federally administered supplemental amount. Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193) § 213(a)(2) <<https://www.congress.gov/104/plaws/publ193/PLAW-104publ193.pdf>>.

³ Social Security Administration, Office of Retirement and Disability Policy, data by request. On file with the Social Security Advisory Board; Social Security Administration, Office of Retirement and Disability Policy, *SSI Monthly Statistics, March 2019*, Table 2 <https://www.ssa.gov/policy/docs/statcomps/ssi_monthly/>. Active, non-zero dedicated accounts make up .54 percent of SSI cases, when including adults ages 18-64.

⁴ Social Security Administration, Office of Retirement and Disability Policy, data by request. On file with the Social Security Advisory Board.

make accessing awarded funds difficult.⁵ Under current policy, funds are restricted to use for impairment-related expenses for which payees, in many cases, need prior approval from the agency. SSA, in turn, must monitor the use of funds in such accounts. A chorus of past bipartisan recommendations put forth by Commissioners of Social Security, presidents, and the advocacy community as early as 2000 has recommended eliminating dedicated accounts to enable the funds awarded to these children to be used in their best interest.⁶

This statement adds to the Board’s prior work on children receiving SSI. It describes dedicated accounts, their provisions, and the implications of those provisions for children with disabilities in low-income families, their payees, and SSA. The statement will proceed by providing an overview of the SSI program focusing on child recipients. Next, it will describe dedicated accounts and their governing regulations. The statement will then examine the complexities related to understanding, managing, and monitoring the accounts for payees and SSA.

Overview of SSI

SSI provides a federally administered income- and assets-tested monthly cash benefit to individuals who are elderly or blind, and to people with disabilities.⁷

Determining Insufficient Means

SSI provides eligible recipients monthly payments after considering any countable income⁸ and resources an individual can access. Recipients’ monthly SSI payments are determined by subtracting their monthly countable income from the maximum monthly benefit—the FBR.⁹ Recipients with countable income above the FBR are not eligible to receive SSI payments unless their incomes drop below the threshold.¹⁰ To be eligible for SSI, an individual must also have

⁵ O’Connell, Mary. “Supplemental Security Income’s ‘Dedicated Account:’ A Debunked Urban Legend and Twenty Years of Waste,” *Northeastern Public Law and Theory Faculty Research Papers Series*, No. 289, 2017, pp. 2, 5, 67-68 <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2962370>.

⁶ Stakeholders recommending elimination of dedicated accounts for all recipients: NCSSMA (since 2001); Former Commissioners of Social Security Apfel (2000), Barnhart (2002), Astrue (2008); the Obama (Fiscal Year 2017), and Trump (Fiscal Year 2019) administrations; SSA (Fiscal Year 2017, Fiscal Year 2019, and Fiscal Year 2020); Children’s Disability Project, Greater Boston Legal Services (since 2017); Consortium for Citizens with Disabilities (2017); Stakeholders recommending elimination of dedicated accounts for children whose parent serves as their payee: Former Commissioner of Social Security Barnhart (2004), the Bush administration (Fiscal Year 2005 and Fiscal Year 2006).

⁷ Some states supplement federal payments. The Social Security Administration administers state supplements for California, Delaware, District of Columbia, Hawaii, Iowa, Michigan, Montana, Nevada, New Jersey, Pennsylvania, Rhode Island, and Vermont. States that administer their own supplements are Alabama, Alaska, Arkansas, Colorado, Connecticut, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Missouri, Mississippi, Nebraska, New Hampshire, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin, and Wyoming. States or territories that do not supplement the federal SSI payment are Arizona, Northern Mariana Islands, Mississippi, West Virginia, and North Dakota. See: Social Security Administration, “Understanding Supplemental Security Income SSI Benefits—2019 Edition” (webpage) <<https://www.ssa.gov/ssi/text-benefits-ussi.htm>>.

⁸ SSA defines countable income as “income less all applicable exclusions.” See: Social Security Administration, *Annual Report of the Supplemental Security Income Program*, 2018, p. 10 <<https://www.ssa.gov/oact/ssir/SSI18/ssi2018.pdf>>.

⁹ In 2019, the monthly FBR is \$771 for an individual and \$1,157 for a couple. See: Social Security Administration, Office of the Chief Actuary, “SSI Federal Payment Amounts for 2019” (webpage) <<https://www.ssa.gov/oact/cola/SSI.html>>.

¹⁰ If an individual’s SSI payment is suspended due to ineligibility for 12 consecutive months, they will need to file a new application. See: Social Security Administration, Program Operations Manual System, SI 02301.205.A. *Introduction*, July 22, 2008 <<http://policy.ssa.gov/poms.nsf/lnx/0502301205>>.

less than \$2,000 in countable resources (or “net assets”).¹¹ For the purposes of determining SSI eligibility and payment amounts for child recipients, some of the income and resources of each child’s parent may be “deemed” accessible to the child.¹² Certain income and resources are excluded when determining SSI eligibility and payment amount.¹³ One such exclusion is funds held in a dedicated account. In March 2019, the SSI program provided monthly payments amounting to about \$797 million in federal funds to more than 1.1 million children under age 18—an average monthly federal payment of about \$671 per child.¹⁴

Representative Payees

With few exceptions, SSA requires child recipients to have representative payees manage their payments.¹⁵ A payee is tasked with using payments in the recipient’s best interest for “food, shelter, clothing, medical care and personal comfort items.”¹⁶ In most cases, a child’s parent fulfills this role. In December 2017, about 82 percent of children under age 18 receiving SSI had a parent serving as their payee.¹⁷ Another six percent had a grandparent as their payee and “other relatives” account for an additional eight percent of payees.¹⁸ Less than four percent had a non-familial payee, such as a financial organization, social agency, mental or non-mental health institution, or some other person or entity, managing their payments.¹⁹

