



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

**Social Security Administration
2016**



SOCIAL SECURITY

The Commissioner

August 10, 2016

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

Dear Mr. President:

It is my pleasure to submit to you the 2016 *Annual Report of the Supplemental Security Income Program* (the 20th such report). We prepare this report in compliance with section 231 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

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

Sincerely,

Carolyn W. Colvin
Acting Commissioner

Enclosure



SOCIAL SECURITY

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August 10, 2016

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

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August 10, 2016

The Honorable Paul D. Ryan
Speaker of the House of Representatives
Washington, DC 20515

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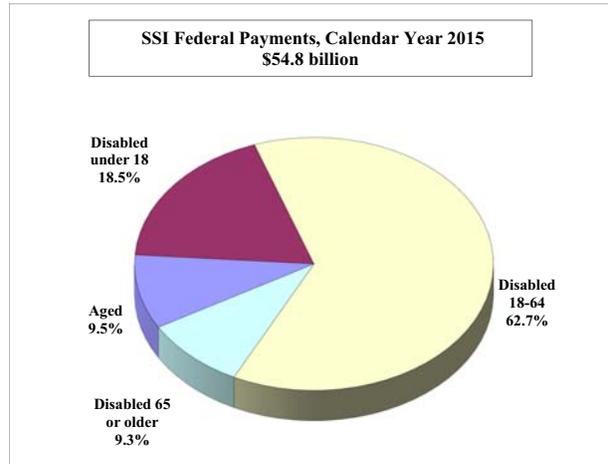
Enclosure

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 20th 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.
- In January 2016, 8.152 million individuals received monthly Federal SSI payments averaging \$526, a small decrease of 3 thousand recipients from the 8.155 million recipients with an average payment of \$526 in January 2015.
- Federal expenditures for cash payments under the SSI program during calendar year 2015 increased 1.2 percent to \$54.8 billion, while the funds made available to administer the SSI program in fiscal year 2015 increased 6.8 percent to \$4.3 billion. In 2014, the corresponding program and administrative expenditures were \$54.2 billion and \$4.1 billion, respectively.



Major Findings of the Report

- By 2040, the end of the 25-year projection period, we estimate that the Federal SSI recipient population will reach 9.1 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 2.51 percent in 2014 to 2.48 percent in 2015. We project this percentage to gradually decline throughout the 25-year projection period, reaching 2.29 percent of the population in 2040.
- We estimate that Federal expenditures for SSI payments in calendar year 2016 will increase by \$0.1 billion to \$55.0 billion, an increase of 0.3 percent from 2015 levels.
- In dollars adjusted by the Consumer Price Index to 2016 levels, we project that Federal expenditures for SSI payments will increase to \$60.6 billion in 2040, a real increase of 0.4 percent per year.
- Federal SSI expenditures expressed as a percentage of the Gross Domestic Product (GDP) were 0.31 percent in 2015. We project that expenditures as a percentage of GDP will decrease to 0.29 percent of GDP in 2016, and continue to decline thereafter to 0.20 percent of GDP by 2040.

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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 2016, the SSI program provides a monthly Federal cash payment of \$733 (\$1,100 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 20th annual report on the SSI program. The legislative mandate requires that the report include:

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

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

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

II. HIGHLIGHTS

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

A. RECENT PROGRAM EXPERIENCE

SSI program experience during the past year included the following:

- During calendar year 2015, 1.9 million individuals applied for SSI benefits based on blindness or disability, a decrease of 1 percent from 2014. Additionally, 147 thousand individuals applied for SSI benefits based on age, an increase of 4 percent as compared to the 142 thousand who applied in 2014. In 2015, 800 thousand applicants became new recipients of SSI benefits, a decrease of 1 percent as compared to the 812 thousand who became new recipients in 2014.
- Each month on average during calendar year 2015, 8.2 million individuals received Federal SSI benefits. This group was composed of 1.1 million aged recipients and 7.1 million blind or disabled recipients, of which 65 thousand were blind. Of these 7.1 million blind or disabled recipients, 1.3 million were under age 18, and 1.0 million were aged 65 or older. During the year, 9.1 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 2015 totaled \$54.8 billion, up from \$54.2 billion in 2014.
- Each month on average during calendar year 2015, 1.5 million individuals received federally administered State supplementation payments. This group was composed of 0.4 million aged recipients, 1.1 million disabled recipients, and 21 thousand blind recipients. During calendar year 2015, 1.7 million individuals received at least 1 month's federally administered State supplementation payment.
- State expenditures for Federally administered supplements, excluding fees for Federal administration totaled \$2.6 billion in calendar year 2015, down from \$3.1 billion in 2014.
- In fiscal year 2015, 95 percent of SSI recipients received their benefits electronically, which was roughly the same level as in fiscal year 2014.
- The cost of administering the SSI program in fiscal year 2015 was \$4.2 billion, which was roughly 7 percent of total federally administered SSI expenditures.
- In January 2016, 8.3 million individuals received federally administered monthly SSI benefits averaging \$542. Of these, 8.2 million received monthly Federal SSI payments averaging \$526, and 1.5 million received monthly State supplementation payments averaging \$142.

B. SSI LEGISLATION SINCE THE 2015 ANNUAL REPORT

Since we submitted the 2015 *Annual Report of the Supplemental Security Income Program* to the President and Congress, the following legislative changes have been made to the SSI program:

Public Law 114-74, enacted November 2, 2015

The “Bipartisan Budget Act of 2015” included a number of provisions that affect SSA's programs. Of particular note with respect to the SSI program is a provision that authorizes SSA to establish automated information exchanges with private commercial payroll data providers. This authority allows us to regularly obtain wage data directly from a private company that collects and maintains it, and use that information to update our SSI records. When implemented, this will enable us to quickly and efficiently update our records and adjust SSI payments for recipients who work. Recipients and deemors who elect to give us their permission to verify their wages in this way will be exempted from certain penalties for failing to report to us when they change employer.¹

Two other provisions are also noteworthy for the SSI program: One increases the amounts authorized for SSA's program integrity work, such as SSI redeterminations and medical continuing disability reviews.² The other requires a qualified medical professional to complete the medical portion of a disability determination.³

Public Law 114-63, enacted October 7, 2015

The “Ensuring Access to Clinical Trials Act of 2015” made 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. Prior to enactment, this exclusion had been scheduled to end (or “sunset”) in October 2015.

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 rely on the cash assistance provided by SSI for their basic needs of food and shelter. Because the program plays such a crucial role in the lives of about eight and a half million Americans, we are charged with administering it as efficiently as possible, and with paying the right person the right amount of SSI benefits at the right time. Further, because SSI is funded from general tax revenues, we are 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,

¹ See P.L. 114-74 § 824.

² See P.L. 114-74 § 815.

³ See P.L. 114-74 § 832.

Highlights

and other circumstances change. The first line of defense against improper payments is timely reporting of these changing circumstances. Recipients are required to report to us changes that may affect their benefits. However, due to any number of circumstances, including impairments for which they receive benefits, recipients may have difficulty in reporting changes in a timely manner. For this reason, it is vitally important that we have a strong portfolio of program integrity tools to detect unreported changes that may affect SSI eligibility and payment, ensuring that only those people eligible for benefits continue to receive them, and receive them in the correct amount.

One of our most effective program integrity tools is our SSI redeterminations process, which are reviews of all of the nonmedical factors of eligibility to determine whether the recipient is still eligible for SSI and receives the correct payment amount. Since we do not receive the administrative funding to do a redetermination on every SSI recipient every year, we use a statistical model to prioritize redeterminations so we can focus on those most likely to involve a change that affects eligibility or the amount of benefits.

Redeterminations save billions of program dollars with a comparatively small investment of administrative funds. Based on the program integrity funding provided to SSA in the FY 2016 Budget, we expect to complete about 2.622 million SSI redeterminations this fiscal year. The President's proposed FY 2017 Budget would provide funding sufficient to complete 2.8 million SSI redeterminations in FY 2017.¹ Our estimates indicate that those FY 2017 redeterminations would yield about \$3 of net Federal SSI and Medicaid savings over the first ten years on average per \$1 budgeted to conduct those reviews.

Ongoing Efforts

As we have described in prior years' Annual Reports on the Supplemental Security Income Program, we rely 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. This process has proven very cost effective and useful in identifying undisclosed accounts.

Another important tool we use to reduce improper payments is the SSI Telephone Wage Reporting System (SSITWR). SSITWR 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 touch-tone 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 new tools such as these for wage reporting will help reduce improper SSI payments, as compliance with reporting responsibilities is made increasingly easier.

Future Improvements

We continually look for new ways to improve how we prevent, detect and correct improper payments. For example, we recently implemented a method 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. The President's Budget for FY 2017 includes a legislative proposal that would authorize us to build upon and further automate this process.

¹ In our efforts to accurately pay benefits, we also conduct 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.

In addition, the Bipartisan Budget Act of 2015 authorized us to enter into information exchanges with private, commercial payroll data providers, which collect and sell wage data that are more detailed and timely than the data available to us through our existing exchanges with other Federal agencies. We anticipate that these exchanges, when implemented, will help us prevent improper payments and conserve employee time by allowing us to compare a provider's wage data with those in our records, correct discrepancies, and adjust benefits accordingly. We are currently working to implement such an exchange or exchanges in calendar year 2017.

The President's FY 2017 Budget proposes to move from the current annual wage reporting process for employers to a quarterly one. Quarterly reporting would provide wage information sooner in many cases, allowing us to match it to the SSI record sooner, thereby reducing the amount of overpayment caused by delayed reporting of wages.

Additional Proposed SSI Program Changes

In addition to the legislative proposals described above relating to program integrity, the President's FY 2017 Budget includes several other proposals to improve the SSI program.

- **Extend SSI Time Limits for Qualified Refugees**—This proposal would underscore the nation's commitment to refugees, asylees, and other humanitarian immigrants—who come to America with very little and frequently have nowhere else to go—by again extending the time limit for benefits from 7 to 9 years during FYs 2017 and 2018.
- **Hold Fraud Facilitators Liable for Overpayments**—This proposal would hold fraud facilitators liable for overpayments by allowing SSA to recover SSI overpayments, with interest, from a third party who was responsible for making fraudulent statements or providing false evidence that allowed the recipient to receive payments that should not have been paid.
- **Authorize SSA to Conduct a New Continuing Disability Review when Fraud is Involved in a Prior Continuing Disability Review**—This proposal would authorize us to immediately conduct a new CDR to determine continuing eligibility for benefits if we believe that fraud or similar fault was involved in a prior CDR. During this review, SSA would be authorized to disregard any evidence if there is reason to believe that fraud or similar fault was involved in the providing of such evidence.
- **Government-Wide Use of Customs and Border Patrol Entry and Exit Data to Prevent Improper Payments**—This proposal would provide for the use of U.S. Customs and Border Protection entry and exit information, which may be useful in preventing improper payments in Federal programs that require U.S. residency in order to receive benefits, including the SSI program.
- **Establish Workers' Compensation Information Reporting**—This proposal would improve program integrity by requiring states, local governments, and private insurers that administer Workers' Compensation and Public Disability Benefits to provide this information to SSA. Furthermore, it would provide for the development and implementation of a system to collect such information from states, local governments, and insurers.
- **Authorize SSA to Use All Collection Tools to Recover Funds in Certain Scenarios, Such as When Someone Improperly Cashes a Beneficiary's Check or Removes a Benefit from a Joint Account**—This proposal would authorize SSA to use all of its overpayment collection tools, such as credit bureau reporting and administrative wage garnishment, to recover certain incorrect payments that do not meet the statutory definition of an overpayment.

Highlights

- **Exclude SSA Debts from Discharge in Bankruptcy**—This proposal would exclude debts that SSA collects—including overpayments of SSI benefits—from discharge in bankruptcy, except when it would cause an undue hardship.
- **Conform Treatment of State and Local Government Earned Income Tax Credits (EITC) and Child Tax Credits (CTC) for SSI**—This proposal would simplify administration of the SSI program by excluding state EITCs and CTCs, in the manner in which similar, Federal tax payments are excluded.
- **Eliminate SSI Dedicated Accounts**—This proposal would eliminate the requirement that we deposit certain large, retroactive SSI benefits due a child into a special account, called a “dedicated account.” The child’s representative payee—who is typically a parent—can expend funds from such an account only for education, health care, and certain other expenses. These restrictions are often considered intrusive and confusing, and oversight of these accounts is labor-intensive for both SSA and representative payees.
- **Strengthening Child Support Enforcement and Establishment**—The Budget includes several proposals aimed at increasing and improving child support collections and program efficiency. We generally reduce a child’s monthly SSI benefit by two-thirds of any monthly child support payment he or she also receives. By increasing the amount of child support collected, these proposals would result in savings to the SSI program.
- **Provide Mandatory Funding Dedicated to Modernizing SSA’s Information Technology**—This proposal would provide SSA with \$240 million in mandatory funding over fiscal years 2018, 2019, and 2020 dedicated to modernizing SSA’s information technology (IT), specifically its core databases, programming languages, and IT infrastructure.

Avoiding Unintended Consequences

Another important issue for policy makers will be the extent to which the SSI program may be subject to modification in order to maintain consistency with the nation’s network of social insurance and assistance programs. Although SSI is sometimes overlooked in broader discussions, the program’s very structure means that changes outside of the program could result in unintended consequences.

Careful consideration is required as we seek to adjust our country’s social programs to address the changing needs of society. These programs were not intended to function in isolation. Rather they were constructed to operate in coordination with each other, much like the individual squares of a quilt. As policy makers move forward with plans to modernize the nation’s social insurance and means-tested assistance programs, they will be challenged to avoid creating unintended consequences in the SSI program.

Conclusion

More than 40 years after its implementation, the SSI program continues to provide support for millions of vulnerable Americans. Our goal remains consistent: to pay the right person the right benefit at the right time, and 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 for us to administer, and continues to provide support to vulnerable Americans.

D. KEY RESULTS FROM THE 25-YEAR PROJECTIONS

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

- Following small declines in the SSI recipient population in the late 1990s due to the combined impact of Public Law 104-121 (the Contract With America Advancement Act of 1996) and Public Law 104-193 (the Personal Responsibility and Work Opportunity Reconciliation Act of 1996), modest growth in the SSI rolls resumed in 2000. The economic recession that began in late 2007 led to faster growth in the SSI recipient population in recent years, but returned to a more modest level of growth in 2014. We project this modest level of growth 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 2040, we estimate that the Federal SSI recipient population will reach 9.1 million. As a percentage of the total U.S. population, we project the number of Federal SSI recipients to decrease very gradually from 2.48 in 2015 to 2.29 percent of the population by 2040.
- We estimate that Federal expenditures for SSI payments in calendar year 2016 will increase by \$0.1 billion to \$55.0 billion, an increase of 0.3 percent from 2015 levels. In dollars adjusted by the Consumer Price Index to 2016 levels, we project that SSI program outlays will increase to \$60.6 billion in 2040, a real increase of 0.4 percent per year.
- Federal SSI expenditures were 0.31 percent of Gross Domestic Product (GDP) in 2015. We project that such expenditures will decrease to 0.29 percent of GDP in 2016, and continue to decline thereafter to 0.20 percent of GDP by 2040.

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

B. THE BASIC PLAN

The main objective of the SSI program is to provide basic financial support of 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;
- Inducements to encourage States to provide supplementation of the basic Federal benefit and protection for former recipients of State adult assistance programs who were converted to the SSI program; and

- Appropriate coordination of the SSI program with the 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 with a national program with uniform standards and objective eligibility criteria. These standards include:

- A uniform limitation on the dollar amount or value of income and resources that an individual can have and still qualify for SSI assistance. The countable income limits for individuals and couples are equal to their respective Federal benefit rates² and increase annually according to changes in the cost of living. For 2016, the Federal benefit rate is \$733 a month for individuals and \$1,100 a month for couples. The resource limit is \$2,000 in countable resources for individuals and \$3,000 for couples.
- A uniform standard of 65 as the minimum age for assistance based on age.
- A uniform definition of disability and blindness. The definitions for individuals age 18 or older are the same as those used for the Social Security Disability Insurance 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. However, individuals for whom addiction to drugs or alcoholism is a contributing factor material to the determination of their disabilities are not eligible for benefits. In order to be considered blind, an individual must have central visual acuity of 20/200 or less in the better eye with the use of a correcting lens or with a visual field limitation of 20 degrees or less in the better eye.
- A uniform standard for citizenship and residency. In order to be eligible for SSI, an individual must be a citizen or national of the United States, an American Indian born in Canada who is admitted to the United States under section 289 of the Immigration and Nationality Act (INA), an American Indian born outside the United States who is a member of a federally recognized Indian tribe under section 4(e) of the Indian Self-Determination and Education Assistance Act, a noncitizen who was receiving SSI benefits on August 22, 1996, or a qualified alien⁴ in one of the following categories:⁵

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 \$1,130 a month are evidence of ability to engage in SGA. If an SSI *applicant* is earning over \$1,130 a month, he or she generally would not be considered disabled. However, if an SSI *recipient* is earning over \$1,130 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 \$1,130 was increased from \$1,090 effective January 1, 2016 (80 FR 66964). 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.

⁴ A complete list of noncitizens who are considered qualified aliens can be found in the Glossary under “Qualified Alien.” However, to be eligible to receive SSI benefits, these qualified aliens also must be in one of the categories listed.

⁵ Generally, the law limits SSI eligibility for humanitarian immigrants to 7 years. However, under the “SSI Extension for Elderly and Disabled Refugees Act,” which became law on September 30, 2008, lawmakers extended the 7-year period to 9 years during the window of October 1, 2008 through September 30, 2011. Afterwards, the SSI eligibility period reverted back to 7 years. Noncitizens who had naturalization applications pending during this same 3-year window were exempt from the 7-year limitation. As of December 2015 there were approximately 58 thousand SSI recipients receiving time-limited SSI benefit payments, which was roughly 0.7 percent of those receiving federally administered SSI benefit payments as of that same month.

The Supplemental Security Income Program

- Certain noncitizens who are blind or disabled and were lawfully residing in the United States on August 22, 1996;
- Refugees (eligibility generally limited to the 7-year period after their arrival in the United States);
- Asylees (eligibility generally limited to the 7-year period after the date they are granted asylum);
- Noncitizens who have had their deportations withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or who have had their removals withheld under section 241(b)(3) of the INA (eligibility generally limited to the 7-year period after the date that deportation or removal is withheld);
- Cuban and Haitian entrants as defined by Federal statute, including: 1) section 501(e) of the Refugee Education Assistance Act of 1980; 2) former parolees and other aliens who became residents under the Cuban Adjustment Act of 1966; 3) aliens who became permanent residents under the Nicaraguan and Central American Relief Act; 4) aliens who adjusted status as Cuban/Haitian entrants under the provisions of the Immigration Reform and Control Act of 1986; and 5) aliens who became permanent residents under the Haitian Refugee Immigration Fairness Act (eligibility for these categories generally limited to the 7-year period after the date that entrant status is granted);
- Amerasian immigrants admitted pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988 and subsequent amendments (eligibility generally limited to the 7-year period after their arrival in the United States);
- Noncitizen active duty 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.

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

- Noncitizens certified by the Department of Health and Human Services to be victims of trafficking in persons in the United States¹ (eligibility generally limited to the 7 years after a determination is made that they are trafficking victims); and
- Iraqi or Afghan noncitizens granted special immigrant status under emergency conditions, 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.² There are two exceptions to the residency and physical presence requirements:

¹ 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.

² Fifty States, the District of Columbia, or the Northern Mariana Islands.

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

D. ASSISTANCE OF LAST RESORT

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

1. Income

The 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.¹ Generally, ineligibility for SSI occurs when countable income equals the Federal benefit rate plus the amount of an applicable federally administered State supplementation payment.²

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 or shelter-related items an individual receives as a type of unearned income called "in-kind support and maintenance (ISM)." We calculate the value of ISM using either the Value of the One-third Reduction (VTR) rule or the Presumed Maximum Value (PMV) rule. The VTR applies 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 Federal benefit rate (FBR) and this reduction is not rebuttable, even if the individual can show that the actual value is less. In all other cases where a recipient receives ISM, the VTR rule does not apply, and we calculate the value of ISM under the PMV rule. 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 income. Generally, if the item received is not food or shelter or cannot be used to obtain food or shelter, it will not be considered as income. For example, if someone pays an individual's medical bills or offers free medical care, or if the individual receives money from a social services agency that is a repayment of an amount he or she previously spent,

¹ 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.

² We discuss State supplementation payments in section III.G.

that value is not considered income to the individual. In addition, some items that are considered to be income are excluded when determining the amount of an individual's benefit.

Income Exclusions¹

The principal *earned* income exclusions are:

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

The principal *unearned* income exclusions are:

- The first \$20 per month;²
- 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 infrequent or irregularly received income in a quarter.

2. Resources

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

If an applicant disposes of resources at less than fair market value within the 36-month period prior to his or her application for SSI or at any time thereafter, he or she may be penalized. The penalty is a loss of SSI benefits for a number of months (up to a 36-month maximum).³ 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.

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

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

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

Resource Exclusions¹

The principal resource exclusions are:

- The home and land appertaining to it, regardless of value;
- Life insurance policies whose total face value does not exceed \$1,500;
- Burial funds not in excess of \$1,500 each for an individual and spouse (plus accrued interest);
- Household goods, if needed for maintenance, use and occupancy of the home;
- 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 other payments for which they may be eligible, such as annuities, pensions, retirement or disability benefits, workers’ compensation, and unemployment insurance benefits.

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

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

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

- The public institution is a medical treatment facility and Medicaid pays more than 50 percent of the cost of care, or in the case of a child under age 18, Medicaid or private health insurance pays more than 50 percent of the cost of care—in these situations, the SSI payment is limited to \$30;
- The public institution is a publicly-operated community residence that serves no more than 16 residents;

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

- 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 Federal benefit rate to \$30 beginning with the first full calendar month they are in the facility. In the case of an individual under age 18, the \$30 payment amount is also applicable if private insurance or a combination of Medicaid and private insurance pays more than half the bill. In these cases, the SSI program provides up to \$30 a month for small comfort items not provided by the facility.

6. Deeming

The Act requires us to count, in certain situations, the income and resources of others in determining whether an individual’s income and resources fall 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. In addition, the law provides a living allowance for the ineligible spouse as well as for any ineligible children under age 18 (or under age 22 and a student) living in the household. The allowance reduces the amount of income to be deemed. Spouse-to-spouse deeming generally results in approximately the same amount of income available to the couple that would be available if both members of the couple were aged, blind, or disabled and eligible for SSI.

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

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, there are fewer than 20 of these cases remaining.

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

c. Sponsor-to-Alien Deeming

We deem the income and resources of noncitizens to include those of their sponsors. The way we deem the income and resources and the length of the deeming period depends on whether the sponsor signed a legally enforceable affidavit of support¹ or the previous version of the affidavit. Generally, noncitizens who entered the country before 1998 did so under the old version of the affidavit.²

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

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

¹ Legally enforceable affidavits of support are required by Public Law 104-208.

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

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

disability status or Medicaid. These incentives provide higher amounts of income or resource exclusions as recognition of the expenses associated with working or as inducements to seek rehabilitation services and support for work efforts.

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

1. Earned Income Exclusion

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

2. Impairment-Related Work Expense Exclusion

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

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

3. Work Expenses of the Blind Exclusion

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

Some frequently excluded work expenses include transportation to and from work, meals consumed during work hours, job equipment, licenses, income or 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 \$1,780 of earned income per month but no more than \$7,180 per year.¹

5. Plan to Achieve Self-Support

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

¹ Effective January 1, 2016 (80 FR 66964). The student earned income exclusion generally increases yearly based on changes in the cost of living. However, because there was no cost-of-living increase for 2016, the excluded amounts remain at 2015 levels. See table V.E1 for a history of maximum monthly and calendar year exclusion amounts.

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

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

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

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

7. Vocational Rehabilitation/Ticket to Work Program

Since the beginning of the SSI program, State VR agencies have provided services to those blind or disabled SSI recipients whom they have accepted as clients. SSA has traditionally reimbursed the VR agency for services provided in situations where the services result in the individual's working at the SGA level for a continuous period of 9 months and in certain other limited situations.

The Ticket to Work and Work Incentives Improvement Act of 1999 established a Ticket to Work and Self-Sufficiency program under which a blind or disabled beneficiary may obtain VR, employment, and other support services from a qualified private or public provider, referred to as an "employment network" (EN), or from a State VR agency. In addition, the Ticket 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 continue, SSA must determine that continuing or completing the program will increase the likelihood that the individual will be permanently removed from the SSI rolls. SSI benefits and Medicaid generally continue until the recipient completes the approved program or the individual ceases to participate in the program.

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

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.

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 nonmedical requirements for SSI eligibility still apply.

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

F. ADMINISTRATION OF THE SSI PROGRAM

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

1. Application Process

Individuals can apply for SSI benefits at any one of the approximately 1,231 SSA field offices around the country or through SSA teleservice centers. Although many of the eligibility requirements for the Social Security program and the SSI program are different, the application process is very similar. Individuals typically file for benefits under both programs at the same time.

SSA corroborates information provided by applicants for SSI through independent or collateral sources. Generally, the basic responsibility for obtaining evidence lies with the claimant, although SSA 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.

With regard to disability and blindness claims, SSA determines the nonmedical eligibility factors and each State's DDS determines the medical eligibility factors.²

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 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.³ 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.

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 (CPD) 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.

² The applicant can appeal unfavorable determinations related to either the nonmedical or medical eligibility factors. The administrative review process consists of several steps, which must be requested within certain time periods.

³ This method of calculating the benefit is called retrospective monthly accounting.

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 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 February 2015, about 95 percent of SSI recipients received their benefits electronically.

4. Ensuring Continued Eligibility for Benefits

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

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

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

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

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

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. Overpayments to SSI recipients are generally recovered by withholding from the monthly benefit an amount equal to 10 percent of the individual’s countable monthly income. For many recipients whose only income is SSI, this withheld amount is 10 percent of their monthly SSI payment. However, if SSA 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 them, and we send their SSI benefits to the representative payees. In many cases the representative payee is a spouse, a parent, or other close relative who will act in the recipient’s best interest. In some cases, SSA approves an organization to serve as a payee. SSA authorizes certain types of organizations to collect a fee from the benefit for acting as payee. The fee cannot exceed the lesser of 10 percent of the payment amount or a specified amount (\$41 a month in 2016).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 Federal benefit rate, the Act requires the representative payee to establish a dedicated account at a financial institution to maintain the retroactive payment. Representatives must make expenditures from the account primarily for certain expenses related to the child’s impairment.

6. Appeal Rights

Individuals who disagree with an SSA determination (e.g., eligibility for or the amount of SSI benefits) can appeal. There are four levels of appeal: reconsideration, hearing, Appeals Council review, and Federal court review. If individuals do not agree with the decision they receive at one level, they may appeal to the next. A reconsideration is a complete review by SSA (or by the DDS if applicants are appealing a disability determination).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 Social Security Appeals Council may dismiss a request for review, deny a request for review if it believes the hearing decision was correct, decide the case itself, or remand the case to the ALJ for further action. A Federal district court may look at cases when applicants disagree with the Appeal Council’s decision or denial of the request for review.

SSI recipients must receive advance notice of any adverse action SSA plans to take against them and may continue to receive monthly benefits if they appeal the adverse action. For reconsiderations involving the

¹ For disabled recipients who also have a drug addiction or alcoholism condition, the maximum permitted fee in 2016 is \$78 a month (80 FR 66964). Generally the maximum permitted amounts of the representative payee fees increase yearly based on changes in the cost of living. However, because there was no cost-of-living increase for 2016, the maximum permitted amounts remain at 2015 levels.

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

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.¹ 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.² As in the fee process for the Social Security program, we can withhold up to 25 percent of the individual's SSI past-due benefits to pay an eligible representative's fee directly. The law also requires that we charge representatives an assessment of the smaller of 6.3 percent of each authorized fee withheld or the flat-rate cap of \$91.³ 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 meet the following prerequisites: (1) having a bachelor's degree or equivalent qualifications from training and work experience; (2) securing and maintaining adequate professional liability insurance; (3) passing a criminal background check; (4) passing an examination given by SSA that tests knowledge of the relevant provisions of the Act and recent court decisions; and (5) demonstrating ongoing completion of qualified courses of continuing education.

8. Advance Payments

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

¹ 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.

² 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.

³ The flat-rate cap of \$91 was increased from \$89 effective December 1, 2014 (79 FR 64455). Because there was no cost-of-living increase for 2016, the flat-rate cap remains at the December 1, 2014 effective level (80 FR 66964).

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

1. Optional State Supplementation Programs

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

Some States provide supplementary payments to all individuals eligible for SSI benefits while others limit them to certain SSI recipients (e.g., the blind or residents of domiciliary-care facilities), or extend them to persons ineligible for SSI because of excess income. Congress significantly restricted States' flexibility in setting supplementary payments, however, by the passalong provisions (see Passalong Provisions, section III.G.4).

2. Mandatory State Supplementation Programs

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, except for Texas, which has a constitutional bar against mandatory State supplementation. This requirement does not affect West Virginia because, in 1973, SSI Federal benefit rates exceeded the applicable income standards under that State's adult assistance programs. Over the years, many individuals who converted to SSI from the

¹ 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.

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 2016, the fee is \$11.56 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 their efforts with regard to levels of State supplementation payments. However, in 1976, in reaction to States reducing their supplementary payment amounts when SSI payments increased, Congress mandated that States pass along SSI benefit increases resulting from cost-of-living adjustments.

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

H. COORDINATION WITH OTHER PROGRAMS

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

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

SSA also plays a limited but important role in helping States administer the Medicaid Program and the Supplemental Nutrition Assistance Program (SNAP).³

¹ Increased from \$11.55 effective October 1, 2015. Under current regulations, this amount is subject to yearly increases to reflect changes in the cost of living, but allows the Commissioner of Social Security to set a different fee “appropriate for the State.”

² Includes, for this purpose, those eligible for SSI benefits but for income.

³ In 2008, the Food Stamp program changed its name to SNAP.

1. Windfall Offset

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

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 States, the District of Columbia, and the Northern Mariana Islands use SSI criteria and 10 States use eligibility criteria more restrictive than those of the SSI program.

States also may enter into agreements with SSA for SSA to make Medicaid eligibility determinations on their behalf for as long as the eligibility requirements of the State’s Medicaid plans match those for the SSI program. Under these agreements, SSA determines only when an individual is eligible for Medicaid; SSA does not determine Medicaid ineligibility. SSA has Medicaid determination agreements with 33 States and the District of Columbia.

