



Annual Report of the Supplemental Security Income Program



SOCIAL SECURITY

The Commissioner

May 29, 2020

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

Dear President Trump:

It is my pleasure to submit to you the *2020 Annual Report of the Supplemental Security Income Program* (the 24th such report). We prepare this report in compliance with section 231 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

I am also sending this report to Vice President Pence and Speaker Pelosi. If you have any questions regarding this report, your staff may contact Eric Skidmore, our Deputy Commissioner for Legislation and Congressional Affairs, at (202) 358-6030.

Sincerely,

Andrew Saul
Commissioner

Enclosure



SOCIAL SECURITY

The Commissioner

May 29, 2020

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

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Commissioner

Enclosure



SOCIAL SECURITY

The Commissioner

May 29, 2020

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

Dear Speaker Pelosi:

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Sincerely,

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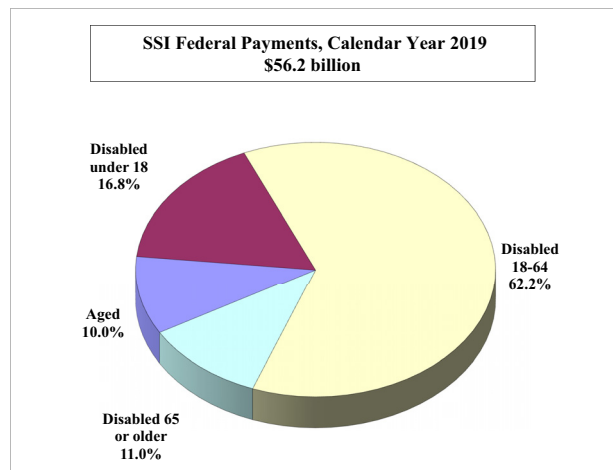
Enclosure

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 24th of such reports. Consistent with the projections in the 2020 Trustees Report, the projections and analysis in this report do not reflect the potential effects of the COVID-19 pandemic on the SSI and Social Security programs. Given the uncertainty associated with these impacts, we believe that it is not possible to adjust these projections reasonably at this time.

Highlights of the SSI Program

- The SSI program is a nationwide Federal assistance program administered by SSA that guarantees a minimum level of income for aged, blind, or disabled individuals. It acts as a safety net for individuals who have limited resources and little or no Social Security or other income. Individual States have the option to supplement Federal payments.
- In January 2020 7.9 million individuals received monthly Federal SSI payments averaging \$559, a decrease of 80 thousand recipients from the 8.0 million recipients with an average payment of \$549 in January 2019.
- Federal expenditures for cash payments under the SSI program during calendar year 2019 increased 1.9 percent to \$56.2 billion, while the funds made available to administer the SSI program in fiscal year 2019 increased 1.1 percent to \$4.5 billion. In 2018, the corresponding program and administrative expenditures were \$55.2 billion and \$4.4 billion, respectively.



Major Findings of the Report

- By 2044, the end of the 25-year projection period, we estimate that the Federal SSI recipient population will reach 8.4 million. The projected growth in the SSI program over the 25-year period is largely due to the overall growth in the Social Security area population, though the growth in the SSI recipient population is projected to be somewhat slower than the growth in the Social Security area population.
- As a percentage of the total Social Security area population, the number of Federal SSI recipients decreased slightly from 2.40 percent in 2018 to 2.37 percent in 2019. We project this percentage to gradually decline throughout the 25-year projection period, reaching 2.17 percent of the population in 2044. This occurs for several reasons, including that the percent of the population potentially eligible for SSI based on their citizenship and residency status is projected to decline slightly in the future.
- We estimate that Federal expenditures for SSI payments in calendar year 2020 will increase by \$0.7 billion to \$56.9 billion, an increase of 1.2 percent from 2019 levels.
- In dollars adjusted by the Consumer Price Index to 2020 levels, we project that Federal expenditures for SSI payments will increase to \$61.2 billion in 2044, a real increase of 0.3 percent per year.
- Federal SSI expenditures expressed as a percentage of the Gross Domestic Product (GDP) were 0.26 percent in 2019. We project that expenditures as a percentage of GDP will decrease to 0.25 percent of GDP in 2020, and continue to decline thereafter to 0.18 percent of GDP by 2044. Federal SSI expenditures are projected to grow more slowly than GDP both because the share of the population that will be potentially eligible for SSI will decline and because the maximum federal SSI benefit is projected to grow more slowly on average than the growth in average income in the future.

CONTENTS

I. INTRODUCTION	1
II. HIGHLIGHTS	2
A. RECENT PROGRAM EXPERIENCE	2
B. SSI LEGISLATION SINCE THE 2019 ANNUAL REPORT	3
C. CURRENT ISSUES FACING THE SSI PROGRAM	3
D. KEY RESULTS FROM THE 25-YEAR PROJECTIONS	4
III. THE SUPPLEMENTAL SECURITY INCOME PROGRAM	6
A. BACKGROUND	6
B. THE BASIC PLAN	6
C. UNIFORM STANDARDS AND OBJECTIVE CRITERIA	7
D. ASSISTANCE OF LAST RESORT	9
1. Income	9
2. Resources	10
3. Filing for Other Benefits	11
4. Eligibility Issues for Residents of Public Institutions for Medical Treatment Facilities	11
5. Personal Needs Allowance	12
6. Deeming	12
a. Spouse-to-Spouse Deeming	12
b. Parent-to-Child Deeming	13
c. Sponsor-to-Alien Deeming	13
E. INCENTIVES FOR WORK AND OPPORTUNITIES FOR REHABILITATION	14
1. Earned Income Exclusion	14
2. Impairment-Related Work Expense Exclusion	14
3. Work Expenses of the Blind Exclusion	14
4. Student Earned Income Exclusion	15
5. Plan to Achieve Self-Support (PASS)	15
6. Special Provisions for Disabled Recipients Who Work	15
7. Vocational Rehabilitation/Ticket to Work Program	16
8. Expedited Reinstatement	17
F. ADMINISTRATION OF THE SSI PROGRAM	17
1. Application Process	17
2. Determination of Eligibility for Benefits	18
3. Payment of Benefits	18
4. Ensuring Continued Eligibility for Benefits	18
5. Representative Payees	19
6. Appeal Rights	20
7. Fees for Attorneys and Non-attorney Representatives	20
8. Advance Payments	21
a. Emergency Advance Payments	21
b. Presumptive Disability or Blindness	21
G. STATE SUPPLEMENTATION	21
1. Optional State Supplementation Programs	22
2. Mandatory State Supplementation Programs	22
3. Administration of State Supplementation Payments	22
4. Passalong Provisions	22

H. COORDINATION WITH OTHER PROGRAMS.....	23
1. Windfall Offset.....	23
2. Interim Assistance Reimbursement.....	23
3. Medicaid Determinations.....	23
4. Supplemental Nutrition Assistance Program (SNAP) Applications.....	24
IV. ESTIMATES OF PROGRAM RECIPIENTS AND FEDERAL EXPENDITURES UNDER THE SUPPLEMENTAL SECURITY INCOME PROGRAM, 2020-2044.....	26
A. DEMOGRAPHIC AND ECONOMIC ASSUMPTIONS.....	26
B. NUMBERS OF SSI PROGRAM RECIPIENTS.....	31
1. Recipient Categories.....	31
2. Applications and New Recipients.....	31
3. Terminations.....	34
4. Recipients in Current Payment Status.....	35
C. FEDERAL PAYMENTS UNDER SSI.....	49
D. FEDERAL SSI PAYMENTS AS A PERCENTAGE OF GROSS DOMESTIC PRODUCT ..	55
E. THE SSI PROGRAM’S SHARE OF SSA’S ADMINISTRATIVE COSTS AND BENEFICIARY SERVICES COSTS.....	57
V. APPENDICES.....	58
A. HISTORY OF PROVISIONS.....	58
1. Basic Eligibility Requirements.....	58
2. Other Eligibility Provisions.....	59
a. Citizenship and U.S. Residency.....	59
b. Other Benefits.....	61
c. Drug Addiction and Alcoholism.....	62
d. Institutionalization.....	63
e. Vocational Rehabilitation and Treatment.....	63
f. Continuing Disability Reviews and Eligibility Redeterminations ..	66
g. Deeming of Income and Resources.....	67
3. Federal Benefit Payments.....	68
a. Windfall Offset.....	68
b. Proration of Benefit.....	68
c. Retrospective Monthly Accounting.....	68
d. Uncashed Checks.....	69
e. Rounding of Payment Amounts.....	69
f. Penalties for False or Misleading Statements or Withholding of Information.....	69
g. Installment Payments.....	70
h. Retroactive Payments to Prisoners, Fugitive Felons, and Probation or Parole Violators.....	70
4. Federal Benefit Rates.....	71
5. Exclusions from Income.....	72
a. General Exclusions.....	72
b. Special Exclusions.....	72
6. Resources.....	77
a. General Exclusions.....	77
b. Special Exclusions.....	78
c. Transfer-of-Resources Penalties.....	81
7. Presumptive and Emergency Payments and Interim Assistance Reimbursement.....	81
a. Presumptive Payments.....	81
b. Emergency Advance Payments.....	82
c. Interim Assistance Reimbursement.....	82

8. Medicaid Eligibility	82
9. State Supplementation	84
10. Overpayment Recovery	85
11. Fees for Attorneys and Non-Attorney Representatives	86
12. Administration of the Program.	87
B. INCOME AND RESOURCE EXCLUSIONS.	88
1. Earned Income Exclusions	88
2. Unearned Income Exclusions.	89
3. Resource Exclusions	91
C. HISTORICAL ALLOWANCE DATA	94
1. Technical Notes on the Disability Research File	94
2. General Considerations	95
D. HISTORICAL NON-MEDICAL REDETERMINATION AND MEDICAL CONTINUING DIS- ABILITY REVIEW DATA	102
1. Non-medical Redeterminations	102
2. Medical Continuing Disability Reviews	103
E. INCENTIVES FOR WORK AND OPPORTUNITIES FOR REHABILITATION.	112
1. Work Incentives	112
a. Numbers of Participants in Work Incentive Programs	113
b. Average Earnings of Participants in Work Incentive Programs	115
2. Vocational Rehabilitation/Ticket to Work Program	116
F. INVOLVEMENT OF SSI RECIPIENTS IN OTHER PROGRAMS	121
G. RESEARCH ON RELATED TOPICS.	123
1. Ongoing Research	123
a. SSI Research through the Retirement and Disability Research Consortium	123
b. Analytic Studies	123
c. Evaluation of the Ticket to Work Program.	125
d. Youth Transition Demonstration	126
e. Occupational Information System	128
f. Homeless with Schizophrenia Presumptive Disability Pilot Demonstration	129
g. Promoting Readiness of Minors in SSI	129
h. Supported Employment Demonstration.	130
i. SSI Elderly Notice Pilot	131
j. Promoting Work through Early Interventions Project	131
k. Analyzing Relationships between Disability, Rehabilitation and Work Small Grant Program	131
2. Bibliography of Recent Publications	132
H. GLOSSARY.	155

**ADDITIONAL STATEMENT BY NANCY J. ALTMAN, MEMBER OF THE SOCIAL SECURITY
ADVISORY BOARD**

TABLES

III.H1	SSI State Supplementation and Coordination with Other Programs	25
IV.A1	Historical and Projected Social Security Area Population based on the Intermediate Assumptions of the 2020 OASDI Trustees Report, as of July 1, 1975-2044	28
IV.A2	SSI Federal Benefit Rate Increases and Levels: Historical and Projected on the Basis of the Intermediate Assumptions of the 2020 OASDI Trustees Report, 1975-2044	29
IV.B1	SSI Federally Administered Applications, Calendar Years 1975-2044	40
IV.B2	SSI Federally Administered New Recipients, Calendar Years 1975-2044	41
IV.B3	SSI Federally Administered Terminations Due to Death, Calendar Years 1975-2044	42
IV.B4	SSI Federally Administered Terminations Due to Reasons Other Than Death, Calendar Years 1975-2044	43
IV.B5	SSI Federally Administered Terminations for All Reasons, Calendar Years 1975-2044	44
IV.B6	SSI Recipients with Federal Payments in Current-Payment Status as of December, 1975-2044	45
IV.B7	Federal SSI Prevalence Rates, as of December, 1975-2044	46
IV.B8	SSI Recipients with Federally Administered State Supplementation Payments Only, in Current-Payment Status as of December, 1975-2044	47
IV.B9	SSI Recipients with Federally Administered Payments in Current-Payment Status as of December, 1975-2044	48
IV.C1	SSI Federal Payments in Current Dollars, Calendar Years 1975-2020	49
IV.C2	SSI Federal Payments in Current Dollars, Fiscal Years 1980-2020	50
IV.C3	SSI Federal Payments in CPI-Indexed 2020 Dollars, Calendar Years 1975-2044	53
IV.C4	SSI Federally Administered State Supplementation Payments in Current Dollars, Calendar Years 1975-2019	54
IV.D1	SSI Federal Payments as a Percentage of GDP, Calendar Years 1975-2044	56
IV.E1	Selected SSI Costs, Fiscal Years 1980-2020	57
V.A1	Federal Benefit Rates Set by Legislation	71
V.C1	Disabled Adult Claims: Disposition of Applications for SSI Disability Benefits by Year of Filing and Level of Decision	96
V.C2	Disabled Child Claims: Disposition of Applications for SSI Disability Benefits by Year of Filing and Level of Decision	99
V.D1	SSI Non-medical Redeterminations and Limited Issues Completed, Fiscal Years 1986-2019.	102
V.D2	SSI Continuing Disability Full Medical Reviews by Year of Initial Decision, Fiscal Years 1993-2019	105
V.D3	SSI Disabled Adult Reviews: Disposition of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2005-2019	106

V.D4	SSI Disabled Child Reviews: Disposition of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2005-2019	109
V.E1	SSI Substantial Gainful Activity and Student Earned Income Exclusion Amounts, Calendar Years 1974-2020.	112
V.E2	SSI Federally Administered Blind or Disabled Working Recipients as of December, 1987-2019.	113
V.E3	SSI Federally Administered Blind or Disabled Individuals with SSI Recipient Status Participating in Other Work Incentives as of December, 1990-2019	114
V.E4	Average Monthly Earnings of SSI Federally Administered Blind or Disabled Working Recipients, as of December, 1987-2019	115
V.E5	Vocational Rehabilitation Reimbursement Claims Allowed, Fiscal Years 1987-2019	119
V.E6	Employment Network Payments Allowed, Fiscal Years 2002-2019.	120
V.F1	Percentage of SSI Federally Administered Recipients in Current-Payment Status with Participation in Selected Programs Based on SSA Administrative Records, December 2019	121

FIGURES

IV.B1	SSI Federally Administered Applications by Age Group, Calendar Years 1975-2045	32
IV.B2	SSI Federally Administered New Recipients by Age Group, Calendar Years 1975-2045	33
IV.B3	SSI Federally Administered Terminations by Age Group, Calendar Years 1975-2045.	35
IV.B4	SSI Recipients with Federal Benefits in Current-Payment Status, by Age Group, as of December, 1975-2045.	36
IV.B5	Federal SSI Prevalence Rates, by Age Group, as of December, 1975-2045.	37
IV.B6	Age-Sex-Adjusted Federal SSI Prevalence Rates, by Eligibility Category, as of December, 1975-2045.	38
IV.C1	SSI Federal Payments, by Age Group, in CPI-Indexed 2020 Dollars, Calendar Years 1975-2045.	52
IV.D1	SSI Federal Payments, by Age Group, as a Percentage of GDP, Calendar Years 1975-2045. .	55
V.E1	SSI Federally Administered Blind or Disabled Working Recipients as of December, 1987-2019.	114

I. INTRODUCTION

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

In 2019, the SSI program provides a monthly Federal cash payment of \$771 (\$1,157 for a couple if both members are eligible) for an eligible person living in his or her own household and having no other countable income. Since 1975, these Federal SSI benefit rates have increased with the same cost-of-living adjustment applied to benefits under the Old-Age, Survivors, and Disability Insurance (OASDI) program. In addition to setting a Federal benefit standard, the legislation establishing SSI also permitted individual States to supplement the Federal payment with an additional monthly amount. As described in section III.G, these State supplementation payments can be either voluntary at the option of the individual States or, in certain cases, mandatory under requirements in effect when the SSI program began.

Unlike Social Security benefits, which are paid from the Social Security Trust Funds, funding for Federal SSI program benefits and administrative costs for the SSI program comes from the General Fund of the U.S. Treasury. Federally-administered State supplementary payments are also funded by the General Fund but are reimbursed by the States.

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 24th annual report on the SSI program. The legislative mandate requires that the report include:

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

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

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

II. HIGHLIGHTS

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

A. RECENT PROGRAM EXPERIENCE

SSI program experience during the past year included the following:

- During calendar year 2019, 1.5 million individuals applied for SSI benefits based on blindness or disability, an increase of less than 1 percent from 2018. Additionally, 127 thousand individuals applied for SSI benefits based on age, a decrease of less than 1 percent as compared to the 128 thousand who applied in 2018. In 2019, 724 thousand applicants became new recipients of SSI benefits, an increase of less than 1 percent as compared to the 720 thousand who became new recipients in 2018.
- Each month on average during calendar year 2019, 7.9 million individuals received Federal SSI benefits. This group was composed of 1.1 million aged recipients and 6.8 million blind or disabled recipients, of which 66 thousand were blind. Of these 6.8 million blind or disabled recipients, 1.1 million were under age 18, and 1.1 million were aged 65 or older. During calendar year 2019, 8.8 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 2019 totaled \$56.2 billion, up from \$55.2 billion in 2018.
- Each month on average during calendar year 2019, 1.5 million individuals received federally administered State supplementation payments. This group was composed of 408 thousand aged recipients and 1.0 million blind or disabled recipients, of which 19 thousand were blind. Of these 1.0 million blind or disabled recipients, 126 thousand were under age 18, and 260 thousand were aged 65 or older. During calendar year 2019, 1.6 million aged, blind, or disabled individuals received at least 1 month's State supplementation payment.
- State expenditures for federally administered State supplements, excluding fees for Federal administration totaled \$2.6 billion in calendar year 2019, roughly the same level as in 2018.
- In fiscal year (FY) 2019, 96 percent of SSI recipients received their benefits electronically, roughly the same level as in 2018.
- The cost the Social Security Administration (SSA) incurred to administer the SSI program in FY 2019 was \$4.4 billion, which was roughly 8 percent of total federally administered SSI expenditures.¹
- In January 2020, 8.0 million individuals received federally administered monthly SSI benefits averaging \$575. Of these, 7.9 million received monthly Federal SSI payments averaging \$559, and 1.4 million received monthly State supplementation payments averaging \$146.

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

B. SSI LEGISLATION SINCE THE 2019 ANNUAL REPORT

Since we submitted the 2019 *Annual Report of the Supplemental Security Income Program* to the President and Congress on May 30, 2019, there have been no legislative changes made to the SSI program.

C. CURRENT ISSUES FACING THE SSI PROGRAM

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

Program Integrity

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

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

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

This also allows us to focus on recipients who are most likely to have a change that affects eligibility or the amount of benefits. These redeterminations save billions of program dollars with a comparatively small investment of administrative funds.¹

Ongoing Efforts

We continue to rely heavily on emerging technology to support our efforts to review recipient eligibility. For example, we use the Access to Financial Institutions (AFI) process to identify excess resources in bank accounts of SSI applicants and recipients by electronically checking for known and potentially unreported accounts directly with the financial institution. In addition to the AFI process, we also use a process to

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

Highlights

detect and verify when SSI recipients own non-home real property (e.g., houses other than their primary residence) that they have not reported to us, a leading cause of improper payments in the program. We have integrated this functionality into our SSI claims-taking and non-medical redetermination systems to ensure technicians can immediately use the data to determine eligibility and payment amount.

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

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

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

Conclusion

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

D. KEY RESULTS FROM THE 25-YEAR PROJECTIONS

Consistent with the projections in the 2020 Trustees Report, the projections and analysis in this report do not reflect the potential effects of the COVID-19 pandemic on the SSI and Social Security programs. Given the uncertainty associated with these impacts, we believe that it is not possible to adjust these projections reasonably at this time.

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

- Following small declines in the SSI recipient population in the late 1990s due to the combined impact of Public Law 104-121 (the Contract With America Advancement Act of 1996) and Public Law 104-193 (the Personal Responsibility and Work Opportunity Reconciliation Act of 1996), modest growth in the SSI rolls resumed in 2000. The economic recession that began in late 2007 led to faster growth in the SSI recipient population through 2013, but in recent years the SSI recipient population has slightly declined as the number of applicants for SSI payments declined through 2018 and remained at about 2018 levels in 2019. We project the number of applications to increase slightly in 2020, and then to resume a modest level of growth which is estimated to continue throughout the remainder of the projection period at a rate somewhat slower than the rate of growth in the Social Security area population. By 2044, we estimate that the Federal SSI recipient population will reach 8.4 million. As a percentage of the total Social Security area population, we project the number of Federal SSI recipients to decrease very gradually from 2.37 in 2019 to 2.17 percent of the population by 2044. This occurs for several reasons, including that the percent of the population potentially eligible for SSI based on their citizenship and residency status is projected to decline slightly in the future.

- We estimate that Federal expenditures for SSI payments in calendar year 2020 will slightly increase by \$0.7 billion to \$56.9 billion, an increase of 1.2 percent from 2019 levels. In dollars adjusted by the Consumer Price Index to 2020 levels, we project that SSI program outlays will increase to \$61.2 billion in 2044, a real increase of 0.3 percent per year.
- Federal SSI expenditures were 0.26 percent of Gross Domestic Product (GDP) in 2019. We project that such expenditures will decrease to 0.25 percent of GDP in 2020, and continue to decline thereafter to 0.18 percent of GDP by 2044. Federal SSI expenditures are projected to grow more slowly than GDP both because the share of the population that will be potentially eligible for SSI will decline and because the maximum federal SSI benefit is projected to grow more slowly on average than the growth in average income in the future

III. THE SUPPLEMENTAL SECURITY INCOME PROGRAM

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

A. BACKGROUND

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

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

Beginning in the early 1960s, this State-operated, federally assisted system drew criticism directed at the “crazy quilt”¹ eligibility requirements and payment levels. Other criticism centered on specific requirements, such as lien laws and provisions that required certain relatives to bear responsibility for the maintenance of family members in need.

Responding to these concerns, Congress passed and the President approved the 1972 Amendments to the Social Security Act, which created the SSI program, and thereby substantially reversed the Federal and State roles with regard to means-tested assistance. Under the new program, the SSI mission was to provide a uniform Federal income floor while optional State programs supplement that floor. The new program was historic in that it shifted responsibility from the States to the Federal Government for determining who would receive assistance and how much assistance they would receive.

B. THE BASIC PLAN

The main objective of the SSI program is to provide basic financial support of aged, blind, or disabled individuals whose income and resources are below certain limits. Congress designed the SSI program based on the following principles:

- Eligibility requirements and benefit standards that are nationally uniform and eligibility determinations based on objective criteria;
- An assistance source of last resort for the aged, blind, or disabled whose income and resources are below specified levels;
- Incentives and opportunities for those recipients able to work or to be rehabilitated that would enable them to reduce their dependency on public assistance;
- An efficient and economical method of providing assistance;

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

- Incentives for States to supplement the basic Federal benefit and protection for former recipients of State adult assistance programs who were converted to the SSI program; and
- Appropriate coordination of the SSI program with the supplemental nutrition assistance, medical assistance, and other programs.¹

C. UNIFORM STANDARDS AND OBJECTIVE CRITERIA

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

- **Income and resource limit.** If an individual's income or resources go above the limit, he or she may not qualify for SSI assistance. The countable income limits for individuals and couples are equal to their respective Federal benefit rates (FBR)² and generally increase annually according to changes in the cost of living. For 2020, the FBR is \$783 a month for individuals and \$1,175 a month for couples. The resource limit is \$2,000 in countable resources for individuals and \$3,000 for couples.
- **Minimum age of 65 to receive age-based assistance.**
- **Definition of disability and blindness.** The definitions for individuals age 18 or older are the same as those used for the Social Security program. In order to be considered disabled, an individual must have a medically determinable physical or mental impairment that is expected to last or has lasted at least 12 continuous months or is expected to result in death and: (1) if age 18 or older, prevents him or her from doing any substantial gainful activity (SGA);³ or (2) if under age 18, results in marked and severe functional limitations. Individuals for whom addiction to drugs or alcoholism is a contributing factor material to the determination of their disabilities are not eligible for benefits. In order to be considered blind, an individual must have central visual acuity of 20/200 or less in the better eye with the use of a correcting lens or with a visual field limitation of 20 degrees or less in the better eye.
- **Citizenship and residency requirements.** To be eligible for SSI, an individual must be:
 - a citizen or national of the United States;
 - an American Indian born in Canada who is admitted to the United States under section 289 of the Immigration and the Nationality Act (INA);
 - an American Indian born outside the United States who is a member of a federally recognized Indian tribe under section 4(e) of the Indian Self-Determination and Education Assistance Act;
 - a noncitizen who was receiving SSI benefits on August 22, 1996; or

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

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

³ "SGA" describes a level of work activity that is both substantial (i.e., involves the performance of significant physical or mental activities) and gainful (i.e., activities in work for pay or profit, or in work generally performed for pay or profit). SGA rules do not apply to the SSI blind. Generally, earnings from work activity of over \$1,260 a month are evidence of ability to engage in SGA. If an SSI *applicant* is earning over \$1,260 a month, he or she generally would not be considered disabled. However, if an SSI *recipient* is earning over \$1,260 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 \$1,260 was increased from \$1,220 effective January 1, 2020 (84 FR 56515). According to regulation, SSA bases yearly increases in the SGA level on increases in the national average wage index. See table V.E1 for the history of SGA level amounts.

— a qualified alien.

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

- Noncitizen active duty U.S. Armed Forces personnel, honorably discharged veterans, and their spouses and dependent children; or
- Lawful permanent residents (LPR) who have earned or can be credited (from their spouses or parents) with 40 qualifying quarters of earnings. Qualified aliens in this category must also serve a 5-year waiting period in which they cannot receive SSI. This waiting period begins with the date they either entered the United States as an LPR or were adjusted to LPR status.
- Certain noncitizens who are blind or disabled and were lawfully residing in the United States on August 22, 1996; and
- Certain immigrants lawfully residing in the United States for humanitarian reasons²:
 - Refugees (eligibility generally limited to the 7-year period after their arrival in the United States);
 - Asylees (eligibility generally limited to the 7-year period after the date they are granted asylum);
 - Noncitizens whose deportations were withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or whose removals were withheld under section 241(b)(3) of the INA (eligibility generally limited to the 7-year period after the date that deportation or removal is withheld);
 - Cuban and Haitian entrants as defined by Federal statute, including: 1) section 501(e) of the Refugee Education Assistance Act of 1980; 2) former parolees and other aliens who became residents under the Cuban Adjustment Act of 1966; 3) aliens who became permanent residents under the Nicaraguan and Central American Relief Act; 4) aliens who adjusted status as Cuban/Haitian entrants under the provisions of the Immigration Reform and Control Act of 1986; and 5) aliens who became permanent residents under the Haitian Refugee Immigration Fairness Act (eligibility for these categories generally limited to the 7-year period after the date that entrant status is granted); and
 - Amerasian immigrants admitted pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988 and subsequent amendments (eligibility generally limited to the 7-year period after their arrival in the United States).

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

- Noncitizens certified by the Department of Health and Human Services to be victims of certain types of human trafficking in the United States³ (eligibility generally limited to the 7 years after a determination is made that they are trafficking victims); and

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

² Generally, the law limits SSI eligibility for humanitarian immigrants to 7 years. As of December 2019 there were approximately 46 thousand SSI recipients receiving time-limited SSI benefit payments, which was roughly 0.6 percent of all recipients who received federally administered SSI payments in that month.

³ “Human trafficking” is generally defined as the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

- Iraqi or Afghan noncitizens granted special immigrant status under emergency conditions, such as Iraqis or Afghans who have provided service to the U.S. government and, as a result, may be in danger within their country of origin (eligibility for SSI generally limited to the 7 years after the special immigrant status is granted).

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

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

D. ASSISTANCE OF LAST RESORT

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

1. Income

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

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

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

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

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

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

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

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

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

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

- The first \$20 per month;¹
- Income set aside or being used to pursue a PASS by a disabled or blind individual;
- State or locally funded assistance based on need;
- Rent subsidies under the Department of Housing and Urban Development programs;
- The value of supplemental nutrition assistance; and
- The first \$60 of infrequently or irregularly received income in a calendar quarter.

2. Resources

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

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

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

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

If an individual disposes of resources at less than fair market value within the 36-month period prior to his or her application for SSI or at any time thereafter, he or she may be penalized. The penalty is a loss of SSI benefits for a number of months (up to a 36-month maximum).¹ The penalty does not apply if the applicant can show that the resources were disposed of exclusively for a purpose other than establishing SSI eligibility.

The principal resource exclusions² are:

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

3. Filing for Other Benefits

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

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

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

State and local governments—rather than the Federal Government—traditionally have taken financial responsibility for residents of their public institutions. The SSI program continues this long-standing pub-

¹ We calculate the number of months of penalty by dividing the uncompensated value of disposed-of-resources by the Federal benefit rate plus the maximum federally administered State supplementation payment, if any, applicable to the individual's living arrangement.

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

lic assistance policy. Individuals who reside in a public institution for a full calendar month are generally ineligible for SSI unless one of the following exceptions applies:

- The public institution is a medical treatment facility and Medicaid pays more than 50 percent of the cost of care, or in the case of a child under age 18, Medicaid or private health insurance pays more than 50 percent of the cost of care—in these situations, the SSI payment is limited to \$30;
- The public institution is a publicly-operated community residence that serves no more than 16 residents;
- The public institution is an emergency shelter for the homeless—in these situations payments are limited to no more than 6 months in any 9-month period;
 - The recipient was eligible under section 1619(a) or (b)¹ for the month preceding the first full month in the public institution and permitted by the institution to retain any benefits—in this situation, payments are limited to 2 months; or
 - A physician certifies that the recipient’s stay in a medical treatment facility is likely not to exceed 3 months, and SSA determines that continued SSI eligibility is necessary to maintain and provide for the expenses of the home to which the individual will return. In this situation, the recipient may continue to receive the full benefit for any of the first 3 full months of medical confinement if he or she meets all other conditions for payment.

5. Personal Needs Allowance

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

6. Deeming

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

a. Spouse-to-Spouse Deeming

When an eligible individual lives in the same household with a spouse who is not eligible for SSI, we deem the ineligible spouse’s income and resources to be available to the eligible individual. In determining the amount of income and resources available to the eligible individual, we use all applicable exclusions. We also deduct from the income available for deeming a living allowance for any ineligible children under age 18 (or under age 22 and a student) living in the household, which reduces the amount of income to be

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

² Deeming also applies to an individual who lives with an essential person (a concept carried over from the former State assistance plans). However, as of February 2020 there were only 8 of these cases remaining.

deemed.¹ Spouse-to-spouse deeming generally results in approximately the same amount of income available to the couple that would be available if both members of the couple were aged, blind, or disabled and eligible for SSI.

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

b. Parent-to-Child Deeming

A child under age 18 is subject to deeming from an ineligible natural or adoptive parent (and that parent's spouse if any) living in the same household. Deeming does not apply if: (1) a child lives in a household with only the spouse of a parent (i.e., a stepparent); and (2) the natural or adoptive parent has permanently left the household. Deeming to a child continues if the parent is absent from the household only if the absence is temporary or due solely to active duty assignment as a member of the U.S. Armed Forces. If a child lives in a household in which all members are receiving public assistance benefits, we do not consider that child to be receiving any support, and deeming does not apply.

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

c. Sponsor-to-Alien Deeming

We deem the income and resources of noncitizens to include those of their sponsors. The way we deem the income and resources and the length of the deeming period depends on whether the sponsor signed a legally enforceable affidavit of support³ or the previous version of the affidavit. Generally, noncitizens who entered the country before 1998 did so under the old version of the affidavit.⁴

Under the old version of the affidavit, deeming of the sponsor's income and resources lasts until the noncitizen has been in the United States for 3 years.⁵ The law provides living allowances equal to the Federal benefit rate for the sponsor as well as allowances equal to one-half of the FBR for each of the sponsor's dependents. The law also provides allowances for the sponsor and his or her family members in determining deemed resources. These allowances reduce the amount of the sponsor's income and resources deemed to the noncitizen.

For noncitizens admitted into the United States under a legally enforceable affidavit of support, deeming generally applies until the noncitizen becomes a U.S. citizen. Deeming ends before citizenship if the noncitizen has earned, or can be credited with, 40 qualifying quarters of earnings. Children and spouses of

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

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

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

⁴ The United States Citizenship and Immigration Services, previously known as the Immigration and Naturalization Service, began using these new, legally enforceable affidavits on December 19, 1997. However, if a potential immigrant had a visa issued before that date, the sponsor would sign an old version of the affidavit, even if the affidavit was signed after December 19, 1997.

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

workers may be credited with quarters earned by the worker. A quarter otherwise earned after 1996 does not count as 1 of the required 40 if the noncitizen or worker received Federal means-tested public benefits during the relevant period.

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

E. INCENTIVES FOR WORK AND OPPORTUNITIES FOR REHABILITATION

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

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

1. Earned Income Exclusion

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

2. Impairment-Related Work Expense Exclusion

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

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

3. Work Expenses of the Blind Exclusion

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

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

4. Student Earned Income Exclusion

The student earned income exclusion is an additional exclusion for an individual who is under age 22 and regularly attending school. Under current regulations, we exclude up to \$1,900 of earned income per month but no more than \$7,670 per year.¹

5. Plan to Achieve Self-Support (PASS)

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

The individual must have a feasible work goal, must have a specific savings or spending plan, and must provide for a clearly identifiable accounting for the funds that he or she sets aside. We must approve the PASS; the individual must then follow the plan and negotiate revisions as needed. SSA monitors the plans by reviewing them periodically to evaluate the individual's progress towards attaining the work goal.

6. Special Provisions for Disabled Recipients Who Work

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

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

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

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

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

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

- Have a disabling condition;
- Need Medicaid in order to work;

¹ Effective January 1, 2020 (84 FR 56515). The student earned income exclusion generally increases yearly based on changes in the cost of living. See table V.E1 for a history of maximum monthly and calendar year exclusion amounts.

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

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

7. Vocational Rehabilitation/Ticket to Work Program

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

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

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

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

Individuals who improve medically and, therefore, are no longer considered disabled or blind may continue to receive SSI benefits if they are actively participating in the Ticket to Work program or another approved program of VR services, employment services, or other support services. For benefits to con-

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

tinue, SSA must determine that continuing or completing the program will increase the likelihood that the individual will be permanently removed from the SSI rolls. SSI benefits and Medicaid generally continue until the recipient completes the approved program or the individual ceases to participate in the program.

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

8. Expedited Reinstatement

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

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

F. ADMINISTRATION OF THE SSI PROGRAM

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

1. Application Process

Individuals can apply for SSI benefits at any one of the approximately 1,200 SSA field offices around the country or through SSA teleservice centers. Although many of the eligibility requirements for the Social Security program and the SSI program are different, the application process is very similar. Individuals typically file for benefits under both programs at the same time. As of April 1, 2017, people who file online for disability insurance benefits can also file for SSI online in certain circumstances (<https://www.ssa.gov/disabilityssi/>).

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

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

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

2. Determination of Eligibility for Benefits

SSI applications have no retroactivity and become effective in the month after the month of filing or the month after all eligibility requirements are met, whichever is later. Eligibility for payments in a month is based on resources owned as of the first day of the month and income received in that month, in addition to other criteria. We generally calculate the amount of the monthly payment using income in the second month preceding the month for which the payment is made.² However, at the start of a period of eligibility or re-eligibility, we determine the amount of payments for both the first and second months using the income received in the first month.

3. Payment of Benefits

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

SSI recipient participation in direct deposit increased gradually in the 2000's after experiencing a period of sharp growth when it more than doubled from 24 percent in 1995 to 49 percent in 2000. Effective May 1, 2011, applicants filing for SSI benefit payments must choose direct deposit, the Direct Express® debit card, or an electronic transfer account (ETA). Effective March 1, 2013, individuals must receive their SSI benefits electronically through direct deposit, the Direct Express® debit card, or ETA unless they qualify for an automatic exemption (e.g., based on age) or are granted a waiver on the basis of hardship. Examples of such hardship situations include inability to manage an account at a financial institution or Direct Express® due to mental impairment, or to living in a remote geographic location lacking the necessary infrastructure to support electronic financial transactions. As of March 2020, about 96 percent of SSI recipients received their benefits electronically.

4. Ensuring Continued Eligibility for Benefits

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

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

- When earnings of recipients exceed the SGA level;³
- At least once every 3 years for recipients under age 18 whose medical conditions are likely to improve;

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

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

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

- Not later than 12 months after birth for recipients whose low birth weight is a contributing factor material to the determination of their disability, unless SSA determines that the impairment is not likely to improve within 12 months of the child's birth; and
- Generally, within 1 year after attaining age 18 for recipients whose eligibility we established under the disabled child eligibility criteria. We conduct the required review using the adult eligibility criteria.

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

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

Additionally, SSA may use an accelerated rate of overpayment recovery to encourage accurate reporting. SSA generally recovers overpayments to SSI recipients by withholding an amount equal to 10 percent of the individual's countable monthly income from the recipient's monthly payment. For many recipients whose only income is SSI, this withheld amount is 10 percent of their monthly SSI payment. However, if SSA determines that the recipient misrepresented or concealed material information, 100 percent of the monthly SSI benefit may be subject to recovery.

5. Representative Payees

When SSI recipients are incapable of managing or directing others to manage their benefits, or are declared legally incompetent, we appoint representative payees for such recipients who receive the individual's SSI benefits on their behalf. In many cases the representative payee is a spouse, a parent, or other close relative or individual who will act in the recipient's best interest. In some limited cases, SSA approves an organization to serve as a payee. SSA authorizes certain types of organizations to collect a fee from the individual's payment for acting as payee. The fee cannot exceed the lesser of 10 percent of the payment amount or a specified amount (\$44 a month in 2020).¹

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

¹ For disabled recipients who also have a drug addiction or alcoholism condition, the maximum permitted fee in 2020 is \$83 a month (84 FR 56515). We periodically increase the maximum permitted amounts of the representative payee fees based on changes in the cost of living.

