



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

**Social Security Administration
2012**



SOCIAL SECURITY

The Commissioner

May 30, 2012

President Barack H. Obama
The White House
Washington, D.C.

The Honorable John A. Boehner
Speaker of the House of Representatives
Washington, D.C.

The Honorable Joseph R. Biden, Jr.
President of the Senate
Washington, D.C.

Dear Mr. President, Mr. Speaker, and Mr. Biden:

It is my pleasure to submit to you the 2012 Annual Report of the Supplemental Security Income Program (the sixteenth such report), in compliance with section 231 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

Sincerely,

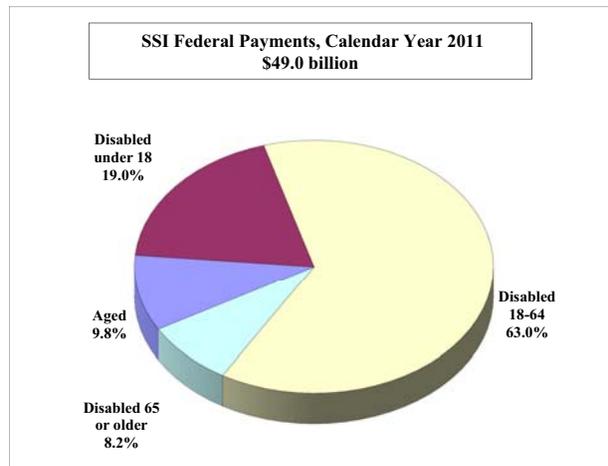
Michael J. Astrue

EXECUTIVE SUMMARY

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

Highlights of the SSI Program

- The SSI program is a nationwide Federal assistance program administered by SSA that guarantees a minimum level of income for needy aged, blind, or disabled individuals. It acts as a safety net for individuals who have limited resources and little or no Social Security or other income.
- In January 2012, 7.9 million individuals received monthly Federal SSI payments averaging \$497, up from 7.7 million recipients with an average payment of \$478 in January 2011.
- Federal expenditures for cash payments under the SSI program during calendar year 2011 increased 2.7 percent to \$49.0 billion, while the funds made available to administer the SSI program in fiscal year 2011 increased 7.9 percent to \$4.0 billion. In 2010 the corresponding program and administrative expenditures were \$47.8 billion and \$3.7 billion, respectively.



Major Findings of the Report

- By 2036, the end of the 25-year projection period, we estimate that the Federal SSI recipient population will reach 10.1 million. The projected growth in the SSI program over the 25-year period is largely due to the overall growth in the U.S. population, although we expect the recent economic slowdown to continue to generate some additional growth over the next few years beyond what we might expect from historical trends. We project that the percentage of the population receiving SSI will vary somewhat by age group, with the percentage for those age 65 or older declining throughout the projection period and the percentage for those under 65 continuing to increase over the next 3 years, but declining thereafter to a level slightly higher than the current percentage.
- As a percentage of the total U.S. population, the number of Federal SSI recipients increased slightly from 2.42 percent in 2010 to 2.47 percent in 2011. We project this percentage to increase gradually to 2.62 percent of the population by 2036 due largely to the changing age distribution of the population.
- We estimate that Federal expenditures for SSI payments in calendar year 2012 will increase by \$3.0 billion to \$52.0 billion, an increase of 6.1 percent from 2011 levels.
- In constant 2012 dollars, we project that Federal expenditures for SSI payments will increase to \$64.6 billion in 2036, a real increase of 1.0 percent per year.
- Federal SSI expenditures expressed as a percentage of the Gross Domestic Product (GDP) were 0.32 in 2011. We project that expenditures as a percentage of GDP will increase to 0.33 percent of GDP in 2012, remain essentially level through 2014, and decline thereafter to 0.25 percent of GDP by 2036.

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I. INTRODUCTION

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

In 2012 the SSI program provides a monthly Federal cash payment of \$698 (\$1,048 for a couple if both members are eligible) for an eligible person living in his or her own household and having no other countable income. Since 1975, these Federal SSI benefit rates have increased with the same cost-of-living adjustment applied to benefits under the Old-Age, Survivors, and Disability Insurance (OASDI) program. In addition to setting a Federal benefit standard, the legislation establishing SSI also permitted individual States to supplement the Federal payment with an additional monthly amount. As described in section III, these State supplementation payments can be either voluntary at the option of the individual States or, in certain cases, mandatory under requirements in effect when the SSI program began.

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

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

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

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

II. HIGHLIGHTS

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

A. RECENT PROGRAM EXPERIENCE

SSI program experience during the past year included the following:

- During calendar year 2011, 2.4 million individuals applied for SSI benefits based on blindness or disability, a decrease of less than 1 percent from 2010. Additionally, 153 thousand individuals applied for SSI benefits based on age, an increase of 4 percent over 2010. In 2011, 1.0 million applicants were awarded SSI benefits, a decrease of 1 percent as compared to the 1.1 million awarded benefits in 2010.
- Each month on average during calendar year 2011, 7.8 million individuals received Federal SSI benefits. This group was composed of 1.1 million aged recipients, 6.6 million disabled recipients, and 65 thousand blind recipients. Of the 6.7 million blind or disabled recipients, 1.3 million were under age 18, and 0.8 million were aged 65 or older. During the year, 8.8 million aged, blind, or disabled individuals received at least 1 month's Federal SSI benefit.
- Federal expenditures for payments under the SSI program in calendar year 2011 totaled \$49.0 billion, up from \$47.8 billion in 2010.
- Each month on average during calendar year 2011, 2.4 million individuals received Federally-administered State supplementation payments. This group was composed of 0.6 million aged recipients, 1.8 million disabled recipients, and fewer than 50 thousand blind recipients. During calendar year 2011, 2.7 million individuals received at least 1 month's Federally-administered State supplementation payment.
- State expenditures for Federally-administered supplements, excluding fees for Federal administration, totaled \$3.5 billion in calendar year 2011, down from \$3.6 billion in 2010.
- The percentage of SSI recipients receiving their benefits electronically increased from 65 percent in fiscal year 2010 to 70 percent in fiscal year 2011. SSI recipient participation in direct deposit increased gradually in the 2000's after experiencing a period of sharp growth when it more than doubled from 24 percent in 1995 to 49 percent in 2000. We expect electronic receipt of benefits payments to increase significantly in the next few years as SSI recipients must choose to receive their benefit payments by either direct deposit or the Direct Express® debit card by March 2013.
- The cost of administering the SSI program in fiscal year 2011 was \$4.0 billion, which was roughly 7 percent of total Federally-administered SSI expenditures.
- In January 2012, 8.2 million individuals received Federally-administered monthly SSI benefits averaging \$517. Of these, 7.9 million received monthly Federal SSI payments averaging \$497, and 2.4 million received monthly State supplementation payments averaging \$118.

B. SSI LEGISLATION SINCE THE 2011 ANNUAL REPORT

Since we submitted the 2011 SSI Annual Report to the President and Congress on May 27, 2011, there have been no legislative changes to the SSI program.

C. CURRENT ISSUES FACING THE SSI PROGRAM

For 38 years, the SSI program has played a vital role as the means of support for aged, blind, and disabled Americans. Currently, the cash assistance received from the program remains a "last resort" for over 8 million of the most vulnerable Americans to meet their basic needs of food, clothing, and shelter. We continue to strive to improve our administration of the program to reach those in need, to help those able to work to transition to self-support, and to be good stewards of America's tax dollars.

SSI Extension for Refugees

Federal law generally prohibits noncitizens from receiving SSI. However, certain immigrants admitted to the United States for humanitarian reasons may be eligible on a time-limited basis. These eligible immigrant categories include refugees, asylees, aliens granted withholding of deportation or removal, Cuban and Haitian entrants, Amerasian immigrants, victims of trafficking in persons, and certain Afghan or Iraqi immigrants. The SSI eligibility period for these immigrants is limited to 7 years from the point at which immigrant status is attained.

A 2008 law, the SSI Extension for Elderly and Disabled Refugees Act (P.L. 110-328), established a 3-year window (from October 1, 2008 through September 30, 2011) during which time SSI eligibility could be extended beyond the 7-year period. Under this law, immigrants who attested that they were pursuing U.S. citizenship could receive up to 2 additional years of SSI. In addition, immigrants who had naturalization applications pending or who were awaiting the naturalization oath ceremony were exempt from any time limit on SSI eligibility during the 3-year effective period of the law, and thus could receive benefits for up to 3 additional years, rather than 2. As of October 1, 2011, the extension law expired, and eligibility for both groups reverted to the 7-year time period.

