



# Annual Report of the Supplemental Security Income Program





## SOCIAL SECURITY

The Commissioner

May 30, 2023

The President  
The White House  
Washington, DC 20500

Dear President Biden:

It is my pleasure to submit the *2023 Annual Report of the Supplemental Security Income Program* (the 27th 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 Harris and Speaker McCarthy. If you have any questions regarding this report, your staff may contact Tom Klouda, our Deputy Commissioner for Legislation and Congressional Affairs, at (202) 358-6030 or at [Tom.Klouda@ssa.gov](mailto:Tom.Klouda@ssa.gov).

Respectfully,

Kilolo Kijakazi, Ph.D., M.S.W.  
Acting Commissioner

Enclosure





## SOCIAL SECURITY

The Commissioner

May 30, 2023

The Honorable Kamala D. Harris  
President of the U.S. Senate  
Washington, DC 20510

Dear President Harris:

It is my pleasure to submit the *2023 Annual Report of the Supplemental Security Income Program* (the 27th 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 President Biden and Speaker McCarthy. If you have any questions regarding this report, your staff may contact Tom Klouda, our Deputy Commissioner for Legislation and Congressional Affairs, at (202) 358-6030 or at [Tom.Klouda@ssa.gov](mailto:Tom.Klouda@ssa.gov).

Sincerely,

Kilolo Kijakazi, Ph.D., M.S.W.  
Acting Commissioner

Enclosure





## SOCIAL SECURITY

The Commissioner

May 30, 2023

The Honorable Kevin McCarthy  
Speaker of the U.S. House  
of Representatives  
Washington, DC 20515

Dear Speaker McCarthy:

It is my pleasure to submit the *2023 Annual Report of the Supplemental Security Income Program* (the 27th 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 President Biden and Vice President Harris. If you have any questions regarding this report, your staff may contact Tom Klouda, our Deputy Commissioner for Legislation and Congressional Affairs, at (202) 358-6030 or at [Tom.Klouda@ssa.gov](mailto:Tom.Klouda@ssa.gov).

Sincerely,

Kilolo Kijakazi, Ph.D., M.S.W.  
Acting Commissioner

Enclosure



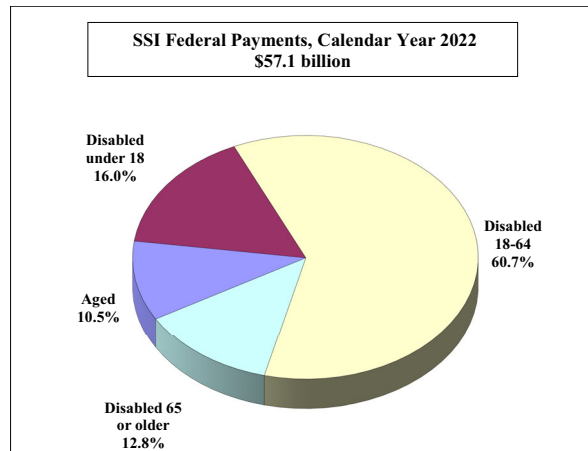


## EXECUTIVE SUMMARY

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 27th of such reports.

### Highlights of the SSI Program

- The SSI program is a nationwide Federal assistance program administered by SSA that guarantees a minimum level of income for aged, blind, or disabled individuals. It acts as a safety net for individuals who have limited resources and little or no Social Security or other income. Individual States have the option to supplement Federal payments.
- In January 2023, 7.4 million individuals received monthly Federal SSI payments averaging \$654, a decrease of about 136,000 recipients from the 7.6 million recipients with an average payment of \$603 in January 2022.
- Federal expenditures for cash payments under the SSI program during calendar year 2022 increased 3.0 percent to \$57.1 billion, while the funds made available to administer the SSI program in fiscal year 2022 increased 4.2 percent to \$4.8 billion. In 2021, the corresponding program and administrative expenditures were \$55.4 billion and \$4.6 billion, respectively.



### Major Findings of the Report

- By 2047, the end of the 25-year projection period, we estimate that the Federal SSI recipient population will reach 8.3 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 from 2.26 percent in 2021 to 2.20 percent in 2022. We project this percentage to generally decline in the 25-year projection period, reaching 2.14 percent of the population in 2047. 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 project that Federal expenditures for SSI payments in calendar year 2023 will increase by \$3.8 billion to \$60.9 billion, an increase of 6.7 percent from 2022 levels.
- In dollars adjusted by the Consumer Price Index to 2023 levels, we project that Federal expenditures for SSI payments will increase to \$70.2 billion in 2047, a real increase of 0.7 percent per year.
- Federal SSI expenditures expressed as a percentage of the Gross Domestic Product (GDP) were 0.22 percent in 2022. We project that expenditures as a percentage of GDP will increase to 0.23 percent of GDP in 2023, and will decline thereafter to 0.18 percent of GDP by 2047. 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.



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## I. INTRODUCTION

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

In 2023, the SSI program provides a monthly Federal cash payment of \$914 (\$1,371 for a couple if both members are eligible) for an eligible person living in their 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 27th 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;
- Projections of the future number of recipients and program costs, through at least 25 years;
- 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 2022, 1.23 million individuals applied for SSI benefits based on blindness or disability, an increase of 2 percent as compared to the 1.20 million who applied in 2021. Additionally, about 172,000 individuals applied for SSI benefits based on age, an increase of 20 percent as compared to the roughly 143,000 who applied in 2021. In 2022, about 522,000 applicants became new recipients of SSI benefits, a decrease of 1 percent as compared to the roughly 529,000 who became new recipients in 2021.
- Each month on average during calendar year 2022, 7.5 million individuals received Federal SSI benefits. This group was composed of 1.1 million aged recipients and 6.4 million blind or disabled recipients, of which about 63,000 were blind. Of these 6.4 million blind or disabled recipients, 1.0 million were under age 18, and 1.2 million were aged 65 or older. During calendar year 2022, 8.2 million aged, blind, or disabled individuals received Federal SSI benefits for at least 1 month.
- Federal expenditures for payments under the SSI program in calendar year 2022 totaled \$57.1 billion, an increase from \$55.4 billion in 2021.
- Each month on average during calendar year 2022, 1.4 million individuals received federally administered State supplementation payments. This group was composed of approximately 388,000 aged recipients and approximately 967,000 blind or disabled recipients, of which about 17,000 were blind. Of these approximately 967,000 blind or disabled recipients, about 110,000 were under age 18, and about 268,000 were aged 65 or older. During calendar year 2022, 1.5 million aged, blind, or disabled individuals received State supplementation payments for at least 1 month.
- State expenditures for federally administered State supplements, excluding fees for Federal administration, totaled \$2.9 billion in calendar year 2022, an increase from \$2.4 billion in 2021.
- The cost SSA incurred to administer the SSI program in FY 2022 was \$4.7 billion, which was roughly 7 percent of total federally administered SSI expenditures.<sup>1</sup>
- In January 2023, 7.6 million individuals received federally administered monthly SSI benefits averaging \$677. Of these, 7.4 million received monthly Federal SSI payments averaging \$654, and 1.3 million received monthly State supplementation payments averaging \$196.

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<sup>1</sup> 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 2022 ANNUAL REPORT***

### *SSI Eligibility for Certain Ukrainian Parolees*

Section 401 of the Additional Ukraine Supplemental Appropriations Act, 2022<sup>1</sup> allows certain citizens of Ukraine, nationals of Ukraine, or individuals with no nationality who last habitually resided in Ukraine to be eligible for SSI benefits.

### *Extension of the Qualifying Period for Certain Afghan Parolees*

Certain citizens of Afghanistan, nationals of Afghanistan, or individuals who last habitually resided in Afghanistan and were paroled into the United States can be eligible for SSI if they entered the U.S. during a certain period. Section 1501 of the Additional Ukraine Supplemental Appropriations Act, 2023<sup>2</sup> extends the end of this qualifying period to the end of September 2023.

### *Change to ABLÉ Accounts*

An ABLÉ account is a tax-advantaged account that can be used to save for the qualified disability expenses of the account's beneficiary. In general, when determining a person's eligibility for SSI, we exclude from resources up to \$100,000 in the person's ABLÉ account.

To be eligible for an ABLÉ account, a person must have been disabled before a certain age. Section 124 of the Secure 2.0 Act of 2022<sup>3</sup> changes this age from 26 to 46, effective with tax year 2026.

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

For almost 50 years, the SSI program has provided a financial safety net for aged, blind, and disabled Americans who have nowhere else to turn. The program plays a crucial role in the lives of about eight million people 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 by paying the right person the right benefit at the right time.

### **SSI Outreach**

The pandemic imposed hardships on people who face barriers to accessing our programs, including those who are elderly, have low incomes, have limited English proficiency, face homelessness, or experience mental illness or intellectual disabilities. SSI benefits are a crucial lifeline that not only help recipients meet their basic needs of food and shelter, but in some cases serve as a gateway to eligibility for other programs, such as Medicaid. SSI applications for adult and child disability benefits decreased during the pandemic. In response, we have prioritized our outreach to underserved communities to ensure the public is aware of and can access SSI and our other benefit programs.

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<sup>1</sup> Title IV of the Additional Ukraine Supplemental Appropriations Act, 2022 (Public Law 117-128), which was enacted on May 21, 2022.

<sup>2</sup> Division M in the Consolidated Appropriations Act, 2023 (Public Law 117-328), which was enacted on December 29, 2022.

<sup>3</sup> Division T in the Consolidated Appropriations Act, 2023 (Public Law 117-328), which was enacted on December 29, 2022.

## *Highlights*

We have worked closely on this effort with a variety of partner groups and organizations. Through our partnerships, these groups help share information about our programs, assist in taking SSI claims, and refer to us individuals potentially eligible for SSI.

To increase awareness about SSI disability payments for children, we created a national outreach campaign. As part of our campaign, we tested television and radio public service announcements (PSA) with instructions on how to apply for SSI. We also developed social media advertising focused on SSI disability for children. We collaborated with national and local third-party groups on the content of the PSAs and to share outreach toolkits through their networks. Additionally, we optimized the public-facing webpage and related information on how to apply for SSI disability for children.

We also sent letters to people who had low Social Security benefits to let them know about the SSI program and encourage them to apply. Between December 2020 and December 2022, we sent over 1.3 million of these letters. In FY23, we are further targeting our outreach to underserved communities where there was a more than 30 percent decline in SSI applications between FY19 and FY21. In addition to digital tactics, this targeted outreach includes signage on public transportation and in local stores, and a new direct mail initiative. The outreach materials will be in the market throughout the remainder of FY23.

### **SSI Online Protective Filing**

In March 2022, we released an online tool that allows a person (or someone acting on their behalf) to let us know that they are interested in filing for SSI. We record the date the request is successfully submitted using the tool as the “protective filing date” for the interested person, and we schedule them an appointment or contact them to take their application. A protective filing date is important when a person can't apply for benefits right away because we may use the protective filing date as the date of the application if the person applies within the provided time frame. This process protects individuals against a potential loss of benefits. Since implementation, we have received over half a million requests for appointments through this tool.

### **Improving the SSI Program**

Some aspects of the program are set by law and have not been updated for a significant period. For example, the resource limits (\$2,000 for an individual and \$3,000 for a couple) were last updated in 1989. The \$20 monthly unearned income exclusion and the \$65 monthly earned income exclusions were established by legislation enacted in 1981 and have not been increased since.<sup>1</sup>

However, we are constantly looking for ways we can improve the equity and effectiveness of the program and our administration of it. For example, on February 15, 2023, we published a Notice of Proposed Rulemaking outlining our intent to remove food from the calculation of In-Kind Support and Maintenance (ISM). We also propose to add conforming language to our definition of income, excluding food from the ISM calculation. Accordingly, SSI applicants and recipients would no longer need to provide information about their food expenses for us to consider in our ISM calculations. We expect that these changes will simplify our rules, making them less cumbersome to administer and easier for the public to understand and follow. These simplifications would make it easier for SSI applicants and recipients to comply with our program requirements, which would save time for both them and us, and improve the equitable treatment of food assistance within the SSI program.

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<sup>1</sup> The 1981 law converted the quarterly income exclusion amounts of \$60 and \$195 established in 1972 to the existing \$20 and \$65 monthly income exclusion amounts.

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

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

- The economic recession that began in late 2007 led to growth in the SSI recipient population through 2013, but in more recent years the SSI recipient population has declined as the number of applicants for SSI payments has declined through 2021. The number of applications decreased sharply in 2020 and remained low in 2021, due to a number of pandemic-related effects. In 2022, the number of applications increased as SSA implemented various outreach efforts. In 2023 through 2027, the number of applications is projected to continue to increase, reaching levels more consistent with longer-term expected experience, and then remain at roughly this level thereafter. By 2047, we project that the Federal SSI recipient population will reach 8.3 million. As a percentage of the total Social Security area population, we project the number of Federal SSI recipients to decrease very gradually from 2.20 percent of the population in 2022 to 2.14 percent by 2047. 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 project that Federal expenditures for SSI payments in calendar year 2023 will increase by \$3.8 billion to \$60.9 billion, an increase of 6.7 percent from 2022 levels. In dollars adjusted by the Consumer Price Index to 2023 levels, we project that SSI program outlays will increase to \$70.2 billion in 2047, a real increase of 0.7 percent per year.
- Federal SSI expenditures were 0.22 percent of Gross Domestic Product (GDP) in 2022. We project that such expenditures will increase to 0.23 percent of GDP in 2023 and continue to decline thereafter to 0.18 percent of GDP by 2047. 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”<sup>1</sup> 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;

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<sup>1</sup> 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 supplemental nutrition assistance, medical assistance, and other programs.<sup>1</sup>

### C. UNIFORM STANDARDS AND OBJECTIVE CRITERIA

Prior to the SSI program, the eligibility of aged, blind, or disabled individuals for federally funded adult assistance depended on the State in which they lived. Benefit levels varied from State to State. The SSI program replaced the State-run programs, 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, the person may not qualify for SSI assistance. The countable income limits for individuals and couples are equal to their respective Federal benefit rates (FBR)<sup>2</sup> and generally increase annually according to changes in the cost of living. For 2023, the FBR is \$914 a month for individuals and \$1,371 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 the person from doing any substantial gainful activity (SGA);<sup>3</sup> 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 Nationality Act;
  - an American Indian born outside the United States who is a member of a federally recognized Indian tribe under section 4(e) of the Indian Self-Determination and Education Assistance Act;
  - a noncitizen who was receiving SSI benefits on August 22, 1996; or
  - a qualified alien.

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

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

<sup>3</sup> "SGA" describes a level of work activity that is both substantial (i.e., involves the performance of significant physical or mental activities) and gainful (i.e., activities in work for pay or profit, or in work generally performed for pay or profit). SGA rules do not apply to the SSI blind. Generally, earnings from work activity of over \$1,470 a month are evidence of ability to engage in SGA. If an SSI *applicant* is earning over \$1,470 a month, the applicant generally would not be considered disabled. However, if an SSI *recipient* is earning over \$1,470 a month, the recipient could continue to be eligible for SSI. (See "Incentives for Work and Opportunities for Rehabilitation" section III.E.) The SGA level of \$1,470 was increased from \$1,350 effective January 1, 2023 (87 FR 64296). 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.

Only certain categories of qualified aliens are eligible to receive SSI benefits, including:<sup>1</sup>

- 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 reasons:<sup>2</sup>
  - 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 States<sup>3</sup> (eligibility generally limited to the 7 years after a determination is made that they are trafficking victims); and

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

<sup>2</sup> Generally, the law limits SSI eligibility for humanitarian immigrants to 7 years. As of December 2022 there were approximately 24,000 SSI recipients receiving time-limited SSI benefit payments, which was roughly 0.3 percent of all recipients who received federally administered SSI payments in that month.

<sup>3</sup> “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.

- Certain noncitizens from Iraq, Afghanistan, and Ukraine as follows:
  - Iraqis granted special immigrant status under emergency conditions, such as Iraqis 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);
  - Afghans granted special immigrant status under emergency conditions, such as 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); and
  - Afghan citizens or nationals (or individuals with no nationality who last habitually resided in Afghanistan) who: (1) were granted parole into the United States between July 31, 2021 and September 30, 2023 or (2) were paroled into the United States after September 30, 2023 and are either the spouse, child, or parent or legal guardian (of an unaccompanied minor) of a person described in (1). The United States Citizenship and Immigration Services (USCIS) refers to these parolees as “Afghan Non-Special Immigrant Parolees.”<sup>1</sup> Eligibility for these individuals ends on the later of March 31, 2023 or when the person’s parole period ends.
  - Ukrainian citizens or nationals (or individuals with no nationality who last habitually resided in Ukraine) who were:
    - paroled into the United States between February 24, 2022 and September 30, 2023; or
    - paroled into the United States after September 30, 2023, and they are a spouse or child of a person who is a Ukrainian citizen or national (or individual with no nationality who last habitually resided in Ukraine) who was paroled into the United States between February 24, 2022 and September 30, 2023; or
    - paroled into the United States after September 30, 2023, and they are a parent, legal guardian, or primary caregiver of an unaccompanied minor from Ukraine who is a Ukrainian citizen or national (or individual with no nationality who last habitually resided in Ukraine) who was paroled into the United States between February 24, 2022 and September 30, 2023.

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 one of the 50 States, the District of Columbia, or the Northern Mariana Islands. 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.

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<sup>1</sup> See <https://www.uscis.gov/save/whats-new/afghan-special-immigrant-conditional-permanent-resident-status-and-non-si-parolees> for more information.

#### **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 their need for assistance.

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

The Act requires us to consider an individual's income in determining both eligibility for and the amount of a person's 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 the person's monthly benefit by subtracting countable income from the applicable Federal benefit rate (FBR).<sup>1</sup> Generally, ineligibility for SSI occurs when countable income equals the FBR plus the amount of an applicable federally administered State supplementation payment.<sup>2</sup>

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:

- 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 the person 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;

<sup>1</sup> See table IV.A2 for historical and projected future Federal benefit rates. We adjust Federal benefit rates in January to reflect changes in the cost of living.

<sup>2</sup> We discuss State supplementation payments in section III.G.

- 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;<sup>1</sup>
- Income set aside or being used to pursue a PASS by a disabled or blind individual;
- State or locally funded assistance based on need;
- Rent subsidies under the Department of Housing and Urban Development 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.<sup>2</sup> 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 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 their application for SSI or at any time thereafter, the person may be penalized. The penalty is a loss of SSI benefits for a number of months (up to a 36-month maximum).<sup>3</sup> The penalty does not apply if the applicant can show that the resources were disposed of exclusively for a purpose other than establishing SSI eligibility.

The principal resource exclusions<sup>4</sup> are:

- The individual's home (and land appertaining to it) regardless of value and so long as it is the person's 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;

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

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

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

<sup>4</sup> For a more detailed list of the SSI resource exclusions, please refer to section V.B.

- Property essential to self-support;
- Resources set aside to fulfill a PASS;
- 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; and
- The first \$100,000 of the balance of an Achieving a Better Life Experience (ABLE) account.

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

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

## 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.<sup>1</sup> In concept, the practice takes into account the responsibility of the spouse, parent, or sponsor to provide for the basic needs of the eligible individual.

### a. Spouse-to-Spouse Deeming

When an eligible individual lives in the same household with a spouse who is not eligible for SSI, we deem the ineligible spouse's income and resources to be available to the eligible individual. In determining the amount of income and resources available to the eligible individual, we use all applicable exclusions. 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 deemed.<sup>2</sup> 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).<sup>3</sup> Then we use any exclusions that apply to the remaining income (for

<sup>1</sup> 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 2023 there were only 5 of these cases remaining.

<sup>2</sup> 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.

<sup>3</sup> 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.

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.<sup>1</sup> The way we deem the income and resources and the length of the deeming period depends on whether the sponsor signed a legally enforceable affidavit of support<sup>2</sup> or the previous version of the affidavit. Generally, noncitizens who entered the country before 1998 did so under the old version of the affidavit.<sup>3</sup>

Under the old version of the affidavit, deeming of the sponsor's income and resources lasts until the noncitizen has been in the United States for 3 years.<sup>4</sup> The law provides living allowances equal to the Federal benefit rate for the sponsor as well as allowances equal to one-half of the FBR for each of the sponsor's dependents. The law also provides allowances for the sponsor and their family members in determining deemed resources. These allowances reduce the amount of the sponsor's income and resources deemed to the noncitizen.

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

<sup>1</sup> The sponsor-to-alien deeming rules do not apply to noncitizens who are eligible for SSI benefits under Section 401 of the Additional Ukraine Appropriations Act, 2022, which was enacted on May 21, 2022 as Title IV of the Additional Ukraine Supplemental Appropriations Act, 2022 (Public Law 117-128).

<sup>2</sup> Legally enforceable affidavits of support are required by Public Law 104-208.

<sup>3</sup> 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.

<sup>4</sup> For a temporary period—January 1994 through September 1996—the deeming period was 5 years.



## **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 \$2,220 of earned income per month but no more than \$8,950 per year.<sup>1</sup>

## **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 set 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.

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<sup>1</sup> Effective January 1, 2023 (87 FR 64296). 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.

## **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;
- 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.<sup>1</sup> By expanding the pool of providers and giving the providers incentives for achieving success, this program seeks to expand a disabled beneficiary’s access to these services in order to assist the beneficiary in finding, entering, and retaining employment and reducing their 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 to 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 outcome or outcome-milestone payment system. Unless State VR agencies have elected to participate as an EN for specific cases, they receive compensation under the traditional VR reimbursement system. Any services provided by the State VR agencies to SSI recipients who are not yet eligible for a ticket receive compensation under the traditional VR reimbursement system.

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

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

## **8. Expedited Reinstatement**

A disabled or blind individual whose eligibility for SSI payments ended because of earned income or a combination of earned and unearned income 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 the person’s eligibility ended; and in the month of the request for reinstatement:

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

- not be able or become unable, to do SGA because of their medical condition;
- have a disabling medical condition that is the same as, or related to, the disabling medical condition that led to the previous period of eligibility; and
- meet all non-medical requirements for SSI.

To meet the requirement of having become unable to perform SGA, previously entitled beneficiaries must also not be able, or must become unable, to perform SGA because of the medical condition in the month of the request. In determining whether the individual is disabled or blind, the Medical Improvement Review Standard (MIRS) generally applies.<sup>1</sup>

An individual requesting expedited reinstatement may receive up to 6 months of provisional benefits while the 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 through 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, SSA often provides applicants with extra help obtaining needed information as they often have special circumstances (e.g., financial need, old age, or illness).

With regard to disability and blindness claims, SSA determines the non-medical eligibility factors and each State's DDS determines the medical eligibility factors.<sup>2</sup>

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

SSI applications have no retroactivity and become effective in the month after the month of filing or the month after all eligibility requirements are met, whichever is later. Eligibility for 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

<sup>1</sup> 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.

<sup>2</sup> 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.

month preceding the month for which the payment is made.<sup>1</sup> 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 2000s 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 due to living in a remote geographic location lacking the necessary infrastructure to support electronic financial transactions. As of February 2023, 96.7 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;<sup>2</sup>
- At least once every 3 years for recipients under age 18 whose medical conditions are likely to improve;
- Not later than 12 months after birth for recipients whose low birth weight is a contributing factor material to the determination of their disability, unless SSA determines that the impairment is not likely to improve within 12 months of the child’s birth; and
- 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 the person’s income or resources, changes living arrangements, or leaves

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<sup>1</sup> This method of calculating the benefit is called retrospective monthly accounting.

<sup>2</sup> A medical review cannot be initiated while the SSI recipient is “using a ticket” under the Ticket to Work program.

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 (\$52 a month in 2023).<sup>1</sup>

Representative payees may use an SSI recipient’s benefit only for the use and benefit of the recipient and must account for all benefits received. The Act requires representative payees to report any changes that may affect SSI recipients’ eligibility and payment amount. SSA may hold representative payees liable for certain overpayments that occur. In cases in which a child is due a retroactive payment that exceeds six times the 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.

## **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 online<sup>2</sup> 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.<sup>3</sup> A hearing gives applicants the opportunity to appear before an administrative law judge (ALJ) who had no part in the initial determination or the reconsideration. If an individual disagrees with the hearing-level decision, the individual may file a request for review with the Appeals Council, or the Appeals Council may exercise its own motion author-

<sup>1</sup> For disabled recipients who also have a drug addiction or alcoholism condition, the maximum permitted fee in 2023 is \$97 a month (87 FR 64296). We periodically increase the maximum permitted amounts of the representative payee fees based on changes in the cost of living.

<sup>2</sup> <https://www.ssa.gov/apply/appeal-decision-we-made>

<sup>3</sup> 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 June 26, 2020.

ity to review the case in a sample of cases without a request for review having been filed. 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 hearing level for further action. When applicants disagree with the Appeal Council's decision or denial of the request for review, they may file for review in Federal district court.

SSI recipients must receive advance notice of any adverse action SSA plans to take against them and, in some cases, they may continue to receive monthly benefits if they appeal the adverse action. For reconsiderations involving eligibility for or 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.<sup>1</sup> 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.<sup>2</sup> They can request a fee by either submitting a fee agreement or filing a fee petition. SSA reviews the documents and authorizes the fee the representative may charge or receive. Under the statute, the fee under an approved fee agreement is the lesser of 25 percent of the past-due benefits or a maximum amount (currently \$7,200) adjustable by the Commissioner at the Commissioner's 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 representatives their authorized fees. SSI claimants were responsible for paying such fees directly to their representatives. However, beginning February 28, 2005, Congress extended direct payment of both attorney and non-attorney representative fees to the SSI program.<sup>3</sup> As in the fee process for the Social Security program, we can withhold up to 25 percent of the individual's SSI past-due benefits to pay an eligible representative's fee directly. The law also requires that we charge representatives an assessment of the smaller of 6.3 percent of each authorized fee withheld or the flat-rate cap of \$113.<sup>4</sup> 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 examina-

<sup>1</sup> Due to workload-related challenges and the challenges that the COVID-19 national public health emergency has presented, particularly for underserved communities, we are currently providing benefit continuation for appeals filed after 10 days but within 60 days of receipt of the notice of adverse action. Please see EM-21064 REV at [secure.ssa.gov/apps10/reference.nsf/links/10292021100254AM](https://secure.ssa.gov/apps10/reference.nsf/links/10292021100254AM).

<sup>2</sup> We do not need to authorize a fee when the representative informs us in a prescribed manner that a third-party entity will pay the representative's fee and the claimant and affected parties are not liable for it in any way. We also do not need to authorize a fee that the court authorized based on actions as a legal guardian or court-appointed representative.

<sup>3</sup> Public Law 108-203, enacted March 2, 2004, granted temporary extension of the attorney fee payment system to SSI claims for a period of 5 years. Public Law 111-142, enacted February 27, 2010, made this extension permanent.

<sup>4</sup> Effective January 1, 2023 (87 FR 64296). We generally adjust the flat-rate cap periodically based on changes in the cost-of-living.

tion 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 SSI payments in full from the first retroactive 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 medical evidence reflects a high degree of probability that the impairment will meet the definition of disability or blindness and the person is otherwise eligible for disability benefits. We do not treat these payments as overpayments if we later determine that the individual is not disabled or blind. If we disallow the claim for other reasons, the amount paid is an overpayment.

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

In designing the SSI program, Congress recognized that States,<sup>1</sup> in many instances, may want to provide a higher level of income maintenance than 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. 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 such payments 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.

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



## 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 2023, the fee is \$14.35 per payment issued.<sup>1</sup> Fees increase in succeeding fiscal years based on increases in the Consumer Price Index for All Urban Consumers.

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

## 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—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 three 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.

<sup>1</sup> Increased from \$13.16 effective October 1, 2022. 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.

<sup>2</sup> 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 Supplemental Security Income Program*

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

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

### **1. Windfall Offset**

If a person receives SSI payments and we later determine that person is entitled to retroactive Social Security benefits, we reduce such retroactive Social Security benefits by the amount of SSI payments the person would not have been eligible for had the Social Security benefits been paid in the month they were due. Congress enacted this “windfall offset” 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 the 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 nine States use eligibility criteria more restrictive than those of the SSI program.

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

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<sup>1</sup> In 2008, the Food Stamp program changed its name to SNAP.

#### **4. Supplemental Nutrition Assistance Program (SNAP) Applications**

SSI recipients in all States 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 SSI applicants and recipients who live in pure SSI households who are not already receiving nutrition benefits, as well as offer to assist SSI applicants and recipients who live in a pure SSI household needing to recertify their SNAP benefits. Social Security offices forward the SNAP applications to the local SNAP offices within 1 federal workday after receiving a signed SNAP application. The SNAP office determines eligibility for nutrition benefits.

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

United States and District of Columbia	Optional State program— Administered by:			Method of mandatory passalong of benefit increases from cost-of-living adjustments		Medicaid eligibility determination—			Interim assistance reimbursement agreement with SSA
	State	Federal (SSA)	Federal & State	Payment levels	Total expenditures	Based on:		Agreement with SSA to determine eligibility	
						Federal criteria	State criteria		
Alabama <sup>b</sup>	*			*		*		*	
Alaska	*				*	*			*
Arizona						*		*	*c
Arkansas <sup>d</sup>				*		*		*	
California <sup>e</sup>		*		*		*		*	*
Colorado	*				*	*		*	*
Connecticut <sup>b</sup>	*			*			*		*
Delaware <sup>e</sup>			*	*		*		*	
District of Columbia <sup>e</sup>			*		*	*		*	*
Florida <sup>b</sup>	*			*		*		*	*
Georgia <sup>e</sup>	*			*		*		*	*
Hawaii <sup>b</sup>		*			*		*		*
Idaho	*			*		*			
Illinois	*			*			*		*
Indiana <sup>b</sup>	*			*		*		*	*
Iowa <sup>e</sup>			*	*		*		*	*
Kansas <sup>d</sup>	*			*		*		*	*
Kentucky <sup>b</sup>	*			*		*		*	*
Louisiana <sup>e</sup>	*			*		*		*	
Maine	*			*		*		*	*
Maryland <sup>e</sup>	*			*		*		*	*
Massachusetts	*			*		*		*	*
Michigan <sup>e</sup>			*	*		*		*	*
Minnesota <sup>b</sup>	*			*			*		*
Mississippi <sup>d</sup>				*		*		*	
Missouri	*			*			*		*
Montana <sup>e</sup>		*		*		*		*	*
Nebraska	*				*	*		*	*
Nevada <sup>b</sup>		*		*		*			*
New Hampshire	*			*			*		* f
New Jersey <sup>e</sup>		*		*		*		*	*
New Mexico	*			*		*		*	* f
New York	*			*		*		*	*
North Carolina	*			*		*		*	*
North Dakota <sup>b</sup>							*		
Ohio <sup>e</sup>	*				*	*		*	*
Oklahoma	*				*		*		
Oregon	*				*	*			*
Pennsylvania <sup>e</sup>			*	*		*		*	* c
Rhode Island <sup>b</sup>			*	*		*		*	* f
South Carolina <sup>b</sup>	*			*		*		*	
South Dakota <sup>e</sup>	*			*		*		*	
Tennessee <sup>d</sup>				*		*		*	
Texas <sup>g</sup>	*			*		*		*	
Utah <sup>b</sup>	*			*		*			*
Vermont <sup>b</sup>		*		*		*		*	*
Virginia <sup>b</sup>	*			*			*		* c
Washington	*				*	*		*	*
West Virginia <sup>g</sup>						*		*	
Wisconsin	*				*	*		*	*
Wyoming	*			*		*		*	
Total	33	6	6	38	10	42	9	35	37

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

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

<sup>c</sup> State no longer pays State or local payment that meets the IAR criteria. State still has a valid IAR agreement with SSA.

<sup>d</sup> Mandatory minimum State supplementation program is federally administered. No optional program.

<sup>e</sup> Mandatory minimum State supplementation program is federally administered.

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

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

#### IV. PROJECTIONS OF PROGRAM RECIPIENTS AND FEDERAL EXPENDITURES UNDER THE SUPPLEMENTAL SECURITY INCOME PROGRAM, 2023-2047

As section III explains, individuals must meet certain requirements related to their income and resources, taking into account their living arrangements and family and household 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 complex 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. For the purpose of planning and to meet the legislative requirement for this report, this section presents our best projections of future SSI program recipients and expenditures.

Projections of program recipients and expenditures under the SSI program are presented 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 2023 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds.<sup>1</sup> 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 projected 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 2023 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, which under current law would result in reductions in the total aggregate amount of OASI benefits payable to a level equal to income to the trust fund. If the trust funds were to become depleted, 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, depending on how reductions in total benefits were achieved.

It is also important to note that, as in the 2023 Trustees Report, the projections and analysis in this report reflect the effects of the COVID-19 pandemic on the SSI and Social Security programs. The acute stage of the pandemic appears to be over, but this report assumes some residual effects on the population and economy in the projection period. The assumptions for the 2023 Trustees Report were set in December 2022. We will continue to monitor developments to modify the projections in subsequent reports.

There are four main inputs to the current model for projecting numbers of SSI recipients: (1) historical and projected 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.<sup>2</sup> The assumptions and methods used by the model preparing these projections are reexamined each year and, when warranted, revised in light of recent experience and new information about future conditions.

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<sup>1</sup> Available at <https://www.ssa.gov/OACT/TR/2023/>.

<sup>2</sup> Other reasons for suspension of SSI payments include excess resources and cessation of disability.

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

This section presents the most relevant demographic and economic projections from the 2023 Trustees Report that are used for the SSI projections in this SSI Annual Report. Sections V.A and V.B of the Trustees Report present a detailed discussion of these demographic and economic projections. The following two tables summarize two key parameters underlying the projections 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.

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 projections 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).<sup>1</sup> 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.

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<sup>1</sup> 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.A1.—Historical and Projected Social Security Area Population based on the Intermediate Assumptions of the 2023 OASDI Trustees Report, as of July 1, 1975-2047**

[In thousands]

Year	Age groups <sup>a</sup>						Total all ages
	0-17	18-34	35-49	50-64	65-74	75 or older	
<b>Historical data:</b>							
1975 .....	69,874	61,803	36,324	33,170	14,195	9,175	224,541
1980 .....	65,938	70,167	38,528	34,236	15,820	10,495	235,184
1985 .....	65,092	73,204	45,226	33,956	17,088	12,041	246,607
1990 .....	67,093	73,000	53,704	33,726	18,330	13,596	259,449
1991 .....	68,264	72,395	55,501	33,931	18,557	13,930	262,579
1992 .....	69,452	71,578	57,316	34,313	18,765	14,267	265,691
1993 .....	70,442	70,875	58,777	35,075	18,926	14,587	268,682
1994 .....	71,387	70,116	60,414	35,709	19,030	14,898	271,554
1995 .....	72,077	69,557	62,062	36,327	19,065	15,230	274,317
1996 .....	72,644	68,966	63,862	36,877	19,052	15,589	276,990
1997 .....	73,061	68,562	64,528	38,589	18,967	15,946	279,652
1998 .....	73,323	68,329	65,453	40,061	18,849	16,273	282,288
1999 .....	73,560	68,182	66,316	41,582	18,708	16,568	284,915
2000 .....	73,836	68,290	67,008	42,985	18,653	16,846	287,619
2001 .....	74,151	68,659	67,364	44,532	18,604	17,112	290,423
2002 .....	74,525	69,009	67,552	46,158	18,594	17,356	293,193
2003 .....	74,812	69,474	67,544	47,768	18,704	17,585	295,888
2004 .....	75,132	69,891	67,527	49,451	18,875	17,804	298,681
2005 .....	75,531	70,351	67,615	51,232	19,104	18,020	301,853
2006 .....	75,995	70,797	67,782	53,002	19,439	18,236	305,251
2007 .....	76,449	71,395	67,351	54,734	19,954	18,415	308,298
2008 .....	76,648	71,925	66,556	56,072	20,812	18,551	310,563
2009 .....	76,743	72,540	65,666	57,552	21,537	18,664	312,702
2010 .....	76,655	73,222	64,946	59,124	22,145	18,898	314,990
2011 .....	76,380	73,913	64,088	60,828	22,676	19,126	317,011
2012 .....	76,134	74,406	63,403	61,413	24,165	19,354	318,876
2013 .....	75,933	74,895	62,737	62,247	25,277	19,652	320,740
2014 .....	75,854	75,401	62,442	63,039	26,384	19,960	323,079
2015 .....	75,844	75,898	62,538	63,678	27,486	20,282	325,727
2016 .....	75,775	76,218	62,708	63,956	28,613	20,651	327,920
2017 .....	75,573	76,432	62,955	64,049	29,670	21,114	329,793
2018 .....	75,230	76,566	63,320	63,981	30,534	21,824	331,455
2019 .....	74,854	76,727	63,274	63,835	31,590	22,391	332,671
2020 .....	74,587	76,726	63,211	63,650	32,674	22,819	333,667
2021 <sup>b</sup> .....	74,225	76,770	63,220	63,511	33,744	23,108	334,578
2022 <sup>b</sup> .....	73,948	77,067	63,587	63,028	34,114	24,253	335,997
<b>Projected:</b>							
2023 .....	73,850	77,579	64,308	62,509	34,775	25,226	338,246
2024 .....	73,824	78,150	65,307	61,948	35,449	26,258	340,937
2025 .....	73,632	78,549	66,304	61,457	36,136	27,283	343,362
2026 .....	73,381	78,822	67,324	60,817	36,788	28,362	345,494
2027 .....	73,317	78,978	68,167	60,417	37,298	29,447	347,625
2028 .....	73,444	79,090	68,901	60,043	37,717	30,562	349,758
2029 .....	73,700	79,204	69,452	59,812	38,018	31,708	351,894
2030 .....	74,072	79,294	69,812	59,862	38,119	32,876	354,034
2031 .....	74,477	79,428	70,096	60,128	38,013	34,017	356,160
2032 .....	74,887	79,574	70,370	60,496	37,723	35,206	358,256
2033 .....	75,300	79,728	70,651	60,921	37,389	36,334	360,323
2034 .....	75,767	79,821	71,075	61,146	37,151	37,404	362,363
2035 .....	76,350	79,762	71,444	61,377	37,005	38,436	364,374
2036 .....	77,016	79,656	71,780	61,553	36,887	39,467	366,358
2037 .....	77,792	79,535	72,043	62,002	36,575	40,368	368,314
2038 .....	78,565	79,396	72,284	62,663	36,128	41,203	370,238
2039 .....	79,485	79,065	72,471	63,524	35,627	41,956	372,127
2040 .....	80,324	78,802	72,523	64,432	35,340	42,556	373,977
2041 .....	81,134	78,518	72,613	65,405	35,155	42,959	375,785
2042 .....	81,886	78,160	72,854	66,213	35,180	43,257	377,549
2043 .....	82,573	77,829	73,215	66,916	35,257	43,475	379,265
2044 .....	83,194	77,686	73,512	67,448	35,355	43,748	380,941
2045 .....	83,745	77,731	73,708	67,805	35,498	44,087	382,575
2046 .....	84,226	77,903	73,866	68,095	35,609	44,480	384,179
2047 .....	84,635	78,193	73,951	68,379	35,972	44,602	385,731

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

## Notes:

- Components may not sum to totals because of rounding.
- Historical data are subject to revision.
- A complete table of historical and projected values is available at [www.ssa.gov/OACT/ssir/SSI23](http://www.ssa.gov/OACT/ssir/SSI23).