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

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

4. Supplemental Nutrition Assistance Program Applications

SSI recipients in all States, except California,¹ may be eligible for SNAP benefits. Under agreements entered into by the Department of Agriculture and SSA, Social Security offices notify Social Security and

¹ California “cashes out” nutrition benefits and SSI recipients there receive a cash payment in their State supplementation payment in lieu of benefits.

The Supplemental Security Income Program

SSI applicants and recipients of their potential benefits under the SNAP and make SNAP applications available to them.

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

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		*		*		*		*	* c
Virginia ^b	*			*			*		* c
Washington	*				*	*		*	*
West Virginia ^g						*		*	
Wisconsin	*				*	*		*	*
Wyoming	*			*		*		*	
Total	33	6	6	39	9	41	10	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, 2016-2040

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

This section presents projections of program recipients and expenditures under the SSI program for a period of 25 years. The projections rely on the intermediate demographic and economic assumptions developed for the 2016 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds.¹ SSI payments are offset for receipt of some other sources of income, including Social Security benefits. SSI projections in this report assume all scheduled Social Security benefits will be paid in full and on time. However, under the intermediate set of assumptions in the 2016 Trustees Report, the Trustees project that the asset reserves of the Disability Insurance (DI) and Old-Age and Survivors Insurance (OASI) Trust Funds will become depleted in 2023 and 2035, respectively. If the law is not altered, the trust funds would not be able to pay all scheduled benefits in full on time once asset reserves are depleted. Because DI and OASI benefit receipt affect SSI program eligibility and payment amounts, trust fund reserve depletion has the potential to increase cost for the SSI program.

There are two main inputs to the current projection model: (1) historical and projected estimates of the Social Security area population by single year of age and gender; and (2) historical tabulations 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. We project transitions into SSI payment status separately for: (1) new recipients resulting from an application for program payments; and (2) returns to payment status from suspended status. We project movements out of payment status separately for: (1) terminations due to death; and (2) suspensions of payment for all other reasons.² We re-examine and if warranted, revise the assumptions and methods the model uses each year in light of recent experience and new information about future conditions.

A. DEMOGRAPHIC AND ECONOMIC ASSUMPTIONS

We first present the most relevant demographic and economic projections from the 2016 Trustees Report that we used for the SSI projections in this SSI Annual Report. The single economic parameter that has the most direct effect on the level of SSI payments is the Consumer Price Index for Urban Wage Earners and Clerical Workers (hereafter denoted as CPI),³ which is used for indexing the SSI Federal benefit rate.⁴ Sections V.A and V.B of the Trustees Report present a detailed discussion of these demographic and economic projections. An important feature of the intermediate assumptions in the 2016 Trustees Report is the continued recovery from the economic downturn that began in late 2007. This downturn generated a significant increase in applications for SSI disability payments, resulting in an increase in SSI expenditures. We expect the number of applications to decline in 2016 (as it has since peaking in 2010) and generally increase thereafter, slightly slower than the growth in the potentially eligible population. The following two tables summarize two key parameters underlying the estimates in this report. Table IV.A1 presents population projections by age subgroups that are consistent with the projected SSI recipients by age group presented in the next section

¹ House Document 114-145 published June 22, 2016.

² The main reason for suspension of SSI payments is failure to satisfy income and resource limitations of the SSI program.

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.

Table IV.A1.—Historical and Projected Social Security Area Population based on the Intermediate Assumptions of the 2016 OASDI Trustees Report, as of July 1, 1974-2040
[In thousands]

Year	Age groups ^a						Total all ages
	0-17	18-34	35-49	50-64	65-74	75 or older	
Historical data:							
1974	70,919	59,819	36,390	32,829	13,863	8,914	222,735
1975	69,927	61,801	36,365	33,193	14,177	9,138	224,602
1976	68,916	63,736	36,480	33,475	14,498	9,415	226,519
1977	68,027	65,477	36,814	33,749	14,832	9,681	228,581
1978	67,232	67,063	37,354	33,988	15,184	9,935	230,755
1979	66,531	68,642	37,968	34,141	15,512	10,211	233,007
1980	65,974	70,191	38,521	34,258	15,813	10,495	235,251
1981	65,544	71,421	39,326	34,321	16,090	10,791	237,492
1982	65,218	72,132	40,695	34,273	16,367	11,110	239,795
1983	65,026	72,594	42,241	34,180	16,608	11,433	242,083
1984	65,003	72,956	43,737	34,089	16,830	11,740	244,354
1985	65,161	73,179	45,248	33,955	17,099	12,045	246,686
1986	65,415	73,299	46,817	33,788	17,404	12,348	249,071
1987	65,667	73,368	48,460	33,667	17,685	12,645	251,491
1988	65,931	73,419	50,134	33,629	17,916	12,942	253,972
1989	66,344	73,313	51,876	33,678	18,106	13,262	256,578
1990	67,165	72,943	53,670	33,787	18,320	13,604	259,489
1991	68,302	72,330	55,483	33,987	18,573	13,936	262,611
1992	69,426	71,590	57,213	34,414	18,789	14,266	265,699
1993	70,450	70,879	58,791	35,041	18,946	14,585	268,692
1994	71,337	70,188	60,391	35,704	19,044	14,897	271,562
1995	72,055	69,536	62,099	36,313	19,080	15,235	274,318
1996	72,625	68,992	63,570	37,171	19,056	15,591	277,004
1997	73,036	68,597	64,571	38,528	18,979	15,948	279,660
1998	73,318	68,362	65,423	40,055	18,865	16,278	282,301
1999	73,562	68,257	66,267	41,545	18,736	16,574	284,942
2000	73,875	68,337	66,908	43,045	18,650	16,856	287,671
2001	74,228	68,628	67,310	44,584	18,613	17,128	290,491
2002	74,587	69,015	67,501	46,197	18,631	17,369	293,301
2003	74,908	69,425	67,531	47,839	18,727	17,590	296,020
2004	75,228	69,832	67,530	49,531	18,898	17,807	298,826
2005	75,631	70,293	67,639	51,325	19,140	18,023	302,052
2006	76,097	70,847	67,694	53,135	19,500	18,228	305,502
2007	76,479	71,403	67,337	54,791	20,070	18,413	308,492
2008	76,642	71,882	66,545	56,199	20,818	18,551	310,635
2009	76,727	72,478	65,669	57,601	21,556	18,691	312,721
2010	76,692	73,219	64,891	59,228	22,167	18,883	315,080
2011	76,480	73,920	64,134	60,633	22,975	19,063	317,205
2012	76,330	74,521	63,522	61,542	24,183	19,270	319,367
2013	76,264	75,081	63,071	62,317	25,414	19,540	321,687
2014	76,331	75,580	62,771	63,112	26,542	19,838	324,174
2015	76,525	76,002	62,791	63,769	27,652	20,189	326,928
Projected:							
2016	76,791	76,467	63,076	64,175	28,748	20,617	329,875
2017	77,099	76,976	63,473	64,362	29,788	21,191	332,888
2018	77,452	77,556	63,885	64,461	30,747	21,894	335,995
2019	77,892	78,195	64,202	64,537	31,798	22,573	339,196
2020	78,418	78,718	64,422	64,658	32,981	23,184	342,381
2021	78,965	79,206	64,683	64,699	34,018	23,975	345,545
2022	79,518	79,690	65,149	64,443	34,780	25,100	348,680
2023	80,074	80,095	65,871	63,979	35,480	26,273	351,773
2024	80,577	80,449	66,763	63,447	36,235	27,364	354,834
2025	80,988	80,750	67,748	62,874	37,025	28,446	357,831
2026	81,371	81,011	68,766	62,313	37,751	29,549	360,761
2027	81,838	81,202	69,663	61,875	38,340	30,702	363,620
2028	82,425	81,321	70,421	61,545	38,835	31,872	366,419
2029	83,109	81,417	71,029	61,329	39,210	33,073	369,167
2030	83,846	81,505	71,443	61,379	39,386	34,300	371,859
2031	84,591	81,607	71,786	61,647	39,333	35,528	374,493
2032	85,331	81,721	72,110	62,021	39,101	36,780	377,065
2033	86,034	81,837	72,469	62,404	38,838	37,992	379,574
2034	86,670	81,977	72,902	62,691	38,629	39,154	382,022
2035	87,218	82,156	73,327	62,903	38,488	40,314	384,407
2036	87,682	82,417	73,718	63,165	38,336	41,416	386,733
2037	88,068	82,790	74,061	63,625	38,033	42,425	389,003
2038	88,383	83,209	74,355	64,333	37,587	43,354	391,219
2039	88,634	83,657	74,575	65,200	37,124	44,196	393,387
2040	88,829	84,138	74,705	66,158	36,795	44,884	395,509

^a Age as of last birthday.

Notes:

1. Totals do not necessarily equal the sums of rounded components.
2. Historical data are estimated and subject to revision.

Program Recipients and Federal Expenditures

Table IV.A2 presents a complete history of the Federal benefit rates and Federal benefit rate increases since the inception of the program, along with projections of such amounts consistent with the economic assumptions underlying the SSI expenditure estimates in section IV.C. 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 This COLA is identical to the COLA applied to Social Security benefits under the OASDI program after initial benefit eligibility. In previous years, the Federal benefit rate was subject to occasional ad hoc increases, either in place of or in addition to the automatic adjustments. Table V.A1 presents a history of legislation affecting the Federal benefit rate.

Table IV.A2.—SSI Federal Benefit Rate Increases and Levels: Historical and Projected on the Basis of the Intermediate Assumptions of the 2016 OASDI Trustees Report, 1974-2040

Year	Benefit rate increase ^a	Federal benefit rate		
		Individual	Couple	Essential person ^b
Historical data:				
Initial benefit paid January 1, 1974 ^c	—	\$140.00	\$210.00	\$70.00
1974.....	^d 4.3%	146.00	219.00	73.00
1975.....	8.0	157.70	236.60	78.90
1976.....	6.4	167.80	251.80	84.00
1977.....	5.9	177.80	266.70	89.00
1978.....	6.5	189.40	284.10	94.80
1979.....	9.9	208.20	312.30	104.20
1980.....	14.3	238.00	357.00	119.20
1981.....	11.2	264.70	397.00	132.60
1982.....	7.4	284.30	426.40	142.50
1983.....	^d 7.0	304.30	456.40	152.50
1984.....	3.5	314.00	472.00	157.00
1985.....	3.5	325.00	488.00	163.00
1986.....	3.1	336.00	504.00	168.00
1987.....	1.3	340.00	510.00	170.00
1988.....	4.2	354.00	532.00	177.00
1989.....	4.0	368.00	553.00	184.00
1990.....	4.7	386.00	579.00	193.00
1991.....	5.4	407.00	610.00	204.00
1992.....	3.7	422.00	633.00	211.00
1993.....	3.0	434.00	652.00	217.00
1994.....	2.6	446.00	669.00	223.00
1995.....	2.8	458.00	687.00	229.00
1996.....	2.6	470.00	705.00	235.00
1997.....	2.9	484.00	726.00	242.00
1998.....	2.1	494.00	741.00	247.00
1999.....	1.3	500.00	751.00	250.00
2000.....	^e 2.5	^f 513.00	769.00	257.00
2001.....	3.5	^f 531.00	796.00	266.00
2002.....	2.6%	552.00	817.00	273.00
2003.....	1.4	552.00	829.00	277.00
2004.....	2.1	564.00	846.00	282.00
2005.....	2.7	579.00	869.00	290.00
2006.....	4.1	603.00	904.00	302.00
2007.....	3.3	623.00	934.00	312.00
2008.....	2.3	637.00	956.00	319.00
2009.....	5.8	674.00	1,011.00	338.00
2010.....	0.0	674.00	1,011.00	338.00
2011.....	0.0	674.00	1,011.00	338.00
2012.....	3.6	698.00	1,048.00	350.00
2013.....	1.7	710.00	1,066.00	356.00
2014.....	1.5	721.00	1,082.00	361.00
2015.....	1.7	733.00	1,100.00	367.00
2016.....	0.0	733.00	1,100.00	367.00

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 2016 OASDI Trustees Report, 1974-2040 (Cont.)

Year	Benefit rate increase ^a	Federal benefit rate		
		Individual	Couple	Essential person ^b
Projected:				
2017	0.2	\$735.00	\$1,102.00	\$368.00
2018	2.9	756.00	1,134.00	379.00
2019	2.6	776.00	1,164.00	388.00
2020	2.6	796.00	1,194.00	399.00
2021	2.6	817.00	1,225.00	409.00
2022	2.6	838.00	1,257.00	420.00
2023	2.6	860.00	1,289.00	431.00
2024	2.6	882.00	1,323.00	442.00
2025	2.6	905.00	1,357.00	453.00
2026	2.6	928.00	1,393.00	465.00
2027	2.6	953.00	1,429.00	477.00
2028	2.6	977.00	1,466.00	490.00
2029	2.6	1,003.00	1,504.00	502.00
2030	2.6	1,029.00	1,543.00	515.00
2031	2.6	1,056.00	1,584.00	529.00
2032	2.6	1,083.00	1,625.00	543.00
2033	2.6	1,111.00	1,667.00	557.00
2034	2.6	1,140.00	1,710.00	571.00
2035	2.6	1,170.00	1,755.00	586.00
2036	2.6	1,200.00	1,800.00	601.00
2037	2.6	1,231.00	1,847.00	617.00
2038	2.6	1,264.00	1,895.00	633.00
2039	2.6	1,296.00	1,945.00	649.00
2040	2.6	1,330.00	1,995.00	666.00

^a 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.

^b A concept carried over from the former State assistance plans. Fewer than 30 of those cases currently remain.

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

^d Ad hoc increases 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 SSA originally made payments in 2000 and through July 2001 based on Federal benefit rates of \$512.00 and \$530.00, respectively. Pursuant to Public Law 106-554, beginning in August 2001 SSA made monthly payments based on the higher \$531 amount. SSA made lump-sum compensation payments based on an adjusted benefit rate for months prior to August 2001.

B. NUMBERS OF SSI PROGRAM RECIPIENTS

This section presents projections of the numbers of persons receiving federally administered SSI payments by category and age group.¹

1. Recipient Categories

The SSI recipient categories of: (1) aged; or (2) blind or disabled identify the criteria under which the recipient established eligibility for SSI payments, in addition to meeting other SSI eligibility requirements. 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 and other SSI eligibility requirements. In December 2015, 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 2015, there were 7.2 million blind or disabled recipients of federally administered SSI payments. These recipients can fall into two subcategories based on age: *blind or disabled adults* (age 18 or older) and *blind or disabled children* (under age 18).
 - *Blind or disabled adults* meet the definition of blindness or disability for individuals age 18 or older and SSI income and resource limits. Students age 18 to 21 must meet the adult definition of disability; they differ from other adults only in that they qualify for a special student earned income exclusion. When blind or disabled adult recipients reach age 65, we generally continue to classify them as blind or disabled adults (rather than aged). In December 2015, 5.9 million blind or disabled individuals age 18 or older received federally administered SSI payments, including 996 thousand disabled or blind recipients age 65 or older.
 - *Blind or disabled children* meet the definition of blindness or disability for individuals under age 18 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. We reclassify those who continue to be eligible after attainment of age 18 as blind or disabled adults. In December 2015, 1.3 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 by calendar year³. Following a 4-year period in the mid-2000s when applications remained fairly level at 2.1 million per year, applications started increasing in 2008, largely due to the severe economic recession that began at the end of 2007 and continued into 2009. The level of applications, which continued to increase through 2010, decreased only slightly in 2011 as the economy recovered slowly but decreased at a faster rate from 2012 through 2014 as the economic recovery continued. In 2015, the number of applications decreased slightly from 2014, and we are projecting that applications in 2016 will continue to decrease from 2015 levels. In 2017, we project that applications will increase slightly to 2.0 million and remain roughly at that level in 2018, and then level off at about 2.1 million per year thereafter.

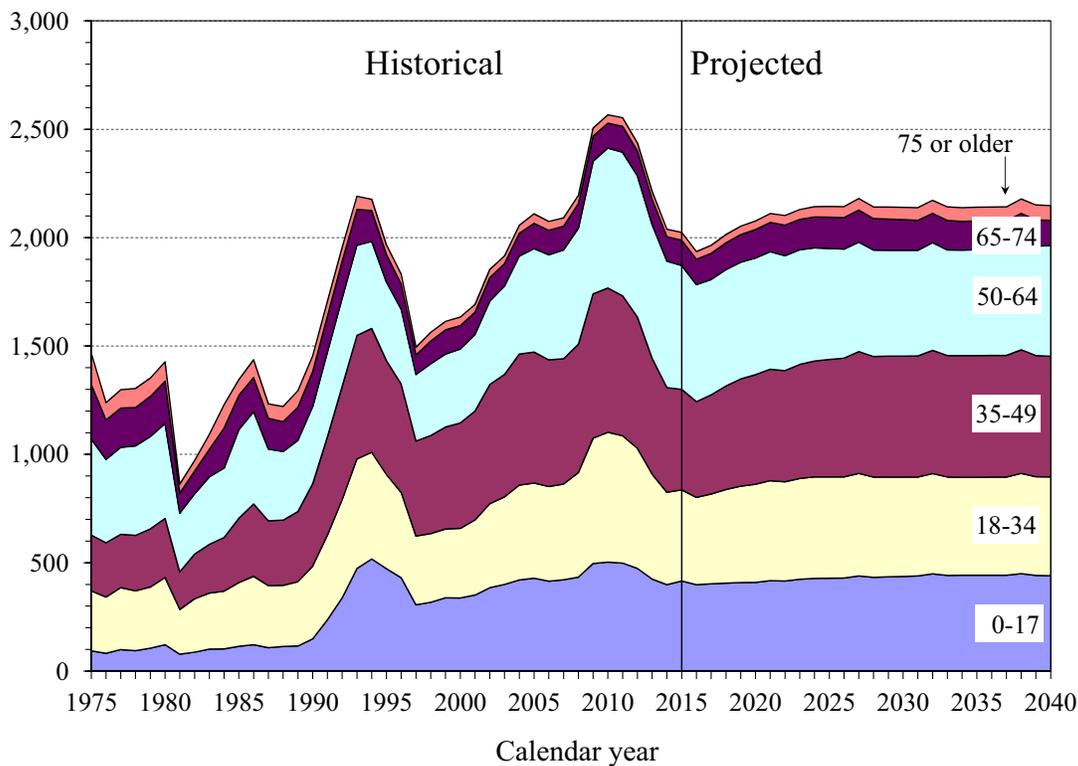
¹ We project recipient flows on a calendar-year-age basis, with activity throughout a given year tabulated according to age at the end of the calendar year. Tabulations of recipients in current-payment status are provided as of December of each calendar year at which time calendar year of age and age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

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. All of the tables showing numbers of program recipients and prevalence rates are located at the end of this section.

The projected ultimate growth pattern of the applications incorporates continued refinement in our projection methodology designed to make the projections more consistent with the assumptions underlying the OASDI Trustees Report. Those projected applications reflect: (1) the expectation that the portion of the population that meets SSI income and resource requirements will decline over time as the CPI, and therefore the SSI Federal benefit rate, is projected to grow at a slower rate than average wages and income generally; and (2) the slower growth projected for the portion of the Social Security area population composed of U.S. citizens or legal immigrants as compared to the overall population because SSI recipients must generally come from this portion of the population.

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



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

Figure IV.B2 presents historical and projected numbers of persons who start receiving SSI payments as a result of this decision process². We count individuals as of the first month that they move into SSI payment status. For this reason, we refer to these individuals as “new recipients” rather than “awards.”³ From

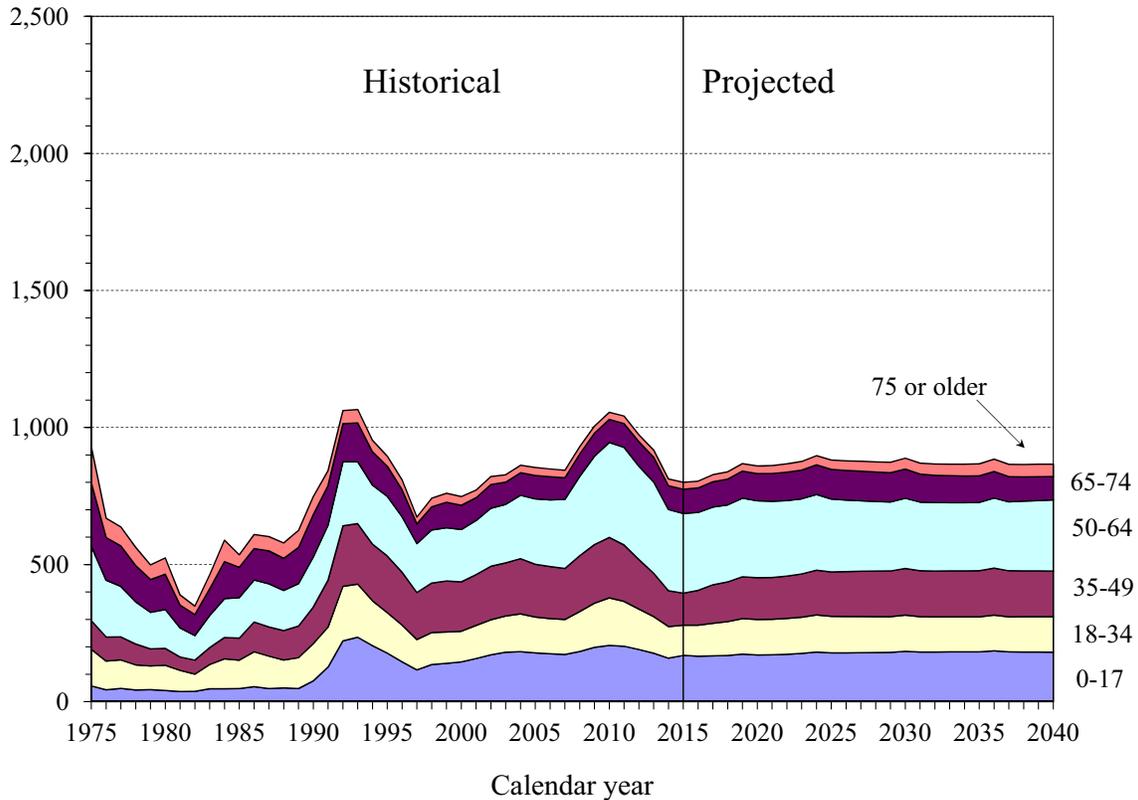
¹ See section V.C for data on recent experience in the disability decision process.

² See table IV.B2 for the same information in tabular form.

³ 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.

2004 to 2007, the numbers of new recipients remained fairly level, roughly consistent with the applications received during this period. Starting in 2008, however, the numbers of new recipients increased substantially. This increase is attributable to: (1) the sharp increase in applications due to the economic downturn; (2) improvements in claims processing; and (3) initiatives to accelerate the processing of cases pending adjudication.

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



The numbers of new recipients declined slightly in 2011 and more sharply in 2012 through 2014, similar to the change in applications, with a slight decrease in 2015. We project the total number of new recipients in 2016 to remain at roughly the same level as experienced in 2015, consistent with the level of projected applications in 2016 and reflecting the assumed reduction in the backlog of cases pending adjudication. Over the longer term, we project the number of new recipients to level off and remain roughly level throughout the projection period, despite the growing legal resident population. This leveling off reflects the effect of the fixed-dollar value of certain SSI program parameters on the potential growth in the SSI-eligible population. For example, the countable resource limit for SSI eligibility is not adjusted for inflation, so it will continue to lose value over time. As a result, we expect fewer people to meet the eligibility requirements for the SSI program because they will have excess countable resources.

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 two primary tools to assess continuing eligibility: (1) a non-medical redetermination; and (2) a medical continuing disability review (CDR).¹ In a redetermination, we

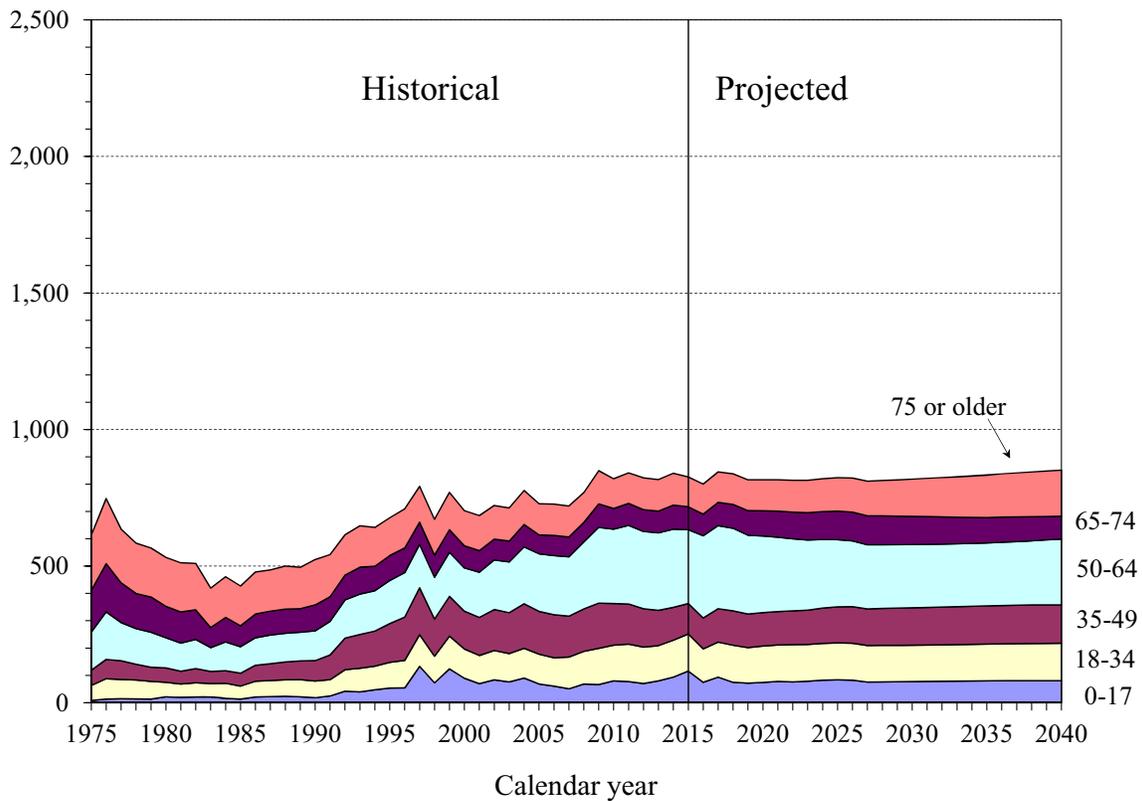
¹ Including redeterminations of disabled children at age 18 under the adult disability standard. We present some historical details on income and resource redeterminations and the results of continuing disability reviews in section V.D. Section V.E presents information on certain incentive programs intended to encourage disabled SSI recipients to return to work.

reexamine the recipient's nonmedical factors of eligibility, including income and resources. In a medical CDR, we determine whether the recipient continues to meet the Social Security Act's definition of disability. For example, disabled children, upon attainment of age 18, lose eligibility if they do not qualify for payments under the disabled adult eligibility criteria. We refer to the net reduction in the number of SSI recipients in current-payment status during a period as the number of SSI terminations for that period.

For purposes of presentation in the following figures, as well as the tables presented at the end of this section, we use the general label “terminations” to refer 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. Figure IV.B3 presents historical and projected numbers of total terminations by calendar year¹. The overall total number of terminations of federally administered recipients in 2015 decreased by about 1 percent from 2014. This decrease in total terminations differs by reason for termination. Terminations due to death increased by roughly 2 percent in 2015, reflecting the gradual aging of the recipient population, while the number of terminations for all other reasons decreased by about 3 percent in 2015. This decrease in terminations for all reasons other than death is primarily attributable to a decrease in the number of new SSI recipients concurrently eligible for OASDI disability benefits who received SSI payments only temporarily during the 5-month Social Security Disability Insurance waiting period.

Projected terminations reflect the assumption that over the next few years increased Congressional appropriations will allow SSA to expand resources for processing medical CDRs. This increase in appropriations will result in higher levels of SSI terminations other than death.

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

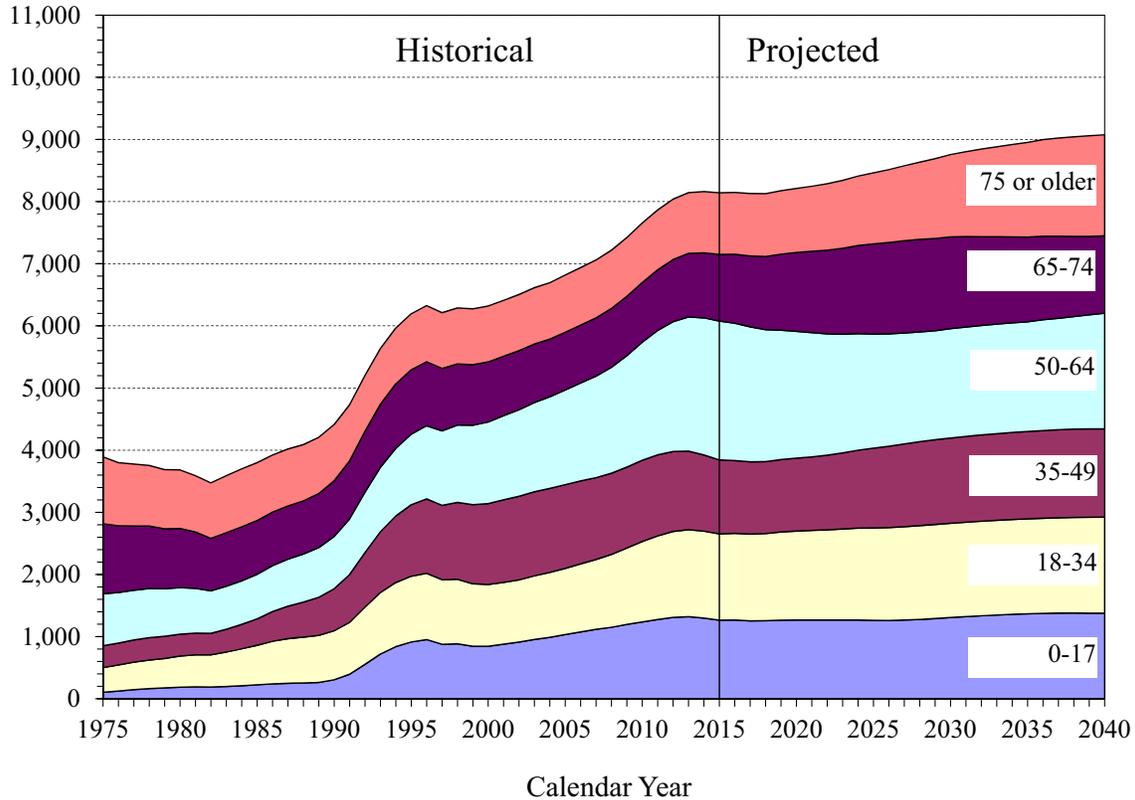


¹ In the tables, we have separated the numbers of total terminations into the two separate categories: (1) terminations due to death (table IV.B3); and (2) net suspensions of payments for all other reasons (table IV.B4). We also show the total number of terminations in table IV.B5, which is the same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

4. Recipients in Current Payment Status

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

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



The number of SSI recipients receiving Federal payments increased rapidly in the early 1990s due to the growth in the numbers of disabled adults and children. The growth in the numbers of children receiving SSI resulted in large part from the Supreme Court decision in the case of *Sullivan v. Zebley*, 110 S. Ct. 885 (1990), which greatly expanded the criteria used for determining disability for children. The growth in the numbers of disabled adults is a more complicated phenomenon. Extensive research conducted under contract to SSA and the Department of Health and Human Services 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.