On October 17, 2011, the Senate passed legislation that would extend for 1-year the refugee eligibility policy previously authorized by the 2008 extension law. As of the publication of this report, it does not appear that the House of Representatives will act on this bill during the 112th session of Congress.

Although naturalization applications are being processed much faster today than in years past, we must continue our commitment to refugees, asylees, and other humanitarian immigrants who come to America with very little, and who have nowhere else to go. To that end, the Administration's Fiscal Year (FY) 2013 budget proposal temporarily extends the SSI eligibility period for these individuals from 7 to 9 years during FYs 2013 and 2014.

SSI Disabled Children

As Congress noted when it established the SSI program, "Disabled children who live in low-income households are...deserving of special assistance in order to help them become self-supporting members of our society."¹ Since 1974, the program has assisted many children with disabling conditions and their families. It has allowed parents to care for their children's special needs, provide for their medical treatment, and pay their bills. In some cases, SSI child disability benefits have prevented families from becoming homeless. Each month, we pay over \$800 million in cash benefits to almost 1.3 million children with dis-

¹ Ways and Means report on Social Security Amendments of 1972.

abling conditions. Many children are likely to have life-long disabilities, but some have medical conditions amenable to significant medical improvement. For this second group, the goal of the SSI program is to help these children develop and acquire the skills needed to support themselves in adulthood and transition off the disability rolls to independence.

Recent newspaper reports have raised concerns about the increase in the number of children receiving SSI based on mental impairments—today, almost two-thirds of child SSI recipients' benefits are based on a mental impairment, such as autism, bipolar illness, depression, and learning problems. These reports have also raised concerns about our responsibility to review cases to make sure these children continue to qualify for benefits over time.

The SSI children's disability program has remained unchanged for almost 15 years. Accordingly, the President's FY 2013 budget request includes funding for an SSI Childhood Disability study. This study will provide an expert, independent analysis of the SSI disability program for children conducted by the National Academy of Sciences, Institute of Medicine. We will consult with a broad range of stakeholders in developing the parameters for the study to ensure the right set of questions are asked and answered.

Access to Financial Institutions

Unreported financial accounts are one of the major causes of improper payments in the SSI program. In an effort to reduce payment errors, we created a web-based system that allows us to identify financial accounts of SSI applicants and recipients that exceed statutory limits. This system, known as Access to Financial Institutions (AFI), has been implemented in all 50 states, the District of Columbia and the Northern Mariana Islands since the last SSI Annual Report.

The program has proven to be very useful in confirming account balances in known bank accounts, as well as identifying unknown bank accounts. For example, we had a case in which a claimant stated he had a bank account under the \$2,000 SSI resource limit. The actual account balance verified through AFI was \$200,000. In another case, a claimant said he had only one bank account under the resource limit. Using AFI to contact multiple banks, we uncovered six bank accounts with balances of nearly \$25,000 in each account. While these cases are not routine, use of the AFI process will result in considerable SSI and Medicaid program savings each year.

We must be vigilant about protecting program dollars from waste, fraud, and abuse. AFI is a promising initiative and one of our best tools for detecting improper payments. We will continue to work to improve the process to ensure good stewardship of the SSI program.

SSI Telephone Wage Reporting

Wages are also a major source of improper payments. We continue to expand the use of the SSI Telephone Wage Reporting System (SSITWR). SSITWR automates monthly wage reporting by recipients, deemors, and representative payees. Individuals who submit wages via SSITWR call a designated telephone number to report their wages for the prior month. This process allows individuals to report their wages via telephone rather than mail, fax, or hand-deliver information about their monthly wages to their local field office. These reports generally are accurate and require no additional evidence, which saves time in our field offices. SSITWR has allowed us to increase the volume and timeliness of wage reports we receive, and therefore reduce wage-related errors.

D. KEY RESULTS FROM THE 25-YEAR PROJECTIONS

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

- Following small declines in the SSI recipient population in the late 1990s due to the combined impact of Public Law 104-121 (the Contract With America Advancement Act of 1996) and Public Law 104-193 (the Personal Responsibility and Work Opportunity Reconciliation Act of 1996), modest growth in the SSI rolls resumed in 2000. The economic recession that began in late 2007 led to faster growth in the SSI recipient population in recent years. We expect a fairly high level of growth to continue for a few years as the economy recovers slowly, followed by a return to more modest growth throughout the remainder of the projection period due largely to the growth in the U.S. population. By 2036, we estimate that the Federal SSI recipient population will reach 10.1 million. As a percentage of the total U.S. population, we project the number of Federal SSI recipients to increase slightly from 2.47 percent of the population in 2011 to 2.62 percent by 2036 due largely to the changing age distribution of the population.
- We estimate that Federal expenditures for SSI payments in calendar year 2012 will increase by \$3.0 billion to \$52.0 billion, an increase of 6.1 percent from 2011 levels. In constant 2012 dollars, we project that SSI program outlays will increase to \$64.6 billion in 2036, a real increase of 1.0 percent per year.
- Federal SSI expenditures were 0.32 percent of GDP in 2011. We project that such expenditures will increase to 0.33 percent of GDP in 2012, remain essentially level through 2014, and then decline thereafter to 0.25 percent of GDP by 2036.

III. THE SUPPLEMENTAL SECURITY INCOME PROGRAM

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

A. BACKGROUND

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

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

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

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

B. THE BASIC PLAN

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

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

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

C. UNIFORM STANDARDS AND OBJECTIVE CRITERIA

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

- A uniform limitation on the dollar amount or value of income and resources that an individual can have and still qualify for SSI assistance. The countable income limits for individuals and couples are equal to their respective Federal benefit rates² and increase annually according to changes in the cost of living. For 2012, the Federal benefit rate is \$698 a month for individuals and \$1,048 a month for couples. The resource limit is \$2,000 in countable resources for individuals and \$3,000 for couples.
- A uniform standard of 65 as the minimum age requirement for assistance based on age.
- A uniform definition of disability and blindness. The definitions for individuals age 18 or older are the same as those used for the Social Security Disability Insurance (SSDI) program. In order to be considered disabled, an individual must have a medically determinable physical or mental impairment that is expected to last or has lasted at least 12 continuous months or is expected to result in death and: (1) if age 18 or older, prevents him or her from doing any substantial gainful activity³; or (2) if under age 18, results in marked and severe functional limitations. However, individuals for whom addiction to drugs or alcoholism is a contributing factor material to the determination of their disabilities are not eligible for benefits. In order to be considered blind, an individual must have central visual acuity of 20/200 or less in the better eye with the use of a correcting lens or have tunnel vision of 20 degrees or less.
- Uniform standards for citizenship and residency. In order to be eligible for SSI, an individual must be a citizen or national of the United States, an American Indian born in Canada who is admitted to the United States under section 289 of the Immigration and Nationality Act (INA), an American Indian born outside the United States who is a member of a Federally recognized Indian tribe under section 4(e) of the Indian Self-Determination and Education Assistance Act, a noncitizen who was receiving SSI benefits on August 22, 1996, or be a qualified alien in one of the following categories⁴:

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

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

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

³ “Substantial gainful activity” (SGA) describes a level of work activity that is both substantial—i.e., involves the performance of significant physical or mental duties that are productive—and gainful—i.e., performed for remuneration or profit. SGA rules do not apply to the SSI blind. Generally, earnings from work activity of over \$1,010 a month are evidence of ability to engage in SGA. If an SSI *applicant* is earning over \$1,010 a month, he or she generally would not be considered disabled. However, if an SSI *recipient* is earning over \$1,010 a month, he or she could continue to be eligible for SSI. (See “Incentives for Work and Opportunities for Rehabilitation” section III.E.) The SGA level of \$1,010 was increased from \$1,000 effective January 1, 2012 (76 FR 66112). According to regulation, SSA bases yearly increases in the SGA level on increases in the national average wage index.