As past Board work has emphasized, the responsibilities of a payee are wide-ranging and can be complex, especially for payees in the SSI program. Payees must regularly report changes in the recipient’s income, resources and other circumstances to SSA to ensure the recipient continues to meet the eligibility standards of the program.²⁰ Payees’ responsibilities include establishing and

¹¹ Social Security Administration, *Annual Report of the Supplemental Security Income Program*, 2018, p. 11 <<https://www.ssa.gov/oact/ssir/SSI18/ssi2018.pdf>>. \$3,000 for a couple. SSA defines resources as “liquid assets, such as cash, or any real or personal property that individuals, spouses of individuals, or parents of a child under the age of 18 own and could convert to cash for their support and maintenance.”

¹² Social Security Administration, “Understanding Supplemental Security Income SSI Benefits—2019 Edition” (webpage) <<https://www.ssa.gov/ssi/text-benefits-ussi.htm>>. Deeming of resources does not affect the amount of the SSI payment if countable resources are less than \$2,000.

¹³ For a comprehensive list of income and resource exclusions in the SSI program, see: Social Security Administration, *Annual Report of the Supplemental Security Income Program*, 2018, pp. 11-12, 88-93 <<https://www.ssa.gov/oact/ssir/SSI18/ssi2018.pdf>>.

¹⁴ Social Security Administration, Office of Retirement and Disability Policy, *SSI Monthly Statistics, March 2019*, Table 2, 6 and 7 <https://www.ssa.gov/policy/docs/statcomps/ssi_monthly/>. Amount of total federal funds paid to children includes retroactive payments; average monthly federal payment amount excludes retroactive payments. In the twelve states with federally-administered state supplements, SSI provided about \$8.4 million in additional payments to children under 18 in March 2019—an average supplement of about \$63. On average, the supplement payments SSA administers add about nine percent to a child’s average federal payment amount.

¹⁵ Social Security Advisory Board, *Improving Social Security’s Representative Payee Program*, January 2018, p. 4 <https://ssab.gov/Portals/0/OUR_WORK/REPORTS/ImprovingRepPayee2018.pdf?ver=2018-01-11-160130-430>. Exceptions include, “a minor who is legally recognized as an adult, has demonstrated the ability to handle his or her own finances or is a member of the armed forces on active duty.”

¹⁶ Social Security Advisory Board, *Social Security Advisory Board Statement on the Supplemental Security Income Program*, 2016, p. 7 <https://ssab.gov/Portals/0/OUR_WORK/SSI%20STATEMENTS--BRIEFS/2016_SSI_Statement.pdf>. The Board has examined the payee program in depth in several prior publications, a chart collection, and during a public forum. Past Board work on the program can be found at <<https://ssab.gov/Our-Work>>.

¹⁷ Social Security Administration, *SSI Annual Statistical Report*, 2017, Table 7 <https://www.ssa.gov/policy/docs/statcomps/ssi_asr/2017/sect02.html#table7>.

¹⁸ *SSI Annual Statistical Report*, Table 7.

¹⁹ *Ibid.*

²⁰ Social Security Advisory Board, *Social Security Advisory Board Statement on the Supplemental Security Income Program*, 2016, pp. 1, 7 <https://ssab.gov/Portals/0/OUR_WORK/SSI%20STATEMENTS--BRIEFS/2016_SSI_Statement.pdf>.

maintaining a dedicated account if the child SSI recipient in their care is owed a large past-due payment from SSA. Unlike regular monthly SSI payments for which a payee is also responsible, dedicated account funds may be used only to purchase certain impairment-related items and services that SSA determines allowable. As demonstrated in the following sections, managing these accounts in accordance with complex account rules may be confusing for payees and, in some cases, render funds effectively unusable.²¹

Determining Medical Eligibility

Once the SSA field office (FO) verifies a child claimant's non-medical eligibility, the claim proceeds to the state Disability Determination Service (DDS) agency that determines medical eligibility.²² The disability determination process is complex, as it calls upon examiners to weigh several types of medical evidence and make decisions about whether individuals meet the statutory definition of disability.²³ SSA advises parents and others caring for children with disabilities that it may take between three and five months for a child to receive a disability decision from the DDS.²⁴ If a child claimant is initially denied and seeks an appeal, the determination process can last well beyond that time period, sometimes for years.²⁵

SSI claimants who are awarded benefits are eligible to receive benefits retroactively, starting at the date SSA first determined eligibility, which is the first day of the month after they filed an application and met all the statutory requirements of the program.²⁶ Because of the lengthy waiting period that many SSI applicants experience before receiving a final determination, upon receipt, some recipients are owed a significant amount of past-due payments. If the amount of past-due payments owed to a child at the time they receive a favorable decision exceeds six times the FBR, the child's payee must establish a dedicated account.

Understanding Dedicated Accounts

A dedicated account is an account in a financial institution established on behalf of a child under age 18 by their payee to hold lump-sum SSI payments. Such accounts must be established when a child's past-due SSI payment, including any state supplemental amount, exceeds six times the

²¹ O'Connell, Mary. "Supplemental Security Income's 'Dedicated Account': A Debunked Urban Legend and Twenty Years of Waste," *Northeastern Public Law and Theory Faculty Research Papers Series*, No. 289, 2017, p. 2 <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2962370>.

²² Social Security Administration, "Disability Determination Process" (webpage) <<https://www.ssa.gov/disability/determination.htm>>.