Program Recipients and Federal Expenditures

**Table IV.A2.—SSI Federal Benefit Rate Increases and Levels: Historical and Projected on the Basis of the Intermediate Assumptions of the 2023 OASDI Trustees Report, 1975-2047**

Year	Social Security benefit rate increase <sup>a,b</sup>	SSI benefit rate increase <sup>a,c</sup>	Federal SSI benefit rate		
			Individual	Couple	Essential person <sup>d</sup>
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
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	<sup>e</sup> 2.5	1.3	500.00	751.00	250.00
2000	3.5	<sup>e</sup> 2.5	<sup>f</sup> 513.00	769.00	257.00
2001	2.6	3.5	<sup>f</sup> 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	1.3	1.6	783.00	1,175.00	392.00
2021	5.9	1.3	794.00	1,191.00	397.00
2022	8.7	5.9	841.00	1,261.00	421.00
2023	3.3	8.7	914.00	1,371.00	458.00



**Table IV.A2.—SSI Federal Benefit Rate Increases and Levels: Historical and Projected on the Basis of the Intermediate Assumptions of the 2023 OASDI Trustees Report, 1975-2047 (Cont.)**

Year	Social Security benefit rate increase <sup>a,b</sup>	SSI benefit rate increase <sup>a,c</sup>	Federal SSI benefit rate		
			Individual	Couple	Essential person <sup>d</sup>
Projected:					
2024	2.4%	3.3%	\$944.00	\$1,416.00	\$473.00
2025	2.4	2.4	967.00	1,450.00	484.00
2026	2.4	2.4	990.00	1,485.00	496.00
2027	2.4	2.4	1,014.00	1,520.00	508.00
2028	2.4	2.4	1,038.00	1,557.00	520.00
2029	2.4	2.4	1,063.00	1,594.00	532.00
2030	2.4	2.4	1,088.00	1,632.00	545.00
2031	2.4	2.4	1,114.00	1,672.00	558.00
2032	2.4	2.4	1,141.00	1,712.00	572.00
2033	2.4	2.4	1,169.00	1,753.00	585.00
2034	2.4	2.4	1,197.00	1,795.00	599.00
2035	2.4	2.4	1,225.00	1,838.00	614.00
2036	2.4	2.4	1,255.00	1,882.00	629.00
2037	2.4	2.4	1,285.00	1,927.00	644.00
2038	2.4	2.4	1,316.00	1,974.00	659.00
2039	2.4	2.4	1,347.00	2,021.00	675.00
2040	2.4	2.4	1,380.00	2,070.00	691.00
2041	2.4	2.4	1,413.00	2,119.00	708.00
2042	2.4	2.4	1,447.00	2,170.00	725.00
2043	2.4	2.4	1,481.00	2,222.00	742.00
2044	2.4	2.4	1,517.00	2,276.00	760.00
2045	2.4	2.4	1,553.00	2,330.00	778.00
2046	2.4	2.4	1,591.00	2,386.00	797.00
2047	2.4	2.4	1,629.00	2,443.00	816.00

<sup>a</sup> 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.

<sup>b</sup> 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.

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

<sup>d</sup> A concept carried over from the former State assistance plans. As of February 2022, only 6 such cases remain.

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

<sup>f</sup> 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.<sup>1</sup> 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 requirement<sup>2</sup>, the applicable income and resource limits, and other SSI eligibility requirements. In December 2022, 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 2022, there were 6.4 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 2022, 5.4 million blind or disabled individuals age 18 or older received federally administered SSI payments, including 1.2 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 2022, 1.0 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 taken by telephone and online, by calendar year.<sup>3</sup> Following a 4-year period in the mid-2000s when the number of applications remained fairly level at 2.1 million per year, applications increased from 2008 through 2010, largely due to the recession of 2007-2009. The level of applications generally decreased from 2010 through 2018 as the economy recovered. Applications in 2019 remained at about the same level as experienced in 2018. The number of applications decreased sharply in 2020 and remained low in 2021, due to a number of pandemic-related effects. In 2022, the number of applications increased moderately, which resulted from applications increasing substantially at ages 0 to

<sup>1</sup> 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.

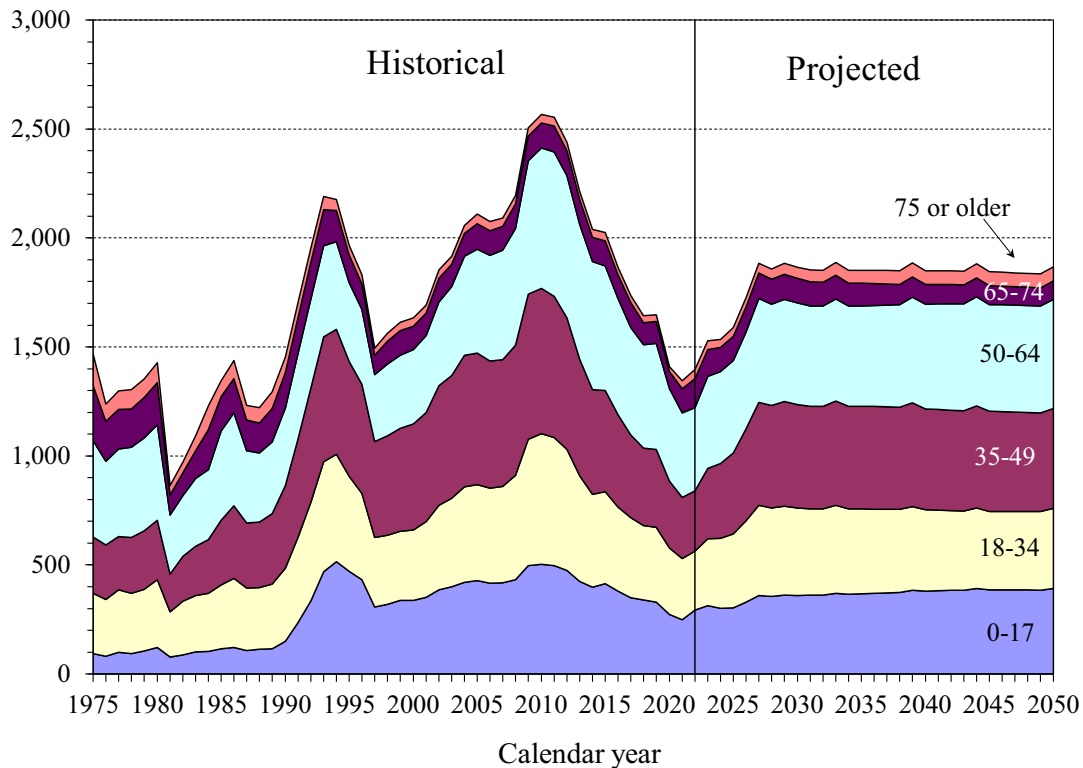
<sup>2</sup> Individuals may apply for SSI payments based on age as of the day preceding their 65th birthday.

<sup>3</sup> See table IV.B1 for the same information in tabular form.

17 and ages 65 and older, and decreasing moderately at ages 18 to 64. The increase in applications was likely attributable to the agency’s recent outreach efforts. In 2023 and through 2027, the number of applications is projected to increase, reaching levels more consistent with longer-term expected experience. The number of applications is projected to be 1.9 million in 2027, and then remain at roughly this level thereafter.<sup>1</sup>

In the shorter term, the rate of application underlying the projected number of applications follows the pattern described above for the applications themselves, increasing from 2022 to 2027 from the low levels experienced in recent years. Beyond the short term (after 2027) the application rate is assumed to gradually decline generally, 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 A. This gradual general decline in the application rate after 2027 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.

**Figure IV.B1.—SSI Federally Administered Applications by Age Group, Calendar Years 1975-2050**  
[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, generally 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.

<sup>1</sup> 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.

If applicants exhaust all administrative levels of appeal, they may appeal to the Federal courts.<sup>1</sup> An applicant may decide at any point in this process to file a new application for benefits in lieu of continuing through the prescribed appeals process, generally provided that the individual does not currently have an appeal of an SSI application pending in this process.<sup>2</sup>

**Figure IV.B2.—SSI Federally Administered New Recipients by Age Group, Calendar Years 1975-2050**  
[In thousands]

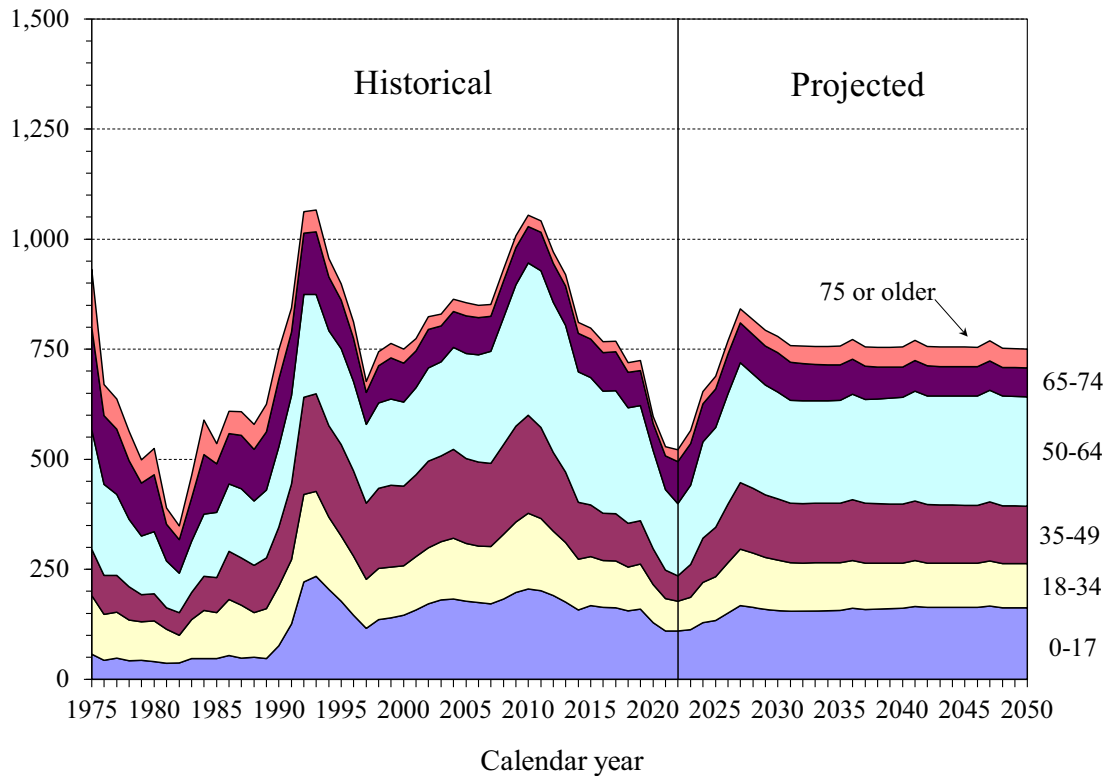


Figure IV.B2 presents historical and projected numbers of persons who start receiving SSI payments as a result of this decision process<sup>3</sup>. From 2004 to 2007, the numbers of new recipients remained fairly level, roughly consistent with the applications received during this period. From 2007 to 2010, however, the numbers of new recipients increased substantially. This increase is primarily attributable to the sharp increase in applications due to the 2007-2009 economic recession.

The numbers of new recipients declined generally from 2010 to 2018, leveled off in 2019, and decreased sharply in 2020 and 2021, following the pattern of applications. The number of new recipients declined slightly in 2022. The projected number of new recipients increases steadily from 2022 to 2027, and then decreases gradually from 2027 to 2031. After 2031, 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.

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

<sup>2</sup> 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>.

<sup>3</sup> 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.

The number of applications and new recipients for the aged eligibility category show a different pattern. Applications were low in 2020, due to the pandemic, but rebounded in 2021 and 2022 to pre-pandemic levels and higher. This increase resulted from (1) an outreach effort by SSA to notify Social Security beneficiaries receiving less than the SSI Federal benefit rate that they may also be eligible for SSI, and (2) a separate outreach effort especially targeted to zip codes that experienced a sharp decline in SSI applications during the pandemic, as well as surrounding areas. These outreach efforts included directly mailing some individuals, as well as multiple marketing methods, including TV, radio, and social media ads, and a variety of printed ads. Most of the direct mail was sent to adults with at least one child in the household and adults aged 65 and older. We project total applications and new recipients to increase in 2023 compared to 2022 primarily because of these outreach efforts.

### **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, including limited issues; (2) a medical continuing disability review (CDR); and (3) medical redeterminations of SSI child recipients at age 18 using the adult initial disability criteria.<sup>1</sup> 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 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 purpose 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 15 years.

Figure IV.B3 presents historical and projected numbers of total terminations by calendar year.<sup>2</sup> The total number of terminations of federally administered recipients in 2022 decreased from 2021, by about 15 percent. This change in total terminations is the net effect of differing changes by reason for termination. Terminations due to death decreased by about 10 percent in 2022 compared to 2021 as the acute phase of the pandemic came to an end, while the net number of terminations for all other reasons decreased by about 18 percent in 2022 from 2021 levels. The net number of terminations for reasons other than death

<sup>1</sup> 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.

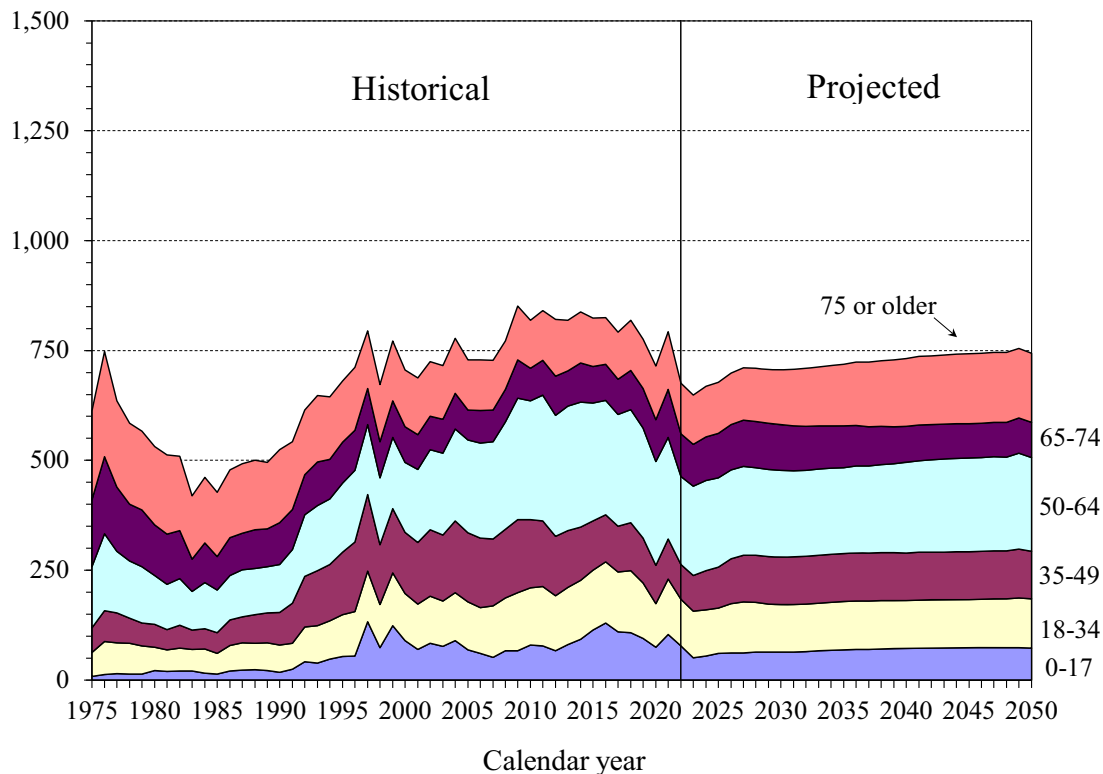
<sup>2</sup> In the tables, the numbers of total terminations are separated into the two separate categories: (1) terminations due to death (table IV.B3); and (2) net suspensions of payments for all other reasons (table IV.B4). The total number of terminations is also shown in table IV.B5, which is the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

decreased largely because SSA has performed fewer medical CDRs and non-medical redeterminations in recent years because of various effects at least partially attributable to the COVID-19 pandemic.

Changes in terminations vary by age. For SSI children under age 18, the number of terminations due to death remained at roughly the same level in 2022 as in 2021, while net terminations for reasons other than death decreased by 26 percent from the level experienced in 2021. For SSI adults age 18 or older, terminations due to death decreased by 10 percent, while terminations for all reasons other than death decreased by 16 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 eliminate the backlog of such reviews by the end of fiscal year 2018. In addition to the increased appropriations, there is currently a backlog of medical reviews attributable to various effects related to the COVID-19 pandemic. The backlog is assumed to be eliminated by fiscal year 2026. If increased appropriations persist into the future, SSA will be able 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 result in higher levels of SSI terminations from medical cessation.

**Figure IV.B3.—SSI Federally Administered Terminations by Age Group, Calendar Years 1975-2050**  
[In thousands]



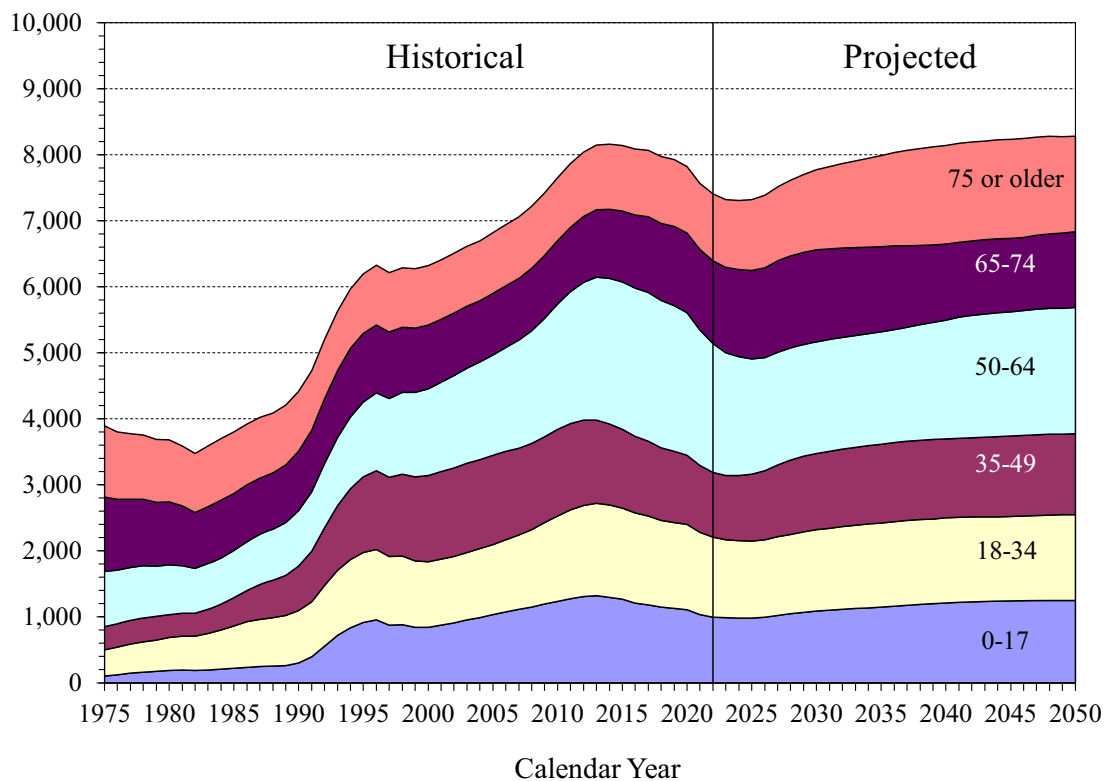
#### 4. Recipients in Current Payment Status

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.<sup>1</sup>

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).<sup>2,3</sup> The 1996 welfare reform legislation, the economic downturn in the early 2000s, the economic recession that began in 2007, the strong economy and dramatic decline in applications during the period of 2011 through 2019, and the COVID-19 pandemic beginning in 2020, 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, 1975-2050**  
[In thousands]



<sup>1</sup> See table IV.B6 for the same information in tabular form.

<sup>2</sup> 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.

<sup>3</sup> 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.

Figure IV.B4 shows a decline in the Federal SSI population from 1996 to 1997. This was a result of the implementation of PL 104-121 and PL 104-193, which modified several SSI eligibility rules. See section V.A for more information. 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 2007-2009 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, reflecting the net effect of lower numbers of applications and new recipients and the increased number of medical CDRs conducted between 2015 and 2019. The COVID-19 pandemic caused a further sharp decrease in the number of applications and new recipients as well as a sharp increase in terminations due to death, which was partially offset by the temporary suspension of medical CDRs and non-medical redeterminations in 2020, with the net effect being continued decrease in the recipient population from 2019 through 2021. In 2022, recipients in current-payment status continued to decrease from 2021 levels by about 2.1 percent. The number of recipients in current-payment status is projected to decrease moderately in 2023 and 2024. Thereafter, as the proportion of the population applying for SSI payments is assumed to return to more nearly the expected 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.

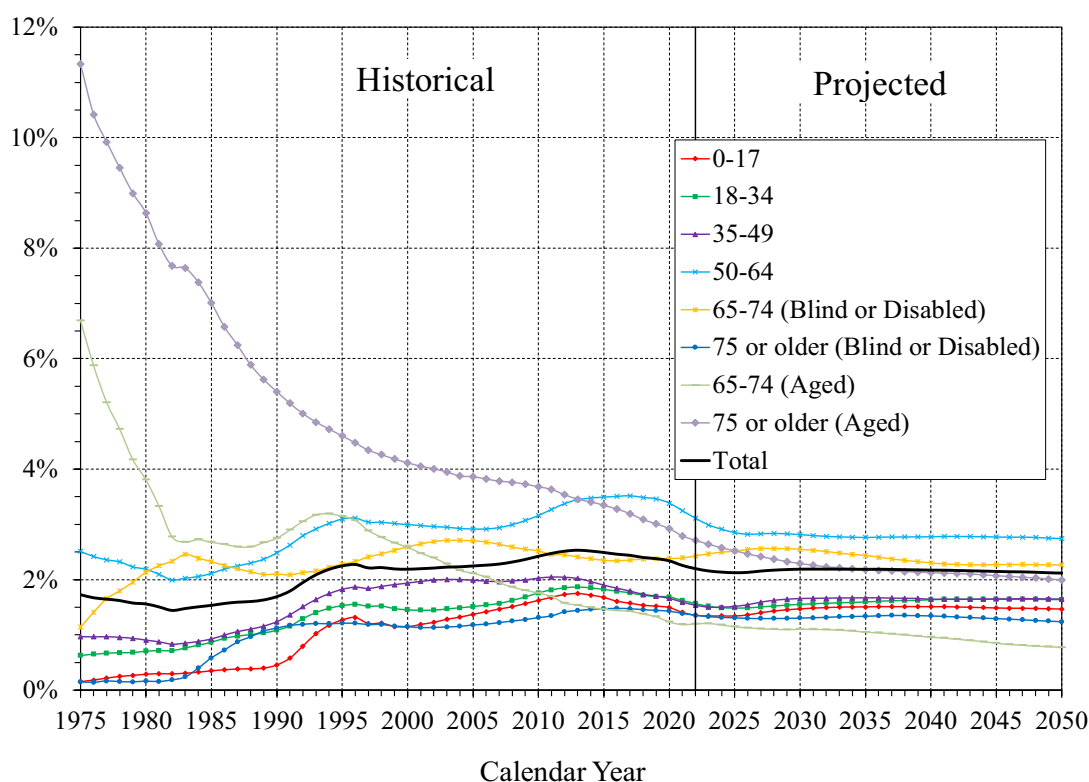
In order to place this projected growth in the context of overall population growth, figure IV.B5 presents Federal SSI prevalence rates by age group, defined as SSI recipients with Federal payments in current-payment status as percentages of the total Social Security area population for each age group.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

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<sup>1</sup> See table IV.B7 for the same information in tabular form.



Figure IV.B5.—Federal SSI Prevalence Rates, by Age Group, as of December, 1975-2050



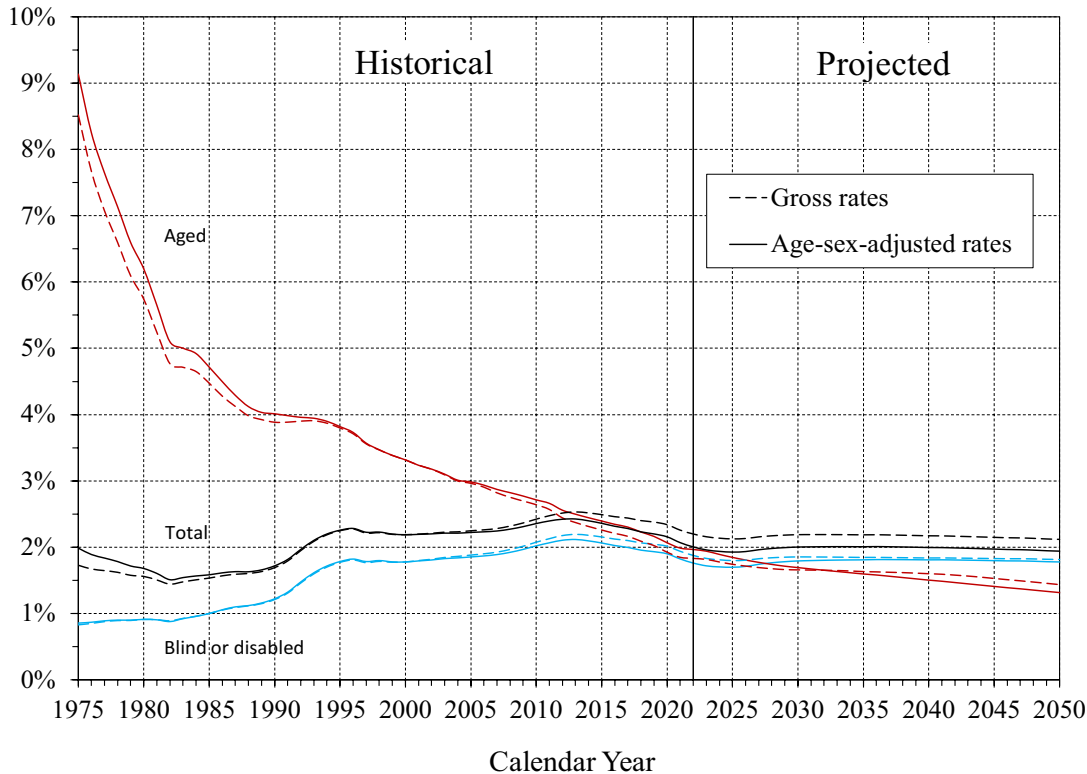
The prevalence rate for all Federal SSI recipients declined from 1975 through the early 1980s. In 1983, this percentage started increasing and continued to increase through 1996. The prevalence rate then declined in 1997, due to the implementation of Public Law 104-121 and Public Law 104-193, but leveled out over the next few years through 2004. It increased over the period 2005 through 2013, and experienced decreases in each of 2014 through 2022. The prevalence rate is projected to decrease slightly from 2022 to 2025, increase slightly from 2025 to 2032, and then decline gradually throughout the remainder of the projection period.

Figure IV.B6 presents prevalence rates for the two eligibility categories - *blind and disabled* and *aged*<sup>1</sup> - 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.

<sup>1</sup> 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, 1975-2050



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 2022 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, including a further substantial decline in 2020 and 2021 due to the pandemic. 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 2022. The projected overall prevalence rate for blind or disabled recipients decreases slightly through 2025, increases slightly through 2030, and then gradually declines throughout the remainder of the projection period due to: (1) the population potentially eligible for SSI (i.e., the legal resident population) is projected to grow more slowly than the overall Social Security area population, (2) a smaller proportion of the population becoming new recipients than during the 2007-2009 economic recession; (3) the changing age distribution of the population; and (4) the assumption that SSA will receive sufficient administrative funding to process medical CDR and non-medical redetermination workloads, and those authorized resources will continue to be appropriated through the 25-year projection period.<sup>1</sup>

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 histori-

<sup>1</sup> Public Law 114-74 enacted November 2, 2015.

cal 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 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. The historical and projected numbers do not include individuals eligible for a state supplement that is not administered by SSA.

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 with a benefit administered by SSA, which follows largely the same patterns of growth as the number of recipients receiving a Federal payment.

Program Recipients and Federal Expenditures

**Table IV.B1.—SSI Federally Administered Applications,<sup>a</sup> Calendar Years 1975-2047**  
[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1975 <sup>b</sup> .....	94	276	258	443	15	c	238	145	1,086	382	1,468
1980 .....	122	310	272	438	8	1	187	89	1,151	276	1,427
1985 .....	114	294	297	409	7	c	151	73	1,122	223	1,345
1990 .....	149	335	380	356	6	c	156	71	1,226	227	1,454
1991 .....	237	391	453	391	7	c	159	68	1,479	227	1,706
1992 .....	336	453	525	407	7	c	163	64	1,728	226	1,955
1993 .....	468	506	573	418	7	c	158	60	1,973	218	2,191
1994 .....	515	493	573	402	6	c	136	52	1,989	188	2,177
1995 .....	472	435	526	362	6	1	121	44	1,801	165	1,966
1996 .....	433	395	501	343	6	1	110	42	1,678	153	1,831
1997 .....	307	319	440	306	4	c	86	32	1,377	117	1,494
1998 .....	318	319	455	329	6	1	98	37	1,428	136	1,563
1999 .....	337	318	472	336	6	c	107	39	1,468	145	1,614
2000 .....	338	322	486	341	5	c	102	39	1,493	141	1,633
2001 .....	352	347	502	353	4	c	98	35	1,558	134	1,691
2002 .....	385	388	549	384	4	c	104	38	1,711	142	1,853
2003 .....	401	404	564	407	4	c	99	36	1,781	135	1,916
2004 .....	420	438	605	452	4	c	101	37	1,919	138	2,057
2005 .....	429	439	604	477	5	c	112	44	1,954	156	2,110
2006 .....	415	437	584	484	4	c	109	41	1,925	150	2,075
2007 .....	419	442	581	502	5	c	105	38	1,948	143	2,091
2008 .....	432	479	596	536	5	c	108	39	2,048	147	2,195
2009 .....	498	578	667	611	5	c	109	38	2,359	147	2,506
2010 .....	502	600	667	644	5	1	110	38	2,419	148	2,567
2011 .....	496	588	647	663	5	1	114	39	2,400	153	2,553
2012 .....	475	555	604	651	5	1	111	36	2,291	147	2,438
2013 .....	425	483	536	616	5	1	112	36	2,066	148	2,214
2014 .....	397	426	482	587	5	1	108	34	1,897	142	2,039
2015 .....	414	422	464	570	5	1	111	36	1,877	147	2,024
2016 .....	381	385	423	532	4	1	105	33	1,727	139	1,865
2017 .....	350	366	380	493	4	1	109	33	1,595	142	1,737
2018 .....	339	342	354	475	4	1	98	30	1,515	128	1,643
2019 .....	330	343	356	486	4	1	97	30	1,521	127	1,648
2020 .....	273	306	306	424	4	1	75	21	1,313	96	1,409
2021 .....	249	280	281	386	4	1	108	35	1,201	143	1,344
2022 .....	293	270	278	380	5	1	130	42	1,226	172	1,398
Projected:											
2023 .....	313	308	321	423	6	1	117	39	1,372	156	1,528
2024 .....	300	321	344	421	5	1	105	37	1,393	142	1,535
2025 .....	304	339	372	423	5	1	108	39	1,442	147	1,589
2026 .....	328	375	422	445	5	1	109	41	1,576	150	1,726
2027 .....	361	412	473	476	6	1	111	44	1,728	155	1,884
2028 .....	356	405	470	465	6	1	110	46	1,703	155	1,858
2029 .....	361	409	479	470	6	1	109	48	1,725	157	1,883
2030 .....	360	403	474	466	5	1	108	50	1,708	158	1,866
2031 .....	361	397	470	460	5	1	106	52	1,694	159	1,853
2032 .....	362	396	469	460	5	1	104	54	1,694	159	1,852
2033 .....	370	402	479	469	5	1	104	57	1,726	161	1,887
2034 .....	365	392	470	460	5	1	100	57	1,694	157	1,851
2035 .....	367	389	471	461	5	1	99	58	1,694	158	1,852
2036 .....	370	387	471	463	5	1	97	59	1,695	156	1,852
2037 .....	372	383	470	466	5	1	93	60	1,697	154	1,851
2038 .....	375	380	469	470	4	1	90	61	1,699	151	1,850
2039 .....	385	384	476	484	5	1	89	63	1,734	152	1,886
2040 .....	380	373	464	480	4	1	86	62	1,702	148	1,850
2041 .....	381	369	462	485	4	1	84	62	1,704	146	1,850
2042 .....	383	366	461	488	5	1	84	62	1,704	146	1,849
2043 .....	384	363	461	489	5	1	83	62	1,703	145	1,848
2044 .....	392	368	469	500	5	2	84	63	1,736	147	1,883
2045 .....	386	360	459	490	5	2	81	62	1,701	144	1,845
2046 .....	386	359	458	490	5	2	81	62	1,700	143	1,842
2047 .....	386	359	457	490	5	2	80	62	1,698	142	1,840

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

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

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

Notes:

1. Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at [www.ssa.gov/OACT/ssir/SSI23](http://www.ssa.gov/OACT/ssir/SSI23).

**Table IV.B2.—SSI Federally Administered New Recipients, Calendar Years 1975-2047**  
[In thousands]

Calendar year <sup>a</sup>	Blind or disabled, by age group					Aged, by age group			Totals <sup>b</sup>		All
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	
Historical data:											
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
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
2020.....	129	87	81	223	4	c	58	16	523	74	597
2021.....	110	74	65	183	4	c	72	22	435	94	529
2022.....	110	67	57	164	4	c	91	28	403	119	522
Projected:											
2023.....	113	73	75	180	5	c	90	29	446	119	565
2024.....	128	91	100	219	4	c	83	28	544	110	654
2025.....	134	100	112	227	4	c	83	29	577	111	689
2026.....	151	114	133	251	7	c	83	30	656	114	769
2027.....	168	128	151	272	7	c	84	32	726	116	842
2028.....	163	123	147	259	6	c	84	33	699	117	816
2029.....	159	118	143	249	5	c	84	35	674	119	793
2030.....	157	114	139	242	5	c	84	37	658	122	780
2031.....	154	110	135	234	5	c	81	38	639	120	759
2032.....	155	110	135	234	4	c	80	40	638	119	757
2033.....	155	109	135	233	5	c	78	41	637	119	756
2034.....	156	109	136	233	5	c	77	42	638	118	756
2035.....	157	108	136	233	5	c	76	43	639	118	757
2036.....	161	109	138	239	5	c	75	44	652	120	772
2037.....	159	106	135	236	4	c	71	44	640	115	755
2038.....	160	105	135	238	4	c	68	44	641	113	754
2039.....	161	103	134	240	4	c	67	45	643	111	754
2040.....	162	103	134	243	4	c	65	45	645	110	755
2041.....	166	104	136	250	4	c	65	46	659	111	770
2042.....	163	101	133	247	4	c	64	45	648	108	757
2043.....	163	100	132	247	4	c	63	44	648	107	755
2044.....	164	100	132	248	4	c	62	44	648	107	755
2045.....	164	100	132	248	5	c	62	44	649	107	755
2046.....	164	100	132	249	5	c	61	44	648	106	754
2047.....	167	102	134	254	5	c	62	45	661	107	769

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

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

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

Notes:

1. Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at [www.ssa.gov/OACT/ssir/SSI23](http://www.ssa.gov/OACT/ssir/SSI23).