6. Appeal Rights

Individuals who disagree with an SSA determination (e.g., eligibility for or the amount of SSI benefits) can appeal by filing an appeal request online¹ or by writing to their local field office. There are four levels of appeal: reconsideration, hearing, Appeals Council review, and Federal court review. If individuals do not agree with the decision they receive at one level, they may appeal to the next. A reconsideration is a complete review by SSA personnel (or DDS personnel if applicants are appealing a disability determination) who have had no involvement in the initial determination.² A hearing gives applicants the opportunity to appear before an administrative law judge (ALJ) who had no part in the initial determination or the reconsideration. The Appeals Council may dismiss a request for review, deny a request for review if there is substantial evidence supporting the hearing decision, decide the case itself, or remand the case to the ALJ for further action. A Federal district court may look at cases when applicants disagree with the Appeal Council's decision or denial of the request for review.

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

7. Fees for Attorneys and Non-attorney Representatives

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

With a limited exception, representatives must use one of SSA's fee authorization processes to request a fee for their services.³ They can request a fee by either submitting a fee agreement or filing a fee petition. SSA reviews the documents and authorizes the fee the representative may charge or receive. Under the statute, the fee under an approved fee agreement is the lesser of 25 percent of the past-due benefits or a maximum amount (currently \$6,000) adjustable by the Commissioner at his or her discretion. There is no limit on the amount of the fee based on a fee petition; a reasonable fee is determined after reviewing the specific services provided by the representative. After SSA authorizes the fee, the representative may not charge or receive more than the amount authorized.

The SSI program previously differed from the Social Security program in that we did not withhold amounts from an individual's SSI benefits to directly pay the representative his or her authorized fee. SSI claimants were responsible for paying such fees directly to their representatives. However, beginning February 28, 2005, Congress extended direct payment of both attorney and non-attorney representative fees to the SSI program.⁴ As in the fee process for the Social Security program, we can withhold up to 25 percent of the individual's SSI past-due benefits to pay an eligible representative's fee directly. The law also

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

² SSA introduced a modification of this process in 10 States for disability applications filed October 1, 1999 and later. Under this revised process, claimants appeal an initial disability denial by requesting an Administrative Law Judge hearing, thereby eliminating the reconsideration step. SSA began reinstating the reconsideration level of appeal in these States via a staged roll-out on January 1, 2019, and completed this process by March 31, 2020.

³ We do not need to authorize a fee when the representative informs us in a prescribed manner that a third-party entity will pay the representative's fee and the claimant and affected parties are not liable for it in any way. We also do not need to authorize a fee that the court authorized based on actions as a legal guardian or court-appointed representative.

⁴ Public Law 108-203, enacted March 2, 2004, granted temporary extension of the attorney fee payment system to SSI claims for a period of 5 years. Public Law 111-142, enacted February 27, 2010, made this extension permanent.

requires that we charge representatives an assessment of the smaller of 6.3 percent of each authorized fee withheld or the flat-rate cap of \$97.¹ This assessment applies to authorized fees withheld under the SSI program and the Social Security program; however, in concurrent cases, we only charge the assessment once based on the total fee we directly pay to the representative. We adjust the flat-rate cap based on annual cost-of-living adjustments that we round down to the next lower dollar.

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

8. Advance Payments

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

a. Emergency Advance Payments

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

b. Presumptive Disability or Blindness

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

G. STATE SUPPLEMENTATION

In designing the SSI program, Congress recognized that States,² in many instances, may want to provide a higher level of income maintenance than the Federal SSI program provides. Thus, the law gives the States the option to supplement Federal payments based on their views of the needs of their citizens. Lawmakers also mandated that States not provide lower benefits under the Federal program than they had provided under the former State program.

The following paragraphs describe the current forms of State supplementation. Table III.H1 summarizes State-specific participation in these programs as well as other programs requiring State and Federal coordination as discussed in section III.H.

¹ Effective January 1, 2020 (84 FR 56515). We generally adjust the flat-rate cap periodically based on changes in the cost-of-living.

² References to State include, in addition to the 50 States, the District of Columbia. The applicable State supplementation provisions would also apply to the Northern Mariana Islands if it began making State supplementation payments.

1. Optional State Supplementation Programs

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

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

2. Mandatory State Supplementation Programs

In addition to optional State supplementation programs, in limited cases, States must pay mandatory supplementation payments. Congress requires States to maintain the December 1973 income levels of individuals who were transferred in 1974 from the former State adult assistance programs to the SSI program, with two exceptions: Texas, which has a constitutional bar against mandatory State supplementation, and West Virginia, because the SSI FBR in 1973 exceeded the applicable income standards under that State's adult assistance programs. Over the years, many individuals who converted to SSI from the State benefit rolls have died and others have had their incomes increase above the December 1973 level. As a result, few individuals continue to receive mandatory State supplementation payments.

3. Administration of State Supplementation Payments

A State may administer its supplementary program or enter into an agreement under which SSA will make eligibility determinations and payments on behalf of the State. Under State administration, the State pays its own program benefits and absorbs the full administrative costs. Under Federal administration, States are required to pay SSA a fee for each supplementary payment issued. In fiscal year 2020, the fee is \$12.41 per payment issued.¹ Fees increase in succeeding fiscal years based on increases in the Consumer Price Index for All Urban Consumers.

States that administer their own supplementary payment programs to SSI recipients establish their own eligibility criteria for the supplementary payments. States with federally administered programs may supplement the Federal benefit among a limited number of geographical and living arrangement variations for SSI recipients.²

4. Passalong Provisions

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

To meet the passalong requirement, a State may either maintain each State payment level from year to year—the “payment levels” method—or it may spend the same amount of money, in the aggregate, that it spent for supplementary benefits in the 12-month period preceding the increase in the SSI benefit rate—

¹ Increased from \$12.21 effective October 1, 2019. Under current regulations, this amount is subject to yearly increases to reflect changes in the cost of living. The regulations also allow us to set a different fee “appropriate for the State,” based on the complexity of its program.

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

the “total expenditures” method. Currently, 38 States use the payment levels method and 9 States plus the District of Columbia use the total expenditures method. There are 3 States that do not pay State supplementary payments. West Virginia has no optional supplementary plan and the legislation did not require it to establish a mandatory plan because Federal SSI income standards exceeded all payments made under the State’s adult assistance programs in 1973. Arizona and North Dakota have no optional supplementary plan and no mandatory minimum State supplementation recipients remaining.

H. COORDINATION WITH OTHER PROGRAMS

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

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

SSA also plays a limited but important role in helping States administer the Medicaid Program and the Supplemental Nutrition Assistance Program (SNAP).¹

1. Windfall Offset

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

2. Interim Assistance Reimbursement

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

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

3. Medicaid Determinations

Most SSI recipients are categorically eligible for Medicaid. A State may either use SSI eligibility criteria for determining Medicaid eligibility or use its own criteria as long as the criteria are no more restrictive than the State’s January 1972 medical assistance standards. Forty-one States, the District of Columbia, and the Northern Mariana Islands use SSI criteria and 9 States use eligibility criteria more restrictive than those of the SSI program.

States also may enter into agreements with SSA for SSA to make Medicaid eligibility determinations on their behalf for as long as the eligibility requirements of the State’s Medicaid plans match those for the SSI

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

The Supplemental Security Income Program

program. Under these agreements, SSA determines only when an individual is eligible for Medicaid; SSA does not determine Medicaid ineligibility. SSA has Medicaid determination agreements with 34 States and the District of Columbia.

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

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

4. Supplemental Nutrition Assistance Program (SNAP) Applications

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

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

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

Table III.H1.—SSI State Supplementation^a and Coordination with Other Programs

United States and District of Columbia	Optional State program— Administered by:			Method of mandatory passalong of benefit increases from cost-of-living adjustments		Medicaid eligibility determination—			Interim assistance reimbursement agreement with SSA
	State	Federal (SSA)	Federal & State	Payment levels	Total expenditures	Based on:		Agreement with SSA to determine eligibility	
						Federal criteria	State criteria		
Alabama ^b	*			*		*		*	
Alaska	*				*	*			*
Arizona						*		*	*c
Arkansas ^d				*		*		*	
California ^e		*		*		*		*	*
Colorado	*				*	*		*	*
Connecticut ^b	*			*			*		*
Delaware ^e			*	*		*		*	
District of Columbia ^e			*		*	*		*	*
Florida ^b	*			*		*		*	*
Georgia ^e	*			*		*		*	*
Hawaii ^b		*			*		*		*
Idaho	*			*		*			
Illinois	*			*			*		*
Indiana ^b	*			*		*		*	*
Iowa ^e			*	*		*		*	*
Kansas ^d	*			*		*			*
Kentucky ^b	*			*		*		*	*
Louisiana ^e	*			*		*		*	
Maine	*			*		*		*	*
Maryland ^e	*			*		*		*	*
Massachusetts	*			*		*		*	*
Michigan ^e			*	*		*		*	*
Minnesota ^b	*			*			*		*
Mississippi ^d				*		*		*	
Missouri	*			*			*		*
Montana ^e		*		*		*		*	*
Nebraska	*				*	*			*
Nevada ^b		*		*		*			*
New Hampshire	*			*			*		* f
New Jersey ^e		*		*		*		*	*
New Mexico	*			*		*		*	* f
New York	*			*		*		*	*
North Carolina	*			*		*		*	*
North Dakota ^b							*		
Ohio ^e	*			*		*		*	*
Oklahoma	*				*		*		
Oregon	*				*	*			*
Pennsylvania ^e			*	*		*		*	* c
Rhode Island ^b			*	*		*		*	* f
South Carolina ^b	*			*		*		*	
South Dakota ^e	*			*		*		*	
Tennessee ^d				*		*		*	
Texas ^g	*			*		*		*	
Utah ^b	*				*	*			*
Vermont ^b		*		*		*		*	*
Virginia ^b	*			*			*		* c
Washington	*				*	*		*	*
West Virginia ^g						*		*	
Wisconsin	*				*	*		*	*
Wyoming	*			*		*		*	
Total	33	6	6	38	10	42	9	35	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, 2020-2044

As section III explains, an individual must meet certain requirements related to his or her income and resources, taking into account the individual's living arrangements and family structure, in order to be eligible for SSI payments. The individual must also meet certain citizenship status and residency requirements. In addition, all persons under age 65, and certain noncitizen legal residents age 65 or older, must be blind or disabled. Consequently, future SSI program expenditures will depend on a variety of difficult-to-project factors, including the performance of national and local economies, growth and distribution of personal income and financial assets, household and family compositions, the prevalence of disability in the general population, and the determination of disability according to the definition in the Act. Nonetheless, for planning purposes and to meet the legislative requirement for this report, it is important to develop our best possible projections of future SSI program recipients and expenditures.

This section presents projections of program recipients and expenditures under the SSI program for a period of 25 years. The projections reflect the current law governing the operation of the SSI program. Projections are developed consistent with the intermediate demographic and economic assumptions developed for the 2020 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds.¹ SSI payments may be partially or completely offset under current law for recipients with income, including earnings from employment and monthly Social Security benefits. For the purpose of projections in this report, the level of SSI payments net of offsets for receipt of Social Security benefits are estimated on the basis of scheduled Social Security benefit levels intended by Congress under current law. However, it should be noted that under the intermediate assumptions in the 2020 Trustees Report, assuming no change in current Social Security law, the OASI Trust Fund reserves would become depleted before the end of the projection period in this SSI report. If this were to happen, the level of Social Security benefits could be reduced from scheduled levels for some SSI recipients resulting in somewhat higher levels in net SSI payments.

It is also important to note that, consistent with the projections in the 2020 Trustees Report, the projections and analysis in this report do not reflect the potential effects of the COVID-19 pandemic on the SSI and Social Security programs. Given the uncertainty associated with these impacts, it is not possible to adjust these projections reasonably at this time.

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

A. DEMOGRAPHIC AND ECONOMIC ASSUMPTIONS

This section presents the most relevant demographic and economic projections from the 2020 Trustees Report that are used for the SSI projections in this SSI Annual Report. Sections V.A and V.B of the Trust-

¹ House Document 116-123 published May 1, 2020.

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

Demographic and Economic Assumptions

ees Report present a detailed discussion of these demographic and economic projections. The following two tables summarize two key parameters underlying the estimates in this report. Table IV.A1 presents Social Security area population projections by age subgroups that provide the basis for the projected numbers of SSI recipients by age group presented in the next section.

Program Recipients and Federal Expenditures

Table IV.A1.—Historical and Projected Social Security Area Population based on the Intermediate Assumptions of the 2020 OASDI Trustees Report, as of July 1, 1975-2044
[In thousands]

Year	Age groups ^a						Total all ages
	0-17	18-34	35-49	50-64	65-74	75 or older	
Historical data:							
1975	69,932	61,781	36,367	33,189	14,176	9,131	224,576
1980	65,965	70,189	38,526	34,261	15,813	10,493	235,247
1985	65,119	73,155	45,279	33,971	17,101	12,031	246,656
1986	65,379	73,273	46,846	33,803	17,408	12,332	249,040
1987	65,642	73,343	48,482	33,680	17,692	12,641	251,479
1988	65,918	73,401	50,146	33,637	17,924	12,949	253,975
1989	66,340	73,306	51,879	33,680	18,108	13,265	256,578
1990	67,162	72,943	53,673	33,789	18,319	13,605	259,490
1991	68,296	72,328	55,492	33,991	18,569	13,938	262,614
1992	69,419	71,586	57,227	34,418	18,784	14,269	265,704
1993	70,442	70,871	58,810	35,046	18,941	14,587	268,697
1994	71,330	70,179	60,413	35,708	19,039	14,900	271,568
1995	72,049	69,526	62,120	36,316	19,075	15,238	274,324
1996	72,619	68,982	63,590	37,172	19,052	15,593	277,008
1997	73,032	68,588	64,588	38,528	18,977	15,949	279,663
1998	73,315	68,356	65,435	40,055	18,864	16,279	282,304
1999	73,561	68,254	66,272	41,545	18,736	16,574	284,943
2000	73,871	68,357	66,912	43,044	18,648	16,857	287,689
2001	74,214	68,683	67,326	44,581	18,608	17,131	290,544
2002	74,563	69,097	67,534	46,194	18,625	17,375	293,388
2003	74,879	69,529	67,577	47,837	18,721	17,599	296,142
2004	75,199	69,958	67,585	49,527	18,893	17,817	298,979
2005	75,605	70,433	67,696	51,311	19,137	18,034	302,216
2006	76,075	70,980	67,751	53,107	19,497	18,237	305,647
2007	76,467	71,514	67,386	54,758	20,065	18,418	308,607
2008	76,644	71,952	66,575	56,177	20,814	18,552	310,715
2009	76,737	72,496	65,680	57,597	21,554	18,689	312,754
2010	76,682	73,192	64,879	59,222	22,160	18,886	315,020
2011	76,424	73,839	64,092	60,617	22,951	19,073	316,996
2012	76,203	74,300	63,397	61,498	24,135	19,280	318,814
2013	76,030	74,681	62,820	62,231	25,337	19,545	320,644
2014	75,988	75,240	62,484	62,993	26,449	19,833	322,987
2015	76,037	75,791	62,511	63,587	27,573	20,141	325,640
2016	76,008	76,101	62,670	63,871	28,677	20,510	327,838
2017	75,870	76,324	62,899	63,907	29,714	21,019	329,733
2018 ^b	75,700	76,696	63,260	63,898	30,662	21,652	331,867
2019 ^b	75,532	77,203	63,555	63,911	31,682	22,269	334,152
Projected:							
2020	75,370	77,617	63,743	63,971	32,825	22,820	336,345
2021	75,216	78,013	63,969	63,964	33,807	23,551	338,519
2022	75,073	78,429	64,403	63,672	34,504	24,618	340,700
2023	74,977	78,796	65,095	63,179	35,133	25,737	342,916
2024	74,919	79,119	65,950	62,621	35,818	26,770	345,197
2025	74,903	79,397	66,897	62,028	36,527	27,805	347,557
2026	74,982	79,641	67,876	61,450	37,168	28,862	349,979
2027	75,240	79,828	68,727	60,997	37,682	29,960	352,433
2028	75,671	79,954	69,431	60,653	38,103	31,074	354,886
2029	76,217	80,067	69,984	60,423	38,415	32,210	357,316
2030	76,820	80,178	70,346	60,456	38,536	33,366	359,703
2031	77,432	80,300	70,640	60,709	38,443	34,514	362,038
2032	78,027	80,447	70,921	61,063	38,182	35,677	364,317
2033	78,602	80,584	71,236	61,424	37,896	36,799	366,541
2034	79,204	80,657	71,620	61,689	37,667	37,871	368,708
2035	79,879	80,618	71,992	61,878	37,511	38,941	370,818
2036	80,636	80,492	72,329	62,114	37,348	39,951	372,870
2037	81,462	80,324	72,620	62,545	37,042	40,870	374,863
2038	82,301	80,102	72,869	63,217	36,596	41,711	376,796
2039	83,083	79,881	73,056	64,042	36,137	42,468	378,668
2040	83,795	79,679	73,163	64,956	35,809	43,077	380,478
2041	84,406	79,486	73,303	65,895	35,642	43,497	382,228
2042	84,888	79,324	73,567	66,712	35,634	43,796	383,920
2043	85,228	79,271	73,909	67,390	35,710	44,051	385,560
2044	85,443	79,427	74,225	67,926	35,802	44,331	387,154

^a Age as of last birthday.

^b Estimated.

Notes:

1. Totals do not necessarily equal the sums of rounded components.
2. Historical data are subject to revision
3. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI20.

Table IV.A2 presents a history of the Social Security and Federal SSI benefit rate increases and Federal benefit rates since the inception of the program, along with the projections of such amounts consistent

with the Trustees economic projections used also for the SSI expenditure estimates in section IV.C. An adjustment is made to the monthly Federal benefit rate in January of each year for which there is a cost-of-living adjustment (COLA).¹ The Social Security benefit rate increase is the COLA applied to Social Security benefits under the OASDI program after initial benefit eligibility. In previous years, the Federal SSI benefit rate was subject to occasional ad hoc increases, either in place of or in addition to the automatic adjustments. Table V.A1 presents a history of legislation affecting the Federal benefit rate.

Table IV.A2.—SSI Federal Benefit Rate Increases and Levels: Historical and Projected on the Basis of the Intermediate Assumptions of the 2020 OASDI Trustees Report, 1975-2044

Year	Social Security benefit rate increase ^{a,b}	SSI benefit rate increase ^{a,c}	Federal SSI benefit rate		
			Individual	Couple	Essential person ^d
Historical data:					
1975	8.0%	8.0%	\$157.70	\$236.60	\$78.90
1980	14.3	14.3	238.00	357.00	119.20
1985	3.1	3.5	325.00	488.00	163.00
1986	1.3	3.1	336.00	504.00	168.00
1987	4.2	1.3	340.00	510.00	170.00
1988	4.0	4.2	354.00	532.00	177.00
1989	4.7	4.0	368.00	553.00	184.00
1990	5.4	4.7	386.00	579.00	193.00
1991	3.7	5.4	407.00	610.00	204.00
1992	3.0	3.7	422.00	633.00	211.00
1993	2.6	3.0	434.00	652.00	217.00
1994	2.8	2.6	446.00	669.00	223.00
1995	2.6	2.8	458.00	687.00	229.00
1996	2.9	2.6	470.00	705.00	235.00
1997	2.1	2.9	484.00	726.00	242.00
1998	1.3	2.1	494.00	741.00	247.00
1999	^e 2.5	1.3	500.00	751.00	250.00
2000	3.5	^e 2.5	^f 513.00	769.00	257.00
2001	2.6	3.5	^f 531.00	796.00	266.00
2002	1.4	2.6	545.00	817.00	273.00
2003	2.1	1.4	552.00	829.00	277.00
2004	2.7	2.1	564.00	846.00	282.00
2005	4.1	2.7	579.00	869.00	290.00
2006	3.3	4.1	603.00	904.00	302.00
2007	2.3	3.3	623.00	934.00	312.00
2008	5.8	2.3	637.00	956.00	319.00
2009	0.0	5.8	674.00	1,011.00	338.00
2010	0.0	0.0	674.00	1,011.00	338.00
2011	3.6	0.0	674.00	1,011.00	338.00
2012	1.7	3.6	698.00	1,048.00	350.00
2013	1.5	1.7	710.00	1,066.00	356.00
2014	1.7	1.5	721.00	1,082.00	361.00
2015	0.0	1.7	733.00	1,100.00	367.00
2016	0.3	0.0	733.00	1,100.00	367.00
2017	2.0	0.3	735.00	1,103.00	368.00
2018	2.8	2.0	750.00	1,125.00	376.00
2019	1.6	2.8	771.00	1,157.00	386.00
2020	2.3	1.6	783.00	1,175.00	392.00

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 2020 OASDI Trustees Report, 1975-2044 (Cont.)

Year	Social Security benefit rate increase ^{a,b}	SSI benefit rate increase ^{a,c}	Federal SSI benefit rate		
			Individual	Couple	Essential person ^d
Projected:					
2021	2.5%	2.3%	\$802.00	\$1,202.00	\$401.00
2022	2.4	2.5	822.00	1,232.00	411.00
2023	2.4	2.4	841.00	1,262.00	421.00
2024	2.4	2.4	862.00	1,292.00	431.00
2025	2.4	2.4	882.00	1,323.00	442.00
2026	2.4	2.4	903.00	1,355.00	452.00
2027	2.4	2.4	925.00	1,388.00	463.00
2028	2.4	2.4	947.00	1,421.00	474.00
2029	2.4	2.4	970.00	1,455.00	486.00
2030	2.4	2.4	993.00	1,490.00	498.00
2031	2.4	2.4	1,017.00	1,526.00	510.00
2032	2.4	2.4	1,042.00	1,562.00	522.00
2033	2.4	2.4	1,067.00	1,600.00	534.00
2034	2.4	2.4	1,092.00	1,638.00	547.00
2035	2.4	2.4	1,118.00	1,678.00	560.00
2036	2.4	2.4	1,145.00	1,718.00	574.00
2037	2.4	2.4	1,173.00	1,759.00	587.00
2038	2.4	2.4	1,201.00	1,801.00	602.00
2039	2.4	2.4	1,230.00	1,845.00	616.00
2040	2.4	2.4	1,259.00	1,889.00	631.00
2041	2.4	2.4	1,290.00	1,934.00	646.00
2042	2.4	2.4	1,321.00	1,981.00	662.00
2043	2.4	2.4	1,352.00	2,028.00	677.00
2044	2.4	2.4	1,385.00	2,077.00	694.00

^a In this table the Social Security COLA is shown because it is used for the determination of the increase in the FBR each year. However, the actual application of these increases is different. For example, a newly eligible Social Security beneficiary in one year will generally receive a benefit in that year that is larger than the first year benefit for an equivalent worker who became eligible a year earlier by the increase in the average wage level in the economy. The average wage level has historically increased on average by about 1 percent relative to the annual increase in the CPI-W, on which the COLA is based.

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

^c 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.

^d A concept carried over from the former State assistance plans. As of February 2020, only 8 such cases remain.

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

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

B. NUMBERS OF SSI PROGRAM RECIPIENTS

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

1. Recipient Categories

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

- *Aged* recipients establish their eligibility for SSI payment by meeting the age-65-or-older requirement², the applicable income and resource limits, and other SSI eligibility requirements. In December 2019, 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 2019, there were 6.9 million blind or disabled recipients of federally administered SSI payments. These recipients can fall into two subcategories based on age: *blind or disabled adults* (age 18 or older) and *blind or disabled children* (under age 18).
 - *Blind or disabled adults* meet the definition of blindness or disability for individuals age 18 or older and SSI income and resource limits. Students age 18 to 21 must meet the adult definition of disability; they differ from other adults only in that they may qualify for a special student earned income exclusion. When blind or disabled adult recipients reach age 65, these individuals generally continue to be classified as blind or disabled adults (rather than aged). In December 2019, 5.8 million blind or disabled individuals age 18 or older received federally administered SSI payments, including 1.1 million blind or disabled recipients age 65 or older.
 - *Blind or disabled children* meet the definition of blindness or disability for individuals under age 18 in addition to other SSI eligibility requirements. These children are subject to parent-to-child deeming until they reach the age of 18. At age 18 these individuals continue to be eligible for SSI if they meet the definition of blindness or disability for individuals age 18 or older as well as other eligibility criteria. Those individuals who continue to be eligible after attainment of age 18 are reclassified as blind or disabled adults. In December 2019, 1.1 million blind or disabled individuals under age 18 received federally administered SSI payments.

2. Applications and New Recipients

Figure IV.B1 presents historical and projected numbers of persons applying for SSI payments at SSA field offices, including applications by telephone and online, by calendar year³. Following a 4-year period in the mid-2000s when the number of applications remained fairly level at 2.1 million per year, applications started increasing in 2008, largely due to the severe economic recession that began at the end of 2007 and continued into 2009. The level of applications continued to increase through 2010, decreased only slightly in 2011 as the economy recovered slowly, and generally decreased at a faster rate from 2012 through 2018. Applications in 2019 remained at about the same level as experienced in 2018. Starting in 2020, the num-

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

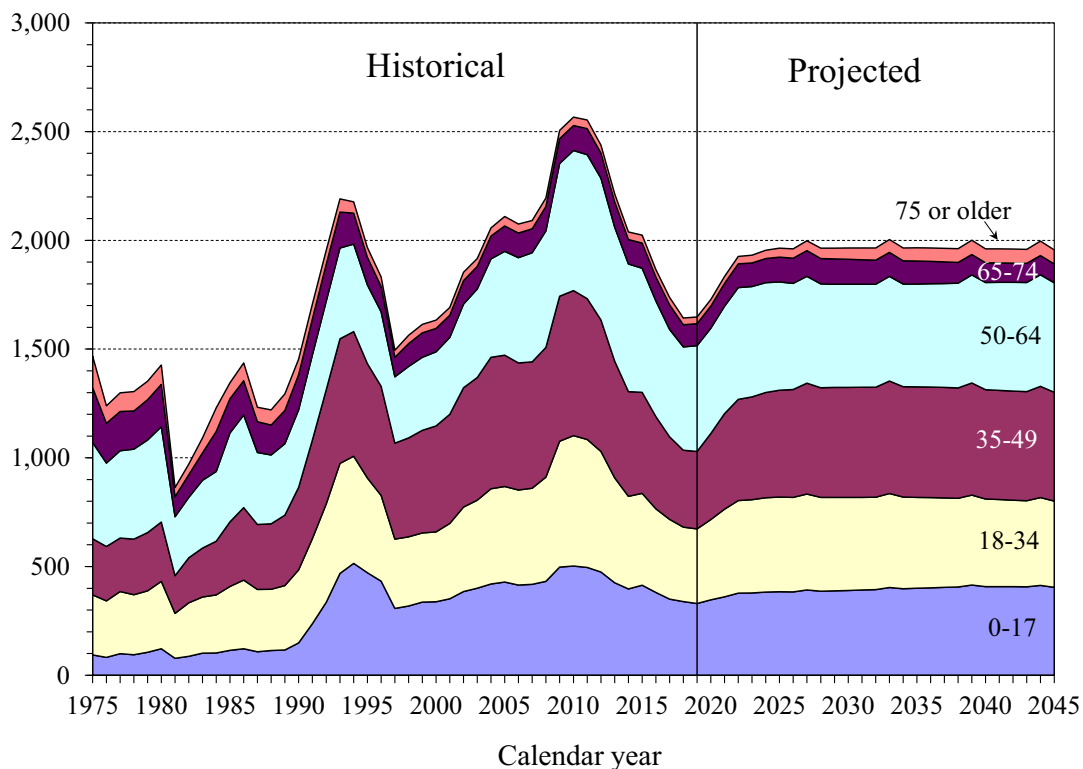
² Individuals may apply for SSI payments based on age as of the day preceding their 65th birthday.

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

ber of applications is projected to rise, reaching about 2.0 million applications per year for 2024, and then remain at roughly this level thereafter.¹

In the shorter term, the rate of application underlying the projected number of applications gradually increases from the low level experienced in 2019 to the longer-term historical average level. Beyond the short term (after 2024) the application rate is assumed to gradually decline, with this declining rate being offset by the projected increase in the Social Security area population yielding relatively stable numbers of applications, as shown in section IV. A. This gradual decline in the application rate after 2024 reflects the following assumptions: (1) the portion of the population that meets SSI income and resource requirements will decline over time as average wages and income generally grow faster than the CPI, and therefore the SSI Federal benefit rate; (2) the fixed value of the countable resource limits and most of the income exclusions become more limiting over time as individuals' income and asset levels grow generally; and (3) the portion of the population composed of U.S. citizens or legal immigrants potentially eligible to become SSI recipients declines. These assumptions are consistent with the assumptions underlying the 2020 OASDI Trustees Report.

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



As part of SSA's adjudication of these applications, the levels of income and resources available to the applicants are evaluated along with other eligibility factors including marital and citizenship status and living arrangements. In addition, over 90 percent of the SSI applications are for disability payments that require the State Disability Determination Services (DDS) to evaluate the alleged impairment. Applicants may appeal an unfavorable disability determination through several administrative levels of appeal. If an applicant exhausts all administrative levels of appeal, he or she may appeal to the Federal courts.² An applicant may decide at any point in this process to file a new application for benefits in lieu of continuing

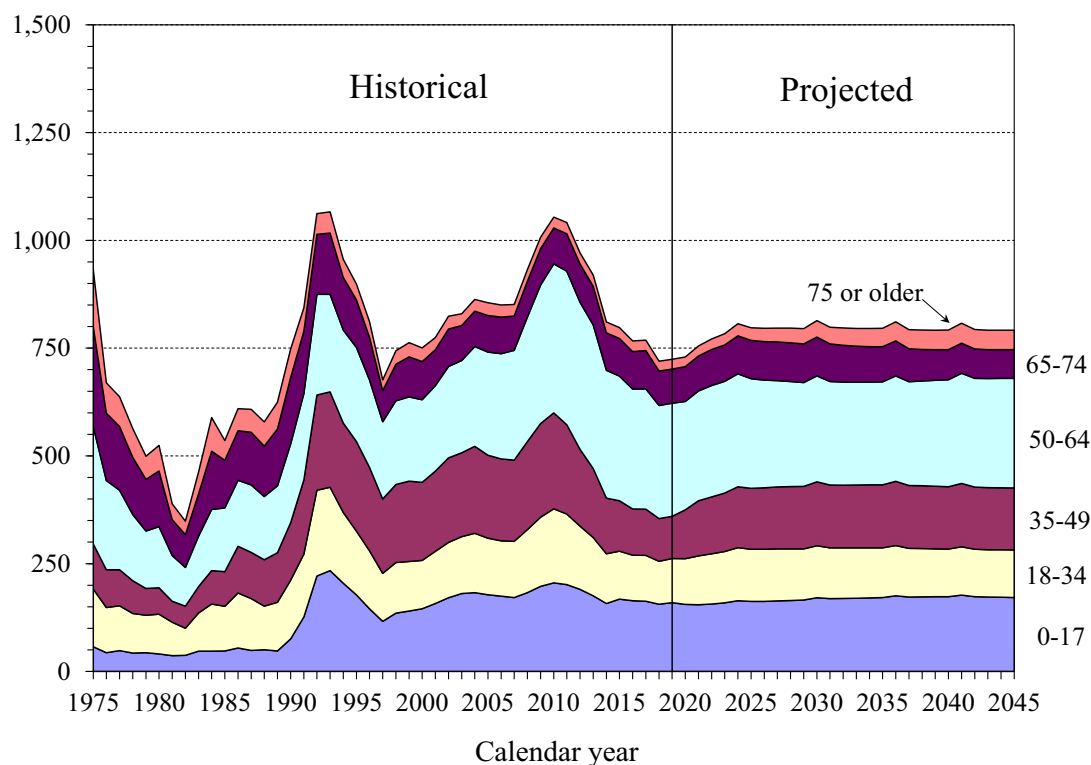
¹ Applications for SSI at SSA's field offices are presented on an operating month basis rather than a true calendar month basis. An operating month ends on the last Friday of the calendar month. Each quarter of a normal operating year contains 13 weeks and the calendar year contains 52 weeks. Every 5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

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

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

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

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



The numbers of new recipients declined generally from 2010 to 2018, and leveled off in 2019, following the change in applications. With the proportion of the population applying for SSI payments assumed to return to longer-term historical levels by 2024, the projected number of new recipients rises from 2020 through 2024. Over the longer term, after 2024, the number of new recipients is projected to stay fairly level through the remainder of the projection period, despite the growing size of the legal resident population. This reflects the effects of the same factors assumed to affect the level of projected applications, as discussed previously.

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

² See table IV.B2 for the same information in tabular form. Individuals are counted as of the first month that they move into SSI payment status on a given application. For this reason, these individuals are referred to as "new recipients" rather than "awards". In addition, these counts differ slightly from other similar totals identified as "awards" and published by the Office of Research, Evaluation, and Statistics (ORES) in the *Annual Statistical Supplement to the Social Security Bulletin*. The ORES totals are similar in concept to those used in this report, but differ slightly due to the timing of the action being tabulated. For example, ORES does not count a disability benefit as being awarded until the disability decision is made. In contrast, under the procedures used in this report, individuals first coming on the SSI rolls through a finding of presumptive disability would be counted as a "new recipient" in the first month of presumptive disability payment.

3. Terminations

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

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

Figure IV.B3 presents historical and projected numbers of total terminations by calendar year². The total number of terminations of federally administered recipients in 2019 decreased from 2018, by about 5 percent. This change in total terminations differs by reason for termination. Terminations due to death decreased by about 1 percent in 2019, while the number of terminations for all other reasons decreased by about 7 percent in 2019 from 2018 levels.

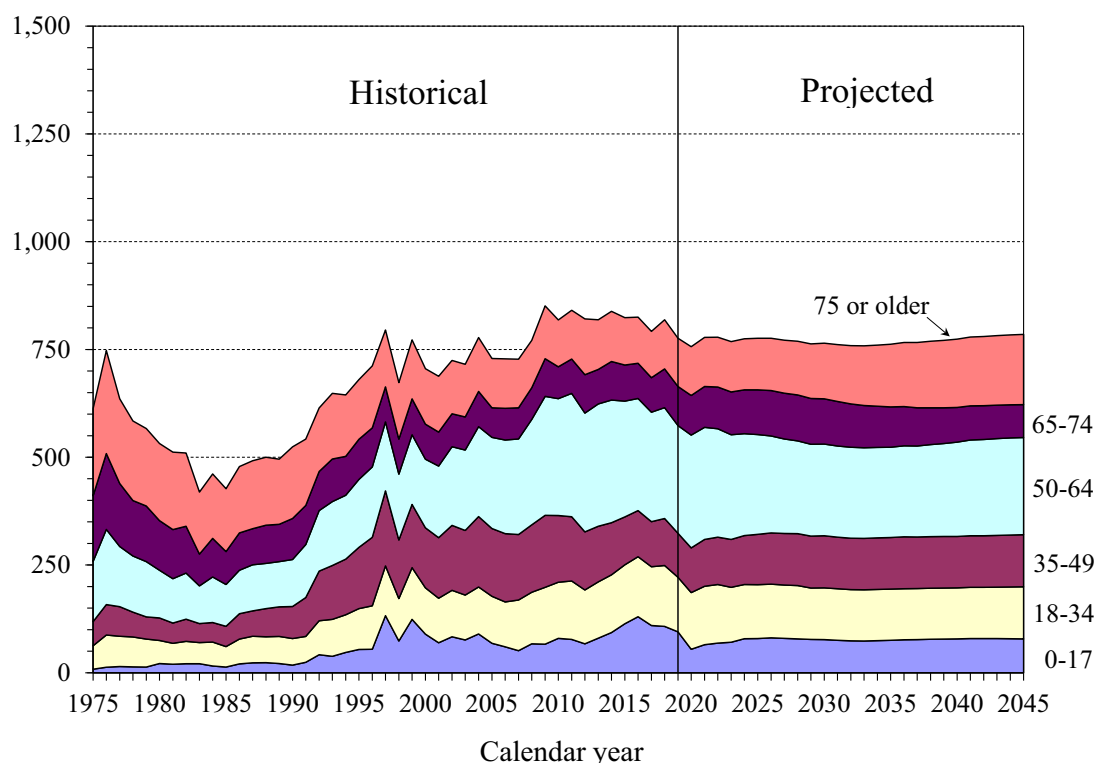
This change in terminations for all reasons other than death varies by age. Terminations for reasons other than death for SSI children under age 18 decreased by 12 percent from the level experienced in 2018. For SSI adults age 18 or older, terminations for all reasons other than death decreased by 6 percent.