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

- Refugees (eligibility generally limited to the 7-year period after their arrival in the United States);
- Asylees (eligibility generally limited to the 7-year period after the date they are granted asylum);
- Noncitizens who have had their deportations withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or who have had their removals withheld under section 241(b)(3) of the INA (eligibility generally limited to the 7-year period after the date that deportation or removal is withheld);
- Cuban and Haitian entrants as defined by Federal statute, including: 1) section 501(e) of the Refugee Education Assistance Act of 1980; 2) former parolees and other aliens who became residents under the Cuban Adjustment Act of 1966; 3) aliens who became permanent residents under the Nicaraguan and Central American Relief Act; 4) aliens who adjusted status as Cuban/Haitian entrants under the provisions of the Immigration Reform and Control Act of 1986; and 5) aliens who became permanent residents under the Haitian Refugee Immigration Fairness Act (the law generally limits eligibility for these categories to the 7-year period after the date that entrant status is granted);
- Amerasian immigrants admitted pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988, and subsequent amendments (eligibility generally limited to the 7-year period after their arrival in the United States);
- Noncitizen active duty Armed Forces personnel, honorably discharged veterans, and their spouses and dependent children; or
- Lawful permanent residents who have earned, or can be credited (from their spouses or parents) with, 40 qualifying quarters of earnings.

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

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

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

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

In addition to being a U.S. citizen (or national) or in one of the potentially eligible noncitizen categories, an individual must reside in one of the 50 States, the District of Columbia, or the Northern Mariana Islands. An individual also must be physically present in the United States¹ for 30 consecutive days, if he or she had been outside of the United States for 30 or more consecutive days. There are two exceptions to the residency and physical presence requirements:

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

D. ASSISTANCE OF LAST RESORT

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

1. Income

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

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

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

However, under the law, not everything an individual receives is income. Generally, if the item received is not food or shelter or cannot be used to obtain food or shelter, it will not be considered as income. For

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

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

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

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

Income Exclusions¹

The principal *earned* income exclusions are:

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

The principal *unearned* income exclusions are:

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

2. Resources

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

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

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

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

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

Resource Exclusions¹

The principal resource exclusions are:

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

3. Filing for Other Benefits

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

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

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

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

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

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

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

5. Personal Needs Allowance

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

6. Deeming

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

a. Spouse-to-Spouse Deeming

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

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

b. Parent-to-Child Deeming

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

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

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

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

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

c. Sponsor-to-Alien Deeming

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

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

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

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

E. INCENTIVES FOR WORK AND OPPORTUNITIES FOR REHABILITATION

SSI benefits provide a basic level of assistance for individuals who are blind or disabled with limited earnings capacity due to their impairments. Nonetheless, for recipients who want to work, the SSI program is designed to encourage and support their work attempts in order to help them achieve greater degrees of independence. The SSI program includes a number of work incentives that enable recipients who are blind or disabled to work and retain benefits or to increase their levels of work activity without the loss of SSI disability status or Medicaid. These incentives, which the Administration has asked Congress to coordinate and simplify, 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.

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

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

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

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

1. Earned Income Exclusion

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

2. Impairment-Related Work Expense Exclusion

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

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

3. Work Expenses of the Blind Exclusion

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

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

4. Student Earned Income Exclusion

The student earned income exclusion is an additional exclusion for an individual who is under age 22 and regularly attending school. Under current regulations, we exclude up to \$1,700 of earned income per month but no more than \$6,840 per year.¹

5. Plan to Achieve Self-Support

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

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

¹ Increased from \$1,640 and \$6,600, respectively, effective January 1, 2012 (76 FR 66111). Under current regulations this amount increases yearly based on changes in the cost of living.

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

6. Special Provisions for Disabled Recipients Who Work

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

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

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

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

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

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

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

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

7. Vocational Rehabilitation/Ticket to Work Program

Since the beginning of the SSI program, State Vocational Rehabilitation (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 substantial gainful activity 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 vocational rehabilitation, employment, and other support services from a qualified private or public provider, referred to as an "employment network" (EN), or from a State VR agency. In addition, the Ticket legislation provided that ENs would be compensated under an outcome or outcome-milestone payment system.¹ By expanding the pool of providers and giving the providers incentives for achieving success, this program seeks to expand a disabled beneficiary's access to these services in order to assist the beneficiary in finding, entering, and retaining employment and reducing his or her dependence on cash benefits.

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

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

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

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

8. Expedited Reinstatement

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

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

tion that led to the previous period of eligibility and (2) prevents the performance of substantial gainful activity. In determining whether the individual is disabled or blind, the medical improvement review standard is applied. Normal nonmedical requirements for SSI eligibility still apply.

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

F. ADMINISTRATION OF THE SSI PROGRAM

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

1. Application Process

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

SSA corroborates information provided by applicants for SSI through independent or collateral sources. Generally, the basic responsibility for obtaining evidence lies with the claimant, although SSA often gives advice and assistance on ways to obtain the needed information. Due to the special circumstances of the SSI population (for example, financial need, old age, or illness), SSA makes special efforts to assist claimants in obtaining this information.

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

2. Determination of Eligibility for Benefits

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

3. Payment of Benefits

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

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

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

Effective May 1, 2011, applicants filing for SSI benefit payments must choose either direct deposit or the Direct Express® debit card, a prepaid debit card available to any individual receiving SSI payments. Individuals currently receiving payment by check will have until March 1, 2013 to switch to direct deposit or the Direct Express® debit card. In fiscal year 2011, just over 70 percent of SSI recipients received their benefits electronically.

4. Ensuring Continued Eligibility for Benefits

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

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

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

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

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

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

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

5. Representative Payees

When SSI recipients are incapable of managing their benefits or are declared legally incompetent, we appoint representative payees for them, and we send their SSI benefits to the representative payees. In many cases the representative payee is a spouse, a parent, or other close relative who will act in the recipient's best interest. In some cases, SSA approves an organization to serve as a payee. SSA authorizes certain types of organizations to collect a fee from the benefit for acting as payee. The fee cannot exceed the lesser of 10 percent of the payment amount or a specified amount (\$38 a month in 2012¹).

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

6. Appeal Rights

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

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

7. Fees for Attorneys and Non-attorney Representatives

At any time, an individual may appoint a representative in any dealings with SSA. If such a representative is an attorney, he or she must be in good standing and: (1) admitted to practice law before the U.S. Supreme Court, a U.S. Federal, state, territorial, insular possession, or District of Columbia court; or (2) a member of a state bar if that membership carries with it the authority to practice law in that state. Non-attorneys must be known to possess good character and reputation, and must be able to competently advise and assist claimants in presenting their cases. A person cannot be a representative if he or she is disqualified or suspended from acting as a representative with SSA or is prohibited by any law from acting as a representative.

¹ For disabled recipients who also have a drug addiction or alcoholism condition, the maximum permitted fee in 2012 is \$75 a month (76 FR 66111).

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

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

The SSI program previously differed from the Social Security program in that we did not withhold amounts from an individual's SSI benefits to directly pay the representative his or her authorized fee. SSI claimants were responsible for paying such fees directly to their representatives. However, beginning February 28, 2005, Congress extended direct payment of both attorney and non-attorney representative fees to the SSI program.² As in the fee process for the Social Security program, we can withhold up to 25 percent of the individual's SSI past-due benefits to pay an eligible representative's fee directly. The law also requires that we charge representatives an assessment of the smaller of 6.3 percent of each authorized fee withheld or the flat-rate cap of \$86. We adjust the flat-rate cap based on annual cost-of-living adjustments that we round down to the next lower dollar. This flat-rate cap has prevented SSA from recouping much of the costs incurred in the fee-withholding program.

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

8. Advance Payments

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

a. Emergency Advance Payments

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

b. Presumptive Disability or Blindness

A claimant applying for benefits based on disability or blindness may be paid up to 6 months of benefits when the available evidence reflects a high degree of probability that his or her impairment will meet the definition of disability or blindness and he or she is otherwise eligible for disability benefits. We do not

¹ We do not need to authorize a fee when the representative informs us in a prescribed manner that the claimant and affected parties are not liable to pay the representative's fee. We also do not need to authorize a fee that the court authorized based on actions as a legal guardian or court-appointed representative.

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

treat these payments as overpayments if we later determine that the individual is not disabled or blind. If we disallow the claim for other reasons, the amount paid is an overpayment.

G. STATE SUPPLEMENTATION

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

1. Optional State Supplementation Programs

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

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

2. Mandatory State Supplementation Programs

Congress requires² States to maintain the December 1973 income levels of individuals who were transferred in 1974 from the former State adult assistance programs to the SSI program, except for Texas, which has a constitutional bar against mandatory State supplementation. Over the years, many individuals who converted to SSI from the State benefit rolls have died and others have had their incomes increase above the December 1973 level. As a result, few individuals continue to receive mandatory State supplementation payments.