Program Recipients and Federal Expenditures

Table IV.B3.—SSI Federally Administered Terminations Due to Death<sup>a</sup>, Calendar Years 1975-2047

[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals <sup>b</sup>		All
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	
Historical data:											
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
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 .....	4	8	18	76	35	28	8	50	170	58	228
2019 .....	4	8	18	75	36	28	8	48	169	57	226
2020 .....	4	9	20	84	45	35	10	60	196	70	266
2021 <sup>c</sup> .....	3	9	21	88	51	37	11	62	210	72	283
2022 <sup>c</sup> .....	3	9	19	78	48	34	10	54	192	63	256
Projected:											
2023 .....	3	7	16	67	45	31	9	48	170	57	227
2024 .....	3	7	16	61	45	30	8	47	161	55	216
2025 .....	3	7	16	58	45	31	8	47	158	55	213
2026 .....	3	7	16	56	46	31	8	47	158	54	213
2027 .....	3	6	16	55	46	32	8	47	159	54	214
2028 .....	3	6	17	54	46	33	8	47	160	55	215
2029 .....	3	7	17	54	46	34	8	47	161	55	216
2030 .....	3	7	17	53	45	35	8	47	161	55	216
2031 .....	3	7	17	53	45	36	8	48	161	56	216
2032 .....	3	7	17	52	44	37	8	49	160	56	217
2033 .....	3	7	17	52	42	38	7	49	160	57	217
2034 .....	3	7	17	52	41	39	7	50	160	58	217
2035 .....	3	7	17	51	41	40	7	51	159	58	218
2036 .....	3	7	17	51	39	42	7	52	159	59	218
2037 .....	3	7	17	51	38	43	7	53	159	60	219
2038 .....	3	7	17	52	37	43	6	54	159	60	219
2039 .....	3	7	17	52	36	44	6	55	158	61	219
2040 .....	3	7	17	53	35	45	6	56	158	62	220
2041 .....	3	7	16	53	34	45	6	56	158	62	220
2042 .....	3	6	16	53	34	45	6	57	158	63	221
2043 .....	3	6	16	54	33	45	5	58	158	63	221
2044 .....	3	6	16	54	33	45	5	58	157	63	221
2045 .....	3	6	16	54	33	46	5	58	157	63	221
2046 .....	3	6	16	53	33	46	5	59	157	64	221
2047 .....	3	6	16	53	33	46	5	59	157	64	220

<sup>a</sup> Terminations where the SSI recipient was deceased as of the first month of nonpayment of SSI payments.

<sup>b</sup> 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.

<sup>c</sup> Preliminary and subject to revision.

Notes:

1. Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at [www.ssa.gov/OACT/ssir/SSI23](http://www.ssa.gov/OACT/ssir/SSI23).

**Table IV.B4.—SSI Federally Administered Terminations Due to Reasons Other Than Death,<sup>a</sup> Calendar Years 1975-2047**  
[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals <sup>b</sup>		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
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
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 <sup>c</sup> .....	63	116	113	206	23	9	31	48	529	78	608
2013 .....	76	122	107	211	22	9	21	31	547	52	599
2014 <sup>d</sup> .....	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 .....	104	133	91	181	25	9	21	27	543	48	591
2019 .....	92	118	84	175	27	10	19	25	506	43	550
2020 .....	71	90	68	152	24	9	16	19	414	34	448
2021 <sup>e</sup> .....	101	116	70	143	28	9	19	23	468	42	510
2022 <sup>e</sup> .....	75	97	60	122	25	8	15	18	387	33	420
Projected:											
2023 .....	48	98	65	136	24	10	17	22	382	39	422
2024 .....	52	98	74	144	26	11	21	27	404	48	452
2025 .....	57	97	78	145	28	12	20	27	417	48	465
2026 .....	59	106	86	146	30	12	20	27	439	48	486
2027 .....	59	109	90	147	31	12	20	28	449	48	497
2028 .....	61	106	90	145	31	13	20	28	446	48	495
2029 .....	61	102	91	144	31	13	20	29	443	49	491
2030 .....	60	102	92	144	31	14	20	29	441	49	491
2031 .....	61	101	91	143	30	14	20	30	441	50	490
2032 .....	62	101	92	143	30	15	20	31	442	50	493
2033 .....	63	102	92	144	29	15	19	31	445	51	496
2034 .....	64	103	92	144	29	16	19	32	448	51	499
2035 .....	66	103	92	145	28	16	19	33	450	51	501
2036 .....	67	103	93	146	28	17	18	33	454	52	505
2037 .....	67	103	92	147	27	17	18	34	454	52	505
2038 .....	68	103	92	149	27	18	17	35	456	52	508
2039 .....	68	102	92	151	26	18	17	35	458	52	510
2040 .....	69	103	91	153	26	18	16	35	460	51	512
2041 .....	70	103	92	156	25	19	16	36	465	51	516
2042 .....	70	103	92	157	25	19	16	36	466	51	517
2043 .....	70	103	92	158	26	19	15	36	468	51	519
2044 .....	70	103	93	159	26	19	15	36	470	51	521
2045 .....	70	104	93	159	26	19	15	36	471	51	522
2046 .....	71	104	93	160	26	19	14	36	473	50	523
2047 .....	71	105	94	161	27	19	14	36	475	50	526

<sup>a</sup> 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.

<sup>b</sup> 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.

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

<sup>d</sup> Terminations for 2014 reflect the decision of the State of New York to take over the administration of its State supplementation program.

<sup>e</sup> Preliminary and subject to revision.

Notes:

1. Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at [www.ssa.gov/OACT/ssir/SSI23](http://www.ssa.gov/OACT/ssir/SSI23).

Program Recipients and Federal Expenditures

**Table IV.B5.—SSI Federally Administered Terminations for All Reasons,<sup>a</sup> Calendar Years 1975-2047**  
[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals <sup>b</sup>		All
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	
<b>Historical data:</b>											
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
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 <sup>c</sup> .....	67	125	135	276	50	32	39	98	685	136	821
2013 .....	80	131	129	284	51	33	29	82	708	111	819
2014 <sup>d</sup> .....	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 .....	108	141	109	257	60	37	30	77	713	106	819
2019 .....	95	126	102	250	63	39	27	73	676	100	776
2020 .....	75	99	87	236	69	43	26	78	610	105	714
2021 <sup>e</sup> .....	104	125	91	231	79	46	30	84	678	114	793
2022 <sup>e</sup> .....	78	106	79	200	73	43	25	72	579	97	676
<b>Projected:</b>											
2023 .....	51	106	82	202	70	41	26	70	552	97	648
2024 .....	55	105	90	205	70	41	29	74	566	103	669
2025 .....	60	103	93	203	73	42	28	74	576	102	678
2026 .....	62	112	102	202	76	43	28	74	597	102	699
2027 .....	62	115	107	202	77	45	28	75	608	103	710
2028 .....	64	113	107	199	77	46	28	75	607	103	710
2029 .....	64	109	108	198	77	47	28	76	603	104	707
2030 .....	63	108	109	197	76	49	28	77	602	105	707
2031 .....	64	107	109	196	75	50	28	78	601	106	707
2032 .....	65	108	109	196	73	52	27	79	603	107	709
2033 .....	66	109	109	196	71	54	27	81	605	108	713
2034 .....	68	109	109	196	70	55	26	82	607	109	716
2035 .....	69	110	109	196	69	57	26	84	609	109	719
2036 .....	70	110	110	197	67	59	25	86	613	111	723
2037 .....	70	110	109	198	65	60	24	87	613	112	724
2038 .....	71	110	109	201	63	61	24	89	615	112	727
2039 .....	72	109	109	203	62	62	23	90	616	113	729
2040 .....	72	109	108	206	60	63	22	91	618	113	731
2041 .....	73	109	108	209	59	63	22	92	623	113	736
2042 .....	73	109	108	210	59	64	21	93	624	114	738
2043 .....	73	109	108	212	59	64	21	93	626	114	740
2044 .....	73	110	109	213	59	64	20	94	627	114	741
2045 .....	73	110	109	213	59	64	20	95	628	114	743
2046 .....	73	110	109	213	59	64	19	95	629	114	744
2047 .....	74	111	109	214	59	64	19	95	632	114	746

<sup>a</sup> 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.

<sup>b</sup> 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.

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

<sup>d</sup> Terminations for 2014 reflect the decision of the State of New York to take over the administration of its State supplementation program.

<sup>e</sup> Preliminary and subject to revision.

Notes:

1. Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at [www.ssa.gov/OACT/ssir/SSI23](http://www.ssa.gov/OACT/ssir/SSI23).



**Table IV.B6.—SSI Recipients with Federal Payments in Current-Payment Status as of December, 1975-2047**  
[In thousands]

Year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
<b>Historical data:</b>											
1975	106	395	352	838	164	14	963	1,062	1,869	2,025	3,893
1980	188	500	351	750	342	17	609	925	2,149	1,533	3,682
1985	226	634	426	717	402	72	462	860	2,477	1,322	3,799
1990	306	788	677	840	389	156	508	749	3,156	1,257	4,412
1991	395	833	769	897	390	166	542	736	3,451	1,279	4,730
1992	555	920	877	970	402	173	577	727	3,898	1,304	5,202
1993	721	990	979	1,034	410	179	604	720	4,312	1,324	5,636
1994	839	1,032	1,071	1,089	425	182	610	716	4,638	1,326	5,965
1995	915	1,058	1,150	1,134	435	188	601	713	4,880	1,315	6,194
1996	954	1,066	1,198	1,176	444	192	586	711	5,029	1,296	6,326
1997	878	1,039	1,196	1,198	457	193	547	704	4,960	1,251	6,212
1998	885	1,038	1,238	1,243	464	197	521	705	5,063	1,226	6,289
1999	845	1,005	1,274	1,278	474	195	499	704	5,072	1,203	6,275
2000	844	994	1,303	1,313	484	196	483	703	5,134	1,186	6,320
2001	879	995	1,329	1,353	493	196	461	703	5,245	1,165	6,410
2002	912	1,002	1,344	1,394	502	200	447	705	5,354	1,152	6,505
2003	956	1,023	1,353	1,436	511	204	430	703	5,482	1,133	6,614
2004	990	1,044	1,350	1,476	515	208	412	699	5,584	1,111	6,695
2005	1,034	1,065	1,347	1,523	522	215	408	705	5,706	1,113	6,819
2006	1,076	1,095	1,334	1,575	529	220	405	704	5,830	1,109	6,939
2007	1,119	1,124	1,316	1,634	540	228	397	704	5,960	1,101	7,061
2008	1,151	1,173	1,306	1,704	550	234	396	704	6,119	1,100	7,219
2009	1,198	1,229	1,302	1,793	559	241	396	704	6,322	1,101	7,423
2010	1,238	1,294	1,307	1,900	566	251	394	704	6,557	1,099	7,656
2011	1,276	1,345	1,305	2,002	577	260	398	703	6,765	1,101	7,866
2012 <sup>a</sup>	1,311	1,381	1,287	2,089	608	278	391	694	6,955	1,085	8,040
2013	1,321	1,400	1,263	2,161	624	287	398	689	7,056	1,087	8,144
2014	1,299	1,398	1,226	2,206	643	296	404	690	7,068	1,094	8,162
2015	1,266	1,386	1,191	2,234	661	303	412	689	7,041	1,101	8,142
2016	1,212	1,367	1,158	2,247	684	311	421	688	6,979	1,109	8,088
2017	1,182	1,347	1,133	2,253	712	319	431	691	6,945	1,122	8,067
2018	1,147	1,316	1,099	2,231	739	324	429	688	6,857	1,117	7,974
2019	1,131	1,301	1,075	2,208	768	330	428	687	6,813	1,115	7,928
2020	1,108	1,294	1,049	2,155	794	330	411	676	6,731	1,087	7,818
2021	1,037	1,247	1,009	2,056	814	331	403	666	6,494	1,069	7,564
2022	996	1,211	982	1,954	839	338	414	675	6,319	1,089	7,408
<b>Projected:</b>											
2023	987	1,179	973	1,861	868	345	424	685	6,214	1,110	7,323
2024	985	1,169	988	1,798	896	355	422	694	6,191	1,117	7,308
2025	981	1,168	1,013	1,743	920	366	419	706	6,192	1,126	7,317
2026	993	1,174	1,048	1,710	946	378	419	717	6,249	1,136	7,385
2027	1,023	1,190	1,091	1,706	964	392	418	730	6,365	1,148	7,513
2028	1,048	1,205	1,124	1,700	973	406	418	743	6,456	1,161	7,617
2029	1,068	1,219	1,146	1,692	977	423	418	757	6,525	1,175	7,700
2030	1,087	1,233	1,159	1,690	972	439	419	772	6,580	1,191	7,771
2031	1,102	1,242	1,167	1,688	960	457	417	788	6,617	1,205	7,821
2032	1,116	1,253	1,173	1,691	943	475	412	805	6,651	1,217	7,868
2033	1,127	1,261	1,182	1,694	926	493	405	822	6,683	1,227	7,910
2034	1,138	1,267	1,190	1,697	912	509	397	839	6,713	1,236	7,949
2035	1,149	1,272	1,196	1,698	902	524	389	856	6,742	1,245	7,987
2036	1,163	1,279	1,202	1,711	885	541	381	872	6,781	1,253	8,034
2037	1,175	1,285	1,202	1,727	865	555	371	886	6,808	1,257	8,065
2038	1,188	1,285	1,203	1,750	844	565	359	898	6,835	1,258	8,092
2039	1,202	1,282	1,203	1,775	826	574	347	909	6,861	1,256	8,117
2040	1,213	1,288	1,193	1,803	813	578	338	916	6,887	1,254	8,141
2041	1,225	1,286	1,197	1,832	804	579	331	920	6,923	1,251	8,175
2042	1,232	1,281	1,202	1,852	803	578	325	922	6,948	1,246	8,194
2043	1,237	1,277	1,209	1,868	802	577	318	922	6,969	1,240	8,210
2044	1,240	1,277	1,214	1,879	804	576	311	923	6,990	1,233	8,224
2045	1,243	1,279	1,218	1,884	809	578	302	924	7,010	1,226	8,236
2046	1,246	1,282	1,221	1,890	814	576	296	923	7,029	1,219	8,247
2047	1,251	1,288	1,226	1,897	825	572	294	918	7,058	1,212	8,270

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

Notes:

1. Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at [www.ssa.gov/OACT/ssir/SSI23](http://www.ssa.gov/OACT/ssir/SSI23).

Program Recipients and Federal Expenditures

**Table IV.B7.—Federal SSI Prevalence Rates, as of December, 1975-2047**  
[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 <sup>a</sup>	Aged <sup>b</sup>	All <sup>c</sup>
Historical data:											
1975 .....	0.15	0.63	0.97	2.51	1.14	0.15	6.69	11.33	0.83	8.52	1.73
1980 .....	.29	.70	.91	2.19	2.14	.16	3.80	8.64	.91	5.74	1.56
1985 .....	.35	.87	.93	2.11	2.33	.58	2.68	7.01	1.00	4.47	1.53
1990 .....	.46	1.08	1.24	2.48	2.10	1.12	2.75	5.40	1.21	3.89	1.69
1991 .....	.58	1.16	1.36	2.63	2.09	1.17	2.90	5.19	1.31	3.89	1.79
1992 .....	.80	1.29	1.51	2.79	2.13	1.19	3.05	5.00	1.46	3.90	1.95
1993 .....	1.02	1.40	1.64	2.92	2.15	1.21	3.17	4.85	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	3.15	4.60	1.77	3.80	2.25
1996 .....	1.32	1.55	1.86	3.11	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	2.89	4.34	1.77	3.56	2.21
1998 .....	1.21	1.52	1.88	3.04	2.46	1.19	2.77	4.26	1.79	3.47	2.22
1999 .....	1.15	1.48	1.91	3.02	2.53	1.16	2.67	4.18	1.77	3.38	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	1.14	2.39	4.01	1.82	3.18	2.21
2003 .....	1.28	1.47	2.00	2.95	2.71	1.14	2.28	3.95	1.85	3.09	2.23
2004 .....	1.32	1.49	2.00	2.93	2.71	1.15	2.17	3.88	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	2.91	2.26
2007 .....	1.47	1.57	1.96	2.94	2.64	1.22	1.94	3.78	1.93	2.82	2.28
2008 .....	1.51	1.63	1.98	3.00	2.59	1.25	1.86	3.76	1.97	2.75	2.32
2009 .....	1.57	1.69	1.99	3.07	2.55	1.28	1.81	3.73	2.01	2.70	2.37
2010 .....	1.62	1.76	2.03	3.16	2.52	1.31	1.76	3.68	2.08	2.64	2.42
2011 .....	1.68	1.81	2.05	3.27	2.46	1.34	1.69	3.63	2.13	2.57	2.47
2012 <sup>d</sup> .....	1.73	1.85	2.04	3.37	2.45	1.42	1.58	3.54	2.18	2.44	2.51
2013 .....	1.75	1.87	2.02	3.45	2.41	1.44	1.54	3.46	2.19	2.37	2.53
2014 .....	1.72	1.85	1.96	3.48	2.38	1.46	1.49	3.41	2.18	2.31	2.52
2015 .....	1.68	1.82	1.90	3.49	2.35	1.47	1.46	3.35	2.15	2.26	2.49
2016 .....	1.61	1.79	1.84	3.51	2.34	1.48	1.44	3.28	2.12	2.21	2.46
2017 .....	1.57	1.76	1.79	3.52	2.36	1.47	1.43	3.19	2.10	2.16	2.44
2018 .....	1.54	1.72	1.73	3.49	2.37	1.46	1.38	3.09	2.06	2.09	2.40
2019 .....	1.52	1.70	1.70	3.46	2.38	1.44	1.33	3.01	2.04	2.02	2.38
2020 .....	1.49	1.69	1.66	3.38	2.38	1.43	1.23	2.92	2.01	1.92	2.34
2021 .....	1.41	1.62	1.59	3.25	2.39	1.39	1.18	2.79	1.94	1.85	2.26
2022 .....	1.36	1.57	1.54	3.11	2.43	1.36	1.20	2.71	1.88	1.83	2.20
Projected:											
2023 .....	1.34	1.52	1.50	2.99	2.47	1.33	1.21	2.64	1.83	1.82	2.16
2024 .....	1.34	1.49	1.50	2.91	2.50	1.32	1.18	2.57	1.81	1.78	2.14
2025 .....	1.34	1.49	1.52	2.85	2.51	1.31	1.15	2.52	1.80	1.74	2.13
2026 .....	1.36	1.49	1.55	2.82	2.55	1.30	1.13	2.47	1.80	1.72	2.13
2027 .....	1.40	1.51	1.59	2.83	2.56	1.30	1.11	2.42	1.83	1.69	2.16
2028 .....	1.43	1.52	1.63	2.84	2.56	1.30	1.10	2.37	1.84	1.68	2.17
2029 .....	1.45	1.54	1.65	2.83	2.56	1.30	1.09	2.33	1.85	1.66	2.18
2030 .....	1.47	1.55	1.66	2.81	2.55	1.30	1.10	2.29	1.85	1.66	2.19
2031 .....	1.48	1.56	1.66	2.80	2.53	1.31	1.10	2.26	1.85	1.65	2.19
2032 .....	1.49	1.57	1.66	2.78	2.51	1.32	1.09	2.23	1.85	1.65	2.19
2033 .....	1.50	1.58	1.67	2.77	2.48	1.33	1.08	2.21	1.85	1.65	2.19
2034 .....	1.51	1.59	1.67	2.77	2.46	1.33	1.07	2.20	1.85	1.64	2.19
2035 .....	1.51	1.60	1.67	2.76	2.44	1.34	1.05	2.18	1.85	1.63	2.19
2036 .....	1.51	1.61	1.67	2.77	2.41	1.35	1.04	2.17	1.85	1.63	2.19
2037 .....	1.51	1.62	1.67	2.77	2.37	1.35	1.02	2.16	1.84	1.62	2.18
2038 .....	1.51	1.62	1.66	2.77	2.35	1.35	1.00	2.15	1.84	1.62	2.18
2039 .....	1.51	1.62	1.66	2.77	2.33	1.35	.98	2.13	1.84	1.61	2.18
2040 .....	1.51	1.64	1.64	2.78	2.30	1.34	.96	2.13	1.84	1.60	2.17
2041 .....	1.51	1.64	1.65	2.78	2.29	1.33	.94	2.12	1.84	1.59	2.17
2042 .....	1.51	1.64	1.65	2.78	2.27	1.32	.92	2.11	1.84	1.58	2.17
2043 .....	1.50	1.64	1.65	2.78	2.27	1.31	.90	2.10	1.83	1.56	2.16
2044 .....	1.49	1.64	1.65	2.78	2.27	1.30	.88	2.09	1.83	1.55	2.15
2045 .....	1.49	1.64	1.65	2.77	2.27	1.29	.85	2.07	1.83	1.53	2.15
2046 .....	1.48	1.64	1.65	2.77	2.27	1.28	.83	2.06	1.83	1.51	2.14
2047 .....	1.48	1.64	1.66	2.77	2.27	1.27	.81	2.04	1.83	1.49	2.14

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

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

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

<sup>d</sup> 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/SSI23](http://www.ssa.gov/OACT/ssir/SSI23).

**Table IV.B8.—SSI Recipients with Federally Administered State Supplementation Payments Only, in Current-Payment Status as of December, 1975-2047**

[In thousands]

Year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
<b>Historical data:</b>											
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
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 <sup>a</sup> .....	1	14	34	64	28	11	31	40	152	71	223
2013 .....	1	13	32	64	29	11	30	39	150	70	220
2014 <sup>b</sup> .....	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
2020 .....	1	7	15	36	25	9	20	30	93	49	142
2021 .....	1	6	13	32	24	9	18	28	86	46	132
2022 .....	1	6	13	31	25	10	20	29	85	49	134
<b>Projected:</b>											
2023 .....	1	7	13	29	25	10	21	30	84	51	135
2024 .....	1	7	13	28	25	10	21	31	84	51	136
2025 .....	1	7	14	28	26	10	21	31	85	52	137
2026 .....	1	7	15	28	26	11	21	32	87	53	140
2027 .....	1	7	16	28	26	11	21	33	89	54	143
2028 .....	1	7	16	29	27	11	22	33	91	55	146
2029 .....	1	7	17	29	27	12	22	34	92	56	148
2030 .....	1	7	17	29	27	12	22	35	93	58	150
2031 .....	1	7	17	29	26	12	22	36	93	59	152
2032 .....	1	7	17	29	26	13	22	37	93	59	153
2033 .....	1	7	17	29	26	13	22	38	94	60	154
2034 .....	1	7	17	29	25	14	21	39	94	61	155
2035 .....	1	8	18	29	25	14	21	40	94	61	155
2036 .....	1	8	18	29	25	14	21	41	94	61	156
2037 .....	1	8	18	30	24	15	20	42	95	62	156
2038 .....	1	8	18	30	23	15	19	42	95	62	156
2039 .....	1	8	18	30	23	15	19	43	95	61	156
2040 .....	1	8	17	31	23	15	18	43	95	61	156
2041 .....	1	8	18	31	22	15	18	43	95	61	156
2042 .....	1	8	18	32	22	15	18	43	96	61	156
2043 .....	1	8	18	32	22	15	17	43	96	60	156
2044 .....	1	8	18	32	22	15	17	43	96	60	156
2045 .....	1	8	18	32	22	15	16	43	96	60	156
2046 .....	1	8	18	32	23	15	16	43	96	59	155
2047 .....	1	8	18	33	23	15	16	43	97	59	156

<sup>a</sup> Number of recipients in 2012 reflects the decision of the State of Massachusetts to take over the administration of its State supplementation program.

<sup>b</sup> 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. Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at [www.ssa.gov/OACT/ssir/SSI23](http://www.ssa.gov/OACT/ssir/SSI23).

**Table IV.B9.—SSI Recipients with Federally Administered Payments in Current-Payment Status as of December, 1975-2047**  
[In thousands]

Year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
<b>Historical data:</b>											
1975 .....	107	410	378	911	185	16	1,107	1,200	2,007	2,307	4,314
1980 .....	190	521	377	833	393	20	721	1,086	2,334	1,808	4,142
1985 .....	227	655	454	769	447	80	530	975	2,634	1,504	4,138
1990 .....	309	819	731	900	432	172	589	865	3,363	1,454	4,817
1991 .....	397	863	823	956	432	183	620	845	3,654	1,465	5,118
1992 .....	556	949	932	1,029	440	189	647	824	4,095	1,471	5,566
1993 .....	723	1,019	1,036	1,093	445	194	667	808	4,509	1,475	5,984
1994 .....	841	1,060	1,130	1,146	457	196	669	797	4,830	1,466	6,296
1995 .....	917	1,083	1,209	1,190	467	202	656	790	5,068	1,446	6,514
1996 .....	955	1,087	1,252	1,229	472	205	634	778	5,201	1,413	6,614
1997 .....	880	1,059	1,251	1,252	486	205	593	770	5,133	1,362	6,495
1998 .....	887	1,056	1,292	1,298	492	209	564	768	5,234	1,332	6,566
1999 .....	847	1,024	1,331	1,336	503	208	543	765	5,249	1,308	6,557
2000 .....	847	1,011	1,360	1,373	513	209	525	764	5,312	1,289	6,602
2001 .....	882	1,012	1,385	1,415	522	209	502	762	5,424	1,264	6,688
2002 .....	915	1,019	1,401	1,458	532	212	489	763	5,536	1,252	6,788
2003 .....	959	1,040	1,410	1,503	541	216	471	761	5,670	1,233	6,902
2004 .....	993	1,062	1,408	1,546	546	221	455	756	5,777	1,211	6,988
2005 .....	1,036	1,083	1,404	1,596	553	228	452	763	5,900	1,214	7,114
2006 .....	1,079	1,113	1,388	1,651	560	232	450	762	6,024	1,212	7,236
2007 .....	1,121	1,142	1,369	1,711	572	240	443	761	6,155	1,205	7,360
2008 .....	1,154	1,191	1,358	1,784	584	246	442	761	6,317	1,203	7,521
2009 .....	1,200	1,244	1,345	1,862	588	252	434	752	6,491	1,186	7,677
2010 .....	1,239	1,311	1,350	1,971	595	262	432	752	6,728	1,184	7,912
2011 .....	1,277	1,361	1,344	2,072	606	271	434	748	6,931	1,182	8,113
2012 <sup>a</sup> .....	1,312	1,395	1,321	2,154	637	289	422	734	7,107	1,156	8,263
2013 .....	1,322	1,414	1,295	2,226	653	298	429	728	7,206	1,157	8,363
2014 <sup>b</sup> .....	1,300	1,408	1,249	2,256	666	305	430	722	7,184	1,152	8,336
2015 .....	1,267	1,395	1,212	2,282	684	312	437	721	7,152	1,157	8,310
2016 .....	1,213	1,375	1,177	2,293	708	320	445	720	7,087	1,165	8,251
2017 .....	1,183	1,355	1,151	2,299	736	328	454	722	7,051	1,176	8,228
2018 .....	1,148	1,324	1,116	2,274	764	334	451	718	6,960	1,169	8,129
2019 .....	1,132	1,308	1,091	2,248	793	339	449	717	6,910	1,167	8,077
2020 .....	1,109	1,301	1,064	2,191	819	340	431	705	6,824	1,136	7,960
2021 .....	1,038	1,253	1,023	2,088	838	340	421	694	6,580	1,116	7,696
2022 .....	997	1,217	995	1,984	864	348	434	704	6,404	1,138	7,542
<b>Projected:</b>											
2023 .....	988	1,186	986	1,890	893	355	445	716	6,298	1,161	7,459
2024 .....	986	1,176	1,002	1,826	921	365	443	725	6,276	1,168	7,444
2025 .....	982	1,175	1,027	1,771	946	377	440	737	6,277	1,177	7,455
2026 .....	994	1,181	1,063	1,738	972	388	440	749	6,336	1,189	7,525
2027 .....	1,024	1,197	1,107	1,734	990	403	439	763	6,454	1,202	7,656
2028 .....	1,048	1,212	1,141	1,729	999	418	440	777	6,547	1,216	7,763
2029 .....	1,069	1,226	1,163	1,721	1,004	434	440	792	6,617	1,232	7,849
2030 .....	1,087	1,240	1,176	1,719	999	451	442	807	6,672	1,249	7,921
2031 .....	1,103	1,250	1,184	1,717	987	469	439	824	6,710	1,263	7,973
2032 .....	1,117	1,260	1,190	1,720	969	488	434	842	6,745	1,276	8,021
2033 .....	1,128	1,268	1,199	1,724	951	506	427	860	6,777	1,287	8,064
2034 .....	1,139	1,275	1,207	1,726	937	523	419	878	6,807	1,297	8,104
2035 .....	1,150	1,279	1,214	1,728	927	538	410	896	6,836	1,306	8,142
2036 .....	1,164	1,287	1,219	1,740	910	555	402	913	6,876	1,315	8,190
2037 .....	1,176	1,292	1,220	1,756	889	570	391	928	6,903	1,318	8,221
2038 .....	1,189	1,292	1,221	1,780	867	580	379	940	6,929	1,319	8,248
2039 .....	1,203	1,290	1,220	1,805	849	589	366	952	6,956	1,318	8,274
2040 .....	1,214	1,296	1,211	1,834	835	594	356	959	6,982	1,315	8,297
2041 .....	1,226	1,293	1,215	1,863	827	594	349	963	7,019	1,312	8,331
2042 .....	1,233	1,289	1,220	1,884	825	593	342	965	7,043	1,307	8,350
2043 .....	1,238	1,285	1,226	1,900	824	592	335	965	7,065	1,301	8,366
2044 .....	1,241	1,285	1,231	1,911	826	591	327	966	7,086	1,293	8,379
2045 .....	1,244	1,286	1,236	1,916	831	593	318	967	7,106	1,286	8,392
2046 .....	1,247	1,290	1,239	1,922	837	591	312	966	7,125	1,278	8,403
2047 .....	1,252	1,295	1,243	1,930	847	587	310	961	7,155	1,271	8,426

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

<sup>b</sup> 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. Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at [www.ssa.gov/OACT/ssir/SSI23](http://www.ssa.gov/OACT/ssir/SSI23)

## C. FEDERAL PAYMENTS UNDER SSI

To project 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 projections 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.<sup>1</sup>

**Table IV.C1.—SSI Federal Payments in Current Dollars,<sup>a</sup> Calendar Years 1975-2023**  
[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
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 <sup>b</sup> .....	7,824	7,624	8,172	10,389	2,462	1,052	1,436	3,081	37,522	4,517	42,040
2009 <sup>b</sup> .....	8,635	8,493	8,618	11,556	2,644	1,153	1,528	3,277	41,099	4,805	45,904
2010.....	9,020	9,013	8,735	12,283	2,689	1,213	1,521	3,294	42,953	4,815	47,767
2011.....	9,313	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.....	9,356	10,486	8,044	16,322	4,483	1,991	1,900	3,784	50,682	5,683	56,365
2021.....	9,017	10,368	7,857	15,796	4,695	2,039	1,864	3,787	49,772	5,652	55,424
2022.....	9,139	10,656	8,095	15,822	5,121	2,192	1,980	4,025	51,086	6,005	57,091
2023 <sup>c</sup> .....	9,617	11,230	8,740	16,501	5,782	2,436	2,198	4,416	54,306	6,614	60,921

<sup>a</sup> 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.

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

<sup>c</sup> Estimated.

## Notes:

1. Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at [www.ssa.gov/OACT/ssir/SSI23](http://www.ssa.gov/OACT/ssir/SSI23).

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

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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 2022 payment amounts shown in table IV.C1 reflect payments made in January-December 2022, and include the payments due on January 1, 2023 (which were actually paid in December 2022), but not the payments due on January 1, 2022 (which were actually paid in December 2021). Second, beginning in 1991, SSI obligations as accounted for in the Federal Budget, and as displayed in this section and section IV.D of this report, 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 1980-2023**  
[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
1990 <sup>a</sup> .....	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 <sup>a</sup> .....	4,575	4,713	5,034	4,811	1,324	553	1,616	1,882	21,010	3,497	24,507
1996 <sup>a</sup> .....	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 <sup>a</sup> .....	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 <sup>a</sup> .....	6,832	6,560	7,739	8,813	2,207	908	1,404	2,863	33,060	4,267	37,327
2007 <sup>a</sup> .....	6,659	6,427	7,207	8,630	2,135	895	1,297	2,731	31,952	4,028	35,981
2008.....	7,651	7,411	8,063	10,106	2,416	1,027	1,419	3,035	36,673	4,454	41,127
2009.....	8,389	8,241	8,493	11,208	2,598	1,126	1,505	3,233	40,056	4,737	44,793
2010.....	8,899	8,846	8,710	12,057	2,674	1,194	1,524	3,289	42,379	4,813	47,192
2011.....	9,939	9,981	9,354	13,651	2,921	1,340	1,637	3,531	47,186	5,168	52,354
2012 <sup>a</sup> .....	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 <sup>a</sup> .....	9,556	10,273	8,146	15,824	3,670	1,749	1,786	3,568	49,216	5,355	54,571
2018 <sup>a</sup> .....	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.....	9,383	10,436	8,082	16,406	4,407	1,971	1,908	3,773	50,685	5,681	56,366
2021.....	9,104	10,393	7,883	15,893	4,612	2,017	1,857	3,769	49,902	5,626	55,528
2022.....	9,781	11,353	8,626	17,031	5,359	2,303	2,088	4,243	54,452	6,331	60,782
2023 <sup>b</sup> .....	9,510	11,118	8,582	16,379	5,630	2,381	2,151	4,330	53,601	6,481	60,082

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

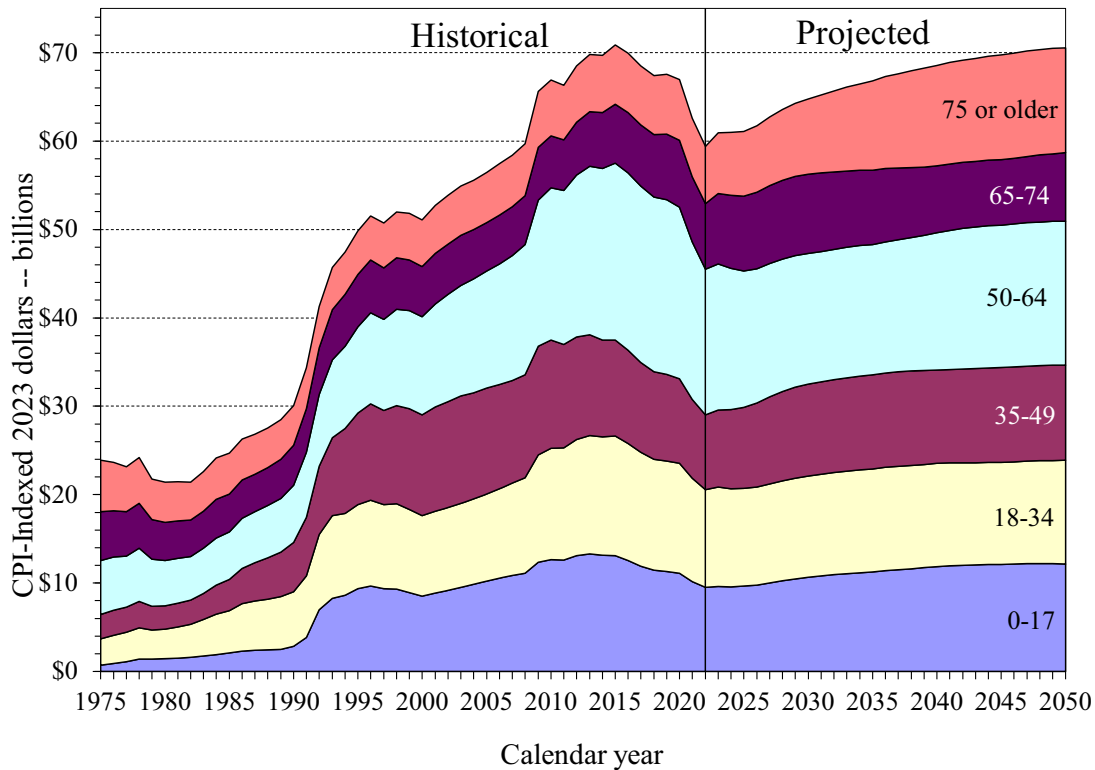
<sup>b</sup> Estimated.

Notes:

1. Totals do not necessarily equal the sums of the components due to rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at [www.ssa.gov/OACT/ssir/SSI23](http://www.ssa.gov/OACT/ssir/SSI23). 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 basis<sup>1</sup>. 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.<sup>2</sup>

**Figure IV.C1.—SSI Federal Payments, by Age Group, in CPI-Indexed 2023 Dollars, Calendar Years 1975-2050**  
[In billions]



Changes in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI)<sup>3</sup> directly affect SSI expenditures, because the Federal benefit rate is generally indexed to the CPI through annual cost-of-living adjustments (COLAs)<sup>4</sup>. 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 2023 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 intermedi-

<sup>1</sup> Fiscal years 1977 and later cover the 12-month period ending September 30. For example, fiscal year 2022 payments include payments made from October 1, 2021 through September 30, 2022.

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

- 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.

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

<sup>4</sup> The CPI is also used to index several other automatically adjusted amounts relevant to the SSI program.

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ate economic assumptions of the 2023 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 sharp increases in constant-dollar (CPI-indexed to 2023) Federal payments in the early 1990's seen in table IV.C3 are largely attributable to the increases in SSI child and young adult awards due to the Zebley decision. There was also an increase in this measure in the late 2000's primarily due to two reasons: (1) the combination of the spike in the average CPI for the third quarter of calendar year 2008, which caused the relatively large 5.8 percent benefit rate increase for 2009, and the subsequent drop in the average annual CPI for 2009 compared to 2008, and (2) the increase in numbers of disability applications and new entrants due to the 2007-2009 economic recession. After reaching a relative high point in the mid-2010's, the CPI-indexed dollar estimates have declined through 2022, partially due to a combination of the reduced numbers of applications experienced over the last ten years, especially the low number of applications since 2020 due to pandemic effects. The total amount of CPI-indexed Federal payments is projected to increase throughout the projection period. The projected growth in the total Federal "CPI-indexed dollar" is primarily attributable to the underlying growth in the SSI recipient population (table IV.B4).