²³ Social Security Advisory Board, *Social Security Advisory Board Statement on the Supplemental Security Income Program*, 2013, p. 1 <[https://ssab.gov/Portals/0/Supplemental%20Security%20Income%20\(SSI\)/2013_SSI_Statement.pdf](https://ssab.gov/Portals/0/Supplemental%20Security%20Income%20(SSI)/2013_SSI_Statement.pdf)>; Social Security Advisory Board, *Social Security Advisory Board Statement on the Supplemental Security Income Program: Work Incentives and Work Supports in the SSI Program*, July 2017, p. 2 <https://ssab.gov/Portals/0/OUR_WORK/SSI STATEMENTS--BRIEFS/2017_SSI_Statement.pdf>.

²⁴ Social Security Administration, *Benefits For Children With Disabilities*, 2019, p. 4 <<https://www.ssa.gov/pubs/EN-05-10026.pdf>>.

²⁵ Social Security Advisory Board, *Social Security Advisory Board Statement on the Supplemental Security Income Program: Work Incentives and Work Supports in the SSI Program*, July 2017, p. 4 <https://ssab.gov/Portals/0/OUR_WORK/SSI STATEMENTS--BRIEFS/2017_SSI_Statement.pdf>.

²⁶ Social Security Administration, Program Operations Manual System, SI 00501.001 *Eligibility Under the Supplemental Security Income Provisions*, January 18, 2005 <<http://policy.ssa.gov/poms.nsf/lnx/0500501001>>.

FBR. The purpose of dedicated accounts is, in part, to segregate the large awards that result when it takes SSA a long time to determine a child's eligibility for SSI. The funds held in this separate account are excluded from a child's income and resources for the purposes of determining SSI eligibility.

SSA deposits these lump-sums directly into the recipient's dedicated account in three installments at six-month intervals. Both the first and second installments must not be greater than the sum of three times the FBR (\$2,313 for an individual in 2019) and any federally administered state supplement; the last installment consists of the remaining amount.²⁷ Any other past-due payment or underpayment that is greater than or equal to one times the FBR *may* also be deposited into the dedicated account *at the option* of the payee. But, any payment that exceeds six times the FBR *must* be deposited into the dedicated account. Payments that do not meet either standard *may not* be deposited into the account.²⁸ Dedicated accounts are restricted to checking, savings, or money market accounts; they cannot be certificates of deposit, mutual funds, stocks, bonds, or trusts.²⁹ The dedicated account must be:

- Kept separate from the account to which other monthly benefits are paid; and
- Spent only on “medical treatment, education, and job skills training” or “if related to the child's impairment: personal needs assistance, special equipment, housing modification, therapy, rehabilitation, or other items and services that SSA determines appropriate.”³⁰

If those conditions are met, the dedicated account balance and any interest or other earnings on the funds held in the account do not count toward the income or resource limit for the purposes of determining eligibility for SSI. Even after a child turns 18, unspent funds must continue to be held in a dedicated account subject to the same restrictions and exclusions until depletion or termination of the recipient's SSI eligibility.³¹

To understand how current SSA policy differs for recipients with and without dedicated accounts, we can examine how SSA's Program Operations Manual System (POMS) would address three hypothetical recipients with payees who apply for SSI on the same day. The first recipient, age 15, receives a favorable decision five months after applying. The second recipient, age 20, and the third recipient, age 15, receive favorable decisions seven months after applying.³²

²⁷ Social Security Administration, Program Operations Manual System, SI 02101.020.B.3. *Amount and Timing of Installment Payments*, February 7, 2014 <<http://policy.ssa.gov/poms.nsf/lnx/0502101020>>.

²⁸ Social Security Administration, Program Operations Manual System, GN 00605.223 *How to Evaluate Payee Response About Deposits in Dedicated Accounts*, December 10, 1998 <<http://policy.ssa.gov/poms.nsf/lnx/0200605223>>; Social Security Administration, Program Operations Manual System, SI 01130.601.A. *Background*, September 3, 2011 <<http://policy.ssa.gov/poms.nsf/lnx/0501130601>>.

²⁹ Social Security Administration, Program Operations Manual System, GN 00603.025.B. *Policy*, October 22, 2008 <<http://policy.ssa.gov/poms.nsf/lnx/0200603025>>.

³⁰ Social Security Administration, Program Operations Manual System, GN 00602.140.B.1. *Use of Funds in a Dedicated Account*, December 4, 2012 <<http://policy.ssa.gov/poms.nsf/lnx/0200602140>>.

³¹ Social Security Administration, Program Operations Manual System, GN 00605.200.B. *Policy for Overview of Monitoring Representative Payees with Dedicated Accounts*, April 1, 2011 <<http://policy.ssa.gov/poms.nsf/lnx/0200605200>>. A past version misstated that after termination from the program, a recipient could access any remaining dedicated account funds consistent with program rules for regular payments. This clause has been removed in this version for technical accuracy because if a recipient is terminated from the program, the program rules no longer apply to any residual funds.

³² Examples assume all three recipients have no countable income. If there is countable income, six months of benefits may not sum to an amount that triggers installment payments or a dedicated account.

Since the first recipient waited five months and the past-due payment owed is greater than three times the FBR, per agency policy, the recipient's payee receives the payment in installments, but is not required to establish a dedicated account. Like virtually all other future SSI payments the payee will receive on behalf of the recipient, these funds must be used for the benefit of the child.

The second recipient, an adult age 20, also receives a back payment exceeding three times the FBR and is paid in installments in accordance with agency policy. Like the 15-year-old's payee, the 20-year-old's payee is not required to establish a dedicated account. The payee must use the lump-sum payment for the benefit of the recipient, consistent with future payments the payee receives on behalf of the recipient.