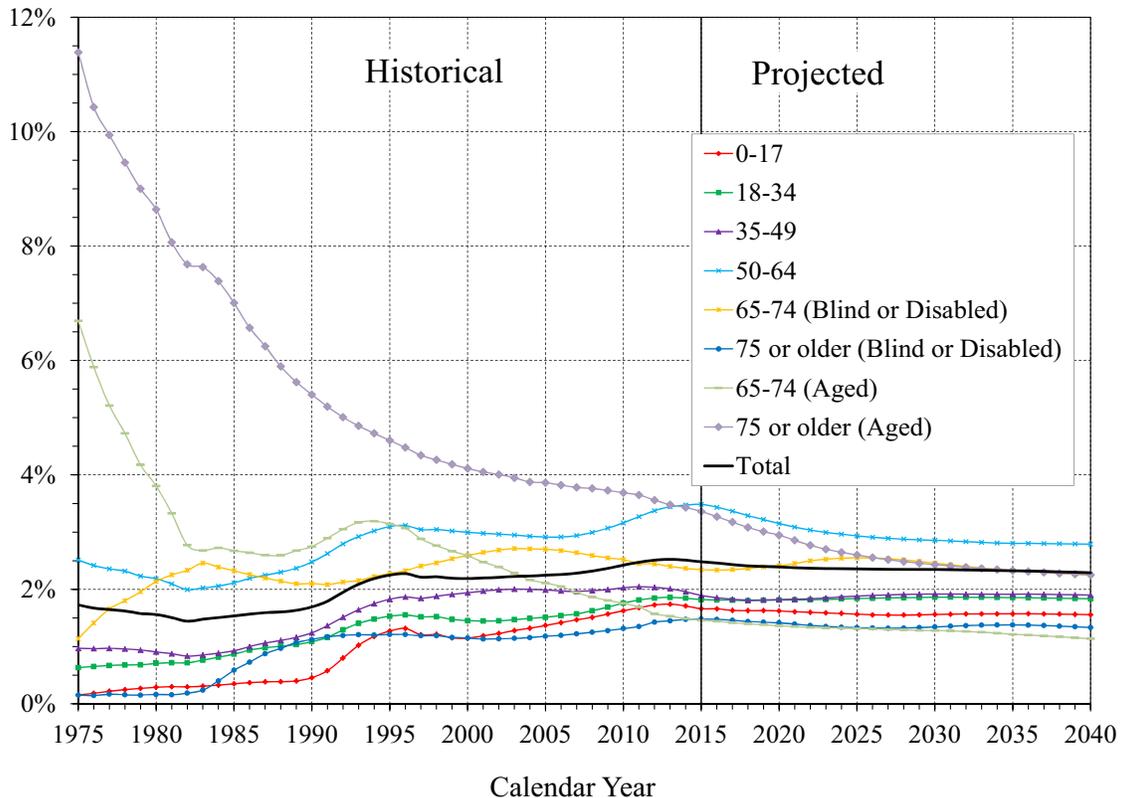
³ Stapleton, David, Gina Livermore, Andrea Zeuschner, Jeffery Furman, Kimberly Dietrich, and Gilbert Lo. *Impairment Trends in the Growth of Applications and Awards for SSA Disability Benefits*, final report and appendix prepared under contract to the Office of the Assistant Secretary for Planning and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

2000s, and the recent economic recession that began late in 2007 have contributed to the more recent changes in program participation.

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, the Federal SSI recipient growth slowed to 1.3 percent, with much smaller growth in 2014. The Federal SSI recipient population decreased slightly in 2015, by roughly 0.2 percent relative to 2014, reflecting the lower numbers of applications and new recipients and the increased number of medical CDRs conducted in recent years. As the economy continues to recover, we project the numbers of Federal SSI recipients 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 selected Social Security area population totals.¹ We calculated the age group percentages using the corresponding population age group totals. We computed the ratios for the separate recipient categories—*total blind or disabled* and *total aged*—as percentages of differing base populations, the total Social Security area population and the 65 and older Social Security population, respectively. As a result of this method of calculation, the percentage for the total SSI recipient population is not the arithmetic sum of the percentages for the respective recipient categories.

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



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 has increased slightly over the period 2005 through 2013, and experienced slight decreases in each of 2014 and 2015. We expect the prevalence rate to decline gradually throughout the projection period.

Figure IV.B6 presents prevalence rates for the two eligibility categories - *blind and disabled* and *aged* - 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, obviously 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.—Age-Sex-Adjusted Federal SSI Prevalence Rates, by Eligibility Category, as of December, 1975-2040

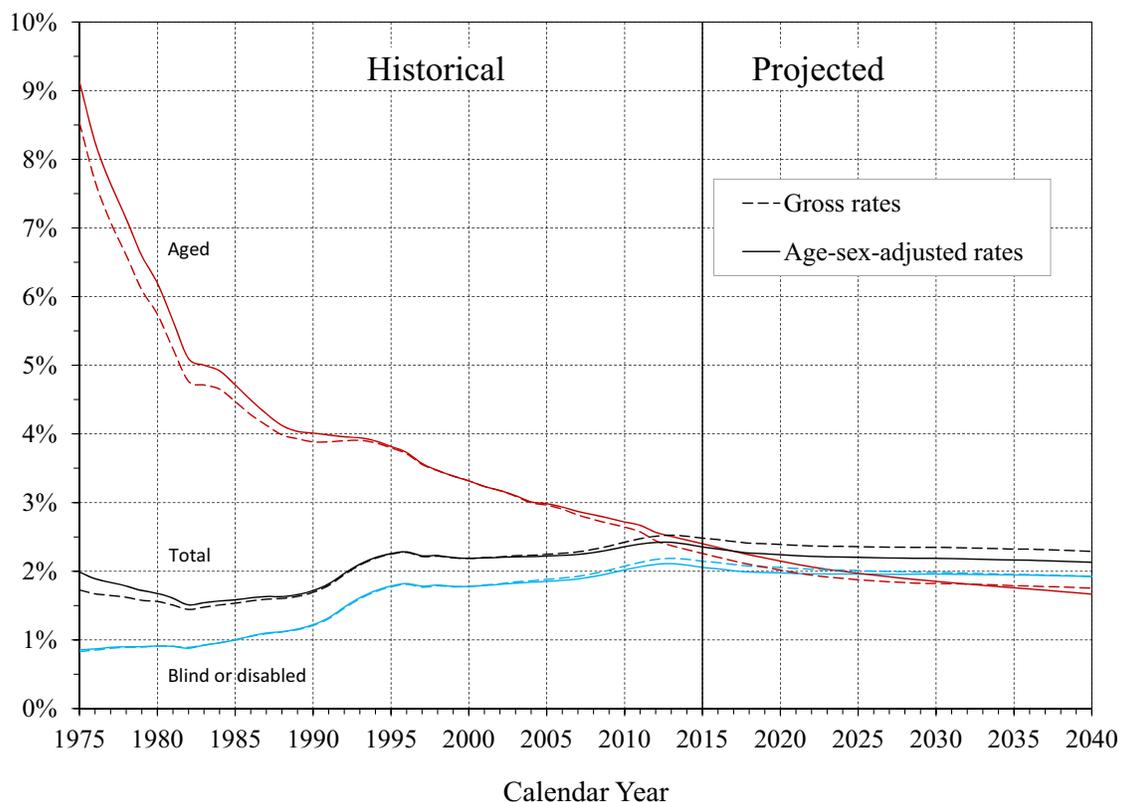


Figure IV.B6 shows that the age-sex adjustment does not fundamentally change the overall pattern of the prevalence rates. The total SSI prevalence rate on an age-sex adjusted basis is higher before 2000 and lower after 2000 than the gross prevalence rate due to the changing age distribution of the total 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.

The eligibility categories of Federal SSI recipients follow significantly different growth patterns in relation to their respective population totals. The overall aged prevalence rate has declined steadily throughout the historical period. We project that it will continue to decline gradually throughout the projection period.

In contrast, except for decreases in the late 1990s due to the 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 quite steep in the early 1990s. The prevalence rate for child recipients decreased slightly in 2014 and 2015. The total blind or disabled prevalence rate (as a percentage of the total population at all ages) remained fairly level until the early 1980s, when it started increasing and then continued to increase through 1996. The blind or disabled prevalence rate declined slightly in the late 1990s due to the effects of welfare reform legislation but resumed its upward trend in 2000. That upward trend continued through 2013, but experienced slight decreases in each of 2014 and 2015. We estimate that the overall prevalence rate for blind or disabled recipients will gradually decline throughout the projection period due to: (1) the SSI-eligible population growing more slowly than the overall population, (2) a smaller proportion of the population becoming new recipients than during the recent economic slowdown; (3) the changing age distribution in the population; and (4) our assumption that SSA will receive the resources authorized to process medical CDR and nonmedical redetermination workloads in the Bipartisan Budget Act of 2015.¹

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. 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.

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

Program Recipients and Federal Expenditures

Table IV.B1.—SSI Federally Administered Applications,^a Calendar Years 1974-2040
[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1974 ^{b, c}	125	590	626	1,303	158	20	1,434	1,496	2,822	2,931	5,752
1975 ^b	94	276	258	443	15	^d	238	145	1,086	382	1,468
1976	82	260	250	384	8	^d	175	80	984	254	1,239
1977	100	286	246	401	7	1	174	84	1,040	259	1,298
1978	94	276	256	413	7	^d	170	88	1,046	258	1,304
1979	106	282	268	426	7	^d	178	84	1,090	262	1,352
1980	122	310	272	438	8	1	187	89	1,151	276	1,427
1981	78	206	173	271	5	^d	88	42	733	130	864
1982	88	246	206	278	11	1	93	48	830	141	971
1983	102	258	225	311	5	1	122	68	902	190	1,092
1984	103	267	247	321	7	^d	178	108	944	286	1,230
1985	114	294	297	409	7	^d	151	73	1,122	223	1,345
1986	122	316	334	426	7	1	150	81	1,205	231	1,437
1987	108	287	299	331	7	1	134	66	1,033	200	1,233
1988	114	282	301	317	7	1	131	69	1,021	200	1,221
1989	116	297	323	329	7	^d	146	76	1,072	222	1,294
1990	149	335	380	356	6	^d	156	71	1,226	227	1,454
1991	237	391	453	391	7	^d	159	68	1,479	227	1,706
1992	339	453	522	407	8	^d	163	64	1,728	226	1,955
1993	473	506	570	416	7	^d	158	61	1,973	218	2,191
1994	517	492	571	402	6	^d	136	52	1,989	188	2,177
1995	473	435	524	363	6	^d	121	44	1,801	165	1,966
1996	431	393	500	345	9	1	108	44	1,678	153	1,831
1997	306	317	438	307	8	1	82	35	1,377	117	1,494
1998	318	317	453	331	9	1	96	39	1,428	136	1,563
1999	338	317	470	336	6	^d	107	39	1,468	145	1,614
2000	337	321	486	341	6	^d	102	39	1,493	140	1,633
2001	351	346	502	354	4	^d	98	35	1,558	134	1,691
2002	385	388	550	384	4	^d	105	38	1,711	142	1,853
2003	400	404	565	408	4	^d	100	36	1,781	135	1,916
2004	420	438	604	452	4	^d	101	37	1,919	138	2,057
2005	429	439	604	477	5	^d	112	44	1,954	156	2,110
2006	415	437	584	484	4	^d	109	41	1,925	150	2,075
2007	421	442	578	502	5	^d	105	39	1,948	143	2,091
2008	434	482	593	535	5	^d	109	38	2,048	147	2,195
2009	497	578	666	612	5	^d	110	37	2,359	147	2,506
2010	503	599	666	645	5	1	110	38	2,419	148	2,567
2011	498	588	646	662	6	1	114	39	2,400	153	2,553
2012	474	555	605	651	5	1	111	36	2,291	147	2,438
2013	425	484	534	618	5	1	112	36	2,066	148	2,214
2014	399	426	483	583	5	1	108	34	1,897	142	2,039
2015	416	421	464	571	5	1	111	36	1,877	147	2,024
Projected:											
2016	399	403	442	540	5	1	112	35	1,789	146	1,935
2017	403	414	457	532	5	1	116	36	1,812	152	1,965
2018	406	431	478	537	5	^d	118	37	1,858	155	2,014
2019	409	445	495	539	6	^d	121	38	1,893	160	2,053
2020	409	453	506	538	6	^d	125	39	1,912	164	2,076
2021	417	461	514	542	7	^d	128	41	1,942	170	2,111
2022	416	458	513	530	7	^d	134	44	1,923	179	2,102
2023	424	465	526	529	7	^d	133	45	1,951	179	2,129
2024	428	468	535	522	7	^d	136	47	1,960	183	2,143
2025	429	467	542	512	7	^d	138	49	1,957	187	2,144
2026	430	467	548	503	7	^d	138	51	1,954	189	2,143
2027	439	473	562	505	7	^d	141	53	1,987	194	2,180
2028	433	463	556	492	7	^d	138	53	1,950	191	2,141
2029	435	460	558	489	7	^d	137	55	1,949	192	2,141
2030	437	458	558	488	6	^d	135	57	1,948	192	2,140
2031	439	456	559	488	6	^d	132	58	1,948	190	2,138
2032	449	463	569	497	6	^d	129	60	1,983	189	2,172
2033	442	454	560	487	6	^d	130	62	1,950	192	2,142
2034	442	453	561	487	6	^d	126	62	1,949	189	2,138
2035	442	452	561	488	6	^d	126	64	1,951	190	2,140
2036	442	453	561	490	6	^d	123	65	1,953	188	2,141
2037	442	453	561	494	6	^d	120	66	1,957	185	2,142
2038	450	462	570	508	5	^d	116	67	1,996	182	2,178
2039	441	456	559	505	5	^d	115	68	1,967	184	2,151
2040	440	456	556	510	5	^d	111	67	1,969	179	2,147

^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 Includes conversions from State programs and applications received in 1973.

^d Fewer than 500.

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

Table IV.B2.—SSI Federally Administered New Recipients, Calendar Years 1974-2040
[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:											
1974 ^c	63	390	381	925	141	18 ^d	1,211	1,268	1,919	2,479	4,398
1975.....	58	133	105	272	16	d	216	131	584	347	931
1976.....	43	105	88	207	9	d	147	70	452	218	669
1977.....	48	104	84	184	8	1	140	69	429	209	637
1978.....	43	92	76	154	6	d	127	66	370	193	563
1979.....	44	87	62	133	4	d	116	53	330	169	499
1980.....	41	92	61	142	4	d	125	59	341	184	524
1981.....	37	77	49	106	3	d	80	37	272	117	389
1982.....	38	63	51	90	4	d	72	31	245	103	348
1983.....	47	88	62	117	3	d	95	51	317	146	463
1984.....	47	109	78	142	4	d	131	78	380	209	589
1985.....	48	104	80	148	4	d	106	46	384	152	536
1986.....	55	127	109	153	5	d	110	51	449	161	610
1987.....	48	119	106	157	5	d	116	52	435	167	602
1988.....	50	101	108	146	5	1	112	56	412	167	579
1989.....	48	113	115	155	5	d	127	62	436	189	625
1990.....	76	136	134	182	5	d	149	66	533	215	748
1991.....	126	146	172	200	6	d	139	54	650	193	844
1992.....	221	199	221	233	6	d	133	48	881	181	1,062
1993.....	235	194	221	225	6	d	136	49	881	185	1,066
1994.....	204	164	207	215	6	d	116	42	796	157	953
1995.....	177	147	207	218	5	d	105	36	755	141	895
1996.....	145	134	193	203	6	1	93	35	681	128	809
1997.....	116	111	171	178	4	d	68	25	580	93	673
1998.....	135	117	181	194	7	1	78	30	634	108	742
1999.....	140	114	186	195	5	d	88	33	640	120	760
2000.....	145	112	180	191	5	d	84	31	633	115	748
2001.....	157	121	185	198	4	d	79	28	665	107	772
2002.....	171	128	195	212	4	d	82	29	710	111	821
2003.....	180	132	194	214	4	d	77	27	724	104	828
2004.....	183	138	202	231	4	d	78	27	757	105	862
2005.....	178	131	192	238	4	d	81	29	744	111	854
2006.....	175	128	190	243	3	d	81	28	739	109	849
2007.....	172	128	186	252	3	d	75	27	741	103	844
2008.....	183	146	204	289	4	d	79	26	825	105	930
2009.....	198	161	214	322	4	d	80	26	900	106	1,006
2010.....	205	173	221	346	4	d	80	26	949	106	1,055
2011.....	202	163	206	356	4	d	83	27	932	110	1,042
2012.....	190	148	181	340	4	d	85	25	863	110	973
2013.....	177	134	158	333	4	d	86	26	806	112	918
2014.....	159	115	131	296	4	d	83	25	705	107	812
2015.....	169	110	117	291	4	d	85	25	690	110	800
Projected:											
2016.....	166	113	127	284	5	d	85	25	695	110	804
2017.....	167	119	140	283	4	d	88	26	714	114	828
2018.....	169	123	145	281	5	d	89	26	723	116	838
2019.....	173	130	153	287	5	d	93	27	748	121	868
2020.....	170	129	153	280	6	d	94	27	739	121	860
2021.....	171	130	153	278	6	d	95	29	737	124	861
2022.....	173	130	154	276	6	d	98	30	740	128	868
2023.....	176	132	158	274	6	d	99	31	746	130	876
2024.....	181	135	163	276	6	d	102	33	762	135	897
2025.....	178	133	162	266	6	d	102	34	746	136	881
2026.....	178	132	164	261	6	d	102	35	742	137	878
2027.....	179	132	165	257	6	d	102	36	739	138	877
2028.....	179	131	166	254	6	d	101	37	737	138	875
2029.....	180	130	167	252	6	d	101	38	735	139	873
2030.....	184	132	170	256	6	d	100	40	748	140	888
2031.....	181	129	168	251	5	d	96	40	734	136	870
2032.....	181	128	167	250	5	d	94	41	732	135	867
2033.....	181	128	168	249	5	d	93	42	731	135	866
2034.....	182	127	168	249	5	d	92	43	732	134	866
2035.....	182	128	168	249	6	d	91	44	732	135	867
2036.....	185	130	172	255	5	d	91	45	748	136	884
2037.....	181	128	168	252	5	d	87	45	734	132	866
2038.....	181	128	168	254	5	d	84	45	736	129	865
2039.....	181	129	167	257	5	d	82	46	739	128	866
2040.....	181	129	166	260	5	d	80	45	741	126	866

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

^b Historical totals estimated based on 1-percent or 10-percent sample data.

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

^d Fewer than 500.

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

Program Recipients and Federal Expenditures

Table IV.B3.—SSI Federally Administered Terminations Due to Death^a, Calendar Years 1974-2040
[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:											
1974	^c	3	8	34	7	2	40	97	55	137	192
1975	1	5	12	35	10	2	39	108	65	147	212
1976	2	5	9	36	12	1	34	103	64	137	201
1977	1	5	12	30	15	1	36	101	65	137	203
1978	2	5	8	34	16	2	31	95	67	126	193
1979	2	6	9	32	18	2	29	92	67	121	189
1980	3	5	9	31	22	1	27	100	71	127	198
1981	3	5	8	31	24	2	21	92	73	112	186
1982	3	4	8	28	21	2	16	80	65	96	161
1983	3	6	8	25	21	3	15	79	65	94	158
1984	3	4	9	29	18	5	13	83	67	96	163
1985	2	6	10	29	24	6	17	84	77	101	178
1986	2	8	12	28	22	8	15	83	80	98	178
1987	3	8	13	30	23	10	15	82	87	97	184
1988	5	8	14	31	25	12	16	81	95	97	191
1989	3	8	16	33	23	12	15	78	95	93	187
1990	4	9	18	36	22	14	16	75	103	92	194
1991	4	9	20	39	23	17	17	74	112	91	203
1992	4	11	22	38	22	15	16	69	111	84	195
1993	6	13	27	41	23	17	16	72	127	88	215
1994	6	14	27	41	23	17	16	69	127	85	212
1995	6	13	30	43	24	18	16	65	135	81	216
1996	7	12	30	44	24	18	16	67	135	83	218
1997	5	10	24	43	24	19	15	64	127	79	206
1998	5	9	24	43	25	20	14	64	127	78	205
1999	5	9	25	45	25	21	13	63	131	76	207
2000	5	8	27	46	25	21	12	61	132	73	205
2001	5	8	28	47	25	22	11	60	135	71	207
2002	5	8	28	49	24	21	11	58	135	70	205
2003	5	9	28	51	26	21	10	56	138	66	204
2004	5	8	27	52	25	22	10	56	140	65	205
2005	5	8	28	54	25	22	9	54	141	63	204
2006	5	8	27	55	25	22	9	54	143	62	205
2007	5	8	26	57	25	23	8	54	145	62	207
2008	5	8	25	60	25	21	8	53	144	62	206
2009	5	9	25	64	26	22	8	52	150	60	210
2010	4	8	22	63	26	22	8	50	146	58	204
2011	5	9	21	66	26	23	8	50	149	58	207
2012	5	9	22	69	27	23	8	51	154	58	212
2013	4	9	21	70	28	25	7	50	157	58	215
2014 ^d	4	9	20	75	28	25	7	49	161	57	218
2015 ^d	4	9	19	77	31	26	8	50	166	58	224
Projected:											
2016	4	9	19	76	30	25	7	47	162	55	217
2017	4	9	18	75	31	26	7	47	162	54	217
2018	4	9	18	73	32	26	7	47	162	54	216
2019	4	9	18	71	33	27	7	47	161	54	215
2020	4	9	17	69	34	27	7	46	161	54	215
2021	4	9	17	67	36	28	7	46	161	54	214
2022	4	9	17	65	37	29	7	46	160	54	214
2023	4	9	18	63	38	29	7	46	160	54	214
2024	4	9	18	61	39	30	7	47	160	54	214
2025	4	9	18	60	39	31	8	47	160	54	215
2026	3	9	18	58	40	32	8	47	160	55	215
2027	3	8	19	57	40	33	8	48	160	55	215
2028	3	8	19	56	40	34	8	48	160	56	216
2029	3	8	19	55	39	35	8	49	160	56	216
2030	3	8	19	55	38	36	8	50	160	57	217
2031	3	8	19	55	37	37	7	50	160	58	217
2032	3	8	19	54	36	39	7	51	159	59	218
2033	3	8	19	54	35	40	7	52	159	59	218
2034	3	8	18	53	35	41	7	53	159	60	219
2035	3	8	18	53	34	42	7	54	158	61	219
2036	3	8	18	53	33	43	7	55	158	62	220
2037	3	8	18	53	32	44	6	56	158	63	221
2038	3	8	18	53	31	45	6	57	158	63	222
2039	3	8	18	54	30	45	6	58	158	64	222
2040	3	8	18	54	30	46	6	59	158	65	223

^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 or 10-percent sample data.

^c Fewer than 500.

^d Preliminary and subject to revision.

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

Table IV.B4.—SSI Federally Administered Terminations Due to Reasons Other Than Death,^a Calendar Years 1974-2040
[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:											
1974	5	33	34	69	12	2	27	29	154	56	210
1975	7	50	44	104	15	2	88	91	221	180	401
1976	11	70	61	139	24	1	107	133	306	240	546
1977	13	65	56	110	19	1	76	92	265	168	433
1978	11	64	49	97	18	1	64	86	241	150	391
1979	12	59	43	96	23	1	58	85	234	144	378
1980	19	48	43	80	23	1	44	77	214	121	334
1981	17	43	39	72	21	1	49	86	192	134	326
1982	19	48	43	79	23	1	50	87	212	137	348
1983	18	43	36	63	14	1	25	61	175	86	261
1984	13	51	37	77	21	1	37	60	200	98	298
1985	11	42	37	68	13	2	23	54	172	77	249
1986	18	49	47	73	16	3	34	60	206	94	300
1987	19	51	48	75	17	3	32	57	214	89	302
1988	19	52	51	74	15	5	33	59	216	93	309
1989	19	55	52	72	16	4	33	58	218	91	308
1990	14	52	57	73	17	8	40	68	221	108	330
1991	20	50	70	84	18	5	33	58	248	91	339
1992	39	68	94	103	19	8	34	56	329	90	419
1993	34	73	97	106	22	8	37	55	340	92	433
1994	41	73	101	107	18	8	32	49	348	81	429
1995	47	81	111	115	20	7	32	48	382	80	461
1996	47	89	128	119	21	8	29	49	413	78	491
1997	128	105	147	115	18	8	24	40	522	64	586
1998	67	89	112	110	19	8	22	38	406	61	466
1999	119	111	120	116	20	9	24	43	495	68	563
2000	84	99	111	112	22	9	22	38	437	61	498
2001	65	95	111	118	20	9	22	38	418	60	478
2002	78	100	122	133	20	9	20	35	463	55	517
2003	72	95	122	135	20	9	20	36	453	56	509
2004	85	101	136	156	23	9	24	38	510	62	572
2005	64	101	129	157	20	8	15	30	479	45	524
2006	56	96	131	162	21	8	19	30	473	50	522
2007	46	108	124	160	20	8	18	29	466	48	513
2008	63	112	131	185	20	8	18	27	518	45	563
2009	61	124	141	214	27	10	25	37	576	63	639
2010	76	122	131	209	21	8	22	28	565	50	615
2011	73	128	126	222	23	8	23	31	580	54	634
2012 ^c	66	125	119	214	8	2	37	41	533	78	611
2013	76	120	108	214	22	9	22	31	549	53	602
2014 ^{d, e}	90	126	100	212	29	10	24	32	566	56	622
2015 ^d	111	127	92	194	23	8	22	24	556	46	602
Projected:											
2016	71	113	95	225	23	10	19	28	537	47	583
2017	90	119	104	229	24	11	23	28	577	51	628
2018	71	127	108	230	25	11	23	28	571	51	622
2019	68	121	105	218	26	11	23	28	550	52	601
2020	70	125	105	211	27	11	23	28	550	51	601
2021	74	125	105	205	29	12	23	29	549	52	602
2022	72	128	106	199	30	12	24	30	547	53	600
2023	75	126	108	194	31	12	24	30	546	54	600
2024	79	126	111	190	32	13	25	31	550	55	605
2025	80	127	114	186	32	13	25	31	552	56	609
2026	79	127	115	182	33	14	25	32	550	57	607
2027	72	125	115	178	33	14	25	33	537	58	596
2028	73	125	117	177	33	15	26	33	539	59	598
2029	73	125	118	176	33	15	25	34	540	60	599
2030	74	125	119	176	32	16	25	35	542	60	602
2031	75	125	119	176	32	17	25	36	543	61	604
2032	76	125	120	177	31	17	24	37	545	61	606
2033	76	125	120	177	30	18	24	38	546	62	608
2034	77	125	121	177	30	19	24	39	548	62	611
2035	77	126	122	177	30	19	23	40	550	63	613
2036	78	127	122	178	30	20	23	40	554	64	618
2037	78	128	123	180	29	20	23	41	557	64	621
2038	78	128	123	182	28	20	22	42	560	64	624
2039	78	129	123	185	28	21	21	42	562	64	626
2040	77	129	123	187	27	21	21	43	565	64	629

^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 or 10-percent sample data.

^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 Preliminary and subject to revision.

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

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

Program Recipients and Federal Expenditures

Table IV.B5.—SSI Federally Administered Terminations for All Reasons,^a Calendar Years 1974-2040
[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:											
1974	5	36	42	103	19	4	67	126	209	193	402
1975	8	55	56	140	25	3	127	199	287	326	613
1976	13	75	71	174	35	3	141	236	371	377	748
1977	14	71	68	140	34	3	112	194	330	305	636
1978	14	70	58	130	34	3	94	181	308	276	584
1979	13	65	52	128	41	2	88	177	301	265	566
1980	22	53	52	111	45	2	70	177	284	248	532
1981	20	48	47	103	45	3	69	177	266	246	512
1982	21	52	51	107	43	2	65	168	277	233	510
1983	21	49	44	87	34	4	39	140	240	180	419
1984	16	55	46	106	39	6	50	144	267	194	461
1985	13	47	47	97	37	8	40	138	249	178	427
1986	21	58	59	101	38	11	48	143	287	192	478
1987	22	59	61	106	40	13	47	138	301	185	486
1988	24	60	65	105	39	18	49	140	311	189	500
1989	22	63	69	105	39	15	47	136	312	183	496
1990	18	61	75	109	39	22	56	144	324	200	524
1991	25	60	90	123	40	22	50	132	360	182	542
1992	42	78	115	140	41	23	50	125	440	175	614
1993	40	86	124	148	45	24	54	127	467	181	648
1994	47	87	128	148	41	24	48	118	475	166	642
1995	54	94	142	158	44	25	47	113	517	160	677
1996	54	101	158	163	45	27	45	116	548	161	710
1997	133	116	172	159	43	26	39	105	648	143	792
1998	73	98	136	153	44	29	36	102	533	138	671
1999	124	120	146	161	45	31	38	106	626	144	770
2000	89	107	138	159	46	29	35	99	569	134	703
2001	70	103	139	166	45	31	34	98	554	132	685
2002	83	108	150	182	44	30	31	93	598	124	722
2003	76	104	149	186	46	30	31	92	591	122	713
2004	90	109	163	208	48	31	34	93	650	127	777
2005	69	109	157	211	45	30	24	84	621	107	728
2006	61	104	158	217	46	31	28	84	615	112	727
2007	51	116	150	218	46	31	27	83	610	110	720
2008	68	120	155	245	45	29	26	80	663	106	769
2009	66	133	166	278	52	32	33	90	726	123	849
2010	80	130	153	272	46	30	29	79	712	108	820
2011	77	137	147	288	49	31	31	81	729	112	841
2012 ^c	70	134	140	283	35	25	44	92	687	136	823
2013	80	129	129	284	50	34	29	81	706	111	817
2014 ^d	94	135	120	287	57	35	31	82	727	113	840
2015	116	136	111	271	54	34	30	75	722	104	826
Projected:											
2016	75	122	113	301	53	35	26	75	699	101	800
2017	94	128	122	304	55	37	30	75	740	105	845
2018	74	136	126	303	57	37	31	75	733	105	838
2019	71	130	123	289	59	38	31	75	711	105	816
2020	74	134	123	280	62	39	31	75	711	105	816
2021	78	133	123	272	64	40	31	75	710	106	816
2022	76	137	124	264	66	41	31	76	707	107	814
2023	78	135	126	257	68	42	32	76	706	108	814
2024	83	135	129	251	70	43	32	77	710	109	820
2025	84	135	132	246	72	44	33	78	713	111	824
2026	82	136	134	241	72	45	33	79	710	112	822
2027	76	134	134	235	73	47	33	80	698	114	811
2028	76	134	135	233	72	48	33	82	699	115	814
2029	77	133	137	231	72	50	33	83	699	116	816
2030	77	133	137	231	71	52	33	85	701	117	819
2031	78	133	138	231	69	54	32	86	703	119	822
2032	79	133	138	231	67	56	32	88	704	120	824
2033	79	133	139	231	66	58	31	90	705	121	827
2034	80	133	140	230	65	60	31	92	707	123	830
2035	80	134	140	230	64	61	30	94	709	124	833
2036	81	135	141	231	63	63	30	96	713	125	838
2037	81	136	141	233	61	64	29	97	715	126	842
2038	81	136	141	235	59	65	28	99	718	127	845
2039	80	137	141	238	58	66	27	101	720	128	848
2040	80	137	140	241	57	67	27	102	723	128	851

^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 or 10-percent sample data.