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

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

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

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



4. Recipients in Current Payment Status

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

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

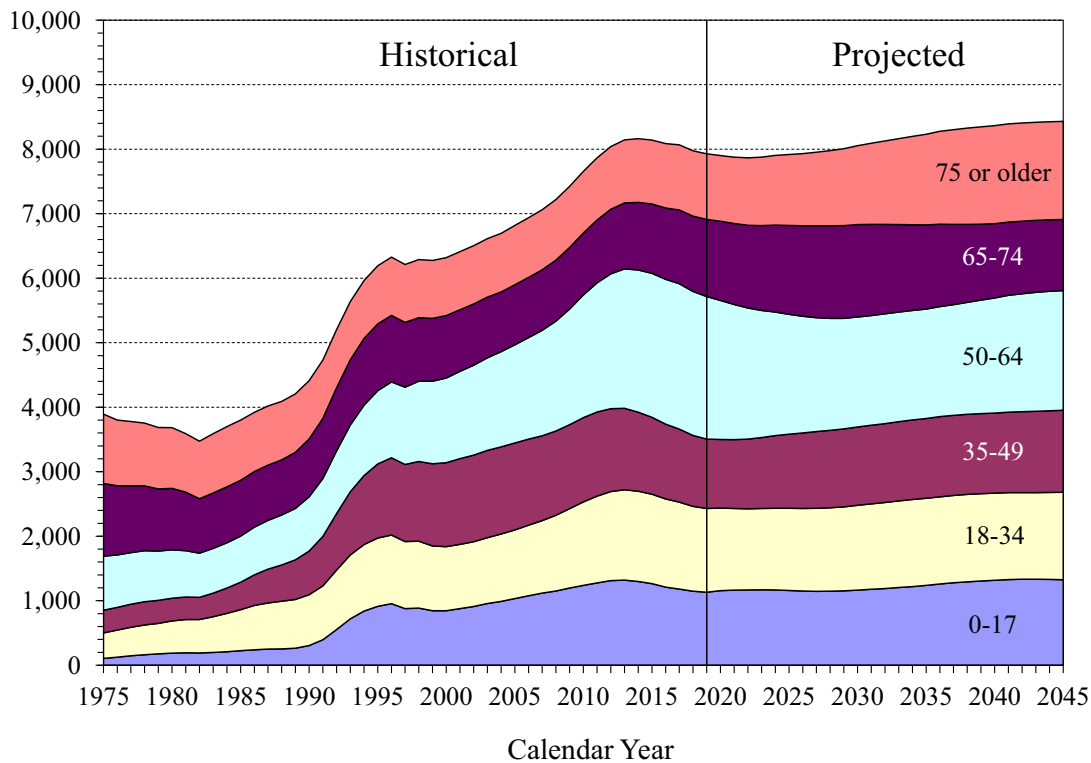
¹ See table IV.B6 for the same information in tabular form.

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

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

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

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



As figure IV.B4 illustrates, the implementation of Public Law 104-121 and Public Law 104-193 resulted in a decline in the Federal SSI 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 SSI recipient population grew an average of 2.7 percent per year due largely to the 2007 economic recession and the slow recovery from that economic downturn. In 2013 and 2014, the Federal SSI recipient growth slowed, and beginning in 2015, the Federal SSI recipient population began to decrease. In 2019, recipients in current-payment status continued to decrease from 2018 levels by about 0.6 percent. These decreases in the last several years reflect the lower numbers of applications and new recipients and the increased number of medical CDRs conducted in recent years. For 2020 through 2022, these decreases are projected to continue, for the reasons previously mentioned. Thereafter, as the proportion of the population applying for SSI payments is assumed to return to more nearly the historical long-term average, adjusted for the declining proportion of the population eligible for SSI payments as discussed in section 2, the numbers of Federal SSI recipients are projected to grow more slowly at an average rate of less than 1 percent per year for the remainder of the 25-year projection period.

In order to place this projected growth in the context of overall population growth, figure IV.B5 presents Federal SSI prevalence rates by age group, defined as SSI recipients with Federal payments in current-payment status as percentages of the total Social Security area population for each age group.¹

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

The prevalence rate for all Federal SSI recipients declined from 1975 through the early 1980s. In 1983, this percentage started increasing and continued to increase through 1996. The prevalence rate then declined in 1997, due to the implementation of Public Law 104-121 and Public Law 104-193, but leveled out over the next few years through 2004. It increased slightly over the period 2005 through 2013, and experienced slight decreases in each of 2014 through 2019. The prevalence rate is projected to decline gradually throughout the projection period.

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

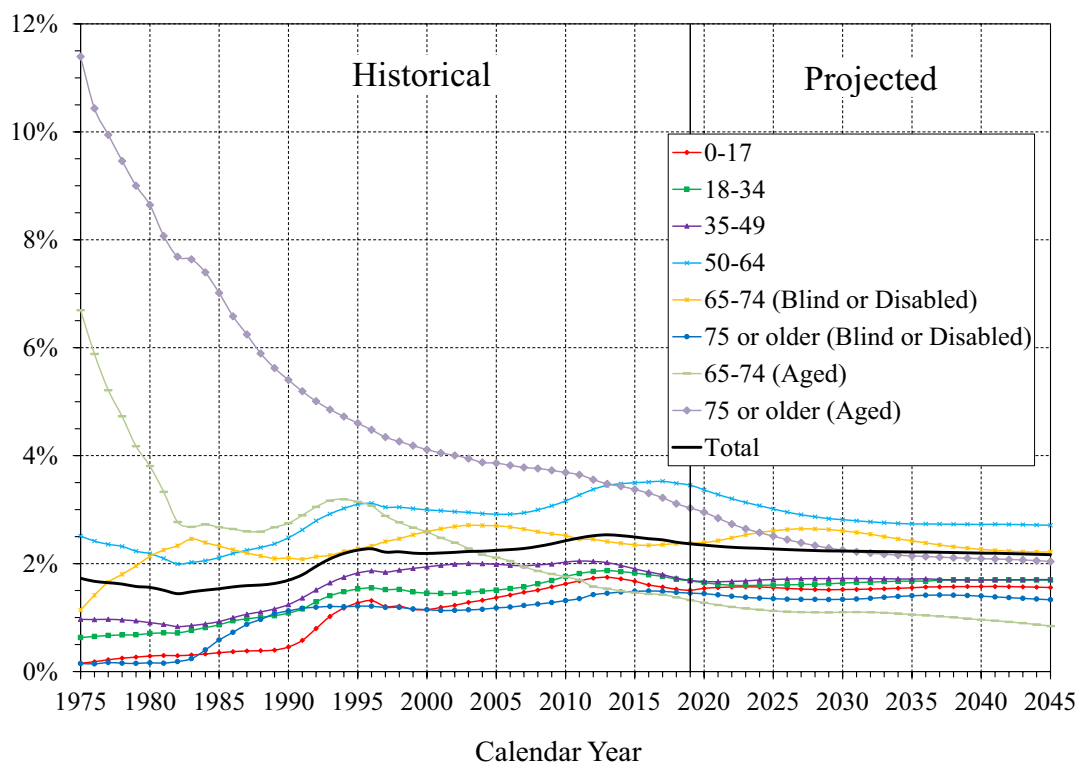
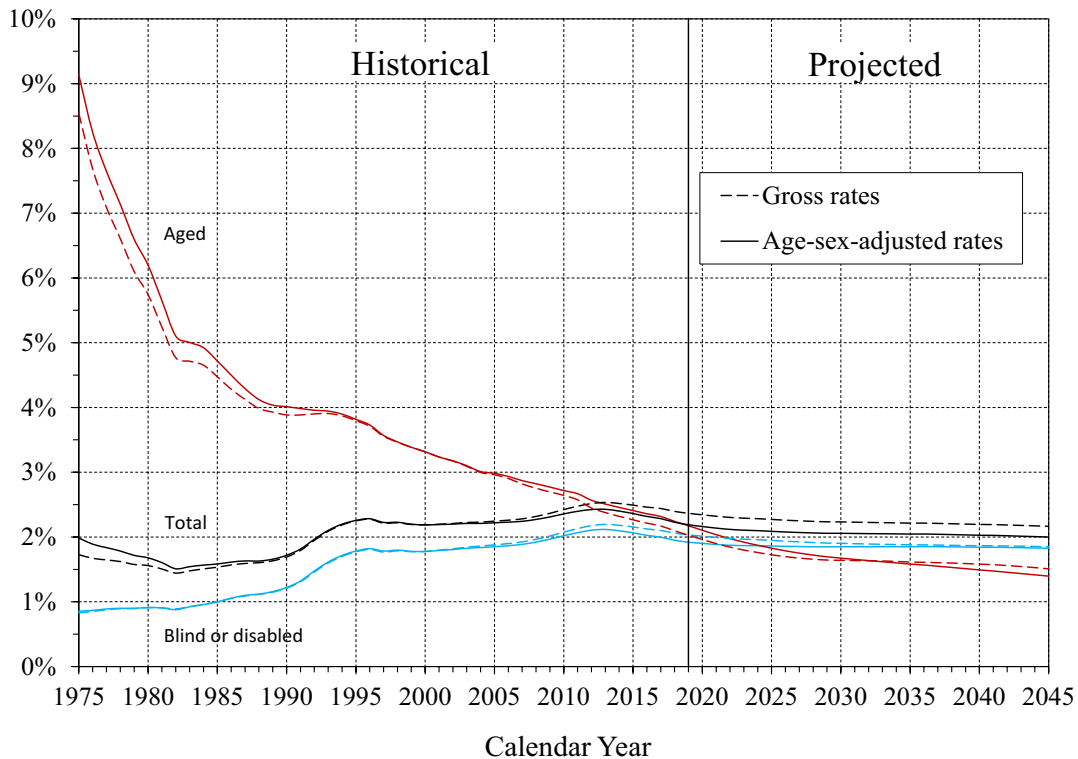


Figure IV.B6 presents prevalence rates for the two eligibility categories - *blind and disabled* and *aged*¹ - as well as for the SSI program as a whole. It also shows these rates on an age-sex-adjusted basis, adjusted to the age-sex distribution of the Social Security area population for the year 2000.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

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

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

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



The prevalence rates for the eligibility categories of Federal SSI recipients follow significantly different growth patterns. The overall aged prevalence rate has declined steadily throughout the historical period. Gradual declines continue throughout the projection period. In contrast, except for decreases in the late 1990s due to the medical eligibility redeterminations and CDRs mandated by Public Law 104-193, the prevalence rate for blind or disabled children increased steadily through 2013, with the increase being relatively steep in the early 1990s. Since then, the prevalence rate for child recipients has decreased slightly each year from 2014 through 2019 which is primarily attributable to the (1) increased number of medical CDRs for these children over the past few years, and (2) the continuing drop in applications for SSI payments. The total blind or disabled prevalence rate (as a percentage of the total Social Security area population at all ages) remained fairly level until the early 1980s, when it started increasing and then continued to increase through 1996. The blind or disabled prevalence rate declined slightly in the late 1990s due to the effects of welfare reform legislation but resumed an upward trend in 2000. That upward trend continued through 2013, but experienced slight decreases in 2014 through 2019. The projected overall prevalence rate for blind or disabled recipients gradually declines throughout the projection period due to: (1) the SSI potentially eligible population (i.e., the legal resident population) growing more slowly than the overall Social Security area population, (2) a smaller proportion of the population becoming new recipients than during the 2007 economic recession; (3) the changing age distribution in the population; and (4) the assumption that SSA will receive the resources authorized in the Bipartisan Budget Act of 2015 to process medical CDR and non-medical redetermination workloads.¹

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

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

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

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

Table IV.B2.—SSI Federally Administered New Recipients, Calendar Years 1975-2044
[In thousands]

Calendar year ^a	Blind or disabled, by age group					Aged, by age group			Totals ^b		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1975.....	58	133	105	272	16	c	216	131	584	347	931
1980.....	41	92	61	142	4	c	125	59	341	184	524
1985.....	48	104	80	148	4	c	106	46	384	152	536
1986.....	55	127	109	153	5	c	110	51	449	161	610
1987.....	49	120	107	157	6	1	116	53	439	169	608
1988.....	50	101	108	146	5	1	112	56	412	167	579
1989.....	48	113	115	155	5	c	127	62	436	189	625
1990.....	76	136	134	182	5	c	149	66	533	215	748
1991.....	126	146	172	200	6	c	139	54	650	193	844
1992.....	221	199	221	233	6	c	133	48	881	181	1,062
1993.....	234	193	221	226	6	c	136	49	881	185	1,066
1994.....	205	164	208	216	6	c	116	42	798	158	956
1995.....	178	148	208	218	5	c	105	36	757	141	899
1996.....	145	134	194	203	6	1	93	35	683	128	811
1997.....	116	111	172	179	4	c	69	25	583	93	676
1998.....	135	117	181	194	7	1	78	30	636	108	744
1999.....	140	115	187	195	5	c	88	33	642	120	763
2000.....	146	112	181	192	5	c	84	31	635	115	751
2001.....	158	121	186	198	4	c	79	28	667	107	774
2002.....	171	128	196	212	4	c	83	29	712	112	824
2003.....	181	132	194	214	4	c	77	27	726	104	830
2004.....	183	138	202	231	4	c	78	27	758	105	863
2005.....	178	131	193	239	4	c	81	29	744	111	855
2006.....	175	129	190	244	3	c	81	28	741	109	850
2007.....	171	130	189	254	4	c	76	27	749	103	851
2008.....	183	147	204	289	4	c	79	27	826	106	932
2009.....	197	161	217	321	4	c	80	27	900	107	1,007
2010.....	206	172	222	346	4	c	79	25	950	104	1,054
2011.....	202	164	207	356	4	c	83	26	933	109	1,041
2012.....	190	147	178	341	4	c	84	26	861	110	971
2013.....	175	135	160	333	4	c	86	26	808	112	920
2014.....	157	115	129	297	4	c	83	25	703	108	811
2015.....	168	111	117	289	4	c	83	25	689	108	797
2016.....	164	106	107	278	4	c	83	24	659	107	767
2017.....	163	106	107	279	4	c	85	24	660	109	768
2018.....	156	99	99	262	4	c	76	23	621	99	720
2019.....	160	102	98	262	4	c	75	22	626	98	724
Projected:											
2020.....	156	106	113	251	5	c	76	22	631	98	729
2021.....	155	113	128	255	5	c	77	23	655	100	755
2022.....	156	117	132	258	5	c	78	25	668	103	771
2023.....	159	119	136	259	5	c	80	26	678	106	783
2024.....	164	123	141	262	5	c	83	28	696	111	807
2025.....	162	121	141	254	5	c	84	29	684	113	797
2026.....	162	121	143	250	5	c	84	31	681	115	796
2027.....	164	121	144	247	5	c	85	32	680	117	797
2028.....	165	120	145	243	5	c	85	34	677	119	796
2029.....	166	119	145	241	5	c	85	35	675	120	795
2030.....	171	121	148	246	5	c	86	38	690	123	814
2031.....	169	118	146	240	4	c	83	39	677	121	799
2032.....	169	117	146	239	4	c	81	40	676	121	797
2033.....	170	117	146	238	4	c	79	41	676	120	796
2034.....	171	116	146	238	5	c	78	42	676	120	796
2035.....	171	115	146	239	5	c	77	43	676	120	796
2036.....	175	117	149	244	5	c	76	45	690	121	811
2037.....	173	113	146	241	4	c	72	44	676	116	793
2038.....	173	112	146	243	4	c	69	45	678	114	792
2039.....	173	111	145	245	4	c	67	45	679	112	792
2040.....	173	111	145	248	4	c	66	45	681	111	792
2041.....	177	112	147	255	4	c	66	46	696	112	808
2042.....	174	110	144	252	4	c	64	45	684	109	793
2043.....	173	110	144	253	4	c	63	45	683	108	792
2044.....	172	110	144	254	4	c	63	45	684	108	792

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

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

^c Fewer than 500.

Notes:

1. Totals do not necessarily equal the sums of rounded components. The historical split among age groups is estimated on a calendar year of age basis.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI20.

Program Recipients and Federal Expenditures

Table IV.B3.—SSI Federally Administered Terminations Due to Death^a, Calendar Years 1975-2044
[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals ^b		All
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	
Historical data:											
1975	1	5	12	35	10	2	39	108	65	147	212
1980	3	5	9	31	22	1	27	100	71	127	198
1985	2	6	10	29	24	6	17	84	77	101	178
1986	2	8	12	28	22	8	15	83	80	98	178
1987	3	9	11	33	24	9	15	87	89	101	190
1988	5	8	14	31	25	12	16	81	95	97	191
1989	3	8	16	33	23	12	15	78	95	93	187
1990	4	9	18	36	22	14	16	75	103	92	194
1991	4	9	20	39	23	17	17	74	112	91	203
1992	4	11	22	38	22	15	16	69	111	85	196
1993	6	14	28	43	24	17	17	74	131	91	222
1994	6	14	29	43	23	17	17	71	132	88	220
1995	7	14	32	45	25	19	16	67	140	83	223
1996	7	12	31	46	25	19	16	69	139	85	225
1997	6	11	26	45	25	19	15	66	131	81	212
1998	5	9	25	45	26	21	14	65	131	79	211
1999	5	9	26	46	26	22	14	64	134	77	211
2000	5	9	28	48	25	21	12	62	136	74	210
2001	5	8	29	49	25	22	12	61	139	73	212
2002	6	8	29	50	24	21	12	59	138	71	209
2003	5	9	28	52	26	21	10	57	141	67	208
2004	5	8	28	54	26	23	10	56	143	66	209
2005	5	8	28	56	25	22	9	55	145	64	208
2006	5	9	27	57	26	23	9	54	146	63	209
2007	5	8	26	59	25	22	9	53	146	62	207
2008	5	8	25	61	26	22	9	53	148	62	210
2009	5	9	25	64	26	23	8	53	153	61	214
2010	5	9	23	65	26	22	8	50	150	58	208
2011	5	9	23	68	27	23	8	51	155	59	214
2012	5	9	22	70	27	23	8	50	155	58	213
2013	5	9	21	73	29	25	8	51	161	59	220
2014	4	9	21	74	29	24	8	49	162	56	218
2015	4	9	20	78	32	26	8	51	169	59	228
2016	4	9	19	76	32	26	8	49	166	57	223
2017	4	9	19	77	34	27	8	50	170	58	228
2018 ^c	4	8	18	76	35	28	8	50	170	58	228
2019 ^c	4	8	18	75	36	28	8	48	169	57	225
Projected:											
2020	4	8	17	73	38	29	8	49	169	57	225
2021	4	8	17	71	40	29	8	49	169	57	225
2022	4	7	17	69	41	30	8	48	168	56	224
2023	4	7	17	66	42	31	8	48	167	56	222
2024	4	7	17	63	43	31	8	48	166	55	221
2025	4	7	18	61	44	32	8	47	166	55	221
2026	4	7	18	59	45	33	8	47	165	55	220
2027	4	7	18	57	45	33	7	47	165	55	219
2028	4	7	18	55	45	34	8	47	164	55	219
2029	4	7	18	54	45	35	7	47	164	55	218
2030	4	7	18	53	45	36	7	48	163	55	218
2031	4	7	18	53	44	37	7	48	163	56	218
2032	4	7	18	52	42	39	7	49	162	56	218
2033	4	7	18	52	41	40	7	50	161	57	218
2034	4	7	18	51	40	41	7	50	161	57	218
2035	4	7	18	51	39	42	7	51	160	58	218
2036	4	7	18	51	37	44	7	52	160	59	218
2037	3	7	17	51	36	45	6	53	159	59	219
2038	3	7	17	51	35	45	6	54	159	60	219
2039	3	7	17	51	33	46	6	55	158	60	219
2040	3	7	17	52	33	46	6	55	158	61	219
2041	3	7	17	52	32	47	6	56	158	61	219
2042	3	7	17	52	31	47	5	57	158	62	219
2043	3	7	16	53	31	47	5	57	157	62	220
2044	3	7	16	53	31	47	5	58	157	63	219

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

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

^c Preliminary and subject to revision.

Notes:

1. Totals do not necessarily equal the sums of rounded components. The historical split among age groups is estimated on a calendar year of age basis.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI20.

Table IV.B4.—SSI Federally Administered Terminations Due to Reasons Other Than Death,^a Calendar Years 1975-2044
[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group		Totals ^b			
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1975	7	50	44	104	15	2	88	91	221	180	401
1980	19	48	43	80	23	1	44	77	214	121	334
1985	11	42	37	68	13	2	23	54	172	77	249
1986	18	49	47	73	16	3	34	60	206	94	300
1987	20	53	48	74	17	5	28	58	216	86	302
1988	19	52	51	74	15	5	33	59	216	93	309
1989	19	55	52	72	16	4	33	58	218	91	308
1990	14	52	57	73	17	8	40	68	221	108	330
1991	20	50	70	84	18	5	33	58	248	91	339
1992	38	68	94	102	18	7	34	56	328	90	419
1993	33	72	97	105	22	7	37	53	335	90	426
1994	41	73	100	106	18	7	32	48	345	79	425
1995	48	81	110	113	20	7	32	46	379	78	457
1996	48	89	128	117	21	8	29	47	410	77	487
1997	127	105	148	115	18	8	23	39	520	62	583
1998	68	89	111	108	19	8	23	37	403	59	462
1999	119	111	120	115	20	9	24	42	494	67	561
2000	84	99	111	111	21	9	23	38	436	60	496
2001	64	95	111	117	19	9	23	37	416	60	476
2002	78	100	122	132	20	9	20	34	461	54	516
2003	72	95	122	134	20	9	20	35	452	56	507
2004	85	101	136	155	23	9	24	37	508	61	568
2005	64	101	129	156	20	8	15	29	477	44	521
2006	55	95	131	160	20	8	19	30	470	49	519
2007	46	109	126	163	20	8	18	30	472	48	520
2008	62	111	131	183	20	8	19	27	516	46	561
2009	61	123	141	212	27	10	26	37	574	63	637
2010	75	121	131	206	20	8	20	28	562	48	610
2011	73	127	126	218	24	9	21	30	576	52	627
2012 ^c	63	116	113	206	23	9	31	48	529	78	608
2013	76	122	107	211	22	9	21	31	547	52	599
2014 ^d	89	125	100	210	28	11	24	33	564	57	621
2015	110	128	91	191	24	8	20	24	552	44	596
2016	126	130	88	184	23	8	19	24	559	43	602
2017	106	128	85	177	21	8	17	22	525	39	564
2018 ^e	104	133	91	181	25	9	21	27	543	48	591
2019 ^e	92	118	84	175	27	10	19	25	507	43	550
Projected:											
2020	51	124	87	188	26	10	20	26	485	46	531
2021	62	128	92	189	27	10	20	26	507	46	553
2022	65	129	93	183	28	11	20	27	508	46	555
2023	67	120	94	177	30	11	20	27	499	47	546
2024	75	118	96	173	31	12	20	27	506	47	553
2025	76	118	99	170	32	12	20	28	507	48	555
2026	77	118	101	166	33	13	20	29	507	49	556
2027	76	117	102	162	33	13	20	29	503	49	552
2028	75	116	102	160	33	14	20	30	500	50	550
2029	74	112	103	159	33	14	20	30	494	50	545
2030	73	113	103	159	32	14	20	31	495	51	546
2031	72	112	102	159	32	15	20	31	491	52	543
2032	70	112	101	159	31	16	20	32	489	52	541
2033	70	111	102	159	30	16	20	33	488	52	540
2034	71	112	102	158	30	17	19	33	489	53	542
2035	72	112	102	158	29	18	19	34	491	53	544
2036	73	111	103	160	29	18	19	35	494	53	548
2037	74	111	102	160	28	19	18	35	494	54	548
2038	74	111	102	163	27	19	18	36	497	54	550
2039	75	111	102	164	26	19	17	37	499	53	552
2040	75	111	102	167	26	20	16	37	501	53	555
2041	76	112	103	170	26	20	16	37	506	53	560
2042	76	112	103	171	26	20	16	37	508	53	561
2043	76	112	104	172	26	20	15	38	510	53	563
2044	76	113	104	173	26	20	15	38	512	53	564

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

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

^c Terminations for 2012 reflect the reclassification of about 23,000 Federal recipients from the aged to the blind or disabled category because the State of Massachusetts took over the administration of its State Supplementation program.

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

^e Preliminary and subject to revision.

Notes:

1. Totals do not necessarily equal the sums of rounded components. The historical split among age groups is estimated on a calendar year of age basis.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI20.

Program Recipients and Federal Expenditures

Table IV.B5.—SSI Federally Administered Terminations for All Reasons,^a Calendar Years 1975-2044
[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals ^b		All
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	
Historical data:											
1975	8	55	56	140	25	3	127	199	287	326	613
1980	22	53	52	111	45	2	70	177	284	248	532
1985	13	47	47	97	37	8	40	138	249	178	427
1986	21	58	59	101	38	11	48	143	287	192	478
1987	23	62	59	107	41	14	43	144	305	187	492
1988	24	60	65	105	39	18	49	140	311	189	500
1989	22	63	69	105	39	15	47	136	312	183	496
1990	18	61	75	109	39	22	56	144	324	200	524
1991	25	60	90	123	40	22	50	132	360	182	542
1992	42	78	115	140	41	23	50	125	440	175	614
1993	38	86	125	148	45	25	54	127	467	181	648
1994	47	87	129	148	41	24	49	118	478	167	645
1995	54	95	142	158	45	25	48	113	519	161	680
1996	54	101	159	163	46	27	45	117	550	162	712
1997	133	116	174	160	43	27	38	105	651	144	795
1998	74	98	136	153	45	29	37	102	534	139	673
1999	124	120	146	162	45	31	38	106	628	144	772
2000	90	107	139	159	47	30	35	99	571	134	705
2001	70	103	140	166	45	31	34	98	555	132	688
2002	84	108	151	182	45	30	32	93	600	125	725
2003	76	104	150	186	46	30	31	92	592	123	715
2004	90	109	163	209	48	31	34	93	651	127	778
2005	69	109	157	211	45	31	24	84	622	108	729
2006	61	104	158	217	46	31	28	84	616	112	728
2007	51	118	152	221	46	30	27	83	618	110	727
2008	67	120	156	244	46	30	27	80	664	108	771
2009	66	132	167	276	53	33	34	90	727	124	851
2010	80	130	155	271	46	30	28	79	712	107	818
2011	78	135	149	286	50	32	29	81	730	111	841
2012 ^c	67	125	135	276	50	32	39	98	685	136	821
2013	80	131	129	284	51	33	29	82	708	111	819
2014 ^d	93	134	121	285	57	35	32	81	725	113	838
2015	114	137	111	269	56	35	28	75	721	103	824
2016	130	139	107	260	55	34	27	73	725	100	825
2017	110	136	104	254	55	36	25	72	695	97	792
2018 ^e	108	141	109	257	60	37	30	77	713	106	819
2019 ^e	95	126	102	250	63	39	27	73	676	100	776
Projected:											
2020	55	131	104	262	64	38	28	75	654	103	756
2021	65	135	109	260	67	39	28	75	675	103	778
2022	69	136	110	251	69	41	28	75	676	102	778
2023	71	127	111	243	72	42	28	75	666	102	768
2024	79	126	114	236	74	43	28	75	672	103	775
2025	80	125	117	231	76	44	28	76	673	103	776
2026	81	125	119	225	78	45	28	76	672	104	776
2027	80	124	120	219	78	47	28	76	667	104	771
2028	79	124	120	215	79	48	28	77	664	105	769
2029	78	119	120	213	78	49	28	77	658	105	763
2030	77	120	121	213	77	51	28	78	658	106	765
2031	76	119	120	212	75	52	28	79	654	107	761
2032	74	119	119	211	73	54	27	81	651	108	759
2033	74	119	119	211	71	56	27	82	649	109	758
2034	74	119	119	210	69	58	26	84	650	110	760
2035	75	119	120	209	68	60	26	85	651	111	762
2036	76	118	121	211	66	62	25	87	654	112	766
2037	77	118	120	211	64	63	25	88	653	113	766
2038	78	118	120	214	62	64	24	90	656	113	769
2039	78	118	119	216	60	65	23	91	657	114	771
2040	79	118	119	219	59	66	22	92	660	114	774
2041	79	119	120	222	58	66	22	93	664	115	779
2042	80	119	120	223	57	67	21	94	665	115	780
2043	79	119	120	224	57	67	21	95	667	115	782
2044	79	120	121	225	57	67	20	95	669	115	784

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

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

^c Terminations for 2012 reflect the reclassification of about 23,000 Federal recipients from the aged to the blind or disabled category because the State of Massachusetts took over the administration of its State Supplementation program.

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

^e Preliminary and subject to revision.

Notes:

1. Totals do not necessarily equal the sums of rounded components. The historical split among age groups is estimated on a calendar year of age basis.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI20.

Program Recipients and Federal Expenditures

Table IV.B7.—Federal SSI Prevalence Rates, as of December, 1975-2044
[Percentage]

Year	Blind or disabled, by age group						Aged, by age group		Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled ^a	Aged ^b	All ^c
Historical data:											
1975	0.15	0.63	0.97	2.51	1.14	0.15	6.69	11.39	0.83	8.54	1.73
1980	.29	.71	.91	2.18	2.14	.16	3.81	8.64	.91	5.74	1.56
1985	.35	.87	.93	2.11	2.32	.58	2.67	7.01	1.00	4.47	1.53
1986	.37	.94	1.00	2.19	2.26	.73	2.64	6.58	1.05	4.28	1.57
1987	.38	.98	1.06	2.25	2.20	.87	2.60	6.24	1.09	4.12	1.59
1988	.39	1.01	1.11	2.30	2.14	.97	2.59	5.89	1.12	3.98	1.60
1989	.40	1.03	1.16	2.37	2.10	1.07	2.67	5.62	1.15	3.93	1.63
1990	.46	1.08	1.24	2.48	2.10	1.12	2.75	5.40	1.21	3.88	1.69
1991	.58	1.16	1.36	2.62	2.08	1.17	2.89	5.19	1.31	3.88	1.79
1992	.80	1.29	1.51	2.79	2.13	1.19	3.05	5.01	1.46	3.90	1.95
1993	1.02	1.40	1.64	2.92	2.15	1.21	3.17	4.86	1.60	3.91	2.09
1994	1.18	1.48	1.75	3.02	2.22	1.20	3.19	4.73	1.70	3.87	2.19
1995	1.27	1.53	1.82	3.10	2.28	1.21	3.14	4.60	1.77	3.80	2.25
1996	1.32	1.55	1.87	3.12	2.33	1.21	3.07	4.48	1.81	3.71	2.27
1997	1.21	1.52	1.84	3.04	2.41	1.19	2.88	4.34	1.77	3.56	2.21
1998	1.21	1.52	1.88	3.05	2.46	1.19	2.76	4.26	1.79	3.46	2.22
1999	1.15	1.47	1.91	3.02	2.53	1.16	2.67	4.18	1.77	3.39	2.19
2000	1.15	1.45	1.94	3.00	2.59	1.15	2.59	4.11	1.78	3.32	2.19
2001	1.19	1.45	1.97	2.98	2.65	1.13	2.48	4.05	1.80	3.24	2.20
2002	1.23	1.45	1.99	2.96	2.69	1.13	2.39	4.00	1.82	3.17	2.21
2003	1.28	1.47	2.00	2.95	2.71	1.14	2.28	3.95	1.84	3.09	2.23
2004	1.32	1.49	2.00	2.93	2.71	1.15	2.17	3.87	1.86	3.00	2.23
2005	1.37	1.51	1.99	2.92	2.70	1.18	2.11	3.86	1.88	2.96	2.25
2006	1.42	1.54	1.97	2.92	2.68	1.19	2.05	3.82	1.90	2.90	2.26
2007	1.47	1.57	1.96	2.94	2.64	1.22	1.94	3.78	1.92	2.82	2.28
2008	1.51	1.63	1.98	3.00	2.59	1.25	1.86	3.76	1.96	2.75	2.32
2009	1.57	1.69	1.99	3.07	2.55	1.28	1.81	3.73	2.01	2.70	2.37
2010	1.62	1.76	2.03	3.16	2.52	1.32	1.76	3.69	2.08	2.64	2.42
2011	1.68	1.82	2.05	3.27	2.46	1.35	1.69	3.65	2.13	2.57	2.48
2012 ^d	1.73	1.85	2.04	3.38	2.45	1.42	1.58	3.56	2.18	2.45	2.52
2013	1.75	1.87	2.02	3.45	2.41	1.45	1.54	3.48	2.20	2.38	2.53
2014	1.72	1.85	1.97	3.48	2.38	1.47	1.49	3.43	2.18	2.32	2.52
2015	1.67	1.83	1.90	3.50	2.35	1.48	1.46	3.37	2.16	2.27	2.49
2016	1.60	1.79	1.85	3.51	2.34	1.49	1.44	3.30	2.12	2.21	2.46
2017	1.57	1.76	1.80	3.53	2.35	1.49	1.43	3.22	2.10	2.17	2.44
2018	1.52	1.71	1.73	3.49	2.37	1.47	1.38	3.11	2.06	2.10	2.40
2019	1.51	1.68	1.69	3.45	2.38	1.45	1.33	3.03	2.03	2.03	2.37
Projected:											
2020	1.54	1.65	1.67	3.37	2.39	1.44	1.28	2.95	2.01	1.96	2.34
2021	1.56	1.62	1.66	3.28	2.43	1.42	1.23	2.84	1.99	1.90	2.32
2022	1.56	1.60	1.67	3.20	2.48	1.39	1.20	2.73	1.98	1.84	2.30
2023	1.57	1.59	1.68	3.13	2.53	1.37	1.17	2.65	1.97	1.80	2.29
2024	1.57	1.60	1.70	3.07	2.58	1.36	1.15	2.57	1.96	1.76	2.28
2025	1.56	1.60	1.71	3.01	2.61	1.35	1.12	2.51	1.95	1.73	2.27
2026	1.54	1.61	1.71	2.95	2.63	1.34	1.11	2.44	1.94	1.70	2.26
2027	1.53	1.61	1.72	2.91	2.64	1.34	1.10	2.39	1.92	1.67	2.25
2028	1.52	1.62	1.72	2.87	2.64	1.34	1.10	2.33	1.91	1.66	2.24
2029	1.52	1.63	1.72	2.83	2.63	1.33	1.09	2.29	1.91	1.64	2.23
2030	1.52	1.64	1.72	2.81	2.61	1.34	1.10	2.25	1.90	1.64	2.23
2031	1.52	1.65	1.72	2.79	2.58	1.34	1.10	2.22	1.90	1.64	2.23
2032	1.53	1.66	1.72	2.77	2.54	1.36	1.10	2.19	1.89	1.63	2.23
2033	1.54	1.67	1.72	2.76	2.50	1.37	1.09	2.17	1.89	1.63	2.22
2034	1.54	1.67	1.72	2.74	2.46	1.39	1.08	2.16	1.88	1.62	2.22
2035	1.55	1.68	1.71	2.73	2.42	1.40	1.06	2.14	1.88	1.61	2.21
2036	1.57	1.68	1.72	2.73	2.38	1.41	1.04	2.13	1.88	1.61	2.21
2037	1.57	1.69	1.71	2.73	2.35	1.42	1.02	2.12	1.88	1.60	2.21
2038	1.57	1.69	1.70	2.73	2.31	1.41	1.00	2.11	1.87	1.60	2.21
2039	1.57	1.70	1.70	2.73	2.29	1.41	.98	2.10	1.87	1.59	2.20
2040	1.57	1.70	1.70	2.73	2.26	1.40	.96	2.09	1.87	1.58	2.19
2041	1.58	1.70	1.70	2.73	2.24	1.38	.94	2.09	1.87	1.57	2.19
2042	1.57	1.70	1.70	2.73	2.23	1.37	.92	2.08	1.86	1.56	2.19
2043	1.57	1.70	1.70	2.72	2.22	1.36	.90	2.07	1.86	1.54	2.18
2044	1.56	1.69	1.70	2.72	2.21	1.34	.87	2.05	1.85	1.53	2.17

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

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

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

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

Note: A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI20.

Table IV.B8.—SSI Recipients with Federally Administered State Supplementation Payments Only, in Current-Payment Status as of December, 1975-2044

[In thousands]

Year	Blind or disabled, by age group					Aged, by age group		Totals			
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1975	1	15	25	74	21	2	144	138	139	282	421
1980	2	20	26	82	52	2	112	162	185	274	460
1985	1	21	28	53	45	8	67	115	157	182	339
1986	1	23	31	55	45	11	66	116	166	182	348
1987	1	26	36	60	43	12	72	115	178	187	366
1988	1	26	42	59	44	14	74	114	187	188	375
1989	2	28	45	60	45	16	76	115	195	192	387
1990	2	31	54	60	44	17	82	116	208	197	405
1991	2	29	54	59	42	17	78	108	203	186	389
1992	2	29	55	59	37	16	70	97	197	167	364
1993	2	29	58	59	34	15	64	88	197	151	348
1994	2	28	59	56	32	14	59	81	192	139	331
1995	3	25	59	56	32	14	54	77	188	131	320
1996	2	21	54	53	29	13	49	68	172	116	288
1997	2	20	55	54	29	13	46	65	172	111	283
1998	2	18	54	55	28	13	43	63	171	106	277
1999	2	18	57	58	28	13	43	62	177	105	282
2000	2	17	57	60	29	13	42	61	179	103	282
2001	2	17	56	62	29	12	41	59	179	100	278
2002	3	17	57	64	30	12	42	58	183	100	283
2003	3	18	58	67	30	12	42	58	188	100	288
2004	3	18	58	70	31	12	43	58	193	100	293
2005	3	18	56	73	31	12	44	58	193	102	295
2006	3	18	55	76	32	12	45	58	194	103	297
2007	2	18	53	77	32	12	46	57	195	103	298
2008	3	18	52	80	34	12	46	57	198	103	301
2009	2	16	43	69	29	11	38	48	168	85	254
2010	2	16	42	71	29	11	37	48	171	85	257
2011	2	16	39	70	29	11	35	45	166	81	246
2012 ^a	1	14	34	64	28	11	31	40	152	71	223
2013	1	13	32	64	29	11	30	39	150	70	220
2014 ^b	1	10	23	50	23	9	26	32	116	58	174
2015	1	9	21	48	23	9	25	31	111	56	167
2016	1	9	19	46	23	9	24	31	108	55	163
2017	1	8	19	45	24	9	23	31	106	54	161
2018	1	8	17	43	24	9	22	31	102	53	155
2019	1	7	16	39	24	9	21	30	97	51	149
Projected:											
2020	1	8	16	38	25	9	21	30	97	50	147
2021	1	8	16	39	26	10	20	29	100	50	150
2022	1	9	18	40	27	10	20	29	104	50	153
2023	1	9	19	41	28	10	20	30	109	50	158
2024	1	9	20	42	30	11	21	30	113	51	164
2025	1	10	21	42	32	11	21	31	118	53	170
2026	1	10	23	43	34	12	22	32	122	54	176
2027	1	10	23	42	36	12	23	33	124	56	180
2028	1	10	24	42	37	13	23	34	126	57	183
2029	1	10	24	41	37	13	23	35	127	58	185
2030	1	10	24	41	37	14	24	36	128	60	187
2031	1	10	24	41	37	15	23	37	128	61	189
2032	1	10	24	41	36	15	23	38	129	61	190
2033	1	10	24	41	35	16	23	39	129	62	191
2034	1	11	25	41	35	17	23	40	129	63	192
2035	1	11	25	41	34	18	22	41	129	63	192
2036	1	11	25	41	33	18	22	42	129	63	193
2037	1	11	25	42	33	19	21	43	130	64	193
2038	1	11	25	42	32	19	20	43	130	64	193
2039	1	11	25	43	31	19	20	44	130	63	193
2040	1	11	25	43	31	19	19	44	130	63	193
2041	1	11	25	44	30	19	19	44	130	63	193
2042	1	11	25	44	30	19	18	44	130	63	193
2043	1	11	25	45	30	19	18	44	130	62	193
2044	1	10	25	45	30	19	18	44	131	62	193

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

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

Notes:

1. Totals do not necessarily equal the sums of rounded components. The historical split among age groups is estimated on a calendar year of age basis.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI20.