**Table IV.C3.—SSI Federal Payments in CPI-Indexed 2023 Dollars, Calendar Years 1975-2047**  
 [Payment amounts in millions]

Calendar year	Adjusted <sup>a</sup> CPI	Blind or disabled, by age group					Aged, by age group		Totals			
		0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:												
1975	18.06	\$711	\$2,975	\$2,763	\$6,085	\$1,052	\$97	\$4,499	\$5,709	\$13,683	\$10,207	\$23,891
1980	27.67	1,436	3,365	2,643	5,132	1,967	100	2,320	4,446	14,642	6,766	21,408
1985	35.68	2,085	4,812	3,514	5,391	2,310	443	1,976	4,160	18,556	6,136	24,691
1990	43.05	2,831	6,194	5,581	6,476	2,221	932	2,311	3,518	24,235	5,828	30,063
1991	44.82	3,857	6,965	6,609	7,344	2,319	1,011	2,640	3,629	28,106	6,269	34,375
1992	46.12	6,988	8,490	7,719	8,141	2,386	1,032	2,858	3,637	34,756	6,495	41,251
1993	47.42	8,248	9,377	8,812	8,829	2,518	1,069	3,153	3,704	38,852	6,857	45,709
1994	48.59	8,631	9,250	9,597	9,315	2,589	1,093	3,262	3,724	40,475	6,986	47,462
1995	49.99	9,350	9,544	10,324	9,773	2,681	1,116	3,237	3,794	42,789	7,030	49,819
1996	51.43	9,655	9,725	10,891	10,284	2,756	1,138	3,235	3,845	44,450	7,079	51,529
1997	52.60	9,367	9,528	10,622	10,306	2,828	1,154	3,021	3,890	43,805	6,911	50,716
1998	53.30	9,341	9,608	11,144	10,860	2,938	1,183	2,899	3,989	45,074	6,888	51,963
1999	54.47	8,918	9,391	11,396	11,100	2,994	1,188	2,769	4,043	44,986	6,811	51,797
2000	56.37	8,536	9,089	11,378	11,141	3,020	1,186	2,636	4,068	44,349	6,704	51,054
2001	57.90	8,856	9,248	11,794	11,689	3,147	1,218	2,567	4,210	45,952	6,777	52,729
2002	58.70	9,163	9,341	12,031	12,119	3,226	1,242	2,468	4,265	47,123	6,733	53,856
2003	60.01	9,522	9,522	12,099	12,521	3,282	1,270	2,372	4,308	48,216	6,680	54,896
2004	61.57	9,852	9,665	12,021	12,869	3,309	1,298	2,245	4,289	49,012	6,534	55,546
2005	63.74	10,231	9,859	11,995	13,198	3,345	1,352	2,152	4,336	49,980	6,489	56,469
2006	65.78	10,561	10,119	11,798	13,596	3,399	1,404	2,147	4,402	50,877	6,549	57,426
2007	67.67	10,856	10,443	11,632	14,096	3,447	1,450	2,077	4,389	51,924	6,467	58,391
2008 <sup>b</sup>	70.44	11,108	10,824	11,601	14,750	3,495	1,494	2,039	4,374	53,271	6,413	59,685
2009 <sup>b</sup>	69.96	12,343	12,140	12,318	16,518	3,779	1,648	2,184	4,684	58,746	6,868	65,614
2010	71.41	12,631	12,621	12,232	17,201	3,765	1,699	2,129	4,613	60,150	6,742	66,893
2011	73.95	12,594	12,683	11,709	17,405	3,703	1,713	2,055	4,451	59,808	6,506	66,314
2012	75.50	13,084	13,140	11,597	18,322	3,946	1,877	2,032	4,481	61,966	6,513	68,479
2013	76.53	13,289	13,401	11,398	19,067	4,087	1,970	2,080	4,483	63,213	6,563	69,776
2014	77.68	13,152	13,370	10,984	19,368	4,201	2,033	2,124	4,477	63,108	6,601	69,709
2015	77.36	13,101	13,522	10,875	20,014	4,427	2,144	2,206	4,580	64,083	6,785	70,869
2016	78.12	12,531	13,264	10,525	20,078	4,545	2,187	2,258	4,548	63,130	6,806	69,936
2017	79.78	11,918	12,856	10,193	19,928	4,656	2,211	2,251	4,485	61,762	6,736	68,498
2018	81.81	11,465	12,526	9,899	19,749	4,835	2,258	2,258	4,444	60,720	6,702	67,422
2019	83.17	11,319	12,481	9,781	19,792	5,101	2,317	2,284	4,491	60,791	6,775	67,566
2020	84.18	11,114	12,456	9,555	19,389	5,325	2,364	2,256	4,495	60,203	6,751	66,955
2021	88.61	10,176	11,700	8,867	17,826	5,299	2,301	2,104	4,274	56,170	6,378	62,548
2022	96.15	9,505	11,082	8,419	16,518	5,326	2,280	2,059	4,186	53,130	6,245	59,375
Projected:												
2023	100.00	9,617	11,230	8,740	16,501	5,782	2,436	2,198	4,416	54,306	6,614	60,921
2024	102.53	9,572	11,108	8,936	15,983	6,048	2,549	2,222	4,545	54,196	6,767	60,963
2025	104.99	9,653	11,056	9,150	15,458	6,247	2,657	2,219	4,657	54,221	6,876	61,097
2026	107.51	9,752	11,112	9,499	15,163	6,445	2,760	2,230	4,765	54,732	6,996	61,728
2027	110.09	9,998	11,201	9,864	15,062	6,579	2,877	2,239	4,889	55,581	7,128	62,708
2028	112.73	10,249	11,297	10,132	14,977	6,650	2,998	2,254	5,010	56,303	7,264	63,567
2029	115.44	10,480	11,381	10,302	14,869	6,692	3,132	2,267	5,142	56,856	7,409	64,265
2030	118.21	10,653	11,454	10,382	14,795	6,666	3,271	2,286	5,274	57,222	7,560	64,782
2031	121.04	10,815	11,508	10,434	14,745	6,592	3,416	2,290	5,423	57,510	7,713	65,223
2032	123.95	10,943	11,572	10,474	14,753	6,490	3,571	2,278	5,586	57,803	7,864	65,667
2033	126.92	11,059	11,619	10,540	14,764	6,385	3,726	2,255	5,749	58,093	8,003	66,096
2034	129.97	11,160	11,654	10,591	14,760	6,298	3,872	2,221	5,911	58,334	8,132	66,466
2035	133.09	11,256	11,660	10,628	14,748	6,240	4,009	2,179	6,073	58,541	8,252	66,793
2036	136.28	11,390	11,705	10,671	14,843	6,136	4,161	2,146	6,235	58,906	8,381	67,287
2037	139.55	11,500	11,724	10,659	14,952	6,001	4,295	2,098	6,389	59,131	8,487	67,618
2038	142.90	11,624	11,698	10,656	15,129	5,863	4,405	2,043	6,530	59,375	8,573	67,948
2039	146.33	11,750	11,642	10,638	15,314	5,744	4,502	1,981	6,659	59,590	8,640	68,230
2040	149.85	11,854	11,676	10,549	15,534	5,664	4,573	1,933	6,768	59,849	8,701	68,550
2041	153.44	11,950	11,631	10,571	15,752	5,613	4,617	1,897	6,854	60,134	8,751	68,886
2042	157.12	12,020	11,577	10,607	15,906	5,609	4,647	1,865	6,928	60,366	8,793	69,159
2043	160.90	12,062	11,528	10,650	16,016	5,610	4,671	1,830	6,990	60,536	8,820	69,356
2044	164.76	12,105	11,521	10,694	16,092	5,632	4,704	1,790	7,054	60,748	8,844	69,592
2045	168.71	12,127	11,526	10,724	16,112	5,668	4,746	1,740	7,117	60,902	8,857	69,760
2046	172.76	12,151	11,552	10,747	16,152	5,713	4,769	1,708	7,161	61,085	8,869	69,953
2047	176.91	12,182	11,594	10,784	16,195	5,793	4,766	1,696	7,179	61,313	8,875	70,188

<sup>a</sup> The "adjusted CPI" is the series of actual and projected CPI values indexed to 2023 (i.e., adjusted so that the value shown for 2023 is 100.00). Projections of the adjusted CPI are based on the intermediate economic assumptions of the 2023 OASDI Trustees Report.

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

Notes:

1. Components may not sum to totals because of rounding.
2. The historical split among age groups is estimated on a calendar year of age basis.
3. A complete table of historical and projected values is available at [www.ssa.gov/OACT/ssir/SSI23](http://www.ssa.gov/OACT/ssir/SSI23).

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

**Table IV.C4.—SSI Federally Administered State Supplementation Payments  
in Current Dollars, Calendar Years 1975-2022**  
[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
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
2020 .....	712	1,810	2,521
2021 .....	686	1,728	2,414
2022 .....	857	2,061	2,917

Notes:

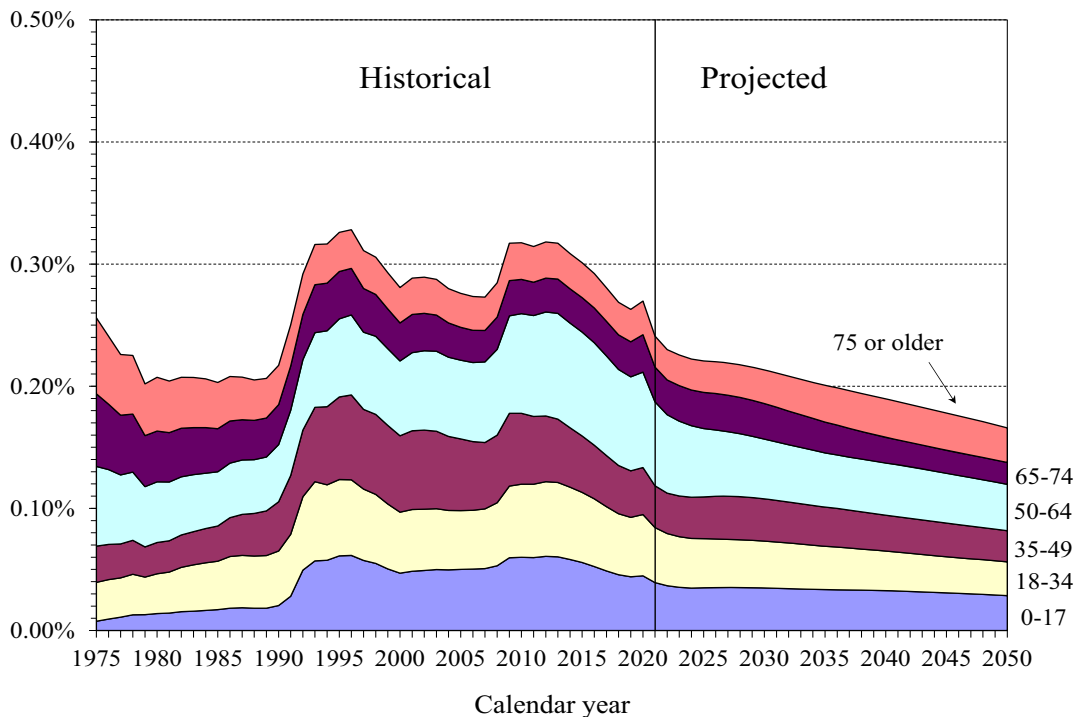
1. Components may not sum to totals because of rounding.
2. A complete table of historical and projected values is available at [www.ssa.gov/OACT/ssir/SSI23](http://www.ssa.gov/OACT/ssir/SSI23).

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

This section presents estimated annual SSI program costs as a percentage of gross domestic product (GDP), which provides an additional perspective to assess the cost of the program relative to the size of the national economy. The estimates in this section can be viewed as the estimated proportion of the total output of the U.S. economy needed to provide Federal SSI benefits. As table IV.D1 and figure IV.D1 show, after remaining relatively constant between 1993 and 2013, the total cost of the SSI program relative to GDP declined steadily through 2019, increased slightly in 2020, and decreased substantially in 2021 and 2022. It is projected to increase slightly in 2023 and then decline throughout the remainder of the projection period.

During the early 1990s, Total Federal SSI payments 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 1996<sup>1</sup>, the cost of SSI decreased as a percentage of GDP beginning in 1997 and continued to decline through 2000. Federal SSI payments 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. Federal SSI payments as a percentage of GDP decreased from 2012 to 2019 as the economy recovered, increased slightly in 2020 due to a decline in GDP during the pandemic-related recession, and decreased substantially in 2021 and 2022 with the rapid economic recovery. In 2023, Federal SSI payments as a percentage of GDP are expected to increase as GDP growth is expected to slow relative to 2021 and 2022. In 2024 and later, Federal SSI payments as a share of GDP are projected to continue the gradual downward trend experienced before 2020 due to the net effect of two factors. First, Federal SSI payments, 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 2023 OASDI Trustees Report intermediate assumptions, the effect of the real growth in GDP 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 2047.

**Figure IV.D1.—SSI Federal Payments, by Age Group, as a Percentage of GDP, Calendar Years 1975-2050**



<sup>1</sup> Public Law 104-121 and Public Law 104-193 modified several SSI eligibility rules. See section V.A for more information.

**Table IV.D1.—SSI Federal Payments as a Percentage of GDP, Calendar Years 1975-2047**

Calendar year	GDP <sup>a</sup> (In billions)	Blind or disabled, by age group					Aged, by age group			Totals		
		0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
<b>Historical data:</b>												
1975 .....	\$1,685	0.008	0.032	0.030	0.065	0.011	0.001	0.048	0.061	0.147	0.109	0.256
1980 .....	2,857	.014	.033	.026	.050	.019	.001	.022	.043	.142	.066	.207
1985 .....	4,339	.017	.040	.029	.044	.019	.004	.016	.034	.153	.050	.203
1990 .....	5,963	.020	.045	.040	.047	.016	.007	.017	.025	.175	.042	.217
1991 .....	6,158	.028	.051	.048	.053	.017	.007	.019	.026	.205	.046	.250
1992 .....	6,520	.049	.060	.055	.058	.017	.007	.020	.026	.246	.046	.292
1993 .....	6,859	.057	.065	.061	.061	.017	.007	.022	.026	.269	.047	.316
1994 .....	7,287	.058	.062	.064	.062	.017	.007	.022	.025	.270	.047	.316
1995 .....	7,640	.061	.062	.068	.064	.018	.007	.021	.025	.280	.046	.326
1996 .....	8,073	.062	.062	.069	.066	.018	.007	.021	.024	.283	.045	.328
1997 .....	8,578	.057	.058	.065	.063	.017	.007	.019	.024	.269	.042	.311
1998 .....	9,063	.055	.057	.066	.064	.017	.007	.017	.023	.265	.041	.306
1999 .....	9,631	.050	.053	.064	.063	.017	.007	.016	.023	.254	.039	.293
2000 .....	10,251	.047	.050	.063	.061	.017	.007	.014	.022	.244	.037	.281
2001 .....	10,582	.048	.051	.065	.064	.017	.007	.014	.023	.251	.037	.289
2002 .....	10,929	.049	.050	.065	.065	.017	.007	.013	.023	.253	.036	.289
2003 .....	11,456	.050	.050	.063	.066	.017	.007	.012	.023	.253	.035	.288
2004 .....	12,217	.050	.049	.061	.065	.017	.007	.011	.022	.247	.033	.280
2005 .....	13,039	.050	.048	.059	.065	.016	.007	.011	.021	.244	.032	.276
2006 .....	13,816	.050	.048	.056	.065	.016	.007	.010	.021	.242	.031	.273
2007 .....	14,474	.051	.049	.054	.066	.016	.007	.010	.021	.243	.030	.273
2008 .....	14,770	.053	.052	.055	.070	.017	.007	.010	.021	.254	.031	.285
2009 .....	14,478	.060	.059	.060	.080	.018	.008	.011	.023	.284	.033	.317
2010 .....	15,049	.060	.060	.058	.082	.018	.008	.010	.022	.285	.032	.317
2011 .....	15,600	.060	.060	.056	.083	.018	.008	.010	.021	.284	.031	.314
2012 .....	16,254	.061	.061	.054	.085	.018	.009	.009	.021	.288	.030	.318
2013 .....	16,843	.060	.061	.052	.087	.019	.009	.009	.020	.287	.030	.317
2014 .....	17,551	.058	.059	.049	.086	.019	.009	.009	.020	.279	.029	.309
2015 .....	18,206	.056	.057	.046	.085	.019	.009	.009	.019	.272	.029	.301
2016 .....	18,695	.052	.055	.044	.084	.019	.009	.009	.019	.264	.028	.292
2017 .....	19,477	.049	.053	.042	.082	.019	.009	.009	.018	.253	.028	.281
2018 .....	20,533	.046	.050	.039	.079	.019	.009	.009	.018	.242	.027	.269
2019 .....	21,381	.044	.049	.038	.077	.020	.009	.009	.017	.236	.026	.263
2020 .....	21,060	.044	.050	.038	.078	.021	.009	.009	.018	.241	.027	.268
2021 .....	23,315	.039	.044	.034	.068	.020	.009	.008	.016	.213	.024	.238
2022 .....	25,422	.036	.042	.032	.062	.020	.009	.008	.016	.201	.024	.225
<b>Projected:</b>												
2023 .....	26,592	.036	.042	.033	.062	.022	.009	.008	.017	.204	.025	.229
2024 .....	27,655	.035	.041	.033	.059	.022	.009	.008	.017	.201	.025	.226
2025 .....	28,902	.035	.040	.033	.056	.023	.010	.008	.017	.197	.025	.222
2026 .....	30,177	.035	.040	.034	.054	.023	.010	.008	.017	.195	.025	.220
2027 .....	31,478	.035	.039	.034	.053	.023	.010	.008	.017	.194	.025	.219
2028 .....	32,778	.035	.039	.035	.052	.023	.010	.008	.017	.194	.025	.219
2029 .....	34,125	.035	.038	.035	.050	.023	.011	.008	.017	.192	.025	.217
2030 .....	35,521	.035	.038	.035	.049	.022	.011	.008	.018	.190	.025	.216
2031 .....	36,976	.035	.038	.034	.048	.022	.011	.007	.018	.188	.025	.214
2032 .....	38,487	.035	.037	.034	.048	.021	.012	.007	.018	.186	.025	.211
2033 .....	40,064	.035	.037	.033	.047	.020	.012	.007	.018	.184	.025	.209
2034 .....	41,696	.035	.036	.033	.046	.020	.012	.007	.018	.182	.025	.207
2035 .....	43,392	.035	.036	.033	.045	.019	.012	.007	.019	.180	.025	.205
2036 .....	45,149	.034	.035	.032	.045	.019	.013	.006	.019	.178	.025	.203
2037 .....	46,957	.034	.035	.032	.044	.018	.013	.006	.019	.176	.025	.201
2038 .....	48,850	.034	.034	.031	.044	.017	.013	.006	.019	.174	.025	.199
2039 .....	50,807	.034	.034	.031	.044	.017	.013	.006	.019	.172	.025	.197
2040 .....	52,850	.034	.033	.030	.044	.016	.013	.005	.019	.170	.025	.194
2041 .....	54,970	.033	.032	.030	.044	.016	.013	.005	.019	.168	.024	.192
2042 .....	57,176	.033	.032	.029	.044	.015	.013	.005	.019	.166	.024	.190
2043 .....	59,465	.033	.031	.029	.043	.015	.013	.005	.019	.164	.024	.188
2044 .....	61,848	.032	.031	.028	.043	.015	.013	.005	.019	.162	.024	.185
2045 .....	64,333	.032	.030	.028	.042	.015	.012	.005	.019	.160	.023	.183
2046 .....	66,918	.031	.030	.028	.042	.015	.012	.004	.018	.158	.023	.181
2047 .....	69,619	.031	.029	.027	.041	.015	.012	.004	.018	.156	.023	.178

<sup>a</sup> Projected values in current dollars based on the intermediate economic assumptions of the 2023 OASDI Trustees Report.

Notes:

1. Components may not sum to totals because of rounding.
2. Historical GDP amounts subject to revision.
3. A complete table of historical and projected values is available at [www.ssa.gov/OACT/ssir/SSI23](http://www.ssa.gov/OACT/ssir/SSI23).

**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.<sup>1</sup> 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 1980-2023**  
[Outlays in millions]

Fiscal year	SSI administrative expenses <sup>a</sup>	Beneficiary services <sup>b</sup>
1980.....	\$668	\$33.1
1985.....	956	3.0
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.....	4,363	121.4
2021.....	4,501	103.1
2022.....	4,661	135.2
2023(projected).....	4,948	167.0

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

<sup>b</sup> 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 a projection for 2023 is available at [www.ssa.gov/OACT/ssir/SSI23](http://www.ssa.gov/OACT/ssir/SSI23).

<sup>1</sup> 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 the person 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 the person 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-

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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 the person has a medically determinable impairment that results in “marked and severe functional limitations,” and meets the existing statutory duration requirement. The law also eliminates references to “maladaptive behaviors” from the personal/behavioral domain of the mental disorders in the Listing of Impairments for children, and discontinues the use of individualized functional assessments for children.

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

**2006**  
*Public Law 109-171,*  
*enacted February 8*

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

## 2. Other Eligibility Provisions

### a. Citizenship and U.S. Residency

**1972**  
*Public Law 92-603,*  
*enacted October 30*

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

**1976**  
*Public Law 94-241,*  
*enacted March 24*

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

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

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

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**1980**

*Public Law 96-265,  
enacted June 9*

The income and resources of the immigration sponsors of aliens applying for SSI are considered in determining eligibility for and the amount of payment. After allowances for the needs of the sponsor and the sponsor's 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.



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**1998**

*Public Law 105-306,  
enacted October 28*

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

**2000**

*Public Law 106-386,  
enacted October 28*

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

**2004**

*Public Law 108-203,  
enacted March 2*

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

**2007**

*Public Law 110-161,  
enacted December 26*

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

**2008**

*Public Law 110-181,  
enacted January 28*

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

*Public Law 110-328,  
enacted September 30*

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

**2009**

*Public Law 111-118,  
enacted December 19*

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

**2021**

*Public Law 117-43,  
enacted September 30*

Allows certain citizens or nationals of Afghanistan (or individuals with no nationality who last habitually resided in Afghanistan) to be temporarily eligible for SSI benefits if they:

- were paroled into the United States between July 31, 2021 and September 30, 2022; or

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- were paroled into the United States after September 30, 2022 and are either the spouse, child, or parent or legal guardian (of an unaccompanied minor) of a person described in the prior bullet.

To be eligible for SSI benefits, these people would also need to meet the other requirements of the SSI program, such as being at least age 65 or disabled or blind, and having countable income and resources below certain limits. Eligibility for these individuals ends on the later of March 31, 2023 or when the person's parole period ends.

**2022**

*Public Law 117-128,  
enacted May 21*

Allows certain citizens of Ukraine, nationals of Ukraine, or individuals with no nationality who last habitually resided in Ukraine to be eligible for SSI benefits if they were:

- paroled into the United States between February 24, 2022 and September 30, 2022; or
- paroled into the United States after September 30, 2022, and they are a spouse or child of a person who is a Ukrainian citizen or national (or individual with no nationality who last habitually resided in Ukraine) who was paroled into the United States between February 24, 2022 and September 30, 2023; or
- paroled into the United States after September 30, 2022, and they are a parent, legal guardian, or primary caregiver of an unaccompanied minor from Ukraine who is a Ukrainian citizen or national (or individual with no nationality who last habitually resided in Ukraine) who was paroled into the United States between February 24, 2022 and September 30, 2023.

To be eligible for SSI benefits, these parolees would also need to meet the other requirements of the SSI program, such as being at least age 65 or disabled or blind, and having countable income and resources below certain limits. A parolee's eligibility to receive SSI benefits ends if parole status is terminated by the Department of Homeland Security. This law also exempts these parolees from sponsor-to-alien deeming.

*Public Law 117-328,  
enacted December 29*

Certain citizens of Afghanistan, nationals of Afghanistan, or individuals who last habitually resided in Afghanistan and were paroled into the United States can be eligible for SSI if they entered the U.S. during a certain period. Section 1501 of the Additional Ukraine Supplemental Appropriations Act, 2023 extends the end of this qualifying period to the end of September 2023.

**b. Other Benefits**

**1980**

*Public Law 96-272,  
enacted June 17*

SSI applicants and recipients are not required as a condition of eligibility to elect to receive Veterans Administration<sup>1</sup> pensions under the Veterans and Survivors' Pension Improvement Act of 1978 if the State of residence lacks a medically needy program under Title XIX.

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

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**c. Drug Addiction and Alcoholism**

**1972**

*Public Law 92-603,  
enacted October 30*

Any disabled SSI recipient 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 their 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.

**d. Institutionalization**

**1972**

*Public Law 92-603,  
enacted October 30*

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

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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.

**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

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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 suspense<sup>1</sup> status (for a reason other than cessation of disability or blindness); or
- Federally administered State supplementation was received.

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

**1999**

*Public Law 106-170,  
enacted December 17*

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

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

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

- 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

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

***f. Continuing Disability Reviews and Eligibility Redeterminations***

**1994**

*Public Law 103-296,  
enacted August 15*

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

**1996**

*Public Law 104-193,  
enacted August 22*

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

Requires a CDR:

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

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

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

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

**1997**

*Public Law 105-33,  
enacted August 5*

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

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

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

**1999**

*Public Law 106-170,  
enacted December 17*

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

**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*

Extends the sponsor-to-alien deeming period from 3 years to 5 years, effective January 1, 1994 through September 30, 1996.

**1996**

*Public Law 104-193,  
enacted August 22*

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

*Public Law 104-208,  
enacted September 30*

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

- Provides that if the noncitizen is indigent and would be unable to obtain food and shelter without SSI benefits even after receiving support from the sponsor, then only the amount of income and resources actually provided by the sponsor will be counted for a 12-month period after a determination of indigence; and
- Provides that in certain cases, deeming would not apply for a 12-month period (with some options for extension) if the noncitizen (or the non-citizen's 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.



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**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.

**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.

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**2004**

*Public Law 108-203,  
enacted March 2*

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

**d. *Uncashed Checks***

**1981**

*Public Law 97-35,  
enacted August 13*

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

**1987**

*Public Law 100-86,  
enacted August 10*

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

**e. *Rounding of Payment Amounts***

**1982**

*Public Law 97-248,  
enacted September 3*

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

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

**1999**

*Public Law 106-169,  
enacted December 14*

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

**2004**

*Public Law 108-203,  
enacted March 2*

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

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

**g. *Installment Payments***

**1996**

*Public Law 104-193,  
enacted August 22*

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

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

Act

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

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

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

**2006**

*Public Law 109-171,  
enacted February 8*

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

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

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

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

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

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

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

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

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

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

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

Act

## 5. Exclusions from Income

### a. General Exclusions

**1972**

*Public Law 92-603,  
enacted October 30*

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

**1981**

*Public Law 97-35,  
enacted August 13*

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

**2000**

*Public Law 106-554,  
enacted December 21*

Earnings of persons defined as Social Security statutory employees (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 an ineligible child residing in recipient's home through placement by a public or private nonprofit child care agency.

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

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

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

**1976**

*Public Law 94-331,  
enacted June 30*

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

## *History of Provisions*

### *Act*

*Public Law 94-566,  
enacted October 20*

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

The value of assistance provided under certain Federal housing programs.

### **1977**

*Public Law 95-113,  
enacted September 29*

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

*Public Law 95-171,  
enacted November 12*

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

### **1980**

*Public Law 96-222,  
enacted April 1*

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

*Public Law 96-265,  
enacted June 9*

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

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

### **1981**

*Public Law 97-35,  
enacted August 13*

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

### **1982**

*Public Law 97-377,  
enacted December 21*

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

### **1983**

*Public Law 97-424,  
enacted January 6*

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

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

### **1984**

*Public Law 98-369,  
enacted July 18*

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

### **1986**

*Public Law 99-498,  
enacted October 17*

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

Act

**1987**

*Public Law 100-203,  
enacted December 22*

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

Excludes death payments (e.g., proceeds from life insurance) from SSI income determinations to the extent they were spent on last illness and burial.

Modifies the 1982 resource exclusion for burial funds to extend the exclusion to any burial fund of \$1,500 or less maintained separately from all other assets, thereby allowing interest to be excluded from income if retained in the fund.

**1988**

*Public Law 100-383,  
enacted August 10*

Restitution payments made to Japanese internees and relocated Aleutians.

**1989**

*Public Law 101-239,  
enacted December 19*

Interest on agreements representing the purchase of an excluded burial space.

Payments from the Agent Orange Settlement.

Value of a ticket for domestic travel received as a gift and not cashed.

**1990**

*Public Law 101-508,  
enacted November 5*

EITC (including the child health insurance portion).

Payments received from a State-administered fund established to aid victims of crime.

Impairment-related work expenses excluded from income in determining initial eligibility for benefits.

Payments received as State or local government relocation assistance.

Payments received under the Radiation Exposure Compensation Act.

Royalties earned in connection with any publication of the individual's work and honoraria received for services rendered redefined as earned income (previously defined as unearned income).

**1993**

*Public Law 103-66,  
enacted August 10*

Hostile fire pay to members of the uniformed services.

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

**1994**

*Public Law 103-286,  
enacted August 1*

Payments to victims of Nazi persecution.

**1998**

*Public Law 105-285,  
enacted October 27*

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

*Public Law 105-306,  
enacted October 28*

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

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

*History of Provisions*

*Act*

*Public Law 105-369,  
enacted November 12*

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

**2000**

*Public Law 106-554,  
enacted December 21*

Interest on funds deposited in an Individual Development Account.

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

**2001**

*Public Law 107-16,  
enacted June 7*

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

**2004**

*Public Law 108-203,  
enacted March 2*

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

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

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

**2005**

*Public Law 109-64,  
enacted September 20*

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

**2006**

*Public Law 109-432,  
enacted December 20*

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

**2008**

*Public Law 110-185,  
enacted February 13*

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

*Public Law 110-245,  
enacted June 17*

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

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



Act

Excludes annuity payments paid by a State to a person or their 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.<sup>1</sup>

**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.

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<sup>1</sup> 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.

**1972**

*Public Law 92-603,  
enacted October 30*

**6. Resources**

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

**1984**

*Public Law 98-369,  
enacted July 18*

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

**1999**

*Public Law 106-169,  
enacted December 14*

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

**a. General Exclusions**

**1972**

*Public Law 92-603,  
enacted October 30*

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

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

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

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

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

**1976**

*Public Law 94-569,  
enacted October 20*

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

**1977**

*Public Law 95-171,  
enacted November 12*

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

**1979**

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

**1982**

*Public Law 97-248,  
enacted September 3*

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

**1984**

*Public Law 98-369,  
enacted July 18*

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

**1985**

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

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	current market value limit applies only if no automobile could be excluded based on the nature of its use.
<b>1987</b> <i>Public Law 100-203, enacted December 22</i>	Provides for suspension of the 1980 transfer of assets provision in any month that it is determined that undue hardship would result.  Real property that cannot be sold for the following reasons: it is jointly owned; its sale would cause the other owner(s) undue hardship due to loss of housing; its sale is barred by a legal impediment; or the owner's reasonable efforts to sell have been unsuccessful.  Temporarily extends the 1984 exclusion of retroactive OASDI and SSI benefits from 6 months to 9 months (the longer exclusion applies to benefits paid in fiscal years 1988 and 1989).
<b>1988</b> <i>Public Law 100-707, enacted November 23</i>	Removes the time limit for exclusion of disaster assistance.
<b>2004</b> <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.
<b>2005</b>	<i>Regulations</i> permit exclusion, regardless of value, of: <ul style="list-style-type: none"> <li>• One automobile if used for transportation for the recipient or a member of the recipient's household; and</li> <li>• Personal goods and household effects.</li> </ul> <p><b>b. Special Exclusions</b></p> <p>Assets of a blind or disabled individual that are necessary to an approved plan of self-support.</p> <p>Tools and other property essential to self-support, within reasonable limits.</p> <p>Shares of nonnegotiable stock in regional or village corporations held by natives of Alaska.</p> <p>For persons transferred from State programs to SSI, resource exclusions equal to the maximum amount permitted as of October 1972 under the State program.</p>
<b>1972</b> <i>Public Law 92-603, enacted October 30</i>	
<b>1988</b> <i>Public Law 100-383, enacted August 10</i>	Restitution payments made to Japanese internees and relocated Aleutians.
<b>1989</b> <i>Public Law 101-239, enacted December 19</i>	Specifies that no limitation can be placed on property essential to self-support used in a trade or business or by an individual as an employee (including the tools of a tradesperson and the machinery and livestock of a farmer).  Payments from the Agent Orange Settlement.

## *History of Provisions*

### *Act*

#### **1990**

*Public Law 101-508,  
enacted November 5*

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

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

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

Payments received under the Radiation Exposure Compensation Act.

#### **1993**

*Public Law 103-66,  
enacted August 10*

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

#### **1994**

*Public Law 103-286,  
enacted August 1*

Payments to victims of Nazi persecution.

#### **1996**

*Public Law 104-193,  
enacted August 22*

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

#### **1998**

*Public Law 105-285,  
enacted October 27*

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

*Public Law 105-306,  
enacted October 28*

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

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

*Public Law 105-369,  
enacted November 12*

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

#### **2000**

*Public Law 106-554,  
enacted December 21*

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

#### **2001**

*Public Law 107-16,  
enacted June 7*

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

#### **2004**

*Public Law 108-203,  
enacted March 2*

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

#### **2005**

*Public Law 109-64,  
enacted September 20*

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

#### **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

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	not be included as a resource during the month of receipt or the following 2 months.
<i>Public Law 110-245, enacted June 17</i>	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.
<b>2009</b>	
<i>Public Law 111-5, enacted February 17</i>	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.
<b>2010</b>	
<i>Public Law 111-148, enacted March 23</i>	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.
<i>Public Law 111-255, enacted October 5</i>	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.
<i>Public Law 111-291, enacted December 8</i>	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.
<i>Public Law 111-312, enacted December 17</i>	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.
<b>2013</b>	
<i>Public Law 112-240, enacted January 2</i>	Makes permanent the 12-month resource exclusion of all refundable Federal advanced tax credits.
<b>2014</b>	
<i>Public Law 113-295, enacted December 19</i>	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. <sup>1</sup> Any distribution for a qualified disability expense that is not housing-related is excluded

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<sup>1</sup> 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.

**2015**

*Public Law 114-63,  
enacted October 7*

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

Makes permanent the exclusion as a resource of the first \$2,000 in payments per calendar year that an SSI recipient receives as compensation for participation in certain clinical 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 (\$17,000 in 2023) to the person's ABLE account, subject to established limits. Finally, provides that designated beneficiaries may be eligible for a tax credit for contributions they make 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.

**2022**

*Public Law 117-128,  
enacted May 21*

To be eligible for an ABLE account, a person must have been disabled before a certain age. This provision changes this age from 26 to 46, effective with tax year 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.

Act

**1976**

*Public Law 94-569,  
enacted October 20*

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

**1990**

*Public Law 101-508,  
enacted November 5*

Extends the period for receipt of payments to 6 months.

**b. Emergency Advance Payments**

**1972**

*Public Law 92-603,  
enacted October 30*

Any applicant who can be presumed to meet the criteria of eligibility, but who 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 the person's 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.

*Act*

**1976**

*Public Law 94-566,  
enacted October 20*

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

**1980**

*Public Law 96-265,  
enacted June 9*

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

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

The Medicaid provision of the 1980 legislation was in effect from January 1, 1981 through December 31, 1983. Under a 1-year demonstration project 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.



Act

**1987**

*Public Law 100-203,  
enacted December 22*

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

**1990**

*Public Law 101-508,  
enacted November 5*

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

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

**1997**

*Public Law 105-33,  
enacted August 5*

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

**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

*Act*

received in December 1973 plus other income; and (2) the person's Federal SSI payment plus other income.

**1976**

*Public Law 94-585,  
enacted October 21*

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

Requires States to maintain State supplementation payments at the level of December 1976 ("maintenance of payments") or to continue to pay in supplements the same total annual amounts ("maintenance of expenditures") when the Federal SSI payment level is increased and thereby pass through any increases in Federal benefits without reducing State supplements.

**1982**

*Public Law 97-248,  
enacted September 3*

Begins a 3-year phase out of "hold harmless" protection. Effective with fiscal year 1985, Wisconsin and Hawaii (the only remaining "hold harmless" States) assumed the full cost of their supplementary payments.

**1983**

*Public Law 98-21,  
enacted April 20*

Federal pass-through law is adjusted: (1) by substituting the State supplementation payment levels in effect in March 1983 for those in effect in December 1976 as the levels that States must maintain in complying with the pass-through requirements; and (2) with regard to the \$20 (individual) and \$30 (couple) increase in the Federal SSI standard in July 1983, by requiring States to pass through only as much as would have been required if the SSI cost-of-living adjustment had been made in July 1983.

**1987**

*Public Law 100-203,  
enacted December 22*

Provides for Federal administration of State supplements to residents of medical institutions.

Provides for required pass through of \$5 increase in Federal rate for persons whose care in institutions is paid in substantial part by Medicaid.

**1993**

*Public Law 103-66,  
enacted August 10*

Requires States to pay fees for Federal administration of their State supplementation payments. The fees are \$1.67 for each monthly supplementary payment in fiscal year 1994, \$3.33 in fiscal year 1995, and \$5.00 in fiscal year 1996. Fees for subsequent fiscal years will be \$5.00 or another amount determined by the Commissioner to be appropriate. The Commissioner may charge the States additional fees for services they request that are beyond the level customarily provided in administering State supplementation payments.