^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.

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

Table IV.B6.—SSI Recipients with Federal Payments in Current-Payment Status as of December, 1974-2040
[In thousands]

Year	Blind or disabled, by age group					Aged, by age group		Totals			
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1974	70	338	321	756	109	13	1,010	1,019	1,606	2,029	3,635
1975	106	395	352	838	164	14	963	1,062	1,869	2,025	3,893
1976	124	420	352	813	208	14	864	1,003	1,932	1,867	3,799
1977	147	442	358	800	249	16	785	980	2,013	1,765	3,778
1978	165	460	361	791	277	16	728	958	2,069	1,686	3,755
1979	176	472	359	764	307	16	656	938	2,094	1,593	3,687
1980	188	500	351	750	342	17	609	925	2,149	1,533	3,682
1981	194	514	349	720	366	17	541	888	2,160	1,430	3,590
1982	191	517	346	683	386	21	459	871	2,144	1,329	3,473
1983	198	555	366	692	412	28	449	890	2,250	1,339	3,590
1984	210	595	393	700	406	48	463	884	2,352	1,347	3,699
1985	226	634	426	717	402	72	462	860	2,477	1,322	3,799
1986	240	688	475	739	397	91	465	827	2,630	1,291	3,922
1987	249	717	524	756	392	113	464	804	2,751	1,268	4,019
1988	254	738	564	774	387	127	468	777	2,844	1,245	4,089
1989	263	757	613	799	382	145	488	760	2,959	1,247	4,206
1990	306	788	677	840	389	156	508	749	3,156	1,257	4,412
1991	395	833	769	897	390	166	542	736	3,451	1,279	4,730
1992	555	920	877	970	402	173	577	727	3,898	1,304	5,202
1993	721	990	979	1,034	410	179	604	720	4,312	1,324	5,636
1994	839	1,032	1,071	1,089	425	182	610	716	4,638	1,326	5,965
1995	915	1,058	1,150	1,134	435	188	601	713	4,880	1,315	6,194
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
Projected:											
2016	1,269	1,391	1,172	2,210	686	309	423	686	7,038	1,109	8,147
2017	1,254	1,396	1,164	2,171	711	316	429	688	7,011	1,117	8,128
2018	1,256	1,402	1,160	2,121	739	322	437	689	7,000	1,126	8,126
2019	1,265	1,418	1,167	2,080	775	328	448	692	7,034	1,140	8,174
2020	1,269	1,429	1,174	2,040	811	334	458	696	7,057	1,154	8,211
2021	1,267	1,441	1,184	1,997	846	342	466	703	7,078	1,168	8,246
2022	1,268	1,451	1,201	1,951	878	354	469	716	7,102	1,185	8,288
2023	1,269	1,463	1,225	1,909	906	364	476	728	7,136	1,204	8,340
2024	1,268	1,477	1,255	1,874	933	375	485	742	7,183	1,227	8,410
2025	1,263	1,486	1,284	1,837	956	387	492	757	7,213	1,250	8,462
2026	1,259	1,495	1,310	1,806	971	400	498	774	7,242	1,272	8,514
2027	1,267	1,502	1,333	1,784	981	415	502	792	7,282	1,294	8,576
2028	1,277	1,507	1,352	1,768	984	431	505	810	7,319	1,315	8,634
2029	1,290	1,511	1,364	1,755	981	451	505	831	7,353	1,336	8,689
2030	1,307	1,518	1,373	1,758	970	471	505	853	7,398	1,358	8,756
2031	1,323	1,521	1,380	1,759	954	492	500	874	7,428	1,375	8,803
2032	1,338	1,521	1,384	1,764	935	513	493	896	7,455	1,389	8,844
2033	1,350	1,522	1,392	1,766	919	532	485	917	7,481	1,402	8,882
2034	1,360	1,524	1,400	1,766	905	550	476	937	7,505	1,413	8,918
2035	1,367	1,524	1,407	1,766	897	566	467	957	7,528	1,424	8,952
2036	1,376	1,530	1,416	1,777	886	579	460	975	7,563	1,435	8,997
2037	1,378	1,534	1,420	1,790	870	589	449	990	7,581	1,440	9,021
2038	1,380	1,537	1,422	1,812	852	597	438	1,004	7,599	1,442	9,041
2039	1,379	1,542	1,422	1,835	837	603	426	1,015	7,617	1,441	9,059
2040	1,377	1,547	1,420	1,860	826	605	417	1,022	7,635	1,439	9,074

^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.

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

Table IV.B7.—Federal SSI Prevalence Rates, as of December, 1974-2040
[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:											
1974	0.10	0.56	0.88	2.29	0.77	0.14	7.19	11.24	0.72	8.78	1.63
1975	.15	.63	.97	2.51	1.14	.15	6.69	11.39	.83	8.54	1.73
1976	.18	.65	.96	2.42	1.41	.14	5.88	10.43	.85	7.68	1.67
1977	.22	.67	.97	2.36	1.66	.17	5.21	9.94	.88	7.08	1.65
1978	.25	.68	.96	2.32	1.80	.15	4.73	9.46	.89	6.60	1.62
1979	.27	.68	.94	2.23	1.96	.15	4.17	9.00	.89	6.10	1.58
1980	.29	.71	.91	2.18	2.14	.16	3.81	8.64	.91	5.74	1.56
1981	.30	.72	.87	2.10	2.25	.16	3.33	8.07	.91	5.24	1.51
1982	.29	.71	.83	1.99	2.33	.18	2.77	7.68	.89	4.77	1.44
1983	.31	.76	.85	2.02	2.46	.24	2.68	7.63	.93	4.71	1.48
1984	.32	.81	.88	2.06	2.39	.40	2.72	7.39	.96	4.65	1.51
1985	.35	.87	.93	2.11	2.32	.58	2.67	7.01	1.00	4.47	1.53
1986	.37	.94	1.00	2.19	2.26	.73	2.64	6.57	1.05	4.28	1.57
1987	.38	.98	1.06	2.25	2.20	.87	2.60	6.25	1.09	4.13	1.59
1988	.39	1.01	1.11	2.30	2.14	.97	2.59	5.90	1.12	3.99	1.60
1989	.40	1.03	1.16	2.37	2.10	1.07	2.67	5.62	1.15	3.93	1.63
1990	.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	2.63	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	1.83	3.10	2.28	1.21	3.14	4.60	1.77	3.80	2.25
1996	1.31	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	3.23	2.20
2002	1.23	1.45	1.99	2.96	2.68	1.14	2.39	4.01	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	2.70	1.15	2.16	3.88	1.86	3.00	2.23
2005	1.37	1.51	1.99	2.91	2.70	1.18	2.11	3.86	1.88	2.96	2.25
2006	1.42	1.54	1.97	2.91	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	1.93	2.82	2.28
2008	1.51	1.63	1.98	3.00	2.59	1.25	1.86	3.76	1.97	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	1.32	1.75	3.69	2.07	2.64	2.42
2011	1.68	1.81	2.05	3.27	2.45	1.35	1.69	3.65	2.13	2.57	2.47
2012 ^d	1.73	1.85	2.03	3.37	2.44	1.43	1.57	3.56	2.17	2.44	2.51
2013	1.74	1.86	2.01	3.44	2.40	1.45	1.53	3.48	2.19	2.37	2.52
2014	1.71	1.85	1.96	3.47	2.37	1.47	1.49	3.43	2.17	2.31	2.51
2015	1.66	1.82	1.89	3.49	2.34	1.48	1.46	3.36	2.15	2.26	2.48
Projected:											
2016	1.66	1.81	1.85	3.43	2.34	1.47	1.44	3.27	2.13	2.20	2.46
2017	1.63	1.81	1.83	3.37	2.34	1.46	1.42	3.17	2.10	2.15	2.43
2018	1.63	1.80	1.81	3.29	2.36	1.44	1.40	3.08	2.08	2.10	2.41
2019	1.63	1.81	1.81	3.22	2.39	1.42	1.38	3.01	2.07	2.06	2.40
2020	1.62	1.81	1.82	3.15	2.41	1.41	1.36	2.95	2.05	2.02	2.39
2021	1.61	1.81	1.83	3.09	2.45	1.39	1.35	2.86	2.04	1.98	2.38
2022	1.60	1.82	1.84	3.04	2.50	1.37	1.33	2.77	2.03	1.94	2.37
2023	1.59	1.82	1.85	2.99	2.52	1.35	1.33	2.70	2.02	1.92	2.36
2024	1.58	1.83	1.87	2.96	2.54	1.34	1.32	2.65	2.02	1.90	2.36
2025	1.56	1.84	1.88	2.93	2.55	1.33	1.31	2.60	2.01	1.88	2.36
2026	1.55	1.84	1.89	2.91	2.55	1.32	1.31	2.56	2.00	1.86	2.35
2027	1.55	1.85	1.90	2.89	2.54	1.32	1.30	2.52	2.00	1.85	2.35
2028	1.55	1.85	1.91	2.88	2.52	1.32	1.29	2.48	1.99	1.83	2.35
2029	1.55	1.86	1.91	2.86	2.49	1.33	1.28	2.46	1.99	1.82	2.35
2030	1.56	1.86	1.92	2.86	2.46	1.34	1.28	2.43	1.98	1.82	2.35
2031	1.56	1.86	1.92	2.85	2.43	1.35	1.27	2.41	1.98	1.82	2.34
2032	1.57	1.86	1.92	2.83	2.40	1.36	1.26	2.38	1.97	1.81	2.34
2033	1.57	1.86	1.92	2.82	2.37	1.37	1.25	2.36	1.97	1.81	2.33
2034	1.57	1.86	1.91	2.81	2.35	1.38	1.23	2.35	1.96	1.80	2.33
2035	1.57	1.85	1.91	2.80	2.33	1.38	1.21	2.33	1.95	1.79	2.32
2036	1.57	1.85	1.92	2.80	2.31	1.37	1.20	2.31	1.95	1.78	2.32
2037	1.57	1.85	1.91	2.80	2.30	1.37	1.19	2.30	1.94	1.78	2.31
2038	1.57	1.84	1.91	2.80	2.28	1.36	1.17	2.28	1.94	1.77	2.31
2039	1.56	1.84	1.90	2.79	2.26	1.34	1.15	2.26	1.93	1.76	2.30
2040	1.56	1.83	1.90	2.79	2.25	1.33	1.14	2.25	1.93	1.75	2.29

^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.

Table IV.B8.—SSI Recipients with Federally Administered State Supplementation Payments Only, in Current-Payment Status as of December, 1974-2040
[In thousands]

Year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1974	1	12	20	57	13	1	138	120	104	257	361
1975	1	15	25	74	21	2	144	138	139	282	421
1976	1	14	27	87	26	2	134	146	156	280	437
1977	1	16	27	94	35	2	136	150	174	286	460
1978	1	16	26	93	41	2	127	155	180	282	462
1979	1	18	25	89	49	2	121	157	184	278	462
1980	2	20	26	82	52	2	112	162	185	274	460
1981	1	19	26	75	58	2	94	155	181	248	429
1982	1	18	23	68	53	2	82	137	165	219	384
1983	1	17	19	50	44	4	65	111	136	176	312
1984	1	18	23	50	47	7	68	116	147	184	331
1985	1	21	28	53	45	8	67	115	157	182	339
1986	1	23	31	55	45	11	66	116	166	182	348
1987	1	26	36	60	43	12	72	115	178	187	366
1988	1	26	42	59	44	14	74	114	187	188	375
1989	2	28	45	60	45	16	76	115	195	192	387
1990	2	31	54	60	44	17	82	116	208	197	405
1991	2	29	54	59	42	17	78	108	203	186	389
1992	2	29	55	59	37	16	70	97	197	167	364
1993	2	29	58	59	34	15	64	88	197	151	348
1994	2	28	59	56	32	14	59	81	192	139	331
1995	3	25	59	56	32	14	54	77	188	131	320
1996	2	21	54	53	29	13	49	68	172	116	288
1997	2	20	55	53	29	13	46	65	172	111	283
1998	2	18	54	55	28	13	43	63	171	106	277
1999	2	18	57	58	28	13	43	62	177	105	282
2000	2	17	57	60	29	13	42	61	179	103	282
2001	2	17	56	62	29	12	41	59	179	100	278
2002	3	17	57	64	30	12	42	58	183	100	283
2003	3	18	58	67	30	12	42	58	188	100	288
2004	3	18	58	70	31	12	43	58	193	100	293
2005	3	18	56	73	31	12	44	58	193	102	295
2006	3	18	55	76	32	12	45	58	194	103	297
2007	2	18	53	77	32	12	46	57	195	103	298
2008	3	18	52	80	34	12	46	57	198	103	301
2009	2	16	43	69	29	11	38	48	168	85	254
2010	2	16	42	71	29	11	37	48	171	85	257
2011	2	16	39	70	29	11	35	45	166	81	246
2012 ^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
Projected:											
2016	1	9	20	47	24	9	26	31	110	57	167
2017	1	9	20	47	25	9	26	31	110	58	168
2018	1	9	20	47	26	9	27	32	112	59	171
2019	1	10	20	47	27	9	28	32	115	60	175
2020	1	10	21	48	29	10	30	33	119	63	182
2021	1	11	23	49	31	10	32	34	125	66	192
2022	1	12	25	51	33	11	34	37	133	71	204
2023	1	13	27	52	36	11	35	38	140	74	214
2024	1	13	28	53	38	12	36	40	145	76	221
2025	1	13	29	52	39	12	37	42	147	79	226
2026	1	13	30	52	41	13	38	43	150	81	231
2027	1	13	30	51	42	14	39	45	151	84	235
2028	1	13	31	51	42	14	39	46	152	85	237
2029	1	13	31	50	42	15	39	48	153	87	240
2030	1	13	32	50	42	16	39	49	154	88	242
2031	1	13	32	50	41	17	38	51	155	89	244
2032	1	14	32	51	40	18	38	52	156	90	245
2033	1	14	32	51	40	19	37	53	156	91	247
2034	1	14	32	51	39	19	37	55	157	91	248
2035	1	14	33	51	39	20	36	56	157	92	248
2036	1	14	33	51	38	20	35	57	157	92	249
2037	1	14	33	51	38	21	34	58	157	92	249
2038	1	14	33	52	37	21	34	58	158	92	249
2039	1	14	33	52	36	21	33	59	158	92	250
2040	1	14	33	53	36	21	32	59	158	91	249

^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.

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

Table IV.B9.—SSI Recipients with Federally Administered Payments in Current-Payment Status as of December, 1974-2040

[In thousands]

Year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1974	71	349	341	813	122	14	1,148	1,138	1,710	2,286	3,996
1975	107	410	378	911	185	16	1,107	1,200	2,007	2,307	4,314
1976	125	434	379	900	234	15	999	1,149	2,088	2,148	4,236
1977	147	458	385	893	284	18	921	1,130	2,187	2,051	4,238
1978	166	476	387	884	319	17	855	1,113	2,249	1,968	4,217
1979	177	490	384	852	357	17	777	1,095	2,278	1,872	4,150
1980	190	521	377	833	393	20	721	1,086	2,334	1,808	4,142
1981	195	533	375	795	424	19	635	1,043	2,341	1,678	4,019
1982	192	535	369	751	439	23	541	1,008	2,309	1,549	3,858
1983	198	572	386	742	456	32	514	1,001	2,386	1,515	3,901
1984	212	613	417	751	453	54	531	999	2,499	1,530	4,029
1985	227	655	454	769	447	80	530	975	2,634	1,504	4,138
1986	241	711	506	794	442	102	531	942	2,796	1,473	4,269
1987	251	743	560	816	436	124	536	920	2,930	1,455	4,385
1988	255	764	606	833	431	142	543	891	3,030	1,433	4,464
1989	265	785	658	859	427	160	564	875	3,154	1,439	4,593
1990	309	819	731	900	432	172	589	865	3,363	1,454	4,817
1991	397	863	823	956	432	183	620	845	3,654	1,465	5,118
1992	556	949	932	1,029	440	189	647	824	4,095	1,471	5,566
1993	723	1,019	1,036	1,093	445	194	667	808	4,509	1,475	5,984
1994	841	1,060	1,130	1,146	457	196	669	797	4,830	1,466	6,296
1995	917	1,083	1,209	1,190	467	202	656	790	5,068	1,446	6,514
1996	955	1,087	1,252	1,229	472	205	634	778	5,201	1,413	6,614
1997	880	1,059	1,251	1,252	486	205	593	770	5,133	1,362	6,495
1998	887	1,056	1,292	1,298	492	209	564	768	5,234	1,332	6,566
1999	847	1,024	1,331	1,336	503	208	543	765	5,249	1,308	6,557
2000	847	1,011	1,360	1,373	513	209	525	764	5,312	1,289	6,602
2001	882	1,012	1,385	1,415	522	209	502	762	5,424	1,264	6,688
2002	915	1,019	1,401	1,458	532	212	489	763	5,536	1,252	6,788
2003	959	1,040	1,410	1,503	541	216	471	761	5,670	1,233	6,902
2004	993	1,062	1,408	1,546	546	221	455	756	5,777	1,211	6,988
2005	1,036	1,083	1,404	1,596	553	228	452	763	5,900	1,214	7,114
2006	1,079	1,113	1,388	1,651	560	232	450	762	6,024	1,212	7,236
2007	1,121	1,142	1,369	1,711	572	240	443	761	6,155	1,205	7,360
2008	1,154	1,191	1,358	1,784	584	246	442	761	6,317	1,203	7,521
2009	1,200	1,244	1,345	1,862	588	252	434	752	6,491	1,186	7,677
2010	1,239	1,311	1,350	1,971	595	262	432	752	6,728	1,184	7,912
2011	1,277	1,361	1,344	2,072	606	271	434	748	6,931	1,182	8,113
2012 ^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
Projected:											
2016	1,270	1,400	1,192	2,257	709	318	449	717	7,147	1,166	8,313
2017	1,255	1,405	1,184	2,218	736	325	456	719	7,122	1,175	8,296
2018	1,257	1,411	1,179	2,168	765	331	464	721	7,112	1,185	8,297
2019	1,266	1,428	1,188	2,127	803	337	476	724	7,149	1,201	8,349
2020	1,270	1,439	1,195	2,088	840	343	488	729	7,176	1,217	8,393
2021	1,268	1,452	1,207	2,046	877	352	498	737	7,203	1,235	8,438
2022	1,269	1,463	1,226	2,002	911	364	503	753	7,236	1,256	8,491
2023	1,270	1,475	1,252	1,961	942	375	511	767	7,276	1,278	8,554
2024	1,270	1,490	1,284	1,927	971	387	521	783	7,327	1,304	8,631
2025	1,264	1,499	1,313	1,889	995	400	530	799	7,360	1,329	8,689
2026	1,261	1,508	1,340	1,858	1,012	414	536	817	7,392	1,353	8,745
2027	1,268	1,515	1,364	1,836	1,022	429	541	837	7,433	1,377	8,811
2028	1,278	1,520	1,383	1,818	1,026	445	544	857	7,471	1,401	8,872
2029	1,291	1,524	1,396	1,806	1,023	466	544	879	7,506	1,423	8,929
2030	1,309	1,532	1,405	1,808	1,012	487	544	902	7,553	1,446	8,998
2031	1,324	1,534	1,412	1,810	995	509	539	925	7,583	1,463	9,047
2032	1,339	1,535	1,416	1,814	976	531	530	948	7,611	1,479	9,089
2033	1,351	1,536	1,424	1,816	959	550	522	970	7,637	1,492	9,129
2034	1,361	1,537	1,432	1,817	945	569	513	991	7,661	1,504	9,166
2035	1,368	1,538	1,440	1,817	936	586	503	1,012	7,685	1,515	9,200
2036	1,377	1,543	1,449	1,828	924	599	495	1,031	7,720	1,527	9,247
2037	1,380	1,547	1,453	1,841	908	610	484	1,048	7,739	1,532	9,270
2038	1,381	1,551	1,455	1,863	889	618	472	1,062	7,757	1,534	9,290
2039	1,380	1,556	1,455	1,887	873	624	459	1,074	7,775	1,533	9,308
2040	1,378	1,561	1,453	1,914	862	626	450	1,081	7,793	1,531	9,324

^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.

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

C. FEDERAL PAYMENTS UNDER SSI

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

Table IV.C1.—SSI Federal Payments in Current Dollars,^a Calendar Years 1974-2016
[In millions]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
1974.....	\$40	\$438	\$452	\$968	\$135	\$17	\$825	\$958	\$2,050	\$1,783	\$3,833
1975.....	128	537	499	1,099	190	17	812	1,031	2,471	1,843	4,314
1976.....	176	605	541	1,147	241	17	762	1,023	2,727	1,785	4,512
1977.....	227	671	579	1,174	298	17	721	1,016	2,966	1,737	4,703
1978 ^b	302	781	655	1,312	381	18	736	1,111	3,449	1,847	5,296
1979.....	340	809	650	1,296	429	21	667	1,093	3,546	1,760	5,306
1980.....	397	931	731	1,420	544	28	642	1,230	4,051	1,872	5,923
1981.....	458	1,079	821	1,542	654	32	643	1,320	4,586	1,963	6,549
1982.....	512	1,211	883	1,590	704	38	630	1,364	4,937	1,994	6,931
1983.....	574	1,372	985	1,704	774	58	624	1,440	5,466	2,064	7,530
1984.....	659	1,576	1,128	1,835	836	102	670	1,512	6,136	2,182	8,318
1985.....	736	1,709	1,250	1,924	833	160	699	1,499	6,611	2,198	8,809
1986.....	831	1,929	1,452	2,043	848	209	731	1,479	7,312	2,210	9,522
1987.....	900	2,081	1,618	2,157	846	259	765	1,444	7,860	2,210	10,069
1988.....	955	2,228	1,818	2,303	874	304	814	1,449	8,481	2,263	10,744
1989.....	1,025	2,431	2,048	2,481	936	366	881	1,479	9,286	2,361	11,647
1990.....	1,201	2,660	2,395	2,792	969	407	987	1,532	10,423	2,519	12,943
1991.....	1,678	3,129	2,966	3,305	1,060	463	1,169	1,637	12,601	2,806	15,407
1992.....	3,154	3,900	3,577	3,790	1,124	487	1,303	1,690	16,033	2,993	19,026
1993.....	3,909	4,465	4,164	4,188	1,208	513	1,471	1,759	18,447	3,230	21,677
1994.....	4,167	4,504	4,666	4,533	1,274	538	1,566	1,814	19,682	3,380	23,063
1995.....	4,657	4,777	5,155	4,896	1,357	565	1,599	1,900	21,407	3,499	24,906
1996.....	4,947	5,004	5,614	5,298	1,427	590	1,643	1,977	22,880	3,621	26,501
1997.....	4,920	5,031	5,564	5,410	1,505	614	1,586	2,046	23,044	3,632	26,675
1998.....	4,965	5,150	5,901	5,777	1,588	635	1,542	2,136	24,017	3,678	27,695
1999.....	4,835	5,132	6,185	6,037	1,660	654	1,503	2,206	24,503	3,709	28,212
2000.....	4,789	5,121	6,404	6,293	1,717	675	1,470	2,309	24,999	3,779	28,778
2001.....	5,104	5,354	6,817	6,783	1,838	713	1,470	2,454	26,608	3,924	30,532
2002.....	5,353	5,484	7,048	7,131	1,909	738	1,433	2,520	27,663	3,953	31,616
2003.....	5,686	5,715	7,243	7,532	1,984	771	1,408	2,601	28,932	4,009	32,941
2004.....	6,036	5,954	7,384	7,943	2,054	809	1,366	2,657	30,179	4,023	34,202
2005.....	6,488	6,291	7,624	8,437	2,148	871	1,358	2,778	31,859	4,136	35,995
2006.....	6,948	6,656	7,760	8,943	2,235	924	1,413	2,895	33,467	4,308	37,775
2007.....	7,346	7,067	7,871	9,539	2,333	981	1,406	2,970	35,137	4,376	39,514
2008 ^c	7,831	7,623	8,172	10,387	2,459	1,051	1,438	3,078	37,523	4,516	42,040
2009 ^c	8,635	8,493	8,618	11,556	2,644	1,153	1,528	3,277	41,099	4,805	45,904
2010.....	9,020	9,013	8,735	12,283	2,689	1,213	1,521	3,294	42,953	4,815	47,767
2011.....	9,312	9,379	8,658	12,871	2,739	1,267	1,520	3,292	44,226	4,811	49,038
2012.....	9,877	9,921	8,756	13,834	2,980	1,417	1,534	3,384	46,785	4,918	51,703
2013.....	10,170	10,257	8,723	14,593	3,129	1,508	1,591	3,432	48,379	5,023	53,402
2014.....	10,224	10,394	8,538	15,057	3,266	1,581	1,639	3,455	49,059	5,094	54,153
2015.....	10,147	10,473	8,423	15,502	3,429	1,661	1,688	3,504	49,635	5,192	54,827
2016 ^d	10,076	10,484	8,294	15,534	3,568	1,704	1,760	3,551	49,660	5,310	54,971

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

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

^c 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.

^d Partially estimated.

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

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.

Program Recipients and Federal Expenditures

Since we use 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 we actually make the payments. In particular, since January 1 of each year is a Federal holiday, SSI payments due on January 1 of years 1979 and later are actually paid in December of the previous year. For example, the calendar year 2015 payment amounts shown in table IV.C1 reflect payments made in January-December 2015, and include the payments due on January 1, 2016 (which were actually paid in December 2015), but not the payments due on January 1, 2015 (which were actually paid in December 2014). Second, beginning in 1991, SSA remitted overpayment recoveries directly to the Department of the Treasury and did not use them to reduce SSI obligations as accounted for in the Federal Budget. Tabulations in the *Annual Statistical Supplement* continue to report payment amounts that are reduced by such overpayment recoveries.

Table IV.C2 presents corresponding amounts of SSI outlays on a fiscal year basis for fiscal years¹ 1978-2016. We omit fiscal years prior to 1978 because SSI payment amounts are not readily available on a fiscal

Table IV.C2.—SSI Federal Payments in Current Dollars, Fiscal Years 1978-2016
[In millions]

Fiscal year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
1978.....	\$206	\$740	\$668	\$1,438	\$312	\$22	\$772	\$1,076	\$3,386	\$1,848	\$5,234
1979 ^a	226	711	620	1,265	331	20	656	954	3,172	1,610	4,782
1980.....	372	877	698	1,360	506	26	629	1,184	3,840	1,813	5,653
1981.....	442	1,039	797	1,508	625	31	647	1,307	4,442	1,954	6,396
1982.....	499	1,181	861	1,570	693	36	640	1,356	4,840	1,996	6,836
1983.....	596	1,416	1,024	1,783	806	56	660	1,510	5,680	2,170	7,850
1984 ^a	588	1,411	1,005	1,665	760	85	613	1,391	5,514	2,004	7,517
1985.....	713	1,662	1,215	1,895	828	145	691	1,502	6,459	2,193	8,652
1986.....	800	1,864	1,386	1,995	840	196	723	1,487	7,080	2,209	9,290
1987.....	880	2,030	1,565	2,119	845	242	755	1,448	7,681	2,203	9,884
1988.....	1,009	2,356	1,898	2,425	932	316	860	1,559	8,935	2,419	11,354
1989 ^a	1,012	2,378	1,997	2,452	910	345	862	1,473	9,094	2,335	11,430
1990 ^a	1,039	2,378	2,115	2,479	876	362	879	1,394	9,247	2,273	11,521
1991.....	1,519	2,975	2,772	3,141	1,032	447	1,120	1,608	11,886	2,728	14,614
1992.....	2,684	3,621	3,398	3,653	1,099	476	1,269	1,680	14,932	2,949	17,881
1993.....	3,817	4,377	3,977	4,033	1,175	502	1,420	1,730	17,880	3,150	21,029
1994.....	4,328	4,771	4,866	4,756	1,344	569	1,659	1,930	20,635	3,588	24,223
1995 ^a	4,554	4,719	5,031	4,822	1,341	560	1,596	1,884	21,027	3,480	24,507
1996 ^a	4,543	4,595	5,123	4,830	1,305	540	1,510	1,808	20,936	3,317	24,254
1997.....	4,933	5,004	5,529	5,340	1,478	606	1,602	2,027	22,890	3,629	26,519
1998.....	4,915	5,114	5,816	5,688	1,567	630	1,548	2,110	23,729	3,658	27,387
1999.....	4,901	5,152	6,123	5,975	1,638	648	1,506	2,180	24,438	3,685	28,123
2000.....	5,152	5,500	6,827	6,692	1,822	718	1,599	2,453	26,710	4,052	30,763
2001 ^a	4,597	4,869	6,170	6,125	1,670	652	1,352	2,236	24,083	3,588	27,671
2002.....	5,290	5,456	6,998	7,041	1,889	731	1,444	2,500	27,405	3,944	31,349
2003.....	5,558	5,623	7,170	7,390	1,957	759	1,417	2,572	28,456	3,989	32,445
2004.....	5,910	5,868	7,327	7,797	2,031	796	1,380	2,638	29,729	4,018	33,748
2005.....	6,856	6,669	8,150	8,928	2,282	916	1,463	2,945	33,800	4,409	38,208
2006 ^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.....	9,938	9,981	9,355	13,650	2,921	1,341	1,636	3,532	47,186	5,168	52,354
2012 ^a	8,986	9,042	8,075	12,549	2,699	1,276	1,409	3,111	42,627	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 ^b	10,820	11,237	8,938	16,712	3,780	1,815	1,881	3,811	53,301	5,692	58,993

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

^b Partially estimated.