C. FEDERAL PAYMENTS UNDER SSI

To estimate future amounts of Federal program expenditures under SSI, the projected Federal benefit rates (table IV.A2) are first modified to reflect actual payment levels, taking into account historical and projected levels of adjustments for other actual or deemed income, marital status, and living arrangements. These actual payment levels are combined with the projected numbers of persons receiving Federal SSI payments to generate estimates of the total amounts of Federal SSI payments. Table IV.C1 shows historical amounts of such payments by calendar year. These payment amounts are presented on a payment-date basis, which is consistent with the concepts used to define SSI obligations for the Federal Budget. As a result, for months after January 1978, when SSI payments are due on the first of the month and the first of the month falls on a weekend or Federal holiday, these payments are made in the previous month.¹

Table IV.C1.—SSI Federal Payments in Current Dollars,^a Calendar Years 1975-2020
[In millions]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
1975.....	\$128	\$537	\$499	\$1,099	\$190	\$17	\$812	\$1,031	\$2,471	\$1,843	\$4,314
1980.....	397	931	731	1,420	544	28	642	1,230	4,051	1,872	5,923
1985.....	744	1,717	1,254	1,923	824	158	705	1,484	6,620	2,189	8,809
1986.....	836	1,937	1,460	2,045	839	207	736	1,462	7,325	2,197	9,522
1987.....	904	2,086	1,626	2,163	844	259	759	1,429	7,882	2,188	10,069
1988.....	960	2,235	1,822	2,307	867	301	820	1,432	8,492	2,252	10,744
1989.....	1,031	2,430	2,065	2,487	909	354	895	1,474	9,277	2,369	11,647
1990.....	1,219	2,667	2,403	2,788	956	401	995	1,514	10,434	2,509	12,943
1991.....	1,729	3,122	2,962	3,292	1,040	453	1,183	1,627	12,597	2,810	15,407
1992.....	3,223	3,916	3,560	3,755	1,100	476	1,318	1,677	16,031	2,995	19,026
1993.....	3,911	4,447	4,179	4,187	1,194	507	1,495	1,757	18,425	3,252	21,677
1994.....	4,194	4,495	4,663	4,527	1,258	531	1,585	1,810	19,668	3,395	23,063
1995.....	4,674	4,772	5,161	4,886	1,340	558	1,618	1,897	21,392	3,515	24,906
1996.....	4,966	5,002	5,601	5,289	1,417	585	1,664	1,977	22,860	3,641	26,501
1997.....	4,927	5,012	5,587	5,421	1,487	607	1,589	2,046	23,040	3,635	26,675
1998.....	4,978	5,121	5,940	5,788	1,566	631	1,545	2,126	24,024	3,671	27,695
1999.....	4,858	5,115	6,207	6,045	1,631	647	1,508	2,202	24,502	3,710	28,212
2000.....	4,812	5,123	6,413	6,280	1,703	668	1,486	2,293	24,999	3,779	28,778
2001.....	5,128	5,355	6,829	6,768	1,822	705	1,486	2,438	26,608	3,924	30,532
2002.....	5,379	5,483	7,063	7,114	1,894	729	1,449	2,504	27,663	3,953	31,616
2003.....	5,714	5,714	7,260	7,513	1,969	762	1,423	2,585	28,932	4,008	32,941
2004.....	6,066	5,951	7,402	7,924	2,038	799	1,382	2,641	30,179	4,023	34,202
2005.....	6,522	6,285	7,646	8,413	2,132	862	1,372	2,764	31,859	4,136	35,995
2006.....	6,947	6,656	7,760	8,944	2,236	924	1,412	2,896	33,467	4,308	37,775
2007.....	7,346	7,067	7,871	9,539	2,333	981	1,406	2,970	35,137	4,376	39,514
2008 ^b	7,824	7,624	8,172	10,389	2,462	1,052	1,436	3,081	37,522	4,517	42,040
2009 ^b	8,635	8,493	8,618	11,556	2,644	1,153	1,528	3,277	41,099	4,805	45,904
2010.....	9,020	9,013	8,735	12,283	2,689	1,213	1,521	3,294	42,953	4,815	47,767
2011.....	9,313	9,379	8,658	12,870	2,739	1,267	1,520	3,291	44,226	4,811	49,038
2012.....	9,879	9,921	8,756	13,833	2,979	1,417	1,534	3,383	46,785	4,917	51,703
2013.....	10,171	10,256	8,723	14,593	3,128	1,508	1,592	3,431	48,379	5,023	53,402
2014.....	10,217	10,386	8,532	15,046	3,264	1,579	1,650	3,478	49,025	5,128	54,153
2015.....	10,136	10,461	8,413	15,484	3,425	1,659	1,706	3,543	49,577	5,250	54,827
2016.....	9,789	10,362	8,222	15,685	3,551	1,709	1,764	3,553	49,317	5,317	54,634
2017.....	9,508	10,257	8,132	15,899	3,714	1,764	1,796	3,578	49,274	5,374	54,648
2018.....	9,380	10,248	8,099	16,158	3,956	1,837	1,847	3,636	49,678	5,484	55,161
2019.....	9,415	10,381	8,135	16,462	4,243	1,927	1,900	3,735	50,563	5,635	56,198
2020 ^c	9,620	10,401	8,179	16,429	4,511	2,000	1,931	3,799	51,140	5,730	56,870

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

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

^c Partially estimated.

Notes:

1. Totals do not necessarily equal the sums of rounded components. The historical split among age groups is estimated on a calendar year of age basis.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI20.

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

Based on this payment-date concept, payments in table IV.C1 differ from similar amounts in other SSA publications, such as the *Annual Statistical Supplement to the Social Security Bulletin*, in two main ways. First, tabulations of payments in the *Annual Statistical Supplement* group payments by the month the payment is due, while table IV.C1 groups payments by the month in which the payments are made. In particular, since January 1 of each year is a Federal holiday, SSI payments due on January 1 of years 1979 and later are actually paid in December of the previous year. For example, the calendar year 2019 payment amounts shown in table IV.C1 reflect payments made in January-December 2019, and include the payments due on January 1, 2020 (which were actually paid in December 2019), but not the payments due on January 1, 2019 (which were actually paid in December 2018). Second, beginning in 1991, SSI obligations as accounted for in the Federal Budget are not reduced for certain recovered overpayments which are remitted directly to the Department of the Treasury. Tabulations in the *Annual Statistical Supplement* continue to report payment amounts that are reduced by such overpayment recoveries.

Table IV.C2.—SSI Federal Payments in Current Dollars, Fiscal Years 1980-2020
[In millions]

Fiscal year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
1980.....	\$372	\$877	\$698	\$1,360	\$506	\$26	\$629	\$1,184	\$3,840	\$1,813	\$5,653
1985.....	718	1,667	1,216	1,899	825	140	696	1,490	6,466	2,186	8,652
1986.....	806	1,870	1,388	2,001	836	192	725	1,471	7,093	2,197	9,290
1987.....	881	2,036	1,572	2,127	841	242	750	1,435	7,699	2,185	9,884
1988.....	1,019	2,364	1,904	2,434	924	311	863	1,536	8,955	2,399	11,354
1989 ^a	1,015	2,380	2,000	2,447	900	342	877	1,468	9,084	2,346	11,430
1990 ^a	1,045	2,384	2,117	2,483	870	358	881	1,382	9,257	2,264	11,521
1991.....	1,525	2,981	2,770	3,136	1,024	442	1,130	1,607	11,876	2,737	14,614
1992.....	2,693	3,629	3,397	3,650	1,088	472	1,279	1,673	14,929	2,952	17,881
1993.....	3,830	4,377	3,974	4,028	1,162	496	1,435	1,727	17,867	3,163	21,029
1994.....	4,352	4,770	4,863	4,749	1,325	561	1,682	1,922	20,620	3,603	24,223
1995 ^a	4,575	4,713	5,034	4,811	1,324	553	1,616	1,882	21,010	3,497	24,507
1996 ^a	4,553	4,592	5,119	4,822	1,295	536	1,527	1,810	20,917	3,337	24,254
1997.....	4,956	4,995	5,537	5,335	1,460	599	1,615	2,022	22,882	3,637	26,519
1998.....	4,940	5,094	5,840	5,686	1,545	625	1,556	2,102	23,729	3,658	27,387
1999.....	4,918	5,134	6,143	5,982	1,611	642	1,515	2,178	24,430	3,693	28,123
2000.....	5,175	5,503	6,834	6,681	1,807	711	1,615	2,437	26,710	4,052	30,763
2001 ^a	4,620	4,871	6,179	6,112	1,656	645	1,368	2,220	24,083	3,588	27,671
2002.....	5,314	5,458	7,011	7,026	1,874	722	1,460	2,484	27,405	3,944	31,349
2003.....	5,584	5,623	7,185	7,373	1,942	750	1,433	2,556	28,456	3,989	32,445
2004.....	5,938	5,867	7,344	7,778	2,016	787	1,395	2,623	29,729	4,018	33,748
2005.....	6,887	6,666	8,168	8,908	2,265	905	1,480	2,929	33,800	4,409	38,208
2006 ^a	6,832	6,560	7,739	8,813	2,207	908	1,404	2,863	33,060	4,267	37,327
2007 ^a	6,659	6,427	7,207	8,630	2,135	895	1,297	2,731	31,952	4,028	35,981
2008.....	7,651	7,411	8,063	10,106	2,416	1,027	1,419	3,035	36,673	4,454	41,127
2009.....	8,389	8,241	8,493	11,208	2,598	1,126	1,505	3,233	40,056	4,737	44,793
2010.....	8,899	8,846	8,710	12,057	2,674	1,194	1,524	3,289	42,379	4,813	47,192
2011.....	9,939	9,981	9,354	13,651	2,921	1,340	1,637	3,531	47,186	5,168	52,354
2012 ^a	8,986	9,042	8,076	12,548	2,699	1,276	1,409	3,111	42,626	4,521	47,147
2013.....	10,073	10,134	8,720	14,325	3,075	1,477	1,565	3,405	47,804	4,971	52,775
2014.....	10,211	10,344	8,588	14,887	3,218	1,554	1,630	3,457	48,803	5,088	53,891
2015.....	10,175	10,449	8,457	15,341	3,377	1,636	1,687	3,525	49,435	5,212	54,647
2016.....	10,671	11,187	8,914	16,828	3,777	1,820	1,887	3,820	53,197	5,707	58,904
2017 ^a	9,556	10,273	8,146	15,824	3,670	1,749	1,786	3,568	49,216	5,355	54,571
2018 ^a	8,702	9,489	7,506	14,884	3,603	1,684	1,692	3,352	45,868	5,044	50,913
2019.....	9,391	10,325	8,124	16,380	4,153	1,900	1,881	3,701	50,273	5,583	55,856
2020 ^b	9,488	10,378	8,122	16,417	4,415	1,974	1,917	3,774	50,794	5,691	56,486

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

^b Partially estimated.

Notes:

1. Totals do not necessarily equal the sums of the rounded components. The historical split among age groups is estimated on a calendar year of age basis.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI20. Fiscal years prior to 1978 are omitted because SSI payment amounts are not readily available on a fiscal year basis for these years.

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

Changes in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI)³ directly affect SSI expenditures, since the Federal benefit rate is generally indexed to the CPI through annual cost-of-living adjustments (COLAs)⁴. Because of this indexing, price inflation contributes to increases in the total dollar amounts of Federal SSI expenditures over time. Table IV.C3 presents “constant 2020 dollar” values of total Federal SSI payments (values adjusted to remove from total expenditure growth the increases in the CPI) by calendar year, for both the historical period and the full 25-year projection period. This same information is presented as a graph in figure IV.C1. The projections of the CPI are based on the intermediate economic assumptions of the 2020 OASDI Trustees Report. By adjusting the historical and projected total amounts of SSI expenditures to remove the change in the CPI, the resulting projected amounts reflect all other reasons for change, including changes in (1) the number of recipients, (2) the composition of the SSI recipient population by categorical eligibility, age, and sex, (3) the average SSI payment as a percentage of the Federal benefit rate due to distributional changes in marital status, living arrangements, and sources and amounts of countable income, and (4) changes in the Federal benefit rate itself other than the changes from indexing to the CPI. Section D presents an additional perspective on Federal expenditures by examining the share of the total output of the U.S. economy (GDP) needed to support the SSI program.

The future growth in the total Federal “CPI-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. This level shift is the result of the combination of the spike in the CPI for the third quarter of calendar year 2008, which caused the large 5.8 percent benefit rate increase for 2009, and the subsequent drop in the CPI for 2009.

¹ Fiscal years 1977 and later cover the 12-month period ending September 30. For example, fiscal year 2019 payments include payments made from October 1, 2018 through September 30, 2019.

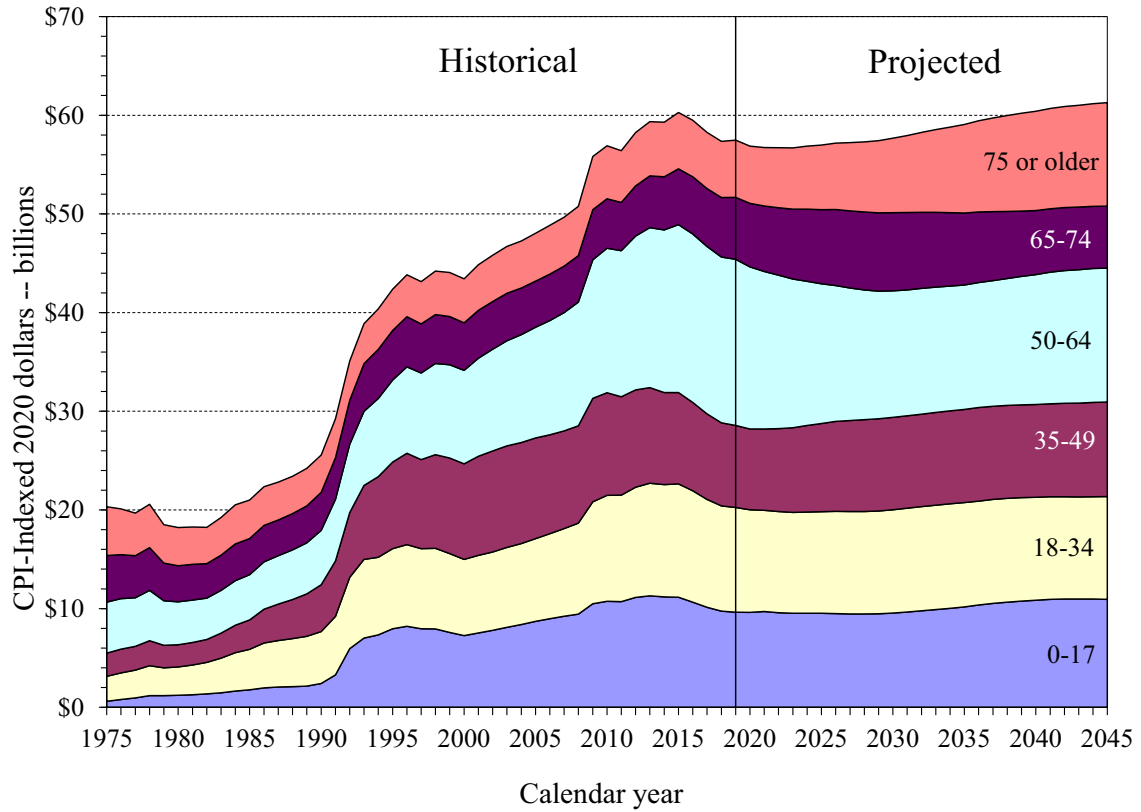
² Public Law 95-216, the Social Security Amendments of 1977, enacted December 20, 1977, requires that SSI payments, which are normally due on the first of the month, be delivered early when the normal delivery date falls on a Saturday, Sunday, or Federal holiday. As such, fiscal year 1978 contained 13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

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

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

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

Figure IV.C1.—SSI Federal Payments, by Age Group, in CPI-Indexed 2020 Dollars, Calendar Years 1975-2045
 [In billions]



**Table IV.C4.—SSI Federally Administered State Supplementation Payments
in Current Dollars, Calendar Years 1975-2019**
[In millions]

Calendar year	Aged	Blind or disabled	Total
1975	\$674	\$729	\$1,403
1980	757	1,091	1,848
1985	694	1,278	1,973
1986	759	1,484	2,243
1987	849	1,714	2,563
1988	873	1,798	2,671
1989	954	2,001	2,955
1990	1,038	2,201	3,239
1991	999	2,232	3,231
1992	1,023	2,412	3,435
1993	934	2,336	3,270
1994	876	2,240	3,116
1995	864	2,253	3,118
1996	833	2,155	2,988
1997	824	2,090	2,913
1998	838	2,165	3,003
1999	921	2,380	3,301
2000	943	2,439	3,381
2001	956	2,505	3,460
2002	1,051	2,768	3,820
2003	1,098	2,906	4,005
2004	1,133	3,045	4,178
2005	1,128	3,050	4,178
2006	1,147	3,006	4,153
2007	1,187	3,133	4,320
2008	1,198	3,187	4,385
2009	1,070	2,894	3,964
2010	924	2,665	3,589
2011	895	2,626	3,521
2012	827	2,478	3,305
2013	821	2,454	3,275
2014	797	2,322	3,118
2015	715	1,916	2,631
2016	717	1,899	2,616
2017	734	1,916	2,650
2018	726	1,878	2,604
2019	719	1,843	2,562

Notes:

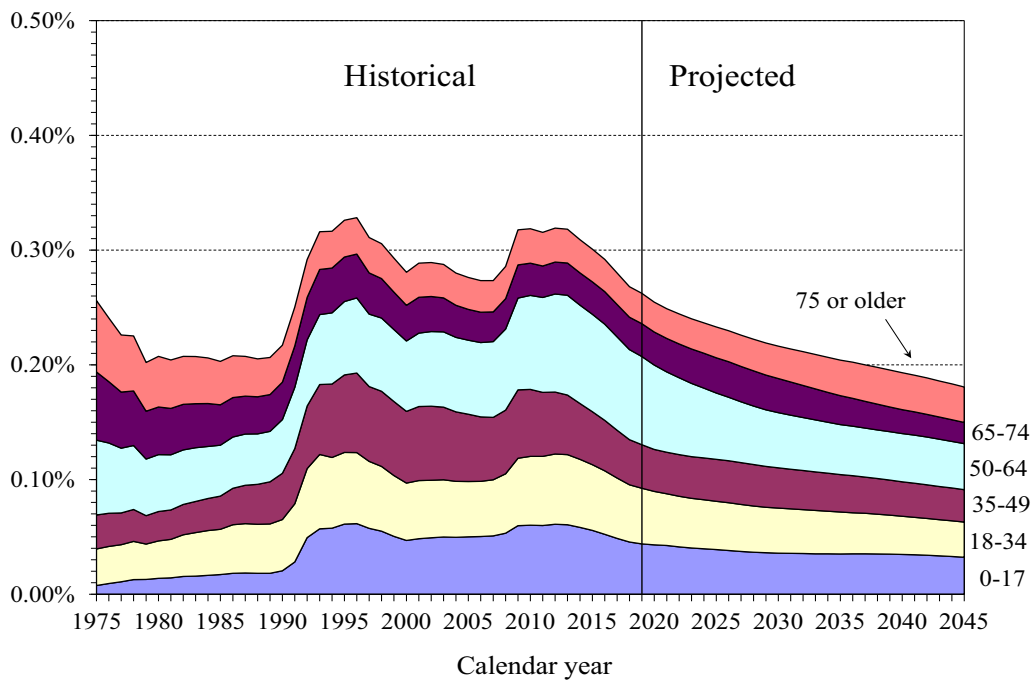
1. Totals do not necessarily equal the sums of rounded components.
2. A complete table of historical and projected values is available at www.ssa.gov/OACT/ssir/SSI20.

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

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

Total Federal SSI payments during the 1980s were relatively constant as a percentage of GDP (roughly 0.2 percent). During the early 1990s, SSI grew rather rapidly (to 0.33 percent of GDP in 1996) due to a combination of factors (see section IV.B). Following legislation enacted in 1996¹, the cost of SSI decreased as a percentage of GDP beginning in 1997 and continued to decline through 2000. Federal SSI expenditures as a share of GDP increased slightly after 2000, partly because of a slowdown in economic growth over that period, but resumed its very gradual downward trend from 2003 to 2006 due to relatively slower growth in the number of SSI recipients. Beginning in 2007, however, this trend reversed due to an increase in program recipients and a temporary decline in real GDP during the economic recession that began in that year. In 2013, Federal SSI payments relative to GDP remained at roughly the same level as in 2012, and decreased in 2014 through 2019. This gradual downward trend is projected to continue due to the net effect of two factors. First, Federal SSI expenditures, after adjusting for growth in prices, are projected to grow roughly in line with the SSI recipient population (see section IV.C). Second, using the 2020 OASDI Trustees Report intermediate assumptions, the effect of the real growth in GDP following the 2007 economic recession is projected to be greater than the effect of projected increases in SSI recipients. Accordingly, Federal SSI payments are projected to decline as a percentage of GDP throughout the projection period, until it reaches 0.18 percent of GDP by 2044.

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



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

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

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 the administrative expenses for both programs from a single source. The trust funds and the general fund pay their appropriate share of administrative expenses into SSA's Limitation on Administrative Expenses account, which funds the total operating expenses of the agency.¹ A Government Accountability Office approved method of cost analysis is used to determine the appropriate share of administrative expenses borne by each funding source, and a final settlement of costs is made by the end of the subsequent fiscal year.

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

Table IV.E1.—Selected SSI Costs, Fiscal Years 1980-2020

[Outlays in millions]

Fiscal year	SSI administrative expenses ^a	Beneficiary services ^b
1980.....	\$668	\$33.1
1985.....	956	3.0
1986.....	1,023	7.2
1987.....	977	9.5
1988.....	976	12.9
1989.....	1,052	20.0
1990.....	1,075	28.3
1991.....	1,230	33.1
1992.....	1,426	36.0
1993.....	1,468	32.3
1994.....	1,780	33.8
1995.....	1,978	48.2
1996.....	1,953	71.8
1997.....	2,055	77.3
1998.....	2,304	46.0
1999.....	2,493	52.0
2000.....	2,321	53.7
2001.....	2,397	43.9
2002.....	2,522	54.0
2003.....	2,656	37.0
2004.....	2,806	38.6
2005.....	2,795	30.4
2006.....	2,916	38.9
2007.....	2,857	36.1
2008.....	2,820	45.1
2009.....	3,316	48.6
2010.....	3,629	46.1
2011.....	3,931	33.0
2012.....	3,881	35.5
2013.....	3,789	55.6
2014.....	3,990	63.0
2015.....	4,242	88.6
2016.....	4,212	95.7
2017.....	4,123	83.5
2018.....	4,330	113.2
2019.....	4,392	99.6
2020(estimated).....	4,415	93.0

^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.

Note: A complete table of historical values and an estimate for 2020 is available at www.ssa.gov/OACT/ssir/SSI20.

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

V. APPENDICES

A. HISTORY OF PROVISIONS

Act

1. Basic Eligibility Requirements

1972

*Public Law 92-603,
enacted October 30*

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

Aged: Any person aged 65 or older (unchanged from requirements under State Old-Age Assistance (OAA) program).

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

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

1973

*Public Law 93-233,
enacted December 31*

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

1980

*Public Law 96-265,
enacted June 9*

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

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

1984

*Public Law 98-460,
enacted October 9*

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

1986

*Public Law 99-643,
enacted November 10*

The special benefit and Medicaid provisions of the 1980 amendments are made permanent. The provisions were amended effective July 1, 1987, with significant modifications to simplify administration and to allow free movement between regular SSI disability payments and either the special cash benefit or Medicaid eligibility under section 1619. The distinction between a disabled per-

Act

son eligible for regular SSI payments and one eligible for 1619(a) is that the latter has several months with gross earnings above the SGA level. Previously, section 1619(a) status required completion of a trial work period and the determination that the work was SGA.

1996
Public Law 104-193,
enacted August 22

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

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

2006
Public Law 109-171,
enacted February 8

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

2. Other Eligibility Provisions

a. Citizenship and U.S. Residency

1972
Public Law 92-603,
enacted October 30

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

1976
Public Law 94-241,
enacted March 24

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

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

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

Act

1980

*Public Law 96-265,
enacted June 9*

The income and resources of the immigration sponsors of aliens applying for SSI are considered in determining eligibility for and the amount of payment. After allowances for the needs of the sponsor and his or her family, the remainder is deemed available for the support of the alien applicant for a 3-year period after admission to the United States for permanent residence. This provision does not apply to those who become blind or disabled after admission, to refugees, or to persons granted political asylum. (See section 2.g. of this appendix for subsequent changes to sponsor-to-alien deeming provisions.)

1989

*Public Law 101-239,
enacted December 19*

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

1993

*Public Law 103-66,
enacted August 10*

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

1996

*Public Law 104-193,
enacted August 22*

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

*Public Law 104-208,
enacted September 30*

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

1997

*Public Law 105-18,
enacted June 12*

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

*Public Law 105-33,
enacted August 5*

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

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

Act

1998

*Public Law 105-306,
enacted October 28*

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

2000

*Public Law 106-386,
enacted October 28*

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

2004

*Public Law 108-203,
enacted March 2*

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

2007

*Public Law 110-161,
enacted December 26*

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

2008

*Public Law 110-181,
enacted January 28*

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

*Public Law 110-328,
enacted September 30*

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

2009

*Public Law 111-118,
enacted December 19*

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

b. Other Benefits

1980

*Public Law 96-272,
enacted June 17*

SSI applicants and recipients are not required as a condition of eligibility to elect to receive Veterans Administration¹ pensions under the Veterans and Sur-

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

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.

History of Provisions

Act

1980

*Public Law 96-265,
enacted June 9*

Disabled SSI recipients who medically recover while enrolled in approved vocational rehabilitation (VR) programs of State VR agencies may continue to receive benefits during their participation in such programs if the Commissioner of Social Security determines that continuation in the program will increase the probability that they leave the rolls permanently.

1981

*Public Law 97-35,
enacted August 13*

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

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

1984

*Public Law 98-460,
enacted October 9*

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

1987

*Public Law 100-203,
enacted December 22*

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

1990

*Public Law 101-508,
enacted November 5*

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

- SSI recipient status for Medicaid eligibility purposes was retained under work incentive provisions; or
- Benefits were in suspense¹ status (for a reason other than cessation of disability or blindness); or
- Federally administered State supplementation was received.

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

1999

*Public Law 106-170,
enacted December 17*

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

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

Act

- Outcome payment system, under which it can receive payment for up to 60 outcome payment months, which are defined as months in which SSA does not pay any Federal disability cash benefits to a beneficiary because of work or earnings; or
- Outcome-milestone payment system, under which it can receive payment for one or more milestones in addition to reduced outcome payments, but will receive less in total than under the outcome payment system.

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

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

Under the initial regulation, effective January 28, 2002:

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

Under the revised regulation, effective July 21, 2008:

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

Phase 1 milestones are based on gross earnings at or above trial work level for specified months, and Phase 2 milestones are based on gross earnings exceeding the SGA level for specified months. These milestones must occur before the EN

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.

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.

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.

g. *Installment Payments*

1996

*Public Law 104-193,
enacted August 22*

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

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

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

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

2006

*Public Law 109-171,
enacted February 8*

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

Effective 3 months after February 8, 2006.

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

2009

*Public Law 111-115,
enacted December 15*

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

2018

*Public Law 115-123,
enacted February 9*

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

4. Federal Benefit Rates

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

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

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

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

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

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

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

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

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

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

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

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

^j Public Law 100-203, enacted December 22, 1987.

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.

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.

History of Provisions

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.

Act

*Public Law 105-369,
enacted November 12*

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

2000

*Public Law 106-554,
enacted December 21*

Interest on funds deposited in an Individual Development Account.

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

2001

*Public Law 107-16,
enacted June 7*

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

2004

*Public Law 108-203,
enacted March 2*

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

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

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

2005

*Public Law 109-64,
enacted September 20*

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

2006

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

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

2008

*Public Law 110-185,
enacted February 13*

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

*Public Law 110-245,
enacted June 17*

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

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

Act

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

2009

*Public Law 111-5,
enacted February 17*

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

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

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

2010

*Public Law 111-148,
enacted March 23*

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

*Public Law 111-255,
enacted October 5*

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

*Public Law 111-291,
enacted December 8*

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

*Public Law 111-312,
enacted December 17*

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

2013

*Public Law 112-240,
enacted January 2*

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

2014

*Public Law 113-295,
enacted December 19*

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

2015

*Public Law 114-63,
enacted October 7*

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

2016

*Public Law 114-241,
enacted October 7*

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

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

Act

1972

*Public Law 92-603,
enacted October 30*

6. Resources

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

1984

*Public Law 98-369,
enacted July 18*

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

1999

*Public Law 106-169,
enacted December 14*

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

a. General Exclusions**1972**

*Public Law 92-603,
enacted October 30*

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

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

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

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

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

1976

*Public Law 94-569,
enacted October 20*

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

1977

*Public Law 95-171,
enacted November 12*

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

1979

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

1982

*Public Law 97-248,
enacted September 3*

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

1984

*Public Law 98-369,
enacted July 18*

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

1985

Regulations permit exclusion, regardless of value, of an automobile needed for essential transportation or modified for a person with a disability. The \$4,500

History of Provisions

Act

	current market value limit applies only if no automobile could be excluded based on the nature of its use.
1987 <i>Public Law 100-203, enacted December 22</i>	<p>Provides for suspension of the 1980 transfer of assets provision in any month that it is determined that undue hardship would result.</p> <p>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.</p> <p>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).</p>
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	<p><i>Regulations</i> permit exclusion, regardless of value, of:</p> <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>	<p>Assets of a blind or disabled individual that are necessary to an approved plan of self-support.</p> <p>Tools and other property essential to self-support, within reasonable limits.</p> <p>Shares of nonnegotiable stock in regional or village corporations held by natives of Alaska.</p> <p>For persons transferred from State programs to SSI, resource exclusions equal to the maximum amount permitted as of October 1972 under the State program.</p>
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>	<p>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).</p> <p>Payments from the Agent Orange Settlement.</p>

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.

History of Provisions

Act

2008

*Public Law 110-185,
enacted February 13*

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

*Public Law 110-245,
enacted June 17*

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

2009

*Public Law 111-5,
enacted February 17*

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

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

A one-time payment of \$15,000 for eligible Filipino veterans who are citizens of the United States and \$9,000 for eligible veterans who are noncitizens will not be taken into account as a resource for SSI purposes, although interest earned on any such payment may be considered a resource.

2010

*Public Law 111-148,
enacted March 23*

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

*Public Law 111-255,
enacted October 5*

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

*Public Law 111-291,
enacted December 8*

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

*Public Law 111-312,
enacted December 17*

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

2013

*Public Law 112-240,
enacted January 2*

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

2014

*Public Law 113-295,
enacted December 19*

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

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

Act

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

2015

*Public Law 114-63,
enacted October 7*

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

2016

*Public Law 114-241,
enacted October 7*

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

2017

*Public Law 115-97,
enacted December 22*

Allows individuals to transfer funds from qualified tuition plans (i.e., 529 plans) to an ABLE account without penalty and without counting against the annual contribution limit. Additionally, allows ABLE account beneficiaries who worked but did not contribute to certain types of retirement plans in a given year to contribute more than the annual limit (\$15,000 in 2020) to his or her ABLE account, subject to established limits. Finally, provides that designated beneficiaries may be eligible for a tax credit for contributions he or she makes to an ABLE account. The rollover change was effective upon enactment. The additional contribution and tax credit changes are effective with tax year 2018 and sunset in January 2026.

c. Transfer-of-Resources Penalties

1980

*Public Law 96-611,
enacted December 28*

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

1988

*Public Law 100-360,
enacted July 1*

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

1999

*Public Law 106-169,
enacted December 14*

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

7. Presumptive and Emergency Payments and Interim Assistance Reimbursement

a. Presumptive Payments

1972

*Public Law 92-603,
enacted October 30*

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

1976

*Public Law 94-569,
enacted October 20*

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

History of Provisions

Act

1990

*Public Law 101-508,
enacted November 5*

Extends the period for receipt of payments to 6 months.

b. Emergency Advance Payments

1972

*Public Law 92-603,
enacted October 30*

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

1987

*Public Law 100-203,
enacted December 22*

Increases the maximum emergency advance payment amount to the maximum amount of the regular monthly FBR plus, if any, the federally administered State supplementation payment.

1996

*Public Law 104-193,
enacted August 22*

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

c. Interim Assistance Reimbursement

1974

*Public Law 93-368,
enacted August 7*

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

1976

*Public Law 94-365,
enacted July 14*

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

1987

*Public Law 100-203,
enacted December 22*

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

8. Medicaid Eligibility

1972

*Public Law 92-603,
enacted October 30*

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

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

1976

*Public Law 94-566,
enacted October 20*

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

Act

1980

*Public Law 96-265,
enacted June 9*

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

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

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

1984

*Public Law 98-460,
enacted October 9*

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

1986

*Public Law 99-272,
enacted April 7*

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

*Public Law 99-643,
enacted November 10*

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

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

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

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

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

1987

*Public Law 100-203,
enacted December 22*

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

Act

1990

*Public Law 101-508,
enacted November 5*

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

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

1997

*Public Law 105-33,
enacted August 5*

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

2006

*Public Law 109-171,
enacted February 8*

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

9. State Supplementation

1972

*Public Law 92-603,
enacted October 30*

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

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

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

1973

*Public Law 93-66,
enacted July 9*

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

1976

*Public Law 94-585,
enacted October 21*

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

Act

	Requires States to maintain State supplementation payments at the level of December 1976 (“maintenance of payments”) or to continue to pay in supplements the same total annual amounts (“maintenance of expenditures”) when the Federal SSI payment level is increased and thereby pass through any increases in Federal benefits without reducing State supplements.
1982 <i>Public Law 97-248,</i> <i>enacted September 3</i>	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 <i>Public Law 98-21,</i> <i>enacted April 20</i>	Federal pass-through law is adjusted: (1) by substituting the State supplementation payment levels in effect in March 1983 for those in effect in December 1976 as the levels that States must maintain in complying with the pass-through requirements; and (2) with regard to the \$20 (individual) and \$30 (couple) increase in the Federal SSI standard in July 1983, by requiring States to pass through only as much as would have been required if the SSI cost-of-living adjustment had been made in July 1983.
1987 <i>Public Law 100-203,</i> <i>enacted December 22</i>	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 <i>Public Law 103-66,</i> <i>enacted August 10</i>	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 <i>Public Law 105-33,</i> <i>enacted August 5</i>	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 <i>Public Law 106-170,</i> <i>enacted December 17</i>	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 <i>Public Law 106-554,</i> <i>enacted December 21</i>	Changes the effective date of above provision from 2009 to 2001.
	10. Overpayment Recovery
1984 <i>Public Law 98-369,</i> <i>enacted July 18</i>	Limits the rate of recovering overpayments from monthly payments to the lesser of: (1) the monthly payment; or (2) 10 percent of a recipient’s monthly income. Permits a higher or lower adjustment at the request of the recipient subject to the agreement of the Commissioner. The limit does not apply if fraud, willful mis-

Act

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

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

Provides authority for the recovery of overpayments from tax refunds.

1998

*Public Law 105-306,
enacted October 28*

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

1999

*Public Law 106-169,
enacted December 14*

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

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

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

2004

*Public Law 108-203,
enacted March 2*

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

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

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

2018

*Public Law 115-165,
enacted April 13*

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

11. Fees for Attorneys and Non-Attorney Representatives

2004

*Public Law 108-203,
enacted March 2*

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

Act

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

2010

*Public Law 111-142,
enacted February 27*

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

12. Administration of the Program

2015

*Public Law 114-74,
enacted November 2*

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

2018

*Public Law 115-165,
enacted April 13*

Protects SSI recipients with representative payees by:

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

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

B. INCOME AND RESOURCE EXCLUSIONS

1. Earned Income Exclusions

- Any refund of Federal income taxes received under section 32 of the Internal Revenue Code (relating to earned income tax credit (EITC)) and any payment received under section 3507 of the Internal Revenue Code (relating to advance payment of EITC);
- Amounts received pursuant to the Making Work Pay tax credit set forth in the American Recovery and Reinvestment Act of 2009;
- Any refundable child tax credit;
- The first \$30 of earned income in a quarter if it is infrequent or irregular, that is: (1) if it is received only once in a calendar quarter from a single source and is not also received in the month immediately preceding or the month immediately following the month of receipt regardless of whether or not these payments occur in different calendar quarters; or (2) if its receipt cannot reasonably be expected;
- Up to \$1,900¹ per month but not more than \$7,670 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, 2020 (84 FR 56515). The student earned income exclusion generally increases yearly based on changes in the cost of living. See table V.E1 for the history of maximum monthly and calendar year exclusion amounts.

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

2. Unearned Income Exclusions

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

¹ Funds used for food or shelter are not exclusions.

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;
- 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; and
- Payments made by a State program intended to compensate individuals who had been sterilized under the authority of a State.