**1997**

*Public Law 105-33,  
enacted August 5*

Revises the schedule of per-payment fees for Federal administration of State supplementation for fiscal years 1998 (\$6.20) through 2002 (\$8.50) and provides a formula for determining the fee beyond fiscal year 2002.

**1999**

*Public Law 106-170,  
enacted December 17*

A State that has an agreement with SSA to administer its supplementation payments must remit both payments and fees prior to the SSI payment date.

Act

**2000**

*Public Law 106-554,  
enacted December 21*

Changes the effective date of above provision from 2009 to 2001.

**1984**

*Public Law 98-369,  
enacted July 18*

**10. Overpayment Recovery**

Limits the rate of recovering overpayments from monthly payments to the lesser of: (1) the monthly payment; or (2) 10 percent of a recipient's monthly income. Permits a higher or lower adjustment at the request of the recipient subject to the agreement of the Commissioner. The limit does not apply if fraud, willful misrepresentation, or concealment of material information was involved on the part of the recipient or spouse in connection with the overpayment.

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

Provides authority for the recovery of overpayments from tax refunds.

**1998**

*Public Law 105-306,  
enacted October 28*

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

**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.

*Act*

**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.

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 penalty,<sup>1</sup> 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;

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<sup>1</sup> 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.

*Act*

- Enhancing personal control by allowing recipients to make a designation of their preferred payee in advance, and improving 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.

## ***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. A payment is infrequent 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. A payment is irregular if its receipt cannot reasonably be expected;
- Up to \$2,220<sup>1</sup> per month but not more than \$8,950 in a calendar year received by a blind or disabled recipient who is a working student under age 22 and regularly attending school;
- Any portion of the monthly \$20 exclusion that we did not exclude from unearned income;
- \$65 of earned income in a month;
- Amounts used to pay impairment-related work expenses if a recipient is disabled (but not blind) and under age 65 or is disabled (but not blind) and receiving Supplemental Security Income (SSI) (or disability payments under a former State plan) before age 65;<sup>2</sup>
- One-half of remaining earned income in a month;
- Earned income used to meet any expenses reasonably attributable to the earning of the income if the recipient is blind and under age 65 or if the person received SSI as a blind person prior to age 65;<sup>2</sup>
- Any earned income received and used to fulfill an approved plan to achieve self-support if the recipient is blind or disabled and under age 65 or is blind or disabled and received SSI as a blind or disabled individual in the month before they attained age 65;
- Cash or in-kind income provided under an AmeriCorps program;<sup>3</sup>
- The amount of the recipient's earned income deposited into an Individual Development Account (IDA); and
- Earned income excluded by other Federal laws. See Federal Regulations Appendix to Subpart K 20 CFR 416.

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<sup>1</sup> Effective January 1, 2023 (87 FR 64296). 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.

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

<sup>3</sup> Cash and in-kind income provided under an AmeriCorps program is excluded from both earned and unearned income.

## 2. Unearned Income Exclusions

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

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

## *Income and Resource Exclusions*

- The value of any commercial transportation ticket for travel by a recipient or their 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;
- 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);
- Cash or in-kind income provided under an AmeriCorps program;<sup>1</sup>
- Amounts deposited into an IDA by a State’s TANF program, or by a demonstration project authorized by the Assets for Independence Act;
- Interest earned on amounts deposited into an IDA by the participating individual, a State’s TANF program, or a demonstration project authorized by the Assets for Independence Act;
- 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;

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<sup>1</sup> Cash and in-kind income provided under an AmeriCorps program is excluded from both earned and unearned income.



- 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) account<sup>1</sup> 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;

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<sup>1</sup> 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.

## *Income and Resource Exclusions*

- Refunds of Federal income taxes and advances made by an employer relating to an EITC for 12 months following the month of receipt;<sup>1</sup>
- One-time economic recovery payment received under the American Recovery and Reinvestment Act of 2009, for the month of receipt and the following 9 months;
- Amounts received pursuant to the Making Work Pay tax credit set forth in the American Recovery and Reinvestment Act of 2009 for the month of receipt and the following 12 months;<sup>2</sup>
- Amounts received from the Filipino Veterans Equity Compensation Fund set forth in the American Recovery and Reinvestment Act of 2009;
- Refundable child tax credit for 12 months following the month of receipt;
- Refundable tax credits or advance payment of such credits for 12 months following the month of receipt;<sup>3</sup>
- 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 an IDA by the participating recipient, a State’s TANF program, or a demonstration project authorized by the Assets for Independence Act, and interest earned on such amounts;

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

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

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

- Certain trusts (e.g., 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;
- 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 in 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 2022, 85 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 or over the telephone. We send claims requiring an evaluation of disability to the State disability determination services (DDS) for a disability decision.<sup>1 2</sup> Claimants may appeal unfavorable initial DDS decisions. In general, the appeals process proceeds as follows<sup>3 4</sup>:

- The State DDS conducts the first level of appeal—the reconsideration appeal step.
- Claimants denied at the reconsideration level can then request a hearing before an administrative law judge (ALJ).
- If dissatisfied with the hearing decision, claimants can request a review by the Appeals Council.
- Those dissatisfied with the Appeals Council’s action can seek further relief through the Federal court system.

This process of application and appeal can span several years. Only a longitudinal database of administrative records at all stages of appeal can provide a complete picture of the disability determination process. Each year, the Social Security Administration’s (SSA) Office of Disability Policy constructs such a longitudinal database, the “Title XVI Disability Research File,” to assist our agency in understanding and managing this process. However, as there are inconsistencies in the data collected from all the respective levels of appeal, certain considerations are made during the build process. 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 Disability 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.

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<sup>1</sup> 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.

<sup>2</sup> This section uses the term “decision” in a general sense, although SSA usually refers to DDS findings as “determinations” and administrative law judge findings as “decisions.”

<sup>3</sup> SSA 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 (correction to 73 FR 2411 in 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 or to an ALJ for a hearing, whichever was applicable in that particular New England State at that time). 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) replacing the Appeals Council with the Decision Review Board. By final rule (76 FR 24802), we restored the Appeals Council, although the other modifications concerning when evidence could be submitted remained in effect in the Boston Region and were later expanded to all other regions.

<sup>4</sup> Beginning in the mid-1990s, SSA conducted pilots testing revisions to this process and introduced a modification of this process that 10 States used for applications filed on or after October 1, 1999. The revised process eliminated the reconsideration step, so the first level of appeal of an initial determination was a request for hearing before an ALJ. 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 June 26, 2020.

Creating the Title XVI 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 activity since the last time we built the file. Since the process is so time consuming, we update the research file only annually (usually beginning in July); research file data are not yet available for claims filed in 2022.

*Methods used for estimating results (through January 2023) for claims filed in 2022*—Although decision counts are available for 2022 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 Title XVI Disability Research File.

To prepare preliminary estimates of results through January 2023 for 2022 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 2023, whereas the final research files will reflect information through at least June 2023. Actual data for 2022 will replace these estimates in the 2024 Annual Report.

## 2. General Considerations

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

- Data for 1988-2021 filers are as of June 2022 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 2022.
- Data for 2022 filers are preliminary estimates as of January 2023, and reflect larger numbers of claims still pending. January 2023 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 could 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 did not receive a decision at the reconsideration level.<sup>1</sup>

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<sup>1</sup> 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 June 26, 2020.

### *Historical Allowance Data*

- The tables do not show the cases appealed to the Office of the Federal Reviewing Official level under the DSI process separately, but we included these cases in the reconsideration counts.
- In reports issued in 2010 and earlier, we counted allowances at the highest adjudicative level a filer reached. Beginning with data in the 2011 Annual Report for claims filed after 1999, we now count allowances at the earliest adjudicative level of allowance. For claims filed prior to 2000, we continue to count allowances at the highest adjudicative level reached.

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

Calendar year of filing	Total claims filed	Initial decisions						
		Pending	Allowances		Denials		Appeals of initial denials	
			Number	Percent <sup>c</sup>	Number	Percent <sup>c</sup>	Number <sup>d</sup>	Percent <sup>e</sup>
1988	946,603	—	272,204	28.8	674,399	71.2	265,151	39.3
1989	969,218	—	292,044	30.1	677,174	69.9	274,823	40.6
1990	1,099,805	—	347,823	31.6	751,982	68.4	320,207	42.6
1991	1,288,331	—	415,336	32.2	872,995	67.8	383,669	43.9
1992	1,415,624	—	436,888	30.9	978,736	69.1	433,244	44.3
1993	1,503,278	—	416,300	27.7	1,086,978	72.3	485,166	44.6
1994	1,436,958	—	353,995	24.6	1,082,963	75.4	482,533	44.6
1995	1,318,416	—	323,084	24.5	995,332	75.5	439,166	44.1
1996	1,247,926	—	305,351	24.5	942,575	75.5	406,425	43.1
1997	1,110,898	—	292,839	26.4	818,059	73.6	357,973	43.8
1998	1,108,957	—	322,734	29.1	786,223	70.9	339,288	43.2
1999	1,105,109	—	326,734	29.6	778,375	70.4	340,114	43.7
2000	1,139,623	—	347,024	30.5	792,599	69.5	338,664	42.7
2001	1,216,040	—	368,981	30.3	847,059	69.7	360,793	42.6
2002	1,322,451	—	374,373	28.3	948,078	71.7	405,333	42.8
2003	1,403,003	—	382,013	27.2	1,020,990	72.8	431,548	42.3
2004	1,475,149	—	387,857	26.3	1,087,292	73.7	434,291	39.9
2005	1,470,300	—	373,582	25.4	1,096,718	74.6	420,445	38.3
2006	1,499,551	—	367,973	24.5	1,131,578	75.5	428,193	37.8
2007	1,506,654	—	376,632	25.0	1,130,022	75.0	436,462	38.6
2008	1,602,444	—	418,258	26.1	1,184,186	73.9	486,770	41.1
2009	1,831,721	—	465,276	25.4	1,366,445	74.6	571,418	41.8
2010	1,881,418	—	450,337	23.9	1,431,081	76.1	611,117	42.7
2011	1,842,499	—	425,626	23.1	1,416,873	76.9	627,252	44.3
2012	1,794,616	—	414,620	23.1	1,379,996	76.9	614,999	44.6
2013	1,633,124	—	382,749	23.4	1,250,375	76.6	573,479	45.9
2014	1,496,914	—	355,295	23.7	1,141,619	76.3	521,637	45.7
2015	1,411,989	—	334,641	23.7	1,077,348	76.3	462,663	42.9
2016	1,324,374	—	322,519	24.4	1,001,855	75.6	424,934	42.4
2017	1,267,913	—	309,629	24.4	958,284	75.6	391,461	40.9
2018	1,197,402	—	293,779	24.5	903,623	75.5	371,693	41.1
2019	1,206,007	—	294,066	24.4	911,941	75.6	366,169	40.2
2020	1,028,402	—	233,798	22.7	794,604	77.3	309,540	39.0
2021	958,291	137,915	189,075	23.0	631,301	77.0	199,022	31.5
2022	952,998	412,114	185,030	34.2	355,854	65.8	83,767	23.5

Calendar year of filing	Reconsiderations <sup>f</sup>					Appeals beyond reconsideration <sup>g</sup>				
	Pending	Allowances		Denials	Appeals of		Pending <sup>i</sup>	Allowances		Denials <sup>k</sup>
		Number	Percent <sup>c</sup>		Number <sup>h</sup>	Percent <sup>c</sup>		Number	Percent <sup>j</sup>	
1988	—	38,385	14.5	226,766	140,663	62.0	—	82,414	58.6	58,249
1989	—	43,505	15.8	231,318	146,082	63.2	—	90,169	61.7	55,913
1990	—	52,055	16.3	268,152	175,520	65.5	—	109,098	62.2	66,422
1991	—	59,157	15.4	324,512	221,816	68.4	—	139,698	63.0	82,118
1992	—	58,819	13.6	374,425	260,554	69.6	—	159,084	61.1	101,470
1993	—	57,938	11.9	427,228	294,801	69.0	—	170,402	57.8	124,399
1994	—	55,822	11.6	426,711	293,448	68.8	—	164,537	56.1	128,911
1995	—	51,697	11.8	387,469	264,270	68.2	—	143,582	54.3	120,688
1996	—	49,263	12.1	357,162	242,407	67.9	—	133,323	55.0	109,084
1997	—	47,573	13.4	306,561	213,969	69.8	—	121,619	55.8	96,189
1998	—	46,507	13.7	292,272	203,767	69.7	—	115,323	56.5	88,953
1999	—	40,375	12.5	283,475	199,371	70.3	—	117,431	54.5	98,204
2000	—	37,768	13.4	243,790	173,465	71.2	—	122,829	53.3	107,742
2001	—	37,388	13.2	246,613	174,286	70.7	—	133,018	53.0	118,060
2002	—	38,617	12.2	277,567	195,633	70.5	—	150,228	52.8	134,554
2003	—	39,086	11.5	300,283	210,228	70.0	—	159,464	52.7	142,943
2004	—	37,197	10.9	302,649	211,583	69.9	—	163,800	53.5	142,228
2005	—	34,753	10.6	293,829	205,752	70.0	—	163,212	54.8	134,403
2006	—	34,145	10.3	298,918	210,427	70.4	—	169,878	55.6	135,679
2007	—	35,893	10.6	304,060	214,678	70.6	—	170,932	54.9	140,255
2008	—	40,868	10.7	341,794	244,060	71.4	—	186,883	53.7	161,285
2009	—	43,507	9.7	406,284	293,512	72.2	—	205,087	49.4	210,052
2010	—	41,231	8.5	441,260	326,500	74.0	—	204,139	44.9	250,987
2011	—	42,102	8.5	451,375	340,922	75.5	—	195,644	41.2	279,053
2012	—	40,786	8.4	444,905	334,240	75.1	—	180,070	38.8	283,478
2013	—	37,169	8.2	415,114	318,415	76.7	—	165,248	37.6	274,363
2014	—	35,411	8.6	376,297	284,669	75.7	—	149,518	37.9	245,110
2015	—	34,105	9.4	330,081	245,199	74.3	2,084	127,302	37.3	214,290
2016	—	31,831	9.4	306,121	226,786	74.1	2,997	113,019	36.4	197,752
2017	—	29,221	9.2	287,008	210,064	73.2	5,643	100,145	35.8	179,508
2018	—	30,509	9.7	282,591	207,908	73.6	17,402	93,130	37.4	155,969
2019	—	36,670	10.4	315,507	228,737	72.5	41,865	80,660	40.2	120,204
2020	—	27,173	8.8	282,201	192,488	68.2	85,336	44,903	41.8	62,415
2021	76,602	10,794	8.8	111,553	68,627	61.5	57,155	4,474	38.8	7,071
2022	45,263	3,897	11.4	30,208	12,375	41.0	16,437	131	38.9	206

Historical Allowance Data

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

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	695,707	—	1,185,711
2011	1,842,499	—	1,842,499	663,372	—	1,179,127
2012	1,794,616	—	1,794,616	635,476	—	1,159,140
2013	1,633,124	—	1,633,124	585,166	—	1,047,958
2014	1,496,914	—	1,496,914	540,224	—	956,690
2015	1,411,989	—	1,411,989	496,048	2,084	913,857
2016	1,324,374	—	1,324,374	467,369	2,997	854,008
2017	1,267,913	—	1,267,913	438,995	5,643	823,275
2018	1,197,402	—	1,197,402	417,418	17,402	762,582
2019	1,206,007	—	1,206,007	411,396	41,865	752,746
2020	1,028,402	—	1,028,402	305,874	85,336	637,192
2021	958,291	137,915	820,376	204,343	133,757	482,276
2022	952,998	412,114	540,884	189,058	61,700	290,125



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

Calendar year of filing	Selected summary case information by decision status						
	Numbers as a percentage of total claims filed				Numbers as a percentage of total initial decisions		
	Initial decision pending	Allowances	Denials		Allowances	Denials	
			Appeal decision pending	No appeal pending		Appeal decision pending	No appeal pending
1988	—	41.5	—	58.5	41.5	—	58.5
1989	—	43.9	—	56.1	43.9	—	56.1
1990	—	46.3	—	53.7	46.3	—	53.7
1991	—	47.7	—	52.3	47.7	—	52.3
1992	—	46.3	—	53.7	46.3	—	53.7
1993	—	42.9	—	57.1	42.9	—	57.1
1994	—	40.0	—	60.0	40.0	—	60.0
1995	—	39.3	—	60.7	39.3	—	60.7
1996	—	39.1	—	60.9	39.1	—	60.9
1997	—	41.6	—	58.4	41.6	—	58.4
1998	—	43.7	—	56.3	43.7	—	56.3
1999	—	43.8	—	56.2	43.8	—	56.2
2000	—	44.5	—	55.5	44.5	—	55.5
2001	—	44.4	—	55.6	44.4	—	55.6
2002	—	42.6	—	57.4	42.6	—	57.4
2003	—	41.4	—	58.6	41.4	—	58.6
2004	—	39.9	—	60.1	39.9	—	60.1
2005	—	38.9	—	61.1	38.9	—	61.1
2006	—	38.1	—	61.9	38.1	—	61.9
2007	—	38.7	—	61.3	38.7	—	61.3
2008	—	40.3	—	59.7	40.3	—	59.7
2009	—	39.0	—	61.0	39.0	—	61.0
2010	—	37.0	—	63.0	37.0	—	63.0
2011	—	36.0	—	64.0	36.0	—	64.0
2012	—	35.4	—	64.6	35.4	—	64.6
2013	—	35.8	—	64.2	35.8	—	64.2
2014	—	36.1	—	63.9	36.1	—	63.9
2015	—	35.1	0.1	64.7	35.1	0.1	64.7
2016	—	35.3	.2	64.5	35.3	.2	64.5
2017	—	34.6	.4	64.9	34.6	.4	64.9
2018	—	34.9	1.5	63.7	34.9	1.5	63.7
2019	—	34.1	3.5	62.4	34.1	3.5	62.4
2020	—	29.7	8.3	62.0	29.7	8.3	62.0
2021	14.4	21.3	14.0	50.3	24.9	16.3	58.8
2022	43.2	19.8	6.5	30.4	35.0	11.4	53.6

<sup>a</sup> Data for claims filed in 1988-2021 reflect results as of June 2022 at the DDS level and as of July 2022 at the hearing and Appeals Council levels. The numbers of total claims filed for 2018-2021 are subject to change. Data for claims filed in 2022 are preliminary estimates as of January 2023. The ultimate numbers of allowances and denials are subject to change until all initial decisions have been completed and all appeals are final.

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

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

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

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

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

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

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

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

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

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

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

Calendar year of filing	Total claims filed	Initial decisions						Appeals of initial denials	
		Pending	Allowances		Denials		Number <sup>d</sup>	Percent <sup>e</sup>	
			Number	Percent <sup>c</sup>	Number	Percent <sup>c</sup>			
1991	250,962	—	148,220	59.1	102,742	40.9	24,702	24.0	
1992	372,971	—	189,079	50.7	183,892	49.3	49,297	26.8	
1993	496,131	—	212,268	42.8	283,863	57.2	75,967	26.8	
1994	525,013	—	172,219	32.8	352,794	67.2	92,093	26.1	
1995	487,730	—	144,231	29.6	343,499	70.4	86,841	25.3	
1996	453,473	—	127,416	28.1	326,057	71.9	75,013	23.0	
1997	332,032	—	106,528	32.1	225,504	67.9	51,493	22.8	
1998	335,732	—	123,249	36.7	212,483	63.3	50,110	23.6	
1999	342,162	—	129,375	37.8	212,787	62.2	49,996	23.5	
2000	349,285	—	138,262	39.6	211,023	60.4	48,156	22.8	
2001	367,726	—	152,651	41.5	215,075	58.5	49,013	22.8	
2002	402,116	—	165,220	41.1	236,896	58.9	55,863	23.6	
2003	425,336	—	172,655	40.6	252,681	59.4	59,700	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	82,879	25.4	
2012	491,691	—	174,882	35.6	316,809	64.4	80,031	25.3	
2013	444,226	—	158,730	35.7	285,496	64.3	69,496	24.3	
2014	416,653	—	155,077	37.2	261,576	62.8	60,145	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	375,229	—	153,817	41.0	221,412	59.0	46,913	21.2	
2018	359,431	—	151,931	42.3	207,500	57.7	42,600	20.5	
2019	350,195	—	152,876	43.7	197,319	56.3	37,011	18.8	
2020	283,062	—	121,309	42.9	161,753	57.1	27,802	17.2	
2021	265,518	27,389	107,063	45.0	131,066	55.0	18,795	14.3	
2022	316,713	131,031	112,709	60.7	72,973	39.3	7,014	9.6	

Calendar year of filing	Reconsiderations <sup>f</sup>						Appeals beyond reconsideration <sup>g</sup>			
	Pending	Allowances		Denials	Appeals of reconsideration denials		Pending <sup>i</sup>	Allowances		Denials <sup>k</sup>
		Number	Percent <sup>c</sup>		Number <sup>h</sup>	Percent <sup>e</sup>		Number	Percent <sup>j</sup>	
1991	—	5,605	22.7	19,097	9,196	48.2	—	3,884	42.2	5,312
1992	—	9,463	19.2	39,834	19,770	49.6	—	7,523	38.1	12,247
1993	—	11,338	14.9	64,629	31,193	48.3	—	10,638	34.1	20,555
1994	—	11,332	12.3	80,761	38,433	47.6	—	12,954	33.7	25,479
1995	—	10,287	11.8	76,554	35,592	46.5	—	10,924	30.7	24,668
1996	—	9,355	12.5	65,658	27,920	42.5	—	8,853	31.7	19,067
1997	—	8,266	16.2	42,705	18,916	44.3	—	7,027	36.2	12,411
1998	—	7,799	15.6	42,237	18,762	44.4	—	7,034	37.3	11,802
1999	—	6,475	13.8	40,423	18,164	44.9	—	7,558	35.5	13,704
2000	—	6,043	16.0	31,741	14,366	45.3	—	8,451	34.2	16,287
2001	—	5,839	16.1	30,318	13,448	44.4	—	8,825	33.6	17,479
2002	—	6,360	15.4	34,842	15,216	43.7	—	9,909	33.2	19,968
2003	—	6,644	14.8	38,275	16,208	42.3	—	10,237	33.0	20,752
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	26,094	45.3	—	12,107	27.9	31,245
2011	—	7,492	11.3	58,563	27,380	46.8	—	11,748	26.6	32,456
2012	—	7,036	11.0	56,822	26,098	45.9	—	10,553	25.0	31,718
2013	—	6,038	11.0	48,733	22,442	46.1	—	9,521	25.6	27,646
2014	—	5,633	11.9	41,846	18,044	43.1	—	8,260	26.9	22,450
2015	—	5,528	12.9	37,353	15,294	40.9	106	6,776	25.4	19,854
2016	—	5,247	13.2	34,400	13,523	39.3	169	6,078	26.3	16,993
2017	—	4,909	12.9	33,258	12,527	37.7	338	5,668	27.1	15,267
2018	—	5,084	14.1	31,003	11,437	36.9	951	5,005	29.4	11,994
2019	—	5,179	14.5	30,566	11,469	37.5	1,785	3,805	34.7	7,145
2020	—	3,827	13.8	23,958	8,226	34.3	3,363	1,806	37.0	3,074
2021	6,471	1,663	13.5	10,651	3,009	28.3	2,490	181	34.2	348
2022	3,486	601	18.1	2,726	583	21.4	767	7	41.2	10

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

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	198,832	—	306,860
2012	491,691	—	491,691	192,471	—	299,220
2013	444,226	—	444,226	174,289	—	269,937
2014	416,653	—	416,653	168,970	—	247,683
2015	417,877	—	417,877	171,492	106	246,279
2016	392,637	—	392,637	168,311	169	224,157
2017	375,229	—	375,229	164,394	338	210,497
2018	359,431	—	359,431	162,020	951	196,460
2019	350,195	—	350,195	161,860	1,785	186,550
2020	283,062	—	283,062	126,942	3,363	152,757
2021	265,518	27,389	238,129	108,907	8,961	120,261
2022	316,713	131,031	185,682	113,317	4,253	68,112

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

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	—	60.9	39.1	—	60.9	
2013	—	39.2	—	60.8	39.2	—	60.8	
2014	—	40.6	—	59.4	40.6	—	59.4	
2015	—	41.0	1	58.9	41.0	1	58.9	
2016	—	42.9	1	57.1	42.9	1	57.1	
2017	—	43.8	0.1	56.1	43.8	0.1	56.1	
2018	—	45.1	.3	54.7	45.1	.3	54.7	
2019	—	46.2	.5	53.3	46.2	.5	53.3	
2020	—	44.8	1.2	54.0	44.8	1.2	54.0	
2021	10.3	41.0	3.4	45.3	45.7	3.8	50.5	
2022	41.4	35.8	1.3	21.5	61.0	2.3	36.7	

<sup>a</sup> Data for claims filed in 1988-2021 reflect results as of June 2022 at the DDS level and as of July 2022 at the hearing and Appeals Council levels. The numbers of total claims filed for 2018-2021 are subject to change. Data for claims filed in 2022 are preliminary estimates as of January 2023. The ultimate numbers of allowances and denials are subject to change until all initial decisions have been completed and all appeals are final.

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

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

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

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

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

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

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

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

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

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

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

**D. HISTORICAL 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 Record<sup>1</sup> 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 Report<sup>2</sup> 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.<sup>3</sup>

**Table V.D1.—SSI Non-medical Redeterminations<sup>a</sup> and Limited Issues Completed, Fiscal Years 1986-2022**  
[In thousands]

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

<sup>1</sup> The main administrative file for the SSI program.

<sup>2</sup> Publication No. 31-231 is available at [www.ssa.gov/finance](http://www.ssa.gov/finance).

<sup>3</sup> The most recent such report can be found at [www.ssa.gov/legislation/FY2014SSINon-MedicalRedeterminationReport.pdf](http://www.ssa.gov/legislation/FY2014SSINon-MedicalRedeterminationReport.pdf)

**Table V.D1.—SSI Non-medical Redeterminations<sup>a</sup> and Limited Issues Completed, Fiscal Years 1986-2022 (Cont.)**  
[In thousands]

Fiscal year	Numbers of completions		Total
	Redeterminations	Limited issues	
2006.....	<sup>c</sup> 1,071	348	1,418
2007.....	<sup>e</sup> 692	346	1,039
2008.....	<sup>e</sup> 900	321	1,221
2009.....	<sup>e</sup> 1,390	341	1,731
2010.....	2,248	218	2,466
2011.....	<sup>f</sup> 2,223	<sup>f</sup> 234	<sup>f</sup> 2,457
2012.....	2,408	216	2,624
2013.....	2,437	197	2,634
2014.....	2,447	181	2,628
2015.....	2,084	183	2,267
2016.....	<sup>f</sup> 2,348	<sup>f</sup> 182	<sup>f</sup> 2,530
2017.....	2,401	189	2,590
2018.....	2,631	282	2,913
2019.....	2,466	200	2,666
2020.....	<sup>g</sup> 1,873	280	2,153
2021.....	<sup>g</sup> 1,963	404	2,367
2022.....	<sup>f, g</sup> 1,692	<sup>f</sup> 511	<sup>f</sup> 2,203

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

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

<sup>c</sup> 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.

<sup>d</sup> 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.

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

<sup>f</sup> Includes non-medical redeterminations completed during the 53 operating weeks in fiscal years 2011, 2016, and 2022.

<sup>g</sup> We completed fewer non-medical redeterminations in fiscal years 2020, 2021, and 2022 because of various effects at least partially attributable to the COVID-19 pandemic.

Note: Components may not sum to totals because of rounding.

## 2. Medical Continuing Disability Reviews

Following enactment of the Social Security Disability Amendments of 1980, section 221(i) of the Social Security Act (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 mailer questionnaire for selected cases. In 1996, SSA extended this profiling process to SSI adults who were scheduled for a CDR. In fiscal year 2022, we deferred full medical reviews for 401,749 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 4,613 centrally initiated medical CDRs involving SSI recipients in fiscal year 2022 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.<sup>1</sup>

For individuals who receive both OASDI and SSI benefits on the basis of their own disability, SSA initiates CDRs as Title II CDRs, and the results of the review affect eligibility for benefits under both programs.<sup>2</sup> Table V.D2 presents the numbers of centrally initiated periodic medical CDRs of SSI recipients we performed under Titles II and XVI since 1993. Tables V.D3 and V.D4 present the latest available detailed results<sup>3</sup> on CDRs of SSI recipients performed in the most recent 15 years.<sup>4</sup> These tables include only cases for which we conducted a full medical review. In particular, they do not include:

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

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<sup>1</sup> The most recent such report can be found at [www.ssa.gov/legislation/FY%202016%20CDR%20Report.pdf](http://www.ssa.gov/legislation/FY%202016%20CDR%20Report.pdf).

<sup>2</sup> 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.

<sup>3</sup> We included in these tables the SSI recipients whose benefits terminate as a result of medical CDRs. We report estimates of Federal SSI program savings resulting from the cessation of benefits to Congress in the Annual Report of Continuing Disability Reviews. The most recent such report, issued September 30, 2020, presented estimates of the effects of CDRs conducted in fiscal year 2016.

<sup>4</sup> For years prior to 2006, see the most recent Annual Report of Continuing Disability Reviews for the summary of results for all years since 1993.

Historical Redetermination and Medical CDR Data

**Table V.D2.—SSI Continuing Disability Full Medical Reviews <sup>a</sup> by Year of Initial Decision, Fiscal Years 1993-2022**  
[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
2020 <sup>c</sup>	42	110	152	7	44	107	158	310
2021 <sup>c</sup>	40	115	155	10	62	136	209	364
2022 <sup>c</sup>	46	131	178	11	69	148	229	406

<sup>a</sup> Excludes reviews conducted outside of the centrally initiated CDR scheduling process.

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

<sup>c</sup> We completed fewer CDRs in fiscal years 2020, 2021, and 2022 because of various effects at least partially attributable to the COVID-19 pandemic.

Note: Components may not sum to totals because of rounding.



**Table V.D3.—SSI Disabled Adult Reviews: Disposition<sup>a</sup> of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2008-2022**

Fiscal year of initial DDS decision <sup>b</sup>	Initial decisions						
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration	
		Number	Percent <sup>c</sup>	Number	Percent <sup>c</sup>	Number	Percent <sup>d</sup>
Reviews of concurrent Title II/XVI cases initiated under Title II							
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	9,362	70.7
2016	74,680	62,151	83.2	12,529	16.8	8,790	70.2
2017	85,992	71,560	83.2	14,432	16.8	9,804	67.9
2018	84,090	70,155	83.4	13,935	16.6	9,136	65.6
2019	69,338	58,336	84.1	11,002	15.9	7,029	63.9
2020	41,825	36,194	86.5	5,631	13.5	3,355	59.6
2021	39,571	32,301	81.6	7,270	18.4	4,218	58.0
2022	46,389	38,850	83.7	7,539	16.3	4,309	57.2
Title XVI initiated reviews							
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	2,861	69.9
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	17,177	70.6
2016	179,901	152,339	84.7	27,562	15.3	18,829	68.3
2017	202,608	168,443	83.1	34,165	16.9	23,396	68.5
2018	194,626	165,687	85.1	28,939	14.9	19,305	66.7
2019	168,055	140,343	83.5	27,712	16.5	17,010	61.4
2020	110,265	96,162	87.2	14,103	12.8	8,315	59.0
2021	115,239	93,969	81.5	21,270	18.5	11,883	55.9
2022	131,276	109,976	83.8	21,300	16.2	11,710	55.0
Total reviews, SSI disabled adults							
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	7,728	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	26,539	70.6
2016	254,581	214,490	84.3	40,091	15.7	27,619	68.9
2017	288,600	240,003	83.2	48,597	16.8	33,200	68.3
2018	278,716	235,842	84.6	42,874	15.4	28,441	66.3
2019	237,393	198,679	83.7	38,714	16.3	24,039	62.1
2020	152,090	132,356	87.0	19,734	13.0	11,670	59.1
2021	154,810	126,270	81.6	28,540	18.4	16,101	56.4
2022	177,665	148,826	83.8	28,839	16.2	16,019	55.5

Historical Redetermination and Medical CDR Data

**Table V.D3.—SSI Disabled Adult Reviews: Disposition<sup>a</sup> of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2008-2022 (Cont.)**

Fiscal year of initial DDS decision <sup>b</sup>	Reconsiderations						Appeals beyond reconsideration <sup>c</sup>			
	Pending	Continuations		Cessations	Appeals to beyond reconsideration		Pending	Continuations		
		Number	Percent <sup>e</sup>		Number <sup>f</sup>	Percent <sup>d</sup>		Number	Percent	Cessations
Reviews of concurrent Title II/XVI cases initiated under Title II										
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	—	2,944	60.5	1,923	1,357	70.6	—	399	29.4	958
2014	—	3,873	59.9	2,589	1,876	72.5	—	557	29.7	1,319
2015	—	5,597	59.8	3,765	2,656	70.5	—	717	27.0	1,939
2016	—	5,452	62.0	3,338	2,321	69.5	—	610	26.3	1,711
2017	—	6,334	64.6	3,470	2,216	63.9	—	623	28.1	1,593
2018	—	6,026	66.0	3,110	1,756	56.5	18	507	29.2	1,231
2019	4	4,583	65.2	2,442	1,372	56.2	149	381	31.2	842
2020	53	2,180	66.0	1,122	672	59.9	218	147	32.4	307
2021	245	2,703	68.0	1,270	710	55.9	473	90	38.0	147
2022	1,726	1,926	74.6	657	280	42.6	263	8	47.1	9
Title XVI initiated reviews										
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	1,271	76.9	—	410	32.3	861
2013	—	1,784	62.4	1,077	779	72.3	—	227	29.1	552
2014	—	2,705	59.6	1,831	1,304	71.2	—	385	29.5	919
2015	—	10,016	58.3	7,161	5,001	69.8	—	1,292	25.8	3,709
2016	2	11,525	61.2	7,302	5,011	68.6	2	1,313	26.2	3,696
2017	—	14,503	62.0	8,893	5,764	64.8	9	1,448	25.2	4,307
2018	2	12,619	65.4	6,684	3,781	56.6	46	1,006	26.9	2,729
2019	23	11,028	64.9	5,959	3,164	53.1	391	756	27.3	2,017
2020	114	5,315	64.8	2,886	1,589	55.1	582	322	32.0	685
2021	747	7,492	67.3	3,644	1,954	53.6	1,290	225	33.9	439
2022	4,636	5,263	74.4	1,811	694	38.3	649	17	37.8	28
Total reviews, SSI disabled adults										
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	2,748	76.9	—	855	31.1	1,893
2013	—	4,728	61.2	3,000	2,136	71.2	—	626	29.3	1,510
2014	—	6,578	59.8	4,420	3,180	71.9	—	942	29.6	2,238
2015	—	15,613	58.8	10,926	7,657	70.1	—	2,009	26.2	5,648
2016	2	16,977	61.5	10,640	7,332	68.9	2	1,923	26.2	5,407
2017	—	20,837	62.8	12,363	7,980	64.5	9	2,071	26.0	5,900
2018	2	18,645	65.6	9,794	5,537	56.5	64	1,513	27.6	3,960
2019	27	15,611	65.0	8,401	4,536	54.0	540	1,137	28.5	2,859
2020	167	7,495	65.2	4,008	2,261	56.4	800	469	32.1	992
2021	992	10,195	67.5	4,914	2,664	54.2	1,763	315	35.0	586
2022	6,362	7,189	74.4	2,468	974	39.5	912	25	40.3	37

**Table V.D3.—SSI Disabled Adult Reviews: Disposition<sup>a</sup> of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2008-2022 (Cont.)**

Fiscal year of initial DDS decision <sup>b</sup>	Selected summary case information by decision status as of February 2023						
	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							
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	48,267	—	3,577	93.1	—	6.9
2014	62,400	57,908	—	4,492	92.8	—	7.2
2015	74,422	67,497	—	6,925	90.7	—	9.3
2016	74,680	68,213	—	6,467	91.3	—	8.7
2017	85,992	78,517	—	7,475	91.3	—	8.7
2018	84,090	76,688	18	7,384	91.2	<sup>g</sup>	8.8
2019	69,338	63,300	153	5,885	91.3	0.2	8.5
2020	41,825	38,521	271	3,033	92.1	.6	7.3
2021	39,571	35,094	718	3,759	88.7	1.8	9.5
2022	46,389	40,784	1,989	3,616	87.9	4.3	7.8
Title XVI initiated reviews							
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	43,050	—	3,389	92.7	—	7.3
2013	34,941	32,861	—	2,080	94.0	—	6.0
2014	49,810	46,642	—	3,168	93.6	—	6.4
2015	156,987	143,959	—	13,028	91.7	—	8.3
2016	179,901	165,177	4	14,720	91.8	<sup>g</sup>	8.2
2017	202,608	184,394	9	18,205	91.0	<sup>g</sup>	9.0
2018	194,626	179,312	48	15,266	92.1	<sup>g</sup>	7.8
2019	168,055	152,127	414	15,514	90.5	.2	9.2
2020	110,265	101,799	696	7,770	92.3	.6	7.0
2021	115,239	101,686	2,037	11,516	88.2	1.8	10.0
2022	131,276	115,256	5,285	10,735	87.8	4.0	8.2
Total reviews, SSI disabled adults							
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	89,786	—	7,368	92.4	—	7.6
2013	86,785	81,128	—	5,657	93.5	—	6.5
2014	112,210	104,550	—	7,660	93.2	—	6.8
2015	231,409	211,456	—	19,953	91.4	—	8.6
2016	254,581	233,390	4	21,187	91.7	<sup>g</sup>	8.3
2017	288,600	262,911	9	25,680	91.1	<sup>g</sup>	8.9
2018	278,716	256,000	66	22,650	91.8	<sup>g</sup>	8.1
2019	237,393	215,427	567	21,399	90.7	.2	9.0
2020	152,090	140,320	967	10,803	92.3	.6	7.1
2021	154,810	136,780	2,755	15,275	88.4	1.8	9.9
2022	177,665	156,040	7,274	14,351	87.8	4.1	8.1

<sup>a</sup> Data reflect results as of February 2023. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

<sup>b</sup> For years prior to 2008, see the most recent Annual Report of Continuing Disability Reviews.