Even though the third recipient receives the same back payment as the second recipient and is the same age as the first recipient, this recipient's funds are treated differently: the recipient's payee is required to open a dedicated account. Unlike the payments made to the first and second recipient that may be used by their payees for any purpose that is in the recipients' interest, the payee of the third recipient may only use the past-due benefits, held in a dedicated account, for a narrower set of items and services, as described above. Even when the third recipient becomes an adult at age 18, the unused funds remain in the dedicated account and must continue to be subject to these spending limitations until depleted or until the recipient's eligibility for SSI is terminated.

Legislative History and Rationale

Congress created dedicated accounts as part of a more comprehensive legislative enactment, the *Personal Responsibility and Work Opportunity Reconciliation Act of 1996* (PRWORA).³³ Before dedicated accounts existed, two provisions protected lump-sum past-due payments from disqualifying recipients from eligibility for SSI: the six-month exclusion period of underpayments from income and resources³⁴ and the requirement to pay lump-sum payments in installments.³⁵

In response to the *Social Security Disability Benefits Reform Act of 1984*³⁶ and the 1990 *Sullivan v. Zebley* Supreme Court decision,³⁷ in the early 1990s, SSA implemented new standards for

³³ Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193) § 213 <<https://www.congress.gov/104/plaws/publ193/PLAW-104publ193.pdf>>.

³⁴ Omnibus Budget Reconciliation Act of 1987 (Public Law 100-203) § 9114.

³⁵ Deficit Reduction Act of 2005 (Public Law 109-171) § 7502 <<https://www.govinfo.gov/content/pkg/PLAW-109publ171/pdf/PLAW-109publ171.pdf>>.

³⁶ The Social Security Disability Benefits Reform Act of 1984 expanded the medical listings for children to include a greater number of mental impairments as well as new, more functionally based, standards for evaluating mental impairments in children. Social Security Disability Benefits Reform Act of 1984 (Public Law 98-460) <<https://www.govinfo.gov/content/pkg/STATUTE-98/pdf/STATUTE-98-Pg1794.pdf>>.

³⁷ In *Sullivan v. Zebley*, the court held that SSA's disability determination process for children violated the Social Security Act because the children's process did not provide a mechanism analogous to the residual functional capacity assessments in the adult process for children who did not meet the medical listings. As a result of the decision, SSA implemented new regulations, including adding an individualized functional assessment to the disability determination process for children. *Sullivan v. Zebley*, 493 U.S. 521 (1990).

assessing disability for child SSI applicants. In the following years, the number of children receiving SSI increased substantially from 264,890 children receiving payments in 1989 to 917,048 in 1995, prompting congressional and media attention.³⁸ In March 1995 testimony before the Special Committee on Aging, the Director of Income Security Issues in the Health, Education, and Human Services Division at the General Accounting Office (GAO),³⁹ Jane L. Ross notes that despite “limited empirical data...widespread media reports have weakened public confidence in the integrity of the SSI program.”⁴⁰ These reports, which alleged instances of “parents coach[ing] their children to fake mental impairments...so that they can qualify for cash benefits,” drew Congressional attention and prompted discussion about changes to the SSI children’s program during the welfare reform debates.⁴¹ The passage of the PRWORA in 1996 narrowed the SSI eligibility standards for children in response to these concerns.⁴² It also established the dedicated account requirement.

While the dedicated account provision can be traced through earlier versions of welfare reform legislation, there is little documentation of congressional rationale for the provision or its ultimate adoption in the PRWORA.⁴³ House Report 104-651 accompanying one such bill, the *Welfare and Medicaid Reform Act of 1996*, provides some reasoning for including the provision: “The committee has found that large lump-sum payments have been subject to misuse. Requiring the establishment of special accounts is designed to increase the likelihood that benefits will be spent on the needs of the child.”⁴⁴ SSA’s POMS provides a different perspective for excluding lump-sum payments from resources that is not recorded in the legislative history: The exclusion of dedicated account funds from resources “gives a payee the use of the funds over a longer period without jeopardizing the child’s eligibility to receive SSI payments.”⁴⁵

³⁸ Rogowski, Jeannette, Lynn A. Karoly, Jacob Alex Klerman, Moira Inkelas, Melissa Rowe, and Randall Hirscher. “Final Report for Policy Evaluation of the Effect of the 1996 Welfare Reform Legislation on SSI Benefits for Disabled Children,” *RAND*, DRU-2559-SSA, 2002, pp. 8-9 <<https://www.rand.org/pubs/drafts/DRU2559.html>>; Social Security Administration, *Annual Statistical Supplement, 2018*, Table 7.A9 <<https://www.ssa.gov/policy/docs/statcomps/supplement/2018/index.html>>.

³⁹ In 2004, the name of the General Accounting Office changed to the Government Accountability Office. See: GAO Human Capital Reform Act of 2004 (Public Law 108-271) § 8 <<https://www.congress.gov/108/plaws/publ271/PLAW-108publ271.pdf>>.

⁴⁰ Hearing before Senate Special Committee on Aging, Federal Disability Programs Face Major Issues (prepared statement of Jane L. Ross, Director, Income Security Issues, General Accounting Office), Serial No. 104-1, 104th Congress, March 2, 1995, pp. 10-11 <<https://www.aging.senate.gov/imo/media/doc/publications/321995.pdf>>.

⁴¹ General Accounting Office, *Social Security: New Functional Assessments for Children Raise Eligibility Questions*, GAO/HEHS-95-66, March 1995, p. 1 <<https://www.gao.gov/assets/230/220953.pdf>>.