3. Administration of State Supplementation Payments

A State may administer its supplementary program or enter into an agreement under which SSA will make eligibility determinations and payments on behalf of the State. Under State administration, the State pays its own program benefits and absorbs the full administrative costs. Under Federal administration, States are required to pay SSA a fee for each supplementary payment issued. In fiscal year 2012, the fee is \$10.94 per payment issued. Fees increase in succeeding fiscal years based on increases in the Consumer Price Index for All Urban Consumers.

States that administer their own supplementary payment programs to SSI recipients establish their own eligibility criteria for the supplementary payments. States with Federally-administered programs may supple-

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

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

ment the Federal benefit among a limited number of geographical and living arrangement variations for SSI recipients.¹

4. Passalong Provisions

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

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

H. COORDINATION WITH OTHER PROGRAMS

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

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

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

1. Windfall Offset

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

2. Interim Assistance Reimbursement

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

¹ Includes, for this purpose, those eligible for SSI benefits but for income.

² In 2008, the Food Stamp program changed its name to SNAP.

Under these interim assistance reimbursement agreements, if the individual has given SSA written authorization, SSA first reimburses the State, then pays the authorized representative's fee, and pays the remainder in installments to the recipient or his or her representative payee. In certain disabled children cases, SSA pays the remainder in installments into special dedicated financial institution accounts for the children. Thirty-seven States and the District of Columbia have interim assistance agreements with SSA.

3. Medicaid Determinations

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

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

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

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

4. SNAP Applications

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

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

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

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

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

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

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

^c Mandatory minimum State supplementation program is Federally-administered. No optional program.

^d Mandatory minimum State supplementation program is Federally-administered.

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

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

IV. ESTIMATES OF PROGRAM RECIPIENTS AND FEDERAL EXPENDITURES UNDER THE SUPPLEMENTAL SECURITY INCOME PROGRAM, 2012-36

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

This section presents projections of program recipients and expenditures under the SSI program for a period of 25 years. The projections rely on the intermediate demographic and economic assumptions developed for the 2012 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance (OASDI) Trust Funds,¹ and they assume that the present statutory provisions and regulations under which the SSI program operates will not change during the projection period. The current projection model starts with estimates of the general population by single year of age and gender. We project transitions into SSI payment status separately for: (1) new recipients resulting from an application for program benefits and (2) returns to payment status from suspended status. We project movements out of payment status separately for: (1) terminations due to death and (2) suspensions of payment for all other reasons.² We reexamine, and revise if warranted, the assumptions and methods the model uses each year in light of recent experience and new information about future conditions.

A. DEMOGRAPHIC AND ECONOMIC ASSUMPTIONS

We first present select demographic and economic projections from the 2012 Trustees Report that we used for the SSI projections in this SSI Annual Report. The single economic parameter that has the most direct effect on the level of SSI benefits is the Consumer Price Index for Urban Wage Earners and Clerical Workers (hereafter denoted as CPI),³ which is used for indexing the SSI Federal benefit rate. Sections V.A and V.B of the Trustees Report present a detailed discussion of these demographic and economic projections.⁴ An important feature of the intermediate assumptions in the 2012 Trustees Report is a gradual recovery from the recent economic downturn. This downturn generated a large increase in applications for SSI disability benefits, resulting in an increase in projected SSI expenditures. We expect the level of applications to decline as the economy recovers.

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

¹ House Document 112-102, published April 25, 2012.

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

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

⁴ *Ibid*, Section V.A, *Demographic Assumptions and Methods* and Section V.B, *Economic Assumptions and Methods*.

Table IV.A1.—Historical and Projected Social Security Area Population based on the Intermediate Assumptions of the 2012 OASDI Trustees Report, as of July 1, 1974-2036

[In thousands]

Year	Age groups ^a						Total all ages
	0-17	18-34	35-49	50-64	65-74	75 or older	
Historical data:							
1974	70,924	59,810	36,390	32,746	13,788	8,871	222,530
1975	69,945	61,786	36,366	33,104	14,083	9,083	224,367
1976	68,938	63,707	36,481	33,385	14,383	9,346	226,241
1977	68,043	65,428	36,810	33,664	14,695	9,599	228,240
1978	67,260	67,006	37,346	33,913	15,027	9,839	230,391
1979	66,553	68,592	37,965	34,098	15,389	10,131	232,726
1980	66,024	70,143	38,520	34,239	15,735	10,441	235,103
1981	65,622	71,377	39,322	34,310	16,019	10,741	237,391
1982	65,325	72,102	40,686	34,270	16,305	11,062	239,750
1983	65,158	72,573	42,232	34,181	16,556	11,388	242,088
1984	65,148	72,942	43,719	34,091	16,787	11,698	244,386
1985	65,312	73,173	45,220	33,960	17,063	12,006	246,735
1986	65,569	73,299	46,780	33,796	17,377	12,312	249,132
1987	65,811	73,371	48,412	33,677	17,665	12,612	251,547
1988	66,053	73,429	50,077	33,644	17,901	12,915	254,018
1989	66,442	73,347	51,808	33,697	18,095	13,239	256,629
1990	67,274	72,985	53,588	33,807	18,322	13,587	259,563
1991	68,459	72,360	55,380	34,006	18,592	13,926	262,723
1992	69,632	71,605	57,098	34,426	18,824	14,265	265,850
1993	70,701	70,879	58,669	35,045	18,995	14,594	268,882
1994	71,639	70,166	60,262	35,697	19,104	14,922	271,790
1995	72,407	69,488	61,957	36,298	19,149	15,275	274,574
1996	73,011	68,949	63,403	37,143	19,128	15,643	277,277
1997	73,441	68,597	64,374	38,481	19,054	16,013	279,959
1998	73,700	68,436	65,188	39,995	18,942	16,354	282,613
1999	73,918	68,390	65,997	41,483	18,817	16,664	285,269
2000	74,212	68,423	66,593	42,983	18,744	16,947	287,902
2001	74,561	68,600	66,937	44,490	18,723	17,202	290,512
2002	74,855	68,908	67,080	46,057	18,747	17,428	293,076
2003	75,105	69,306	67,086	47,675	18,838	17,639	295,650
2004	75,333	69,682	67,062	49,350	19,001	17,867	298,294
2005	75,546	70,000	67,068	51,067	19,237	18,085	301,002
2006	75,778	70,425	67,004	52,771	19,584	18,286	303,848
2007	75,988	71,125	66,707	54,416	20,114	18,485	306,835
2008	76,091	72,092	66,205	55,974	20,790	18,647	309,799
2009	76,098	73,119	65,632	57,531	21,478	18,794	312,653
2010	76,038	73,941	65,007	59,149	22,100	18,954	315,189
2011	76,083	74,574	64,360	60,550	22,889	19,123	317,579
Projected:							
2012	76,327	75,133	63,806	61,511	24,031	19,319	320,127
2013	76,682	75,618	63,366	62,323	25,238	19,556	322,783
2014	77,138	76,008	63,090	63,129	26,356	19,835	325,556
2015	77,674	76,302	63,076	63,772	27,464	20,151	328,440
2016	78,239	76,565	63,307	64,181	28,544	20,535	331,371
2017	78,781	76,846	63,668	64,390	29,574	21,029	334,289
2018	79,288	77,178	64,040	64,481	30,589	21,614	337,190
2019	79,796	77,519	64,332	64,536	31,673	22,218	340,074
2020	80,328	77,807	64,561	64,601	32,847	22,792	342,936
2021	80,845	78,086	64,840	64,575	33,904	23,523	345,773
2022	81,328	78,384	65,301	64,306	34,703	24,558	348,581
2023	81,786	78,659	65,986	63,818	35,440	25,665	351,354
2024	82,193	78,889	66,833	63,236	36,224	26,714	354,089
2025	82,541	79,090	67,763	62,620	37,004	27,765	356,782
2026	82,898	79,274	68,686	62,023	37,721	28,828	359,430
2027	83,349	79,411	69,506	61,517	38,325	29,919	362,027
2028	83,905	79,498	70,186	61,117	38,813	31,050	364,570
2029	84,411	79,684	70,704	60,866	39,164	32,227	367,055
2030	84,801	80,021	71,057	60,854	39,319	33,428	369,481
2031	85,148	80,437	71,311	61,069	39,247	34,634	371,847
2032	85,463	80,910	71,525	61,408	38,999	35,849	374,154
2033	85,750	81,408	71,748	61,760	38,696	37,042	376,403
2034	86,018	81,896	72,006	62,044	38,435	38,198	378,597
2035	86,277	82,353	72,273	62,278	38,229	39,328	380,737
2036	86,529	82,818	72,517	62,564	38,009	40,390	382,826

^a Age as of last birthday.