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

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

<sup>e</sup> We do not reflect the status and disposition of cases in the Federal courts here. However, we have included information on the status and disposition at the 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.

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

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

**Table V.D4.—SSI Disabled Child Reviews: Disposition<sup>a</sup> of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2008-2022**

Fiscal year of initial DDS decision <sup>b</sup>	Initial decisions						Appeals to reconsideration	
	Total initial DDS decisions	Continuations		Cessations		Number	Percent <sup>d</sup>	
		Number	Percent <sup>c</sup>	Number	Percent <sup>c</sup>			
<b>Reviews of low-birth-weight children</b>								
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	2,913	32.8	
2017	14,921	6,648	44.6	8,273	55.4	2,679	32.4	
2018	17,346	7,937	45.8	9,409	54.2	2,970	31.6	
2019	11,706	5,279	45.1	6,427	54.9	1,952	30.4	
2020	7,312	3,710	50.7	3,602	49.3	943	26.2	
2021	10,296	4,852	47.1	5,444	52.9	1,325	24.3	
2022	11,465	5,640	49.2	5,825	50.8	1,450	24.9	
<b>Redeterminations at age 18</b>								
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	22,865	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	26,482	54.4	
2015	84,499	36,463	43.2	48,036	56.8	25,050	52.1	
2016	81,025	34,924	43.1	46,101	56.9	23,255	50.4	
2017	86,378	39,771	46.0	46,607	54.0	23,322	50.0	
2018	81,662	38,857	47.6	42,805	52.4	21,207	49.5	
2019	67,512	32,704	48.4	34,808	51.6	16,572	47.6	
2020	43,754	22,644	51.8	21,110	48.2	9,034	42.8	
2021	62,431	29,913	47.9	32,518	52.1	12,753	39.2	
2022	69,134	33,670	48.7	35,464	51.3	13,838	39.0	
<b>All other reviews of SSI disabled children</b>								
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	42,795	58.2	
2016	261,185	183,221	70.1	77,964	29.9	44,669	57.3	
2017	208,500	150,827	72.3	57,673	27.7	32,151	55.7	
2018	229,341	177,077	77.2	52,264	22.8	29,342	56.1	
2019	173,923	137,898	79.3	36,025	20.7	19,574	54.3	
2020	106,636	86,795	81.4	19,841	18.6	9,778	49.3	
2021	136,371	106,714	78.3	29,657	21.7	13,397	45.2	
2022	148,027	117,658	79.5	30,369	20.5	13,915	45.8	
<b>Total reviews, SSI disabled children</b>								
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	38,193	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	49,360	53.9	
2015	322,427	192,421	59.7	130,006	40.3	70,832	54.5	
2016	357,493	224,548	62.8	132,945	37.2	70,837	53.3	
2017	309,799	197,246	63.7	112,553	36.3	58,152	51.7	
2018	328,349	223,871	68.2	104,478	31.8	53,519	51.2	
2019	253,141	175,881	69.5	77,260	30.5	38,098	49.3	
2020	157,702	113,149	71.7	44,553	28.3	19,755	44.3	
2021	209,098	141,479	67.7	67,619	32.3	27,475	40.6	
2022	228,626	156,968	68.7	71,658	31.3	29,203	40.8	

**Table V.D4.—SSI Disabled Child Reviews: Disposition<sup>a</sup> of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2008-2022**

Fiscal year of initial DDS decision <sup>b</sup>	Appeals beyond reconsideration <sup>c</sup>									
	Continuations			Cessations	Appeals to beyond reconsideration		Appeals beyond reconsideration <sup>c</sup>			
	Pending	Number	Percent <sup>e</sup>		Number <sup>f</sup>	Percent <sup>d</sup>	Pending	Continuations	Percent	Cessations
<b>Reviews of low-birth-weight children</b>										
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	1,052	50.6	—	125	11.9	927
2016	—	1,001	34.4	1,912	962	50.3	—	146	15.2	816
2017	—	957	35.7	1,722	820	47.6	—	127	15.5	693
2018	—	1,043	35.1	1,927	803	41.7	7	138	17.3	658
2019	2	714	36.6	1,236	479	38.8	38	80	18.1	361
2020	14	328	35.3	601	221	36.8	89	24	18.2	108
2021	95	531	43.2	699	270	38.6	184	22	25.6	64
2022	675	360	46.5	415	114	27.5	108	3	50.0	3
<b>Redeterminations at age 18</b>										
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	—	5,641	24.7	17,224	11,107	64.5	—	2,084	18.8	9,023
2013	—	6,201	22.5	21,339	12,651	59.3	—	2,124	16.8	10,527
2014	—	5,939	22.4	20,543	11,776	57.3	—	1,929	16.4	9,847
2015	1	5,721	22.8	19,328	10,803	55.9	—	1,633	15.1	9,170
2016	—	6,123	26.3	17,132	9,433	55.1	3	1,406	14.9	8,024
2017	—	6,776	29.1	16,546	8,632	52.2	11	1,380	16.0	7,241
2018	2	6,459	30.5	14,746	6,639	45.0	45	1,190	18.0	5,404
2019	24	5,110	30.9	11,438	4,933	43.1	488	923	20.8	3,522
2020	128	2,734	30.7	6,172	2,731	44.2	935	411	22.9	1,385
2021	919	3,935	33.3	7,899	3,459	43.8	2,204	375	29.9	880
2022	6,484	2,967	40.3	4,387	1,414	32.2	1,326	27	30.7	61
<b>All other reviews of SSI disabled children</b>										
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	—	1,258	14.9	7,178
2015	—	14,421	33.7	28,374	17,347	61.1	—	2,768	16.0	14,579
2016	—	16,391	36.7	28,278	16,672	59.0	—	2,736	16.4	13,936
2017	—	13,062	40.6	19,089	10,525	55.1	4	1,944	18.5	8,577
2018	—	12,790	43.6	16,552	8,383	50.6	62	1,726	20.7	6,595
2019	10	8,923	45.6	10,641	5,005	47.0	392	1,145	24.8	3,468
2020	96	4,386	45.3	5,296	2,442	46.1	745	440	25.9	1,257
2021	740	6,483	51.2	6,174	2,901	47.0	1,770	286	25.3	845
2022	6,449	4,505	60.3	2,961	1,015	34.3	957	15	25.9	43
<b>Total reviews, SSI disabled children</b>										
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	—	10,226	26.8	27,967	18,277	65.4	—	3,203	17.5	15,074
2013	—	10,390	24.7	31,654	18,950	59.9	—	3,008	15.9	15,942
2014	—	12,715	25.8	36,645	21,632	59.0	—	3,379	15.6	18,253
2015	1	21,051	29.7	49,780	29,202	58.7	—	4,526	15.5	24,676
2016	—	23,515	33.2	47,322	27,067	57.2	3	4,288	15.8	22,776
2017	—	20,795	35.8	37,357	19,977	53.5	15	3,451	17.3	16,511
2018	2	20,292	37.9	33,225	15,825	47.6	114	3,054	19.4	12,657
2019	36	14,747	38.7	23,315	10,417	44.7	918	2,148	22.6	7,351
2020	238	7,448	38.2	12,069	5,394	44.7	1,769	875	24.1	2,750
2021	1,754	10,949	42.6	14,772	6,630	44.9	4,158	683	27.6	1,789
2022	13,608	7,832	50.2	7,763	2,543	32.8	2,391	45	29.6	107

Historical Redetermination and Medical CDR Data

**Table V.D4.—SSI Disabled Child Reviews: Disposition<sup>a</sup> of Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2008–2022**

Fiscal year of initial DDS decision <sup>b</sup>	Selected summary case information by decision status as of February 2022						
	Numbers of cases				Numbers as a percentage of total initial decisions		
	Total initial decisions	Continuations	Cessations pending an appeal decision	Cessations with no appeal pending	Continuations	Cessations pending an appeal decision	Cessations with no appeal pending
<b>Reviews of low-birth-weight children</b>							
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	6,874	—	7,447	48.0	—	52.0
2016	15,283	7,550	—	7,733	49.4	—	50.6
2017	14,921	7,732	—	7,189	51.8	—	48.2
2018	17,346	9,118	7	8,221	52.6	<sup>g</sup>	47.4
2019	11,706	6,073	40	5,593	51.9	0.3	47.8
2020	7,312	4,062	103	3,147	55.6	1.4	43.0
2021	10,296	5,405	279	4,612	52.5	2.7	44.8
2022	11,465	6,003	783	4,679	52.4	6.8	40.8
<b>Redeterminations at age 18</b>							
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	44,310	—	37,258	54.3	—	45.7
2013	91,519	48,832	—	42,687	53.4	—	46.6
2014	85,708	44,890	—	40,818	52.4	—	47.6
2015	84,499	43,817	1	40,681	51.9	<sup>g</sup>	48.1
2016	81,025	42,453	3	38,569	52.4	<sup>g</sup>	47.6
2017	86,378	47,927	11	38,440	55.5	<sup>g</sup>	44.5
2018	81,662	46,506	47	35,109	56.9	.1	43.0
2019	67,512	38,737	512	28,263	57.4	.8	41.9
2020	43,754	25,789	1,063	16,902	58.9	2.4	38.6
2021	62,431	34,223	3,123	25,085	54.8	5.0	40.2
2022	69,134	36,664	7,810	24,660	53.0	11.3	35.7
<b>All other reviews of SSI disabled children</b>							
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	63,928	—	25,065	71.8	—	28.2
2015	223,607	167,307	—	56,300	74.8	—	25.2
2016	261,185	202,348	—	58,837	77.5	—	22.5
2017	208,500	165,833	4	42,663	79.5	<sup>g</sup>	20.5
2018	229,341	191,593	62	37,686	83.5	<sup>g</sup>	16.4
2019	173,923	147,966	402	25,555	85.1	.2	14.7
2020	106,636	91,621	841	14,174	85.9	.8	13.3
2021	136,371	113,483	2,510	20,378	83.2	1.8	14.9
2022	148,027	122,178	7,406	18,443	82.5	5.0	12.5
<b>Total reviews, SSI disabled children</b>							
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	97,770	—	65,048	60.0	—	40.0
2013	163,816	95,337	—	68,479	58.2	—	41.8
2014	192,827	117,350	—	75,477	60.9	—	39.1
2015	322,427	217,998	1	104,428	67.6	<sup>g</sup>	32.4
2016	357,493	252,351	3	105,139	70.6	<sup>g</sup>	29.4
2017	309,799	221,492	15	88,292	71.5	<sup>g</sup>	28.5
2018	328,349	247,217	116	81,016	75.3	<sup>g</sup>	24.7
2019	253,141	192,776	954	59,411	76.2	.4	23.5
2020	157,702	121,472	2,007	34,223	77.0	1.3	21.7
2021	209,098	153,111	5,912	50,075	73.2	2.8	23.9
2022	228,626	164,845	15,999	47,782	72.1	7.0	20.9

<sup>a</sup> Data reflect results as of February 2023. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

<sup>b</sup> For years prior to 2008, see the most recent Annual Report of Continuing Disability Reviews.

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

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

<sup>e</sup> We do not reflect the status and disposition of cases in the Federal courts here. However, we have included information on the status and disposition at the 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.

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

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

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

### **1. Work Incentives**

Since the beginning of the Supplemental Security Income (SSI) program, a number of disabled or blind recipients have worked and received SSI payments. Initially, the program contained a basic earned income exclusion that recognized the additional costs associated with employment. In addition, the law contained a number of special income exclusions designed to encourage work. The income exclusion for blind work expenses (BWE), plan to achieve self-support (PASS), and student earned income exclusion (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 1974–2023**

Year	SGA level <sup>b</sup>	SEIE <sup>a</sup>	
		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 .....	<sup>c</sup> 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 1974-2023 (Cont.)**

Year	SGA level <sup>b</sup>	SEIE <sup>a</sup>	
		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
2021.....	1,310	1,930	7,770
2022.....	1,350	2,040	8,230
2023.....	1,470	2,220	8,950

<sup>a</sup> Under current regulations, this amount increases yearly based on changes in the cost of living.  
<sup>b</sup> According to regulation, SSA bases increases in 2001 and subsequent years on increases in the national average wage index. SGA rules do not apply to blind recipients under the SSI program.  
<sup>c</sup> 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.<sup>1</sup>

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

In this section, we present historical data on participation by SSI recipients in work incentive programs. Table V.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, 1987-2022**

Year	In current-payment status			Total workers
	1619(a) workers <sup>a</sup>	Other workers <sup>b</sup>	1619(b) workers <sup>c</sup>	
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

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



**Table V.E2.—SSI Federally Administered Blind or Disabled Working Recipients as of December, 1987-2022 (Cont.)**

Year	In current-payment status			Total workers
	1619(a) workers <sup>a</sup>	Other workers <sup>b</sup>	1619(b) workers <sup>c</sup>	
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
2020 .....	11,049	187,902	93,295	292,246
2021 .....	13,020	186,177	99,790	298,987
2022 .....	13,820	197,714	113,524	325,058

<sup>a</sup> Includes disabled workers whose earnings are above SGA level.

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

<sup>c</sup> 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, 1987-2022**

[In thousands]

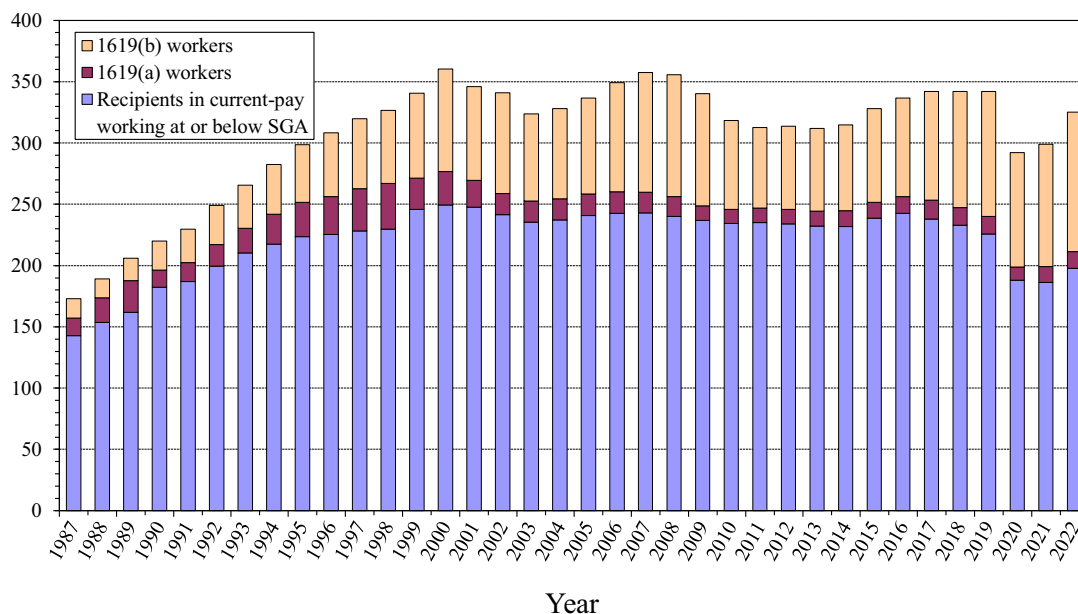


Table V.E3 presents historical numbers of SSI recipients who benefit from other selected work incentive provisions: (1) PASS; (2) IRWE; and (3) BWE. These recipients may be benefiting from more than one of these selected work incentive provisions. This information is available only for calendar years 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, 1990-2022**

Year	PASS <sup>a</sup>			IRWE	BWE
	Non-workers	Workers	Total		
1990 .....	1,215	1,040	2,255	5,384	4,385
1991 .....	1,969	1,601	3,570	6,546	4,330
1992 .....	3,189	2,658	5,847	7,813	4,454
1993 .....	4,528	3,602	8,130	8,629	4,406

**Table V.E3.—SSI Federally Administered Blind or Disabled Individuals with SSI Recipient Status Participating in Other Work Incentives as of December, 1990-2022 (Cont.)**

Year	PASS <sup>a</sup>			IRWE	BWE
	Non-workers	Workers	Total		
1994.....	5,842	4,487	10,329	9,484	4,380
1995.....	5,719	4,603	10,322	9,940	4,433
1996.....	2,760	1,944	4,704	9,799	4,230
1997.....	1,290	708	1,998	9,637	4,116
1998.....	712	362	1,074	9,301	3,802
1999.....	698	347	1,045	9,520	3,971
2000.....	862	520	1,382	9,422	3,895
2001.....	1,024	576	1,600	8,798	3,642
2002.....	1,150	571	1,721	8,047	3,386
2003.....	1,181	524	1,705	7,604	3,074
2004.....	1,112	486	1,598	6,874	2,827
2005.....	1,089	493	1,582	6,310	2,552
2006.....	1,098	485	1,583	5,650	2,370
2007.....	1,003	512	1,515	5,161	2,142
2008.....	1,074	485	1,559	4,572	1,925
2009.....	1,037	420	1,457	3,862	1,643
2010.....	1,001	392	1,393	3,491	1,847
2011.....	882	405	1,287	3,339	1,570
2012.....	760	356	1,116	3,157	1,410
2013.....	612	336	948	2,982	1,284
2014.....	545	317	862	3,040	1,145
2015.....	480	341	821	3,188	1,161
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
2020.....	267	134	401	2,191	653
2021.....	206	117	323	1,913	576
2022.....	149	121	270	1,831	568

<sup>a</sup> For years 1990 through 1996, data do not include PASS plans that exclude only resources.

Note: Working recipients participating in these other work incentives may be 1619(a) recipients, 1619(b) recipients, or other working recipients.

**b. Average Earnings of Participants in Work Incentive Programs**

In this section, we present historical data on average earnings of SSI working recipients. Table V.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, 1987-2022**

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

**Table V.E4.—Average Monthly Earnings of SSI Federally Administered Blind or Disabled Working Recipients, as of December, 1987-2022 (Cont.)**

Year	Blind or disabled workers with SSI recipient status			Total workers
	In current-payment status		1619(b) workers <sup>c</sup>	
	1619(a) workers <sup>a</sup>	Other workers <sup>b</sup>		
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
2020 .....	1,529	417	1,848	916
2021 .....	1,579	479	1,940	1,015
2022 .....	1,696	556	2,120	1,151

<sup>a</sup> Workers' earnings are above the SGA level. See table V.E1 for yearly SGA levels.

<sup>b</sup> Disabled workers' earnings are at or below the SGA level.

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

<sup>d</sup> Estimated.

## 2. Vocational Rehabilitation/Ticket to Work Program

Provisions designed to make 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 9 continuous months; or 9 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.<sup>1</sup> 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

<sup>1</sup> The 1980 amendments provided for benefit continuation for such SSI recipients who were continuing in a VR program after their disability ended. Lawmakers extended the provision to blind recipients effective April 1988.

program authorizes the Commissioner to provide payments to ENs under either an outcome payment system or a milestone-outcome payment system.<sup>1</sup> By expanding the pool of providers and giving the providers incentives for achieving success, this program provides access to these services for persons with disabilities to assist them in finding, entering, and retaining employment as well as reducing their dependence on cash benefits.

Beginning in February 2002, SSA implemented the Ticket to Work program on a State-by-State basis and completed implementation in September 2004. As we implemented the Ticket to Work program in each State, we eliminated the alternate provider and the traditional VR referral process described earlier. SSA provides eligible individuals who receive SSI benefits due to blindness or disability in such a State with access to employment support services. Ticket-eligible beneficiaries may use the Ticket to obtain VR services, employment services, and other support services needed to return to work or go to work for the first time from ENs or their State VR agencies. Individuals not eligible for a Ticket may still request services from a State VR agency; the VR agency continues to decide whether each beneficiary is eligible for services under the Rehabilitation Act of 1973.

The Ticket to Work program legislation required that SSA establish a corps of work incentives specialists to disseminate accurate information about work incentives. In addition, the Social Security Protection Act of 2004 mandated that SSA provide a work report receipt to the beneficiary. SSA responded to these mandates with the following actions:

- 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 their 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 2023, there are 48 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.

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<sup>1</sup> State VR agencies may elect on a case-by-case basis to receive payment under the traditional VR reimbursement system or as an EN under the outcome or outcome-milestone payment system.

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. SSA held a subsequent full and open WIPA competition in the spring of 2021 and awarded a cadre of 74 WIPAs on August 1, 2021.

- In fiscal year 2008, we implemented the Supplemental Security Income Telephone Wage Reporting (SSITWR) system nationally to help reduce wage-related improper payments and facilitate timely and accurate wage reporting. SSITWR is an automated system that uses a toll-free dedicated telephone number, with touch-tone entry and voice-recognition software. It allows SSI recipients, their representative payees, and deemors to report gross wages from the prior month over the phone. Beginning in fiscal year 2014, wage reporters 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 the representative payee for each successful wage report as required by section 202 of the Social Security Protection Act of 2004.
- In fiscal year 2013, we implemented the Supplemental Security Income Mobile Wage Reporting (SSIMWR) system nationally. SSIMWR is the first transactional mobile application available in the Google Play Store and Apple App Store for SSI recipients, deemors, and representative payees to report monthly wages using either Android or Apple smartphone platforms. A successful submission automates the wage reporting process and posts the gross amount to the SSR, reducing improper payments and field office handling. In fiscal year 2022, we enhanced the SSIMWR application to improve usability and functionality. The enhancements included the ability for users to take a picture or upload a file of their pay stubs into the application. We also changed the name of the application to SSA Mobile Wage Reporting (SSAMWR).
- In fiscal year 2017, SSA released myWageReport (myWR). myWR is an online wage reporting tool which fulfilled 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 Events<sup>1</sup>
- Disability Employment Fairs
- Disability Forums and Expos

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

### *Work Incentives and Rehabilitation Opportunities*

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

In 2008, we revised the Ticket to Work regulations to enhance beneficiary choice and improve the effectiveness of the program. The revisions extended the program to all adult OASDI disabled and SSI blind or disabled beneficiaries, removed disincentives for Employment Networks to participate in the program, provided incentives for them to support beneficiaries through a more gradual return to work, and positioned them to better support ongoing retention of employment.

See section V.G.1.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 through calendar year 2022. These new demonstrations have affected the SSI program since there are a large number of SSI recipients who concurrently receive Disability Insurance benefits. One demonstration using this authority is the Ohio Direct Referral Demonstration, which tests the effect of SSA sharing the contact information of youth SSI recipients undergoing an age-18 redetermination and new youth SSI and Disability Insurance applicants ages 18 or 19 with the Ohio State VR agency. Congress removed SSA's authority to refer individuals to State VR agencies when it enacted the Ticket to Work Program. SSA is also testing the effectiveness of early-intervention measures, such as supportive employment services for individuals with mental impairments, under a separate permanent research and demonstration authority. See section V.G for information on our return-to-work demonstrations.

**Table V.E5.—Vocational Rehabilitation Reimbursement Claims Allowed, Fiscal Years 1987-2022**

Fiscal year	Concurrent Title II/XVI claims		Title XVI only claims		Total claims	
	Number	Amount <sup>a</sup> (in thousands)	Number	Amount (in thousands)	Number	Amount <sup>a</sup> (in thousands)
1987.....	b	b	1,493	\$10,010	b	b
1988.....	b	b	1,720	14,831	b	b
1989.....	b	b	1,871	18,366	b	b
1990.....	1,267	\$3,290	2,819	22,832	4,086	\$26,122
1991.....	1,445	4,325	2,171	20,615	3,616	24,940
1992.....	1,634	5,312	2,834	28,276	4,468	33,588
1993.....	1,928	6,670	2,158	22,264	4,086	28,934
1994.....	1,880	7,057	2,074	23,400	3,954	30,457
1995.....	2,140	7,761	2,229	26,402	4,369	34,162
1996.....	2,033	6,518	2,138	24,334	4,171	30,852
1997.....	2,735	8,541	2,914	31,532	5,649	40,073
1998.....	3,329	10,089	3,446	36,313	6,775	46,402
1999.....	3,572	11,403	4,046	42,281	7,618	53,684
2000.....	3,260	11,357	3,589	40,793	6,849	52,150
2001.....	2,388	9,590	2,763	34,842	5,151	44,432
2002.....	3,241	12,201	3,474	43,244	6,715	55,445
2003.....	2,139	8,110	1,993	25,238	4,132	33,348
2004.....	1,999	7,759	2,150	26,390	4,149	34,149
2005.....	1,883	7,420	1,692	21,866	3,575	29,286
2006.....	2,581	10,382	2,257	28,597	4,838	38,979
2007.....	2,037	8,407	1,871	26,468	3,908	34,875
2008.....	2,743	11,229	2,515	35,732	5,258	46,961
2009.....	2,567	11,046	2,373	34,801	4,940	45,847
2010.....	2,337	9,431	2,109	32,511	4,446	41,942
2011.....	1,300	6,551	1,407	23,196	2,707	29,747
2012.....	1,418	6,046	1,540	24,351	2,958	30,397
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
2020.....	4,195	17,946	7,311	87,225	11,506	105,171
2021.....	3,464	15,029	5,936	73,373	9,400	88,403
2022.....	4,271	19,060	7,503	98,563	11,774	117,623

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

<sup>b</sup> For fiscal years 1987-89, data on Title II reimbursement claims involving concurrent Title XVI reimbursement claims are not available.

Note: Components may not sum to totals because of rounding.

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 2002-2022<sup>a</sup>**

Fiscal year	Concurrent Title II/XVI payments		Title XVI only payments		Total payments	
	Number <sup>b</sup>	Amount <sup>c</sup> (in thousands)	Number <sup>b</sup>	Amount (in thousands)	Number <sup>b</sup>	Amount <sup>c</sup> (in thousands)
2002 .....	7	\$1	1	<sup>d</sup>	8	\$1
2003 .....	138	19	260	\$47	398	66
2004 .....	245	35	674	127	919	162
2005 .....	692	105	1,292	251	1,984	356
2006 .....	975	137	1,648	317	2,623	454
2007 .....	1,259	181	1,713	334	2,972	515
2008 .....	1,827	274	2,524	520	4,351	794
2009 .....	2,575	594	3,282	1,310	5,857	1,904
2010 .....	3,461	864	3,819	1,704	7,280	2,568
2011 .....	4,565	1,145	5,879	2,789	10,444	3,934
2012 .....	5,577	1,359	6,257	2,971	11,834	4,330
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
2020 .....	14,535	3,605	23,045	12,518	37,580	16,123
2021 .....	13,611	3,295	22,920	11,381	36,531	14,676
2022 .....	13,760	3,594	25,661	13,998	39,421	17,592

<sup>a</sup> Does not include reimbursements to State VR agencies for Tickets assigned under the VR cost-reimbursement option.

<sup>b</sup> Beginning in 2016, reflects a revised process used to identify payments to Employment Network service providers.

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

<sup>d</sup> Less than \$500.

Note: Components may not sum to totals because of rounding.



**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 the person’s 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<sup>a</sup> in Selected Programs Based on SSA Administrative Records, December 2022**

	Age groups			All
	0-17	18-64	65 or older	
Number of Federally administered recipients, December 2022 (in thousands).....	997	4,196	2,349	7,542
	Program (In percent)			
Program participation by SSI recipients, December 2022				
Federal SSI.....	99.9	98.8	96.4	98.2
Federally administered State SSI supplementation .....	10.8	13.8	28.2	17.9
OASDI .....	6.0	27.1	57.5	33.8
Black Lung.....	<sup>b</sup>	<sup>b</sup>	<sup>b</sup>	<sup>b</sup>
Railroad retirement .....	—	<sup>b</sup>	<sup>b</sup>	<sup>b</sup>
Veterans Affairs disability cash benefits .....	0.8	0.5	0.4	0.5
Workers’ compensation.....	<sup>b</sup>	<sup>b</sup>	<sup>b</sup>	<sup>b</sup>
Previous program participation by SSI recipients at SSI application, December 2022				
TANF/AFDC .....	17.6	25.4	15.1	21.2
Interim Assistance Reimbursement .....	0.8	10.5	11.3	9.4

<sup>a</sup> SSI recipients or households of SSI recipients may participate in more than one of these programs.

<sup>b</sup> Less than 0.05 percent of SSI recipients in this age grouping participate in the program.

Note: Total numbers of recipients do not necessarily equal the sums of components due to rounding.

### *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 available at <https://www.ssa.gov/oact/ssir/index.html>.

### **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 (<https://www.ssa.gov/policy/extramural/index.html#RDRC>).

One goal of the RDRC is to research and evaluate topics related to SSI and other Federal policies. RDRC working papers funded in FY 2022 include the following. Grooms, L’Esperance, and Smeeding (2022) simulate how the expanded Child Tax Credit affects the income and poverty of SSI child beneficiaries as well as adult beneficiaries. Costanzo et al. (2022) consider the responsibilities of parents of disabled children during their prime working years and later, incorporating a variety of benefits that SSA provides for such families. Berger, Collins, Shager, Costanzo, and Drazen (2022) evaluate the effect of various SSA benefits on multigenerational households, which are disproportionately Black or Latinx.

Studies for FY 2021 include the following: Bitler, Hawkins, Schmidt, and Seligman (2021) examine the effect of food stamp eligibility on the economic security of SSI recipients. Livermore, Shenk, and Sevak (2021) examine how benefit suspension and overpayments affect SSI and SSDI beneficiaries. Layton, Maestas, Prinz, Shepard, and Vabson (2021) document the quantity and types of long-term care services and supports (LTSS) that SSI recipients use nationwide, the characteristics of recipients using different types of LTSS services, and how use varies across state Medicaid programs with different coverage provisions. Urban and Swensen (2021) determine the effects of openings (and closings) of county mental health treatment facilities on SSI and SSDI applications and subsequent awards.

RDRC research funded in previous fiscal years includes the following: Deshpande (2020) analyzes the channels through which SSI participation by children affects their outcomes as adults. Maestas, Layton, and Shepard (2020) examine whether healthcare outcomes would be different for SSI beneficiaries if they were enrolled in Medicare instead of Medicaid. Hembre and Urban (2020) collect data on local housing assistance policies—including whether they prioritize households facing disabilities—and examine the effects of these policies on SSI applications and participation. Hamman (2020) explores the shift toward community-based living (and away from nursing homes) since the 1980s, and the impact this shift has had on the SSI and the Medicaid long-term care programs. Hyde, Schwabish, O’Leary, and Luca (2021) document the local-area predictors of flows onto the Social Security Disability Insurance (SSDI) and SSI programs and flows out of these programs due to work in order to understand the drivers of benefit application, benefit receipt prevalence, and beneficiary employment milestones. Dizon-Ross and Deshpande (ongoing) explore the effects of beliefs about the likelihood of SSI removal at age 18 on human capital investment.

***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) estimates 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. Nicholas and Hale (2021) examine SSI and SSDI applicants and recipients who faced homelessness during 2007 to 2017. 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. Wixon and Strand (2013) document how DDS data can be used to analyze outcomes at each step of the disability determination process. Bailey and Hemmeter (2014, 2015) used the 2008 SIPP matched to SSA administrative records to examine the characteristics of SSDI and SSI program participants. Messel and Trenkamp (2022) provide an update of participant characteristics based on CPS data. Another study used 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).

Another series of research studies examines the subsequent participation in the SSDI and SSI programs by individuals whose eligibility for those programs ceased through a continuing disability review because of medical improvements (Hemmeter and Stegman 2013; Hemmeter and Bailey 2015). Hemmeter (2012) looks at changes in diagnostic codes following the age-18 redetermination.

Several studies focus on the long-term experiences of children and youth receiving SSI. 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. Hemmeter et al. (2021) explore the longitudinal patterns of SSDI and SSI participation and mortality of child SSI awardees. 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. Hemmeter (2015) looks at the entry of youth onto the SSI program at age 18. Hemmeter, Mann, and Wittenburg (2017) look at state variation in post-age-18 redetermination outcomes. The Department of Labor's Office of Disability Employment Policy conducted their SSI Youth Solutions project to identify ways to improve the outcomes for transition-age youth. Several of the proposals built on experiences from the Youth Transition Demonstration and the Promoting Readiness of Minors in SSI projects. Contreary and Honeycutt (2021) summarize the resulting 12 proposals, Honeycutt, Contreary, and Livermore (2021) compare and contrast them, and Honeycutt, Harrati, and Langan (2021) provide evaluation options for each.

Several studies have focused on the participation and outcomes of specific diagnostic or eligibility groups. 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. Anderson et al. (2020, 2021) compare trends in SSI awards to and participation by adults with autism and Patnaik, Hemmeter, and Mamun (2021) examine the effect of the Promoting Readiness of Minors in SSI interventions on participants with autism.

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. 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. Levere, Wittenburg, and Hemmeter (2022) explore the relationship between local area deprivation and child SSI participation. Messel, Oluwole, and Rogofsky (2022) explore how well informed the general public is about the two disability programs administered by SSA. Meseguer (2018) considers how primary and secondary diagnoses are related in SSA's disability programs. Koudou and Dely (2022) provide a descriptive analysis of the Quick Disability Determination process used by SSA in determining disability for selected types of disability applicants.

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 Supplemental Nutrition Assistance Program (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. Brucker and Garrison (2021) explore the connection between SSDI, SSI, and federal rental housing assistance programs while Urban and Javapregasham (2021) look at the relationship between local public housing authorities and SSI participation. Muchomba and Kaushal (2021) look at the connection between Medicaid expansions and non-citizen SSI participation.

Additional studies have utilized data available from SSA's Disability Analysis File (DAF) and National Beneficiary Survey (NBS). The DAF is an annual research file that brings together 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. 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/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.

In the NBS, we collect information that is not available from our administrative records from a representative sample of SSI and OASDI disability beneficiaries. Key items of interest in the NBS include work atti-

tudes 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 the Ticket to Work program. More recent rounds in 2015, 2017, and 2019 have added emphasis on beneficiaries who work, especially those who have experienced employment success to the point of benefit suspension. Work examining the data from the 2017 NBS is ongoing, and we are beginning our analysis of the 2019 data released in 2021. In 2017, we published a compendium of disability statistics from the 2015 NBS, “National Beneficiary Survey: Disability Statistics, 2015” (<https://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 2019 data and plan to release a new compendium in 2023.

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. Recent research using DAF or NBS data include: Wittenburg et al. (2018) examine differences between survey and administrative data based estimates of employment and earnings for SSI and SSDI beneficiaries; Walker and Roessel (2019) analyze the characteristics of adult SSDI and SSI disability program beneficiaries with multiple impairments; Livermore et al. (2019) examine changes in SSI and DI beneficiary characteristics and employment-related experiences from 2005 to 2015; Cox (2019) studies the reasonable accommodation needs of SSI and SSDI beneficiaries; Anand and Honeycutt (2020) examine the relationship between receiving support for postsecondary education (college or vocational training) from state VR agencies and long-term outcomes for youth with mental health conditions; Baller et al. provide a follow-up assessment of the long-term impact of the Mental Health Treatment Study (2020); and Layton et al. (2022) examine the effect a specific Medicare reform in Texas on the quality of care received and the health of SSI beneficiaries.

In 2021, SSA held a meeting to discuss the lessons from its portfolio of demonstrations. The meeting included over 30 experts providing analysis and commentary on several SSI and SSDI demonstrations and lessons from other programs. Nichols, Hemmeter, and Goetz Engler (2021) compiled the papers from that meeting. Nichols and Hemmeter (2021) provide an introduction and overview of SSA's policies and demonstrations. Barnow and Greenberg (2021) discuss the design of evaluations, Weathers and Nichols (2021) provide recommendations to improve the use of demonstrations, and von Wachter (2021) discuss heterogeneity in impact estimation. Gregory and Moffitt (2021) provide lessons related to return-to-work programs while Hollenbeck (2021) provides an overview of early-intervention policies. Wittenburg and Livermore (2021) discuss issues related to youth transition and the SSI program. Sundar (2021) provides lessons related to case management and benefits counseling and Wood and Goetz Engler (2021) cover implementation lessons.

### ***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](http://www.ssa.gov/disabilityresearch/twe_reports.htm).

Overall, the Ticket to Work evaluation found that beneficiaries who use Ticket to Work (TTW) 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 found that the increase in service use and better outcomes by participants had not translated into measurable net increases in benefit suspension or termination for work or

a measurable 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 under TTW, but the success rate has not measurably changed.

We are extending our evaluation of the TTW program in several ways. In 2018, we completed a study to determine the administrative cost of TTW by examining the cost of SSA staffing and contract resources for the TTW program. We conducted a workload assessment to determine the number and grade level of staff working on TTW and to allocate the time of each staff member between TTW specific activities. We then developed fully loaded salaries for each staff position to estimate the actual costs of administrative workloads for TTW and then combined those costs with TTW contracting costs (O'Leary and Roessel, 2018).

We recently completed a study assessing the return on investment for the TTW program (O'Leary and Roessel, 2023). This analysis provides a summary of prior findings relative to TTW goals and adds new graphical and regression analyses of TTW outcomes and impacts vs. costs. More specifically, this analysis compares TTW findings to goals as described in the TTW legislation, clarifies the findings from the 2013 evaluation regarding the net impact of the TTW program, provides the cost and outcome information requested by those with TTW oversight, and then refines this simple outcome analysis by using the regression techniques with selection bias adjustments.