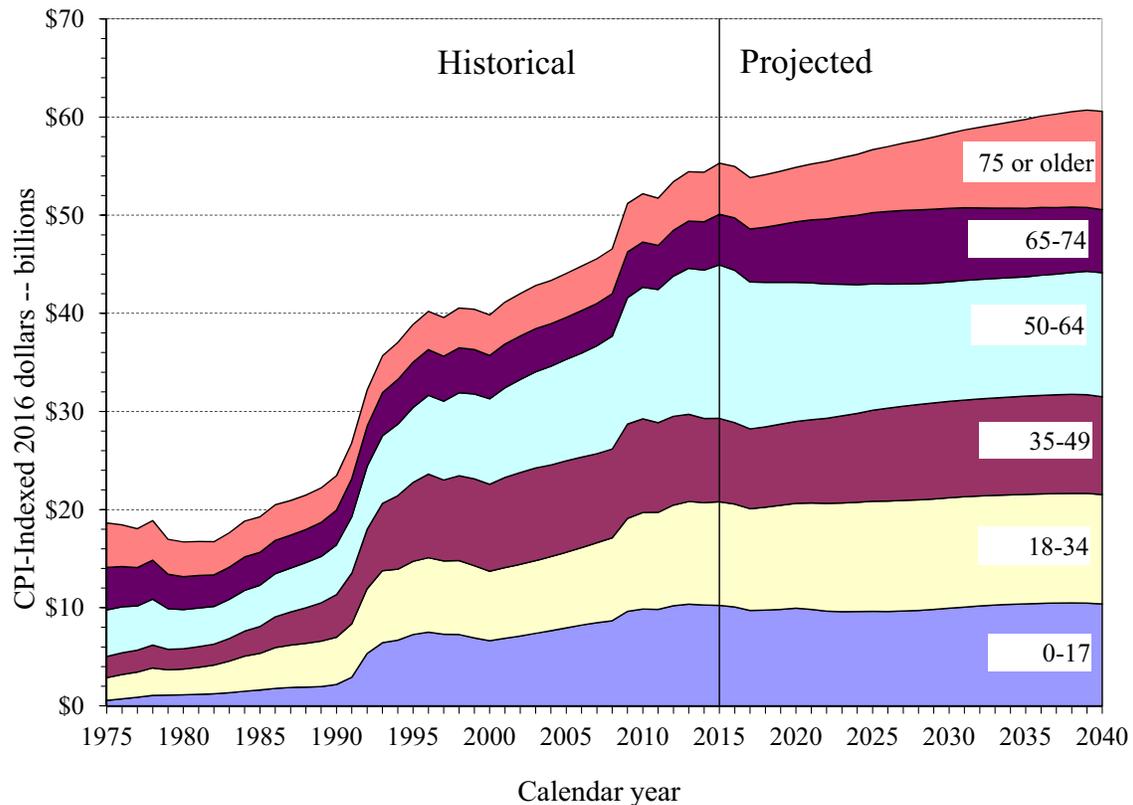
Note: Totals do not necessarily equal the sums of rounded components. We estimate the historical split among age groups on a calendar year of age basis.

¹ Fiscal years 1977 and later cover the 12-month period ending September 30. For example, fiscal year 2014 payments include payments made from October 1, 2013 through September 30, 2014.

year basis for these years. As with the calendar year figures, we show these fiscal year amounts on a payment-date basis. Consequently, fiscal year totals may contain 11, 12, or 13 months of payments.¹

Price inflation can make it difficult to make meaningful comparisons of dollar amounts over longer periods of time. For this reason, it is desirable to have some means of adjusting for inflation from the 25-year projections of SSI expenditures. The CPI, which we discuss in section IV.A, is an appropriate means of price-adjusting historical and projected SSI costs over time. Table IV.C3 presents CPI-indexed dollar values of Federal SSI payments (those adjusted by the CPI) for both the historical period, calendar years 1974-2015, and the full 25-year projection period, 2016-2040. We present this same information as a graph in figure IV.C1. We use the projections of the CPI from the intermediate economic assumptions of the 2016 OASDI Trustees Report.

Figure IV.C1.—SSI Federal Payments, by Age Group, in CPI-Indexed 2016 Dollars, Calendar Years 1975-2040
[In billions]



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. 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.

Program Recipients and Federal Expenditures

Table IV.C3.—SSI Federal Payments in CPI-Indexed 2016 Dollars, Calendar Years 1974-2040
[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:												
1974.....	21.22	\$190	\$2,062	\$2,129	\$4,564	\$637	\$82	\$3,888	\$4,514	\$9,664	\$8,402	\$18,066
1975.....	23.14	555	2,321	2,156	4,748	821	75	3,510	4,454	10,675	7,964	18,639
1976.....	24.47	719	2,474	2,211	4,687	986	69	3,113	4,182	11,145	7,295	18,440
1977.....	26.05	873	2,575	2,222	4,508	1,142	67	2,769	3,898	11,387	6,667	18,054
1978 ^b	28.06	1,077	2,782	2,333	4,675	1,359	65	2,622	3,960	12,291	6,581	18,872
1979.....	31.27	1,087	2,589	2,079	4,145	1,373	67	2,132	3,496	11,340	5,628	16,969
1980.....	35.46	1,120	2,625	2,062	4,004	1,535	78	1,810	3,468	11,423	5,278	16,702
1981.....	39.10	1,172	2,759	2,099	3,945	1,673	81	1,644	3,377	11,729	5,021	16,751
1982.....	41.45	1,236	2,921	2,130	3,835	1,698	92	1,519	3,291	11,911	4,810	16,721
1983.....	42.69	1,343	3,214	2,307	3,991	1,812	135	1,462	3,372	12,803	4,834	17,637
1984.....	44.19	1,492	3,567	2,553	4,152	1,892	230	1,517	3,422	13,886	4,938	18,824
1985.....	45.73	1,609	3,736	2,733	4,208	1,822	350	1,529	3,277	14,458	4,806	19,264
1986.....	46.46	1,789	4,153	3,126	4,398	1,825	450	1,573	3,183	15,740	4,756	20,497
1987.....	48.12	1,869	4,323	3,362	4,481	1,758	539	1,591	3,001	16,333	4,591	20,924
1988.....	50.05	1,908	4,452	3,632	4,601	1,746	607	1,627	2,895	16,946	4,522	21,468
1989.....	52.44	1,955	4,634	3,904	4,730	1,785	697	1,680	2,821	17,706	4,501	22,207
1990.....	55.18	2,176	4,821	4,341	5,060	1,755	737	1,789	2,776	18,889	4,565	23,455
1991.....	57.45	2,921	5,446	5,163	5,753	1,846	805	2,035	2,850	21,934	4,885	26,819
1992.....	59.12	5,335	6,598	6,051	6,412	1,901	824	2,204	2,859	27,120	5,063	32,183
1993.....	60.79	6,431	7,345	6,850	6,890	1,988	844	2,420	2,893	30,348	5,313	35,661
1994.....	62.28	6,690	7,232	7,491	7,279	2,045	864	2,515	2,912	31,601	5,427	37,028
1995.....	64.08	7,268	7,454	8,045	7,640	2,117	882	2,495	2,965	33,407	5,461	38,867
1996.....	65.92	7,505	7,591	8,516	8,036	2,165	895	2,493	2,999	34,709	5,493	40,202
1997.....	67.42	7,298	7,462	8,254	8,025	2,232	910	2,352	3,034	34,181	5,387	39,568
1998.....	68.32	7,268	7,539	8,638	8,457	2,324	930	2,258	3,126	35,156	5,384	40,540
1999.....	69.81	6,926	7,351	8,859	8,648	2,378	936	2,153	3,160	35,098	5,313	40,411
2000.....	72.25	6,629	7,087	8,864	8,710	2,376	935	2,034	3,196	34,600	5,231	39,831
2001.....	74.22	6,877	7,213	9,185	9,139	2,476	961	1,981	3,306	35,851	5,287	41,138
2002.....	75.24	7,115	7,288	9,367	9,477	2,537	980	1,904	3,349	36,764	5,253	42,017
2003.....	76.91	7,393	7,430	9,418	9,793	2,580	1,003	1,831	3,381	37,617	5,212	42,828
2004.....	78.92	7,648	7,544	9,356	10,064	2,602	1,025	1,731	3,367	38,238	5,098	43,336
2005.....	81.70	7,940	7,700	9,331	10,326	2,629	1,066	1,662	3,401	38,993	5,062	44,056
2006.....	84.31	8,239	7,894	9,204	10,608	2,652	1,096	1,675	3,434	39,693	5,110	44,803
2007.....	86.74	8,469	8,147	9,075	10,998	2,689	1,131	1,621	3,425	40,510	5,045	45,555
2008.....	90.28	8,674	8,444	9,052	11,505	2,724	1,164	1,593	3,410	41,562	5,003	46,565
2009.....	89.67	9,629	9,471	9,610	12,887	2,948	1,174	1,704	3,654	45,832	5,358	51,190
2010.....	91.53	9,855	9,847	9,543	13,420	2,937	1,326	1,661	3,599	46,928	5,260	52,188
2011.....	94.78	9,824	9,895	9,135	13,579	2,890	1,337	1,603	3,473	46,660	5,076	51,737
2012.....	96.77	10,207	10,252	9,048	14,295	3,079	1,465	1,585	3,497	48,345	5,081	53,426
2013.....	98.10	10,367	10,456	8,892	14,876	3,189	1,537	1,622	3,498	49,317	5,120	54,438
2014.....	99.57	10,268	10,438	8,575	15,121	3,280	1,587	1,646	3,470	49,270	5,116	54,385
2015.....	99.14	10,235	10,564	8,495	15,636	3,458	1,675	1,702	3,535	50,064	5,237	55,300
Projected:												
2016.....	100.00	10,076	10,484	8,294	15,534	3,568	1,704	1,760	3,551	49,660	5,310	54,971
2017.....	102.76	9,722	10,366	8,135	14,965	3,642	1,724	1,760	3,515	48,555	5,275	53,830
2018.....	105.48	9,763	10,479	8,188	14,723	3,821	1,779	1,808	3,566	48,752	5,374	54,126
2019.....	108.23	9,828	10,605	8,273	14,444	4,033	1,833	1,862	3,612	49,015	5,474	54,489
2020.....	111.04	9,943	10,698	8,345	14,170	4,246	1,887	1,920	3,662	49,289	5,582	54,871
2021.....	113.93	9,823	10,852	8,485	13,953	4,454	1,955	1,961	3,728	49,521	5,690	55,211
2022.....	116.89	9,652	10,980	8,665	13,692	4,649	2,039	1,984	3,821	49,677	5,805	55,482
2023.....	119.93	9,592	11,080	8,874	13,423	4,831	2,121	2,023	3,909	49,921	5,932	55,853
2024.....	123.05	9,613	11,127	9,063	13,115	5,002	2,208	2,066	4,006	50,128	6,071	56,199
2025.....	126.25	9,630	11,210	9,287	12,877	5,150	2,299	2,110	4,110	50,453	6,220	56,674
2026.....	129.53	9,621	11,251	9,466	12,641	5,249	2,391	2,148	4,223	50,619	6,370	56,989
2027.....	132.90	9,663	11,266	9,612	12,462	5,313	2,492	2,176	4,352	50,808	6,528	57,335
2028.....	136.35	9,728	11,260	9,718	12,307	5,335	2,598	2,197	4,478	50,946	6,676	57,621
2029.....	139.90	9,829	11,253	9,796	12,201	5,329	2,730	2,207	4,622	51,139	6,829	57,967
2030.....	143.53	9,944	11,257	9,835	12,180	5,279	2,865	2,214	4,765	51,360	6,979	58,339
2031.....	147.26	10,067	11,244	9,872	12,173	5,200	3,005	2,206	4,917	51,561	7,124	58,684
2032.....	151.09	10,179	11,210	9,886	12,182	5,102	3,149	2,182	5,075	51,707	7,257	58,964
2033.....	155.02	10,266	11,182	9,925	12,177	5,020	3,280	2,155	5,223	51,852	7,379	59,230
2034.....	159.05	10,339	11,163	9,967	12,168	4,953	3,411	2,122	5,373	52,001	7,495	59,496
2035.....	163.19	10,393	11,145	10,008	12,158	4,915	3,533	2,084	5,524	52,153	7,608	59,760
2036.....	167.43	10,447	11,156	10,059	12,218	4,857	3,634	2,054	5,666	52,372	7,720	60,092
2037.....	171.78	10,468	11,163	10,070	12,290	4,776	3,723	2,014	5,803	52,490	7,817	60,306
2038.....	176.25	10,480	11,178	10,081	12,426	4,687	3,798	1,969	5,929	52,649	7,898	60,547
2039.....	180.83	10,465	11,186	10,065	12,558	4,606	3,861	1,920	6,040	52,741	7,960	60,701
2040.....	185.53	10,372	11,158	9,971	12,632	4,545	3,897	1,884	6,131	52,574	8,015	60,590

^a The "adjusted CPI" is the series of actual and projected CPI values indexed to 2016 (i.e., adjusted so that the value shown for 2016 is 100.00). Projections of the adjusted CPI are based on the intermediate economic assumptions of the 2016 OASDI Trustees Report.

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

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

The future growth in the “CPI-indexed 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-indexed dollar estimates is the rather sharp level increase from 2008 to 2009 in these amounts. This level shift is the result of the combination of the spike in the CPI for the third quarter of calendar year 2008, which caused the large 5.8 percent benefit rate increase for 2009, and the subsequent drop in the CPI for 2009.

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*. We do not prepare detailed projections of such payments.

**Table IV.C4.—SSI Federally Administered State Supplementation Payments
in Current Dollars, Calendar Years 1974-2015**
[In millions]

Calendar year	Aged	Blind or disabled	Total
1974	\$631	\$632	\$1,264
1975	674	729	1,403
1976	635	753	1,388
1977	627	804	1,431
1978	636	855	1,491
1979	661	928	1,590
1980	757	1,091	1,848
1981	731	1,108	1,839
1982	694	1,104	1,798
1983	645	1,066	1,711
1984	645	1,148	1,792
1985	694	1,278	1,973
1986	759	1,484	2,243
1987	849	1,714	2,563
1988	873	1,798	2,671
1989	954	2,001	2,955
1990	1,038	2,201	3,239
1991	999	2,232	3,231
1992	1,023	2,412	3,435
1993	934	2,336	3,270
1994	876	2,240	3,116
1995	864	2,253	3,118
1996	833	2,155	2,988
1997	824	2,090	2,913
1998	838	2,165	3,003
1999	921	2,380	3,301
2000	943	2,439	3,381
2001	956	2,505	3,460
2002	1,051	2,768	3,820
2003	1,098	2,906	4,005
2004	1,133	3,045	4,178
2005	1,128	3,050	4,178
2006	1,147	3,006	4,153
2007	1,187	3,133	4,320
2008	1,198	3,187	4,385
2009	1,070	2,894	3,964
2010	924	2,665	3,589
2011	895	2,626	3,521
2012	827	2,478	3,305
2013	821	2,454	3,275
2014	797	2,322	3,118
2015	715	1,916	2,631

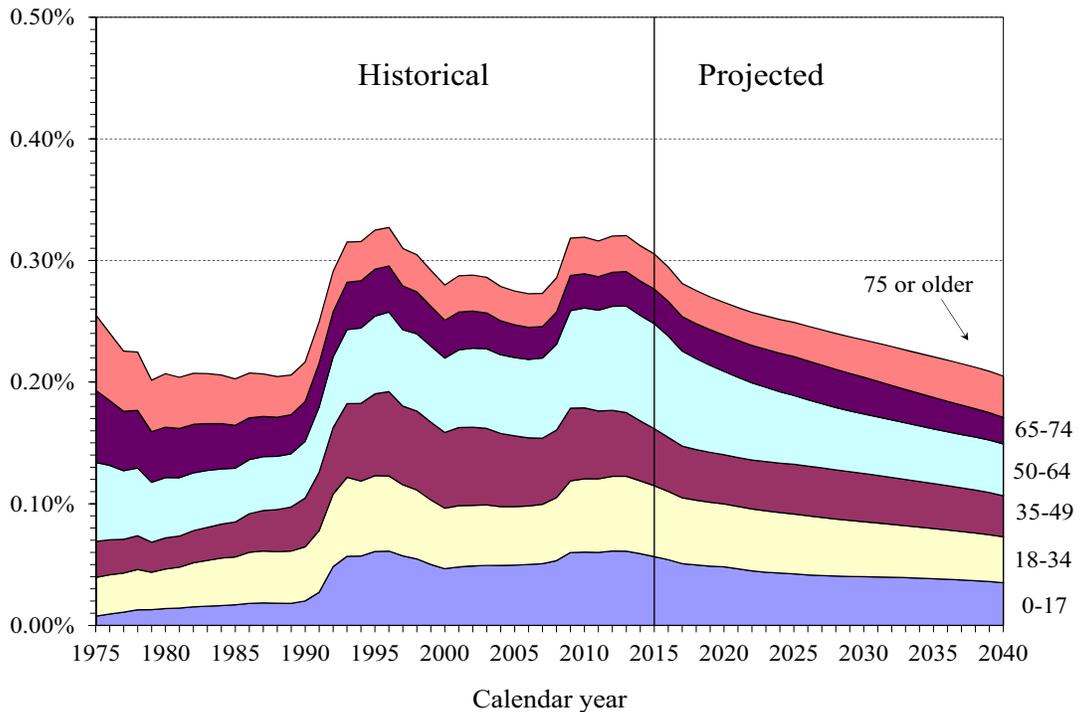
Note: Totals do not necessarily equal the sums of rounded components.

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 proportion of the total output of the U.S. economy needed to provide Federal SSI payments. As table IV.D1 and figure IV.D1 show, after remaining relatively constant between 1992 and 2015, we project the total cost of the SSI program relative to GDP to decline in 2016 and throughout the remainder of 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 continuing through 2000. The share of GDP devoted to Federal SSI expenditures increased slightly after 2000, partly because of a slowdown in economic growth over that period, but resumed its very gradual downward trend from 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 and 2015. As the economy is assumed to continue to recover, we project the gradual downward trend to resume. This ultimate trend is the net effect of two factors. First, we project that Federal SSI expenditures, after adjusting for growth in prices, will grow roughly in line with the SSI recipient population (see section IV.C). Second, using the 2016 Trustees Report intermediate assumptions, we project that the effect of the real growth in GDP following the recent economic downturn will be greater than the effect of projected increases in SSI recipients. Accordingly, we project that Federal SSI payments will decline as a percentage of GDP throughout the projection period, until it reaches 0.20 percent of GDP by 2040.

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



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 1974-2040

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:												
1974	\$1,549	0.003	0.028	0.029	0.063	0.009	0.001	0.053	0.062	0.132	0.115	0.247
1975	1,689	.008	.032	.030	.065	.011	.001	.048	.061	.146	.109	.255
1976	1,878	.009	.032	.029	.061	.013	.001	.041	.054	.145	.095	.240
1977	2,086	.011	.032	.028	.056	.014	.001	.035	.049	.142	.083	.225
1978	2,357	.013	.033	.028	.056	.016	.001	.031	.047	.146	.078	.225
1979	2,632	.013	.031	.025	.049	.016	.001	.025	.042	.135	.067	.202
1980	2,862	.014	.033	.026	.050	.019	.001	.022	.043	.142	.065	.207
1981	3,211	.014	.034	.026	.048	.020	.001	.020	.041	.143	.061	.204
1982	3,345	.015	.036	.026	.048	.021	.001	.019	.041	.148	.060	.207
1983	3,638	.016	.038	.027	.047	.021	.002	.017	.040	.150	.057	.207
1984	4,041	.016	.039	.028	.045	.021	.003	.017	.037	.152	.054	.206
1985	4,347	.017	.039	.029	.044	.021	.004	.016	.034	.152	.051	.203
1986	4,590	.018	.042	.032	.045	.018	.005	.016	.032	.159	.048	.207
1987	4,870	.018	.043	.033	.044	.017	.005	.016	.030	.161	.045	.207
1988	5,253	.018	.042	.035	.044	.017	.006	.016	.028	.161	.043	.205
1989	5,658	.018	.043	.036	.044	.017	.006	.016	.026	.164	.042	.206
1990	5,980	.020	.044	.040	.047	.016	.007	.017	.026	.174	.042	.216
1991	6,174	.027	.051	.048	.054	.017	.007	.019	.027	.204	.045	.250
1992	6,539	.048	.060	.055	.058	.017	.007	.020	.026	.245	.046	.291
1993	6,879	.057	.065	.061	.061	.018	.007	.021	.026	.268	.047	.315
1994	7,309	.057	.062	.064	.062	.017	.007	.021	.025	.269	.046	.316
1995	7,664	.061	.062	.067	.064	.018	.007	.021	.025	.279	.046	.325
1996	8,100	.061	.062	.069	.065	.018	.007	.020	.024	.282	.045	.327
1997	8,609	.057	.058	.065	.063	.017	.007	.018	.024	.268	.042	.310
1998	9,089	.055	.057	.065	.064	.017	.007	.017	.023	.264	.040	.305
1999	9,661	.050	.053	.064	.062	.017	.007	.016	.023	.254	.038	.292
2000	10,285	.047	.050	.062	.061	.017	.007	.014	.022	.243	.037	.280
2001	10,622	.048	.050	.064	.064	.017	.007	.014	.023	.251	.037	.287
2002	10,978	.049	.050	.064	.065	.017	.007	.013	.023	.252	.036	.288
2003	11,511	.049	.050	.063	.065	.017	.007	.012	.023	.251	.035	.286
2004	12,275	.049	.049	.060	.065	.017	.007	.011	.022	.246	.033	.279
2005	13,094	.050	.048	.058	.064	.016	.007	.010	.021	.243	.032	.275
2006	13,856	.050	.048	.056	.065	.016	.007	.010	.021	.242	.031	.273
2007	14,478	.051	.049	.054	.066	.016	.007	.010	.021	.243	.030	.273
2008	14,719	.053	.052	.056	.071	.017	.007	.010	.021	.255	.031	.286
2009	14,419	.060	.059	.060	.080	.018	.008	.011	.023	.285	.033	.318
2010	14,964	.060	.060	.058	.082	.018	.008	.010	.022	.287	.032	.319
2011	15,518	.060	.060	.056	.083	.018	.008	.010	.021	.285	.031	.316
2012	16,155	.061	.061	.054	.086	.018	.009	.009	.021	.290	.030	.320
2013	16,663	.061	.062	.052	.088	.019	.009	.010	.021	.290	.030	.320
2014	17,348	.059	.060	.049	.087	.019	.009	.009	.020	.283	.029	.312
2015	17,956	.057	.058	.047	.086	.019	.009	.009	.020	.276	.029	.305
Projected:												
2016	18,659	.054	.056	.044	.083	.019	.009	.009	.019	.266	.028	.295
2017	19,677	.051	.054	.042	.078	.019	.009	.009	.018	.254	.028	.281
2018	20,745	.050	.053	.042	.075	.019	.009	.009	.018	.248	.027	.275
2019	21,836	.049	.053	.041	.072	.020	.009	.009	.018	.243	.027	.270
2020	22,948	.048	.052	.040	.069	.021	.009	.009	.018	.238	.027	.266
2021	24,081	.046	.051	.040	.066	.021	.009	.009	.018	.234	.027	.261
2022	25,204	.045	.051	.040	.063	.022	.009	.009	.018	.230	.027	.257
2023	26,327	.044	.050	.040	.061	.022	.010	.009	.018	.227	.027	.254
2024	27,499	.043	.050	.041	.059	.022	.010	.009	.018	.224	.027	.251
2025	28,719	.042	.049	.041	.057	.023	.010	.009	.018	.222	.027	.249
2026	30,009	.042	.049	.041	.055	.023	.010	.009	.018	.218	.027	.246
2027	31,353	.041	.048	.041	.053	.023	.011	.009	.018	.215	.028	.243
2028	32,741	.041	.047	.040	.051	.022	.011	.009	.019	.212	.028	.240
2029	34,179	.040	.046	.040	.050	.022	.011	.009	.019	.209	.028	.237
2030	35,680	.040	.045	.040	.049	.021	.012	.009	.019	.207	.028	.235
2031	37,238	.040	.044	.039	.048	.021	.012	.009	.019	.204	.028	.232
2032	38,859	.040	.044	.038	.047	.020	.012	.008	.020	.201	.028	.229
2033	40,557	.039	.043	.038	.047	.019	.013	.008	.020	.198	.028	.226
2034	42,330	.039	.042	.037	.046	.019	.013	.008	.020	.195	.028	.224
2035	44,187	.038	.041	.037	.045	.018	.013	.008	.020	.193	.028	.221
2036	46,118	.038	.041	.037	.044	.018	.013	.007	.021	.190	.028	.218
2037	48,150	.037	.040	.036	.044	.017	.013	.007	.021	.187	.028	.215
2038	50,295	.037	.039	.035	.044	.016	.013	.007	.021	.184	.028	.212
2039	52,536	.036	.039	.035	.043	.016	.013	.007	.021	.182	.027	.209
2040	54,881	.035	.038	.034	.043	.015	.013	.006	.021	.178	.027	.205

^a Projected values based on the intermediate economic assumptions of the 2016 OASDI Trustees Report.

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

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

SSA administers the SSI program, but unlike the OASDI program, general revenues fund the SSI program. When the SSI program began in 1972, the agency's existing field office network and its automated data processing capabilities made it uniquely qualified to administer the program. 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. 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. 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.

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

Table IV.E1.—Selected SSI Costs, Fiscal Years 1978-2016
[Outlays in millions]

Fiscal year	SSI administrative expenses ^a	Beneficiary services ^b
1978.....	\$539	\$31.6
1979.....	611	57.0
1980.....	668	33.1
1981.....	717	37.3
1982.....	780	12.0
1983.....	846	8.0
1984.....	864	^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 (estimated).....	4,844	91.0

^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.

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.

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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

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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 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.

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.

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.

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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

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	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>
1972 <i>Public Law 92-603, enacted October 30</i>	Assets of a blind or disabled individual that are necessary to an approved plan of self-support. Tools and other property essential to self-support, within reasonable limits. Shares of nonnegotiable stock in regional or village corporations held by natives of Alaska. For persons transferred from State programs to SSI, resource exclusions equal to the maximum amount permitted as of October 1972 under the State program.
1988 <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.

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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.

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2015

*Public Law 114-63,
enacted October 7*

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

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.

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.

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.

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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.

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 begin-

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ning 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.

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.

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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.

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

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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 misrepresentation, 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.

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1999

*Public Law 106-169,
enacted December 14*

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

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

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

2004

*Public Law 108-203,
enacted March 2*

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

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

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

11. Fees for Attorneys and Non-Attorney Representatives

2004

*Public Law 108-203,
enacted March 2*

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

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

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 private commercial payroll data providers. Recipients who give SSA permission to verify their wages through such an exchange would be exempt from certain penalties¹ for failure to report when they change employer.

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 \$1,780¹ per month but not more than \$7,180 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, 2016 (80 FR 66964). The student earned income exclusion generally increases yearly based on changes in the cost of living. However, because there was no cost-of-living increase for 2016, the excluded amounts remain at 2015 levels. 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.

Income and Resource 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; and
- 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.

- 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.

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
- 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;

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.

Income and Resource Exclusions

- 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); and
- Payments or benefits provided under a Federal statute other than Title XVI of the Social Security Act where exclusion is provided by such statute.
- 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.

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.

C. HISTORICAL ALLOWANCE DATA

At the end of 2015, 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.

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 Office of Disability Adjudication and Review (ODAR) appeals data.

Creating the Disability Research File is a cumbersome process; it involves about 200 steps and generally requires 2 to 4 months to complete. The process is complex because we assemble the file based on filing date cohorts, and many of the source files do not contain a filing date. The basic data sources provide information for the 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 and Social Security Disability Insurance programs). 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.

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 2015.

Methods used for estimating results (through January 2016) for claims filed in 2015—Although decision counts are available for 2015 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 2016 for 2015 filers, we started from the latest available transaction data, such as the SSA-831 data, and took into account recent years' experience of the relationship between corresponding earlier transaction data and the resulting claims/appeals data in completed research files. We estimate ODAR appeals activity from a file that tracks individual claimants, rather than individual claims, which has resulted in a slight undercount of ODAR 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 2016, whereas the final research files will reflect information through at least June 2016. Actual data for 2015 will replace these estimates in the 2017 Annual Report.

2. General Considerations

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

- Data for 1988-2014 filers are as of June 2015 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 2015.
- Data for 2015 filers are preliminary estimates as of January 2016, and reflect larger numbers of claims still pending. January 2016 data on number of appeals may be too low because larger numbers of claimants are still within the period allowed for filing an appeal (i.e., larger numbers of recently denied claimants who have not yet filed an appeal may appeal before the time limit runs out).
- Remaining appeals will affect the results. Since we usually decide allowances more quickly than denials, we expect that the percent allowed will ultimately be lower when the processing of all cases is complete.
- In certain pilot activities and under the revised process introduced October 1, 1999 in 10 States, individuals can appeal initial denials directly to ODAR without a separate reconsideration step. As a result, the appeals of initial denials in these tables include cases that will not receive a decision at the reconsideration level.
- The tables do not show the cases appealed to the Office of the Federal Reviewing Official level under the DSI process separately, but we included these cases in the reconsideration counts.
- In reports issued in 2010 and earlier, we counted allowances at the highest adjudicative level a filer reached. Beginning with data in the 2011 Annual Report for claims filed after 1999, we now count allowances at the earliest adjudicative level of allowance. For claims filed prior to 2000, we continue to count allowances at the highest adjudicative level reached.