⁴² Coe, Norma B., and Matthew S. Rutledge. “What is the Long-Term Impact of Zebley on Adult and Child Outcomes?” *Center for Retirement Research at Boston College*, CRR WP 2013-3, 2013, p. 1 <https://crr.bc.edu/wp-content/uploads/2013/01/wp_2013-3-508.pdf>; Government Accountability Office, *Rapid Rise in Children on SSI Disability Rolls Follows New Regulations*, September 1994, pp. 2,4,8,9 <<https://www.gao.gov/assets/230/220229.pdf>>; Levere, Michael. “The Labor Market Consequences of Receiving Disability Benefits During Childhood,” *Mathematica Policy Research*, Working Paper 51, 2017, p. 6 <<https://www.mathematica-mpr.com/our-publications-and-findings/publications/the-labor-market-consequences-of-receiving-disability-benefits-during-childhood>>; Rogowski, Jeannette, Lynn A. Karoly, Jacob Alex Klerman, Moira Inkelas, Melissa Rowe, and Randall Hirscher. “Final Report for Policy Evaluation of the Effect of the 1996 Welfare Reform Legislation on SSI Benefits for Disabled Children,” *RAND*, DRU-2559-SSA, 2002, pp. 8-9 <<https://www.rand.org/pubs/drafts/DRU2559.html>>.

⁴³ O’Connell, Mary. “Supplemental Security Income’s ‘Dedicated Account’: A Debunked Urban Legend and Twenty Years of Waste,” *Northeastern Public Law and Theory Faculty Research Papers Series*, No. 289, 2017, p. 48 <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2962370>.

⁴⁴ House Committee on the Budget, *House Report 104-651 accompanying H.R. 3734, the Welfare and Medicaid Reform Act of 1996*, June 27, 1996, p. 1392 <<https://www.congress.gov/104/crpt/hrpt651/CRPT-104hrpt651.pdf>>.

⁴⁵ Social Security Administration, Program Operations Manual System, GN 00602.140.A. Introduction to Dedicated Accounts, December 4, 2012 <<http://policy.ssa.gov/poms.nsf/lnx/0200602140>>.

Despite the creation of dedicated accounts, both the pre-PRWORA exclusion period and installment payment provisions remain in place for some SSI recipients receiving lump-sum past-due payments and have since been amended to protect a larger number of payments. The *Social Security Protection Act of 2004* extended the resource exclusion period for past-due payments from six to nine months.⁴⁶ The *Deficit Reduction Act of 2005* changed the amount of past-due benefits requiring installments from payments that equal or exceed 12 times the FBR to those that equal or exceed three times the FBR.⁴⁷ As dedicated accounts are required for past-due payments exceeding six times the FBR, any payment requiring a dedicated account is covered by both existing provisions, whether it is paid into a dedicated account, or not. Given existing statutory requirements around lump-sum payments,⁴⁸ and absent empirical evidence supporting or refuting claims about misuse of funds, the utility of dedicated accounts is unclear.

Dedicated Accounts as an Area of Complexity

Despite the small number of accounts and the relatively modest balances they hold in most cases, dedicated accounts constitute a burdensome and unduly complex administrative workload for both payees and SSA frontline staff. The source of this burden is primarily the spending approval process and the account monitoring requirements. Moreover, existing literature suggests that current dedicated account policy hinders children in low-income families from accessing needed funds to which the agency has already found them entitled.

Seeking Approval for Spending

By design, recipients with dedicated accounts and their payees have limited options for how to spend dedicated account funds. Funds held in a dedicated account are explicitly available for use on medical treatment, education, and job skills training. In most states, child recipients of SSI have access to low- or no-cost medical care through programs such as Medicaid and the Children's Health Insurance Program (CHIP).⁴⁹ Under the *Individuals with Disabilities Education Act* (IDEA), children ages three to 21 with disabilities are entitled to "free appropriate public education"⁵⁰ and IDEA, as well as the *Rehabilitation Act of 1973*, mandates schools provide vocational opportunities for students with disabilities.⁵¹ In cases where payees cannot use dedicated account funds on one of the explicitly allowable items or services, they are limited

⁴⁶ The Social Security Protection Act of 2004 (Public Law 108-203) §431 <<https://www.congress.gov/108/plaws/publ203/PLAW-108publ203.pdf>>.

⁴⁷ Deficit Reduction Act of 2005 (Public Law 109-171) § 7502 <<https://www.govinfo.gov/content/pkg/PLAW-109publ171/pdf/PLAW-109publ171.pdf>>.

⁴⁸ O'Connell, Mary. "Supplemental Security Income's 'Dedicated Account': A Debunked Urban Legend and Twenty Years of Waste," *Northeastern Public Law and Theory Faculty Research Papers Series*, No. 289, 2017, p. 60 <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2962370>.

⁴⁹ Social Security Administration, *Benefits for Children with Disabilities*, 2019, pp. 11-13 <<https://www.ssa.gov/pubs/EN-05-10026.pdf>>.

⁵⁰ Individuals with Disabilities Education Act (Public Law 101-476) §1401(9).