We are working on a second study that uses the cessation of TTW mailings at award as a discontinuity analysis to provide unbiased estimates of TTW program impacts. This study takes advantage of the abrupt discontinuance of TTW mailings that occurred in June of 2011. This change in policy in 2011 represents a natural experiment along the awardee timeline that we will evaluate to assess the effect of the mailing as well as the subsequent effect of TTW participation. This approach is close to a randomized trial and so offers the potential to determine more accurate TTW impacts than were available to earlier evaluators. We expect to complete the study in the fall of 2023.

In a third study, we are examining work aptitude of SSA beneficiaries as a means of understanding the possible reasons why TTW did not have the significant impact on exits from SSA disability benefits that many had hoped for. The TTW evaluator found that SSA effectively implemented TTW and the program was and is reasonably well received by beneficiaries. TTW also removed several barriers thought to limit work effort, by extending access to healthcare after cash benefits ceased, protecting beneficiaries from continuing disability reviews while participating in TTW, and making it easier for beneficiaries to return to benefits if a work attempt failed. This analysis examines the extent to which the number of beneficiaries capable of benefiting from return-to-work services may have limited the success of TTW rather than the design of the program and how SSA implemented it.

We are also collaborating with researchers from the General Services Administration to test new Ticket mailings that notify beneficiaries of their eligibility to participate in the TTW program. We mail TTW notices to beneficiaries approximately 2 months after award and at the 12-month and 36-month anniversary dates post-award. The TTW Notice Optimization project seeks to increase participation in the TTW program by developing an evidence-based approach to targeting outreach to eligible beneficiaries. The project will test changes to Ticket notices including the types of notices we send, the language we use, and the timing of our notices. We completed our analysis plan and began sending out the experimental mailings in the fall of 2020 (GSA, 2020). We expect to produce a draft evaluation report in FY 2023.

To meet the continued obligation in the Ticket to Work and Work Incentives Improvement Act of 1999 (PL 106-170) for ongoing evaluations and to access the current landscape of the TTW program, we are

planning a new evaluation of the TTW program operations and experiences of consumers and providers, including Employment Networks (ENs) and the Work Incentives Planning and Assistance (WIPA) grantees. The Ticket to Work Evaluation will work to identify the differences that exist between successful and unsuccessful beneficiaries in the TTW program, with an emphasis in examining program effectiveness, consumer characteristics, service provision, and service equity. This work is expected to begin in late FY 2023.

**d. Youth Transition Demonstration**

The Youth Transition Demonstration (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 the 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 many 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), a system that was developed as a career exploration tool. Because O\*NET does not measure strength and physical requirements in the way that the DOT does and SSA disability rules require, it is not a replacement for the DOT in SSA's disability adjudication process. 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 year 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 combined first- and second-year estimates in November 2017. In FY 2018, BLS completed the initial three-year data collection wave (Wave 1), which they published in February 2019. Based on a BLS occupational data shelf-life study, SSA decided to update the occupational data every five years after the conclusion of Wave 1. In FY 2019, BLS completed the first year of the first five-year wave update (Wave 2), using a new sample design that better captures information across occupations. After each publication, SSA analyzed the public ORS estimates and, in FY 2019, 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 research on the residual functional capacity (RFC)—to update its disability policy. RFC describes the most an individual is able to do, despite functional limitations resulting from a medically determinable impairment(s) and impairment-related symptoms. It is an administrative determination of an individual's capacity to perform work-related physical and mental activities.

In FY 2020, BLS completed the second year and published estimates from the first year of Wave 2. SSA and BLS discussed and determined joint program development activities to ensure that the ORS estimates published by BLS meet SSA's needs. At the end of FY 2020, BLS began data collection for the third year of Wave 2. SSA activities related to VIT development included 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 completed the third year and began the fourth year of Wave 2 data collection. In December 2020, BLS published ORS estimates for the combined first and second-year data collection samples. VIT development included upgrading the system's architecture to comply with SSA's new user experience framework and conducting detailed user experience testing.

In FY 2022, BLS completed data collection for the fourth year and began collecting the fifth and final year of Wave 2. BLS published estimates for the combined first, second, and third years of ORS data collection samples in November 2021. SSA and BLS assessed the results of BLS testing and research on previously proposed Wave 3 measurement changes and came to an agreement on the final changes to be implemented for Wave 3. SSA and BLS worked together to develop the Wave 3 sample design methodology and SSA continued its analysis of the ORS microdata. VIT development included ensuring ongoing application stability in the development environment and maintaining project planning to coordinate with the timeline for vocational policy changes.

In FY 2023, BLS will complete Wave 2 data collection and begin collecting the first year of Wave 3. In November 2022, BLS published data from the combined first four years of Wave 2. BLS also completed and submitted the Wave 3 OMB clearance package after SSA review. The 60-day notice seeking public comments related to the ORS third wave was published in the Federal Register in December 2022. VIT development will be coordinated with the timeline for vocational policy changes.

In FY 2024, BLS will complete the first year of Wave 3, begin the second year, and publish the final Wave 2 data collection estimates.

#### ***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***

Promoting Readiness of Minors in SSI (PROMISE) was a joint project between SSA and the Departments of Education (ED), Labor, and Health and Human Services. The goals of the project were 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 included 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 was responsible for evaluating PROMISE.

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

The PROMISE evaluation included 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; Selekman et al. 2018). Eight special topic reports (Hon-

eycutt, Gionfriddo, and Livermore 2018; Honeycutt and Livermore 2018; Levere et al. 2020; Patnaik, Harrati, and Musse 2022; Farid et al. 2022; Hill, Patnaik, and Musse 2022; Dale et al. 2023) describe how the projects were implemented, describe how PROMISE compares with and uses other transition policies and practices, describe how families' service use is related to early youth outcomes, explore the pathways participants took toward education and employment, describe the education and work experiences of participants, show how COVID-19 affected the findings, describe how youth used Medicaid services, and summarize the lessons from PROMISE. 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. Additional summaries and analyses from the interim report are also included in Patnaik et al. (2021). Patnaik et al. (2022) presents the longer-term impacts and cost-benefit analyses of PROMISE. Overall, the interventions only improved a few of the primary outcomes. Two programs increased youth employment rates and three increased youth income; there were no reductions in SSI payments over the evaluation period. There were some improved labor market outcomes for youth with intellectual disabilities and in families where parents also received SSI or SSDI. Over the five year evaluation period, net benefits for all programs overall costs exceeded the measured benefits. A public-use data file is available for additional research.

The individual projects and partners are also produced 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.

Emenheiser et al. (2020) provide an overview of PROMISE. Schlegelmilch et al. (2020) provide a qualitative analysis of several case studies in Wisconsin. Anderson et al. (2021) describe the vocational rehabilitation counselors' use of technology in the Wisconsin PROMISE project. Hartman et al. (2021) look at the relationship of PROMISE and vocational rehabilitation in Wisconsin. Livermore et al. (2020) describe how PROMISE can provide insights to the transition system. Golden et al. (2021) provides a taxonomy of case management strategies based on the New York State PROMISE project. Jones et al. (2021) examines the relationships between individual development accounts and various elements of the Wisconsin PROMISE project and its participants. Patnaik, Hemmeter, and Mamun (2021) compare the experiences of PROMISE participants with and without a diagnosis of autism spectrum disorder.

#### ***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-Treatment Group received 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 received the IPS services and assistance with behavioral health and work-related expenses, but did not receive the services of a nurse care coordinator providing medication management support. Participants assigned to the control group had access to all standard behavioral health or employment-related services available at the community health center and received a local community resources information book.

SED's 15-month recruitment and participant enrollment began in early FY 2018. Participants received 36 months of intervention services after entry. Field operations ended in FY 2022 and included technical assistance, training, and data collection activities for process and outcome evaluations. The final evaluation reports will be publicly available in FY 2023.

### ***i. Behavioral Studies***

SSA has partnered with the Office of Evaluation Science (OES) at the General Services Administration and its predecessor in the White House's Social and Behavioral Science Team (SBST) to test "nudge"-style behaviorally informed notices. In 2015, SSA partnered with the SBST to test whether a new notice could encourage SSI recipients to report changes to their earnings in a more accurate and timely manner. The researchers found that SSI recipients receiving the letters were 34 percent more likely to have reported earnings for the previous months (Zhang et al. 2022).

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 OES, 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 are continuing to analyze the data to determine if there are downstream health effects in a study funded by the RDRC.

As noted in the Ticket to Work Evaluation section, the Ticket to Work Notice Optimization project seeks to increase participation in the Ticket to Work program. Gilke et al. (2020) are testing whether behaviorally informed changes to the notices SSA sends to OASDI beneficiaries and SSI recipients to inform them of the program results in increased Ticket assignments with an Employment Network or vocational rehabilitation agency. SSA began sending the new notices in September 2020 and completed the mailings in February 2022. SSA is working with the General Services Administration to assess the impact on Ticket to Work participation over the 9 months following each mailing cohort and expects to have a draft report of the results in FY 2023.

### ***j. Promoting Work through Early Interventions Project***

The Promoting Work through Early Interventions Project (PWEIP) is a cooperative venture with SSA and the Administration for Children and Families (ACF) within HHS. The PWEIP identifies, selects, and evaluates programs likely to improve the employment and economic outcomes for individuals who have current or foreseeable disabilities, ties to U.S. safety net programs, little or no work history, and have not yet applied for SSI or SSDI. Evaluations of programs will include impact assessments and implementation research. A select number of evaluations will also include a cost analysis. In FY 2019, we developed a

jointly financed cooperative arrangement with ACF and transferred \$25 million to support the evaluation of and service provisions for selected intervention programs. PWEIP plans include rigorous evaluations of programs and analyses of outcomes related to employment, earnings and benefit receipt.

In FY 2020, we worked with ACF to identify and select programs to participate in ACF's Building Evidence on Employment Strategies (BEES) and Next Generation of Enhanced Employment Strategies (NextGen) projects and approved two programs for PWEIP. The Bridges from School to Work program, an employer-driven program, provides job readiness instruction, placement, and post-placement support for young adults with disabilities in eight urban areas (in GA, MD, IL, TX, CA [2 sites], PA, and DC); the Covid-19 pandemic delayed implementation, and the program is now in an extended recruitment period through December 2022. The Kentucky Addiction Recovery Care Program is a mature, innovative model for combining recovery services with workforce development in rural Kentucky. It provides treatment, employment services, housing, and other supports to individuals with substance use disorders. However, impacts related to the Covid-19 pandemic led to the second program's withdrawal from PWEIP.

In FY 2021, ACF proposed ten programs to SSA for consideration; we approved nine programs for inclusion. Four programs feature use of the evidence-based Individual Placement and Support (IPS) model of supported employment as the key intervention. The programs (and the states participating) include: IPS for individuals using Federally Qualified Health Center services (IL and NH); for individuals with substance use disorders (OK and OH); for participants receiving TANF and SNAP assistance (WA); and for justice-system involved individuals within 30 days of re-entering communities (IA, TN, OK, SC, and IL). Another approved program, Families Achieving Success Today program (MN), uses an adaptation of an IPS model to help TANF clients with physical or mental health barriers to employment obtain competitive jobs. The other three programs approved in FY 2021 include the Central City Concern (OR), the Mental Outreach for Mother program (MA), and the Journey program (two OH county Child Support Enforcement Agencies). Central City Concern is a large housing and employment center with an outpatient clinic providing general healthcare and employment, housing, and recovery services for individuals with substance use disorders who enter from a detoxification center. The Journey program's goals are to improve parental engagement with children and adherence of child support court orders, and its tertiary goal is to increase participant employment rates. The Mental Outreach for Mother program is an evidence-based practice (EBP) model for providing employment services and teaching self-regulation skills and stress management to women with mental illness who are caregivers to children under the age of 18.

In FY 2022, ACF proposed one program to SSA for consideration, which was approved for inclusion. The newest program approved is the Community Inclusion Services program (PA), which helps employers adopt employment practices that allow workers with mental or physical disabilities to be productive and feel welcomed. It assesses the interests and capabilities of job seekers, helps match them to jobs available with the employer, provides support to employees and work sites during the hiring and onboarding process, and continues to provide support to both as needed.

In fact, all programs approved in FY 2021 experienced COVID-19-related delays in implementation. Some programs adapted by scheduling later start dates for enrollment and others are increasing the referral pool for prospective participants. ACF and SSA agreed to expand enrollment time-frames by no less than three months for programs in the recruitment phase. The timeline for the overall project has not been adjusted, and we still expect to receive evaluation reports from approved programs in FY 2023-2024. Still, two programs, The Journey program and Families Achieving Success Today, ended their participation in PWEIP due to struggles with enrollment related to COVID-19.

### ***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 to cultivate new scholars in the disability research fields. The five-year grant to manage ARDRAW was awarded to Policy Research, Inc. in September 2016 and is renewable annually. In 2022, Cohort 5 completed their research projects. Also in 2022, Cohort 6 began their research projects. In FY 2023, SSA will compete and make a new award for the grant manager portion of the ARDRAW program.

#### ***l. Interventional Cooperative Agreement***

SSA began the Interventional Cooperative Agreement Program (ICAP) in 2021. ICAP funds cooperative agreements to collaborate with States, foundations, and other non-federal groups and organizations who have the interest and ability to identify, operate, and evaluate interventional research. The research and interventions under this program will target: 1) eliminating structural barriers in the labor market for people with disabilities, including for people of color and other underserved communities; 2) promoting self-sufficiency by helping people enter, stay in, or return to the labor force, including youth; 3) coordinating planning between private and public welfare agencies to improve the administration and effectiveness of the SSDI, SSI, and related programs; 4) assisting claimants in vulnerable populations apply for or appeal decisions on claims for SSDI and SSI benefits; and 5) conducting outreach to people with disabilities who are potentially eligible to receive SSI.

We awarded two cooperative agreements in 2021 to the Kessler Foundation and the State of Georgia Criminal Justice Coordinating Council. The Kessler Foundation was awarded \$3 million to conduct a randomized controlled trial of a Vocational Resource Facilitation Demonstration (VRFD) employment intervention for adults who have experienced a brain injury or spinal cord injury. The State of Georgia's Criminal Justice Coordinating Council was awarded \$1.3 million to conduct a feasibility study of the implementation of the SSI/SSDI Outreach, Access, and Recovery (SOAR) model in county jails with inmates with serious and persistent mental illness.

We made a second round of awards in 2022 to Mathematica and Westat. Mathematica was awarded \$3 million to conduct a randomized controlled trial to assess the impact of an employment intervention for youth with disabilities who are transitioning into the adult workforce. Westat was awarded \$3 million to conduct a randomized controlled trial to assess the impact of combining supportive housing with Individual Placement and Support (IPS) supported employment services for recently homeless people experiencing a range of disabilities and mental health conditions.

SSA will solicit new ICAP projects each year. We plan to award three new projects in the last quarter of FY 2023.

#### ***m. Ohio Direct Referral Demonstration***

The Ohio Direct Referral Demonstration (ODRD) is a joint demonstration with the Ohio State agency, Opportunities for Ohioans with Disabilities (OOD). The goal of ODRD is to test the effectiveness of providing direct referrals to vocational rehabilitation services for 18 and 19 year-olds who are, or may become, SSI or SSDI beneficiaries. Participants in the demonstration include individuals ages 18 and 19 at the time of enrollment, who are either (1) applying for SSDI or SSI or (2) undergoing an age-18 redetermination of SSI eligibility. OOD's Division of Disability Determination (DDD) and the Bureau of Voca-

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tional Rehabilitation (BVR) will share information to conduct ODRD. OOD and SSA will each contribute staff time to the demonstration and SSA will not incur additional costs.

The Ohio DDD began recruitment in January 2020. Recruitment has ended. We expect to continue to conduct the evaluation over two years (calendar years 2022 and 2023), finalizing the necessary analyses, and releasing reports.

### ***n. Blanket Purchase Order Agreement for Time Sensitive Research Projects***

In FY 2018, SSA awarded a Blanket Purchase Agreement (BPA) aimed at providing an alternate research channel for policy and program assessments and studies including research on SSI program related topics.

In FY 2019, SSA awarded two studies relevant to the SSI program through the BPA:

- Research to identify evidence and recommendations to design policy changes to support employment for youth with disabilities; and
- Research describing the current community-based service and support landscape for youth with disabilities.

In FY 2020, SSA awarded two studies relevant to the SSI program through the BPA:

- Research to Identify Performance Indicators for Use in the Representative Payee Program based on the Nursing Home Compare Database; and
- Research to Identify New Performance Factors for Creditor Payees & for Using Credit Data of Payee Organizations.

We received the final reports on these studies in July 2021.

In FY 2021, SSA did not award any relevant studies through the BPA.

### ***o. Beyond Benefits Study***

The Beyond Benefits Study is a new study about the services and support needs for successfully returning to work (or staying at work) for individuals who exit or are likely to exit SSI or SSDI due to medical improvement. In addition to in-depth interviews and focus group with participants, a large survey collection from 4,000 individuals in this cohort about these issues will be conducted. We will also pilot a small motivational interviewing program that will provide context for the study. Qualitative data collection began in FY 2022, and we expect to field the survey and the small pilot in FY23-FY24. All other activities and final reports will end in FY 2025.

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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.<sup>1</sup> This person is the account's "designated beneficiary." An ABLE account can only be established through a program established by a State, State agency, or instrumentality thereof. The law generally limits the maximum total contribution to \$17,000 per year, which the Internal Revenue Service periodically increases.<sup>2</sup> 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 the person's income.<sup>3</sup> 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.<sup>4</sup> 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

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<sup>1</sup> Section 124 of the Secure Act of 2022 adjusted the age requirements for individuals who wish to establish an Achieving a Better Life Experience (ABLE) account from 26 to 46 effective with tax year 2026. The Secure Act of 2022 was enacted on December 29, 2022 as Division T in the Consolidated Appropriations Act, 2023 (Public Law 117-328).

<sup>2</sup> Public Law 115-97 changed ABLE account rules to allow an ABLE account's designated beneficiary to contribute additional amounts to their ABLE account if the person 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.

<sup>3</sup> Contributions are not excluded from the income of the person contributing.

<sup>4</sup> 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.



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 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 2023 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 the person's 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 the person 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 the person 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 the person 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).** A periodic review 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 their 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 generally applies in the following situations:

- An individual living with an ineligible spouse;
- A child under age 18 living with an ineligible parent;
- Some noncitizens with an immigration sponsor; and
- An individual living with their essential person.

**Demographic Assumptions.** See “Assumptions.”

**Direct Express® Debit Card.** Direct Express® is a low-cost prepaid debit card program sponsored by the Department of the Treasury that is available to OASDI and SSI beneficiaries through Comerica Bank. Beneficiaries can access their OASDI and SSI benefits by making purchases, paying bills, and getting cash at thousands of Automatic Teller Machines (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, the recipient’s 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 the person 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 2023 began October 1, 2022 and will end September 30, 2023.

**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 their 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 the person's 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. Depending on the type of IDA, the individual's earned income contributions are matched with money from either a State's TANF program or demonstration project funds, as authorized by the Assets for Independence Act.

**Ineligible Spouse.** The spouse of an eligible individual, or applicant, 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 income<sup>1</sup> is income an individual has not received more than once in a calendar quarter from a single source.<sup>2</sup> Irregular income is income that an individual could not reasonably expect to receive. In any given quarter, we exclude up to \$30 of earned (infrequent or irregular) and \$60 of unearned (infrequent or irregular) income.

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

**In-Kind Income.** Income that is not cash, but is food or shelter or something an individual can use to obtain food, 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 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 their ineligible parent(s) or an eligible individual lives with their ineligible spouse.

**Maintenance-of-Effort.** See "Passalong."

**Mandatory State Supplementation.** See "State Supplementation."

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

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

**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.

**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 the person is eligible, beginning with the first day in the month on which the person 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 person’s regular monthly payment by the number of days for which the person 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 2023, a worker receives one quarter of coverage (up to a total of four a year) for each \$1,640 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 the person's 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:

- 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 their country of nationality who is unable or unwilling to return to their 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 the person's 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 their 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, other liquid assets, or any real or personal property of an individual (or their spouse) that the person could use or could convert to cash to be used for their 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 2023, pays a \$14.35 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 the person 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 benefits to supplement the food budget of needy families. Recipients can use SNAP benefits 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 lev-

els, absence from the United States, residence in a public institution, etc. Benefits can resume without reapplication when all requirements for entitlement are again met. A period of suspension 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 their 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 (TTW).** 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.

**TTW.** See “Ticket to Work Program (TTW).”

**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;
- Blind work expenses;
- Plan to achieve self-support;
- Section 1619 benefits; and
- Ticket to Work program.



Social Security Advisory Board

# 2023 Statement on the Supplemental Security Income Program

May 2023

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Each year, the Social Security Advisory Board (“Board”) members have an opportunity, either individually or jointly, to include their views on the Supplemental Security Income (SSI) program in the Social Security Administration’s (SSA) annual report to the President and Congress.<sup>1</sup> This year’s statement highlights challenges that potentially SSI-eligible American Indians and Alaska Natives (AI/AN) may encounter when applying for SSI. Consistent with the Office of Management and Budget (OMB) statistical definition, “AI/AN” as used in this statement refers to “a person having origins in any of the original peoples of North and South America (including Central America) and who maintains [T]ribal affiliation or community attachment.”<sup>2</sup> The 2023 statement continues the Board’s work on access to SSI for underserved populations, which it began in its 2022 statement focused on older adults.<sup>3</sup> Identifying barriers to SSI facing the AI/AN population aligns with federal and SSA initiatives on reaching populations facing barriers and ensuring equity.

## Part I. Introduction

Data indicate that people identifying as AI/AN experience, on average, significantly worse socioeconomic circumstances and poorer health compared to the general population, including higher rates of poverty and disability.<sup>4</sup> At the same time, AI/AN people also may face barriers to accessing SSI, a federal program that provides cash payments to people with low income and resources who meet SSA’s definition of disability or blindness or are over age 65.

While SSA is encouraging the public to use its online services, these options are more limited for SSI applicants. There is not currently an online SSI application, except for a subset of claimants who are also applying for Social Security Disability Insurance and meet additional criteria.<sup>5</sup> SSA is developing an online SSI application and considering other changes to the current SSI application process.<sup>6</sup> While significant SSI application changes may require Congressional action, SSA has the authority to make certain application

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<sup>1</sup> Personal Responsibility and Work Opportunity Reconciliation Act of 1996, [Pub. L. No.104-193 § 213](#); 110 Stat. 2105 (1996).

<sup>2</sup> Census Bureau, [Understanding and Using American Community Survey \(ACS\) Data: What Users of Data for American Indians and Alaska Natives Need to Know](#), April 2019, 7.

<sup>3</sup> Social Security Advisory Board (SSAB), [2022 Statement on the SSI Program](#), July 2022.

<sup>4</sup> Census Bureau, [“Selected Population Profile in the United States: Total Population and AI/AN Alone,”](#) ACS, 1-Year Estimates, Table S0201, 2021, accessed April 30, 2023.

<sup>5</sup> SSA, [You May Be Able to Get SSI](#), 2023, 3-4.

<sup>6</sup> SSA, [FY 23 President’s Budget](#), March 28, 2022, 21.

process changes by issuing new regulations or by modifying its program policies.<sup>7</sup> A November 2022 report by the Government Accountability Office (GAO) found that “SSA lacks a documented, comprehensive plan—with clear steps, goals, metrics, and timelines”—for implementing an online SSI application without which the agency “cannot adequately plan for and track its progress toward its goal of providing alternatives to in-person visits and increasing the number of online forms.”<sup>8</sup>

Without an online SSI application for most SSI claimants and given the lack of broadband availability or affordability in some Tribal areas as detailed later in the statement, AI/AN SSI applicants may be limited to applying for SSI in-person or by telephone or mail. Some AI/ANs may also experience barriers to receiving service in-person because they live far away from an SSA field office or cannot easily locate their nearest service site due to usability challenges with SSA’s existing online locator tools. Service challenges with SSA’s 800 number, including long wait times, may present additional barriers to applicants that rely primarily on receiving telephone assistance.<sup>9</sup> Across available service options, potential AI/AN SSI applicants may face challenges accessing documentation to show they meet SSI nonmedical and medical eligibility requirements, and limitations to accessing SSA services and resources in their preferred language.

SSI applications were declining in the years before the pandemic and fell significantly during the pandemic.<sup>10</sup> The agency is interested in supporting extramural research to better understand the causes of this decline and whether the decline is especially pronounced among populations facing barriers in receiving public services.<sup>11</sup> SSA is targeting increasing SSI applications from underserved communities by 25 percent relative to the 2021

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<sup>7</sup> SSA, “[Legal Authority](#),” accessed April 30, 2023; [Ibid](#), 21.

<sup>8</sup> GAO, [SSA: Remote Service Delivery Increased during COVID-19, But More Could Be Done to Assist Vulnerable Populations](#), GAO-23-104650 (November 2022), 38.

<sup>9</sup> [Ibid](#), 18.

<sup>10</sup> SSA, [SSI Annual Report 2021](#), October 2021, 4; SSA, [SSI Annual Statistical Report 2021, Outcomes of Applications for Disability Benefits](#), Table 69, 2021.

<sup>11</sup> SSA, [Retirement and Disability Research Consortium \(RDRC\) Focal Area List for FY 23](#), 3-4; SSA, [RDRC Focal Area List for FY 24](#), 3-4. During the pandemic, SSA made several service changes, including closing its offices, where people apply for SSI, except by appointment in case of “dire need.” SSA defines a “dire need” situation as a case where a claimant is without food (and is unable to obtain it), lacks medicine or medical care (and is unable to obtain it) or lacks shelter (see: SSA, [Hearings, Appeals, and Litigation Law Manual, Critical Cases](#), I-2-1-40, 2017). At the same time, other federal programs expanded benefits during this period, which could be associated with people shifting to those programs and away from SSI/Disability Insurance (see: GAO, [supra N. 8](#)).

baseline by September 2023.<sup>12</sup> SSA has identified seven populations that its efforts target: older adults (65 years old or older without disabilities), children with disabilities, people experiencing homelessness, people diagnosed with mental illness, people with limited English proficiency, people recently released from incarceration, and Veterans.<sup>13</sup> AI/AN people are overrepresented in, or experience disparate outcomes as, a member of, almost all of these population subgroups.<sup>14</sup> As SSA develops an online SSI application and considers policy changes to the current SSI application process, engaging with and incorporating feedback from Tribal communities is critical to designing and delivering an application process that reduces barriers and meets the needs of the people it is intended to serve.

## AI/AN Population Characteristics

According to 2021 data from the Census Bureau’s American Community Survey (ACS), in 2021, 8.8 million people in the United States (2.6 percent of the total population) self-identified as AI/AN alone or in combination with one or more other races, including about 3.2 million people (about one percent of the total population) who identified as “AI/AN alone.”<sup>15</sup> AI/AN people live throughout the US, but about half of those identifying as “AI/AN alone” live in ten states: Alaska, Arizona, California, New Mexico, New York, North Carolina, Oklahoma, South Dakota, Texas, and Washington.<sup>16</sup> About 87 percent of all AI/AN people live outside of reservations, trust lands, and other Tribal statistical areas, including 74 percent of the “AI/AN alone” population.<sup>17</sup> More

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<sup>12</sup> SSA, [FY 2022 Congressional Justification](#), 37.

<sup>13</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), “[Vulnerable Population Application Program](#),” accessed April 30, 2023.

<sup>14</sup> Census Bureau, *supra* N. 4; SAMHSA, [Behavioral Health Barometer: US, Volume 5: Indicators as Measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services](#), SMA-19-Baro-17-US, 2019; Department of Veterans Affairs, “[Community Provider Toolkit: AI/AN Veterans](#),” accessed April 30, 2023; Assistant Secretary for Planning and Evaluation, Department of Health and Human Services (HHS), [Improving Outcomes for AI/AN People Returning to the Community from Incarceration: A Resource Guide for Service Providers](#), October 2021; National Congress of American Indians (NCAI), [Tribal Nations and the US: An Introduction](#), February 2019.

<sup>15</sup> Census Bureau, *Ibid.*

<sup>16</sup> Medicaid and CHIP Payment and Access Commission (MedPAC), [Medicaid’s Role in Health Care for AI/ANs](#), February 2021, 2.

<sup>17</sup> AI/AN areas include federal American Indian (AI) reservations and/or off-reservation trust lands, Oklahoma tribal statistical areas, tribal designated statistical areas, state AI reservations, and state designated tribal statistical areas. Census Bureau, [AI/ANs in the US](#), n.d.

than 70 percent of all people identifying as AI/AN live in urban and suburban areas.<sup>18</sup>

In 2021, data specific to the “AI/AN alone” population indicate that this population experienced significantly higher rates of poverty and “deep poverty,”<sup>19</sup> unemployment, disability, and reported SSI receipt, and significantly lower levels of median household and per-capita income and rates of reported Social Security receipt than the general population.<sup>20</sup> In addition, that same population reported significantly lower levels of educational attainment, with higher shares of the population over 25 having less than a high school diploma and lower shares holding bachelor’s degrees than the general population.<sup>21</sup> Compared to people in the general population, people identifying as “AI/AN alone” are overrepresented in the population experiencing homelessness, making up under one percent of the total US population but over three percent of the population experiencing homelessness, according to the Department of Housing and Urban Development’s 2022 point-in-time count data.<sup>22</sup> In some states, rates of “AI/AN alone” people experiencing homelessness are over ten percent.<sup>23</sup> People identifying as “AI/AN alone” report higher rates of fair or poor health status,<sup>24</sup> functional limitation,<sup>25</sup> and uninsurance<sup>26</sup> compared to people identifying as “white alone.” Life expectancy

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<sup>18</sup> National Council of Urban Indian Health, *AI/ANs in the US*, n.d.; Census Bureau, *Ibid*; IHS, “[Urban Indian Health Program](#),” accessed April 30, 2023.

<sup>19</sup> Defined as having household cash income below 50 percent of the federal poverty level. Center for Poverty and Inequality Research, “[What is ‘Deep Poverty](#),” accessed April 30, 2023.

<sup>20</sup> Census Bureau, supra [N. 4](#); Center for Poverty and Inequality Research, *Ibid*.

<sup>21</sup> Census Bureau, *Ibid*.

<sup>22</sup> Department of Housing and Urban Development (HUD), *HUD 2022 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations: Full Summary Report (All States, Territories, Puerto Rico, and District of Columbia)*, 2022.

<sup>23</sup> For example, see: HUD, *HUD 2022 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations: Alaska, Minnesota, North Dakota, Oklahoma, South Dakota*, 2022. For all state profiles see: HUD, “[COC Homeless Populations and Subpopulations Reports](#),” accessed May 8, 2022; SAMHSA, *SSI/SSDI Outreach Access, and Recovery for AI/AN Communities: A Toolkit for Engaging with Native Communities*, May 2022, 3.

<sup>24</sup> National Center for Health Statistics. Percentage of fair or poor health status for adults aged 18 and over, United States, 2019—2021. National Health Interview Survey. Generated interactively: Jan 25 2023 from [https://wwwn.cdc.gov/NHISDataQueryTool/SHS\\_adult/index.html](https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html).

<sup>25</sup> National Center for Health Statistics. Percentage of any disability for adults aged 18 and over, United States, 2019—2021. National Health Interview Survey. Generated interactively: Jan 25 2023 from [https://wwwn.cdc.gov/NHISDataQueryTool/SHS\\_adult/index.html](https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html)

<sup>26</sup> National Center for Health Statistics. Percentage of being uninsured at the time of interview for adults aged 18-64, United States, 2019—2021. National Health Interview Survey. Generated interactively: Jan 25 2023 from [https://wwwn.cdc.gov/NHISDataQueryTool/SHS\\_adult/index.html](https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html); National Center for Health

at birth is lowest for the non-Hispanic AI/AN population, and age-adjusted mortality is highest, compared to non-Hispanic white, non-Hispanic Black, and Hispanic populations.<sup>27</sup> The AI/AN population has been disproportionately adversely impacted by COVID-19, widening existing socioeconomic and health disparities.<sup>28</sup>

## The Federal and Tribal Government Nation-to-Nation Relationship

The US recognizes 574 sovereign Tribal Nations located across 36 states and 100 million acres in the United States; 227 of these nations are in Alaska.<sup>29</sup> Tribal Nations are socio-culturally and linguistically diverse and have varied historical experiences, values, and traditions.<sup>30</sup> As noted in a January 2021 Presidential memorandum on “Strengthening Tribal Consultation and Nation-to-Nation relationships,” Tribal Nations have a political, nation-to-nation relationship with the US government recognized under the US Constitution, treaties, statutes, Executive Orders (EO), and court decisions.<sup>31</sup> The US has a

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Statistics. Percentage of being uninsured for more than one year for adults aged 18-64, United States, 2019–2021. National Health Interview Survey. Generated interactively: Jan 25 2023 from [https://wwwn.cdc.gov/NHISDataQueryTool/SHS\\_adult/index.html](https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html); National Center for Health Statistics. Percentage of being uninsured for at least part of the past year for adults aged 18-64, United States, 2019–2021. National Health Interview Survey. Generated interactively: Jan 25 2023 from [https://wwwn.cdc.gov/NHISDataQueryTool/SHS\\_adult/index.html](https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html).

<sup>27</sup>Elizabeth Arias, Betzaida Tejada-Vera, Kenneth D. Kochanek, and Farida B. Ahmad, *Provisional Life Expectancy Estimates for 2021*, Report No. 23 (August 2022), 3, 7; Jiaquan Xu, Sherry L. Murphy, Kenneth D. Kochanek, and Elizabeth Arias, *Mortality in the United States, 2021*, No. 456 (December 2022), 2.

<sup>28</sup>Sarah M. Hatcher, Christine Agnew-Brune, Mark Anderson, et al., “COVID-19 Among AI/AN Persons – 23 States, January 31–July 3, 2020,” *Morbidity and Mortality Weekly Report* 69 No. 34 (August 28, 2020), 1166–1169; Samantha Artiga, “COVID-19 Presents Significant Risks for AI/AN People,” *Kaiser Family Foundation*, May 14, 2020; Randall Akee and Sarah Reber, “AI/ANs are Dying of COVID-19 at Shocking Rates,” *The Brookings Institution*, February 18, 2021.

<sup>29</sup>NCAI, supra N. 14, 10-11; Federal Register, *Indian Entities Recognized by and Eligible to Receive Services From the United States Bureau of Indian Affairs*, 88 FR 2112, January 12, 2023; Current tribal trust land area represents two percent of total US geography. Gwynne Evans-Lomayesva, Jae June Lee, and Cara Brumfield, *Advancing AI/AN Data Equity: Representation in Federal Data Collections*, Center on Poverty and Inequality, Georgetown Law, November 2022, 6.

<sup>30</sup>Shanley Swanson, Reidunn H. Nygard, and Merete Saus, 2022. “Native American Social Work – Including Family and Community,” *Journal of Social Work*, 22 No. 3, 615-636; Riley Taitingfong, Cinnamon S. Bloss, Cynthia Triplett, Julie Cakici, Nanibaa’ Garrison, Shelley Cole, Julie A. Stoner, Lucila Ohno-Machado, 2020, “A Systematic Literature Review of Native American and Pacific Islanders’ Perspectives on Health Data Privacy in the US,” *Journal of the American Medical Informatics Association*, 27 no. 12 (December 2020), 1987-1998.

<sup>31</sup>The White House, *Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships*, January 26, 2021.

federal trust responsibility to Tribal Nations that obligates the federal government to respect Tribal self-governance, protect Tribal lands and resources, and provide services that support the well-being of Native people and communities.<sup>32</sup> According to the 2021 memorandum, honoring the federal government’s commitments to Tribal Nations is especially important given existing socioeconomic disparities experienced by AI/AN people.<sup>33</sup> Members of Tribal Nations have political and legal status as citizens of their sovereign Tribal Nation, the US, and the state where they live.<sup>34</sup> Tribal Nations have individual requirements and processes for determining Tribal citizenship.<sup>35</sup> A person’s AI/AN identity, political and legal status as a Tribal citizen, and residence on Tribal lands are distinct aspects of identity but may overlap. For example, a person can identify as AI/AN without being enrolled as a Tribal citizen or living on Tribal lands.<sup>36</sup>

A November 6, 2000 EO 13175, “Consultation and Coordination with Indian Tribal Government,” requires federal agencies, including SSA, to establish “regular and meaningful consultation and collaboration with Tribal officials” when developing policies expected to impact Tribal communities.<sup>37</sup> SSA’s Tribal Consultation Plan states that the agency “annually reviews its regulatory agenda and legislative submissions to determine whether any proposals have [T]ribal implications” and subsequently “notif[ies] [T]ribal government entities and solicit[s] their [oral or written] comments.”<sup>38</sup> Most recently, SSA has held “outreach and education” events about its programs and COVID-19-related service changes with Tribal Nations and organizations serving AI/AN communities both on and off Tribal land.<sup>39</sup> In October 2022, SSA announced that it established the Office of Native American Partnerships (ONAP) within the Office of the Commissioner to “elevate and centralize efforts to administer comprehensive programs and policies related to American Indians and Alaska

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<sup>32</sup> NCAI, supra [N. 14](#), 23; Administration for Children and Families, “[AI/ANs – The Trust Responsibility](#),” accessed April 30, 2023.

<sup>33</sup> The White House, supra [N. 31](#).

<sup>34</sup> NCAI, supra [N. 14](#), 18.

<sup>35</sup> Tribal enrollment data are collected and owned by tribal nations and need not be shared with the federal government or any other entity. Self-reported tribal affiliation may differ from tribal citizenship. Evans-Lomayesva et al, supra [N. 29](#), 6, 11.