Table V.C1.—Disabled Adult Claims: Disposition of Applications for SSI Disability Benefits by Year of Filing^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	428,184	37.8
2007	1,506,654	—	376,632	25.0	1,130,022	75.0	436,422	38.6
2008	1,602,444	—	418,258	26.1	1,184,186	73.9	487,369	41.2
2009	1,831,721	—	465,276	25.4	1,366,445	74.6	572,241	41.9
2010	1,881,418	—	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	—	414,626	23.1	1,379,990	76.9	616,105	44.6
2013	1,633,581	—	380,982	23.3	1,252,599	76.7	575,792	46.0
2014	1,495,898	33,875	343,763	23.5	1,118,260	76.5	493,314	44.1
2015	1,426,419	258,947	323,070	27.7	844,402	72.3	279,976	33.2

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	210,394	70.4	—	169,864	55.6	135,651
2007	—	35,893	10.6	304,060	214,530	70.6	—	170,829	54.9	140,170
2008	—	40,868	10.7	341,794	245,570	71.8	2,633	186,606	53.7	161,038
2009	—	43,507	9.7	406,284	295,671	72.8	4,652	204,277	49.4	209,192
2010	—	41,231	8.5	441,260	328,970	74.6	8,373	201,735	44.8	248,451
2011	—	42,102	8.5	451,375	340,922	75.5	18,649	189,893	41.6	266,155
2012	—	40,783	8.4	444,906	336,984	75.7	82,313	159,598	41.4	225,489
2013	—	36,790	8.1	416,582	320,097	76.8	265,293	69,813	39.4	107,411
2014	59,748	25,621	7.8	301,616	206,435	68.4	295,883	4,977	29.5	11,904
2015	68,523	15,041	10.0	134,798	78,184	58.0	137,940	620	33.4	1,238

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.)

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	571,982	—	927,569
2007	1,506,654	—	1,506,654	583,354	—	923,300
2008	1,602,444	—	1,602,444	645,732	2,633	954,079
2009	1,831,721	—	1,831,721	713,060	4,652	1,114,009
2010	1,881,418	—	1,881,418	693,303	8,373	1,179,742
2011	1,842,499	—	1,842,499	657,621	18,649	1,166,229
2012	1,794,616	—	1,794,616	615,007	82,313	1,097,296
2013	1,633,581	—	1,633,581	487,585	265,293	880,703
2014	1,495,898	33,875	1,462,023	374,361	355,631	732,031
2015	1,426,419	258,947	1,167,472	338,731	206,463	622,278

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	0.2	59.5	40.3	0.2	59.5
2009	—	38.9	.3	60.8	38.9	.3	60.8
2010	—	36.9	.4	62.7	36.9	.4	62.7
2011	—	35.7	1.0	63.3	35.7	1.0	63.3
2012	—	34.3	4.6	61.1	34.3	4.6	61.1
2013	—	29.8	16.2	53.9	29.8	16.2	53.9
2014	2.3	25.0	23.8	48.9	25.6	24.3	50.1
2015	18.2	23.7	14.5	43.6	29.0	17.7	53.3

^a Data for claims filed in 1988-2014 reflect results as of June 2015 at the DDS level and as of July 2015 at the ODAR level. The numbers of total claims filed for 2012-2014 are subject to change. Data for claims filed in 2015 are preliminary estimates as of January 2016. 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	60,025	21.9
2008	449,451	—	171,593	38.2	277,858	61.8	66,097	23.8
2009	516,130	—	193,872	37.6	322,258	62.4	79,982	24.8
2010	517,642	—	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	—	174,883	35.6	316,808	64.4	80,091	25.3
2013	444,433	—	159,016	35.8	285,417	64.2	69,597	24.4
2014	416,789	7,567	153,287	37.5	255,935	62.5	56,630	22.1
2015	423,658	71,343	155,018	44.0	197,296	56.0	31,857	16.1

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	16,435	42.1	—	10,828	36.3	19,009
2007	—	6,016	12.9	40,557	17,135	42.2	—	11,149	36.5	19,438
2008	—	6,888	13.2	45,196	19,705	43.6	136	11,776	35.1	21,806
2009	—	7,704	12.3	54,757	24,571	44.9	228	12,947	30.9	28,917
2010	—	7,548	11.6	57,616	26,196	45.5	441	11,997	27.8	31,086
2011	—	7,492	11.3	58,563	27,380	46.8	1,084	11,502	26.7	31,618
2012	—	7,036	11.0	56,822	26,217	46.1	6,915	9,436	26.6	26,099
2013	—	6,009	11.0	48,800	22,455	46.0	21,919	3,883	25.3	11,441
2014	6,564	4,276	11.3	33,615	12,570	37.4	23,450	170	13.1	1,125
2015	7,090	2,360	13.1	15,716	4,781	30.4	11,315	14	8.9	143

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	177,426	—	256,515
2008	449,451	—	449,451	190,257	136	259,058
2009	516,130	—	516,130	214,523	228	301,379
2010	517,642	—	517,642	206,058	441	311,143
2011	505,692	—	505,692	198,586	1,084	306,022
2012	491,691	—	491,691	191,355	6,915	293,421
2013	444,433	—	444,433	168,908	21,919	253,606
2014	416,789	7,567	409,222	157,733	30,014	221,475
2015	423,658	71,343	352,315	157,392	18,405	176,517

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.)

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	¹	57.6	42.3	¹	57.6
2009	—	41.6	¹	58.4	41.6	¹	58.4
2010	—	39.8	0.1	60.1	39.8	0.1	60.1
2011	—	39.3	.2	60.5	39.3	.2	60.5
2012	—	38.9	1.4	59.7	38.9	1.4	59.7
2013	—	38.0	4.9	57.1	38.0	4.9	57.1
2014	1.8	37.8	7.2	53.1	38.5	7.3	54.1
2015	16.8	37.2	4.3	41.7	44.7	5.2	50.1

^a Data for claims filed in 1988-2014 reflect results as of June 2015 at the DDS level and as of July 2015 at the ODAR level. The numbers of total claims filed for 2012-2014 are subject to change. Data for claims filed in 2015 are preliminary estimates as of January 2016. 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 REDETERMINATION AND CONTINUING DISABILITY REVIEW DATA**1. Redeterminations**

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

Between scheduled redeterminations, SSA uses the limited issue process to detect situations that have the potential to affect the continuing eligibility of SSI recipients and SSI payment amounts. SSA conducts periodic computer matches between its own systems and the systems of other Federal and State agencies to determine if the income and resources information on SSI recipients' records conflicts with data that we obtain from the other systems. We post an indicator to the individual's Supplemental Security 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, redetermination completions reported in SSA's Agency Financial Report² included limited issue completions.

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

Table V.D1.—SSI Redeterminations^a and Limited Issues Completed, Fiscal Years 1986-2015
[In thousands]

Fiscal year	Numbers of completions		
	Redeterminations	Limited issues	Total
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
2006.....	^e 1,071	348	1,418
2007.....	^e 692	346	1,039
2008.....	^e 900	321	1,221

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 Redeterminations^a and Limited Issues Completed, Fiscal Years 1986-2015 (Cont.)

Fiscal year	[In thousands]		
	Numbers of completions		Total
	Redeterminations	Limited issues	
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

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

^b Data not available.

^c Decrease in number of 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 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 redeterminations in fiscal years 2005-09 due to limitations on administrative funding.

^f Includes redeterminations completed during the 53 operating weeks in fiscal year 2011.

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

2. Continuing Disability Reviews

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

Public Law 103-296 required SSA to conduct CDRs on a minimum of 100,000 SSI recipients during each of fiscal years 1996, 1997, and 1998. In addition, during the same period, the law required SSA to redetermine the eligibility of at least one-third of all SSI child recipients who reached age 18 after April 1995 within 1 year of attainment of age 18. Such redeterminations for persons turning age 18 could count toward the 100,000 CDRs required by the law.

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

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

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

Beginning in 1993, SSA developed a screening process for OASDI cases scheduled for a CDR in order to handle the large CDR workload mandated by these various provisions. The screening process included a mailer questionnaire for selected cases. In 1996, SSA extended this profiling process to SSI adults who were scheduled for a CDR. In fiscal year 2015, we deferred full medical reviews for 369,285 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 2,948 centrally initiated medical CDRs involving SSI recipients in fiscal year 2015 as a result of the streamlined FTC process. A more detailed discussion of CDRs can be found in the Annual Report of 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%202013%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 September 29, 2015, presented estimates of the effects of CDRs conducted in fiscal year 2013.

⁴ For years prior to 2001, see the most recent Annual Report of Continuing Disability Reviews for the summary of results for all years since 1993.

Historical Redetermination and CDR Data

Table V.D2.—SSI Continuing Disability Full Medical Reviews ^a by Year of Initial Decision, Fiscal Years 1993-2015
[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

^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.

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 2001-2015

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							
2001	110,341	99,666	90.3	10,675	9.7	6,291	58.9
2002	103,947	92,069	88.6	11,878	11.4	7,087	59.7
2003	72,175	63,021	87.3	9,154	12.7	5,443	59.5
2004	84,622	75,047	88.7	9,575	11.3	5,891	61.5
2005	80,597	70,687	87.7	9,910	12.3	5,927	59.8
2006	71,825	63,789	88.8	8,036	11.2	4,776	59.4
2007	26,469	22,893	86.5	3,576	13.5	2,155	60.3
2008	40,045	35,891	89.6	4,154	10.4	2,659	64.0
2009	41,609	38,238	91.9	3,371	8.1	2,210	65.6
2010	39,908	35,879	89.9	4,029	10.1	2,646	65.7
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	4,885	70.6
2014	62,400	53,478	85.7	8,922	14.3	6,520	73.1
2015	74,422	61,183	82.2	13,239	17.8	9,336	70.5
Title XVI initiated reviews							
2001	143,902	126,610	88.0	17,292	12.0	10,262	59.3
2002	172,527	150,837	87.4	21,690	12.6	13,314	61.4
2003	213,212	191,061	89.6	22,151	10.4	14,665	66.2
2004	221,129	199,938	90.4	21,191	9.6	14,627	69.0
2005	110,072	97,330	88.4	12,742	11.6	8,125	63.8
2006	40,605	35,957	88.6	4,648	11.4	2,853	61.4
2007	18,172	16,006	88.1	2,166	11.9	1,426	65.8
2008	18,933	17,049	90.0	1,884	10.0	1,267	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	4,343	67.0
2013	34,941	30,850	88.3	4,091	11.7	2,885	70.5
2014	49,810	43,552	87.4	6,258	12.6	4,574	73.1
2015	156,987	132,651	84.5	24,336	15.5	17,225	70.8
Total reviews, SSI disabled adults							
2001	254,243	226,276	89.0	27,967	11.0	16,553	59.2
2002	276,474	242,906	87.9	33,568	12.1	20,401	60.8
2003	285,387	254,082	89.0	31,305	11.0	20,108	64.2
2004	305,751	274,985	89.9	30,766	10.1	20,518	66.7
2005	190,669	168,017	88.1	22,652	11.9	14,052	62.0
2006	112,430	99,746	88.7	12,684	11.3	7,629	60.1
2007	44,641	38,899	87.1	5,742	12.9	3,581	62.4
2008	58,978	52,940	89.8	6,038	10.2	3,926	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	4,630	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	9,146	66.3
2013	86,785	75,774	87.3	11,011	12.7	7,770	70.6
2014	112,210	97,030	86.5	15,180	13.5	11,094	73.1
2015	231,409	193,834	83.8	37,575	16.2	26,561	70.7

Historical Redetermination and 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 2001-2015 (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										
2001	—	4,177	66.4	2,114	1,240	58.7	—	496	40.0	744
2002	—	4,787	67.5	2,300	1,451	63.1	—	594	40.9	857
2003	—	3,575	65.7	1,868	1,179	63.1	—	482	40.9	697
2004	—	3,779	64.1	2,112	1,413	66.9	—	594	42.0	819
2005	—	3,827	64.6	2,100	1,492	71.0	—	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	—	207	36.9	354
2010	1	1,759	66.5	886	680	76.7	—	233	34.3	447
2011	—	1,770	60.1	1,177	897	76.2	2	258	28.8	637
2012	—	2,882	60.0	1,921	1,481	77.1	43	409	28.4	1,029
2013	28	2,939	60.5	1,918	1,330	69.3	306	267	26.1	757
2014	244	3,789	60.4	2,487	1,708	68.7	1,163	134	24.6	411
2015	3,433	3,955	67.0	1,948	1,077	55.3	1,006	16	22.5	55
Title XVI initiated reviews										
2001	—	6,224	60.7	4,038	2,618	64.8	—	934	35.7	1,684
2002	—	8,160	61.3	5,154	3,323	64.5	—	1,110	33.4	2,213
2003	—	9,656	65.8	5,009	3,335	66.6	—	1,232	36.9	2,103
2004	—	9,404	64.3	5,223	3,743	71.7	—	1,455	38.9	2,288
2005	—	5,233	64.4	2,892	2,052	71.0	—	772	37.6	1,280
2006	—	1,805	63.3	1,048	746	71.2	—	284	38.1	462
2007	—	963	67.5	463	342	73.9	—	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	—	156	34.2	300
2011	—	1,498	68.4	693	553	79.8	1	176	31.9	376
2012	5	2,686	61.9	1,652	1,273	77.1	20	373	29.8	880
2013	32	1,784	62.5	1,069	760	71.1	200	140	25.0	420
2014	225	2,624	60.3	1,725	1,141	66.1	855	72	25.2	214
2015	6,343	7,186	66.0	3,696	1,984	53.7	1,813	35	20.5	136
Total reviews, SSI disabled adults										
2001	—	10,401	62.8	6,152	3,858	62.7	—	1,430	37.1	2,428
2002	—	12,947	63.5	7,454	4,774	64.0	—	1,704	35.7	3,070
2003	—	13,231	65.8	6,877	4,514	65.6	—	1,714	38.0	2,800
2004	—	13,183	64.3	7,335	5,156	70.3	—	2,049	39.7	3,107
2005	—	9,060	64.5	4,992	3,544	71.0	—	1,425	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	—	308	36.4	537
2010	1	3,175	68.6	1,454	1,136	78.1	—	389	34.2	747
2011	—	3,268	63.6	1,870	1,450	77.5	3	434	30.0	1,013
2012	5	5,568	60.9	3,573	2,754	77.1	63	782	29.1	1,909
2013	60	4,723	61.3	2,987	2,090	70.0	506	407	25.7	1,177
2014	469	6,413	60.4	4,212	2,849	67.6	2,018	206	24.8	625
2015	9,776	11,141	66.4	5,644	3,061	54.2	2,819	51	21.1	191

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 2001-2015 (Cont.)

Selected summary case information by decision status as of February 2016							
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 concurrent Title II/XVI cases initiated under Title II							
2001	110,341	104,339	—	6,002	94.6	—	5.4
2002	103,947	97,450	—	6,497	93.7	—	6.3
2003	72,175	67,078	—	5,097	92.9	—	7.1
2004	84,622	79,420	—	5,202	93.9	—	6.1
2005	80,597	75,167	—	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	39,955	—	1,654	96.0	—	4.0
2010	39,908	37,871	1	2,036	94.9	^g	5.1
2011	37,799	35,222	2	2,575	93.2	^g	6.8
2012	50,715	46,700	43	3,972	92.1	0.1	7.8
2013	51,844	48,130	334	3,380	92.8	.6	6.5
2014	62,400	57,401	1,407	3,592	92.0	2.3	5.8
2015	74,422	65,154	4,439	4,829	87.5	6.0	6.5
Title XVI initiated reviews							
2001	143,902	133,768	—	10,134	93.0	—	7.0
2002	172,527	160,107	—	12,420	92.8	—	7.2
2003	213,212	201,949	—	11,263	94.7	—	5.3
2004	221,129	210,797	—	10,332	95.3	—	4.7
2005	110,072	103,335	—	6,737	93.9	—	6.1
2006	40,605	38,046	—	2,559	93.7	—	6.3
2007	18,172	17,121	—	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	33,338	—	1,237	96.4	—	3.6
2011	33,460	31,965	1	1,494	95.5	^g	4.5
2012	46,439	43,013	25	3,401	92.6	.1	7.3
2013	34,941	32,774	232	1,935	93.8	.7	5.5
2014	49,810	46,248	1,080	2,482	92.8	2.2	5.0
2015	156,987	139,872	8,156	8,959	89.1	5.2	5.7
Total reviews, SSI disabled adults							
2001	254,243	238,107	—	16,136	93.7	—	6.3
2002	276,474	257,557	—	18,917	93.2	—	6.8
2003	285,387	269,027	—	16,360	94.3	—	5.7
2004	305,751	290,217	—	15,534	94.9	—	5.1
2005	190,669	178,502	—	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	68,284	—	2,462	96.5	—	3.5
2010	74,483	71,209	1	3,273	95.6	^g	4.4
2011	71,259	67,187	3	4,069	94.3	^g	5.7
2012	97,154	89,713	68	7,373	92.3	.1	7.6
2013	86,785	80,904	566	5,315	93.2	.7	6.1
2014	112,210	103,649	2,487	6,074	92.4	2.2	5.4
2015	231,409	205,026	12,595	13,788	88.6	5.4	6.0

^a Data reflect results as of February 2016. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

^b For years prior to 2001, 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 Office of Disability Adjudication and Review (ODAR) for cases remanded to us by the courts. The excluded experience in the Federal courts has a minimal impact on the number of continuations.

^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 2001-2015

Fiscal year of initial DDS decision ^b	Total initial DDS decisions	Initial decisions					
		Continuations		Cessations		Appeals to reconsideration	
		Number	Percent ^c	Number	Percent ^c	Number	Percent ^d
Reviews of low-birth-weight children							
2001	9,086	4,152	45.7	4,934	54.3	1,403	28.4
2002	12,732	5,869	46.1	6,863	53.9	1,953	28.5
2003	7,283	3,516	48.3	3,767	51.7	1,026	27.2
2004	12,060	6,075	50.4	5,985	49.6	1,782	29.8
2005	13,710	6,540	47.7	7,170	52.3	1,995	27.8
2006	8,303	4,030	48.5	4,273	51.5	1,229	28.8
2007	3,175	1,368	43.1	1,807	56.9	510	28.2
2008	5,272	2,231	42.3	3,041	57.7	924	30.4
2009	12,511	5,741	45.9	6,770	54.1	2,092	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	3,795	32.3
2012	16,416	6,487	39.5	9,929	60.5	3,022	30.4
2013	19,299	7,672	39.8	11,627	60.2	3,955	34.0
2014	18,126	7,174	39.6	10,952	60.4	3,923	35.8
2015	14,321	5,840	40.8	8,481	59.2	2,973	35.1
Redeterminations at age 18							
2001	48,944	28,167	57.5	20,777	42.5	10,049	48.4
2002	54,947	32,388	58.9	22,559	41.1	11,549	51.2
2003	53,905	31,862	59.1	22,043	40.9	11,742	53.3
2004	53,232	31,890	59.9	21,342	40.1	11,585	54.3
2005	55,331	31,434	56.8	23,897	43.2	12,403	51.9
2006	40,640	21,796	53.6	18,844	46.4	9,340	49.6
2007	71,359	36,339	50.9	35,020	49.1	17,773	50.8
2008	69,430	34,547	49.8	34,883	50.2	17,651	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	24,844	54.3
2011	93,256	42,772	45.9	50,484	54.1	26,502	52.5
2012	81,568	36,585	44.9	44,983	55.1	22,871	50.8
2013	91,519	40,507	44.3	51,012	55.7	27,542	54.0
2014	85,708	37,022	43.2	48,686	56.8	26,501	54.4
2015	84,499	36,463	43.2	48,036	56.8	24,622	51.3
All other reviews of SSI disabled children							
2001	95,835	72,896	76.1	22,939	23.9	11,808	51.5
2002	163,768	130,434	79.6	33,334	20.4	17,888	53.7
2003	127,444	100,522	78.9	26,922	21.1	14,876	55.3
2004	103,437	80,748	78.1	22,689	21.9	12,852	56.6
2005	61,387	45,597	74.3	15,790	25.7	8,400	53.2
2006	19,384	14,428	74.4	4,956	25.6	2,591	52.3
2007	4,440	3,161	71.2	1,279	28.8	668	52.2
2008	4,707	3,473	73.8	1,234	26.2	671	54.4
2009	10,637	8,355	78.5	2,282	21.5	1,200	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	3,933	49.1
2012	64,834	41,269	63.7	23,565	36.3	12,306	52.2
2013	52,998	33,760	63.7	19,238	36.3	10,537	54.8
2014	88,993	57,060	64.1	31,933	35.9	18,935	59.3
2015	223,607	150,118	67.1	73,489	32.9	42,530	57.9
Total reviews, SSI disabled children							
2001	153,865	105,215	68.4	48,650	31.6	23,260	47.8
2002	231,447	168,691	72.9	62,756	27.1	31,390	50.0
2003	188,632	135,900	72.0	52,732	28.0	27,644	52.4
2004	168,729	118,713	70.4	50,016	29.6	26,219	52.4
2005	130,428	83,571	64.1	46,857	35.9	22,798	48.7
2006	68,327	40,254	58.9	28,073	41.1	13,160	46.9
2007	78,974	40,868	51.7	38,106	48.3	18,951	49.7
2008	79,409	40,251	50.7	39,158	49.3	19,246	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	31,412	49.6
2011	137,781	67,537	49.0	70,244	51.0	34,230	48.7
2012	162,818	84,341	51.8	78,477	48.2	38,199	48.7
2013	163,816	81,939	50.0	81,877	50.0	42,034	51.3
2014	192,827	101,256	52.5	91,571	47.5	49,359	53.9
2015	322,427	192,421	59.7	130,006	40.3	70,125	53.9

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 2001-2015 (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										
2001	—	504	35.9	899	405	45.1	—	61	15.1	344
2002	—	698	35.7	1,255	549	43.7	—	112	20.4	437
2003	—	364	35.5	662	301	45.5	—	60	19.9	241
2004	—	643	36.1	1,139	554	48.6	—	84	15.2	470
2005	—	702	35.2	1,293	626	48.4	—	104	16.6	522
2006	—	421	34.3	808	415	51.4	—	78	18.8	337
2007	—	173	33.9	337	189	56.1	—	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	1	280	14.9	1,603
2011	2	1,068	28.2	2,725	1,679	61.6	5	232	13.9	1,442
2012	3	868	28.8	2,151	1,216	56.5	61	144	12.5	1,011
2013	31	1,091	27.8	2,833	1,521	53.7	531	122	12.3	868
2014	134	1,145	30.2	2,644	1,251	47.3	894	29	8.1	328
2015	1,454	597	39.3	922	314	34.1	295	1	5.3	18
Redeterminations at age 18										
2001	—	3,256	32.4	6,793	3,723	54.8	—	969	26.0	2,754
2002	—	3,819	33.1	7,730	4,125	53.4	—	1,100	26.7	3,025
2003	—	3,818	32.5	7,924	4,295	54.2	—	1,146	26.7	3,149
2004	—	3,531	30.5	8,054	4,646	57.7	—	1,298	27.9	3,348
2005	—	3,756	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	1	5,091	28.8	12,559	8,361	66.6	—	2,254	27.0	6,107
2009	—	7,047	25.9	20,158	13,359	66.3	4	3,300	24.7	10,055
2010	4	5,994	24.1	18,846	12,580	66.8	7	2,747	21.8	9,826
2011	9	6,494	24.5	19,999	13,424	67.1	83	2,619	19.6	10,722
2012	30	5,640	24.7	17,201	11,093	64.5	437	1,932	18.1	8,724
2013	232	6,192	22.7	21,118	12,236	57.9	3,017	1,435	15.6	7,784
2014	1,084	5,830	22.9	19,587	10,416	53.2	6,796	536	14.8	3,084
2015	11,102	3,822	28.3	9,698	3,869	39.9	3,567	40	13.2	262
All other reviews of SSI disabled children										
2001	—	4,619	39.1	7,189	4,257	59.2	—	955	22.4	3,302
2002	—	7,238	40.5	10,650	6,155	57.8	—	1,372	22.3	4,783
2003	—	6,248	42.0	8,628	4,996	57.9	—	1,149	23.0	3,847
2004	—	4,871	37.9	7,981	4,943	61.9	—	1,181	23.9	3,762
2005	—	3,121	37.2	5,279	3,326	63.0	—	769	23.1	2,557
2006	—	943	36.4	1,648	1,089	66.1	—	268	24.6	821
2007	—	269	40.3	399	264	66.2	—	80	30.3	184
2008	—	252	37.6	419	259	61.8	—	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	1	159	16.7	793
2011	2	1,306	33.2	2,625	1,806	68.8	5	344	19.1	1,457
2012	3	3,717	30.2	8,586	5,938	69.2	273	889	15.7	4,776
2013	64	3,085	29.5	7,388	4,601	62.3	1,466	412	13.1	2,723
2014	916	5,466	30.3	12,553	7,382	58.8	5,612	254	14.4	1,516
2015	20,777	9,325	42.9	12,428	5,504	44.3	5,128	39	10.4	337
Total reviews, SSI disabled children										
2001	—	8,379	36.0	14,881	8,385	56.3	—	1,985	23.7	6,400
2002	—	11,755	37.4	19,635	10,829	55.2	—	2,584	23.9	8,245
2003	—	10,430	37.7	17,214	9,592	55.7	—	2,355	24.6	7,237
2004	—	9,045	34.5	17,174	10,143	59.1	—	2,563	25.3	7,580
2005	—	7,579	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	1	5,607	29.1	13,638	8,981	65.9	—	2,379	26.5	6,602
2009	—	8,145	26.7	22,352	14,676	65.7	4	3,550	24.2	11,122
2010	4	7,948	25.3	23,460	15,417	65.7	9	3,186	20.7	12,222
2011	13	8,868	25.9	25,349	16,909	66.7	93	3,195	19.0	13,621
2012	36	10,225	26.8	27,938	18,247	65.3	771	2,965	17.0	14,511
2013	327	10,368	24.9	31,339	18,358	58.6	5,014	1,969	14.8	11,375
2014	2,134	12,441	26.3	34,784	19,049	54.8	13,302	819	14.3	4,928
2015	33,333	13,744	37.4	23,048	9,687	42.0	8,990	80	11.5	617

Historical Redetermination and 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 2001-2015 (Cont.)

		Selected summary case information by decision status as of February 2016					
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							
2001	9,086	4,717	—	4,369	51.9	—	48.1
2002	12,732	6,679	—	6,053	52.5	—	47.5
2003	7,283	3,940	—	3,343	54.1	—	45.9
2004	12,060	6,802	—	5,258	56.4	—	43.6
2005	13,710	7,346	—	6,364	53.6	—	46.4
2006	8,303	4,529	—	3,774	54.5	—	45.5
2007	3,175	1,579	—	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	10,518	1	11,877	47.0	^g	53.0
2011	19,359	8,908	7	10,444	46.0	^g	53.9
2012	16,416	7,499	64	8,853	45.7	0.4	53.9
2013	19,299	8,885	562	9,852	46.0	2.9	51.0
2014	18,126	8,348	1,028	8,750	46.1	5.7	48.3
2015	14,321	6,438	1,749	6,134	45.0	12.2	42.8
Redeterminations at age 18							
2001	48,944	32,392	—	16,552	66.2	—	33.8
2002	54,947	37,307	—	17,640	67.9	—	32.1
2003	53,905	36,826	—	17,079	68.3	—	31.7
2004	53,232	36,719	—	16,513	69.0	—	31.0
2005	55,331	36,626	—	18,705	66.2	—	33.8
2006	40,640	25,597	—	15,043	63.0	—	37.0
2007	71,359	43,581	—	27,778	61.1	—	38.9
2008	69,430	41,892	1	27,537	60.3	^g	39.7
2009	100,986	62,059	4	38,923	61.5	^g	38.5
2010	87,310	50,286	11	37,013	57.6	^g	42.4
2011	93,256	51,885	92	41,279	55.6	.1	44.3
2012	81,568	44,157	467	36,944	54.1	.6	45.3
2013	91,519	48,134	3,249	40,136	52.6	3.6	43.9
2014	85,708	43,388	7,880	34,440	50.6	9.2	40.2
2015	84,499	40,325	14,669	29,505	47.7	17.4	34.9
All other reviews of SSI disabled children							
2001	95,835	78,470	—	17,365	81.9	—	18.1
2002	163,768	139,044	—	24,724	84.9	—	15.1
2003	127,444	107,919	—	19,525	84.7	—	15.3
2004	103,437	86,800	—	16,637	83.9	—	16.1
2005	61,387	49,487	—	11,900	80.6	—	19.4
2006	19,384	15,639	—	3,745	80.7	—	19.3
2007	4,440	3,510	—	930	79.1	—	20.9
2008	4,707	3,786	—	921	80.4	—	19.6
2009	10,637	8,956	—	1,681	84.2	—	15.8
2010	16,677	13,424	1	3,252	80.5	^g	19.5
2011	25,166	18,807	7	6,352	74.7	^g	25.2
2012	64,834	45,875	276	18,683	70.8	.4	28.8
2013	52,998	37,257	1,530	14,211	70.3	2.9	26.8
2014	88,993	62,780	6,528	19,685	70.5	7.3	22.1
2015	223,607	159,482	25,905	38,220	71.3	11.6	17.1
Total reviews, SSI disabled children							
2001	153,865	115,579	—	38,286	75.1	—	24.9
2002	231,447	183,030	—	48,417	79.1	—	20.9
2003	188,632	148,685	—	39,947	78.8	—	21.2
2004	168,729	130,321	—	38,408	77.2	—	22.8
2005	130,428	93,459	—	36,969	71.7	—	28.3
2006	68,327	45,765	—	22,562	67.0	—	33.0
2007	78,974	48,670	—	30,304	61.6	—	38.4
2008	79,409	48,237	1	31,171	60.7	^g	39.3
2009	124,134	77,503	4	46,627	62.4	^g	37.6
2010	126,383	74,228	13	52,142	58.7	^g	41.3
2011	137,781	79,600	106	58,075	57.8	.1	42.2
2012	162,818	97,531	807	64,480	59.9	.5	39.6
2013	163,816	94,276	5,341	64,199	57.5	3.3	39.2
2014	192,827	114,516	15,436	62,875	59.4	8.0	32.6
2015	322,427	206,245	42,323	73,859	64.0	13.1	22.9

^a Data reflect results as of February 2016. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

^b For years prior to 2001, 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 Office of Disability Adjudication and Review (ODAR) for cases remanded to us by the courts. The excluded experience in the Federal courts has a minimal impact on the number of continuations.

^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 provided:
 - In subsection 1619(a), special SSI cash benefits to disabled individuals who lose eligibility for SSI payments because they have earnings exceeding the level that is ordinarily considered to represent substantial gainful activity (SGA), and
 - In subsection 1619(b), special SSI recipient status for Medicaid purposes to working disabled or blind individuals when their earnings make them ineligible for cash payments.

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 1974-2016

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

Table V.E1.—SSI Substantial Gainful Activity and Student Earned Income Exclusion Amounts, Calendar Years 1974-2016 (Cont.)

Year	SGA level ^b	SEIE ^a	
		Monthly exclusion	Maximum exclusion for calendar year
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
2015.....	1,090	1,780	7,180
2016.....	1,130	1,780	7,180

^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, 1987-2015

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

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.