⁵¹ Rehabilitation Act of 1973 (Public Law 93-112) <<https://legcounsel.house.gov/Comps/Rehabilitation%20Act%20of%201973.pdf>>.

to holding funds in the accounts for future use or spending funds on “other items and services that SSA determines appropriate.”⁵²

Obtaining spending approval from SSA for basic items and services is time-intensive and demanding for both payees and FO staff. Before a payee spends funds held in a recipient’s dedicated account on items or services that may fall into the “other” category, SSA recommends that they seek prior approval from the agency to protect against a subsequent finding of misapplication—the use of dedicated account funds on non-permitted items or services.⁵³ Guidance provided by the Children’s Disability Project at Greater Boston Legal Services lists information that payees should compile to submit to SSA along with an expenditure request. Suggested information includes: a description of the item, its cost, its connection to the child’s impairment and documentation of its medical or educational use (e.g. a letter from a doctor or teacher).⁵⁴ However, not all payees receive this type of information.⁵⁵ SSA does not provide guidance to payees about the supporting documentation necessary to justify an expenditure request. The limited agency guidance that exists merely states that payees are responsible for justifying the relationship of the item or service to the child’s impairment but does not provide guidance about what is needed to do so.⁵⁶

Determining allowable expenditures is complex and generates a considerable workload for payees, who are often confused why the funds in these accounts are subject to different rules from those that apply to regular monthly payments for which they are also responsible. The SSA POMS explicitly recognizes that dedicated account rules are a “significant departure from the traditional use of SSI benefits by [payees]” and “limit a payee’s discretion” to use the funds held in the account on behalf of the child.⁵⁷ Northeastern University Law Professor Mary O’Connell states, “the labor and time required to free [dedicated account] money for use is frequently ludicrous, and sometimes a failure.”⁵⁸ As a result, “[v]ery poor parents, whose child has established his or her disability and has been awarded benefits, sometimes simply give up trying to access the funds in the dedicated account.”⁵⁹

⁵² Social Security Administration, Program Operations Manual System, GN 00602.140.B.1. *Use of Funds in a Dedicated Account*, December 4, 2012 <<http://policy.ssa.gov/poms.nsf/lnx/0200602140>>.

⁵³ Social Security Administration, Program Operations Manual System, SI 02220.060.B.3. *Misapplication of Funds*, October 30, 2015 <<http://policy.ssa.gov/poms.nsf/lnx/0502220060>>.

⁵⁴ Greater Boston Legal Services, Children’s Disability Project, *Saving and Spending Workbook* <http://www.gbbs.org/sites/default/files/cdp_spending_kit_full.pdf>.

⁵⁵ O’Connell, Mary. “Supplemental Security Income’s ‘Dedicated Account:’ A Debunked Urban Legend and Twenty Years of Waste,” *Northeastern Public Law and Theory Faculty Research Papers Series*, No. 289, 2017, p. 2 <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2962370>.

⁵⁶ Social Security Administration, Program Operations Manual System, GN 00602.140.C.1. *Approving or Disapproving Dedicated Account Expenditure Requests*, December 4, 2012 <<http://policy.ssa.gov/poms.nsf/lnx/0200602140>>.

⁵⁷ Social Security Administration, Program Operations Manual System, GN 00602.140.A. *Introduction to Dedicated Accounts*, December 4, 2012 <<http://policy.ssa.gov/poms.nsf/lnx/0200602140>>.

⁵⁸ O’Connell, Mary. “Supplemental Security Income’s ‘Dedicated Account:’ A Debunked Urban Legend and Twenty Years of Waste,” *Northeastern Public Law and Theory Faculty Research Papers Series*, No. 289, 2017, p. 2 <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2962370>.

⁵⁹ O’Connell, p. 2.

At SSA, dedicated account spending rules are far from straightforward for staff and contribute to variation in policy application. When considering requests, POMS indicates that “FO staff should use their best judgement to decide on a case-by-case basis whether the expenditure relates to, results from, or would improve the child’s condition.”⁶⁰ This may lead to inconsistencies in what is approved across offices and even among FO staff within the same office considering the same item.⁶¹ As the guidance demonstrates, obtaining permission to access needed funds is a subjective, and sometimes arbitrary, process that is contingent on the expertise and perception of the particular FO employee reviewing the request.

FO staff may lack the expertise necessary to make a fully-informed decision about the relation of a requested expenditure to a given impairment or its prospect for improving a child’s quality of life. While it may be relatively straightforward to determine whether an expenditure is appropriate for a child with a physical disability, it may be more difficult to assess whether an expenditure relates to the impairment of a child with a non-physical disability. The POMS does not provide clear guidance on which expenditures from dedicated accounts are permitted. The POMS provides examples to guide FO staff, but these examples cannot cover all cases. As a result, FO staff must rely on personal judgements when considering the appropriateness of requests.⁶² This workload calls on FO staff to make medical and vocational decisions that are often outside of their area of expertise.

Account Monitoring

SSA has made public comments about the burdensome workload created by dedicated account provisions, particularly the monitoring requirements. Former Commissioner Jo Anne Barnhart stated in 2002 that “SSA [FO] employees spend an inordinate amount of time explaining the dedicated account requirement, discussing allowable expenses, monitoring how the funds are spent, determining whether the funds were misapplied, and trying to recoup misapplied funds.”⁶³ In SSA’s Fiscal Year 2017 Budget Overview, the administration stated that monitoring dedicated accounts is “labor-intensive for both SSA and [payees].”⁶⁴ Limited and imprecise agency policy and lack of clear guidance for payees about dedicated account rules may result in inconsistent implementation of agency policy by FO staff and confusion in understanding and navigating a volume of complex and subjective rules for payees.

⁶⁰ Social Security Administration, Program Operations Manual System, GN 00602.140.C.1. *Approving or Disapproving Dedicated Account Expenditure Requests*, December 4, 2012 <<http://policy.ssa.gov/poms.nsf/lnx/0200602140>>.

⁶¹ Letter from Taramattie Doucette, Esq., Project Director, The Children’s Disability Project, Greater Boston Legal Services; Linda Landry, Esq., Senior Attorney, Disability Benefits Project, Disability Law Center; and Mary E. O’Connell, Professor Emerita, Northeastern University School of Law to Emma Tatem, Policy Analyst, Social Security Advisory Board, *Re: Recommendations Concerning the Dedicated Account*, March 29, 2019, p. 5. On file with the Social Security Advisory Board.