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

2. Historical data are estimated and subject to revision.

Table IV.A2.—SSI Federal Benefit Rate Increases and Levels: Historical and Projected on the Basis of the Intermediate Assumptions of the 2012 OASDI Trustees Report, 1974-2036

Year	Benefit rate increase ^a	Federal benefit rate		
		Individual	Couple	Essential person ^b
Historical data:				
Initial benefit paid January 1, 1974 ^c	—	\$140.00	\$210.00	\$70.00
1974.....	^d 4.3%	146.00	219.00	73.00
1975.....	8.0	157.70	236.60	78.90
1976.....	6.4	167.80	251.80	84.00
1977.....	5.9	177.80	266.70	89.00
1978.....	6.5	189.40	284.10	94.80
1979.....	9.9	208.20	312.30	104.20
1980.....	14.3	238.00	357.00	119.20
1981.....	11.2	264.70	397.00	132.60
1982.....	7.4	284.30	426.40	142.50
1983.....	^d 7.0	304.30	456.40	152.50
1984.....	3.5	314.00	472.00	157.00
1985.....	3.5	325.00	488.00	163.00
1986.....	3.1	336.00	504.00	168.00
1987.....	1.3	340.00	510.00	170.00
1988.....	4.2	354.00	532.00	177.00
1989.....	4.0	368.00	553.00	184.00
1990.....	4.7	386.00	579.00	193.00
1991.....	5.4	407.00	610.00	204.00
1992.....	3.7	422.00	633.00	211.00
1993.....	3.0	434.00	652.00	217.00
1994.....	2.6	446.00	669.00	223.00
1995.....	2.8	458.00	687.00	229.00
1996.....	2.6	470.00	705.00	235.00
1997.....	2.9	484.00	726.00	242.00
1998.....	2.1	494.00	741.00	247.00
1999.....	1.3	500.00	751.00	250.00
2000.....	^e 2.5	^f 513.00	769.00	257.00
2001.....	3.5	^f 531.00	796.00	266.00
2002.....	2.6	545.00	817.00	273.00
2003.....	1.4	552.00	829.00	277.00
2004.....	2.1	564.00	846.00	282.00
2005.....	2.7	579.00	869.00	290.00
2006.....	4.1	603.00	904.00	302.00
2007.....	3.3	623.00	934.00	312.00
2008.....	2.3	637.00	956.00	319.00
2009.....	5.8	674.00	1,011.00	338.00
2010.....	0.0	674.00	1,011.00	338.00
2011.....	0.0	674.00	1,011.00	338.00
2012.....	3.6	698.00	1,048.00	350.00
Projected:				
2013.....	1.8	711.00	1,067.00	356.00
2014.....	1.9	724.00	1,087.00	363.00
2015.....	2.1	740.00	1,110.00	370.00
2016.....	2.1	755.00	1,133.00	378.00
2017.....	2.2	772.00	1,158.00	387.00
2018.....	2.5	791.00	1,187.00	396.00
2019.....	2.6	812.00	1,218.00	407.00
2020.....	2.8	835.00	1,252.00	418.00
2021.....	2.8	858.00	1,287.00	430.00
2022.....	2.8	882.00	1,323.00	442.00
2023.....	2.8	907.00	1,360.00	454.00
2024.....	2.8	932.00	1,398.00	467.00
2025.....	2.8	958.00	1,437.00	480.00
2026.....	2.8	985.00	1,478.00	493.00
2027.....	2.8	1,013.00	1,519.00	507.00
2028.....	2.8	1,041.00	1,562.00	521.00
2029.....	2.8	1,070.00	1,605.00	536.00
2030.....	2.8	1,100.00	1,650.00	551.00
2031.....	2.8	1,131.00	1,696.00	567.00
2032.....	2.8	1,163.00	1,744.00	582.00
2033.....	2.8	1,195.00	1,793.00	599.00
2034.....	2.8	1,229.00	1,843.00	615.00
2035.....	2.8	1,263.00	1,895.00	633.00
2036.....	2.8	1,298.00	1,948.00	650.00

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

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

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

^d Ad hoc increases as specified in the law.

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

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

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

B. NUMBERS OF SSI PROGRAM RECIPIENTS

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

- *Aged* recipients establish their eligibility for SSI benefits by meeting the age-65-or-older requirement² and other SSI eligibility requirements. In December 2011, 1.2 million aged individuals received Federally-administered SSI payments.
- *Blind or disabled* recipients establish their eligibility for SSI benefits by meeting the definition of blindness or disability and the applicable income and resource limits as well as any other SSI eligibility requirements. In December 2011, there were 6.9 million blind or disabled recipients of Federally-administered SSI payments. These recipients can fall into two subcategories based on age: *blind or disabled adults* (age 18 or older) and *blind or disabled children* (under age 18).
 - *Blind or disabled adults* meet the definition of blindness or disability for individuals age 18 or older and SSI income and resource limits. Students age 18 to 21 must meet the adult definition of disability; they differ from other adults only in that they qualify for a special student earned income exclusion. When blind or disabled adult recipients reach age 65, we generally continue to classify them as blind or disabled adults (rather than aged). In December 2011, 5.7 million blind or disabled individuals age 18 or older received Federally-administered SSI payments, including 877 thousand disabled or blind recipients age 65 or older.
 - *Blind or disabled children* meet the definition of blindness or disability for individuals under age 18. These children are subject to parent-to-child deeming until they reach the age of 18. At age 18 these individuals continue to be eligible for SSI if they meet the definition of blindness or disability for individuals age 18 or older as well as other eligibility criteria. We reclassify those who continue to be eligible after age 18 as blind or disabled adults. In December 2011, 1.3 million blind or disabled individuals under age 18 received Federally-administered SSI payments.

Table IV.B1 presents historical and projected numbers of persons applying for SSI benefits by calendar year. Figure IV.B1 presents the same information as a graph. Experience over the past decade shows the number of applications growing fairly rapidly beginning in calendar year 2002, with the growth continuing through calendar year 2005. Two main factors contributed to this fairly rapid growth in applications: (1) the downturn in the economy that began early in 2001; and (2) implementation of the signature proxy process³ that SSA introduced in June 2004. The rate of growth in applications slowed significantly from 2005 to 2007, but started increasing again in 2008, largely due to the severe economic recession that began at the end of 2007 and continued into 2009. The level of applications continued to increase through 2010 and decreased only slightly in 2011, as the economy recovered slowly. We are projecting that applications will decline through 2018 as the economy slowly recovers and then will grow roughly in line with overall population growth.

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

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

³ The signature proxy process eases the application process by eliminating the requirement for a signed paper application from SSI applicants filing claims via the telephone. Previously, some portion of those telephone applicants never submitted a signed paper application and as a result we did not count them as received applications. Under the signature proxy process, SSA reports most of those previously uncounted applications in workload totals. However, many applicants fail to submit the required financial or medical evidence on these “new” applications, which results in an increase in the number of recorded denials, but not a corresponding increase in the numbers of new SSI recipients.