3. Resource Exclusions

- The home in which an individual has ownership interest and that serves as the individual's principal place of residence (including the land appertaining thereto);
- Household goods and personal effects;
- One automobile if used for transportation for the recipient or a member of the recipient's household;
- Property used in a trade or business that is essential to self-support;
- Up to \$6,000 of nonbusiness property that is essential to self-support;
- Resources of a blind or disabled individual that are necessary to fulfill an approved plan to achieve self-support;
- Stock in regional or village corporations held by natives of Alaska during the 20-year period in which the stock is inalienable pursuant to the Alaska Native Claims Settlement Act;
- Life insurance owned by an individual (and spouse, if any) provided that all life insurance on any person does not exceed a face value of \$1,500;
- Restricted allotted Indian lands;
- Disaster relief assistance;
- Assistance received under a program for flood mitigation activities;
- Burial spaces and certain funds up to \$1,500 for burial expenses;
- SSI or Old-Age, Survivors, and Disability Insurance retroactive payments for 9 months following the month of receipt;
- The value of any assistance paid with respect to a dwelling unit under the United States Housing Act of 1937, the National Housing Act, section 101 of the Housing and Urban Development Act of 1965, Title V of the Housing Act of 1949, or section 202(h) of the Housing Act of 1959;
- Refunds of Federal income taxes and advances made by an employer relating to an EITC for 12 months following the month of receipt;²

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

² Lawmakers extended the exclusion period from 9 to 12 months by the Tax Relief, Unemployment Insurance Reauthorization, and Job Creation Act of 2010, for refunds or credits received between January 1, 2010 and December 31, 2012. The American Taxpayer Relief Act of 2012 (P.L. 112-240) made the 12-month exclusion permanent.

Income and Resource Exclusions

- One-time economic recovery payment received under the American Recovery and Reinvestment Act of 2009, for the month of receipt and the following 9 months;
- Amounts received pursuant to the Making Work Pay tax credit set forth in the American Recovery and Reinvestment Act of 2009 for the month of receipt and the following 12 months;¹
- Amounts received from the Filipino Veterans Equity Compensation Fund set forth in the American Recovery and Reinvestment Act of 2009;
- Refundable child tax credit for 12 months following the month of receipt;
- Refundable tax credits or advance payment of such credits for 12 months following the month of receipt;²
- Grants, scholarships, fellowships or gifts to be used for tuition or educational fees for 9 months following the month of receipt;
- Payments received as compensation for replacement or repair of losses, damages, or theft for 9 months following the month of receipt;
- Relocation assistance from a State or local government for 9 months following the month of receipt;
- Payments made from State-provided pensions to aged, blind, or disabled veterans or their spouses;
- Dedicated financial institution accounts for disabled children;
- In-kind gifts not converted to cash and the first \$2,000 annually of cash gifts made by tax-exempt organizations, such as the Make-A-Wish Foundation, to, or for the benefit of, individuals under age 18 with life-threatening conditions;
- Up to \$2,000 per calendar year in compensation for participating in clinical trials researching treatment of rare diseases and conditions;
- Amounts received by Medicaid recipients from the “Incentives for Prevention of Chronic Diseases in Medicaid” program established by the Affordable Care Act of 2010;
- Payments to Indian landowners made in accordance with the *Cobell et al. v. Salazar et al.* lawsuit settlement, as ratified by the Claims Resettlement Act of 2010 (for 12 months following the month of receipt);
- Payments made under the Ricky Ray Hemophilia Relief Fund Act of 1998;
- Amounts deposited into either a TANF or Assets for Independence Act IDA, including matching funds and interest earned on such amounts;
- Certain trusts (e.g., those established by will or certain Medicaid trusts that will repay the State, upon the death of the recipient, for the costs of medical assistance provided to that individual);
- Payments or benefits provided under a Federal statute other than Title XVI of the Social Security Act where exclusion is provided by such statute;

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

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

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

C. HISTORICAL ALLOWANCE DATA

At the end of 2019, 86 percent of federally administered Supplemental Security Income (SSI) recipients were receiving benefits based on disability or blindness. Individuals file claims at a local Social Security office, and we send claims requiring an evaluation of disability to the State disability determination services (DDS) for a disability decision.¹ Applicants may appeal unfavorable initial DDS decisions. Historically, the State DDS conducted the first level of appeal—the reconsideration appeal step. Claimants denied at the reconsideration level could then request a hearing before an administrative law judge (ALJ) and if dissatisfied with the hearing decision could request a review by the Appeals Council. Those dissatisfied with the Appeals Council’s action could seek further relief through the Federal court system. This appeals process is still in effect for the majority of new applicants.² However, since the mid-1990s the Social Security Administration (SSA) has conducted small pilots testing revisions to this process and introduced a modification of this process that 10 States use for applications filed on or after October 1, 1999. The revised process eliminates the reconsideration step, so the first level of appeal of an initial determination is a request for hearing before an ALJ.³

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

1. Technical Notes on the Disability Research File

Methods used to build the Title XVI Disability Research File—The “base” file for the Title XVI research file is the Supplemental Security Record, the main computerized file for administering the SSI program. We match the “base” file against records from various other administrative sources, including transactions from the disability determination (SSA-831) files, Structured Data Repository (SDR), Social Security number identification records and earnings data, and hearing and Appeals Council level data.

Creating the Disability Research File is a cumbersome process; it involves about 200 steps and generally requires 2 to 4 months to complete. The process is complex because we assemble the file based on filing date cohorts, and many of the source files do not contain a filing date. The basic data sources provide information for the 3 most recent calendar year cohorts. Older calendar year cohorts reflect updated activ-

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

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

³ SSA began reinstating the reconsideration level of appeal in these States via a staged roll-out on January 1, 2019, and completed this process by April 1, 2020.

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 2019.

Methods used for estimating results (through January 2020) for claims filed in 2019—Although decision counts are available for 2019 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 2020 for 2019 filers, we started from the latest available transaction data, such as the SSA-831 data, and took into account recent years' experience of the relationship between corresponding earlier transaction data and the resulting claims/appeals data in completed research files. We estimate hearing and Appeals Council appeals activity from a file that tracks individual claimants, rather than individual claims, which has resulted in a slight undercount of hearing and Appeals Council individual claims. Recent revocation of the agency's subsequent application (i.e., an application filed while an earlier claim is pending at a review level) policy should largely eliminate the disparity between the number of claims and claimants.

While we believe that these methods are reasonable, we emphasize that the resulting estimates may not be completely reliable, especially because the estimates give results only through January 2020, whereas the final research files will reflect information through at least June 2020. Actual data for 2019 will replace these estimates in the 2021 Annual Report.

2. General Considerations

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

- Data for 1988-2018 filers are as of June 2019 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 2019.
- Data for 2019 filers are preliminary estimates as of January 2020, and reflect larger numbers of claims still pending. January 2020 data on number of appeals may be too low because larger numbers of claimants are still within the period allowed for filing an appeal (i.e., larger numbers of recently denied claimants who have not yet filed an appeal may appeal before the time limit runs out).
- Remaining appeals will affect the results. Since we usually decide allowances more quickly than denials, we expect that the percent allowed will ultimately be lower when the processing of all cases is complete.
- In certain pilot activities and under the revised process introduced October 1, 1999 in 10 States, individuals can appeal initial denials directly to the hearing level without a separate reconsideration step. As a result, the appeals of initial denials in these tables include cases that will not receive a decision at the reconsideration level.¹
- The tables do not show the cases appealed to the Office of the Federal Reviewing Official level under the DSI process separately, but we included these cases in the reconsideration counts.
- 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.

¹ SSA began reinstating the reconsideration level of appeal in these States via a staged roll-out on January 1, 2019, and completed this process by April 1, 2020.

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: <i>Numbers of cases</i>					
	Total claims filed	Initial decisions pending	Total initial decisions	Allowances	Denials	
					Appeal decision pending	No appeal pending
1988	946,603	—	946,603	393,003	—	553,600
1989	969,218	—	969,218	425,718	—	543,500
1990	1,099,805	—	1,099,805	508,976	—	590,829
1991	1,288,331	—	1,288,331	614,191	—	674,140
1992	1,415,624	—	1,415,624	654,791	—	760,833
1993	1,503,278	—	1,503,278	644,640	—	858,638
1994	1,436,958	—	1,436,958	574,354	—	862,604
1995	1,318,416	—	1,318,416	518,363	—	800,053
1996	1,247,926	—	1,247,926	487,937	—	759,989
1997	1,110,898	—	1,110,898	462,031	—	648,867
1998	1,108,957	—	1,108,957	484,564	—	624,393
1999	1,105,109	—	1,105,109	484,540	—	620,569
2000	1,139,623	—	1,139,623	507,621	—	632,002
2001	1,216,040	—	1,216,040	539,387	—	676,653
2002	1,322,451	—	1,322,451	563,218	—	759,233
2003	1,403,003	—	1,403,003	580,563	—	822,440
2004	1,475,149	—	1,475,149	588,854	—	886,295
2005	1,470,300	—	1,470,300	571,547	—	898,753
2006	1,499,551	—	1,499,551	571,996	—	927,555
2007	1,506,654	—	1,506,654	583,457	—	923,197
2008	1,602,444	—	1,602,444	646,009	—	956,435
2009	1,831,721	—	1,831,721	713,870	—	1,117,851
2010	1,881,418	—	1,881,418	695,663	—	1,185,755
2011	1,842,499	—	1,842,499	663,263	—	1,179,236
2012	1,794,616	—	1,794,616	635,068	4,476	1,155,072
2013	1,633,124	—	1,633,124	584,034	5,299	1,043,791
2014	1,496,914	—	1,496,914	537,685	7,065	952,164
2015	1,411,989	—	1,411,989	491,253	14,774	905,962
2016	1,324,374	—	1,324,374	455,244	48,610	820,520
2017	1,267,508	—	1,267,508	391,676	135,136	740,696
2018	1,196,776	29,947	1,166,829	310,422	226,281	630,126
2019	1,239,537	280,639	958,898	319,933	140,670	498,295

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	Appeal decision pending	No appeal pending	
			Appeal decision pending	No appeal pending				
1988	—	41.5	—	58.5	41.5	—	58.5	
1989	—	43.9	—	56.1	43.9	—	56.1	
1990	—	46.3	—	53.7	46.3	—	53.7	
1991	—	47.7	—	52.3	47.7	—	52.3	
1992	—	46.3	—	53.7	46.3	—	53.7	
1993	—	42.9	—	57.1	42.9	—	57.1	
1994	—	40.0	—	60.0	40.0	—	60.0	
1995	—	39.3	—	60.7	39.3	—	60.7	
1996	—	39.1	—	60.9	39.1	—	60.9	
1997	—	41.6	—	58.4	41.6	—	58.4	
1998	—	43.7	—	56.3	43.7	—	56.3	
1999	—	43.8	—	56.2	43.8	—	56.2	
2000	—	44.5	—	55.5	44.5	—	55.5	
2001	—	44.4	—	55.6	44.4	—	55.6	
2002	—	42.6	—	57.4	42.6	—	57.4	
2003	—	41.4	—	58.6	41.4	—	58.6	
2004	—	39.9	—	60.1	39.9	—	60.1	
2005	—	38.9	—	61.1	38.9	—	61.1	
2006	—	38.1	—	61.9	38.1	—	61.9	
2007	—	38.7	—	61.3	38.7	—	61.3	
2008	—	40.3	—	59.7	40.3	—	59.7	
2009	—	39.0	—	61.0	39.0	—	61.0	
2010	—	37.0	—	63.0	37.0	—	63.0	
2011	—	36.0	—	64.0	36.0	—	64.0	
2012	—	35.4	0.2	64.4	35.4	0.2	64.4	
2013	—	35.8	.3	63.9	35.8	.3	63.9	
2014	—	35.9	.5	63.6	35.9	.5	63.6	
2015	—	34.8	1.0	64.2	34.8	1.0	64.2	
2016	—	34.4	3.7	62.0	34.4	3.7	62.0	
2017	—	30.9	10.7	58.4	30.9	10.7	58.4	
2018	2.5	25.9	18.9	52.7	26.6	19.4	54.0	
2019	22.6	25.8	11.3	40.2	33.4	14.7	52.0	

^a Data for claims filed in 1988-2018 reflect results as of June 2019 at the DDS level and as of July 2019 at the hearing and Appeals Council levels. The numbers of total claims filed for 2016-2018 are subject to change. Data for claims filed in 2019 are preliminary estimates as of January 2020. 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						Appeals of initial denials	
		Pending	Allowances		Denials		Number ^d	Percent ^e	
			Number	Percent ^c	Number	Percent ^c			
1991	250,962	—	148,220	59.1	102,742	40.9	24,702	24.0	
1992	372,971	—	189,079	50.7	183,892	49.3	49,297	26.8	
1993	496,131	—	212,268	42.8	283,863	57.2	75,967	26.8	
1994	525,013	—	172,219	32.8	352,794	67.2	92,093	26.1	
1995	487,730	—	144,231	29.6	343,499	70.4	86,841	25.3	
1996	453,473	—	127,416	28.1	326,057	71.9	75,013	23.0	
1997	332,032	—	106,528	32.1	225,504	67.9	51,493	22.8	
1998	335,732	—	123,249	36.7	212,483	63.3	50,110	23.6	
1999	342,162	—	129,375	37.8	212,787	62.2	49,996	23.5	
2000	349,285	—	138,262	39.6	211,023	60.4	48,156	22.8	
2001	367,726	—	152,651	41.5	215,075	58.5	49,013	22.8	
2002	402,116	—	165,220	41.1	236,896	58.9	55,863	23.6	
2003	425,336	—	172,655	40.6	252,681	59.4	59,700	23.6	
2004	435,562	—	174,514	40.1	261,048	59.9	58,534	22.4	
2005	424,876	—	163,705	38.5	261,171	61.5	55,364	21.2	
2006	432,747	—	160,959	37.2	271,788	62.8	58,609	21.6	
2007	433,941	—	160,261	36.9	273,680	63.1	60,031	21.9	
2008	449,451	—	171,593	38.2	277,858	61.8	66,058	23.8	
2009	516,130	—	193,872	37.6	322,258	62.4	79,924	24.8	
2010	517,642	—	186,513	36.0	331,129	64.0	82,422	24.9	
2011	505,692	—	179,592	35.5	326,100	64.5	82,819	25.4	
2012	491,691	—	174,882	35.6	316,809	64.4	80,091	25.3	
2013	444,226	—	158,730	35.7	285,496	64.3	69,547	24.4	
2014	416,653	—	155,077	37.2	261,576	62.8	60,206	23.0	
2015	417,877	—	159,188	38.1	258,689	61.9	54,323	21.0	
2016	392,637	—	156,986	40.0	235,651	60.0	49,364	20.9	
2017	375,227	—	153,926	41.0	221,301	59.0	45,759	20.7	
2018	359,384	5,293	150,683	42.6	203,408	57.4	38,301	18.8	
2019	350,433	69,784	147,621	52.6	133,028	47.4	20,696	15.6	

Calendar year of filing	Reconsiderations ^f					Appeals beyond reconsideration ^g					
	Pending	Allowances			Denials	Appeals of reconsideration denials		Pending ⁱ	Allowances		
		Number	Percent ^c	Denials		Number ^h	Percent ^e		Number	Percent ^j	Denials ^k
1991	—	5,605	22.7	19,097	9,196	48.2	—	3,884	42.2	5,312	
1992	—	9,463	19.2	39,834	19,770	49.6	—	7,523	38.1	12,247	
1993	—	11,338	14.9	64,629	31,193	48.3	—	10,638	34.1	20,555	
1994	—	11,332	12.3	80,761	38,433	47.6	—	12,954	33.7	25,479	
1995	—	10,287	11.8	76,554	35,592	46.5	—	10,924	30.7	24,668	
1996	—	9,355	12.5	65,658	27,920	42.5	—	8,853	31.7	19,067	
1997	—	8,266	16.2	42,705	18,916	44.3	—	7,027	36.2	12,411	
1998	—	7,799	15.6	42,237	18,762	44.4	—	7,034	37.3	11,802	
1999	—	6,475	13.8	40,423	18,164	44.9	—	7,558	35.5	13,704	
2000	—	6,043	16.0	31,741	14,366	45.3	—	8,451	34.2	16,287	
2001	—	5,839	16.1	30,318	13,448	44.4	—	8,825	33.6	17,479	
2002	—	6,360	15.4	34,842	15,216	43.7	—	9,909	33.2	19,968	
2003	—	6,644	14.8	38,275	16,208	42.3	—	10,237	33.0	20,752	
2004	—	6,209	14.1	37,948	15,758	41.5	—	10,021	33.3	20,114	
2005	—	6,020	14.2	36,306	15,188	41.8	—	9,578	33.9	18,648	
2006	—	6,158	13.6	39,049	16,436	42.1	—	10,828	36.3	19,010	
2007	—	6,016	12.9	40,557	17,141	42.3	—	11,154	36.5	19,445	
2008	—	6,888	13.2	45,196	19,639	43.5	—	11,786	35.1	21,827	
2009	—	7,704	12.3	54,757	24,476	44.7	—	12,974	30.9	28,965	
2010	—	7,548	11.6	57,616	26,093	45.3	—	12,107	27.9	31,244	
2011	—	7,492	11.3	58,563	27,272	46.6	—	11,740	26.7	32,296	
2012	—	7,036	11.0	56,822	26,217	46.1	203	10,544	25.0	31,703	
2013	—	6,038	11.0	48,733	22,527	46.2	226	9,468	25.5	27,609	
2014	—	5,633	11.9	41,846	18,095	43.2	330	8,166	26.8	22,326	
2015	—	5,528	12.9	37,353	15,294	40.9	1,005	6,574	25.5	19,157	
2016	—	5,247	13.2	34,400	13,523	39.3	3,876	5,380	27.8	13,984	
2017	—	4,868	13.1	32,403	12,238	37.8	10,452	2,782	27.1	7,492	
2018	4,072	3,871	13.8	24,237	7,845	32.4	12,656	255	19.5	1,055	
2019	5,754	2,165	16.3	11,094	3,041	27.4	4,551	26	15.0	147	

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: <i>Numbers of cases</i>					
	Total claims filed	Initial decisions pending	Total initial decisions	Allowances	Denials	
					Appeal decision pending	No appeal pending
1991	250,962	—	250,962	157,709	—	93,253
1992	372,971	—	372,971	206,065	—	166,906
1993	496,131	—	496,131	234,244	—	261,887
1994	525,013	—	525,013	196,505	—	328,508
1995	487,730	—	487,730	165,442	—	322,288
1996	453,473	—	453,473	145,624	—	307,849
1997	332,032	—	332,032	121,821	—	210,211
1998	335,732	—	335,732	138,082	—	197,650
1999	342,162	—	342,162	143,408	—	198,754
2000	349,285	—	349,285	152,756	—	196,529
2001	367,726	—	367,726	167,315	—	200,411
2002	402,116	—	402,116	181,489	—	220,627
2003	425,336	—	425,336	189,536	—	235,800
2004	435,562	—	435,562	190,744	—	244,818
2005	424,876	—	424,876	179,303	—	245,573
2006	432,747	—	432,747	177,945	—	254,802
2007	433,941	—	433,941	177,431	—	256,510
2008	449,451	—	449,451	190,267	—	259,184
2009	516,130	—	516,130	214,550	—	301,580
2010	517,642	—	517,642	206,168	—	311,474
2011	505,692	—	505,692	198,824	—	306,868
2012	491,691	—	491,691	192,462	203	299,026
2013	444,226	—	444,226	174,236	226	269,764
2014	416,653	—	416,653	168,876	330	247,447
2015	417,877	—	417,877	171,290	1,005	245,582
2016	392,637	—	392,637	167,613	3,876	221,148
2017	375,227	—	375,227	161,576	10,452	203,199
2018	359,384	5,293	354,091	154,809	16,728	182,554
2019	350,433	69,784	280,649	149,812	10,305	120,532

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

Calendar year of filing	Selected summary case information by decision status							
	Numbers as a percentage of total claims filed				Numbers as a percentage of total initial decisions			
	Initial decision pending	Allowances	Denials		Allowances	Denials		
			Appeal decision pending	No appeal pending		Appeal decision pending	No appeal pending	
1991	—	62.8	—	37.2	62.8	—	37.2	
1992	—	55.2	—	44.8	55.2	—	44.8	
1993	—	47.2	—	52.8	47.2	—	52.8	
1994	—	37.4	—	62.6	37.4	—	62.6	
1995	—	33.9	—	66.1	33.9	—	66.1	
1996	—	32.1	—	67.9	32.1	—	67.9	
1997	—	36.7	—	63.3	36.7	—	63.3	
1998	—	41.1	—	58.9	41.1	—	58.9	
1999	—	41.9	—	58.1	41.9	—	58.1	
2000	—	43.7	—	56.3	43.7	—	56.3	
2001	—	45.5	—	54.5	45.5	—	54.5	
2002	—	45.1	—	54.9	45.1	—	54.9	
2003	—	44.6	—	55.4	44.6	—	55.4	
2004	—	43.8	—	56.2	43.8	—	56.2	
2005	—	42.2	—	57.8	42.2	—	57.8	
2006	—	41.1	—	58.9	41.1	—	58.9	
2007	—	40.9	—	59.1	40.9	—	59.1	
2008	—	42.3	—	57.7	42.3	—	57.7	
2009	—	41.6	—	58.4	41.6	—	58.4	
2010	—	39.8	—	60.2	39.8	—	60.2	
2011	—	39.3	—	60.7	39.3	—	60.7	
2012	—	39.1	¹	60.8	39.1	¹	60.8	
2013	—	39.2	0.1	60.7	39.2	0.1	60.7	
2014	—	40.5	.1	59.4	40.5	.1	59.4	
2015	—	41.0	.2	58.8	41.0	.2	58.8	
2016	—	42.7	1.0	56.3	42.7	1.0	56.3	
2017	—	43.1	2.8	54.2	43.1	2.8	54.2	
2018	1.5	43.1	4.7	50.8	43.7	4.7	51.6	
2019	19.9	42.8	2.9	34.4	53.4	3.7	42.9	

^a Data for claims filed in 1988-2018 reflect results as of June 2019 at the DDS level and as of July 2019 at the hearing and Appeals Council levels. The numbers of total claims filed for 2016-2018 are subject to change. Data for claims filed in 2019 are preliminary estimates as of January 2020. The ultimate numbers of allowances and denials are subject to change until all initial decisions have been completed and all appeals are final.

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

^c Percentage of decisions at this level.

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

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

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

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

^h Number of persons appealing beyond the reconsideration level.

ⁱ Includes cases remanded to SSA from the Federal courts.

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

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

¹ Less than 0.05 percent.

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

1. Non-medical Redeterminations

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

Between scheduled redeterminations, SSA uses the limited issue process to detect situations that have the potential to affect the continuing eligibility of SSI recipients and SSI payment amounts. SSA conducts periodic computer matches between its own systems and the systems of other Federal and State agencies to determine if the income and resources information on SSI recipients' records conflicts with data that we obtain from the other systems. We post an indicator to the individual's Supplemental Security Record¹ when a match detects conflicting information. We select these limited issue cases for field office review of the issues for which we posted indicators. Beginning in fiscal year 2007, non-medical redetermination completions reported in SSA's Agency Financial Report² include limited issue completions.

Table V.D1 provides historical data on numbers of non-medical redeterminations and limited issues by fiscal year. A more detailed discussion of non-medical redeterminations can be found in the annual Report on Supplemental Security Income Non-medical Redeterminations.³

Table V.D1.—SSI Non-medical Redeterminations^a and Limited Issues Completed, Fiscal Years 1986-2019
[In thousands]

Fiscal year	Numbers of completions		Total
	Redeterminations	Limited issues	
1986.....	2,278	b	b
1987.....	2,244	b	b
1988.....	1,997	b	b
1989.....	2,226	b	b
1990.....	2,103	b	b
1991.....	2,138	b	b
1992.....	2,321	b	b
1993.....	2,223	b	b
1994.....	^c 1,900	b	b
1995.....	^d 1,597	b	b
1996.....	1,763	b	b
1997.....	1,773	b	b
1998.....	1,853	b	b
1999.....	2,122	751	2,873
2000.....	2,182	582	2,764
2001.....	2,316	589	2,905
2002.....	2,311	582	2,894
2003.....	2,450	472	2,921
2004.....	2,279	248	2,527
2005.....	^e 1,725	737	2,462

¹ The main administrative file for the SSI program.

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

³ The most recent such report can be found at www.ssa.gov/legislation/FY2014SSINon-MedicalRedeterminationReport.pdf

Table V.D1.—SSI Non-medical Redeterminations^a and Limited Issues Completed, Fiscal Years 1986-2019 (Cont.)
[In thousands]

Fiscal year	Numbers of completions		Total
	Redeterminations	Limited issues	
2006.....	^c 1,071	348	1,418
2007.....	^e 692	346	1,039
2008.....	^e 900	321	1,221
2009.....	^e 1,390	341	1,731
2010.....	2,248	218	2,466
2011.....	^f 2,223	^f 234	^f 2,457
2012.....	2,408	216	2,624
2013.....	2,437	197	2,634
2014.....	2,447	181	2,628
2015.....	2,084	183	2,267
2016.....	^f 2,324	^f 180	^f 2,505
2017.....	2,401	189	2,590
2018.....	2,631	282	2,913
2019.....	2,466	200	2,666

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

^b Data not available.

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

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

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

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

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

2. Medical Continuing Disability Reviews

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

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

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

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

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

Beginning in 1993, SSA developed a screening process for OASDI cases scheduled for a CDR in order to handle the large CDR workload mandated by these various provisions. The screening process included a

Historical Redetermination and Medical CDR Data

mailer questionnaire for selected cases. In 1996, SSA extended this profiling process to SSI adults who were scheduled for a CDR. In fiscal year 2019, we deferred full medical reviews for 491,566 adult SSI recipients scheduled for a CDR as a result of the screening process, including recipients concurrently receiving an OASDI benefit.

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 8,194 centrally initiated medical CDRs involving SSI recipients in fiscal year 2019 as a result of the streamlined FTC process. A more detailed discussion of CDRs can be found in the Annual Report of Medical Continuing Disability Reviews.¹

For individuals who receive both OASDI and SSI benefits on the basis of their own disability, SSA initiates CDRs as Title II CDRs, and the results of the review affect eligibility for benefits under both programs.² Table V.D2 presents the numbers of centrally initiated periodic medical CDRs of SSI recipients we performed under Titles II and XVI since 1993. Tables V.D3 and V.D4 present the latest available detailed results³ on CDRs of SSI recipients performed in the most recent 15 years.⁴ These tables include only cases for which we conducted a full medical review. In particular, they do not include:

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

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

¹ The most recent such report can be found at www.ssa.gov/legislation/FY%202015%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 August 21, 2019, presented estimates of the effects of CDRs conducted in fiscal year 2015.

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

Table V.D2.—SSI Continuing Disability Full Medical Reviews ^a by Year of Initial Decision, Fiscal Years 1993-2019
[In thousands]

Fiscal year of initial DDS decision	Disabled adults			Disabled children				
	Reviews of concurrent Title II/XVI cases initiated under Title II	Title XVI initiated reviews	Total SSI adult reviews	Reviews of low-birth-weight children	Redeterminations at age 18	All other reviews of SSI disabled children	Total SSI children reviews	Total full medical reviews
1993	1	—	1	—	—	—	—	1
1994	11	—	11	1	—	—	1	12
1995	17	4	21	4	b	4	8	29
1996	27	55	82	6	13	1	19	101
1997	51	70	121	7	49	b	56	177
1998	81	75	156	18	41	91	150	306
1999	81	140	221	10	50	183	243	464
2000	106	173	279	10	52	141	203	482
2001	110	144	254	9	49	96	154	408
2002	104	173	276	13	55	164	231	508
2003	72	213	285	7	54	127	189	474
2004	85	221	306	12	53	103	169	474
2005	81	110	191	14	55	61	130	321
2006	72	41	112	8	41	19	68	181
2007	26	18	45	3	71	4	79	124
2008	40	19	59	5	69	5	79	138
2009	42	29	71	13	101	11	124	195
2010	40	35	74	22	87	17	126	201
2011	38	33	71	19	93	25	138	209
2012	51	46	97	16	82	65	163	260
2013	52	35	87	19	92	53	164	251
2014	62	50	112	18	86	89	193	305
2015	74	157	231	14	84	224	322	554
2016	75	180	255	15	81	261	357	612
2017	86	203	289	15	86	209	310	598
2018	84	195	279	17	82	229	328	607
2019	69	168	237	12	68	174	253	491

^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 2005-2019

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							
2005	80,597	70,687	87.7	9,910	12.3	5,927	59.8
2006	71,825	63,789	88.8	8,036	11.2	4,776	59.4
2007	26,469	22,893	86.5	3,576	13.5	2,155	60.3
2008	40,045	35,891	89.6	4,154	10.4	2,659	64.0
2009	41,609	38,238	91.9	3,371	8.1	2,210	65.6
2010	39,908	35,879	89.9	4,029	10.1	2,645	65.6
2011	37,799	33,194	87.8	4,605	12.2	2,947	64.0
2012	50,715	43,409	85.6	7,306	14.4	4,803	65.7
2013	51,844	44,924	86.7	6,920	13.3	4,867	70.3
2014	62,400	53,478	85.7	8,922	14.3	6,462	72.4
2015	74,422	61,183	82.2	13,239	17.8	9,367	70.8
2016	74,680	62,151	83.2	12,529	16.8	8,794	70.2
2017	85,992	71,560	83.2	14,432	16.8	9,839	68.2
2018	84,090	70,155	83.4	13,935	16.6	9,216	66.1
2019	69,338	58,336	84.1	11,002	15.9	7,020	63.8
Title XVI initiated reviews							
2005	110,072	97,330	88.4	12,742	11.6	8,125	63.8
2006	40,605	35,957	88.6	4,648	11.4	2,853	61.4
2007	18,172	16,006	88.1	2,166	11.9	1,426	65.8
2008	18,933	17,049	90.0	1,884	10.0	1,267	67.3
2009	29,137	27,233	93.5	1,904	6.5	1,376	72.3
2010	34,575	31,766	91.9	2,809	8.1	1,984	70.6
2011	33,460	30,291	90.5	3,169	9.5	2,191	69.1
2012	46,439	39,954	86.0	6,485	14.0	4,338	66.9
2013	34,941	30,850	88.3	4,091	11.7	2,862	70.0
2014	49,810	43,552	87.4	6,258	12.6	4,536	72.5
2015	156,987	132,651	84.5	24,336	15.5	17,189	70.6
2016	179,901	152,339	84.7	27,562	15.3	18,842	68.4
2017	202,608	168,443	83.1	34,165	16.9	23,485	68.7
2018	194,626	165,687	85.1	28,939	14.9	19,515	67.4
2019	168,055	140,343	83.5	27,712	16.5	17,063	61.6
Total reviews, SSI disabled adults							
2005	190,669	168,017	88.1	22,652	11.9	14,052	62.0
2006	112,430	99,746	88.7	12,684	11.3	7,629	60.1
2007	44,641	38,899	87.1	5,742	12.9	3,581	62.4
2008	58,978	52,940	89.8	6,038	10.2	3,926	65.0
2009	70,746	65,471	92.5	5,275	7.5	3,586	68.0
2010	74,483	67,645	90.8	6,838	9.2	4,629	67.7
2011	71,259	63,485	89.1	7,774	10.9	5,138	66.1
2012	97,154	83,363	85.8	13,791	14.2	9,141	66.3
2013	86,785	75,774	87.3	11,011	12.7	7,729	70.2
2014	112,210	97,030	86.5	15,180	13.5	10,998	72.5
2015	231,409	193,834	83.8	37,575	16.2	26,556	70.7
2016	254,581	214,490	84.3	40,091	15.7	27,636	68.9
2017	288,600	240,003	83.2	48,597	16.8	33,324	68.6
2018	278,716	235,842	84.6	42,874	15.4	28,731	67.0
2019	237,393	198,679	83.7	38,714	16.3	24,083	62.2

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 2005-2019 (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 concurrent Title II/XVI cases initiated under Title II										
2005	—	3,827	64.6	2,100	1,492	71.0	—	653	43.8	839
2006	—	3,038	63.6	1,738	1,279	73.6	—	571	44.6	708
2007	—	1,461	67.8	694	531	76.5	—	238	44.8	293
2008	—	1,789	67.3	870	679	78.0	—	288	42.4	391
2009	—	1,510	68.3	700	561	80.1	—	208	37.1	353
2010	—	1,759	66.5	886	680	76.7	—	235	34.6	445
2011	—	1,770	60.1	1,177	897	76.2	—	263	29.3	634
2012	—	2,882	60.0	1,921	1,477	76.9	—	445	30.1	1,032
2013	1	2,944	60.5	1,922	1,356	70.6	—	398	29.4	958
2014	—	3,873	59.9	2,589	1,877	72.5	1	553	29.5	1,323
2015	5	5,597	59.8	3,765	2,657	70.6	5	684	25.8	1,968
2016	5	5,453	62.0	3,336	2,330	69.8	57	561	24.7	1,712
2017	38	6,335	64.6	3,466	2,341	67.5	431	462	24.2	1,448
2018	189	5,974	66.2	3,053	1,926	63.1	1,088	178	21.2	660
2019	1,236	3,976	68.7	1,808	1,019	56.4	953	16	24.2	50
Title XVI initiated reviews										
2005	—	5,233	64.4	2,892	2,052	71.0	—	772	37.6	1,280
2006	—	1,805	63.3	1,048	746	71.2	—	284	38.1	462
2007	—	963	67.5	463	342	73.9	—	152	44.4	190
2008	—	866	68.4	401	302	75.3	—	121	40.1	181
2009	—	995	72.3	381	284	74.5	—	101	35.6	183
2010	—	1,416	71.4	568	456	80.3	—	157	34.4	299
2011	—	1,498	68.4	693	554	79.9	—	184	33.2	370
2012	—	2,686	61.9	1,652	1,272	77.0	1	409	32.2	862
2013	1	1,784	62.4	1,077	779	72.3	—	227	29.1	552
2014	—	2,705	59.6	1,831	1,304	71.2	—	381	29.2	923
2015	14	10,016	58.3	7,159	5,000	69.8	9	1,238	24.8	3,753
2016	18	11,525	61.2	7,299	5,057	69.3	148	1,171	23.9	3,738
2017	102	14,498	62.0	8,885	6,083	68.5	1,061	1,078	21.5	3,944
2018	419	12,549	65.7	6,547	4,169	63.7	2,310	328	17.6	1,531
2019	3,264	9,484	68.7	4,315	2,235	51.8	2,055	26	14.4	154
Total reviews, SSI disabled adults										
2005	—	9,060	64.5	4,992	3,544	71.0	—	1,425	40.2	2,119
2006	—	4,843	63.5	2,786	2,025	72.7	—	855	42.2	1,170
2007	—	2,424	67.7	1,157	873	75.5	—	390	44.7	483
2008	—	2,655	67.6	1,271	981	77.2	—	409	41.7	572
2009	—	2,505	69.9	1,081	845	78.2	—	309	36.6	536
2010	—	3,175	68.6	1,454	1,136	78.1	—	392	34.5	744
2011	—	3,268	63.6	1,870	1,451	77.6	—	447	30.8	1,004
2012	—	5,568	60.9	3,573	2,749	76.9	1	854	31.1	1,894
2013	2	4,728	61.2	2,999	2,135	71.2	—	625	29.3	1,510
2014	—	6,578	59.8	4,420	3,181	72.0	1	934	29.4	2,246
2015	19	15,613	58.8	10,924	7,657	70.1	14	1,922	25.1	5,721
2016	23	16,978	61.5	10,635	7,387	69.5	205	1,732	24.1	5,450
2017	140	20,833	62.8	12,351	8,424	68.2	1,492	1,540	22.2	5,392
2018	608	18,523	65.9	9,600	6,095	63.5	3,398	506	18.8	2,191
2019	4,500	13,460	68.7	6,123	3,254	53.1	3,008	42	17.1	204

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 2005-2019 (Cont.)

Fiscal year of initial DDS decision ^b	Selected summary case information by decision status as of February 2020						
	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							
2005	80,597	75,167	—	5,430	93.3	—	6.7
2006	71,825	67,398	—	4,427	93.8	—	6.2
2007	26,469	24,592	—	1,877	92.9	—	7.1
2008	40,045	37,968	—	2,077	94.8	—	5.2
2009	41,609	39,956	—	1,653	96.0	—	4.0
2010	39,908	37,873	—	2,035	94.9	—	5.1
2011	37,799	35,227	—	2,572	93.2	—	6.8
2012	50,715	46,736	—	3,979	92.2	—	7.8
2013	51,844	48,266	1	3,577	93.1	^g	6.9
2014	62,400	57,904	1	4,495	92.8	^g	7.2
2015	74,422	67,464	10	6,948	90.7	^g	9.3
2016	74,680	68,165	62	6,453	91.3	.1	8.6
2017	85,992	78,357	469	7,166	91.1	.5	8.3
2018	84,090	76,307	1,277	6,506	90.7	1.5	7.7
2019	69,338	62,328	2,189	4,821	89.9	3.2	7.0
Title XVI initiated reviews							
2005	110,072	103,335	—	6,737	93.9	—	6.1
2006	40,605	38,046	—	2,559	93.7	—	6.3
2007	18,172	17,121	—	1,051	94.2	—	5.8
2008	18,933	18,036	—	897	95.3	—	4.7
2009	29,137	28,329	—	808	97.2	—	2.8
2010	34,575	33,339	—	1,236	96.4	—	3.6
2011	33,460	31,973	—	1,487	95.6	—	4.4
2012	46,439	43,049	1	3,389	92.7	^g	7.3
2013	34,941	32,861	1	2,079	94.0	^g	6.0
2014	49,810	46,638	—	3,172	93.6	—	6.4
2015	156,987	143,905	23	13,059	91.7	^g	8.3
2016	179,901	165,035	166	14,700	91.7	.1	8.2
2017	202,608	184,019	1,163	17,426	90.8	.6	8.6
2018	194,626	178,564	2,729	13,333	91.7	1.4	6.9
2019	168,055	149,853	5,319	12,883	89.2	3.2	7.7
Total reviews, SSI disabled adults							
2005	190,669	178,502	—	12,167	93.6	—	6.4
2006	112,430	105,444	—	6,986	93.8	—	6.2
2007	44,641	41,713	—	2,928	93.4	—	6.6
2008	58,978	56,004	—	2,974	95.0	—	5.0
2009	70,746	68,285	—	2,461	96.5	—	3.5
2010	74,483	71,212	—	3,271	95.6	—	4.4
2011	71,259	67,200	—	4,059	94.3	—	5.7
2012	97,154	89,785	1	7,368	92.4	^g	7.6
2013	86,785	81,127	2	5,656	93.5	^g	6.5
2014	112,210	104,542	1	7,667	93.2	^g	6.8
2015	231,409	211,369	33	20,007	91.3	^g	8.6
2016	254,581	233,200	228	21,153	91.6	.1	8.3
2017	288,600	262,376	1,632	24,592	90.9	.6	8.5
2018	278,716	254,871	4,006	19,839	91.4	1.4	7.1
2019	237,393	212,181	7,508	17,704	89.4	3.2	7.5

^a Data reflect results as of February 2020. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

^b For years prior to 2005, see the most recent Annual Report of Continuing Disability Reviews.