⁶² Social Security Administration, Program Operations Manual System, GN 00602.140.C.1. *Approving or Disapproving Dedicated Account Expenditure Requests*, December 4, 2012 <<http://policy.ssa.gov/poms.nsf/lnx/0200602140>>.

⁶³ Social Security Administration, *Letters of Commissioner Jo Anne B. Barnhart to Honorable J. Dennis Hastert and Honorable Richard B. Cheney accompanying proposed Supplemental Security Income Program Amendments of 2002*, September 26, 2002 <<https://www.ssa.gov/legislation/Bills/SSIAmend2002.pdf>>.

⁶⁴ Social Security Administration, *Fiscal Year 2017 Budget Overview*, p. 23 <<https://www.ssa.gov/budget/FY17Files/2017BO.pdf>>.

After a payee establishes a dedicated account, but before receipt of the past-due payment, a payee must sign the SSA-522 form, which requires the signee to certify that they “understand how dedicated account funds can and cannot be used” and agree to several additional statements outlining their record-keeping and reporting obligations.⁶⁵ As demonstrated in the previous section, understanding what constitutes an allowable expenditure is far from straightforward. In accordance with the responsibilities defined in the form, a payee or recipient in direct payment agrees to keep detailed documentation of how funds in the dedicated account are spent and report on expenditures and the account balance to SSA each year in an annual accounting form, the Representative Payee Report of Benefits and Dedicated Account (SSA-6233-BK). Collecting and maintaining the necessary documentation to report to SSA—which the agency recommends a payee keep for two years⁶⁶—may constitute a considerable burden for payees, most of whom are parents.

SSA monitors dedicated account deposits and spending by payees or recipients in direct payment through collection of the annual accounting forms.⁶⁷ Past Board work has found that collection of a similar payee annual accounting form that, with the passage of recent legislation, has been retired for natural and adoptive parent and spouse payees, “amounts to an expensive, time-consuming and pointless process that yields no useful information about benefit expenditures, investments or the [payee’s] management of [recipient] money.”⁶⁸ Regarding dedicated account monitoring, in May 2008 testimony before the United States Senate Committee on Finance, National Council of Social Security Management Associations (NCSSMA) Past President Richard Warsinskey referenced a NCSSMA survey finding that dedicated accounts constitute one of many “workloads that were not being processed timely” for the agency.⁶⁹ The Office of the Inspector General (OIG) for Social Security also found that the agency is not always in compliance with its own monitoring guidelines for dedicated accounts. Namely, SSA did not always collect payees’ annual accounting reports or change the recorded account balances to reflect the reports they did receive.⁷⁰ In addition, the OIG noted the agency did not always comply with policies for evaluating payee responses to the annual accounting form.⁷¹

⁶⁵ Social Security Administration, Program Operations Manual System, GN 00602.140.C. *Procedure for Dedicated Accounts*, December 4, 2012 <<http://policy.ssa.gov/poms.nsf/lnx/0200602140>>; Social Security Administration, Program Operations Manual System, SI 02101.200 *Exhibit – SSA-552—Dedicated Account Use of Funds Statement*, October 7, 2002 <<http://policy.ssa.gov/poms.nsf/lnx/0502101200>>.

⁶⁶ Greater Boston Legal Services, Children’s Disability Project, *Saving and Spending Workbook* <http://www.gbbs.org/sites/default/files/cdp_spending_kit_full.pdf>.

⁶⁷ Social Security Administration, Program Operations Manual System, GN 00602.140.B.2. *Monitoring the Use of Dedicated Account Funds*, December 4, 2012 <<http://policy.ssa.gov/poms.nsf/lnx/0200602140>>.

⁶⁸ Social Security Advisory Board, *Improving Social Security’s Representative Payee Program*, January 2018, p. 16 <https://ssab.gov/Portals/0/OUR_WORK/REPORTS/ImprovingRepPayee2018.pdf?ver=2018-01-11-160130-430>.

⁶⁹ Hearing before Senate Committee on Finance, *More Work, Less Resources: Social Security Field Offices Struggle to Deliver Service to the Public* (response to question posed to Richard E. Warsinskey, Immediate Past President, National Council of Social Security Management Associations), S. Hrg. 110-1043, 110th Congress, May 8, 2008, p. 127 <<https://www.finance.senate.gov/imo/media/doc/56618.pdf>>.

⁷⁰ Social Security Administration, Office of the Inspector General, *The Social Security Administration’s Monitoring of Dedicated Accounts for Supplemental Security Income Recipients*, A-13-06-16032, August 2007, pp. 4, 6 <https://oig.ssa.gov/sites/default/files/audit/full/pdf/A-13-06-16032_0.pdf>.

⁷¹ *The Social Security Administration’s Monitoring of Dedicated Accounts for Supplemental Security Income Recipients*, pp. 4, 6.