Table IV.B1.—SSI Federally-Administered Applications,^a Calendar Years 1974-2036
[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1974 ^{b, c}	125	590	626	1,303	158	20	1,434	1,496	2,822	2,931	5,752
1975 ^b	94	276	258	443	15	^d	238	145	1,086	382	1,468
1976	82	260	250	384	8	^d	175	80	984	254	1,239
1977	100	286	246	401	7	1	174	84	1,040	259	1,298
1978	94	276	256	413	7	^d	170	88	1,046	258	1,304
1979	106	282	268	426	7	^d	178	84	1,090	262	1,352
1980	122	310	272	438	8	1	187	89	1,151	276	1,427
1981	78	206	173	271	5	^d	88	42	733	130	864
1982	88	246	206	278	11	1	93	48	830	141	971
1983	102	258	225	311	5	1	122	68	902	190	1,092
1984	103	267	247	321	7	^d	178	108	944	286	1,230
1985	114	294	297	409	7	^d	151	73	1,122	223	1,345
1986	122	316	334	426	7	1	150	81	1,205	231	1,437
1987	108	287	299	331	7	1	134	66	1,033	200	1,233
1988	114	282	301	317	7	1	131	69	1,021	200	1,221
1989	116	297	323	329	7	^d	146	76	1,072	222	1,294
1990	149	335	380	356	6	^d	156	71	1,226	227	1,454
1991	237	391	453	391	7	^d	159	68	1,479	227	1,706
1992	339	453	522	407	8	^d	163	64	1,728	226	1,955
1993	473	506	570	416	7	^d	158	61	1,973	218	2,191
1994	517	492	571	402	6	^d	136	52	1,989	188	2,177
1995	473	435	524	363	6	^d	121	44	1,801	165	1,966
1996	431	393	500	345	9	1	108	44	1,678	153	1,831
1997	306	317	438	307	8	1	82	35	1,377	117	1,494
1998	318	317	453	331	9	1	96	39	1,428	136	1,563
1999	338	317	470	336	6	^d	107	39	1,468	145	1,614
2000	337	321	486	341	6	^d	102	39	1,493	140	1,633
2001	351	346	502	354	4	^d	98	35	1,558	134	1,691
2002	385	388	550	384	4	^d	105	38	1,711	142	1,853
2003	400	404	565	408	4	^d	100	36	1,781	135	1,916
2004	420	438	604	452	4	^d	101	37	1,919	138	2,057
2005	429	439	604	477	5	^d	112	44	1,954	156	2,110
2006	415	437	584	484	4	^d	109	41	1,925	150	2,075
2007	421	442	578	502	5	^d	105	39	1,948	143	2,091
2008	434	482	593	535	5	^d	109	38	2,048	147	2,195
2009	497	578	666	612	5	^d	110	37	2,359	147	2,506
2010	503	599	666	645	5	1	110	38	2,419	148	2,567
2011	498	588	646	662	6	1	114	39	2,400	153	2,553
Projected:											
2012	489	544	623	644	7	^d	118	38	2,307	156	2,463
2013	485	528	604	624	6	^d	126	39	2,247	166	2,412
2014	479	525	596	625	6	^d	133	40	2,231	173	2,404
2015	461	508	577	607	6	^d	140	40	2,158	180	2,339
2016	446	488	558	585	6	^d	146	41	2,083	187	2,270
2017	436	474	546	568	6	^d	152	42	2,031	194	2,225
2018	433	469	542	560	7	^d	157	44	2,012	201	2,212
2019	443	477	553	569	7	^d	162	45	2,049	207	2,256
2020	446	479	554	569	7	^d	167	46	2,055	214	2,268
2021	449	481	556	567	7	^d	172	48	2,060	220	2,280
2022	451	483	561	563	7	^d	175	50	2,065	226	2,291
2023	454	484	567	557	7	^d	178	53	2,070	231	2,301
2024	456	485	575	551	8	^d	182	55	2,075	236	2,312
2025	458	487	583	545	8	^d	185	57	2,081	242	2,323
2026	460	487	591	540	8	^d	187	59	2,086	246	2,332
2027	463	488	598	536	8	^d	189	61	2,092	249	2,341
2028	465	488	603	535	8	^d	190	63	2,098	253	2,351
2029	467	489	607	535	7	^d	190	65	2,106	255	2,361
2030	469	492	610	537	7	^d	188	67	2,115	256	2,371
2031	471	495	612	541	7	^d	186	70	2,125	255	2,380
2032	472	498	614	544	7	^d	183	72	2,134	255	2,389
2033	473	501	616	546	7	^d	182	74	2,144	256	2,400
2034	475	504	619	549	7	^d	182	76	2,154	258	2,412
2035	476	506	621	553	7	^d	182	78	2,164	260	2,424
2036	477	509	623	557	7	^d	181	80	2,174	261	2,435

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

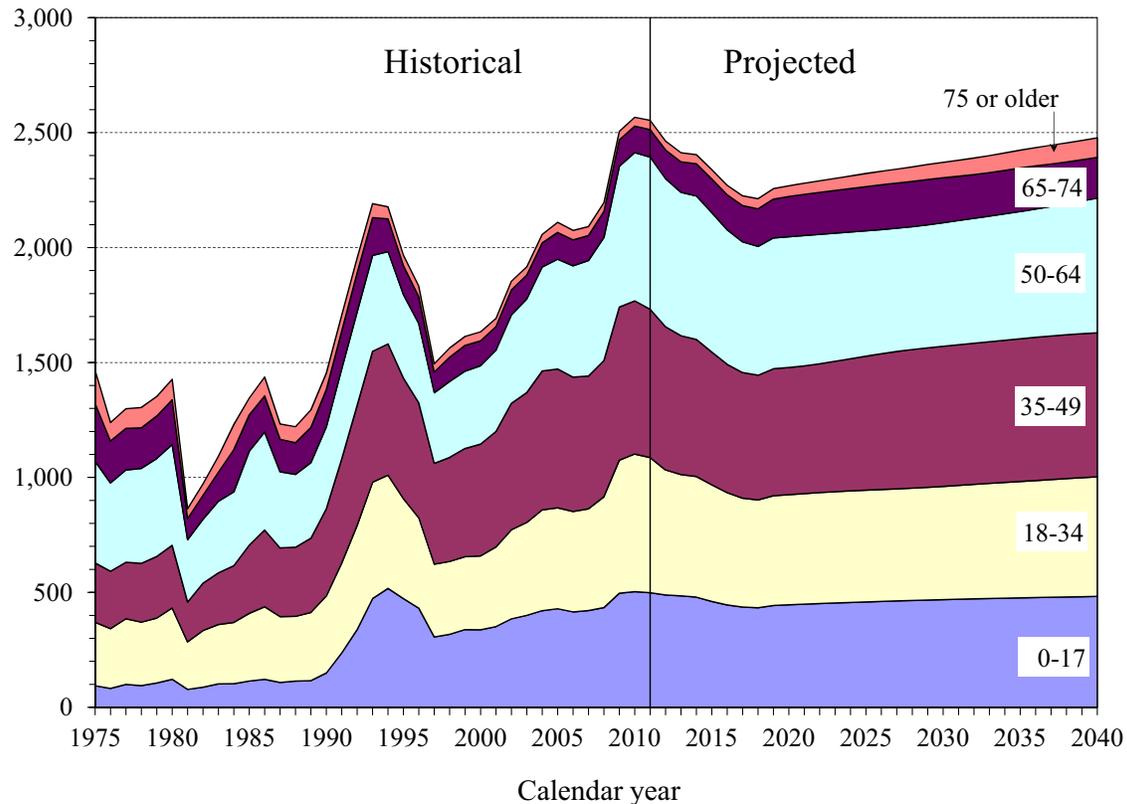
^b "All" column estimated by the Office of Research, Evaluation, and Statistics using a 10-percent sample and published in the SSI Annual Statistical Report.

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

^d Fewer than 500.

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

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



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

Table IV.B2 and figure IV.B2 present historical and projected numbers of persons who start receiving SSI payments as a result of this decision process. We count individuals as of the first month that they move into SSI payment status. For this reason, we refer to these individuals as “new recipients” rather than “awards.”² From 2002 to 2004, growth in new recipients did not keep pace with the growth in applications, and from 2005 to 2007, the numbers of new recipients declined, even though the numbers of applications increased. Two main factors contributed to the slower growth for new recipients as compared to applications. First, over the period 2001 to 2006 the number of claims pending adjudication significantly increased. This growth was consistent with a longer lag time between application and the allowance decision. Second, after the introduction of the signature proxy process, criteria increased significantly, causing a permanent downward shift in the allowance rate. Starting in 2008, however, the numbers of new recipients increased substantially. This increase was likely attributable to: (1) the sharp increase in applications;

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

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

Table IV.B2.—SSI Federally-Administered New Recipients, Calendar Years 1974-2036
[In thousands]