^c Percentage of decisions at this level.

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

^e We do not reflect the status and disposition of cases in the Federal courts here. However, we have included information on the status and disposition at the hearing and Appeals Council levels for cases remanded to us by the courts. The excluded experience in the Federal courts has a minimal impact on the number of continuations.

^f Number of persons appealing beyond the reconsideration level.

^g Less than 0.05 percent.

Table V.D4.—SSI Disabled Child Reviews: Disposition^a of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2005-2019

Fiscal year of initial DDS decision ^b	Initial decisions						
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration	
		Number	Percent ^c	Number	Percent ^c	Number	Percent ^d
Reviews of low-birth-weight children							
2005	13,710	6,540	47.7	7,170	52.3	1,995	27.8
2006	8,303	4,030	48.5	4,273	51.5	1,229	28.8
2007	3,175	1,368	43.1	1,807	56.9	510	28.2
2008	5,272	2,231	42.3	3,041	57.7	924	30.4
2009	12,511	5,741	45.9	6,770	54.1	2,092	30.9
2010	22,396	9,048	40.4	13,348	59.6	4,425	33.2
2011	19,359	7,608	39.3	11,751	60.7	3,794	32.3
2012	16,416	6,487	39.5	9,929	60.5	3,020	30.4
2013	19,299	7,672	39.8	11,627	60.2	3,948	34.0
2014	18,126	7,174	39.6	10,952	60.4	3,919	35.8
2015	14,321	5,840	40.8	8,481	59.2	2,987	35.2
2016	15,283	6,403	41.9	8,880	58.1	2,917	32.8
2017	14,921	6,648	44.6	8,273	55.4	2,687	32.5
2018	17,346	7,937	45.8	9,409	54.2	2,982	31.7
2019	11,706	5,279	45.1	6,427	54.9	1,956	30.4
Redeterminations at age 18							
2005	55,331	31,434	56.8	23,897	43.2	12,403	51.9
2006	40,640	21,796	53.6	18,844	46.4	9,340	49.6
2007	71,359	36,339	50.9	35,020	49.1	17,773	50.8
2008	69,430	34,547	49.8	34,883	50.2	17,650	50.6
2009	100,986	51,712	51.2	49,274	48.8	27,205	55.2
2010	87,310	41,545	47.6	45,765	52.4	24,840	54.3
2011	93,256	42,772	45.9	50,484	54.1	26,498	52.5
2012	81,568	36,585	44.9	44,983	55.1	22,866	50.8
2013	91,519	40,507	44.3	51,012	55.7	27,540	54.0
2014	85,708	37,022	43.2	48,686	56.8	26,483	54.4
2015	84,499	36,463	43.2	48,036	56.8	25,068	52.2
2016	81,025	34,924	43.1	46,101	56.9	23,284	50.5
2017	86,378	39,771	46.0	46,607	54.0	23,383	50.2
2018	81,662	38,857	47.6	42,805	52.4	21,277	49.7
2019	67,512	32,704	48.4	34,808	51.6	16,577	47.6
All other reviews of SSI disabled children							
2005	61,387	45,597	74.3	15,790	25.7	8,400	53.2
2006	19,384	14,428	74.4	4,956	25.6	2,591	52.3
2007	4,440	3,161	71.2	1,279	28.8	668	52.2
2008	4,707	3,473	73.8	1,234	26.2	671	54.4
2009	10,637	8,355	78.5	2,282	21.5	1,200	52.6
2010	16,677	12,501	75.0	4,176	25.0	2,143	51.3
2011	25,166	17,157	68.2	8,009	31.8	3,932	49.1
2012	64,834	41,269	63.7	23,565	36.3	12,308	52.2
2013	52,998	33,760	63.7	19,238	36.3	10,556	54.9
2014	88,993	57,060	64.1	31,933	35.9	18,959	59.4
2015	223,607	150,118	67.1	73,489	32.9	42,801	58.2
2016	261,185	183,221	70.1	77,964	29.9	44,698	57.3
2017	208,500	150,827	72.3	57,673	27.7	32,194	55.8
2018	229,341	177,077	77.2	52,264	22.8	29,417	56.3
2019	173,923	137,898	79.3	36,025	20.7	19,542	54.2
Total reviews, SSI disabled children							
2005	130,428	83,571	64.1	46,857	35.9	22,798	48.7
2006	68,327	40,254	58.9	28,073	41.1	13,160	46.9
2007	78,974	40,868	51.7	38,106	48.3	18,951	49.7
2008	79,409	40,251	50.7	39,158	49.3	19,245	49.1
2009	124,134	65,808	53.0	58,326	47.0	30,497	52.3
2010	126,383	63,094	49.9	63,289	50.1	31,408	49.6
2011	137,781	67,537	49.0	70,244	51.0	34,224	48.7
2012	162,818	84,341	51.8	78,477	48.2	38,194	48.7
2013	163,816	81,939	50.0	81,877	50.0	42,044	51.4
2014	192,827	101,256	52.5	91,571	47.5	49,361	53.9
2015	322,427	192,421	59.7	130,006	40.3	70,856	54.5
2016	357,493	224,548	62.8	132,945	37.2	70,899	53.3
2017	309,799	197,246	63.7	112,553	36.3	58,264	51.8
2018	328,349	223,871	68.2	104,478	31.8	53,676	51.4
2019	253,141	175,881	69.5	77,260	30.5	38,075	49.3

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 2005–2019 (Cont.)

Fiscal year of initial DDS decision ^b	Continuations				Appeals to beyond reconsideration		Appeals beyond reconsideration ^c			
	Pending	Number	Percent ^e	Cessations	Number ^f	Percent ^d	Pending	Continuations		
								Number	Percent	Cessations
Reviews of low-birth-weight children										
2005	—	702	35.2	1,293	626	48.4	—	104	16.6	522
2006	—	421	34.3	808	415	51.4	—	78	18.8	337
2007	—	173	33.9	337	189	56.1	—	38	20.1	151
2008	—	264	28.6	660	361	54.7	—	64	17.7	297
2009	—	592	28.3	1,500	869	57.9	—	155	17.8	714
2010	—	1,190	26.9	3,235	1,884	58.2	—	284	15.1	1,600
2011	—	1,068	28.1	2,726	1,680	61.6	—	234	13.9	1,446
2012	—	868	28.7	2,152	1,222	56.8	—	159	13.0	1,063
2013	—	1,095	27.7	2,853	1,570	55.0	—	221	14.1	1,349
2014	—	1,166	29.8	2,753	1,420	51.6	—	192	13.5	1,228
2015	—	909	30.4	2,078	1,050	50.5	1	123	11.7	926
2016	4	1,001	34.4	1,912	974	50.9	34	124	13.2	816
2017	11	955	35.7	1,721	860	50.0	181	93	13.7	586
2018	42	1,040	35.4	1,900	887	46.7	490	48	12.1	349
2019	465	588	39.4	903	362	40.1	336	1	3.8	25
Redeterminations at age 18										
2005	—	3,756	30.3	8,647	5,135	59.4	—	1,436	28.0	3,699
2006	—	2,581	27.6	6,759	4,130	61.1	—	1,220	29.5	2,910
2007	—	4,793	27.0	12,980	8,273	63.7	—	2,449	29.6	5,824
2008	—	5,091	28.8	12,559	8,361	66.6	—	2,256	27.0	6,105
2009	—	7,047	25.9	20,158	13,356	66.3	—	3,302	24.7	10,054
2010	—	5,994	24.1	18,846	12,578	66.7	—	2,761	22.0	9,817
2011	—	6,494	24.5	20,004	13,415	67.1	—	2,669	19.9	10,746
2012	1	5,641	24.7	17,224	11,107	64.5	—	2,083	18.8	9,024
2013	—	6,201	22.5	21,339	12,651	59.3	—	2,121	16.8	10,530
2014	1	5,939	22.4	20,543	11,778	57.3	3	1,918	16.3	9,857
2015	24	5,721	22.8	19,323	10,805	55.9	28	1,589	14.7	9,188
2016	32	6,123	26.3	17,129	9,497	55.4	266	1,295	14.0	7,936
2017	113	6,777	29.1	16,493	8,913	54.0	1,455	1,060	14.2	6,398
2018	379	6,432	30.8	14,466	7,122	49.2	3,664	480	13.9	2,978
2019	4,198	4,257	34.4	8,122	3,423	42.1	3,112	41	13.2	270
All other reviews of SSI disabled children										
2005	—	3,121	37.2	5,279	3,326	63.0	—	769	23.1	2,557
2006	—	943	36.4	1,648	1,089	66.1	—	268	24.6	821
2007	—	269	40.3	399	264	66.2	—	80	30.3	184
2008	—	252	37.6	419	259	61.8	—	61	23.6	198
2009	—	506	42.2	694	448	64.6	—	95	21.2	353
2010	—	764	35.7	1,379	953	69.1	—	159	16.7	794
2011	—	1,306	33.2	2,626	1,807	68.8	—	345	19.1	1,462
2012	—	3,717	30.2	8,591	5,948	69.2	—	960	16.1	4,988
2013	—	3,094	29.3	7,462	4,729	63.4	—	663	14.0	4,066
2014	—	5,610	29.6	13,349	8,436	63.2	—	1,249	14.8	7,187
2015	8	14,421	33.7	28,372	17,356	61.2	43	2,687	15.5	14,626
2016	31	16,391	36.7	28,276	16,820	59.5	648	2,484	15.4	13,688
2017	84	13,061	40.7	19,049	11,085	58.2	2,439	1,393	16.1	7,253
2018	365	12,738	43.8	16,314	9,141	56.0	5,342	602	15.8	3,197
2019	3,963	7,647	49.1	7,932	3,743	47.2	3,507	32	13.6	204
Total reviews, SSI disabled children										
2005	—	7,579	33.2	15,219	9,087	59.7	—	2,309	25.4	6,778
2006	—	3,945	30.0	9,215	5,634	61.1	—	1,566	27.8	4,068
2007	—	5,235	27.6	13,716	8,726	63.6	—	2,567	29.4	6,159
2008	—	5,607	29.1	13,638	8,981	65.9	—	2,381	26.5	6,600
2009	—	8,145	26.7	22,352	14,673	65.6	—	3,552	24.2	11,121
2010	—	7,948	25.3	23,460	15,415	65.7	—	3,204	20.8	12,211
2011	—	8,868	25.9	25,356	16,902	66.7	—	3,248	19.2	13,654
2012	1	10,226	26.8	27,967	18,277	65.4	—	3,202	17.5	15,075
2013	—	10,390	24.7	31,654	18,950	59.9	—	3,005	15.9	15,945
2014	1	12,715	25.8	36,645	21,634	59.0	3	3,359	15.5	18,272
2015	32	21,051	29.7	49,773	29,211	58.7	72	4,399	15.1	24,740
2016	67	23,515	33.2	47,317	27,291	57.7	948	3,903	14.8	22,440
2017	208	20,793	35.8	37,263	20,858	56.0	4,075	2,546	15.2	14,237
2018	786	20,210	38.2	32,680	17,150	52.5	9,496	1,130	14.8	6,524
2019	8,626	12,492	42.4	16,957	7,528	44.4	6,955	74	12.9	499

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 2005-2019 (Cont.)

Fiscal year of initial DDS decision ^b	Selected summary case information by decision status as of February 2020						
	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							
2005	13,710	7,346	—	6,364	53.6	—	46.4
2006	8,303	4,529	—	3,774	54.5	—	45.5
2007	3,175	1,579	—	1,596	49.7	—	50.3
2008	5,272	2,559	—	2,713	48.5	—	51.5
2009	12,511	6,488	—	6,023	51.9	—	48.1
2010	22,396	10,522	—	11,874	47.0	—	53.0
2011	19,359	8,910	—	10,449	46.0	—	54.0
2012	16,416	7,514	—	8,902	45.8	—	54.2
2013	19,299	8,988	—	10,311	46.6	—	53.4
2014	18,126	8,532	—	9,594	47.1	—	52.9
2015	14,321	6,872	1	7,448	48.0	^g	52.0
2016	15,283	7,528	38	7,717	49.3	.2	50.5
2017	14,921	7,696	192	7,033	51.6	1.3	47.1
2018	17,346	9,025	532	7,789	52.0	3.1	44.9
2019	11,706	5,868	801	5,037	50.1	6.8	43.0
Redeterminations at age 18							
2005	55,331	36,626	—	18,705	66.2	—	33.8
2006	40,640	25,597	—	15,043	63.0	—	37.0
2007	71,359	43,581	—	27,778	61.1	—	38.9
2008	69,430	41,894	—	27,536	60.3	—	39.7
2009	100,986	62,061	—	38,925	61.5	—	38.5
2010	87,310	50,300	—	37,010	57.6	—	42.4
2011	93,256	51,935	—	41,321	55.7	—	44.3
2012	81,568	44,309	1	37,258	54.3	^g	45.7
2013	91,519	48,829	—	42,690	53.4	—	46.6
2014	85,708	44,879	4	40,825	52.4	^g	47.6
2015	84,499	43,773	52	40,674	51.8	.1	48.1
2016	81,025	42,342	298	38,385	52.3	.4	47.4
2017	86,378	47,608	1,568	37,202	55.1	1.8	43.1
2018	81,662	45,769	4,043	31,850	56.0	5.0	39.0
2019	67,512	37,002	7,310	23,200	54.8	10.8	34.4
All other reviews of SSI disabled children							
2005	61,387	49,487	—	11,900	80.6	—	19.4
2006	19,384	15,639	—	3,745	80.7	—	19.3
2007	4,440	3,510	—	930	79.1	—	20.9
2008	4,707	3,786	—	921	80.4	—	19.6
2009	10,637	8,956	—	1,681	84.2	—	15.8
2010	16,677	13,424	—	3,253	80.5	—	19.5
2011	25,166	18,808	—	6,358	74.7	—	25.3
2012	64,834	45,946	—	18,888	70.9	—	29.1
2013	52,998	37,517	—	15,481	70.8	—	29.2
2014	88,993	63,919	—	25,074	71.8	—	28.2
2015	223,607	167,226	51	56,330	74.8	^g	25.2
2016	261,185	202,096	679	58,410	77.4	.3	22.4
2017	208,500	165,281	2,523	40,696	79.3	1.2	19.5
2018	229,341	190,417	5,707	33,217	83.0	2.5	14.5
2019	173,923	145,577	7,470	20,876	83.7	4.3	12.0
Total reviews, SSI disabled children							
2005	130,428	93,459	—	36,969	71.7	—	28.3
2006	68,327	45,765	—	22,562	67.0	—	33.0
2007	78,974	48,670	—	30,304	61.6	—	38.4
2008	79,409	48,239	—	31,170	60.7	—	39.3
2009	124,134	77,505	—	46,629	62.4	—	37.6
2010	126,383	74,246	—	52,137	58.7	—	41.3
2011	137,781	79,653	—	58,128	57.8	—	42.2
2012	162,818	97,769	1	65,048	60.0	^g	40.0
2013	163,816	95,334	—	68,482	58.2	—	41.8
2014	192,827	117,330	4	75,493	60.8	^g	39.2
2015	322,427	217,871	104	104,452	67.6	^g	32.4
2016	357,493	251,966	1,015	104,512	70.5	.3	29.2
2017	309,799	220,585	4,283	84,931	71.2	1.4	27.4
2018	328,349	245,211	10,282	72,856	74.7	3.1	22.2
2019	253,141	188,447	15,581	49,113	74.4	6.2	19.4

^a Data reflect results as of February 2020. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

^b For years prior to 2005, see the most recent Annual Report of Continuing Disability Reviews.

^c Percentage of decisions at this level.

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

^e We do not reflect the status and disposition of cases in the Federal courts here. However, we have included information on the status and disposition at the hearing and Appeals Council levels for cases remanded to us by the courts. The excluded experience in the Federal courts has a minimal impact on the number of continuations.

^f Number of persons appealing beyond the reconsideration level.

^g Less than 0.05 percent.

E. INCENTIVES FOR WORK AND OPPORTUNITIES FOR REHABILITATION

1. Work Incentives

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

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

- Providing for an earned income exclusion for impairment-related work expenses (IRWE);
- Changing the treatment of sheltered workshop earnings from unearned income to earned income, thereby qualifying sheltered workshop earnings for the earned income exclusion;
- Providing for the continuation of SSI payments for certain disabled individuals enrolled in vocational rehabilitation (VR) programs whose disability ceased due to medical recovery (extended to SSI blind recipients, effective April 1988);
- Establishing section 1619, which provides the following:
 - 1619(a) allows us to continue to provide cash payments when the recipient earns above substantial gainful activity (SGA), an earnings level that would have previously made them ineligible for any payment; and
 - 1619(b) allows recipients to remain eligible for Medicaid when their earnings reduce their cash payment to \$0.

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

Table V.E1.—SSI Substantial Gainful Activity and Student Earned Income Exclusion Amounts, Calendar Years 1974–2020

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

Table V.E1.—SSI Substantial Gainful Activity and Student Earned Income Exclusion Amounts, Calendar Years 1974-2020 (Cont.)

Year	SGA level ^b	SEIE ^a	
		Monthly exclusion	Maximum exclusion for calendar year
2015.....	\$1,090	\$1,780	\$7,180
2016.....	1,130	1,780	7,180
2017.....	1,170	1,790	7,200
2018.....	1,180	1,820	7,350
2019.....	1,220	1,870	7,550
2020.....	1,260	1,900	7,670

^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, 1987-2019

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

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, 1987-2019 (Cont.)

Year	In current-payment status			Total workers
	1619(a) workers ^a	Other workers ^b	1619(b) workers ^c	
2015	13,098	238,577	76,333	328,008
2016	13,480	242,778	80,579	336,837
2017	15,210	238,117	88,890	342,217
2018	14,443	232,895	94,708	342,046
2019	14,368	225,763	102,076	342,207

^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, 1987-2019

[In thousands]

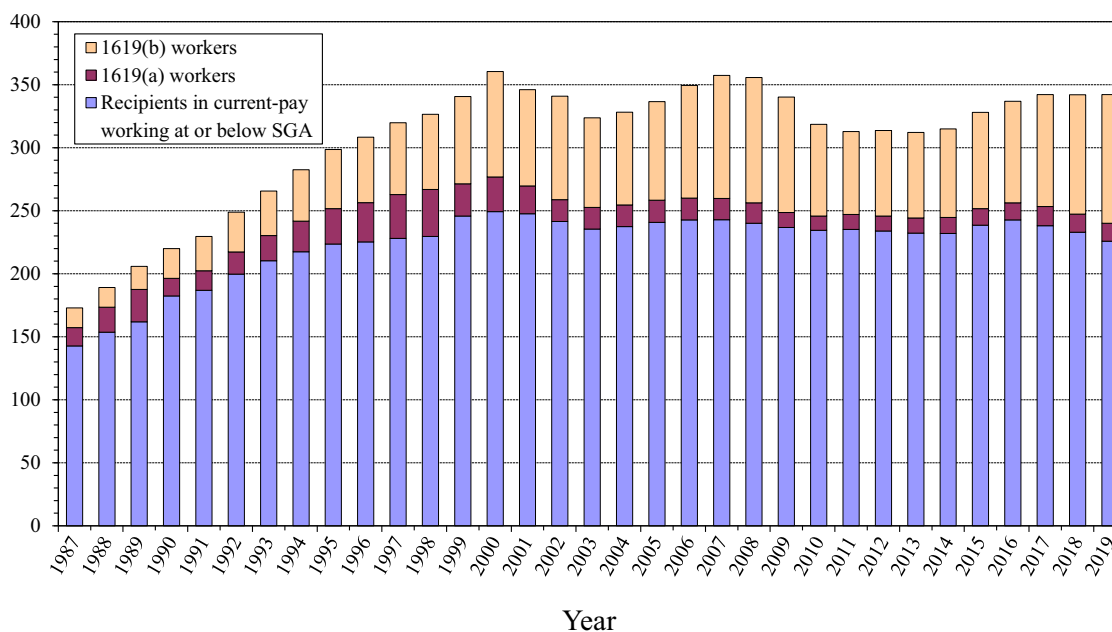


Table V.E3 presents historical numbers of SSI recipients who benefit from other selected work incentive provisions: (1) PASS; (2) IRWE; and (3) BWE. These recipients may be benefiting from more than one of these selected work incentive provisions. This information is available only for calendar years 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, 1990-2019

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

Table V.E3.—SSI Federally Administered Blind or Disabled Individuals with SSI Recipient Status Participating in Other Work Incentives as of December, 1990-2019 (Cont.)

Year	PASS ^a			IRWE	BWE
	Non-workers	Workers	Total		
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
2016	433	259	692	3,128	1,068
2017	363	272	635	3,065	1,022
2018	332	236	568	2,942	955
2019	295	185	480	2,941	876

^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, 1987-2019

Year	Blind or disabled workers with SSI recipient status			
	In current-payment status			Total workers
	1619(a) workers ^a	Other workers ^b	1619(b) workers ^c	
1987	\$494	^d \$124	\$739	^d \$211
1988	522	^d 127	721	^d 218
1989	518	^d 131	712	^d 231
1990	712	145	746	245
1991	724	148	780	262
1992	726	150	781	271
1993	728	153	784	280
1994	746	157	803	301
1995	754	160	834	322
1996	764	162	881	344
1997	772	164	932	367
1998	772	182	954	390
1999	926	207	980	418
2000	945	239	1,048	481
2001	1,004	252	1,043	475
2002	1,043	253	1,094	495
2003	1,059	241	1,081	469
2004	1,076	246	1,070	474
2005	1,111	255	1,118	500
2006	1,166	258	1,193	542
2007	1,193	262	1,267	581
2008	1,235	259	1,340	605
2009	1,262	252	1,327	577
2010	1,260	244	1,266	513
2011	1,265	248	1,261	499
2012	1,298	257	1,318	526
2013	1,321	266	1,374	548
2014	1,332	284	1,431	582
2015	1,358	306	1,468	618
2016	1,384	337	1,484	654
2017	1,397	362	1,544	715
2018	1,453	396	1,631	783
2019	1,492	418	1,750	860

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

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

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

^d Estimated.

2. Vocational Rehabilitation/Ticket to Work Program

Provisions designed to make VR services available to SSI blind or disabled recipients have been part of the SSI program since its inception. From the beginning, the Social Security Administration (SSA) referred SSI recipients to State VR agencies, which provided services to those recipients they accepted as clients. Prior to 1981, SSA made block grants to VR agencies to fund services to disabled beneficiaries. The 1981 amendments changed this and established a “cost” reimbursement provision. Under this provision, we reimburse VR agencies for the cost of VR services furnished to blind or disabled SSI recipients who are successful in returning to work. For reimbursement purposes, we consider recipients to have “successfully” returned to work if they achieve SGA-level earnings for nine continuous months; or nine of 12 months if the reason for the non-SGA months was beyond the recipient's control and not related to their impairment.

The 1984 amendments authorized reimbursement for cases where the recipient medically recovers while engaged in a program of rehabilitation services approved by SSA and SSA determines that continuation or completion of such a program would increase the likelihood the individual will permanently leave the rolls.¹ The 1990 amendments authorized reimbursement for the cost of services the VR agencies provide in months in which the individual is not receiving Federal SSI benefits if the individual:

- Has special SSI recipient status for Medicaid purposes under section 1619(b) of the Social Security Act;
- Receives a federally administered State supplementation payment; or
- Temporarily loses eligibility for SSI benefits for fewer than 13 consecutive months for a reason other than cessation of disability or blindness.

In 1994, SSA amended the regulations to include reimbursement to alternate private and non-State public VR providers (“alternate participants”) that provided VR services to recipients that a State VR agency had not accepted as clients. The Ticket to Work and Work Incentives Improvement Act of 1999 subsequently replaced the alternate provider program with the Ticket to Work and Self-Sufficiency program (Ticket to Work program).

Under the Ticket to Work program, a disabled beneficiary may obtain VR, employment and other support services from qualified private or public providers—“Employment Networks” (EN). The Ticket to Work program authorizes the Commissioner to provide payments to ENs under either an outcome payment system or an outcome-milestone payment system.² By expanding the pool of providers and giving the providers incentives for achieving success, this program provides access to these services for persons with disabilities to assist them in finding, entering, and retaining employment as well as reducing their dependence on cash benefits.

Beginning in February 2002, SSA implemented the Ticket to Work program on a State-by-State basis and completed implementation in September 2004. As we implemented the Ticket to Work program in each State, we eliminated the alternate provider and the traditional VR referral process described earlier. SSA provides eligible individuals who receive SSI benefits due to blindness or disability in such a State with access to employment support services. Ticket-eligible beneficiaries may use the Ticket to obtain VR services, employment services, and other support services needed to return to work or go to work for the first time from ENs or their State VR agencies. Individuals not eligible for a Ticket may still request services

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:

- Most field offices have a Work Incentive Liaison (WIL) who works with outside organizations that serve disabled and blind people. WILs are field office points of contact that are considered subject matter experts and can assist a recipient with his or her needs when returning to work.
- In fiscal year 2003, SSA established the Area Work Incentives Coordinator (AWIC) position and trained a total of 58 AWICs, assigning at least one AWIC to each Area Director's Office. We created the AWIC position to improve the quality of employment support services provided to beneficiaries through training, outreach, and better coordination of support services. As of fiscal year 2020, there are 51 AWICs on duty.
- In fiscal year 2004, SSA released eWork, a web-based design application that provides a uniform electronic system to process and control Old-Age, Survivors, and Disability Insurance (OASDI) return to work cases. Since eWork does not communicate with any SSI systems, SSA developed a web-based application, the SSI Monthly Wage Verification (SSIMWV), to process and control SSI work reports. The SSIMWV allows SSA employees to issue the mandated work report receipt in addition to processing the wage report. We released SSIMWV nationally in November 2006.
- In fiscal year 2006, SSA awarded cooperative agreements in all States, the District of Columbia, and U.S. territories under the new Work Incentives Planning and Assistance (WIPA) program, which replaced and enhanced the former Benefits Planning, Assistance, and Outreach program. The WIPA program provides accurate information about work incentive programs and other employment support services, as well as planning and assistance services, to beneficiaries with disabilities to support and facilitate their transition into the workforce. Funding for the WIPA program terminated in the summer of 2012. We reinstated the WIPA program in August 2013. When the program restarted, some of the prior awardees were not available to provide services. SSA negotiated with some of the prior WIPA awardees to increase their coverage areas so that the program would continue to provide full coverage across the country. Ninety-five WIPAs received funding that expired July 31, 2015. SSA hosted a full and open WIPA competition in the spring of 2015 and awarded a new cadre of 83 WIPAs on August 1, 2015. Thirty-two of the 83 projects cover one entire state, and six of the 32 cover an entire state or US territory as well as all or part of another state or U.S. territory.
- In fiscal year 2008, we implemented the Supplemental Security Income Telephone Wage Reporting (SSITWR) system nationally to help reduce wage-related improper payments and facilitate timely and accurate wage reporting. SSITWR is an automated system that uses a toll-free dedicated telephone number, with touch-tone entry and voice-recognition software. It allows SSI recipients, their representative payees, and 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.

Work Incentives and Rehabilitation Opportunities

- In fiscal year 2013, we implemented the Supplemental Security Income Mobile Wage Reporting (SSIMWR) system nationally. SSIMWR is the first transactional mobile application available in the Google play and Apple App Stores for SSI recipients, deemors, and representative payees to report monthly wages using either Android or Apple smartphone platforms. A successful attempt automates the wage reporting process and posts the gross amount to the SSR, reducing improper payments and field office handling. SSIMWR functionality mirrors that of SSITWR, but on a mobile platform.
- In fiscal year 2017, SSA released myWageReport (myWR). myWR is an online wage reporting tool which addresses Section 826 of the Bipartisan Budget Act of 2015 that required the Agency to implement a system that would allow Social Security disability beneficiaries and representative payees to report wages through electronic means and automatically issue a receipt. In fiscal year 2018, SSA expanded the use of myWR to SSI recipients, deemors, and representative payees. It allows wage reporters to report wages via desktop, laptop, or mobile device. Successful wage reports post to the SSI record without intervention from SSA employees and adjust subsequent SSI payments before we issue the payment. The tool also generates a receipt that can be viewed, printed, and saved on the reporter's device.

AWICs have also been very active in participating in outreach activities in their local areas and continue to be the primary point of contact for public information outreach in the communities. They have strengthened the relationship with our Ticket to Work program partners. AWICs also work closely with the regional PASS cadres in SSA to make joint educational presentations to the community about our employment support programs. The partnership has strengthened support of one of the objectives of the Ticket to Work program, which is to educate the public about the benefits of returning to work and becoming self-sufficient. We have made presentations directly to persons with disabilities and organizations that provide services to this target group, including presentations at:

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

In 2008, we revised the Ticket to Work regulations to enhance beneficiary choice and improve the effectiveness of the program. The revisions extended the program to all adult OASDI disabled and SSI blind or

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

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.b 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 1987-2019

Fiscal year	Concurrent Title II/XVI claims		Title XVI only claims		Total claims	
	Number	Amount ^a (in thousands)	Number	Amount (in thousands)	Number	Amount ^a (in thousands)
1987.....	b	b	1,493	\$10,010	b	b
1988.....	b	b	1,720	14,831	b	b
1989.....	b	b	1,871	18,366	b	b
1990.....	1,267	\$3,290	2,819	22,832	4,086	\$26,122
1991.....	1,445	4,325	2,171	20,615	3,616	24,940
1992.....	1,634	5,312	2,834	28,276	4,468	33,588
1993.....	1,928	6,670	2,158	22,264	4,086	28,934
1994.....	1,880	7,057	2,074	23,400	3,954	30,457
1995.....	2,140	7,761	2,229	26,402	4,369	34,162
1996.....	2,033	6,518	2,138	24,334	4,171	30,852
1997.....	2,735	8,541	2,914	31,532	5,649	40,073
1998.....	3,329	10,089	3,446	36,313	6,775	46,402
1999.....	3,572	11,403	4,046	42,281	7,618	53,684
2000.....	3,260	11,357	3,589	40,793	6,849	52,150
2001.....	2,388	9,590	2,763	34,842	5,151	44,432
2002.....	3,241	12,201	3,474	43,244	6,715	55,445
2003.....	2,139	8,110	1,993	25,238	4,132	33,348
2004.....	1,999	7,759	2,150	26,390	4,149	34,149
2005.....	1,883	7,420	1,692	21,866	3,575	29,286
2006.....	2,581	10,382	2,257	28,597	4,838	38,979
2007.....	2,037	8,407	1,871	26,468	3,908	34,875
2008.....	2,743	11,229	2,515	35,732	5,258	46,961
2009.....	2,567	11,046	2,373	34,801	4,940	45,847
2010.....	2,337	9,431	2,109	32,511	4,446	41,942
2011.....	1,300	6,551	1,407	23,196	2,707	29,747
2012.....	1,418	6,046	1,540	24,351	2,958	30,397
2013.....	2,788	12,847	2,636	40,167	5,424	53,014
2014.....	2,649	11,946	2,707	45,689	5,356	57,635
2015.....	3,070	14,296	3,843	65,298	6,913	79,593
2016.....	3,165	14,368	4,069	67,323	7,234	81,691
2017.....	2,586	6,010	3,422	25,268	6,008	31,278
2018.....	4,140	18,173	6,250	79,064	10,390	97,237
2019.....	3,498	15,155	5,816	70,521	9,314	85,677

^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 2002-2019^a

Fiscal year	Concurrent Title II/XVI payments		Title XVI only payments		Total payments	
	Number ^b	Amount ^c (in thousands)	Number ^b	Amount (in thousands)	Number ^b	Amount ^c (in thousands)
2002	7	\$1	1	^d	8	\$1
2003	138	19	260	\$47	398	66
2004	245	35	674	127	919	162
2005	692	105	1,292	251	1,984	356
2006	975	137	1,648	317	2,623	454
2007	1,259	181	1,713	334	2,972	515
2008	1,827	274	2,524	520	4,351	794
2009	2,575	594	3,282	1,310	5,857	1,904
2010	3,461	864	3,819	1,704	7,280	2,568
2011	4,565	1,145	5,879	2,789	10,444	3,934
2012	5,577	1,359	6,257	2,971	11,834	4,330
2013	5,579	1,375	6,262	3,185	11,841	4,560
2014	7,627	2,029	8,683	5,023	16,310	7,052
2015	10,822	\$2,637	11,819	\$5,974	22,641	\$8,611
2016	19,642	5,373	21,446	13,224	41,088	18,597
2017	16,496	4,216	20,735	11,978	37,231	16,194
2018	17,090	4,190	21,344	11,458	38,434	15,648
2019	16,182	3,157	21,704	10,314	37,886	13,831

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

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

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

^d Less than \$500.

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

F. INVOLVEMENT OF SSI RECIPIENTS IN OTHER PROGRAMS

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

Since the amount of an individual's income affects both the eligibility for and the amount of his or her SSI benefit, the SSR must contain information on participation by SSI recipients in certain other programs that may provide countable income to the SSI recipient. A significant number of SSI recipients are Social Security beneficiaries whose total countable income, including Old-Age, Survivors, and Disability Insurance (OASDI) benefits, is less than the Federal benefit rate plus the amount of applicable federally administered State supplementation payment. A smaller number of SSI recipients participate in other programs and receive income such as workers' compensation benefits or disability cash benefits from the Department of Veterans Affairs.

SSA does not maintain complete information concerning the involvement of SSI recipients in other assistance programs because under the law payments from such programs are not countable income attributable to the individual. We do, however, have some data with regard to entitlement to benefits under two other programs—Temporary Assistance for Needy Families (TANF) (which replaced Aid to Families with Dependent Children (AFDC)) and State Interim Assistance Reimbursement—at the point that the individual applied for SSI benefits. TANF (and AFDC previously) is a State program funded under Part A of Title IV of the Social Security Act. Interim assistance is assistance a State gives to SSI applicants in cash or vendor payments for meeting basic needs while they are awaiting the outcome of the SSI eligibility determination process.

Table V.F1 presents percentages of SSI recipients who: (1) concurrently receive payments from certain other selected programs; or (2) have previously received TANF/AFDC benefits or Interim Assistance Reimbursement.

Table V.F1.—Percentage of SSI Federally Administered Recipients in Current-Payment Status with Participation^a in Selected Programs Based on SSA Administrative Records, December 2019

	Age groups			All
	0-17	18-64	65 or older	
Number of Federally administered recipients, December 2019 (in thousands).....	1,132	4,647	2,298	8,077
	Program (In percent)			
Program participation by SSI recipients, December 2019				
Federal SSI.....	99.9	98.7	96.3	98.2
Federally administered State SSI supplementation	11.0	14.2	29.2	18.0
OASDI	6.4	28.5	56.5	33.4
Black Lung.....	—	^b	^b	^b
Railroad retirement	—	^b	^b	^b
Veterans Affairs disability cash benefits	0.8	0.5	0.5	0.5
Workers' compensation.....	^b	^b	^b	^b
Previous program participation by SSI recipients at SSI application, December 2019				
TANF/AFDC	19.7	26.0	14.6	21.8
Interim Assistance Reimbursement	0.8	11.6	11.2	10.0

^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. See previous editions for information on prior SSI-related research.

1. Ongoing Research

a. SSI Research through the Retirement and Disability Research Consortium

The Retirement and Disability Research Consortium (RDRC) is an interdisciplinary extramural research program funded by SSA through five-year cooperative agreements with research centers at Boston College, the University of Michigan, the National Bureau of Economic Research, and the University of Wisconsin-Madison. The centers organize experts from around the country to produce research on Social Security programs and related topics.

One of the goals of the RDRC is to research and evaluate topics related to SSI and other Federal disability policies. RDRC working papers produced in FY2019 include the following: Cutler and Meara (2019) examine the disparity in pain and DI/SSI benefit receipt by levels of educational attainment. Hembre and Urban (2019) look for evidence of households switching from the Temporary Assistance for Needy Families (TANF) program to SSI. Kurban (2019) examines the impact of payday loans on the financial well-being of DI/SSI beneficiaries. Hamman et al. (2019) examine the incentives for home- and community-based care under the ACA and its implications for SSI. O'Brien (2019) explores the geographic variation in labor force participation, self-reported disability status, and demand for DI/SSI. Hastings (2019) uses administrative records from Rhode Island to examine the impact of benefit receipt on the financial security of SSI beneficiaries. Armour and Zaber (2019) explore whether student loan forgiveness through the Department of Education's Total and Permanent Disability Discharge (TPDD) mechanism increase applications for DI and SSI.