Table V.E2.—SSI Federally Administered Blind or Disabled Working Recipients as of December, 1987-2015 (Cont.)

Year	In current-payment status			Total workers
	1619(a) workers ^a	Other workers ^b	1619(b) workers ^c	
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

^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.

Figure V.E1.—SSI Federally Administered Blind or Disabled Working Recipients as of December, 1987-2015

[In thousands]

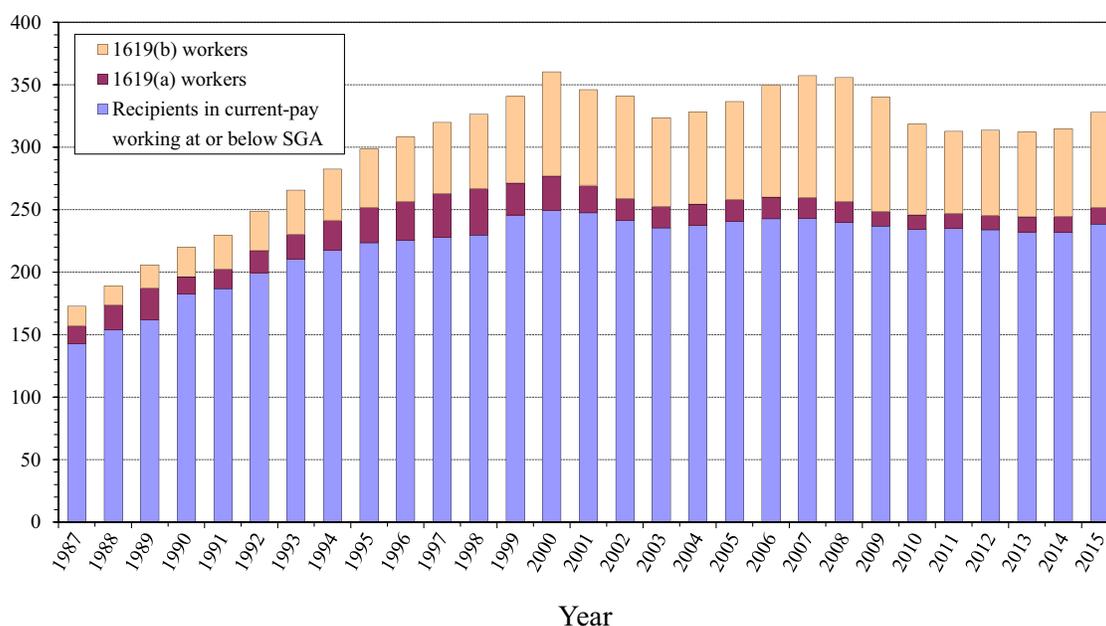


Table V.E3 presents historical numbers of SSI recipients who benefit from other selected work incentive provisions: (1) PASS; (2) IRWE; and (3) BWE. These recipients may be benefiting from more than one of these selected work incentive provisions. This information is available only for calendar years 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, 1990-2015

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
2015.....	480	341	821	3,188	1,161

^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, 1987-2015

Year	Blind or disabled workers with SSI recipient status				Total workers
	In current-payment status			1619(b) workers ^c	
	1619(a) workers ^a	Other workers ^b			
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

^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 only if the services result in the recipient returning to work. For reimbursement purposes, we consider recipients to have returned to work if they have had earnings exceeding the SGA level for 9 continuous months.

The 1984 amendments authorized reimbursement for cases 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

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.

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:

- 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 2016, there are 44 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 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 deems 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 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 US territory.

In fiscal year 2003, AWIC employees provided refresher training on employment supports to the local Work Incentive Liaisons located in each of the local field offices. Beginning in fiscal year 2004, SSA updated the systems application phase of this training with the release of eWork. We provided training to all direct service employees in field offices, teleservice centers and the payment processing centers. We completed this training initiative in November 2004.

AWICs have also been very active in participating in outreach activities in their local areas and continue to be the primary point of contact for public information outreach in the communities. They have 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 Events
- 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.

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 1987-2015

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

^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.

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 2002-2015^a

Fiscal year	Concurrent Title II/XVI payments		Title XVI only payments		Total payments	
	Number	Amount ^b (in thousands)	Number	Amount (in thousands)	Number	Amount ^b (in thousands)
2002	7	\$1	1	^c	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

^a Does not include reimbursements to State VR agencies for tickets assigned under the VR cost-reimbursement option.
^b For concurrent Title II/XVI payments, amounts shown represent Title XVI portion of the payments.
^c Less than \$500.

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

F. INVOLVEMENT OF SSI RECIPIENTS IN OTHER PROGRAMS

In this appendix, we present statistics on participation by Supplemental Security Income (SSI) recipients in other programs using data from the Supplemental Security Record (SSR), the main administrative file for the SSI program. We develop summary data on: (1) current participation by SSI recipients in other programs from a 100 percent extract of the SSR; and (2) previous participation by SSI recipients in other programs from a 10 percent extract of the SSR. Both sets of summary data are representative of the overall SSI recipient population.

Since the amount of an individual’s income affects both the eligibility for and the amount of his or her SSI benefit, the SSR must contain information on participation by SSI recipients in certain other programs that may provide countable income to the SSI recipient. A significant number of SSI recipients are Social Security beneficiaries whose total countable income, including 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 2015

	Age groups			All
	0-17	18-64	65 or older	
Number of Federally administered recipients, December 2015 (in thousands).....	1,267	4,889	2,154	8,310
	Program (In percent)			
Program participation by SSI recipients, December 2015				
Federal SSI.....	99.9	98.4	95.9	98.0
Federally administered State SSI supplementation	11.2	15.1	30.3	18.4
OASDI	7.3	29.7	55.5	33.0
Black Lung.....	—	^b	^b	^b
Railroad retirement	^b	^b	^b	^b
Veterans Affairs disability cash benefits	0.6	0.5	0.7	0.6
Workers’ compensation.....	^b	^b	^b	^b
Previous program participation by SSI recipients at SSI application, December 2015				
TANF/AFDC	22.7	27.3	13.7	23.1
Interim Assistance Reimbursement	0.8	12.8	11.2	10.6

^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

Using Survey of Income and Program Participation (SIPP) data matched to administrative records, SSA researchers have developed a model of financial eligibility for SSI to estimate the rate of participation among the eligible elderly and the effects of various options to modify the SSI program (see Davies et al. 2001/2002). The model suggests that the rate of participation among the eligible elderly was about 62 percent in 1991. Estimates for 1996 and 2004 are also near this level; however, when measurement error is reduced by using administrative measures of OASDI income rather than the amounts self-reported in the SIPP, participation rates are over 72 percent (see Strand et al. 2009). An updated version of the model uses the 2008 SIPP matched to administrative records.

We used the model to simulate the potential effects of several approaches to expand the SSI program to fight poverty among the elderly. Approaches focusing on incremental changes in the Federal benefit rate, the general income exclusion, and the resources test appear roughly equally effective in reducing the poverty gap among the elderly on a cost-equivalent basis, while two approaches focusing on relaxing the earned income exclusion are less effective (Davies, Rupp, and Strand 2004). We expanded the model to address SSI participation and financial eligibility among the working-age disabled and to assess SSI benefit restructuring options for the entire SSI population. The working-age model allows for the identification of working-age persons by their SSI financial eligibility status, Social Security Disability Insurance (SSDI) insured status, and participation in both programs. We used the expanded model to assess SSI's role in complementing SSDI and enhancing the safety net for the working-age population (Rupp, Davies, and Strand 2008). We simulated the effects of several approaches to changing in-kind support and maintenance rules and options for altering the calculation of the Federal benefit rate for certain living arrangement categories (Balkus et al. 2009). We also studied eligibility for Medicare buy-in programs with the financial eligibility model (see Rupp and Sears 2000; Sears 2001/2002). In unpublished internal research, we used the model to estimate the size of the population potentially eligible for the Medicare Part D low income subsidy.

b. National Survey of SSI Children and Families

The National Survey of SSI Children and Families (NSCF) addressed a number of agency policy and program objectives. One objective was to address issues specifically pertaining to the effects of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (welfare reform). However, the survey as designed is useful for the study of a broader range of issues of current interest to policy makers. Most importantly, it allows for the analysis of a nationally representative cross-section of SSI 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?

Research on Related Topics

- 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 c, Analytic Studies, below. Although it was a cross-sectional data collection effort, we continue to update the match between NSCF and SSI administrative records with longitudinal data on SSI program participation.

c. Disability Research Consortium

The Disability Research Consortium (DRC) consists of two cooperatively funded research centers: Mathematica Policy Research's Center for Studying Disability Policy and the National Bureau of Economic Research's Disability Research Center. SSA funds the centers through five-year cooperative agreements running from FY2012 through FY2017. One of the goals of the DRC is to research and evaluate topics related to SSI and other federal disability policies. Some of the DRC work has focused on young SSI recipients. Aizer, Gordon, and Kearney (2013) explore the growth of the child SSI caseload while Deshpande (2013) studies parental labor supply and long-term outcomes for child SSI recipients. The characteristics of young adult SSI recipients are discussed by Bardos and Livermore (2016). Livermore and Bardos (2016) also have a separate paper that addresses characteristics of SSI recipients who are parents.

d. Analytic Studies

A number of studies by SSA researchers provide a better understanding of the SSI program, the elderly and disabled target populations, program interactions, and the role of the SSI program in the United States social safety net. 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, Donovan, Cobb and Asbury (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. Hemme-

ter 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). 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 et al. (2012) found that 8.3 percent of disabled workers who have this connection tend to be economically better off, more frequently middle-aged, male, afflicted with a musculoskeletal and connective tissue disorder, and tend to wait longer to apply for SSDI benefits after onset than the general disabled-worker population.

Several studies focus on the distributional effects of the SSI program through its interactions with other Federal and State programs. 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. Rupp et al. (2007) provides an empirical analysis of the SSI Federal benefit rate for assessing benefit adequacy among elderly Social Security beneficiaries and the effectiveness of the SSI benefit eligibility screens for targeting economically vulnerable elderly beneficiaries. Balkus et al. (2009) examines the distributional effects of replacing current policies on living arrangements and in-kind support with a simpler, cost neutral alternative. Strand and Rupp (2007) highlights the distributional implications of Social Security reform scenarios involving a potential shift from wage indexing to price indexing or longevity indexing in the establishment of initial benefits. Strand (2010) uses matched SIPP records to examine potential eligibility for three major means-tested programs (SSI, Medicaid, and SNAP) among near retirees aged 55-64 and eventual SSI participation upon reaching age 65. Rupp, Davies, and Strand (2008) find that over one-third of the working-age population is covered by SSI in the event of a severe disability, which provides disability benefit coverage to many who are not SSDI-insured and enhances the potential bundle of disability cash benefits among a substantial segment of those who are SSDI-insured.

Ongoing work and previously published papers by Rupp and Riley are based on a linkage of individual-level administrative data from SSA and the Centers for Medicare & Medicaid Services. First, Rupp and Riley (2011) analyzes longitudinal patterns of interaction between SSDI and SSI and finds that one quarter of the year 2000 cohort of first-ever, working-age disability awardees received benefits from both programs over a 60-month period. A second paper (Rupp and Riley 2012) analyzes the effect of longitudinal interactions between the SSDI and SSI programs in providing access to Medicare and Medicaid, and finds that SSI facilitates high levels of Medicaid coverage for SSI awardees overall and provides access to Medicaid for many SSDI awardees during the 24-month Medicare waiting period. A third paper (Riley and

Rupp, 2012) tracks expenditures for 2000-2006 for the SSDI, SSI, Medicare, and Medicaid programs and finds that SSI is a relatively low-expenditure program with important implications for the other three programs. The authors conclude that SSI and Medicaid provide a temporary safety net supporting SSDI beneficiaries during their SSDI and Medicare waiting periods. Ongoing work by the authors focuses on estimated cumulative expenditure patterns over the working-age adult portion of the life cycle for the year 2000 awardees for the four programs (SSDI, SSI, Medicare, and Medicaid). An additional piece of ongoing analysis focuses on the effect of State variations in Medicaid enrollment policy and implementation regimes on Medicaid coverage and expenditures. The three State policy regimes compared include: (1) automatic enrollment of SSI awardees; (2) requiring a separate Medicaid application in “Criteria States”; and (3) more restrictive Medicaid eligibility requirements in “209B States.” 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 and/or SSI than their peers in States where health insurance is more difficult to access.

Wamhoff and Wiseman (2005/2006) examines the financial consequences of Temporary Assistance for Needy Families (TANF)-to-SSI transfers and develops new estimates of both the prevalence of receipt of SSI benefits among families receiving cash assistance from TANF and the proportion of new SSI awards that go to adults and children residing in families receiving TANF-related benefits. Trenkamp and Wiseman (2007) addresses the connections between the SSI and Food Stamp programs. Meijer, Karoly, and Michaud (2009, 2010) analyzes eligibility for the Medicare Part D Low Income Subsidy, which relies on a simplified SSI methodology.

A number of studies utilize the NSCF to focus on children and young adults receiving SSI. Rupp et al. (2005/2006) presents highlights from the survey characterizing SSI children with disabilities and their families. Hemmeter (2011) analyzes the unmet health care needs of SSI children after the age-18 redetermination. Additional research studies employment and caregiving patterns of parents of SSI children (Rupp and Ressler 2009), examines employment and program outcomes among young adults after their eligibility redetermination at age 18 (Hemmeter, Kauff, and Wittenburg 2009), and analyzes factors affecting out-of-pocket medical expenses and unmet health care needs of disabled children (DeCesaro and Hemmeter 2009). These papers appear in a special issue of the *Journal of Vocational Rehabilitation* (volume 30, number 3, 2009) devoted to SSI children and young adults and the transition to adulthood. The special issue also includes a paper that introduces the issue and examines the life-cycle human capital development and longer-term SSI and earnings outcomes of SSI youth as they transition to adulthood (Davies, Rupp, and Wittenburg 2009), as well as two papers that focus on SSA’s Youth Transition Demonstration (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 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 has completed the evaluation of the Ticket to Work program. 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. 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 all beneficiaries age 10 to full retirement age 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 collected information that is not available from our administrative records from a representative sample of SSI and OASDI disability beneficiaries. Key items of interest in the NBS include work attitudes and work-related activities, health and functional status, education, access to health insurance, household composition, and sources of income. We implemented the first four rounds between 2004 and 2010, with a particular focus on participation in the Ticket to Work program. We will conduct three additional rounds in 2015, 2017, and 2019 with a broader focus on all SSA beneficiaries who work.

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); and 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).

f. Homeless Outreach Projects and Evaluation

In 2004, through the Homeless Outreach Project (HOPE), we awarded funds to 41 service providers nationwide to provide outreach services to people who are homeless. We trained these service providers so they could help individuals who are homeless with our disability application process. In October 2007, Westat, the evaluation contractor, released the final evaluation report. We are currently conducting a longitudinal evaluation of HOPE.

g. 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.

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 j).

h. Occupational Information System

To determine whether 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 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 support our current disability policy and provide us with data about work in the economy to inform future policy. We signed additional agreements with BLS for fiscal years (FY) 2013 through 2016 to continue testing and begin 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 (ETA) 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 the web-based IT platform to house the OIS. In FY 2015, we began developing the IT platform, conducted a nationwide pre-production test, and, in September, began production data collection. In FY 2016, BLS will complete the first round of production data collection and continue testing to resolve any issues raised by earlier data collection. We will continue to discuss how O*NET data can benefit our OIS and work with the Office of Disability Policy to implement policy changes that will allow us to use the new data. We have begun testing the OIS software system using an internal workgroup of disability and adjudication experts. In May 2016, BLS will begin the second year of production data collection.

In FY 2017, BLS will complete the second round of data collection and release the first-year production estimates. We will use the estimates to conduct user testing of the OIS software system with a wider roll-out group. We plan to implement limited aspects of the new OIS, although full rollout will not take place until at least FY 2019, after the first 3 years of data collection. In FY 2017, we will begin using our new data to provide statistical support for the medical/vocational rules adjudicators use to guide decisions made at step five of sequential evaluation. Currently, the step five rules take administrative notice of the number of unskilled jobs available in the national economy at various exertional levels based on data from the DOT. Data collected in FY 2016 and 2017 could provide updated support for our use of these rules. A small number of occupational descriptions could be available in FY 2017, but this information will be subject to BLS publication criteria.

i. 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.

j. 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 will enroll 2,000 youths; youths ages 14-16 are eligible and will be randomly assigned to a treatment or control group within each project. Each PROMISE project will 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 will receive the services usually available in their communities.

The PROMISE evaluation will include process, impact, and cost-benefit analyses. Enrollment began in April 2014 and will continue through April 2016. Services will continue through late 2018. The first evaluation reports (on the process analyses) will be available in late 2016 followed by the interim impact and services report in 2018. The final evaluation report (on the longer-term impacts and cost-benefit analyses) will be available in 2022.

k. Early Intervention

The fiscal year 2015 budget includes funding for early intervention demonstrations. These projects will provide a combination of services, supports, information, and program changes designed to reduce entry to the SSDI and SSI programs, focusing on helping individuals with disabilities remain in the workforce. We are planning rigorous experimental designs and evaluations that will produce an evidence base for potential policy and program changes. At this time, we are awarding the first early intervention demonstration; we will provide more detail in future reports.

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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 operated by a State. The law limits the maximum total contribution to \$14,000 per year, which the Internal Revenue Service periodically increases. The maximum balance in an ABLE account varies for each State program. An individual can be the designated beneficiary of only one ABLE account. Contributions are excluded from the income of the designated beneficiary.¹ Up to \$100,000 of the balance in an ABLE account is excluded from consideration as a resource for SSI purposes. If the balance exceeds this limit for any month, and that excess amount causes the designated beneficiary's resources to exceed the SSI limit, then the beneficiary's SSI payment is suspended for that month, but the individual remains eligible for Medicaid and SSI.² Furthermore, any distribution 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. 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 incurred by the Social Security Administration (SSA) in administering the Supplemental Security Income (SSI) program. The Department of the Treasury (Treasury) initially pays such administrative expenses from the Old-Age and Survivors, Insurance and Disability Insurance Trust Funds as provided in section 201(g)(1) of the Social Security Act (Act). Treasury subsequently reimburses the trust funds for such expenditures, including any interest lost, from the General Fund of the Treasury.

Affidavit of Support. A contract under which a United States citizen or legal resident agrees to provide support to maintain (i.e., to sponsor) an immigrant as a condition of the immigrant's admission into the United States.

Aged. Individuals aged 65 or older.

Aid—Old-Age Assistance (OAA), Aid to the Blind (AB), and Aid to the Permanently and Totally Disabled (APTD). The former Federal-State programs of adult cash assistance under Titles I, X, and XVI respectively. The SSI program replaced these programs in the 50 States and the District of Columbia in 1974. The United States Department of Health and Human Services administers these programs in Guam, the Virgin Islands, and Puerto Rico.

Alien Lawfully Admitted for Permanent Residence. A noncitizen lawfully accorded the privilege of residing permanently in the United States. Such individuals may obtain immigrant visas overseas from the Department of State or 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. The administrative review process followed by SSA in determining an individual's rights under the Act typically consists of several steps: (1) reconsideration; (2) hearings; and (3) Appeals Council review. Individuals dissatisfied with the outcome of the administrative review process may request judicial review by filing a complaint in the U.S. District Court. Each step in the process must be requested within certain time periods. SSA introduced a modification of this process in 10 States for disability applications filed October 1, 1999 and later. Under this revised process, claimants file appeals of initial disability denials directly with the Office of Disability

¹ Contributions are not excluded from the income of the person contributing.

² 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.

Adjudication and Review, thereby eliminating the reconsideration step. The options for appeal beyond the hearing level are unchanged.

Assistance Based on Need. Assistance provided by certain programs which use income as a factor of eligibility. The assistance must be funded wholly by a State, a political subdivision of a State, or a combination of such jurisdictions.

Assumptions. Values relating to future trends in certain key factors that affect the eligibility for SSI benefits and the level of such SSI payments. Demographic assumptions include fertility, mortality, net immigration, marriage, and divorce. Economic assumptions include unemployment rates, average earnings, inflation, interest rates, and productivity. Program-specific assumptions include rates of application for and new receipt of various SSI benefits and rates of termination of SSI benefits. The assumptions underlying the projections presented in this report are consistent with the intermediate assumptions of the 2016 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 SSI Federal benefit rates (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.

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

Consumer Price Index (CPI). An official measure of inflation in consumer prices. In this report, all references to the CPI relate to the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). The Bureau of Labor Statistics, Department of Labor, publishes historical values for the CPI-W.

Continuing Disability Review (CDR). An evaluation of an individual's impairment(s) to determine whether the person is still disabled within the meaning of the law for purposes of eligibility for SSI and OASDI benefits.

Cost-of-Living Adjustment (COLA). See "Automatic Cost-of-Living Increase."

Countable Income. An individual's income less all applicable exclusions. This amount is an important factor in SSI eligibility and payment amount determination.

Countable Resources. The amount of resources after all exclusions. This amount is an important factor in an individual's or couple's SSI eligibility determination. A resource may be cash or other liquid assets or any real or personal property that an individual (or his or her spouse) owns and could convert to cash to be used for support and maintenance. Title XVI stipulates what items are to be excluded from resources.

Current Dollars. Amounts expressed in nominal dollars with no adjustment for inflationary changes in the value of the dollar over time.

Current-Payment Status. Status of an SSI recipient when we pay a benefit to that person for a given month. SSI benefits for a month are usually payable on the first day of that month.

Dedicated Account. An account in a financial institution established for a disabled or blind child to contain retroactive SSI payments that exceed six times the FBR plus State supplementation (certain smaller retroactive payments may be placed in the account once it is established). Representative payees may only use dedicated account funds for the following allowable expenses:

- Education or job skills training;
- Personal needs assistance;
- Special equipment or housing modifications;
- Medical treatment;
- Therapy or rehabilitation; or
- Other items or services that the Commissioner deems appropriate—

provided that the expense benefits the child and, in the case of the last five items, is related to the child's impairment. A representative payee must repay money from a dedicated account that is knowingly spent on items or services that are not allowable. We exclude these accounts from resources and the interest earned is excluded from income.

Deeming. The process by which we consider the income and resources of an ineligible individual to be available to a recipient when determining eligibility or payment amount. Deeming applies only between:

- The living-with ineligible spouse and the eligible spouse;

- The living-with ineligible parent(s) and eligible child(ren) under age 18; and
- The immigration sponsors of some noncitizens and the noncitizen(s).

Demographic Assumptions. See “Assumptions.”

Direct Express® Debit Card. Direct Express® is a low-cost prepaid debit card program sponsored by 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 all qualifications, including filing an application for SSI.

Eligible Individual. An aged, blind or disabled person who meets all the requirements for eligibility under the SSI program, including filing an application.

Emergency Advance Payments (EAP). Special SSI payments of up to 1 month of SSI benefits that are available only at the time of initial application to those individuals who present strong evidence that they:

(1) qualify for an SSI payment in the current or following month by meeting the qualifications for SSI eligibility (age, disability, blindness, citizenship or alien status as applicable); and (2) face a financial emergency due to insufficient income or resources to meet an immediate need for food, clothing, shelter or medical care. We recover from subsequent benefit payments the amount of the EAP an individual receives. If an individual who receives an EAP is found ineligible for SSI because he or she is not blind or disabled, the amount of the EAP is waived; if the individual is found ineligible for other reasons, we treat the amount of the EAP as an overpayment.

Essential Person. An individual whose presence in the home of an SSI recipient who was transferred from a State assistance program to SSI in January 1974 results in an increase in the FBR of the SSI recipient. The essential person must have been: (1) living in the household of the SSI recipient in December 1973 and continuously thereafter; (2) never eligible for SSI; (3) not eligible for State assistance in December 1973; and (4) taken into account when the SSI recipient's need for State assistance was determined in December 1973.

Federal Benefit Rate (FBR). The standard used in computing the amount of Federal SSI benefits for individuals and couples. The FBRs 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 2016 began October 1, 2015 and will end September 30, 2016.

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 volume of money and credit relative to available goods, which results in an increase in the general price level.

Infrequent or Irregular Income. Income received either infrequently or irregularly that we can exclude from the determination of an individual's income. Infrequent 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.

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.

Medicaid Facility. A medical treatment facility such as a hospital, extended care facility, nursing home, or intermediate care facility, where Medicaid pays more than 50 percent of the cost of a person's care.

Medical Treatment Facility. An institution or that part of an institution licensed or otherwise approved by a Federal, State, or local government to provide inpatient medical care and services.

Medicare. A nationwide, federally administered health insurance program authorized in 1965 under Title XVIII of the 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 U.S. Citizenship and Immigration Services (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 finds 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 2016, a worker receives one quarter of coverage (up to four a year) for each \$1,260 of annual earnings reported from employment or self-employment. The amount of earnings required for a quarter of coverage is subject to annual automatic increases in proportion to increases in average wages.

Recipient. A person who is receiving SSI payments based on an evaluation of his or her countable income and resources, age, and disability status.

Reconsideration. The first step in the administrative review process if an individual is dissatisfied with SSA's initial determination, unless it is 1 of 10 States that has eliminated reconsideration. See "Appeal Rights Process."

Redetermination. A periodic review of eligibility for SSI recipients to ensure that non-medical requirements for eligibility continue to be met and that payment levels are in the proper amount. During redeterminations we review income, resources, living arrangements and other factors. Redeterminations at age 18 also include an assessment to determine if an SSI recipient meets 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 make them ineligible for regular or special cash payments.

SNAP. See "Supplemental Nutrition Assistance Program (SNAP)."

Social Security Act. Provisions of the law governing most operations of the Social Security programs. The original 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) crew members of merchant vessels; and (5) all other U.S. citizens abroad.

Sponsor. An individual who has signed an affidavit of support for a noncitizen entering the country.

State Supplementation. The payments made by a State or one of its political subdivisions to aged, blind, or disabled individuals.

- *Administration*—The governmental unit responsible for administering State supplementation payments may be either a State or local agency, or SSA. Under State administration, the State must absorb both program benefits and administrative costs. Under Federal administration, the State is responsible for the program benefits and, for fiscal year 2016, pays a \$11.56 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. 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 base. 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 anywhere from 1 to 12 months for any of a number of reasons such as income or resources over allowable levels, absence from the United States, residence in a public institution, etc. Benefits can resume without reapplication, when all requirements for entitlement are again met. Suspense that lasts more than 12 months (24 months for individuals who were made ineligible because of their spouses or parent being called to active military duty) results in a termination of the SSI record. (Once a record is terminated, reapplication is necessary.)

TANF. See “Temporary Assistance for Needy Families (TANF).”

Temporary Absence. An individual’s physical move from his or her permanent place of residence that does not constitute a change in living arrangement. In general, a temporary absence is an absence from a permanent residence that is not intended to, and does not, exceed a full calendar month.

Temporary Assistance for Needy Families (TANF). The State grant program of assistance for needy families established by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193). TANF replaced the Aid to Families with Dependent Children program.

Termination. For an individual, cessation of benefits, which can occur for a number of reasons, including death, medical improvement, or a period of suspension lasting longer than 12 months.

Terminations. As used in section IV, the 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). The process of restoring individuals with disabilities to full capabilities. VR services are designed to provide an individual with the training or other services that are needed to return to work, to begin working, or to enter a new line of work.

Windfall Offset. A provision to prevent a person from receiving monthly SSI and OASDI benefits in excess of the total amount that would have been paid if the OASDI benefits had been paid when they were due rather than retroactively.

Work Incentives. Provisions in the SSI program that are intended to act as incentives for disabled or blind individuals to work. Examples of work incentives under the SSI program are:

- Earned income exclusions;
- Impairment related work expenses;
- Blind work expenses;
- Plan to achieve self-support;

- Section 1619 benefits; and
- Ticket to Work program.

SOCIAL SECURITY ADVISORY BOARD
STATEMENT ON THE SUPPLEMENTAL SECURITY INCOME PROGRAM

Public Law 104-193 requires that members of the Social Security Advisory Board (**the Board**) be given an opportunity, either individually or jointly, to include their views in the Social Security Administration's annual report to the President and Congress on the Supplemental Security Income (**SSI**) program. We have asked the Social Security Administration (**SSA**) to include in this year's annual report the following discussion of the Representative Payee (**rep payee**) program administered by SSA for adult recipients on SSI.

During the last year the Board has reviewed the Social Security Administration's rep payee program as well as similar programs administered by state courts and other agencies. The Board recognizes that SSA has made enormous efforts to administer the program effectively. Nonetheless, the Board is unanimous in its belief that SSA is and will remain ill-equipped to manage the current workload adequately. The courts and other agencies that manage similar programs have similar difficulties.

There is good reason to believe that the current program does not serve many very elderly SSA beneficiaries who might be helped by the program; and, if the projections by SSA's research office are even roughly correct,¹ the number of people to be served will expand rapidly over coming decades as retiring baby boomers age and come to need assistance managing their finances.² Currently unmet needs as well as this increase may well add to current difficulties in adequately managing the rep payee program. Stagnant budgets intensify this problem.

The Board concludes that core changes are needed. Despite hundreds of pages of policy and regulations, the way SSA determines whether a rep payee is needed is arbitrary. The responsibilities of the rep payee are onerous, particularly in the SSI program. Although additional procedures have been introduced to monitor the program, the size of the rep payee program makes meaningful oversight impossible.

¹ Anguelov, C. E., Ravida, G., & Weathers, R. R., II. (2015, May). Adult OASDI Beneficiaries and SSI Recipients Who Need Representative Payees: Projections for 2025 and 2035. *Social Security Bulletin*, volume 75(2). (Social Security Administration, Office of Retirement and Disability Policy). Retrieved July 13, 2016, from <https://www.ssa.gov/policy/docs/ssb/v75n2/v75n2p1.html>.

Social Security Bulletin, Vol. 75, No. 2, 2015.

² While this paper considers the SSI program, projections include rapid growth in the Old-Age and Disability Insurance Program.

The existing program involves an all or nothing substitution of judgment regarding beneficiaries' capacity to manage their own resources, instead of assessment of need, coupled to a continuum of support, with a goal of helping beneficiaries to remain as independent as possible. SSA must remain involved in the rep payee system. It already collects the data, determines program eligibility, and issues the benefit. But SSA is not structured to administer the program alone, to determine the need for assistance, to design the nature of the assistance, or to monitor the performance of those providing guidance to those managing beneficiaries' funds or in administering payments.