Calendar year ^a	Blind or disabled, by age group					Aged, by age group			Totals ^b		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1974 ^c	63	390	381	925	141	18	1,211	1,268	1,919	2,479	4,398
1975.....	58	133	105	272	16	^d	216	131	584	347	931
1976.....	43	105	88	207	9	^d	147	70	452	218	669
1977.....	48	104	84	184	8	1	140	69	429	209	637
1978.....	43	92	76	154	6	^d	127	66	370	193	563
1979.....	44	87	62	133	4	^d	116	53	330	169	499
1980.....	41	92	61	142	4	^d	125	59	341	184	524
1981.....	37	77	49	106	3	^d	80	37	272	117	389
1982.....	38	63	51	90	4	^d	72	31	245	103	348
1983.....	47	88	62	117	3	^d	95	51	317	146	463
1984.....	47	109	78	142	4	^d	131	78	380	209	589
1985.....	48	104	80	148	4	^d	106	46	384	152	536
1986.....	55	127	109	153	5	^d	110	51	449	161	610
1987.....	48	119	106	157	5	^d	116	52	435	167	602
1988.....	50	101	108	146	5	1	112	56	412	167	579
1989.....	48	113	115	155	5	^d	127	62	436	189	625
1990.....	76	136	134	182	5	^d	149	66	533	215	748
1991.....	126	146	172	200	6	^d	139	54	650	193	844
1992.....	221	199	221	233	6	^d	133	48	881	181	1,062
1993.....	235	194	221	225	6	^d	136	49	881	185	1,066
1994.....	204	164	207	215	6	^d	116	42	796	157	953
1995.....	177	147	207	218	5	^d	105	36	755	141	895
1996.....	145	134	193	203	6	1	93	35	681	128	809
1997.....	116	111	171	178	4	^d	68	25	580	93	673
1998.....	135	117	181	194	7	1	78	30	634	108	742
1999.....	140	114	186	195	5	^d	88	33	640	120	760
2000.....	145	112	180	191	5	^d	84	31	633	115	748
2001.....	157	121	185	198	4	^d	79	28	665	107	772
2002.....	171	128	195	212	4	^d	82	29	710	111	821
2003.....	180	132	194	214	4	^d	77	27	724	104	828
2004.....	183	138	202	231	4	^d	78	27	757	105	862
2005.....	178	131	192	238	4	^d	81	29	744	111	854
2006.....	175	128	190	243	3	^d	81	28	739	109	849
2007.....	172	128	186	252	3	^d	75	27	741	103	844
2008.....	183	146	204	289	4	^d	79	26	825	105	930
2009.....	198	161	214	322	4	^d	80	26	900	106	1,006
2010.....	205	173	221	346	4	^d	80	26	949	106	1,055
2011.....	202	163	206	356	4	^d	83	27	932	110	1,042
Projected:											
2012.....	206	156	201	352	6	^d	89	27	922	116	1,038
2013.....	205	153	200	345	6	^d	96	28	910	124	1,034
2014.....	198	148	192	336	6	^d	99	28	880	127	1,007
2015.....	190	144	186	324	6	^d	104	28	849	132	982
2016.....	184	140	181	312	6	^d	108	29	824	137	961
2017.....	180	138	179	302	6	^d	112	30	804	142	947
2018.....	180	138	178	297	6	^d	116	31	799	147	946
2019.....	187	143	185	305	7	^d	123	33	828	155	983
2020.....	185	141	182	299	7	^d	124	33	814	157	970
2021.....	186	142	182	298	7	^d	127	34	815	161	976
2022.....	187	142	184	296	7	^d	129	36	816	165	981
2023.....	188	143	186	293	7	^d	132	37	817	169	986
2024.....	193	146	192	295	7	^d	137	39	834	176	1,010
2025.....	190	144	192	287	7	^d	136	40	820	177	997
2026.....	191	144	194	284	7	^d	137	42	820	179	999
2027.....	191	144	196	282	7	^d	138	43	820	181	1,002
2028.....	192	144	198	280	7	^d	139	44	822	183	1,005
2029.....	193	144	199	280	7	^d	139	46	824	185	1,009
2030.....	198	148	204	286	7	^d	140	48	843	189	1,032
2031.....	195	146	201	282	7	^d	136	49	831	185	1,016
2032.....	195	147	202	283	7	^d	134	50	833	184	1,017
2033.....	195	148	202	284	7	^d	132	52	836	184	1,021
2034.....	196	149	203	285	7	^d	132	53	840	185	1,026
2035.....	197	150	204	287	7	^d	132	54	844	187	1,031
2036.....	201	153	209	295	7	^d	134	57	865	191	1,056

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

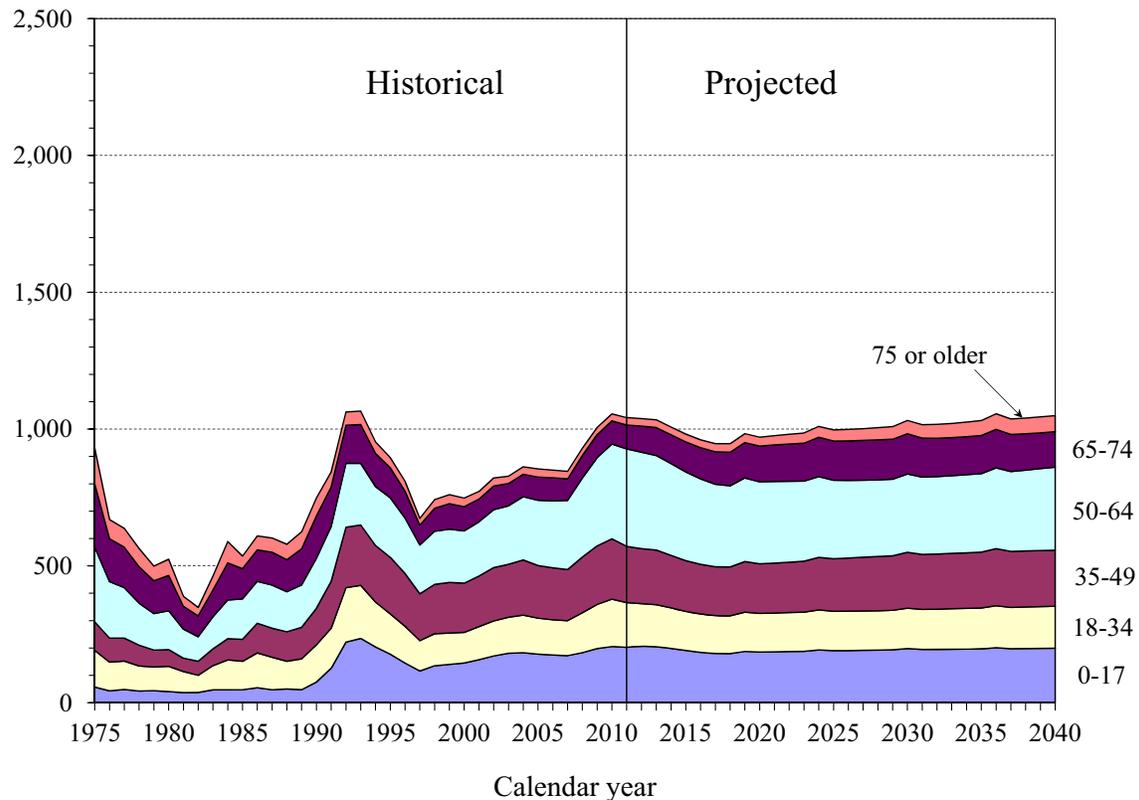
^b Historical totals estimated based on 1-percent or 10-percent sample data.

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

^d Fewer than 500.

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

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



(2) improvements in claims processing; and (3) initiatives to accelerate the processing of cases pending adjudication. The numbers of new recipients declined slightly in 2011 similar to the change in applications. Consistent with the pattern of projected applications, we project the total number of new recipients to continue to decline from the peak in 2010, and then to reach a relative low point by 2018. Over the longer term, we project the number of new recipients to increase gradually in line with the projected growth in applications.

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

In the following tables, we have separated the numbers of persons moving out of payment status into terminations due to death (table IV.B3), as well as terminations for all other reasons (table IV.B4). Table IV.B5 and figure IV.B3 present historical and projected numbers of total terminations by calendar year. The actual number of terminations in 2011 increased by more than 2 percent over 2010. The increase in the number of Federally-administered terminations is due at least in part to an increase in the number of terminations for State recipients not receiving Federal benefits. The number of new SSI recipients concurrently eligible for OASDI disability benefits who received SSI benefits only temporarily during the 5-month DI waiting period contributed to the continuation through 2011 of the relatively high level of terminations.