Based on the information provided in the annual accounting form, SSA determines if dedicated account funds have been misapplied or misused by the payee or recipient in direct payment. There is a notably lower threshold in place to determine a payee has *misapplied* dedicated account funds than the threshold in place to determine a payee has *misused* funds. Misuse is “when a payee uses funds for a purpose *other than for the use and benefit of the beneficiary*.”⁷² A payee who *misuses* a recipient’s dedicated account funds must repay those funds to the dedicated account. In contrast, misapplication occurs when dedicated account funds are knowingly used to purchase items or services that are not permitted, *even if they benefit the recipient*.⁷³ A payee who *misapplies* funds must repay those funds to the Department of the Treasury general revenues; they do not go back into the child’s dedicated account.⁷⁴

According to POMS, “a signed SSA-552...or other statement from a [payee] certifying that the payee understood the dedicated account restrictions can support a finding that a payee knowingly misapplied funds,” however, some payees may not fully understand the intricacies of the dedicated account rules to which they are agreeing when signing the form.⁷⁵ As most payees overseeing dedicated accounts are parents of the recipient, a determination of misapplication may leave low-income families worse off collectively if the parent must use their own funds to pay back the government. A fear of misapplication may discourage payees from using funds for items or services other than those explicitly stated in POMS. Based on data provided by SSA, about 26.5 percent of active non-zero dedicated account balances have remained unchanged since opening.⁷⁶ Fear of misapplication may be a contributing factor for unused funds.⁷⁷

Empirical Data on Dedicated Accounts are not Available

While anecdotal evidence suggests dedicated accounts are complex and burdensome, little can be said empirically about the accounts and their impact on program integrity, agency workloads, and SSI recipients. Congress asserted the prevalence of misuse of lump-sums as justification for establishing the accounts. However, the Board has been unable to locate empirical evidence to support or refute that claim. Furthermore, agency data on dedicated accounts is scant, and data on the frequency of misapplication of dedicated account funds, if it exists, are not available to the Board.

⁷² Social Security Administration, Program Operations Manual System, GN 00602.140.B.3. *Misapplication of Dedicated Account Funds*, December 4, 2012 <<http://policy.ssa.gov/poms.nsf/lnx/0200602140>>. Emphasis added.

⁷³ GN 00602.140.B.3. *Misapplication of Dedicated Account Funds*.

⁷⁴ *Ibid*.

⁷⁵ Letter from Taramattie Doucette, Esq., Project Director, The Children’s Disability Project, Greater Boston Legal Services; Linda Landry, Esq. Senior Attorney, Disability Benefits Project, Disability Law Center; and Mary E. O’Connell, Professor Emerita, Northeastern University School of Law to Emma Tatem, Policy Analyst, Social Security Advisory Board, *Re: Recommendations Concerning the Dedicated Account*, March 29, 2019, p. 6. On file with the Social Security Advisory Board; Social Security Administration, Program Operations Manual System, GN 00602.140.C.3. *Misapplication Determination*, December 4, 2012 <<http://policy.ssa.gov/poms.nsf/lnx/0200602140>>.

⁷⁶ Social Security Administration, Office of Retirement and Disability Policy, data by request.

⁷⁷ O’Connell, Mary. “Supplemental Security Income’s ‘Dedicated Account:’ A Debunked Urban Legend and Twenty Years of Waste,” *Northeastern Public Law and Theory Faculty Research Papers Series*, No. 289, 2017, pp. 2, 9 <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2962370>.

The Board requested data from SSA on dedicated account spending requests, agency account monitoring activities, frequency of misapplication and misuse of account funds, and administrative costs of the dedicated accounts workload. The agency stated that it does not have data on these questions.⁷⁸ Data on the administrative costs of the dedicated accounts workload and the frequency of misapplication and misuse of dedicated account funds presumably would assist the agency in better articulating an informed policy regarding dedicated accounts.

Board Findings

Dedicated accounts are complex and burdensome for both payees and SSA. While empirical data evaluating the utility of dedicated accounts are not available, bipartisan recommendations to eliminate the accounts made by former Commissioners of Social Security, presidents, practitioners, the advocacy community, and those directly impacted by dedicated account policy point to the complexity and confusion generated by existing account provisions. Since dedicated accounts were created in 1996, and despite consistent and bipartisan calls for their elimination starting shortly thereafter, there has been no legislative action on the provision. Meanwhile, the existing literature suggests that the administration of dedicated accounts impose burdens on both the agency and the people who the agency serves. The Board intends to further explore dedicated accounts and their varied impacts on SSI recipients, payees, and SSA.

Kim Hildred, Chair

Henry J. Aaron • Nancy J. Altman • Robert Joondeph

Board member Jagadeesh Gokhale withholds signature on this Report. His independent statement is attached.

⁷⁸ Email from Stephen Evangelista, Acting Assistant Deputy Commissioner for the Office of Retirement and Disability Policy, Social Security Administration to Emma Tatem, Policy Analyst, Social Security Advisory Board, *Re: Reply: Data Request – Dedicated Accounts*, May 6, 2019. On file with the Social Security Advisory Board.

Independent Supplemental Statement

The initial motivation for establishing dedicated accounts was to prevent misuse that was reportedly found by legislators and staff in Congress prior to establishing those accounts. The Statement cites that the Board “has been unable to locate empirical evidence to support or refute that claim.” The report then offers several declarative statements about the problems and complexities of dedicated accounts without citing any applicable standards for judging complexity or empirical evidence on the frequency and magnitude of undue burdens on payees and SSA field office staff.

Rather than offering statements that strongly suggest a conclusion toward disfavoring and eliminating dedicated accounts, the key and only message of the report should be that the alleged but thus-far-unevaluated problems of SSI dedicated accounts warrant data collection and research by SSA. The research should explore the nature of administrative burdens and how they could be reduced; the required training and access to vocational expertise for field office staff and how it could be provided; the burdens on payees of navigating rules and how those rules could be better described and communicated. In addition, this statement could suggest that SSAB and SSA officials should develop proposals for minimizing the need for dedicated accounts in the future. This could be achieved, for instance, through a one-time system of documenting and reimbursing post application maintenance expenses incurred by payees or others on behalf of newly approved child SSI beneficiaries.

Jagadeesh Gokhale