This paper looks at SSA's statutory authority, the selection process for rep payees and the different responsibilities of rep payees in SSI and in SSA's other programs. It also provides an overview of the make-up of the current SSI rep payee program for adult beneficiaries. Although there are troubling issues in the SSI children's program, touched on in the 2014 SSI statement, this paper focuses on adult beneficiaries. Finally, this report explores a growing movement to replace programs that "care for" individuals with those which tailor support on a case-by-case basis and help beneficiaries retain as much autonomy as possible.

THE CURRENT REPRESENTATIVE PAYEE PROGRAM

In 2014, there were approximately 7 million adult SSI recipients in the disability and old-age programs. SSA determined that roughly one quarter of all beneficiaries – 1.85 million— could not manage their own benefits and appointed others to manage their funds³. The Social Security Act authorizes the Commissioner to determine whether a beneficiary, regardless of legal competency or incompetency, is better served if the social security benefit is paid to another person, or an organization.⁴ This broad authority was added long before the creation of the Title II disability insurance or the Title XVI SSI programs, where the majority of rep payees are currently assigned. Rather, it was included in the 1939 Amendments which extended benefits to wives of retired workers, widows and dependent children of deceased workers and authorized the Board (now Commissioner) to assign someone other than the legally entitled beneficiary to receive and manage their benefits.

SSA regulations provide that a rep payee will be appointed when SSA determines that beneficiaries are unable to manage or direct the management of their own benefits.⁵ The regulations do not indicate

Selected Abbreviations

- Social Security Advisory Board (**Board**)
- Supplemental Security Income (**SSI**)
- Social Security Administration (**SSA**)
- Representative Payee (**rep payee**)
- Convention on the Rights of Persons with Disabilities (**CRPD**)

³ Social Security Administration, Office of Retirement and Disability Policy & Office of Research, Evaluation, and Statistics. (2015, October). *SSI Annual Statistical Report, 2014*, Table 7. Retrieved July 13, 2016, from https://www.ssa.gov/policy/docs/statcomps/ssi_asr/2014/ssi_asr14.pdf.

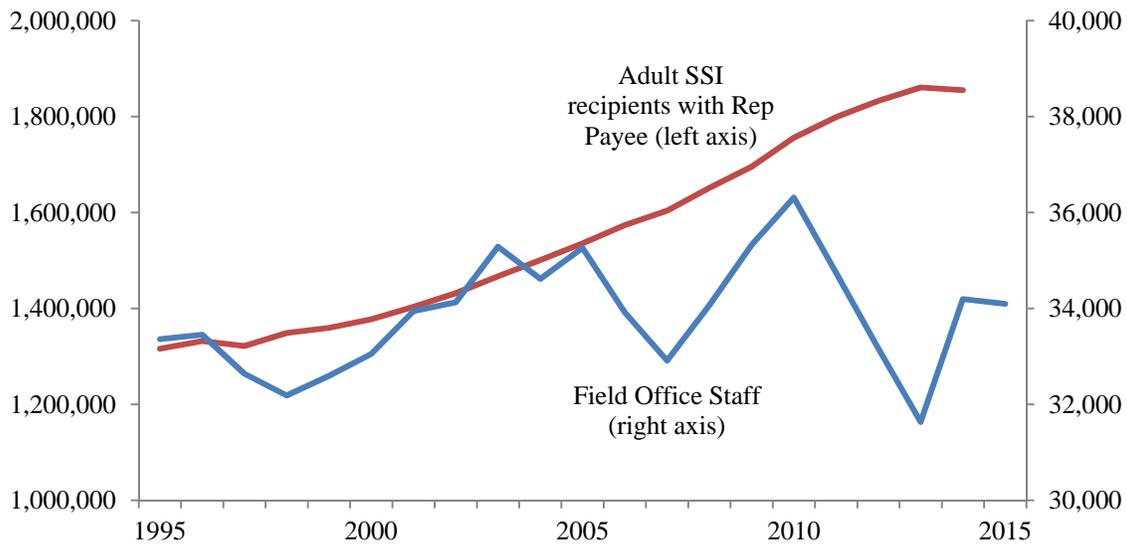
⁴ Social Security Act Amendments of 1939, 42 USC § 405(j).

⁵ 20 CFR § 416.601 (1995).

what constitutes an inability to manage benefits. They indicate that the determination will be made after considering medical evidence and/or statements from relatives, friends and other people in a position to know and observe the beneficiary. The decision-making process is largely discretionary. As a result, it is difficult to challenge decisions individually or to evaluate them programmatically. The determination process currently does not require input from the beneficiary, or representation on the beneficiary's behalf. There is no competency or due process hearing. The regulations require only that notice be sent to the beneficiary after the agency has decided to assign a rep payee. The notification is a letter from the agency with the name of the appointed rep payee, and information about the beneficiary's appeal rights. There is no requirement that the agency verify the beneficiary has received and understands the agency decision.⁶ There is also no current procedure to automatically reexamine the need for a rep payee on a periodic basis.

The determination of whether a beneficiary needs a rep payee has been added to the long list of responsibilities given to field offices which are often understaffed and over worked. The little time devoted to consideration of whether a person should lose their right to manage their own benefits has been further reduced as the number of SSI recipients and therefore the number of SSI recipients assigned rep payees has increased, while the number of field offices has declined and staffing has been stagnant or reduced during recent years.

Adult SSI Recipients with a Rep Payee and Field Office Staffing Levels, 1995-2015

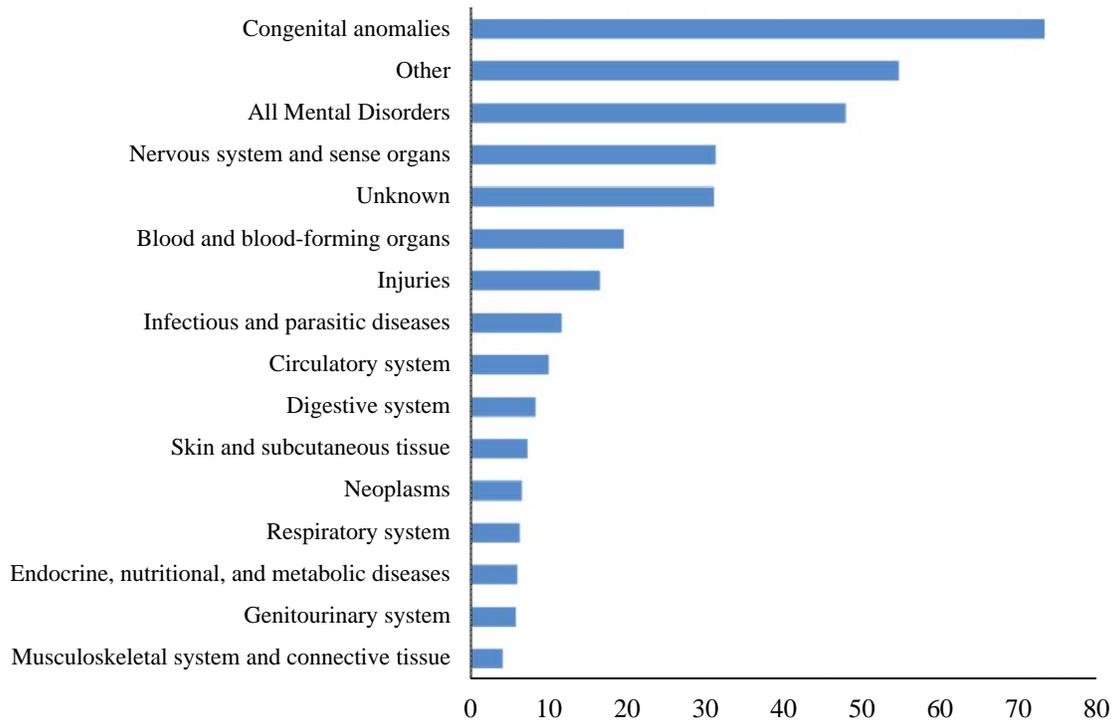


Source: Social Security Administration, Office of Budget and SSI Annual Statistical Report, 2014.

⁶ 20 CFR § 416.630 (2006).

SSI adult recipients with certain impairments are more likely to have rep payees than those with other conditions. As shown in the tables below, recipients with congenital anomalies are assigned rep payees at the highest rate, and those in a catch-all “other” category come in second.

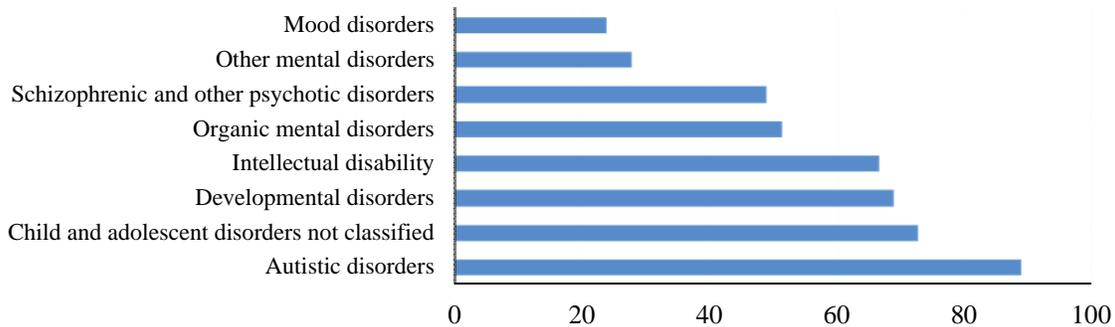
Percentage of SSI Adults with a Rep Payee by Disability Category, 2014



Source: Social Security Administration, SSI Annual Statistical Report, 2014.

The third most likely impairment where a rep payee is assigned is under the categories of mental disorders, which encompasses several sub categories as reflected in the chart below.

Percent of SSI Adults That Have Mental Disorder Diagnosis with Rep Payees, by Type of Diagnosis

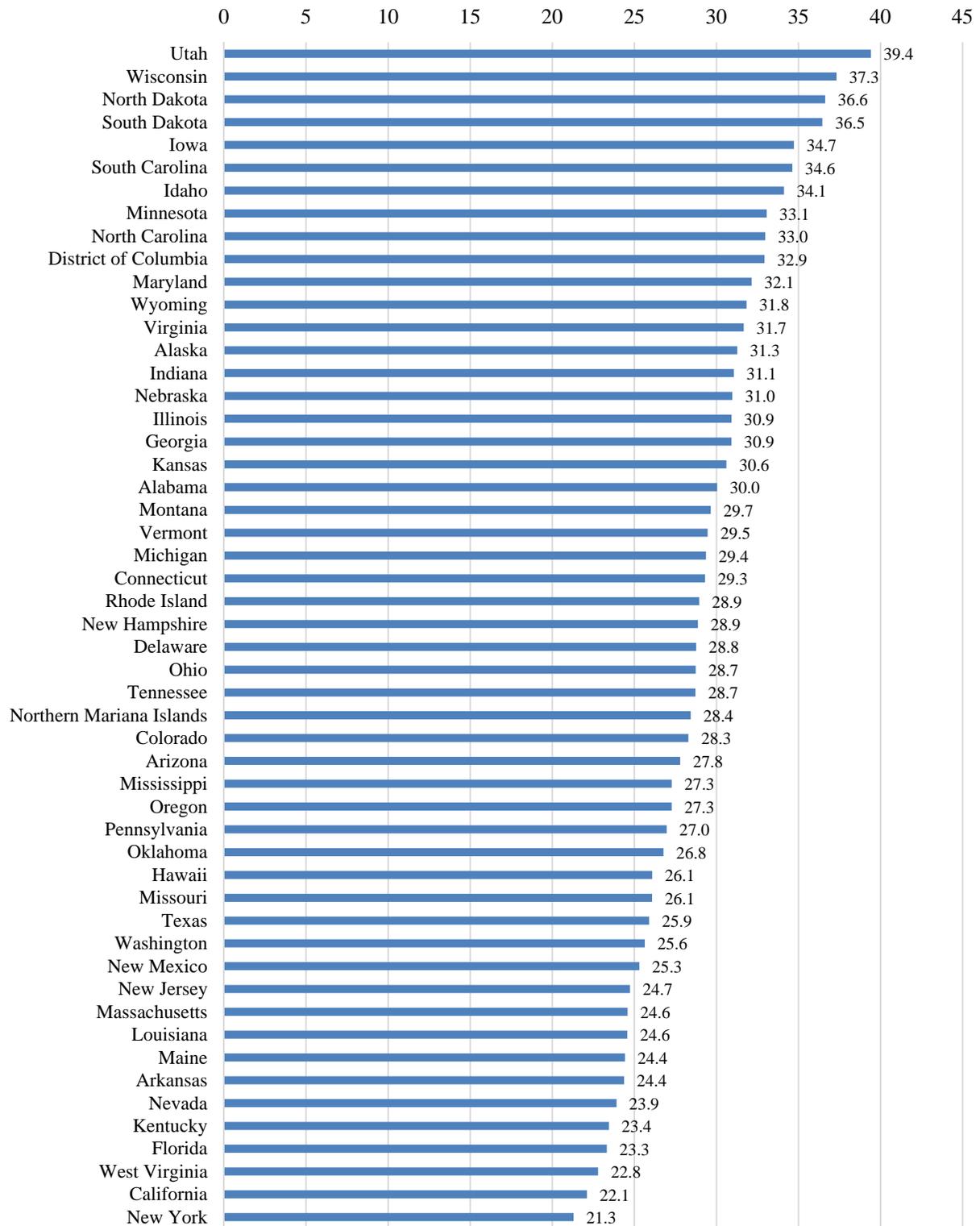


Source: Social Security Administration, SSI Annual Statistical Report, 2014.

These impairments are broadly categorized and difficult to analyze. Assignment of a rep payee does not appear to be based on a person’s medical diagnosis. Eighty-nine percent of those with” autistic disorders” are assigned rep payees, leaving open the question of how the remaining 11 percent manage their benefits. Forty-nine percent of those with schizophrenic and other psychotic disorders were assigned rep payees, leaving open a question of what additional capabilities the remaining 50 percent of recipients had. More importantly, autistic disorders and psychotic disorders all occur on a continuum, suggesting that a continuum of assistance, rather than a binary decision to leave recipients alone or remove all control is fair or appropriate.

The following table shows that the determination to assign a rep payee may be as much tied to the geographical location of the recipient as it is related to the person’s underlying impairment. Without more analysis it is difficult to assess whether some offices are over-assigning rep payees, some failing to address recipient’s needs, or, less probably, the incidence of need varies widely from place to place. It is possible that the availability of rep payees or that the availability of medical services in an area influences the decision. These enormous geographic variations cry out for additional study to reveal whether rep payee appointment determinations are consistent and accurate. These questions are of profound importance as appointment of rep payees may unnecessarily curb or flat out violate beneficiary rights to exercise self-determination in the disposition of their Social Security benefits. The decision to take away control of a person’s finances should be based on a competency hearing for the recipient, or, at a minimum, a review by program officials of medical certification that addresses the specific issue of capability to manage benefits

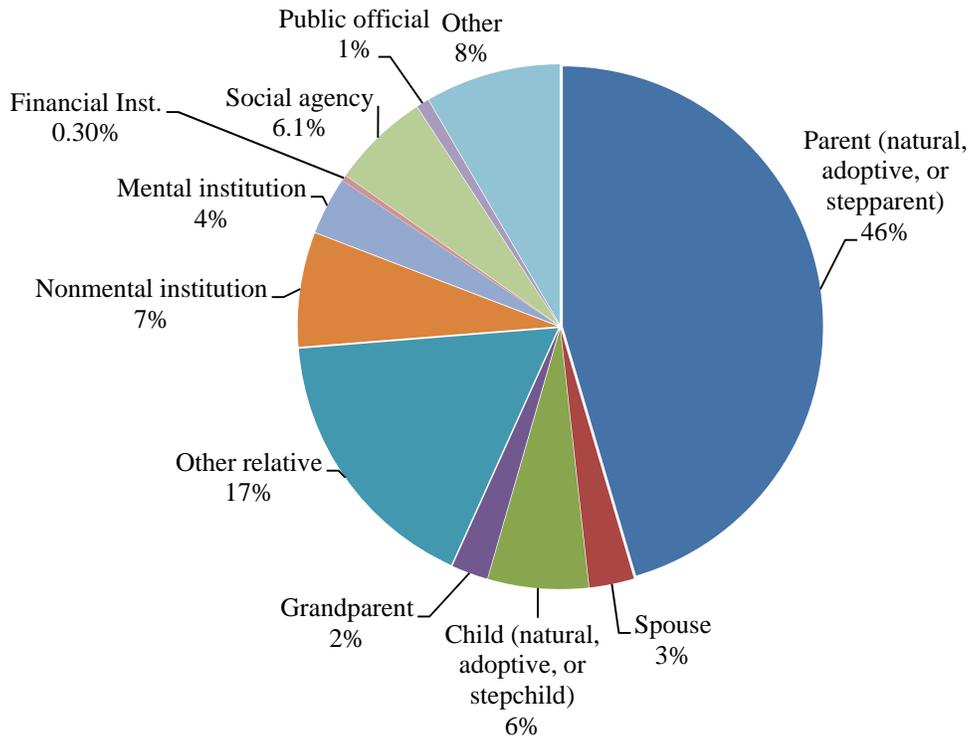
Percent of Adult SSI Recipients with Rep Payees in December 2014, By State



Source: Social Security Administration, Office of Research, Evaluation and Statistics

Most rep payees for adult SSI recipients are also adults, usually parents. SSA gives first preference to family members, provided they are not judged unsuitable (although what constitutes ‘unsuitability’ is also vague.) Problems may arise as parental rep payees age. In such cases, it is essential either to prepare the SSI recipients themselves to learn to take over management of their benefits or to identify alternate payees.

**All SSI Adults with Rep Payees,
By Type of Payee**



Source: Social Security Administration, SSI Annual Statistical Report, 2014.

The Job of the Rep Payee in the SSI Program

The job of the rep payee, as set forth in the regulations can be time consuming for the rep payee and is invasive for the beneficiary. The rep payee is charged with using the beneficiary’s payments to pay for food, shelter, clothing, medical care and personal comfort items.⁷ Rep payees handling SSI recipient’s benefits have additional duties relative to rep payees managing benefits under other Social Security programs. As SSI is a program of last resort and consequently affected by other payments, benefits or assistance, the rep payee is obligated to report to SSA any changes in the beneficiary’s circumstances, including living situation, marriage, return to work efforts, and gifts over \$20.00 and other kinds of in-kind support and

⁷ 20 CFR § 416.640 (2011).

maintenance changes. The rep payee must also remain aware of the amount of the beneficiary's savings and resources, and report to SSA if they exceed the \$2,000 threshold for individuals and \$3,000 for couples, thresholds above which recipients become ineligible for benefits.

Finding volunteers is especially difficult in the SSI program as managing funds can require the payee to allocate funds among such essentials as food, rent and basic utilities and to stay abreast of the beneficiary's living circumstances and changes in financial condition. Errors that result in overpayments that the agency determines the rep payee should have recognized may be charged to the rep payee. When SSA believes that a rep payee has misused funds, it may refer the case for criminal prosecution. The penalty upon conviction for a payee's misuse of funds may be a fine of up to \$250,000, imprisonment up to 10 years, or both.⁸ Although such penalties are seldom, if ever, imposed, these potential punishments may hamper recruitment of volunteers.

A NEW APPROACH

Periodic media reports of abuse by rep payees have triggered calls for additional monitoring and oversight, for more thorough background searches, and for more data on complaints about the rep payee, but few have called into question the process for determining whether complete denial of autonomy to recipients is necessary and whether there might be alternatives that provide graduated assistance and preserve some measure of authority and responsibility for SSI recipients. In the next section of this report the Board reviews an alternative approach to stimulate public discussion.

The Concept of Supported Decision Making

The current rep payee process is one of *substituted* decision making. This substituted decision making occurs not only in SSI but also in the Old Age Survivors and Disability Insurance programs as well. Because the rep payee for an SSI recipient must monitor resource and asset limits the rep payee's responsibility is greater and also more intrusive than it is in the OASDI programs. The beneficiary is dependent on the rep payee and unless the rep payee allows it, the recipient has no voice in determining how the SSI benefit is spent. Recipients with little cognitive function may be unable to participate in a discussion about how their benefits are spent, but many SSI recipients retain some capacity to engage in the decision making process. Indeed, preserving and developing these capacities can be not only comforting but also help in the recovery process.⁹ Under a supported (or shared) decision making model, beneficiaries could be provided assistance to enable them to make their own financial decisions to ensure fulfillment of their basic needs (food, clothing, shelter, etc.) in ways that are consistent with their preferences. The amount and nature of assistance depends on individual need and can be

⁸ Social Security Administration. (2010, April 26). *Social Security Handbook*, § 1617.8. Retrieved July 13, 2016, from https://www.ssa.gov/OP_Home/handbook/handbook.16/handbook-1617.html.

⁹ See Kurtz-Dougherty, S. (2014, June 24). Money management for the severe and persistently mentally ill. *Theses and Dissertations*. Retrieved July 13, 2016, from <http://rdw.rowan.edu/etd/348>.

adjusted as a person's health improves or worsens.¹⁰

The concept of shared or supported decision making is not new. A 1977 article in Hospital & Community Psychiatry, described a process for assessing the kind of support system necessary to help clients meet their material, personal-care and psychosocial needs. The first step is the determination of what the client is able to do. Next comes a determination of the activities with which the client needs assistance. The final step identifies the supports that would help the individual either remain more self-sufficient or become more autonomous.¹¹

This approach has gained acceptance in medical practice. Michael J. Barry, MD, Medical Director of Mass General's Stoeckle Center for Primary Care Innovation has studied medical decision making since 1983. Mass General now has its own Health Decision Sciences Center, and is one of the leaders in the implementation of shared decision making. The goal is to have patients and their doctors evaluate the medical evidence and available options and then consider the patient's values, priorities, and preferences, before jointly deciding on a treatment plan.

The establishment of assisted living facilities was built on a similar supported assistance philosophy, providing support as needed but encouraging residents to maintain autonomy. Since the first assisted living facility opened in Portland, Oregon in 1981 thousands more have been built.¹² Assisted living is now the most favored and fastest growing long-term care option for seniors in the United States.¹³ Advocates for supported decision making are becoming increasingly vocal in the disability movement. In the 26 years since enactment of The Americans with Disability Act a generation has grown up with its protections, community integration and emphasis on self-determination. Challenges in guardianship cases suggest that courts are also seeking ways to minimize interventions in beneficiary decisions by authorized representatives under a guardianship order.

The legal system has also begun to incorporate a different approach in guardianship cases. A seminal case for advocates of supported decision making involves a guardianship case in Virginia. Jenny Hatch, a young woman with Downs Syndrome, was removed from the home where she had been staying. Her family petitioned the court for full guardianship, including the authority to decide where Ms. Hatch would live and whether to give or withhold medical

¹⁰Dinerstein, R. D. (2012). Implementing Legal Capacity Under Article 12 of the UN Convention on the Rights of Persons with Disabilities: The Difficult Road From Guardianship to Supported Decision-Making. *Human Rights Brief*, 19(2). Retrieved July 13, 2016, from http://supporteddecisionmaking.org/sites/default/files/implementing_legal_capacity_article_12_un_convention.pdf.

¹¹ Test, M. A., & Stein, L. I. (1977, August). Special Living Arrangements: A Model for Decision-Making. *Hospital & Community Psychiatry*, 28(8), 608-610.

¹² For background on emergence of assisted living facilities, see Marak, C. (n.d.). History of Assisted Living: How Assisted Living Started in United States. Retrieved July 13, 2016, from <http://www.assistedlivingfacilities.org/resources/history-of-assisted-living/>. See also Gawande, A. (2014). *Being Mortal: Medicine and What Matters in the End*. Metropolitan Books.

¹³ See Marak, C., History of Assisted Living: How Assisted Living Started in United States.

treatment. Initially, the judge ordered placement of 28 year-old Hatch in a group home where her cell phone and laptop were taken away from her and she was not allowed to see friends. Over the next year Hatch was moved around to several group homes but at her petition hearing about a year later, the judge determined that while Hatch, with an IQ of 50, did need a guardian to help her make decisions, he considered her preferences and designated friends to act as a guardian, with the goal of helping her become more independent. The legal questions involved determining whether Hatch needed a guardian, and if so, who best would serve in that role. However, disability advocates said the case was much more than that as it addressed the civil death that occurs when a person is stripped of decision-making authority over his or her own life, and it signified a shift in attitude towards providing assistance and integration.¹⁴

The passage of The Supported Decision-Making Agreement Act¹⁵ made Texas the first state to recognize supported decision-making agreements as a less restrictive alternative to guardianships. The Act defines supported decision making as:

A process of supporting and accommodating an adult with a disability to enable the adult to make life decisions, including decisions related to where the adult wants to live, the services, supports, and medical care the adult wants to receive, whom the adult wants to live with, and where the adult wants to work, without impeding the self determination of the adult.

This agreement allows people with a disability who face the possibility of guardianship to choose assistants who will help them with decision making that might otherwise be difficult for them to manage alone. The use of such agreements, the potential additional workload for courts, the need for court oversight, and research into the impact this will have on the community are important issues to follow in the next few years as Texas' supported decision- making Act takes shape in different agreements.

The Convention on the Rights of Persons with Disabilities

The idea of substituting one person's decision-making power for another's has also been challenged as a matter of human rights law in the international human rights treaty, the Convention on the Rights of Persons with Disabilities (**CRPD**). Article 12 in this treaty provides a legal foundation on which to challenge decisions by medical or social service personnel that deprives a person of decision-making autonomy. The Article requires states to abolish guardianship laws based on substitute decision-making in favor of a system of supported decision-making. The treaty was adopted by the United Nations General Assembly on December 13, 2006, and as of June 2016 there are over 160 signatories. It was signed by the United States

¹⁴ Vargas, T. (2013, August 3). Woman with Down Syndrome wins right to reject guardianship. *Portland Press Herald*. Retrieved July 13, 2016, from http://www.pressherald.com/2013/08/03/woman-with-down-syndrome-wins-right-to-reject-guardianship_2013-08-03/.

¹⁵ Supported Decision-Making Agreement Act, Tex. Estate Code § 1357.002.

on June 30, 2009.¹⁶ On December 4, 2012, the United States voted on the resolution to ratify the treaty, which had passed through the Foreign Relations committee with bipartisan support, but ratification fell six votes short of the two-thirds majority on the Senate floor.¹⁷

Should the United States ratify the treaty in the future, it would assume an obligation to move from a legal system that measures and judges mental capacity, and appoints a guardian to make substituted or best interest decisions, to a system that affirms the legal capacity of persons, and provides them with the supports necessary to make their own decisions to the maximum feasible extent. In practical terms, this means for each guardianship determination and perhaps rep payee assignment, an individual assessment would be necessary to determine what supports are needed, how to best provide them, how long they will be necessary, and a process for periodic review by a legal authority.¹⁸

Supported decision making is appealing in concept as it embraces individual autonomy, an underlying goal of the disability movement. However, additional research and testing is needed.¹⁹ Measures are necessary to determine if a decision for support accurately reflects the beneficiary's desires and fulfills their needs. Research is needed on the quality and clarity of the supported decisions, the types and kinds of supports that prove to be helpful, and whether there are adequate corrective procedures in place to assist in determining capacity (and to redetermine capacity as it changes). Further studies are needed on the psychological impact of learning money management skills, and whether such learning builds confidence and assists people with cognitive disabilities in their ability to learn, or whether it overwhelms and confuses. Much of the research needed is not to test the underlying principle of supported decision-making but rather about how and when to adjust the supports, and what indicators reveal the beneficiary is struggling. Close attention should be paid to developments in countries that have ratified CRPD and are testing the supported decision making model. But attention to what is going on elsewhere is no substitute for research here, especially as the projections warn that the workload here will continue to grow.

¹⁶ United Nations Treaty Collection: Convention on the Rights of Persons with Disabilities. (2008, May 3). Retrieved July 13, 2016, from https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-15&chapter=4&lang=en.

¹⁷ Roll Call votes was 61 Yeas, 38 Nays and 1 not voting; see U.S. Senate Roll Call Votes 112th Congress – 2nd Session (Resolution of Ratification Treaty Doc. 112-7). (2012, December 4). Retrieved July 13, 2016, from http://www.senate.gov/legislative/LIS/roll_call_lists/roll_call_vote_cfm.cfm?congress=112&session=2&vote=00219.

¹⁸ Kohn, N. A., Blumenthal, J. A., & Campbell, A. T. (2013, April 29). Supported Decision-Making: A Viable Alternative to Guardianship? *Penn State Law Review*, 117(4), 1111. Retrieved July 13, 2016, from [http://www.pennstatelawreview.org/117/4%20Final/4-Kohn%20et%20al.%20\(final\)%20\(rev2\).pdf](http://www.pennstatelawreview.org/117/4%20Final/4-Kohn%20et%20al.%20(final)%20(rev2).pdf).

¹⁹ Salzman, L. (2007). Guardianship for Persons with Mental Illness - A Legal and Appropriate Alternative? *St. Louis.U. Health Law & Policy Journal*, 4(279). Retrieved July 13, 2016, from http://supporteddecisionmaking.org/sites/default/files/guardianship_for_persons_with_mi.pdf.

CONCLUSION

Despite efforts to improve the rep payee process, and considerable oversight by agency officials the current rep payee process is unsatisfactory. The key shortcomings are inappropriate procedures for appointing rep payees, onerous requirements on rep payees, and inadequate monitoring. A new process is clearly needed. While supported decision-making must be tested further, and researched in more depth, the starting point should be recognition that the goal is self-determination and independence. It is difficult for risk-averse bureaucracies to quickly and successfully adopt such major changes as a shift from the current rep payee system to one of graduated assistance. On the other hand, research and testing in a controlled environment may never reveal the challenges and unintended consequences that would result from universally adopting the approach that we propose herein. We recognize that properly calibrating and scheduling changes over time in the degree of support and intrusiveness of the system will be difficult and may lead to mistakes. However, there may be no substitute to "learning by doing" and gradually improving the system through feedback from beneficiaries, their relatives, and friends who remain concerned about beneficiaries' welfare. This should be weighed against the fact that high paternalism of the current process intended to "keep people safe" has created its own set of failures.

Supported decision-making peels back an element of protection. The amount peeled back will depend on the needs, skills and learning process for each person. This model will require shared responsibilities from other agencies and organizations as SSA does not have the personnel or the expertise to provide this kind of individual attention. It will also require a significant Federal funding increase, but this should not be viewed as a deal-breaker. The Social Security Advisory Board will continue to look at the current rep payee process, and at how to best design an alternative.

Henry J. Aaron, Chair

Lanhee J. Chen • Alan L. Cohen • Barbara B. Kennelly

Dorcas R. Hardy • Jagadeesh Gokhale • Bernadette Franks-Ongoy