<sup>36</sup> Evans-Lomayesva et al, [Ibid](#), 11.

<sup>37</sup> Government Printing Office, [Consultation and Coordination with Indian Tribal Governments](#), EO 13175 of November 6, 2000, 304.

<sup>38</sup> SSA, [SSA’s Process for Consultation and Coordination with Indian Tribal Governments](#), 1.

<sup>39</sup> SSA, [2022 Tribal Consultation and Coordination Plan Progress Report](#), October 26, 2022, 8-15.

Natives.”<sup>40</sup> According to SSA, the office will “enhance the agency’s relationship with Tribes and serve as the primary point of contact on Tribal affairs for all stakeholders.”<sup>41</sup>

## AI/AN Population and SSI

AI/AN people can receive SSI payments if they meet program rules and file a complete application.<sup>42</sup> While administrative data are not publicly available from SSA on the number of AI/AN people receiving SSI, 2021 ACS data indicate that the share of AI/ANs receiving SSI is significantly higher than the share among the general population.<sup>43</sup> While SSA does not systematically collect data on race, ethnicity, or Tribal affiliation, it requests “American Indian status” for those born outside of the US on the SSI application to determine immigration status.<sup>44</sup> The application also asks whether applicants have certain federally held trust resources or receive certain types of financial assistance from the Bureau of Indian Affairs to determine whether they meet the SSI program’s income and resource criteria.<sup>45</sup>

## Part II. Barriers to SSI for AI/AN Applicants

### Travel Distance to the Nearest SSA Field Office

Over a quarter of people identifying as “AI/AN alone” live on Tribal lands.<sup>46</sup> Tribal lands are disproportionately located in remote areas that may be hundreds of miles from the nearest SSA field office.<sup>47</sup> Travel costs—including the time costs spent locating the nearest FO and traveling to it, as well as the monetary costs of transportation and any foregone wages—are one type of administrative burden that may factor into the costs and benefits people weigh

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<sup>40</sup> Mark Hinkle, “[SSA Establishing National Native American Office, New Office to Advocate for Tribes](#),” SSA, October 4, 2022.

<sup>41</sup> Mark Hinkle, [Ibid.](#)

<sup>42</sup> SSA, [Tribal Benefits Coordinator Guide 2021](#), Publication 90-013 (October 2021), 67.

<sup>43</sup> Census Bureau, [supra N. 4](#).

<sup>44</sup> SSA, [Application for SSI](#), Form SSA-8000-BK, OMB 0960-0229 (June 2019), 4.

<sup>45</sup> SSA, [Ibid.](#), 12, 16.

<sup>46</sup> Census Bureau, [supra N. 17](#).

<sup>47</sup> Harvard University, “[Award: Social Security Video Service Delivery](#),” Innovations in American Government Awards, January 1, 2009; Federal Communications Commission (FCC), “Fourteenth Broadband Deployment Report,” January 19, 2021, 11, available at: <https://www.fcc.gov/document/fcc-annual-broadband-report-shows-digital-divide-rapidly-closing>.

when deciding whether to apply for benefits.<sup>48</sup> Research suggests that people in areas with fewer field offices face higher application costs.<sup>49</sup> Longstanding transportation challenges in Tribal areas may also present barriers to traveling to a FO to receive in-person service.<sup>50</sup> As a result, people living on Tribal lands, such as on reservations or off-reservation trust lands, may face relatively high (monetary and nonmonetary) travel costs of seeking in-person service. “AI/AN alone” people report significantly higher rates of disability compared to the general population.<sup>51</sup> People living on Tribal lands experience disproportionately high rates of poverty compared to the general population<sup>52</sup> and thus, may have a relatively higher expected marginal benefit from receiving SSI. These challenges may mean that relative to others who might qualify for SSI benefits, AI/AN individuals may remain underserved.

### ***Alternative Service Sites***

AI/AN people who cannot or choose not to access in-person service at a local field office can also receive assistance applying for SSI from SSA by phone, mail, or at one of SSA’s Video Service Delivery (VSD) sites located in some Tribal areas. VSD sites may provide accessible alternatives to face-to-face service for some people, which may lower some application costs. However, people still must determine VSD site locations and operating hours and travel to those sites. SSA’s website states that “a client does not have to know how to use a computer” to receive video service at one of its VSDs.<sup>53</sup> SSA’s VSDs were a 2009 finalist for the Ash Center for Democratic Governance and Innovation’s Innovations in American Government Award. According to the Ash Center,

*“an evaluation by the University of North Dakota revealed that the VSD project resulted in more than a tenfold increase in filing of applications by tribal members, and that applicants overwhelmingly preferred the video*

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<sup>48</sup> Pamela Herd, and Donald P. Moynihan, [Administrative Burden: Policymaking by Other Means](#), Russell Sage Foundation, 2018; Manasi Deshpande, and Yue Li, “[Who Is Screened Out? Application Costs and the Targeting of Disability Programs](#),” *American Economic Journal*, 11 No. 4 (November 2019), 213-248.

<sup>49</sup> Christiana Stoddard, “[Determinants of the Use of SSI by AI/ANs](#),” Working Paper WI20-Q1, 2020, 6; Deshpande and Li, [Ibid.](#)

<sup>50</sup> Congressional Research Service (CRS), [Tribal Highway and Public Transportation Programs](#), IF12129, June 7, 2022, 2.

<sup>51</sup> Census Bureau, [supra N. 4](#).

<sup>52</sup> Nancy, G. Pindus, Thomas Kingsley, Jennifer Biess et al., [Housing Needs of AI/ANs in Tribal Areas: A Report from the Assessment of AI/AN, and Native Hawaiian Housing Needs](#), Prepared by the Urban Institute for HUD, January 2017, 3.

<sup>53</sup> SSA, [supra N. 42](#), 10.



*channel over in-person, telephone, and print alternatives. Since the [VSD] program's inception, the SSA has seen an increase in claims as high as 80 percent on some reservations.”<sup>54</sup>*

According to remarks made by SSA in 2009, the VSD project was expanding from 38 sites to additional Tribal and rural areas.<sup>55</sup> Per SSA's website, as of March 2023, there appear to be 34 VSD sites in Tribal areas.<sup>56</sup> In its 2022 Tribal Consultation Progress Report, SSA noted that during fiscal year (FY) 22 the agency “explored options for expanding VSD” and conducted a pilot in the Dallas region where it tested delivering services through Microsoft Teams appointments to Native communities.<sup>57</sup> In its FY 24 President's Budget, a pilot using VSD sites to process replacement Social Security Number card applications for non-US citizens is “currently on hold pending the results of an updated fraud risk assessment to evaluate the specifications and capabilities of VSD technology.”<sup>58</sup> A recent evaluation of SSA's VSD sites and efforts does not appear to be publicly available.

## Locating SSA Service Sites

Regardless of distance, people may face challenges when trying to locate the nearest office or other service site because of usability issues with SSA's locator tools. For people able to access SSA's website, finding the agency's field office locator tool to search for the nearest office may be difficult. Once people do find the tool to search for a field office, it appears to only list the closest field office, and not SSA's other types of service locations like VSD sites that may be closer. SSA provides an additional service map, the “AI/AN Geospatial Map”<sup>59</sup> that displays the locations of federally recognized Tribes, reservation boundaries, SSA field offices, VSD sites, and resident stations, and can be accessed from its AI/AN website page.<sup>60</sup> The geospatial map is difficult to load and use, even with high internet speeds. Further, people cannot enter their ZIP code or address to find the nearest service site using this map. A note on the interactive map page states that “office hours and locations used in this map are subject to change” and people should check the regular hours of the Social Security office in their

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<sup>54</sup> Harvard University, *supra* [N. 47](#).

<sup>55</sup> Harvard University, [Ibid.](#)

<sup>56</sup> SSA, “[SSA's AI/AN Geospatial Map](#),” accessed May 1, 2023.

<sup>57</sup> SSA, *supra* [N. 39](#), 5.

<sup>58</sup> SSA, [FY 2024 Congressional Justification](#), 108.

<sup>59</sup> SSA, *supra* [N. 56](#).

<sup>60</sup> SSA, “[AI/ANs](#),” accessed May 1, 2023.

area using the field office locator.<sup>61</sup> However, cross-referencing the addresses provided in the AI/AN interactive service map with its field office locator, VSD sites listed on the interactive map do not appear to be listed in the field office locator tool.

- As SSA focuses on service to populations facing barriers, evaluating access to, use of, and quality of service provided at its VSDs could support its efforts to determine how it can improve video face-to-face service in remote areas, including on Tribal lands.
- SSA could also consider adding VSDs and other nearby alternative service locations to its existing field office locator tool and making that tool easier to find on SSA’s website.
- Representatives from AI disability organizations have also shared that benefits coordinators assisting AI/ANs in conducting SSA business do not usually direct people to SSA’s website, but instead, to the agency’s 800 number.<sup>62</sup> A preference for telephone over online service among AI/AN applicants or people assisting them may preclude these applicants from accessing SSA’s online tools, including its online protective filing tool that potential SSI claimants can use to indicate their intent to submit an SSI application and request an application appointment.<sup>63</sup> Additionally, service challenges with SSA’s 800 number, including long wait times, may present additional barriers to applicants that rely primarily on receiving assistance via this service channel.<sup>64</sup> A better understanding of AI/AN peoples’ service channel preferences could inform service improvements. SSA included “How do Native Americans and Tribal Nations access SSA services, and did this change because of COVID-19?” as a research question of interest to the agency in its list of research priorities for extramural funding in FY 23.<sup>65</sup> A forthcoming funded project will examine the service delivery needs of this population.<sup>66</sup>

## Broadband Availability and Affordability

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<sup>61</sup> SSA, *supra* [N. 56](#).

<sup>62</sup> Input from other AI Disability Organizations received from Native American Disability Law Center (NADLC) (on file with SSAB).

<sup>63</sup> SSA, “[Get Started to Apply for SSI](#),” accessed May 8, 2023.

<sup>64</sup> GAO, *supra* [N. 8](#), 18.

<sup>65</sup> SSA, *supra* [N. 11](#), 7.

<sup>66</sup> SSA, “[RDRC Projects Database](#),” accessed May 1, 2023.

Compared to non-Tribal areas, Tribal areas—especially rural Tribal lands—have more limited access to high-speed internet (“broadband”) coverage needed to use SSA’s available online services.<sup>67</sup> The Federal Communications Commission (FCC) estimates that 79 percent of Tribal lands have both fixed and mobile broadband coverage compared to 82 percent of rural and 99 percent of urban areas.<sup>68</sup> Roughly 65 percent of rural Tribal lands have both fixed and mobile broadband coverage, and approximately 95 percent of urban Tribal lands have both services.<sup>69</sup>

According to 2021 data from the ACS, AI/AN households also report significantly lower rates of computer ownership and broadband internet subscriptions than the general population.<sup>70</sup> According to the FCC:

*“The remote, isolated nature of these areas, combined with challenging terrain and lower incomes, increase the cost of network deployment and entry, thereby reducing the profitability of providing service.”<sup>71</sup>*

FCC data likely overestimate the true level of broadband coverage, particularly in rural and remote areas, including on Tribal lands. GAO and FCC’s Native Nations Communications Task Force have previously reported that FCC’s methodology for determining broadband-covered areas using Census blocks inaccurately considered an entire block as having service if one household in the block was served.<sup>72</sup> Census blocks are the smallest geographic area for which Census data is collected and are delineated by visible natural or built features such as roads and rivers or by legal boundaries on Census maps.<sup>73</sup> Census blocks vary in size and shape.<sup>74</sup> Because Census blocks in remote

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<sup>67</sup> FCC, *supra* N. 47, 4, 11; GAO, [Tribal Broadband: National Strategy and Coordination Framework Needed to Increase Access](#), GAO-22-104421 (June 2022).

<sup>68</sup> Per the FCC’s Fourteenth Broadband Deployment Report, “The designation of a [C]ensus block as urban is based upon the 2010 Census. An urban [C]ensus block encompasses all population, housing, and territory included within a [C]ensus block categorized as in an urban area or urban cluster. A rural [C]ensus block encompasses all population, housing, and territory not included within urban [C]ensus blocks.” The FCC report uses the 2010 [C]ensus to determine federally recognized Tribal lands. Urban, rural, and Tribal land categories may not be mutually exclusive. FCC, *supra* N. 47, 22.

<sup>69</sup> FCC, [Ibid.](#), 28-29.

<sup>70</sup> Census Bureau, *supra* N. 4.

<sup>71</sup> FCC, *supra* N. 47, 11; GAO, *supra* N. 67.

<sup>72</sup> GAO, [Ibid.](#); GAO, [Broadband Internet: FCC’s Data Overstate Access on Tribal Lands](#), GAO-18-630 (September 7, 2018).

<sup>73</sup> Census Bureau, [Census Blocks and Block Groups](#), n.d., 1.

<sup>74</sup> Census Bureau, [Ibid.](#)

areas can be hundreds of square miles in size,<sup>75</sup> providers in these areas may only provide coverage to part of a block.<sup>76</sup> According to a 2018 GAO report,

*“Representatives for [T]ribal governments and organizations noted that the use of [C]ensus blocks [by the FCC] may uniquely overstate broadband availability on [T]ribal lands when [C]ensus blocks contain both [T]ribal and non-[T]ribal areas, because availability in the non-[T]ribal portion of the block can result in the [T]ribal area of the [C]ensus block also being counted as served.”<sup>77</sup>*

Following a November 2022 update of the FCC National Broadband Map to use addresses rather than Census blocks, others have reported that FCC’s latest broadband availability maps may continue to misrepresent the true level of broadband coverage in Tribal areas.<sup>78</sup> For example, the FCC broadband availability maps do not include broadband coverage data for anchor institutions, like schools, hospitals, and post offices.<sup>79</sup> The broadband maps are also missing data on some households located on Tribal lands that do not use standardized home addresses, but instead use descriptive addresses or longitude and latitude-based addresses.<sup>80</sup> Additionally, according to GAO, FCC data also overstate the broadband speed available in some Tribal areas.<sup>81</sup> Because the FCC uses its broadband data to target broadband funding to underserved areas, data inaccuracies may prevent progress in closing the digital divide.<sup>82</sup>

Several Federal initiatives aim to improve the availability, affordability, and adoption of broadband among Tribal communities.<sup>83</sup> While SSA does not have authority over grant programs that aim to expand broadband availability, it does help to promote the Affordable Connectivity Program (ACP), a program administered by the FCC and available to SSI recipients that is intended to improve broadband affordability. ACP provides a monthly internet service discount and a one-time device discount to eligible households that have

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<sup>75</sup> Katy Rossiter, “[What are Census Blocks?](#)” Census Bureau, July 11, 2011.

<sup>76</sup> Native Nations Communications Task Force, [Improving and Increasing Broadband Deployment on Tribal Lands](#), November 5, 2019, 5, 25.

<sup>77</sup> GAO, supra [N. 72](#), 19.

<sup>78</sup> Chris Teale, “[Broadband Maps for Indian Country Called ‘Horrible,’ ‘Egregious,’ and ‘Negligent,’](#)” GCN, January 10, 2023.

<sup>79</sup> Chris Teale, [Ibid.](#)

<sup>80</sup> Chris Teale, [Ibid.](#)

<sup>81</sup> GAO, supra [N. 67](#), 18.

<sup>82</sup> GAO, supra [N. 67](#), 21; Native Nations Communications Task Force, supra [N. 76](#), 25.

<sup>83</sup> GAO, [Ibid.](#), 5-6.

income below 200 percent of the Federal Poverty Guidelines or that otherwise qualify for certain public programs, including SSI.<sup>84</sup> Households that are also located on qualifying Tribal lands receive discounts up to \$75 per month for internet service and, if they spend between \$10 and \$50, receive up to \$100 towards the purchase of an internet-capable device (e.g., laptop or tablet) from a participating provider.<sup>85</sup> SSA currently promotes the ACP on the homepage of its website and published a 2022 blog post about the program.<sup>86</sup>

- The Board encourages SSA to consider using service channels other than its website, such as its 800 number and mailers, as it continues to promote the ACP. This is important given that people who stand to benefit most from ACP are those that may not currently have access to SSA’s website, where SSA does its current ACP promotion.
- Additionally, the Board encourages SSA to work with community partners to spread awareness of the ACP to populations facing barriers. Digital inclusion work by the National Urban Indian Family Coalition (NUIFC) recommends that organizations offering broadband adoption programs should collaborate with Native communities, build relationships with Native service organizations, and ensure programs are relatable and compelling through culturally relevant marketing.<sup>87</sup>

## SSI Eligibility

To receive SSI benefits, people must show they meet the program criteria. For older adults applying for SSI based on age, this requires meeting nonmedical eligibility criteria. For those applying for SSI based on disability, this requires meeting both nonmedical and medical eligibility criteria. AI/AN people may face additional barriers to providing both types of evidence to prove they qualify.

### ***Nonmedical Eligibility***

All SSI applicants must report the income and resources they receive to SSA when applying for or receiving SSI to ensure they meet the program’s income and resource limits. Applicants and recipients must be aware of the different

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<sup>84</sup> FCC, “[ACP](#),” accessed May 1, 2023.

<sup>85</sup> FCC, [ibid](#); ACP, “[Enhanced Tribal Benefit](#),” accessed May 1, 2023.

<sup>86</sup> Alejandro Roark, “[The ACP Can Help SSI Recipients Get Internet Access](#),” *Social Security Matters*, May 25, 2022.

<sup>87</sup> NUIFC, [Weaving Our Web: The State of Digital Inclusion in Urban Indian America](#), November 2018, 10-11.

types of income and resources they receive, as well as which must be reported and when, to make accurate reports. SSA employees must verify applicant reports and correctly apply program rules to determine SSI eligibility and payment amounts.

Program complexity may result in barriers to establishing nonmedical SSI eligibility for some AI/AN people. Members of federally recognized Tribal Nations may receive different types of income and resources that must be documented and reported to SSA.<sup>88</sup> In addition to the income and resource exclusions applicable to all SSI claimants/recipients, further exclusions are available to some members of federally recognized Tribal Nations when determining SSI eligibility and payment amounts.<sup>89</sup> These exclusions are outlined in almost 50 separate federal laws, with some applying to specific types of payments received by Tribal citizens and others depending on Tribal affiliation.<sup>90</sup> Improper payments result when applicants/recipients or SSA fail to identify or correctly calculate countable income and resources timely, or if SSA changes its program rules.<sup>91</sup> For example, SSA revised SSI rules to exclude COVID-19-related payments from Tribal governments to Tribal members from countable income and resources, requiring the agency to identify and correct SSI underpayments made to recipients whose payments were counted as income or resources before SSA changed its rules.<sup>92</sup>

### ***Medical Eligibility***

Healthcare quality and access issues may pose additional barriers for AI/AN SSI disability applicants when attempting to prove medical eligibility. In 2019, approximately 20 percent of AI/AN people did not have health insurance, compared to about 9 percent of the general US population.<sup>93</sup> Relative to the general population, people identifying as AI/AN are also more likely to report not having a regular healthcare provider or place where they get care and delaying or not seeking medical care because of cost or other reasons.<sup>94</sup>

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<sup>88</sup> SSA, supra [N. 42](#), 29-30.

<sup>89</sup> See “SSI Exclusions for AI/AN” PowerPoint available on SSA’s website: <https://www.ssa.gov/people/aian/>; SSA, [Ibid](#), 6-7, 67-68; SSA, Program Operations Manual System (POMS), “[Indian-Related Exclusions](#),” SI 00830.830 (November 9, 2012).

<sup>90</sup> SSA, POMS, “[Indian-Related Exclusions](#),” SI 00830.830 (November 9, 2012).

<sup>91</sup> SSA, “[Major Causes of SSI Improper Payments](#),” accessed May 1, 2023; SSA, supra [N. 42](#).

<sup>92</sup> SSA, [Ibid](#), 6.

<sup>93</sup> MedPAC, [Medicaid’s Role in Health Care for AI/ANs](#), February 2021, 3.

<sup>94</sup> MedPAC, [Ibid](#), 3.

Regardless of insurance status, some AI/AN people may receive healthcare from the Indian Health Service (IHS), which funds and delivers federal healthcare services to about 2.6 million members of Federally recognized Tribal Nations at over 500 federally and Tribally operated facilities<sup>95</sup> and over 80 Urban Indian Organization (UIO) facilities.<sup>96</sup> The IHS provides service at each of its facilities to the extent allowed by its annual discretionary appropriation and other revenue received from secondary payers, such as Medicaid.<sup>97</sup> IHS service sites mainly offer primary and emergency healthcare; most do not offer specialty services and have limited capacity to treat “complex inpatient cases.”<sup>98</sup> Most IHS service sites are located on or near Tribal lands.<sup>99</sup> More limited IHS care options are available in urban areas, where most AI/AN people live. While about 70 percent of the AI/AN population lives in metropolitan areas, only about one in four AI/AN people live in counties served by statutorily authorized and funded Urban Indian Health Programs.<sup>100</sup> Approximately one percent of the IHS budget goes towards funding UIOs.<sup>101</sup>

GAO, the Department of Health and Human Services’ Office of Inspector General, and others have identified persistent funding, access, staffing, payment, quality and continuity of care issues impacting the IHS’ delivery of health services.<sup>102</sup> These service challenges may impact the quantity and quality of medical records available to patients served by the IHS. In particular, work by GAO has found that IHS funding and service challenges negatively impact access to care for health conditions associated with SSI receipt, such as chronic pain and mental health conditions.<sup>103</sup>

Independent of IHS eligibility status, AI/AN people may experience barriers to receiving care to document disability because they live far from a service site, do not have transportation, face cultural and language barriers, prefer not to

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<sup>95</sup> Facilities include hospitals, health centers, and clinics. IHS, “[About IHS](#),” accessed May 1, 2023; IHS, “[IHS Profile](#),” accessed May 1, 2023.

<sup>96</sup> IHS, “[About UIOs](#),” accessed May 1, 2023.

<sup>97</sup> MedPAC, *supra* [N. 93](#), 1.

<sup>98</sup> MedPAC, *ibid*, 5; HHS Office of the Inspector General (OIG), [IHS Hospitals: Longstanding Challenges Warrant Focused Attention to Support Quality Care](#), OEI-06-14-00011 (October 2016), Executive Summary.

<sup>99</sup> MedPAC, *ibid*, 1.

<sup>100</sup> IHS, “[Urban Indian Health Program](#),” accessed April 30, 2023.

<sup>101</sup> CRS, [The IHS: An Overview](#), January 12, 2016, 9.

<sup>102</sup> GAO, [IHS: Actions Needed to Improve Oversight of Federal Facilities’ Decision-making about the Use of Funds](#), GAO-21-20 (November 2020); HHS OIG, *supra* [N. 98](#); Christiana Stoddard, *supra* [N. 49](#).

<sup>103</sup> GAO, [IHS: Health Care Services Are Not Always Available to Native Americans](#), GAO-05-789 (August 31, 2005); Stoddard, Christiana, *ibid*, 20.

disclose health data due to privacy concerns, or because of other actual or perceived costs.<sup>104</sup> Past Board work has highlighted challenges for claimants, Disability Determination Services (DDS), and SSA when medical evidence is not available or sufficient to determine medical eligibility.<sup>105</sup> In that work, the Board encouraged “Congress and SSA to consider funding short-term, targeted research” on variation in the amount, types, and sources of medical evidence by geographic, demographic, socioeconomic, and other variables.”<sup>106</sup>

Access to and quality of medical and nonmedical evidence for AI/AN applicants and its effect on the disability application experience of these applicants and the agency is an area that would benefit from additional study. However, given that SSA does not systematically collect race, ethnicity, or Tribal affiliation data—except when relevant to verify immigration status or income and resources that may be subject to AI/AN exclusions on the SSI application—this is likely to be challenging. Such data, were it available, would also not capture people for whom the cost—whether monetary or nonmonetary—of obtaining medical evidence is a deterrent to applying for SSI.

## Language Access

SSA states that the SSI application is not intended to be a self-help form.<sup>107</sup> SSI applicants often must rely on SSA employees to file a complete application under the current process.<sup>108</sup> This is especially true for people that require assistance in a language other than English. SSA also acknowledges “that it often requires more time to conduct business in languages other than English.”<sup>109</sup> According to a GAO analysis of SSA data, during the pandemic, SSI applications declined more among claimants whose primary language was not English or Spanish (16 percent) compared to those whose primary language was English (3 percent) or Spanish (9 percent).<sup>110</sup> The August 2000 “Improving Access to Services for Persons With Limited English Proficiency” and February 2023 “EO on Further Advancing Racial Equity and Support for Underserved Communities Through The Federal Government” direct agencies to consider

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<sup>104</sup> Taitingfong et al, *supra* [N. 30](#); MedPAC, *supra* [N. 93](#).

<sup>105</sup> SSAB, [Medical Evidence Collection in Adult Social Security Disability Claims](#), May 2022.

<sup>106</sup> SSAB, [Ibid](#), 21.

<sup>107</sup> SSA, “[Application for SSI, Form SSA-8000-BK](#),” SI 00604.001 (April 11, 2007).

<sup>108</sup> SSA, [Ibid](#).

<sup>109</sup> SSA, [FY 22-23 SSA Language Access Plan](#).

<sup>110</sup> GAO, *supra* [N. 8](#), 23.



opportunities to improve language access services for people with limited English proficiency.<sup>111</sup>

Among the AI/AN population over five years old, 41.9 percent speak a language other than English at home, compared to 21.6 percent of the general population.<sup>112</sup> Among people identifying as AI/AN that do not speak English at home, 15.8 percent report speaking English less than “very well” compared to 8.3 percent of the general population that does not speak English at home.<sup>113</sup> AI/AN people may experience barriers to receiving service in their preferred language from SSA during the SSI application process.

In its FY 22-23 Language Access Plan SSA states that it “ensure[s] access to quality services and program benefits regardless of an individual's ability to communicate in English” and “provide[s] quality service in more than 200 languages.”<sup>114</sup> SSA’s Limited English Proficiency (LEP) Steering Committee conducts oversight of SSA’s language access policies.<sup>115</sup> Currently, SSA’s website, notices, some forms, and other written information are available in Spanish.<sup>116</sup> SSA also makes some written information that may include publications, form instructions, a sample Social Security Statement, and fact sheets, available on its website in other languages.<sup>117</sup> The amount and types of available translated information vary by language. Written materials do not appear to be widely available in any Native languages.

SSA also provides free interpreter services in over 200 languages to people using SSA’s phone or in-person services through its bilingual and multilingual employees, national telephone interpreter service, and translator service contracts.<sup>118</sup> SSA’s LEP plan does not provide a comprehensive list of languages for which interpreters are available to the public.<sup>119</sup> Offering services

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<sup>111</sup> Federal Register, [Improving Access to Services for Persons with Limited English Proficiency](#), EO 13166, August 16, 2000; The White House, [EO on Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#), February 16, 2023.

<sup>112</sup> Census Bureau, [supra N. 4](#).

<sup>113</sup> Census Bureau, [Ibid.](#)

<sup>114</sup> SSA, [supra N. 109](#), 4, 6.

<sup>115</sup> SSA, [Ibid.](#), 5.

<sup>116</sup> Trinh Phan, [“Improving Language Access for SSI and Social Security Beneficiaries,”](#) Justice in Aging, October 2022, 2.

<sup>117</sup> SSA, [“Social Security Information in Other Languages,”](#) accessed May 1, 2023. Translated materials are available in Arabic, Armenian, Chinese (Traditional and Simplified), Farsi, French, Greek, Haitian Creole, Italian, Korean, Polish, Portuguese, Russian, Tagalog, Ukrainian, and Vietnamese.

<sup>118</sup> SSA, [supra N. 109](#), 8.

<sup>119</sup> SSA, [Ibid.](#)

and ensuring availability when needed may be an important distinction for consideration. Claimants can use their own interpreter if SSA determines the preferred interpreter meets the agency’s interpreter requirements.<sup>120</sup> SSA’s interpreter services are available to claimants at all adjudication levels. For disability claimants requiring a consultative examination (CE), SSA encourages DDSs to use bilingual and multilingual medical examiners for CEs, when available, but its guidance also notes that it “does not determine state DDS bilingual and multilingual needs.”<sup>121</sup> SSA’s policies further note that “third-party vendors and [CE] providers cannot request service from the SSA provided [Telephone Interpreter Service]” contractor.<sup>122</sup>

SSA field office managers and Administrative Law Judges, as well as representatives from state government agencies and advocacy organizations assisting applicants with LEP, have raised concerns about SSA’s current policies, such as the availability of interpreters or written materials in certain languages, including the Navajo language, quality of interpreters especially for translating the concepts and terminology used by SSA, and variation in LEP policy implementation in different regions of the country and parts of the agency.<sup>123</sup> One recommendation shared is that “SSA should designate Tribal Liaisons or advocates who could assist these individuals in ensuring they get the services and assistance they need.”<sup>124</sup>

Data and research on the language preferences of SSI applicants should inform SSA’s language access services. SSA used to provide public data on the language preferences of SSI applicants, but no longer appears to do so. On its website, SSA lists 24 different datasets on the language preferences of SSI recipients that were previously publicly available.<sup>125</sup> As of February 2023, each of these data pages states that “Social Security temporarily removed the data to reconcile it against [its] source files.”<sup>126</sup> In its FY 24 Retirement and Disability Research Consortium Focal Area List, SSA states that it

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<sup>120</sup> SSA, [Ibid](#); SSA, POMS, “[DDS: Interpreters for Individuals with LEP or Individuals Requiring Language Assistance](#),” DI 23040.001 (July 17, 2019).

<sup>121</sup> SSA, [Ibid](#).

<sup>122</sup> SSA, POMS, [supra N. 120](#).

<sup>123</sup> Trinh Phan, [supra N. 116](#); NADLC, [supra N. 62](#) (on file with SSAB); SSAB staff stakeholder notes (on file with SSAB).

<sup>124</sup> NADLC, [Ibid](#) (on file with SSAB).

<sup>125</sup> SSA, “[Social Security Data Page](#),” accessed May 1, 2023.

<sup>126</sup> SSA, [Ibid](#). For example, see: SSA, “[SSA Quarterly Data for Spoken Language Preferences SSI Blind & Disabled Initial Claims](#),” accessed May 1, 2023.

*“would be interested in studies that explore the...SSI applicant and beneficiary experiences of [Americans that speak a primary language other than English and/or have limited English proficiency], including questions such as: What are their experiences with SSA services (in-person, phone, and online)? Where do they get information about Social Security benefits? What advocacy groups or organizations do they rely on? How do they prefer to stay informed about updates to their applications or benefits? To what extent does the language of application documents act as a barrier for individuals with LEP in completing disability applications in a timely manner? Do other documents create similar barriers for SSA program beneficiaries with LEP? What lessons may be learned from other agencies or organizations that serve populations with LEP?...To what extent does the language of application documents act as a barrier for individuals with LEP in completing disability applications in a timely manner? Do other documents create similar barriers for SSA program beneficiaries with LEP? What lessons may be learned from other agencies or organizations that serve populations with LEP?”<sup>127</sup>*

Public data on language preferences could assist extramural researchers interested in examining some of these research questions.

- According to the National Congress of American Indians (NCAI), “language goes to the heart of Tribal identity.”<sup>128</sup> SSA’s LEP Steering Committee could evaluate language access for Native people and make recommendations to SSA for improving its current policies.
- SSA’s new ONAP could solicit additional language access needs with respect to the SSI application process from Native communities and ensure recommendations are incorporated across SSA service channels.
- SSA could also draw on strategies used by other federal agencies to improve access to and quality of interpreter services in Native languages. For example, the Election Assistance Commission (EAC) recently released translations of its National Mail Voter Registration Form into Yup’ik-Akuzipik, Navajo, and Apache languages.<sup>129</sup>
- In addition, the EAC released an audio translation of the form into Apache. According to the EAC, audio translations of forms developed by native speakers from Native communities can improve translation of

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<sup>127</sup> SSA, *supra* [N. 11](#), 8.

<sup>128</sup> NCAI, “[Language](#),” accessed May 1, 2023.

<sup>129</sup> EAC, “[EAC Releases First Native American Translations of National Mail Voter Registration Form](#),” November 11, 2021.

technical terminology to better facilitate understanding and accessibility of information.<sup>130</sup> SSA could consider developing audio translations of its SSI form to similarly lower barriers for SSI applicants with LEP, including AI/ANs. Providing written or audio forms in languages other than English also requires SSA to have the capacity to process information received in other languages to make eligibility decisions. The Board recognizes that this may be difficult given staffing issues faced by SSA that may be beyond the agency's control.

- Finally, SSA could consider improving form readability and comprehension for SSI applicants regardless of language preference. Input on the SSI application process from representatives of AI disability organizations noted that the current SSI application uses “expanded language” that is “at least beyond the 10<sup>th</sup> grade level,” when it “should be at the 6<sup>th</sup> grade level for readability purposes.”<sup>131</sup> Improving form readability is consistent with recommendations made by external participants during a January 2020 Board-hosted roundtable on The Claimant Experience in Social Security's Disability Process.<sup>132</sup>

## Lack of Data and Research on the Population

Federal, Tribal, and state governments rely on federally collected AI/AN population data to understand population trends, inform service provision and funding levels, and determine policy priorities.<sup>133</sup> However, federal data often undercount AI/AN populations and Tribal land residents.<sup>134</sup> As a result, AI/AN population estimates are often excluded from federal statistical analyses or data visualizations or combined with data on other small populations into “other” categories because of data quality concerns, like small sample sizes, difficulty collecting data, cost, and privacy considerations.<sup>135</sup> While federal AI/AN data quality has improved, more work is needed to ensure reliable statistical data for this population.<sup>136</sup> AI/AN organizations, including NCAI and NUIFC, have raised concerns about Census estimates and methods for

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<sup>130</sup> EAC, [Ibid.](#)

<sup>131</sup> NADLC, *supra* N. 62 (on file with SSAB).

<sup>132</sup> SSAB, [Summary of Disability Process Improvement Roundtables](#), October 9, 2020, 14-16.

<sup>133</sup> Evans-Lomayesva et al, *supra* [N. 29](#).

<sup>134</sup> Evans-Lomayesva et al, [Ibid.](#)

<sup>135</sup> Evans-Lomayesva et al, [Ibid.](#)

<sup>136</sup> Evans-Lomayesva et al, [Ibid.](#)

counting AI/AN populations and Tribal land residents.<sup>137</sup> For SSA, lack of administrative data on AI/AN SSI recipients may prevent the agency from identifying service barriers faced by this population. More broadly, data on race and ethnicity could help SSA determine and ensure equitable access to its programs.

- The Board encourages SSA to continue to fund extramural research on these topics that uses culturally competent and indigenous methodology.<sup>138</sup>
- SSA could conduct Tribal consultations on Tribal research priorities related to SSA's service delivery to Native communities including the SSI application process.
- Data collection and research conducted by SSA or extramural researchers on Native communities should have the consent, input, and privacy<sup>139</sup> of these communities at its center, and findings should be shared with participating communities.

### Part III. Conclusion

AI/ANs face barriers to accessing SSI across SSA's available service channels. Recent EOs require SSA to evaluate the equity of its programs and service provision and minimize barriers to access and usability. As SSA expands and promotes its existing online services, including developing an online SSI application, it must consider populations that cannot or prefer not to receive service through online channels. Expanding and improving its telephone service is one promising area where SSA could lower barriers facing populations that cannot readily access online or in-person services. Above all, changes to the SSI application process or SSA's service delivery impacting Tribal Nations should be driven by consultation, partnership, and meaningful inclusion of Tribal governments and AI/AN people in SSA's decision-making. It is critical that consultations be held well in advance and throughout design of new tools and processes to meaningfully inform their development. Additionally, regular consultation after implementation would allow SSA to

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<sup>137</sup>Evans-Lomayesva et al, *Ibid*; UNITY, "[Statistically Significant: How the NUIFC is Making Sure Natives are Counted in 2020](#)," March 3, 2020, accessed May 18, 2023; NCAI, [2020 Census Results: Regional Tribal Land Data Summary](#), September 2021; National Indian Council on Aging, Inc., "[2020 Census Includes Tribal Affiliations](#)," January 27, 2020.

<sup>138</sup> Swanson, Shanley, Reidunn H. Nygard, and Merete Saus, 2022. "[Native American Social Work – Including Family and Community](#)," *Journal of Social Work* 22, no. 3, 615-636.

<sup>139</sup> Taitingfong et al, *supra* [N. 30](#).

identify areas to improve service. SSA's new ONAP has an opportunity to elevate SSI application process changes that are aligned with the priorities of AI/AN communities for SSA.

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## Appendix A: Acronyms

<b>Acronym</b>	<b>Term</b>
AI/AN	American Indians and Alaskan Natives
ACP	Affordable Connectivity Program
ACS	American Community Survey
CE	Consultative Examination
DDS	Disability Determination Services
EAC	Election Assistance Commission
EO	Executive Order
FCC	Federal Communications Commission
FY	Fiscal Year
GAO	Government Accountability Office
IHS	Indian Health Service
LEP	Limited English Proficiency
NCAI	National Congress of American Indians
NUIFC	National Urban Indian Family Coalition
OMB	Office of Management and Budget
ONAP	Office of Native American Partnerships
UIO	Urban Indian Organization
SSA	Social Security Administration
SSI	Supplemental Security Income
UIO	Urban Indian Organization
VSD	Video Service Delivery

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## About the Board

The Social Security Advisory Board was established in 1994 to advise the President, Congress, and Commissioner of Social Security on matters of policy and administration of the Old-Age, Survivors, and Disability Insurance and Supplemental Security Income programs. The Board has up to seven bipartisan members, appointed by the President, Senate, and House of Representatives.



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