RDRC research funded in previous fiscal years includes the following: Dizon-Ross and Deshpande (ongoing) explore the effects of beliefs about the likelihood of SSI removal at age 18 on human capital investment. Layton et al. (2018) assess the effects of Medicaid policy on healthcare utilization and health outcomes of individuals eligible for SSI. Goodman-Bacon and Schmidt (2018) estimate the effect of the introduction of SSI on participation in state-level transfer programs.

b. Analytic Studies

SSA researchers have conducted a number of studies that provide a better understanding of the SSI program, the elderly and disabled target populations, program interactions, and the role of the SSI program in the United States social safety net. Nicholas (2013) as well as Koenig and Rupp (2003/2004) estimate the prevalence, characteristics, and poverty status of SSI recipients living with others on SSI (who are not an eligible spouse) in the context of their individual, family and household units. Bailey and Hemmeter (2014, 2015) used the 2008 SIPP matched to SSA administrative records to examine the characteristics of SSDI and SSI program participants. Hemmeter et al. (2015) compare the outcomes of participants in the Marriott Foundation for People with Disabilities Bridges from School to Work program with non-participating SSI recipients. Another study uses our administrative records from August 2005 through August 2007 to analyze SSI recipients who lived in counties and parishes affected by Hurricanes Katrina and Rita (Davies and Hemmeter 2010). Hemmeter (2012) looks at changes in diagnostic codes following the age-18 redetermination. Hemmeter (2015) looks at the entry of youth onto the SSI program at age 18. Another

series of research studies examine the subsequent participation in the SSDI and SSI programs by individuals whose eligibility for those programs ceased through a continuing disability review because of medical improvements (Hemmeter and Stegman 2013; Hemmeter and Bailey 2015). Hemmeter, Mann, and Wittenburg (2017) look at state variation in post-age-18 redetermination outcomes. Rupp (2012) analyzes factors affecting initial disability allowance rates for the SSDI and SSI programs and finds that demographic and diagnostic characteristics of applicants and the local unemployment rate substantially affect the initial allowance rate. Rupp, Hemmeter, and Davies (2015) explore the longitudinal patterns of DI and SSI participation and mortality of child SSI awardees.

Several studies have focused on the participation and outcomes of low birthweight children who may be eligible for SSI. Hemmeter and Davies (2019) document the mortality of infant SSI applicants. Guldi et al. (2018) look at the relationship between low birthweight, SSI, and childhood outcomes. Woodford Martin (2019) compares the SSI take up rates of low birthweight infants in two states.

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) provide a comprehensive profile of the characteristics of disability beneficiaries with a connection to workers' compensation or public disability benefits. Parent, Sayman, and Kulzer (2012) found that 8.3 percent of disabled workers who have this connection tend to be economically better off, more frequently middle-aged, male, afflicted with a musculoskeletal and connective tissue disorder, and tend to wait longer to apply for SSDI benefits after onset than the general disabled-worker population.

Several studies highlight interactions between the SSI program and other Federal and State programs. Dushi and Rupp (2013) uses longitudinal data from the Health and Retirement Study to assess the role of SSI and related social safety net programs in providing a buffer against the potentially adverse effects of disability shocks in the near-elderly population on financial well-being. Coe and Rupp (2013) analyzes whether disability benefit recipients (SSDI and SSI) in States with easier access to health insurance will be more likely to work and exit from SSDI or SSI than their peers in States where health insurance is more difficult to access. Strand (2010) uses matched SIPP records to examine potential eligibility for three major means-tested programs (SSI, Medicaid, and SNAP) among near retirees aged 55-64 and eventual SSI participation upon reaching age 65. A series of studies by Rupp and Riley rely on a linkage of individual-level administrative data from SSA and the Centers for Medicare & Medicaid Services. First, Rupp and Riley (2011) analyzes longitudinal patterns of interaction between SSDI and SSI and finds that one quarter of the year 2000 cohort of first-ever, working-age disability awardees received benefits from both programs over a 60-month period. A second paper (Rupp and Riley 2012) finds that SSI facilitates high levels of Medicaid coverage for SSI awardees overall and provides access to Medicaid for many SSDI awardees during the 24-month Medicare waiting period. A third paper (Riley and Rupp, 2014b) tracks expenditures for 2000-2006 for the SSDI, SSI, Medicare, and Medicaid programs and finds that SSI is a relatively low-expenditure program with important implications for the other three programs. A fourth paper (Riley & Rupp 2014a) focuses on estimated cumulative expenditure patterns over the working-age adult portion of the life cycle for the year 2000 awardees for SSDI, SSI, Medicare, and Medicaid. Finally, Rupp and Riley (2016) focuses on the effect of State variations in Medicaid enrollment policies for SSI recipients on Medicaid coverage and expenditures.

Meijer, Karoly, and Michaud (2009, 2010) analyzes eligibility for the Medicare Part D Low Income Subsidy, which relies on a simplified SSI methodology. Martin, Honeycutt, and Hemmeter (2020) document the earnings and SSA benefit outcomes after vocational rehabilitation applications of youth.

c. Evaluation of the Ticket to Work Program

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

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

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

The Ticket to Work evaluation has also produced two by-products that will continue beyond the end of our specific evaluation efforts for the Ticket to Work program that was mandated in the Ticket Act. One of the foundations of the evaluation was an annual research file, the Disability Analysis File (DAF), previously called the Ticket Research File, which contains the agency's disparate administrative data resources for child and working-age adult beneficiaries who have received disability cash benefits from the SSI; Old-Age, Survivors, and Disability Insurance (OASDI); or both programs since 1996. We initially produced the DAF to support the Ticket to Work evaluation, and researchers now use it for a wide array of disability-related research. In 2020 we published a new chartbook based on DAF data titled, "DI & SSI Program Participants: Characteristics & Employment, 2015" (<https://www.ssa.gov/policy/docs/chartbooks/di-ssi-employment/2015/index.html>). This chartbook examines the work activity of working-age adult Social Security Disability Insurance (DI) beneficiaries and Supplemental Security Income (SSI) recipients before and after disability award. It covers work activity, employment expectations and characteristics, employment services, and factors affecting employment.

A second foundation of the Ticket to Work evaluation was the National Beneficiary Survey (NBS). In the NBS, we collect information that is not available from our administrative records from a representative sample of SSI and OASDI disability beneficiaries, called the Representative Beneficiary Sample (RBS). Key items of interest in the NBS include work attitudes and work-related activities, health and functional

status, education, access to health insurance, household composition, and sources of income. We implemented the first four rounds between 2004 and 2010, with a particular focus on participation in the Ticket to Work program. We completed additional rounds in 2015 and 2017, which included a broader focus on all SSA beneficiaries who work. In particular, the 2017 NBS included both the RBS and a large-scale focus on beneficiaries who have experienced employment success—the Successful Worker Sample (SWS). In 2019, we fielded the next round of the survey, which contains both RBS and SWS components and adds a longitudinal sample of successful workers who were part of the 2017 SWS. Work examining the data from the 2017 NBS is ongoing, and we will begin analysis of the 2019 data when it is released in 2021. In 2017, we published a compendium of disability statistics from the 2015 NBS, “National Beneficiary Survey: Disability Statistics, 2015” (<http://www.ssa.gov/policy/docs/statcomps/nbs/index.html>). The publication provides descriptive statistics on the health, program and service participation, employment interest and activity, job characteristics, and benefits and employment interaction of SSI recipients and SSDI beneficiaries. We are updating this publication with 2017 data and plan to release a new compendium in 2020.

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

d. 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. Camacho and Hemmeter (2013) summarize the findings from two earlier YTD projects.

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

In 2018, three follow up analyses were completed and published. One paper summarized the effects of the YTD interventions three years after random assignment (Fraker et al. 2018). The second paper examined implementation and outcomes in one specific site, the West Virginia Youth Works site (Cobb, Wittenburg, and Stepanczuk 2018). This examination provides a potential case study for other states interested in expanding services to youths with disabilities. The effects at this site were large relative to those of previous SSA demonstrations. Mamun et al. (2018) used YTD data to show that early work experience increases the probability of being employed two years later. We will follow participants using administrative data and conduct cost-benefit analyses at specified periods 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 g).

e. Occupational Information System

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

In July 2012, we signed an Interagency Agreement with the Bureau of Labor Statistics (BLS) to test the feasibility of using the National Compensation Survey (NCS) platform to collect updated occupational information about the skill level, physical, environmental, and mental and cognitive requirements of work. With input from SSA, BLS ultimately developed the Occupational Requirements Survey (ORS) to collect the updated occupational data that SSA needs. This information, along with specified information from other occupational sources, will provide us with updated data about work for disability adjudication and inform current and future vocational policy.

In FY 2013 and 2014, BLS conducted feasibility testing and worked with us to improve the survey tools and testing protocols. In FY 2015, we began developing the web-based IT platform, the Vocational Information Tool (VIT), to house and allow adjudicators access to the occupational data. BLS also conducted a nationwide pre-production test and at the end of the fiscal year, began production data collection using the ORS. In FY 2016, BLS completed the first round of ORS data collection and continued testing to resolve any issues raised by earlier data collection. In May 2016, BLS began the second year of collection.

In FY 2017, BLS completed the second year of data collection. BLS released the first-year ORS estimates in December 2016 and the second-year estimates in November 2017. In FY 2018, BLS completed the initial three-year data collection wave, which they published in February 2019. Based on an occupational data shelf-life study, SSA decided to update the occupational data every five years after the initial three-year collection wave. In FY 2019, BLS completed the first year of the first five-year wave update. As part of the update, BLS is using a new sample design that captures requirements for a broader range of occupations in the national economy. SSA continued to analyze the published ORS estimates and began analyzing BLS microdata extensively. Microdata are unit-level data from each respondent to the ORS before the data is aggregated, summarized, and published as occupational estimates. SSA is using the analysis—as well as other research on how the vocational factors of age, education, and work experience influence workforce participation—to assess the feasibility of modernizing its disability policy.

In FY 2020, BLS will complete the second year and publish estimates from the first year of the five-year wave update. SSA and BLS will discuss and determine joint program development activities to ensure that the ORS estimates published by BLS meet SSA's needs. Staff from both agencies will develop the project materials for these program development activities, which will determine the next steps in conducting agreed-upon research and analyses. At the end of FY 2020, BLS will begin data collection for the third year of the five-year wave update. SSA activities related to VIT development will include developing functionality that will facilitate matching claimant limitations to ORS requirements to assist adjudicators

in determining whether work exists in the national economy in significant numbers that an individual can perform.

In FY 2021, BLS will complete data collection for the third year, begin the fourth year, and publish ORS estimates for the second year of the five-year wave update.

f. 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.

g. 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, collectively referred to as

Achieving Success by Promoting Readiness for Education and Employment, or ASPIRE) for 5 years. SSA is responsible for evaluating PROMISE.

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

The PROMISE evaluation includes process, impact, and cost-benefit analyses. Enrollment began in April 2014 and ended in April 2016. All projects stopped providing services by September 2019. Project-specific process analyses (Anderson et al. 2018; Honeycutt, Gionfriddo, Kauff et al. 2018; Kauff et al. 2018; Matulewicz et al. 2018; McCutcheon et al. 2018; Selekmann et al. 2018) and two special topic reports (Honeycutt, Gionfriddo, and Livermore 2018; Honeycutt and Livermore 2018) describe how the projects were implemented and how PROMISE compares with and uses other transition policies and practices. An interim impact and services report was released in 2019 (Mamun et al. 2019). Livermore et al. (2020) summarize the lessons learned from these reports. The final evaluation report (on the longer-term impacts and cost-benefit analyses) will be available in 2022.

The individual projects are also producing research on the projects. A special edition of the *Journal of Vocational Rehabilitation* included a number of project-specific articles produced by the projects. Schlegelmilch et al. (2019) describe the relationship between work incentive benefits counseling and work in Wisconsin. Golden et al. (2019) describe the community of practice model used in New York State. Hartman et al. (2019) look at employment rates in Wisconsin. Ipsen et al. (2019) look at engagement in services at ASPIRE. Crane et al. (2019) describe the engagement strategies used in Maryland. Williams et al. (2019) look at the predictors of work activities in Arkansas. Luecking et al. (2019) report on lessons about intervention fidelity from Maryland. Enayati and Shaw (2019) estimate bounds on the return on investment for PROMISE projects. Tucker et al. (2019) describe the parent and guardian interventions implemented in California. Saleh et al. (2019) describe the characteristics of effective partnerships in New York State. Chambless et al. (2019) report on the implementation of self-determination training in ASPIRE. Gold et al. (2019) discuss general strategies for recruiting participants across the projects. Anderson, Schlegelmilch, and Hartman (2019) illustrate a cost-benefit analysis in Wisconsin. Anderson and Golden (2019) provide an overview of the special edition.

h. Supported Employment Demonstration

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

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

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

i. SSI Elderly Notice Pilot

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

j. Promoting Work through Early Interventions Project

The Promoting Work through Early Interventions Project (PWEIP) is a joint undertaking of the Social Security Administration (SSA) and the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services. The goal of this partnership is to foster a better understanding of the effects of interventions that aim to improve the employment and economic outcomes of low-income individuals with little or no work history, current or foreseeable disabilities, and ties to the U.S. safety net, who have not yet applied for Supplemental Security Income (SSI). During this partnership, SSA and ACF will support rigorous evaluation of existing employment support and training programs informed by evidence and shown to be promising for SSA and ACF's population of joint interest. Evaluations of each program will include impact evaluation and implementation research. A select number of evaluations will also include cost analysis.

The partnership leverages two of ACF's existing evaluation projects by incorporating SSA funds to support the addition of a disability focus. The first ACF project, *Building Evidence on Employment Strategies for Low-Income Families (BEES)*, launched in 2017, will evaluate the effectiveness of innovative programs designed to increase employment and earnings for low-income families, especially those receiving Temporary Assistance for Needy Families. BEES will prioritize evaluating programs that serve adults who have opioid use disorder or abuse of other substances impeding their employment. The second ACF project, the *Next Generation of Enhanced Employment Strategies (NextGen) Project*, launched in 2018, will evaluate the effectiveness of innovative employment interventions for populations with complex barriers to employment. NextGen has a special interest in interventions that are market-oriented and/or employer-driven. The ACF Office of Planning, Research, and Evaluation (OPRE) will oversee BEES and NextGen projects.

Under this partnership, SSA transferred \$25 million to ACF to support the evaluation and/or service provision of selected intervention programs that support SSA's priorities and interests within the BEES and NextGen projects. As of March 2020, SSA has approved its participation and funding of two programs under PWEIP.

k. Analyzing Relationships between Disability, Rehabilitation and Work Small Grant Program

The Analyzing Relationships between Disability, Rehabilitation and Work (ARDRAW) Small Grant Program is a grant program that supports innovative student research on rehabilitation, work, and disability

topics by awarding one-year stipends to graduate-level students to conduct supervised independent research in these specific areas. The objective of the program is to generate innovative research with fresh perspectives on disability, and also to cultivate new scholars in the disability research fields. The five year grant to manage ARDRAW was awarded to Policy Research, Inc. (PRI) in September 2016 and is renewable annually. In 2019 Cohort 2, which had 13 projects, completed their research. Also in 2019 cohort 3, which had 17 projects, began their research. Currently we are reviewing applications for cohort 4, which will be awarded in April 2020. Information on current and completed projects and application procedures can be found here: <https://ardraw.policyresearchinc.org/>.

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H. GLOSSARY

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

Administrative Expenses (or Costs). Expenses SSA incurs in administering the SSI program. Such expenses are paid from the General Revenue Fund of the Treasury.

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

Aged. Individuals aged 65 or older.

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

Alien Lawfully Admitted for Permanent Residence. A noncitizen lawfully accorded the privilege of residing permanently in the United States. Such individuals may obtain immigrant visas overseas from the Department of State or be adjusted to permanent resident status while living in the United States by the U.S. Citizenship and Immigration Services (USCIS).

Appeal Rights Process. Includes administrative appeals and judicial review. SSA follows an administrative review process in determining an individual's rights under the Act that typically consists of several steps: (1) reconsideration; (2) hearing; and (3) Appeals Council review. Individuals dissatisfied with the outcome of the administrative review process may request judicial review by filing a complaint in the U.S. District Court. Individuals must submit appeal requests within certain time periods. SSA introduced a modification of this process in 10 States for disability applications filed October 1, 1999 and later. Under this revised process, claimants appeal an initial disability denial by requesting an Administrative Law Judge hearing, thereby eliminating the reconsideration step. As of January 1, 2019, SSA began reinstating

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

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

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

the reconsideration level of appeal in these States via a staged roll-out on January 1, 2019 and completed this process by March 31, 2020.

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

Assumptions. Values relating to future trends in certain key factors that affect the eligibility for SSI benefits and the level of such SSI payments. Demographic assumptions include fertility, mortality, net immigration, marriage, and divorce. Economic assumptions include unemployment rates, average earnings, inflation, interest rates, and productivity. Program-specific assumptions include rates of application for and new receipt of various SSI benefits and rates of termination of SSI benefits. The assumptions underlying the projections presented in this report are consistent with the intermediate assumptions of the 2020 Old-Age, Survivors, and Disability Insurance (OASDI) Trustees Report.

Asylee. A noncitizen already in the United States or at a port of entry who is granted asylum in the United States. Asylum may be granted to an individual who is unable or unwilling to return to his or her country of nationality or to seek the protection of that country because of persecution (or a well-founded fear of persecution) based on the noncitizen's race, religion, nationality, membership in a particular social group, or political opinion.

Attendant Care Services. Services (including personal care assistance) paid for from Federal, State or local funds and provided by a paid attendant required to assist with work-related or personal functions.

Automatic Cost-of-Living Increase. The annual increase in the SSI Federal benefit rate (FBR), effective for January of the current year, which reflects the change in the cost of living. In general, the benefit increase equals the percentage increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) measured from the third quarter of the previous year to the third quarter of the current year. If there is no increase in the CPI-W, there is no cost-of-living benefit increase.

Award. An administrative determination that an individual is eligible for an SSI benefit.

Blind. For purposes of the SSI program, the law considers an individual to be blind if he or she has 20/200 or less vision in the better eye with the use of a correcting lens, has tunnel vision of 20 degrees or less, or met the October 1972 State definition of blindness and received benefits under the State's former program of Aid to the Blind in December 1973.

Blind Work Expenses (BWE). Any expenses incurred by a blind individual that are reasonably attributable to earning income. The BWE provision permits the exclusion of these expenses from the earned income of a blind individual. (See "Impairment-Related Work Expenses (IRWE)" for the related exclusions for disabled individuals.)

Burial Funds. A comprehensive term that for SSI purposes includes revocable burial contracts, trusts and other burial arrangements (including amounts paid on installment sales contracts for burial spaces), cash, accounts, or other financial instruments with a definite cash value clearly designated for the individual's burial expenses.

Child. An individual who is neither married nor the head of household and who is: (1) under age 18; or (2) under the age of 22 and a student regularly attending a school, college or university, or a course of vocational or technical training designed to prepare him or her for gainful employment. A child 18 or older is subject to the adult definition of disability and is not subject to parental deeming.

Comparable Severity. The phrase in the Act that defined disability for children prior to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193). Under prior law,

an individual under age 18 would have been considered disabled if he or she had an impairment of comparable severity to one that would disable an adult.

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

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

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

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

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

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

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

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

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

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

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

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

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

Glossary

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

Demographic Assumptions. See “Assumptions.”

Direct Express® Debit Card. Direct Express® is a low-cost prepaid debit card program sponsored by Treasury that is available to OASDI and SSI beneficiaries through Comerica Bank. Beneficiaries can access their OASDI and SSI benefits by making purchases, paying bills, and getting cash at thousands of Automatic Teller Machines (ATM) and retail locations using the Direct Express® debit card.

Disability. For individuals aged 18 or older, the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of at least 12 months. An individual under age 18 must have a medically determinable physical or mental impairment that results in marked and severe functional limitations and that can be expected to result in death or that has lasted or can be expected to last for a continuous period of at least 12 months.

Disability Determination Services (DDS). Federally funded State agencies that make disability determinations for SSA.

Disaster Assistance. Assistance from Federal programs and agencies, joint Federal and State programs, State or local government programs, and private organizations (e.g., the Red Cross) provided to victims of a Presidentially declared disaster.

Disposal of Resources for Less Than Fair Market Value. Transferring resources, either liquid, real, or personal property, for less than the resources are worth.

Earned Income. For SSI purposes, we consider wages, net earnings from self-employment, remuneration for work in a sheltered workshop, royalties on published work, and honoraria for services rendered to be earned income. The distinction between earned and unearned income is significant because we apply more generous exclusions to earned income.

Earned Income Exclusion. The first \$65 of a recipient’s monthly earnings and one-half of the earnings in excess of \$65 are excluded in computing an SSI benefit.

Earned Income Tax Credit (EITC). A special tax credit that reduces the Federal tax liability of certain low-income working taxpayers. This tax credit may or may not result in a payment to the taxpayer.

Economic Assumptions. See “Assumptions.”

Effective Date of Application. An application for SSI benefits is effective on the first day of the month following the date on which the application is filed, or on which the individual first becomes eligible, whichever is later.

Electronic Transfer Account (ETA). A low-cost account, available at participating financial institutions, for recipients of certain Federal payments. Once a recipient opens an ETA, his or her Federal payment will be directly deposited into that account.

Eligible Couple. Two persons married and living together in the same household or living together as married, both being aged, blind, or disabled and meeting the requirements for eligibility under the SSI program, including filing an application for SSI.

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

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

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

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

Federal Benefit Rate (FBR). The standard used in computing the amount of Federal SSI benefits for individuals and couples. The FBRs are subject to annual increases to reflect changes in the cost of living. (See table IV.A2.)

Fiscal Year. The accounting year of the U.S. Government. Since 1976, a fiscal year is the 12-month period ending September 30. For example, fiscal year 2020 began October 1, 2019 and will end September 30, 2020.

Food Stamps. See “Supplemental Nutrition Assistance Program (SNAP).”

General Fund of the Treasury. Funds held by the Treasury of the United States, other than receipts collected for a specific purpose (such as Social Security) and maintained in a separate account for that purpose.

Gross Domestic Product (GDP). The total dollar value of all goods and services produced by labor and property located in the United States, regardless of who supplies the labor or property.

Home Energy Assistance. A Federal Government block grant program that provides funds to States for energy assistance (including weatherization) to low-income households. This assistance may be provided by a variety of agencies (e.g., State or local welfare offices, community action agencies, special energy offices, etc.) and may be known by a variety of names (e.g., Low Income Home Energy Assistance Program, Project Safe, etc.).

Household. A group of two or more individuals who use a single dwelling unit separate from other individuals' living units as their primary quarters for living and eating.

Household of Another. We consider an individual to be living in the household of another when the individual lives with others, does not own or rent the shelter, and does not pay a pro rata share of the household's food and shelter expenses. We do not consider an individual who provides all of his or her own food, or lives in a public assistance household or in noninstitutional care, to be living in the household of another. We consider an individual who is determined to be living in the household of another to be receiving in-kind support and maintenance from that household, and we reduce his or her SSI benefit by one-third of the FBR.

Impairment-Related Work Expenses (IRWE). The provision that permits the exclusion from earnings of the costs of items and services needed in order for a disabled individual to work, paid for by the individual, and necessarily incurred by that individual because of a physical or mental impairment. We exclude these IRWEs from earnings when determining substantial gainful activity (SGA) or computing eligibility and ongoing SSI monthly payments. (See “Blind Work Expenses (BWE)” for the related exclusions for blind individuals.)

Income. See “Earned Income,” “In-Kind Income”, and “Unearned Income.”

Individual Development Account (IDA). A savings account that low-income individuals, including SSI recipients, may establish in order to save for purchasing a first home, meeting the costs of post-secondary education, or capitalizing a business. An individual's deposits into an IDA receive matching funds by a sponsoring nonprofit organization, or State or local government participating in the program.

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

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

Infrequent or Irregular Income. Income received either infrequently or irregularly that we can exclude from the determination of an individual's income. Infrequent income¹ is income an individual has not received more than once in a calendar quarter from a single source.² Irregular income is income that an individual could not reasonably expect to receive. In any given quarter, we exclude up to \$30 of earned (infrequent or irregular) and \$60 of unearned (infrequent or irregular) income.

Initial Determination. A determination SSA makes about an individual's eligibility for benefits or about any other matter that gives that person a right to further administrative or judicial review.

In-Kind Income. Income that is not cash, but is food or shelter or something an individual can use to obtain food, shelter, or both.

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

Interim Assistance Reimbursement (IAR). The process used to reimburse a State for basic assistance provided by the State to a claimant either while the claimant's application for SSI was pending or during the period in which the claimant's SSI benefits were suspended. SSA may reimburse a State from the claimant's retroactive SSI payment if: (1) the State has an agreement with SSA to participate in IAR; (2) the claimant has given SSA written authorization to reimburse the State from the retroactive payments; and (3) we find the claimant eligible for SSI benefits or for reinstatement of his or her benefits for the same period of suspense.

Living With. A required condition for parent-to-child and spouse-to-spouse deeming. Deeming of income and resources occurs if an eligible child lives with his or her ineligible parent(s) or an eligible individual lives with his or her ineligible spouse.

Maintenance-of-Effort. See “Passalong.”

Mandatory State Supplementation. See “State Supplementation.”

Means-Testing. The measuring of income and resources against specified amounts as eligibility factors for certain assistance benefits. SSI is a means-tested benefit program.

Medicaid. The program authorized under Title XIX of the Act, which provides medical assistance to certain low-income individuals and families and certain disabled and medically needy individuals. Medicaid is administered by the States with support from the Federal Government in the form of matching grants. The Federal Government provides guidelines to the States for formulating their programs. As a result of the flexibility of these guidelines, Medicaid programs vary widely among the States.

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

¹ We modified the definition of infrequent income in final rules published on August 9, 2006 (71 FR 45375). Previously, we defined infrequent income as income not received more than once a quarter from a single source.

² Also, infrequent income is income that an individual has not received in two consecutive months, regardless of whether these payments occur in different calendar quarters.

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

Medicare. A nationwide, federally administered health insurance program authorized in 1965 under Title XVIII of the Act to cover the cost of hospitalization, medical care, and some related services for most people age 65 and over. In 1972, lawmakers extended coverage to people receiving Social Security Disability Insurance (SSDI) payments for 2 years and people with End-Stage Renal Disease. Effective July 2001, people with Amyotrophic Lateral Sclerosis became Medicare-eligible during their first 24 months of receiving SSDI payments. In 2010, people exposed to environmental health hazards within areas under a corresponding emergency declaration became Medicare eligible. Traditional Medicare consists of two separate but coordinated programs; Hospital Insurance (HI, also known as Part A) and Supplementary Medical Insurance (SMI, also known as Part B). HI helps pay for inpatient hospital care, inpatient skilled nursing care, and hospice care. SMI helps pay for doctors' services and other medical expenses, and supplies not covered by HI. In 2006, prescription drug coverage (also known as Part D) was added. Almost all persons who are aged 65 and over or disabled and who are entitled to Part A are eligible to enroll in Part B and Part D on a voluntary basis by paying monthly premiums.

New Recipient. An SSI recipient in the first month of SSI payment receipt.

Noncitizen. An individual who is not a U.S. citizen. Also referred to in welfare and immigration law as an alien. (See "Alien Lawfully Admitted for Permanent Residence," "Asylee," "Parolee," and "Refugee.")

Nonqualified Alien. A noncitizen who is not in a qualified alien category for SSI eligibility purposes.

Old-Age, Survivors, and Disability Insurance (OASDI). The programs established under Title II of the Act.

One-Third Reduction. The reduction of an individual's SSI payment that occurs when an individual is living in the household of another. Instead of determining the actual dollar value of in-kind support and maintenance, we count one-third of the FBR as additional income to an individual living in another person's household for a full calendar month and receiving both food and shelter from the household.

Optional State Supplementation. See "State Supplementation."

Overpayment. The payment of more than the amount due for any period, including any amounts of federally administered State supplementation payments.

Parent. For SSI purposes, the natural parent of the child, or the person who legally adopted the child, or the stepparent who lives in the same household as the child.

Parolee. A noncitizen who appears to be inadmissible to the inspecting USCIS officer but is allowed to enter the United States because of emergency humanitarian conditions or the noncitizen's entry is determined to be in the public interest. Parole does not constitute a formal admission to the United States and confers temporary admission status only, requiring parolees to leave when the conditions supporting their parole cease to exist.

Passalong. A requirement that States must meet in order to be eligible for Medicaid reimbursement. Any State making supplementary payments (see "State Supplementation") after June 30, 1977, must continue making such payments and must pass along any cost-of-living increase to the FBR. Two methods are available to ensure that cost-of-living increases are passed on to the recipients.

- *Payment Levels Method*—States may not lower their supplementary payment for any of the living arrangement categories below their adjusted March 1983 levels. The adjusted level is the State's March 1983 payment level minus that portion of the July 1983 increase in the FBR that was not attributable to the increase in the cost of living (i.e., \$10.30 per individual and \$15.40 per couple).

- **Total Expenditures Method**—State expenditures for supplementary payments in the current calendar year must at least equal expenditures in the preceding calendar year. If expenditures are less in the current year (shortfall), the State must increase expenditures in the next calendar year by an amount at least equal to the shortfall.

Past-Due Benefits. The total amount of SSI payments accumulated because of a favorable administrative or judicial determination or decision, up to but not including the month the determination is made and excluding any corresponding windfall offset amounts.

Personal Needs Allowance. The amount allowed for an institutionalized recipient's personal needs (currently \$30). If an SSI recipient is in a Medicaid facility, the law requires that the SSI benefit be used only for the recipient's personal needs (i.e., that the institution cannot retain the benefit in repayment of the cost of the individual's care).

Plan to Achieve Self-Support (PASS). A plan that permits a disabled or blind SSI recipient to set aside income (earned or unearned) or resources for a work goal. The income and resources set aside under a PASS are used to pay for goods or services needed to reach that goal, such as education, vocational training, starting a business, or purchasing work-related equipment. We exclude income and resources set aside under a PASS from SSI income and resources. SSA must approve an individual's PASS.

Presumptive Disability or Blindness. A finding that SSI payments may be made before SSA makes a formal determination as to whether or not the individual is disabled or blind. The individual's impairment must be apparent and meet specified criteria. In addition, the individual must meet all other requirements for eligibility. These payments may be made for no more than 6 months. The presumptive payments will not be considered overpayments if SSA later determines that the individual is not blind or disabled.

Property Essential to Self-Support. The real and personal property used in a trade or business, nonbusiness income-producing property and property used to produce goods or services essential to the individual's daily activities. We may exclude property essential to self-support from resources under certain conditions.

Proration of Benefits. The method of computing payment amounts in months in which the individual reacquires eligibility after a month or more of ineligibility. In such months, we will pay an individual's SSI benefit according to the number of days in the month that he or she is eligible, beginning with the first day in the month on which he or she meets all eligibility requirements. In order to determine the benefit payable in a prorated month SSA counts the number of days an individual is eligible in the month. We then multiply the amount of the individual's regular monthly payment by the number of days for which he or she is eligible for benefits. Finally, we divide that figure by the number of days in the month for which the benefit is being determined. The resulting amount is the amount due for the prorated month. The statute eliminated proration for months of initial eligibility for all claims filed August 22, 1996 and later.

Public Emergency Shelter for the Homeless. A shelter for homeless individuals that provides food, a place to sleep, and some services.

Public Institution. An institution operated by or controlled by the Federal Government, a State, or a political subdivision of a State, such as a city or county.

Publicly Operated Community Residence. A facility that provides food and shelter and some other service such as social services, help with personal living activities, training in socialization and life skills, or occasional or incidental medical or remedial care. In order to be publicly operated, it must be operated or controlled by the Federal Government, a State, or a political subdivision of a State, such as a city or county. The facility must serve no more than 16 residents and must be located in a community setting.

Qualified Alien. An individual who is:

- Lawfully admitted for permanent residence under the Immigration and Nationality Act (INA);
- A refugee under section 207 of the INA;
- An asylee under section 208 of the INA;
- A person whose deportation is withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or whose removal has been withheld under section 241(b)(3) of the INA;
- A parolee under section 212(d)(5) of the INA for at least 1 year;
- A person granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980;
- A Cuban or Haitian entrant as defined by Federal statute, including section 501(e) of the Refugee Education Assistance Act of 1980;
 - Former parolees and other aliens who became permanent residents under the Cuban Adjustment Act of 1966;
 - Aliens who became permanent residents under the provisions of the Immigration Reform and Control Act of 1986;
 - Aliens who became permanent residents under the Nicaraguan and Central American Relief Act; or
 - Aliens who became permanent residents under the Haitian Refugee Immigration Fairness Act; or
- A certain alien, or an alien parent of a child, or an alien child of a parent who:
 - Has been battered or subjected to extreme cruelty in the United States by a spouse, parent, or certain other family members the alien, parent, or child lived with;
 - Is not living in the same household with the abusive individual;
 - Has been determined to need SSI because of this abuse; and
 - Has a determination from the USCIS for a certain change in status.

Qualifying Quarter of Earnings. Credit for a requisite amount of earnings assigned to a calendar quarter for the purpose of determining the SSI eligibility of a lawfully admitted permanent resident.

Quarter of Coverage. The crediting of coverage needed for insured status under the Social Security program. In 2020, a worker receives one quarter of coverage (up to a total of four a year) for each \$1,410 of annual covered earnings reported from employment or self-employment. For years after 1978, the amount of earnings required for a quarter of coverage is subject to annual automatic increases in proportion to increases in average wages.

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

Reconsideration. The first step in the administrative review process if an individual is dissatisfied with SSA's initial determination. See "Appeal Rights Process."

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

Glossary

- Non-medical redeterminations assess the non-medical factors affecting eligibility and payment levels. These reviews are scheduled at the discretion of SSA to ensure that only eligible individuals receive payments, and those payments are in the proper amount. During these redeterminations we review income, resources, living arrangements and other factors.
- Medical redeterminations - Upon attainment of age 18, child SSI recipients undergo a medical assessment to determine if they meet the adult standard of disability.

Refugee. A noncitizen outside of his or her country of nationality who is unable or unwilling to return to his or her country of nationality or to seek the protection of that country because of persecution (or a well-founded fear of persecution) based on the noncitizen's race, religion, nationality, membership in a particular social group or political opinion. Unlike asylees, refugees apply for and receive this status prior to entry into the United States.

Relocation Assistance. A type of assistance provided to persons displaced by projects that acquire real property. Examples of types of reimbursement, allowances, and help provided are:

- Moving expenses;
- Reimbursement for losses of tangible property;
- Displacement allowances;
- Amounts required to replace a dwelling that exceed the agency's acquisition cost for the prior dwelling;
- Rental expenses for displaced tenants;
- Amounts for down payments on replacement housing for tenants who decide to buy;
- Mortgage insurance through Federal programs with waiver of requirements that borrowers must usually meet; and
- Replacement housing.

Representative Payee. A person who receives SSI payments on behalf of an SSI recipient. SSA will pay benefits to a representative payee on behalf of an individual 18 years old or older when it appears that such method of payment will be in the interest of the individual. A representative payee will be appointed if the individual is legally incompetent or mentally or physically incapable of managing or directing the management of his or her benefits. Also, in general, if the individual is under age 18, a representative payee will be appointed. The law and regulations require that a recipient under age 15 have a representative payee.

Resident of a Public Institution. An individual who can receive substantially all of his or her food and shelter while living in a public institution is considered a resident of the public institution. Generally, an individual who is a resident of a public institution throughout a month is ineligible for SSI.

Resident of the United States. A person who has established an actual dwelling place within the geographical limits of the United States with the intent to continue to live in the United States. (See "United States.")

Resource. The cash or other liquid assets or any real or personal property of an individual (or his or her spouse) that he or she could use or could convert to cash to be used for his or her support and maintenance.

Retroactive Payments. The SSI payments made in a month later than the month or months in which they were due.

Retrospective Monthly Accounting. The calculation method used in the SSI program to determine an individual's eligibility for each month. Retrospective monthly accounting has two parts: (1) an eligibility determination; and (2) a payment computation. If the individual is ineligible based on the current month's factors (including the current month's countable income), no payment is due and we make no payment. If the individual is eligible based on the current month's factors, we compute the payment. The benefit for a month is generally based on the individual's countable income in the second month prior to the current month. However, at the start of a period of eligibility or re-eligibility, we determine the amount of benefits for both the first and second months using the income received in the first month.

Section 1619(a) Status. The special SSI cash benefits provided to disabled individuals who lose eligibility for SSI benefits under the regular rules because they have earnings at the level ordinarily considered substantial gainful activity.

Section 1619(b) Status. The special SSI recipient status for Medicaid purposes provided to working disabled or blind individuals when their earnings, in conjunction with other income, make them ineligible for regular or special SSI cash payments.

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

Social Security Act. Provisions of the law governing most operations of the Social Security programs. The original Act is Public Law 74-271, enacted August 14, 1935. With subsequent amendments, the Act consists of 21 titles, of which three have been repealed. In particular five titles of the Act authorized the following programs:

- Title II of the Act authorized the OASDI program;
- Title VIII of the Act authorized special benefits for certain World War II veterans;
- Title XVI of the Act authorized the SSI program;
- Title XVIII of the Act authorized the Medicare program; and
- Title XIX of the Act authorized the Medicaid program.

Social Security Area Population. The population comprised of: (1) residents of the 50 States and the District of Columbia (adjusted for net census undercount); (2) civilian residents of Puerto Rico, the Virgin Islands, Guam, American Samoa and the Northern Mariana Islands; (3) Federal civilian employees and persons in the U.S. Armed Forces abroad and their dependents; (4) non-citizens living abroad who are insured for Social Security benefits; and (5) all other U.S. citizens abroad.

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

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

- *Administration*—The governmental unit responsible for administering State supplementation payments may be either a State or local agency, or SSA. Under State administration, the State must absorb both program benefits and administrative costs. Under Federal administration, the State is responsible for the program benefits and, for fiscal year 2020, pays a \$12.41 administrative fee for each benefit paid. This fee is subject to annual increases to reflect changes in the cost of living.

- **Mandatory Supplementation**—The supplementary payments made only to recipients converted to the SSI program from former State assistance programs at the inception of the SSI program. The law requires mandatory minimum State supplementation payments to maintain the December 1972 payment levels that these recipients received under the former State assistance programs. The law also requires States to provide the supplementation to maintain their Federal matching funds for Medicaid.
- **Optional Supplementation**—The payments made by States to help persons meet needs not fully covered by Federal SSI benefits. The State determines whether it will make a payment, to whom, and in what amount. These supplements, paid on a regular basis, are intended to cover such items as food, shelter, clothing, utilities, and other daily necessities. Some States provide optional supplementary payments to all persons eligible for SSI benefits, while others may limit them to certain SSI recipients such as the blind or residents of domiciliary-care facilities, or they may extend payments to persons ineligible for SSI because of SSI income.

Statutory Blindness. See “Blind.”

Student. An individual who is regularly attending a school, college or university, or a course of vocational or technical training designed to prepare him or her for gainful employment.

Student Earned Income Exclusion (SEIE). An earned income exclusion for a student under age 22 with certain limitations established by regulations. The amounts of earned income that can be excluded are subject to monthly and calendar year limits that are subject to annual changes consistent with changes in the cost of living. See table V.E1 for the history of maximum monthly and calendar year exclusion amounts.

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

Supplemental Nutrition Assistance Program (SNAP). The Department of Agriculture, under cooperative Federal-State agreements, issues SNAP benefits in the form of paper food coupons (commonly known as food stamps) and through electronic benefit transfer, to provide nutrition for low-income families. Recipients can use supplemental nutrition assistance only to buy food at stores authorized by the Department of Agriculture to accept them. Prior to October 1, 2008, SNAP was known as the Federal Food Stamp Program.

Supplemental Security Record (SSR). The computerized database maintained by SSA and containing identifying information, income, resources and other eligibility factors, for all SSI recipients. The SSR includes the history of SSI payments made to an individual.

Suspension. An ineligibility status that causes the nonpayment of benefits for a period of generally anywhere from 1 to 12 months for any of a number of reasons such as income or resources over allowable levels, absence from the United States, residence in a public institution, etc. Benefits can resume without reapplication, when all requirements for entitlement are again met. Suspense that lasts more than 12 months (24 months for individuals who were made ineligible because of their spouses or parent being called to active military duty) generally results in a termination of the SSI record. (Once a record is terminated, reapplication is necessary.)

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

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

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

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

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

Ticket to Work Program. The Ticket to Work and Work Incentives Improvement Act of 1999 established a voluntary Ticket to Work and Self-Sufficiency program (Ticket to Work program) under which a blind or disabled beneficiary may obtain vocational rehabilitation (VR), employment and other support services from a qualified private or public provider referred to as an “employment network,” or from a State VR agency.

Trusts. A legal arrangement involving property and ownership interests. Generally, we consider property held in a trust to be a resource for SSI purposes if the assets of the trust could be used for the benefit of the individual or spouse.

Unearned Income. The income that is not earned income. Unearned income may be in cash or in-kind. Some examples of unearned income are:

- Annuities, pensions, and other periodic payments;
- Retirement and disability benefits;
- Veterans’, workers’, and unemployment compensation;
- Alimony and support payments;
- Dividends, interest, and certain royalties; and
- Rents.

United States. For purposes of the SSI program, the United States consists of the 50 States, the District of Columbia, and the Northern Mariana Islands.

Vocational Rehabilitation (VR). Services provided to disabled people to help them to enter or return to gainful employment. VR services are designed to provide an individual with the training or other services that are needed to return to work, to begin working, or to enter a new line of work. The General Fund of the Treasury, and the OASDI trust funds in the case of individuals also receiving Social Security disability benefits, reimburse the providers of such services only in those cases where the services contributed to the successful rehabilitation of the recipients.

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

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

- Earned income exclusions;
- Impairment related work expenses;

Glossary

- Blind work expenses;
- Plan to achieve self-support;
- Section 1619 benefits; and
- Ticket to Work program.

Nancy J. Altman
Member, Social Security Advisory Board

INDIVIDUAL STATEMENT ON THE
SUPPLEMENTAL SECURITY INCOME PROGRAM

The Pressing Need to Update, Expand, and Simplify SSI

Public Law 104-193 gives members of the Social Security Advisory Board, individually or jointly, the opportunity to include their views on the Supplemental Security Income (“SSI”) program in the Social Security Administration’s annual report to the President and the Congress. The following statement was written by and represents the views of Board member Nancy Altman.

Introduction and Background

SSI provides monthly benefits, paid from general revenues, to people with disabilities and those aged 65 or older, who do not exceed the program’s extremely stringent income and resource limitations.¹ SSI is a vital companion program to Social Security, which itself is crucial to the economic security of working families. As important as Social Security is, its benefits are modest by virtually any measure.² Moreover, eligibility for Social Security requires significant attachment to the work force. Consequently, SSI provides minimal incomes to seniors and people with disabilities who receive very low or no Social Security benefits and who are extremely poor.³

Congress explained its intent in enacting SSI as follows:

“Building on the present social security program, [the Social Security Amendments of 1972] would create a new Federal program administered by the Social Security Administration, designed to provide a positive assurance that the Nation’s aged, blind, and disabled people **would no longer have to subsist on below-poverty-level incomes.**”⁴ (Emphasis added.)

¹ Those limitations are discussed at length in this statement.

² See Nancy J. Altman Statement, Hearing on the Social Security 2100 Act, pp. 1-3, Ways and Means Committee, U.S. House of Representatives (July 25, 2019), available at https://waysandmeans.house.gov/sites/democrats.waysandmeans.house.gov/files/documents/Nancy%20Altman%20Testimony_0.pdf.

³ In April 2020, 8.053 million people received SSI benefits that averaged \$576.47. See Social Security Administration, Research, Statistics and Policy Analysis, Monthly Statistical Snapshot, April 2020, available at https://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/.

⁴ S. Rept. No. 92-1230, Social Security Amendments of 1972, Committee on Finance, U.S. Senate (September 25, 1972), p. 384, available at <https://www.ssa.gov/history/pdf/Downey%20PDFs/Amendments%20to%20the%20Social%20Security%20Act%201969-1972%20Vol.%203.pdf>.

Unfortunately, today's program does not come close to meeting that legislative goal. Although SSI provides essential monthly cash income, the benefits are too low to assure escape from poverty. In 2020, the maximum federal SSI benefit is just \$783 a month (\$9,396 a year). That benefit level is less than three-quarters of the federal poverty line, which, in 2020, is \$1,063.33 a month (\$12,760 a year) for an individual.⁵

Moreover, the federal poverty guidelines likely underestimate what is needed to subsist.⁶ The Gerontology Institute at the University of Massachusetts has developed an annual Elder Economic Security Standard Index, which is a more refined measure, designed to determine the income needed to meet bare necessities, with the amount differing based on where individuals or couples reside, whether they rent or own their homes, and what, in broad terms, is the status of their health.

According to the 2019 index, an older individual in good health who rents in Washington, D.C. would have needed income of \$2,755 a month to be able to afford housing, food, and the other costs associated with the barest of necessities.⁷ Revealingly, the maximum federal SSI benefit in 2019, \$771, equaled just 28 percent of that very basic, minimal income amount.⁸

Importantly, as low as SSI benefits are in relation to what is needed to meet basic needs, recipients must have virtually no resources or other income even to receive those minimal benefits. Congress has explained that it allows SSI recipients to have some resources in recognition of the need to meet unexpected expenses that could not be covered by current

⁵ The Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, *2020 Poverty Guidelines* (January 21, 2020), available at <https://aspe.hhs.gov/2020-poverty-guidelines>. The U.S. Census Bureau calculates annual poverty levels, which are labeled thresholds. The guidelines are a simplified version of the thresholds. Unlike the guidelines, the thresholds differentiate between those younger than age 65 and those age 65 or older. At the time of this writing, the 2020 thresholds have not yet been released. For 2019, when SSI's maximum benefit was \$771 (\$9,252 on an annualized basis), the poverty threshold for those under age 65 was \$13,300 and for those age 65 or older, \$12,261. The poverty thresholds are available at <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>.

⁶ The federal poverty guidelines and thresholds do not take into account expenditures other than food. They are based on an analysis done in the early 1960s. That analysis was based on the cost of a hypothetical economy food plan developed by the Department of Agriculture, which the analysis then adjusted by age, family size, and other factors. The analysis assumed that those age 65 or older spent less on food than those who are younger. The food cost was multiplied by three because a 1955 survey found that all U.S. households of two or more spent approximately one-third of their after-tax income for food. See Mollie Orshansky, "Counting the Poor: Another Look at the Poverty Profile," *Social Security Bulletin*, Vol. 28, No. 1 (1965), available at <https://www.ssa.gov/policy/docs/ssb/v28n1/v28n1p3.pdf>. Today's federal poverty guidelines and thresholds are based on Orshansky's work. They do not take into account rising standards of living. See Gordon M. Fischer, "Remembering Mollie Orshansky – The Developer of the Poverty Thresholds," *Social Security Bulletin*, Vol. 68, No. 3 (2008), available at <https://www.ssa.gov/policy/docs/ssb/v68n3/v68n3p79.html>.

⁷ At the time of this writing, the 2020 index has not been published. The expenses that are included are housing, food, transportation, health costs, and miscellaneous. See UMass Boston, Elder Index: Measuring the income older adults need to live independently, available at https://elderindex.org/elder-index?state_county%5B%5D=8573&views_fields_combined_on_off_form=0&fields_on_off_hidden_submitted=1&views_fields_on_off_form%5Bfield_housing_renter%5D=field_housing_renter&views_fields_on_off_form_1=field_health_good.

⁸ If the amount specified as needed for health care is deducted for comparison purposes, because SSI recipients qualify for Medicaid, the monthly amount is still \$2,278, around three times what SSI provides.

income.⁹ The allowable resources are much too restricted, however, to satisfy Congress's intent that they cover the cost of emergencies.¹⁰ An individual's countable resources are limited to just \$2,000 and a married couple's to just \$3,000.¹¹

Those modest amounts are a cliff: Even one dollar more than those limits means failure to qualify. Once benefits are being paid, one dollar over the resource limit on the first day of any month causes recipients to lose eligibility until their resources again meet those extremely strict limits.

Congress increased the limits just once, in 1984, and the amount of the increase was minimal; Congress has not adjusted the limits at all in more than three decades.¹² Consequently, the resource limits have eroded substantially in value.¹³

⁹ See SSAB, SSI Statement 2011: Income and Resources, pp. 3-4, available at <https://www.ssab.gov/research/ssi-statements/>. The complete 2011 SSI Annual Report is available at <https://www.ssa.gov/oact/ssir/SSI11/ssi2011.pdf>.

¹⁰ Congress excludes from countable resources a home and a car. See Sec.1613(a)(1) and (2)(B) of the Social Security Act, available at https://www.ssa.gov/OP_Home/ssact/title16b/1613.htm. See, also, fn. 11, *infra*. The cost of replacing that house's roof or furnace likely exceeds those limits, however. See Kristin Wong, "The Average Cost of 57 Home Maintenance Projects," *Lifehacker* (April 15, 2016), available at <https://lifehacker.com/the-average-cost-of-57-common-home-maintenance-projects-1771094630>. According to a 2017 AAA study, the average car repair costs between \$500 and \$600. See Matt Schmitz, "How Much Is the Average Car Repair Bill?" *cars.com* (April 5, 2017), available at <https://www.cars.com/articles/how-much-is-the-average-car-repair-bill-1420694859724/>. Even more seriously, many low income seniors are forced to choose between "food or other necessities, or a dangerously cold living space." See Kevin Prindiville, "Current SSI Levels Leave Seniors Out in the Cold," *Justice in Aging* (2015), available at <https://www.justiceinaging.org/current-ssi-levels-leave-seniors-out-in-the-cold/>. The U.S. Centers for Disease Control and Prevention (CDC) has found, "Of all U.S. hypothermia-related deaths, half occur among persons 65 years of age or older." See CDC, *Morbidity and Mortality Weekly Report*, Synopsis for February 2, 2001, available at <https://www.cdc.gov/media/mmwrnews/2001/n010202.htm>.

¹¹ The resources that are excluded from the limitations include a residence, vehicle, burial plot, household goods and personal effects, life insurance if the face value is not more than \$1,500, a burial fund, again if the value is not more than \$1,500, and property used in connection with work. See Social Security Administration, *Spotlight on Resources – 2019 Edition*, available at <https://www.ssa.gov/ssi/spotlights/spot-resources.htm>. The resources of others are, in some circumstances, deemed to be the recipient's resources. See Social Security Administration, *Program Operations Manual System (POMS)*, SI 01330.001 Deeming of Resources (November 18, 2010), available at <https://secure.ssa.gov/apps10/poms.nsf/lnx/0501330001>. SSI permits the stringent resource limitations to be avoided in some circumstances, but the methods of doing so are extremely complicated. These include establishing Achieving a Better Life Experience (ABLE) Accounts, a Plan to Achieve Self Support (PASS), and dedicated accounts. See Social Security Administration, *Spotlight on Achieving a Better Life Experience – 2020 Edition*, available at <https://www.ssa.gov/ssi/spotlights/spot-able.html>; Social Security Administration, *Spotlight on Plan to Achieve Self Support – 2020 Edition*, available at <https://www.ssa.gov/ssi/spotlights/spot-plans-self-support.htm>. The complexity of dedicated accounts was the focus of the Social Security Advisory Board's 2019 SSI statement. See SSAB, SSI Statement 2019: Dedicated Accounts, available at <https://www.ssab.gov/research/ssi-statements/>. The complete 2019 SSI Annual Report is available at <https://www.ssa.gov/oact/ssir/SSI19/ssi2019.pdf>.

¹² When the program was signed into law on October 30, 1972, the resource limits were set at \$1,500 for individuals and \$2,250 for couples. In 1984, Congress updated those limits, phasing in the increases from 1985 through 1989, to \$2,000 for individuals and \$3,000 for married couples, where they remain today. However, the equivalent of \$1,500, adjusted for inflation from October 1972 to July 1984, the month the increases were signed into law, was \$3,691.49, and the equivalent of \$2,250 was \$5,537.23. From October 1972 to January 1989, the date the increases were fully phased in, the inflation-adjusted amounts were \$4,294.33 and \$6,441.49, respectively. (Calculations made using Bureau of Labor Statistics, CPI Calculator, available at <https://data.bls.gov/cgi-bin/cpicalc.pl>.)

¹³ In April 2020, the resource limits enacted in October 1972 would have the same purchasing power as \$9,091.81 and \$13,637.71, respectively. (Calculations made using Bureau of Labor Statistics, CPI Calculator, available at <https://data.bls.gov/cgi-bin/cpicalc.pl>.)

Like the resource limits, SSI's income limits are also extremely stringent.¹⁴ The first \$20 of income in a month is disregarded.¹⁵ After that, unearned income, including pensions, Social Security benefits, and cash or items such as groceries provided by family, reduces SSI benefits dollar for every dollar.¹⁶ With respect to earned income, the first \$65 in a month is disregarded, as well as whatever amount of the \$20 disregard remains unused after its application against unearned income. After those small exemptions, every single dollar of earnings reduces SSI benefits by 50 cents.

SSI essentially penalizes savings. The resource limit prohibits savings above the exempt amount. Exceeding the limit results not just in the loss of SSI cash benefits but also can result in the loss of Medicaid eligibility, housing assistance, and other benefits. Consequently, prudent recipients have to avoid getting close to the line. Moreover, the effective 100 percent tax on unearned income above \$20 is a further discouragement of savings. Recipients gain no additional income from the interest on the savings, despite forgoing current consumption. Worse, if recipients are not meticulously careful, the interest could cause them accidentally to exceed the resource limits, inadvertently triggering a loss of Medicaid and other assistance.

While not confiscatory like the marginal tax on unearned income, the marginal tax rate of 50 percent on earned income is high, particularly when compared to the federal income tax rates of those at the top of the income scale.¹⁷ In that regard, it is instructive to note that policymakers have argued that increasing the marginal tax rate of those with incomes of over \$250,000 to just 36 percent would be a serious work disincentive.¹⁸ Because of the very low incomes of SSI

¹⁴ Adding to the complexity and restrictiveness of the income limits, incomes of others are, in some circumstances, deemed to be the recipient's income. See Social Security Administration, Program Operations Manual System (POMS), SI 01320.000 Deeming of Income (March 16, 2020), available at <https://secure.ssa.gov/apps10/poms.nsf/lnx/0501320000>.

¹⁵ This disregard is first applied against unearned income; any remaining disregard is then applied to earned income.

¹⁶ The rules regarding in-kind support and maintenance ("ISM"), as discussed in the text accompanying fns. 29-30, *infra*, are extremely complicated. The reduction in the benefits may be limited, in some circumstances, by rules including the one-third reduction ("VTR") or the presumed maximum value provisions ("PMV"), or might be disregarded as a result of, for example, the infrequent or irregular income exclusion. See Social Security Administration, Program Operations Manual System (POMS), SI 00830.050 Overview of Unearned Income Exclusions, available at <https://secure.ssa.gov/poms.nsf/lnx/0500830050>.

¹⁷ If one takes into account the reduction or even loss of housing assistance and other benefits, including, most devastating of all, possible Medicaid eligibility, the marginal tax rate is considerably higher.

¹⁸ The so-called Bush tax cuts lowered the top two marginal rates from 39.6 percent to 35 percent, and from 36 percent to 33 percent. The question of whether to extend them for those with adjusted gross incomes of over \$250,000 or allow them to expire in 2010, as the law required, was a fiercely debated question. The compromise, which was reached in 2012, after they had been extended for two years, was to only let the top rate revert and then only be applicable for individuals with incomes of \$400,000 or more. See Scott Greenberg, "Looking Back at the Bush Tax Cuts, Fifteen Years Later," Tax Foundation (June 7, 2016), available at <https://taxfoundation.org/looking-back-bush-tax-cuts-fifteen-years-later/>. The marginal income tax rates and bracket amounts starting in 2000 are available at http://www.moneychimp.com/features/tax_brackets.htm. Those opposing reversion of the rates argued that a rate of even 39.6 percent would cause wealthy taxpayers to reduce their incomes. See, e.g., Guinevere Nell and Karen Campbell, "Obama's Tax Hikes on High-Income Earners Will Hurt the Poor — and Everyone Else," *Heritage Foundation* (November 15, 2010). ("When tax increases reduce economic growth or **create incentives for taxpayers to evade taxes**,...") (Emphasis added). Available at <https://www.heritage.org/taxes/report/obamas-tax-hikes-high-income-earners-will-hurt-the-poor-and-everyone-else>.

recipients, the 50 percent rate is unlikely to discourage work, but it does reduce substantially the gain from any work they are able to engage in.¹⁹

Congress Should Update, Expand, and Simplify SSI

SSI is in acute need of updating and expansion. As just explained, its resource limits have not been adjusted in decades. Moreover, Congress has never adjusted the income disregards of \$20 and \$65, since the program was enacted in 1972. Consequently, all those dollar amounts have eroded substantially over the years. Importantly, the program is most definitely not meeting the goal of assuring “that the Nation's aged, blind, and disabled people...no longer have to subsist on below-poverty-level incomes.”

Despite Congress’s stated goal, SSI is not keeping seniors and people with disabilities out of poverty. The Census Bureau reports that 5.1 million people aged 65 or older in 2018 had incomes below the federal poverty threshold. Under the more refined, supplemental poverty measure, that number of 5.1 million jumps to 7.2 million. The Census Bureau also reports that approximately one in four of those with a disability lives in poverty.²⁰

In addition, SSI is in extreme need of simplification and streamlining. Because of its complicated, burdensome and overly exacting rules, it is expensive to administer. While SSI accounts for just five percent of the benefits administered by the Social Security Administration (“SSA”) and only an eighth as many people receive SSI as Social Security, the agency nevertheless spends almost as much to administer SSI as it does to administer Social Security. In fiscal year 2021, SSA is seeking authority from Congress to spend \$6 billion to administer Social Security and 80 percent of that amount – \$4.8 billion – to administer SSI.²¹

¹⁹ By definition, people may be determined to be disabled by the Social Security Administration only if they are incapable of engaging in “substantial gainful activity,” which in 2020 is defined as earning \$1,260 or more a month. See Social Security Administration, Substantial Gainful Activity, available at <https://www.ssa.gov/oact/cola/sga.html>.

²⁰ See [Table B-1. People in Poverty by Selected Characteristics: 2017 and 2018](#), Income and Poverty in the United States: 2018, available at <https://www.census.gov/library/publications/2019/demo/p60-266.html>, and Figure 1. Supplemental Poverty Measure Rates for Total Population and by Age Group: 2017 and 2018, and Table A-2. Number and Percentage of People in Poverty by Different Poverty Measures: 2018, The Supplemental Poverty Measure: 2018, U.S. Census (October 7, 2019), available at <https://www.census.gov/library/publications/2019/demo/p60-268.html>. Those who qualify as disabled under SSI and under the Census Bureau figures presumably overlap but are not identical. The Census Bureau reports that out of 14.8 million with a disability, 3.8 million or 25.7 percent have incomes below the poverty threshold and 3.6 million, or 24.3 percent, have incomes below the supplemental poverty measure. Those eligible based on age accounted for 1.1 million of SSI’s 8.1 million recipients in April 2020. Those with disabilities accounted for the remaining 6.9 million in April 2020. Of those 6.9 million, 5.8 million were under age 65 and 1.1 million were aged 65 or older. See Social Security Administration, Table 2, SSI Monthly Statistics, April 2020, available at https://www.ssa.gov/policy/docs/statcomps/ssi_monthly/index.html.

²¹ See Social Security Administration, Congressional Justification for Appropriations Committees, FY 2021 Budget Request, pp. 2, 4, available at <https://www.ssa.gov/budget/FY21Files/FY21-JEAC.pdf>. (The \$6 billion is calculated by multiplying the FY 2021 LAE request of \$13.351 billion by the 45 percent of that amount estimated to be spent on OASDI. The \$4.8 billion is calculated by multiplying the FY 2021 LAE request of \$13.351 billion by the 36 percent of that amount estimated to be spent on SSI.) In April 2020, 8.053 million people received SSI benefits totaling \$4.898 billion, compared to 64.625 million people who received OASDI benefits totaling \$89.735 billion. Of those over 8 million receiving SSI and over 64 million receiving Social Security, 2.680 million received both. See Social Security Administration, Research, Statistics and Policy Analysis, Monthly Statistical Snapshot, April

➤ Legislative Improvements to Update and Expand SSI

Congress should increase the maximum federal benefit high enough so that, in the words of Congress, “the Nation's aged, blind, and disabled people would no longer have to subsist on below-poverty-level incomes.” In updating the level, Congress should recognize that this population includes many people with severe disabilities and consequently people whose expenses are substantially higher than those of the general population.²²

At the very least, the maximum federal benefit should equal the level of the federal poverty guidelines. Because, as described above, the guidelines likely undermeasure substantially the amount needed to have incomes above poverty, and even more so for this particular population, the maximum benefits should be considerably higher – 150 percent of those guidelines or more.²³

In addition, the income disregards should be updated, as should the resource limits. Currently pending in Congress is the Supplemental Security Income Restoration Act of 2019 (“SSI Restoration Act”).²⁴ It increases the resource limit from the current \$2,000 (\$3,000 for a couple) to \$10,000 (\$20,000 for a couple). In addition, it increases the general income disregard from the current \$20 to \$123 per month and increases the earned income disregard from the current \$65 to \$399 per month. Given the rate of inflation since 1972, the growth in wages, and the goals of the program, Congress should increase those levels to at least the amounts called for in the SSI Restoration Act, and, indeed, substantially higher.

Moreover, all of those amounts should be adjusted automatically so that they no longer erode in value over time. It should be noted that the maximum federal benefit amount is already indexed under current law, but the wrong index is used.²⁵ The current index, the CPI-W, only measures

2020, available at https://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/. In FY 2021, 7.875 million people are estimated to receive federal SSI benefits totaling \$57.551 billion, and 65.767 million people are estimated to receive Social Security benefits totaling \$1,145.501 billion. See Social Security Administration, Congressional Justification for Appropriations Committees, FY 2021 Budget Request, p. 3, available at <https://www.ssa.gov/budget/FY21Files/FY21-JEAC.pdf>.

²² See “The hidden extra costs of living with a disability,” Conversation (July 25, 2017), available at <http://theconversation.com/the-hidden-extra-costs-of-living-with-a-disability-78001>.

²³ To ensure recipients are not inadvertently worse off, Congress should draft expansion legislation to ensure that the recipients continue to receive housing, food, health care and other assistance that they would receive without the increase in benefit levels. Moreover, because workers should not receive more from means-tested benefits than from benefits they have earned through work and mandatory contributions, Social Security’s minimum benefit should be increased in coordination with the SSI expansion.

²⁴ H.R. 4280 was introduced on September 11, 2019 by Representative Raul Grijalva (D-AZ) and Representative Elissa Slotkin (D-MI). At the time of this writing, it has 43 cosponsors. See <https://www.congress.gov/bill/116th-congress/house-bill/4280/all-info>. Its companion, S.2753, was introduced in the Senate on October 30, 2019 by Senator Sherrod Brown (D-OH). At the time of this writing, it has 11 cosponsors. See <https://www.congress.gov/bill/116th-congress/senate-bill/2753/all-info>.

²⁵ A number of other features of SSI are indexed, as well. The dollar amount defining substantial gainful activity is appropriately indexed to the national average wage index. The student earned income exclusion and the limits on fees paid to representative payees and claimants’ representatives are adjusted annually based on the CPI-W. See Social Security Administration, Cost of Living Increase and Other Adjustments for 2020, Federal Register (October 22, 2019), available at <https://www.federalregister.gov/documents/2019/10/22/2019-22921/cost-of-living-increase-and-other-determinations-for-2020>. The fee for federal administration of state supplementary payments is indexed to

the cost of living of urban workers, not seniors and people with disabilities receiving SSI who are virtually never working full-time, if at all.²⁶

The CPI-W was the only measure that was available in 1972, when SSI was enacted, but the shortcomings of the measure for SSI (and other programs for seniors and people with disabilities for which it is used, including military retirement benefits, veterans' compensation, civil service retirement benefits and Social Security) are apparent. People who are working (and, indeed, the general population) have substantially different spending patterns than seniors and people with disabilities. Seniors and people with disabilities on average spend more on health care and long-term care — where prices are rising faster — and less on clothing, recreation, and other items — where prices tend to rise more slowly — than younger, healthier Americans.

Recognizing the shortcomings of the CPI-W for this population, Congress in 1987 instructed the Bureau of Labor Statistics to produce the CPI-E, an index measuring the cost of living of the elderly. Despite the annual calculation and publication of this more targeted, accurate measure since then, Congress has not yet enacted its use. It should be adopted to index the SSI benefit level, general income disregard, and resource limits. With respect to the SSI earned income disregard, the national average wage index, which, as its name suggests, measures the growth in earnings, should be used.²⁷ In addition, the 100 percent and 50 percent reductions in benefits should be significantly lower in order to soften the penalty of SSI's rules on savings and work.²⁸

➤ **Legislative Improvements to Simplify SSI**

Congress should enact other changes that would simplify the program. The improvements would also make SSI more efficient and cost effective, as well as more even-handed and uniform in its coverage and administration. Perhaps most importantly, the reforms would result in a more family-friendly and benevolent SSI for those it serves.

the CPI-U. See Social Security Administration, Fee for Administration of State Supplementary Payments, available at <https://www.ssa.gov/oact/cola/statesuppfec.html>. The CPI-W is based on the CPI-U population, simply with different weighting of spending categories. The two indices tend to produce similar percentage adjustments. See Stephen B. Reed and Kenneth J. Stewart, *Why does BLS provide both the CPI-W and CPI-U?* Beyond the Numbers, Bureau of Labor Statistics, Vol. 3, No. 5 (February 2014), available at <https://www.bls.gov/opub/btn/volume-3/why-does-bls-provide-both-the-cpi-w-and-cpi-u.htm>. Like the dollar definition of substantial gainful activity, the student earned income exclusion, which excludes earned income (\$1,900 a month, up to a yearly maximum of \$7,670 in 2020) of SSI recipients who are under age 22 and regularly attending school, should be adjusted using the national average wage index, since it too pertains to earned income. See Social Security Administration, Spotlight on Student Earned Income Exclusion – 2020 edition, available at <https://www.ssa.gov/ssi/spotlights/spot-student-earned-income.htm>.

²⁶ By definition, people with disabilities can only receive benefits if they are determined to be unable to engage in substantial gainful employment. See fn. 19, *supra*.

²⁷ The national average wage index is currently, appropriately, used to adjust the definition of substantial gainful activity. See fn. 25, *supra*.

²⁸ The SSI Restoration Act indexes the resource limits and income disregards, but uses the CPI-E for the income disregards, in addition to the resource limits, and does not change the index used for the benefit itself. It also does not address the effective tax rates, which, at 100 percent is confiscatory on unearned income and extremely high (particularly in comparison to federal income tax rates) on earned income, as explained in fns. 17-18, *supra*, and accompanying text.

One of the improvements is to repeal the in-kind support and maintenance provisions (“ISM”), as the SSI Restoration Act does. Under current law, groceries and other assistance that recipients receive from their families and friends count as in-kind income. By reducing benefits by a dollar for every dollar of support, once the \$20 disregard is exhausted,²⁹ this provision implicitly discourages this help.

As a matter of morality, implicitly discouraging families and friends from helping those who are less fortunate, as these provisions do, is wrong. As a policy matter, the ISM provisions are extremely complicated, time-consuming to administer, and frequently result in improper payments.

The ISM provisions require SSA to make detailed and intrusive inquiries into the lives of recipients, who may be required to describe in great detail how their households function and to furnish utility and other documentation. Landlords, housemates, and family members may be interrogated, as well.

Once the information is collected, the in-kind transfers must be converted to dollar amounts, requiring an extremely complicated set of calculations. Then, benefits are adjusted, another complicated task. Moreover, these complicated, time-consuming and intrusive determinations must be made repeatedly, including at the time of application, when benefits are awarded, and whenever recipients move or living circumstances change.

Many others have pointed out the shortcomings of the ISM provisions. Indeed, both the 2005 and the 2015 Social Security Advisory Boards focused their SSI statements in large part on those provisions. The 2015 report, after detailing the complexity of the required calculations, explained:

“The Social Security Advisory Board noted in its 2005 SSI Statement that the agency POMS contain the equivalent of 250 single-spaced typed pages of instructions on living arrangements and in-kind support. The POMS Table of Contents for SSI is 80 pages, which does not include any of the substantive disability related processes -- just program requirements. The application for disability under SSI is 23 pages; by contrast the disability application under the disability insurance program is seven pages, even though the disability analysis [of] both programs mirror each other.”³⁰

The 2015 report summarized, “Even with and, perhaps because of, all the detail, it is virtually impossible to attain consistency in ISM analyses.” Not surprisingly, given the complexity of the provisions, the 2015 report found that even though the required calculations resulted in actual benefit reductions in only about nine percent of cases, errors in the calculations resulted in thirty

²⁹ See fn. 16, *supra*, discussing limitations on the reduction.

³⁰ See SSAB, SSI Statement 2015: The Complexity of In-Kind Support and Maintenance, p. 5, available at <https://www.ssab.gov/research/ssi-statements/>. The complete 2015 SSI Annual Report is available at <https://www.ssa.gov/oact/ssir/SSI15/ssi2015.pdf>. See, also, SSAB Statement 2005, available at <https://www.ssab.gov/research/ssi-statements/>. The complete 2005 SSI Annual Report is available at <https://www.ssa.gov/oact/ssir/SSI05/ssi2005.pdf>.

percent of the improper payments, about equally divided, in FY 2014, between underpayments and overpayments.

For all these reasons, Congress should repeal the ISM provisions. Congress should change other provisions, as well, for both reasons of morality and efficiency.

Currently, married couples are limited to receiving a maximum of one and a half times what individuals receive. Congress should change the law to allow married couples to each receive the SSI amount received by comparable individuals, as the SSI Restoration Act provides.³¹ In addition to eliminating this penalty on marriage, the change would simplify administration. Under current law, couples that are not legally married under state law nevertheless are subject to the marriage penalty if SSA determines that they are presenting themselves to the community as married.³²

Congress should also follow the lead of the SSI Restoration Act and eliminate the so-called transfer penalty, when property is transferred for less than fair market value. This is another harsh provision that adds to administrative complexity and, as a byproduct, penalizes families. It may be easiest to understand the provision with an example.

Imagine a widow who has her own car, so gives her recently departed husband's car to their son. That is a prohibited transfer, because her inherited car is a countable asset and she is disposing of it for less than its fair market value. Her simple and understandable act of transferring her late husband's car to their child stops her SSI benefits for up to three years.³³ (She is barred for the number of months that equal the value of the car divided by her SSI benefit level.) Again, Congress should repeal this transfer penalty, as the SSI Restoration Act provides.

Another change that would simplify program administration concerns those who are institutionalized. Current rules allow people who are temporarily institutionalized in a hospital, nursing home, or similar facility to maintain their SSI for up to three months, but only if they provide documentation during the institutionalization that they are expected to be released within three months and they need the funds to maintain the living arrangement to which they will return upon release. Congress should simply allow for SSI to continue to be paid during temporary institutionalizations.³⁴

Moreover, Congress should follow the lead of the SSI Restoration Act regarding the treatment of state earned income tax credits and child tax credits. Under current law, monies recipients

³¹ The resource limit, which allows married couples only one and a half times the resources as individuals, is another marriage penalty that should be eliminated. By updating the resource limit so that married couples are allowed twice the resources as individuals, the SSI Restoration Act eliminates that penalty on marriage, as well. See text accompanying fn. 24, *supra*.

³² See Richard Balkus and Susan Wilschke, "Treatment of Married Couples in the SSI Program," Social Security Administration, Office of Policy (2003), available at <https://www.ssa.gov/policy/docs/issuepapers/ip2003-01.html>.

³³ Spotlight on Transfers of Resources – 2020 Edition, available at <https://www.ssa.gov/ssi/spotlights/spot-transfer-resources.htm>.

³⁴ Depending on whether and how Congress were to change the resource limitations, Congress might have to exempt these payments made during temporary institutionalization from countable resources for a period of time to avoid people exceeding the resource limit.

receive from the Federal Earned Income Tax Credit and the Child Tax Credit are disregarded for SSI purposes, but monies received as a result of counterpart state tax credits are not. That makes no sense. The state credits should be disregarded, as the federal credits already are and as the SSI Restoration Act provides.

Another set of improvements Congress should enact involves the program's coverage. SSI benefits are available to those residing in one of the fifty states, the District of Columbia, and the Northern Mariana Islands, but not to Americans residing in Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa.³⁵ Last year, a United States District Court held unconstitutional the exclusion of Puerto Ricans, and just this April 10th, the U.S. Court of Appeals, First Circuit, affirmed the decision.³⁶ Congress should pass the Supplemental Security Income Equality Act of 2019 to extend the Court's decision to those residing in the U.S. Virgin Islands, Guam and American Samoa, without the need for further litigation.³⁷ Importantly, Congress should extend coverage to otherwise qualifying immigrants, refugees, and asylum seekers, as well.

Conclusion

Over the years, Congress has been urged by numerous experts and entities to simplify SSI, but the program remains complicated and expensive to administer. If SSA chose, it could simplify some of the administration without the need for legislation, but that too has not happened. The issue may come down to ideology. Throughout the history of American social welfare policy, there have been those who have seen some or all of those at the bottom of the income scale as "undeserving." Those who hold that view are overly attuned to possibilities of fraud, waste, and misuse.

The irony is that the relationship of SSI's benefit cost to its administrative cost is extremely wasteful. SSI accounts for just five percent of the benefits paid by the Social Security Administration; Social Security accounts for 95 percent. There are approximately eight times more Social Security beneficiaries than there are SSI recipients. Nevertheless, SSA spends almost as much to administer SSI as it does to administer Social Security. In fiscal year 2021, the agency is seeking authority from Congress to spend \$6 billion to administer Social Security and \$4.8 billion to administer SSI.³⁸ In other words, SSA is seeking eighty percent as much to

³⁵ See *United States v. Vaello Madero*, 356 F. Supp. 3d 208 (D. Puerto Rico 2019), available at https://scholar.google.com/scholar_case?case=13949091304371043564&q=United+States+v.+Vaello+Madero&hl=en&as_sdt=20000006&as_vis=1, and *United States v. Vaello Madero*, No. 19-1390. U.S. Court of Appeals, First Circuit (April 10, 2020), available at https://scholar.google.com/scholar_case?case=10803920319842656906&q=United+States+v.+Vaello+Madero&hl=en&as_sdt=20000006&as_vis=1. See, also, SSA, Northern Mariana Islands, Congressional Statistics, 2018, available at https://www.ssa.gov/policy/docs/factsheets/cong_stats/2018/mp.pdf.

³⁶ *Ibid.*

³⁷ H.R. 947 was introduced on February 4, 2019 by Representative Jenniffer Gonzalez-Colon (R-PR). At the time of this writing, it has seven cosponsors. See <https://www.congress.gov/bill/116th-congress/house-bill/947/all-info>. Those born in Puerto Rico, U.S. Virgin Islands and Guam are U.S. citizens. Those born in American Samoa are American nationals.

³⁸ See fn. 21, *supra*. In contrast to Social Security, whose administrative costs are less than one percent of its expenditures, SSI's administrative costs are around eight percent. See 2020 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds, Table II.B1, available at https://www.ssa.gov/oact/TR/2020/II_B_cyoper.html#96807, and 2020 Annual Report of the SSI

administer SSI as to administer Social Security, eighty percent as much to disperse five percent of the benefits to an eighth as many people.

That high administrative cost has the much more significant intangible cost of robbing our fellow Americans of dignity, respect, and autonomy to make decisions regarding their own lives. Rather than spend the money on that kind of punitive administration, the same amount of money should be directed towards updating and expanding benefits under a regime of simpler and more compassionate rules.

Program, Tables IV.C1 and IV.E1, available at <https://www.ssa.gov/OACT/ssir/SSI20/ssi2020.pdf>. See, also, Social Security Administration, Congressional Justification for Appropriations Committees, FY 2021 Budget Request, available at <https://www.ssa.gov/budget/FY21Files/FY21-JEAC.pdf>.