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

Table IV.B3.—SSI Federally-Administered Terminations Due to Death^a, Calendar Years 1974-2036

[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals ^b		All
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	
Historical data:											
1974	^c	3	8	34	7	2	40	97	55	137	192
1975	1	5	12	35	10	2	39	108	65	147	212
1976	2	5	9	36	12	1	34	103	64	137	201
1977	1	5	12	30	15	1	36	101	65	137	203
1978	2	5	8	34	16	2	31	95	67	126	193
1979	2	6	9	32	18	2	29	92	67	121	189
1980	3	5	9	31	22	1	27	100	71	127	198
1981	3	5	8	31	24	2	21	92	73	112	186
1982	3	4	8	28	21	2	16	80	65	96	161
1983	3	6	8	25	21	3	15	79	65	94	158
1984	3	4	9	29	18	5	13	83	67	96	163
1985	2	6	10	29	24	6	17	84	77	101	178
1986	2	8	12	28	22	8	15	83	80	98	178
1987	3	8	13	30	23	10	15	82	87	97	184
1988	5	8	14	31	25	12	16	81	95	97	191
1989	3	8	16	33	23	12	15	78	95	93	187
1990	4	9	18	36	22	14	16	75	103	92	194
1991	4	9	20	39	23	17	17	74	112	91	203
1992	4	11	22	38	22	15	16	69	111	84	195
1993	6	13	27	41	23	17	16	72	127	88	215
1994	6	14	27	41	23	17	16	69	127	85	212
1995	6	13	30	43	24	18	16	65	135	81	216
1996	7	12	30	44	24	18	16	67	135	83	218
1997	5	10	24	43	24	19	15	64	127	79	206
1998	5	9	24	43	25	20	14	64	127	78	205
1999	5	9	25	45	25	21	13	63	131	76	207
2000	5	8	27	46	25	21	12	61	132	73	205
2001	5	8	28	47	25	22	11	60	135	71	207
2002	5	8	28	49	24	21	11	58	135	70	205
2003	5	9	28	51	26	21	10	56	138	66	204
2004	5	8	27	52	25	22	10	56	140	65	205
2005	5	8	28	54	25	22	9	54	141	63	204
2006	5	8	27	55	25	22	9	54	143	62	205
2007	5	8	26	57	25	23	8	54	145	62	207
2008	5	8	25	60	25	21	8	53	144	62	206
2009	5	9	25	64	26	22	8	52	150	60	210
2010	4	8	22	63	26	22	8	50	146	58	204
2011	5	9	21	66	26	23	8	50	149	58	207
Projected:											
2012	5	9	22	71	27	23	7	48	157	55	213
2013	5	10	22	74	27	24	7	49	163	56	219
2014	5	10	22	76	28	25	7	49	166	56	222
2015	5	10	22	78	29	25	7	49	168	56	224
2016	4	10	21	78	30	26	8	49	169	57	226
2017	4	10	21	77	31	26	8	49	170	57	227
2018	4	10	21	76	33	26	8	49	170	57	227
2019	4	10	21	75	34	27	9	49	170	57	228
2020	4	10	21	74	35	27	9	49	171	58	229
2021	4	10	20	73	36	28	9	49	171	58	230
2022	4	10	21	72	37	28	9	50	172	59	231
2023	4	10	21	71	38	29	10	50	172	60	232
2024	4	10	21	70	39	30	10	51	173	61	233
2025	4	10	21	68	40	31	10	52	174	61	235
2026	4	10	22	67	40	32	10	52	174	62	236
2027	4	9	22	66	40	33	10	53	175	63	238
2028	4	9	22	65	40	34	10	54	175	65	240
2029	4	9	22	65	40	36	10	56	176	66	241
2030	4	9	22	64	40	37	10	57	176	67	243
2031	4	9	22	64	39	39	10	58	177	69	245
2032	4	9	22	64	38	40	10	60	178	70	247
2033	4	9	22	64	38	41	10	62	178	71	249
2034	3	9	22	64	37	43	10	63	179	73	252
2035	3	9	22	64	37	44	9	65	179	74	254
2036	3	9	22	64	36	45	9	67	180	76	256

^a Terminations where the death of the SSI recipient was recorded in SSA administrative systems as of the first month of nonpayment of SSI benefits.^b Historical totals estimated based on 1-percent or 10-percent sample data.^c Fewer than 500.

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

Table IV.B4.—SSI Federally-Administered Terminations Due to Reasons Other Than Death, Calendar Years 1974-2036
[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals ^a		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1974	5	33	34	69	12	2	27	29	154	56	210
1975	7	50	44	104	15	2	88	91	221	180	401
1976	11	70	61	139	24	1	107	133	306	240	546
1977	13	65	56	110	19	1	76	92	265	168	433
1978	11	64	49	97	18	1	64	86	241	150	391
1979	12	59	43	96	23	1	58	85	234	144	378
1980	19	48	43	80	23	1	44	77	214	121	334
1981	17	43	39	72	21	1	49	86	192	134	326
1982	19	48	43	79	23	1	50	87	212	137	348
1983	18	43	36	63	14	1	25	61	175	86	261
1984	13	51	37	77	21	1	37	60	200	98	298
1985	11	42	37	68	13	2	23	54	172	77	249
1986	18	49	47	73	16	3	34	60	206	94	300
1987	19	51	48	75	17	3	32	57	214	89	302
1988	19	52	51	74	15	5	33	59	216	93	309
1989	19	55	52	72	16	4	33	58	218	91	308
1990	14	52	57	73	17	8	40	68	221	108	330
1991	20	50	70	84	18	5	33	58	248	91	339
1992	39	68	94	103	19	8	34	56	329	90	419
1993	34	73	97	106	22	8	37	55	340	92	433
1994	41	73	101	107	18	8	32	49	348	81	429
1995	47	81	111	115	20	7	32	48	382	80	461
1996	47	89	128	119	21	8	29	49	413	78	491
1997	128	105	147	115	18	8	24	40	522	64	586
1998	67	89	112	110	19	8	22	38	406	61	466
1999	119	111	120	116	20	9	24	43	495	68	563
2000	84	99	111	112	22	9	22	38	437	61	498
2001	65	95	111	118	20	9	22	38	418	60	478
2002	78	100	122	133	20	9	20	35	463	55	517
2003	72	95	122	135	20	9	20	36	453	56	509
2004	85	101	136	156	23	9	24	38	510	62	572
2005	64	101	129	157	20	8	15	30	479	45	524
2006	56	96	131	162	21	8	19	30	473	50	522
2007	46	108	124	160	20	8	18	29	466	48	513
2008	63	112	131	185	20	8	18	27	518	45	563
2009	61	124	141	214	27	10	25	37	576	63	639
2010	76	122	131	209	21	8	22	28	565	50	615
2011	73	128	126	222	23	8	23	31	580	54	634
Projected:											
2012	70	131	129	223	8	3	37	41	563	77	641
2013	76	132	119	210	22	9	22	28	568	51	619
2014	82	135	117	212	23	10	23	29	579	52	631
2015	105	137	117	217	25	11	24	30	612	54	665
2016	101	140	119	221	26	11	25	30	617	55	672
2017	80	145	121	223	28	12	25	31	609	56	665
2018	75	147	120	219	29	12	26	33	603	58	661
2019	79	145	120	215	30	13	27	33	602	60	663
2020	77	145	121	214	32	13	28	33	601	61	663
2021	76	141	121	210	33	13	29	34	594	63	657
2022	77	141	121	205	34	14	30	35	591	65	656
2023	78	140	121	201	35	14	30	36	590	66	657
2024	78	142	124	199	36	15	31	37	594	68	662
2025	78	144	127	197	37	15	32	38	598	70	668
2026	78	145	129	195	37	16	32	39	600	72	672
2027	78	145	131	193	38	16	33	41	601	74	675
2028	79	145	132	192	38	17	33	42	603	75	678
2029	79	145	133	191	38	18	33	43	605	77	682
2030	80	146	134	192	38	19	34	45	609	79	687
2031	80	147	135	193	37	19	33	47	612	80	692
2032	81	149	135	194	37	20	33	48	616	81	697
2033	81	150	136	195	36	21	33	50	618	83	701
2034	81	151	136	196	36	22	32	51	622	84	706
2035	81	152	137	197	36	22	32	53	625	85	710
2036	82	153	138	198	36	23	32	54	630	87	716

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

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

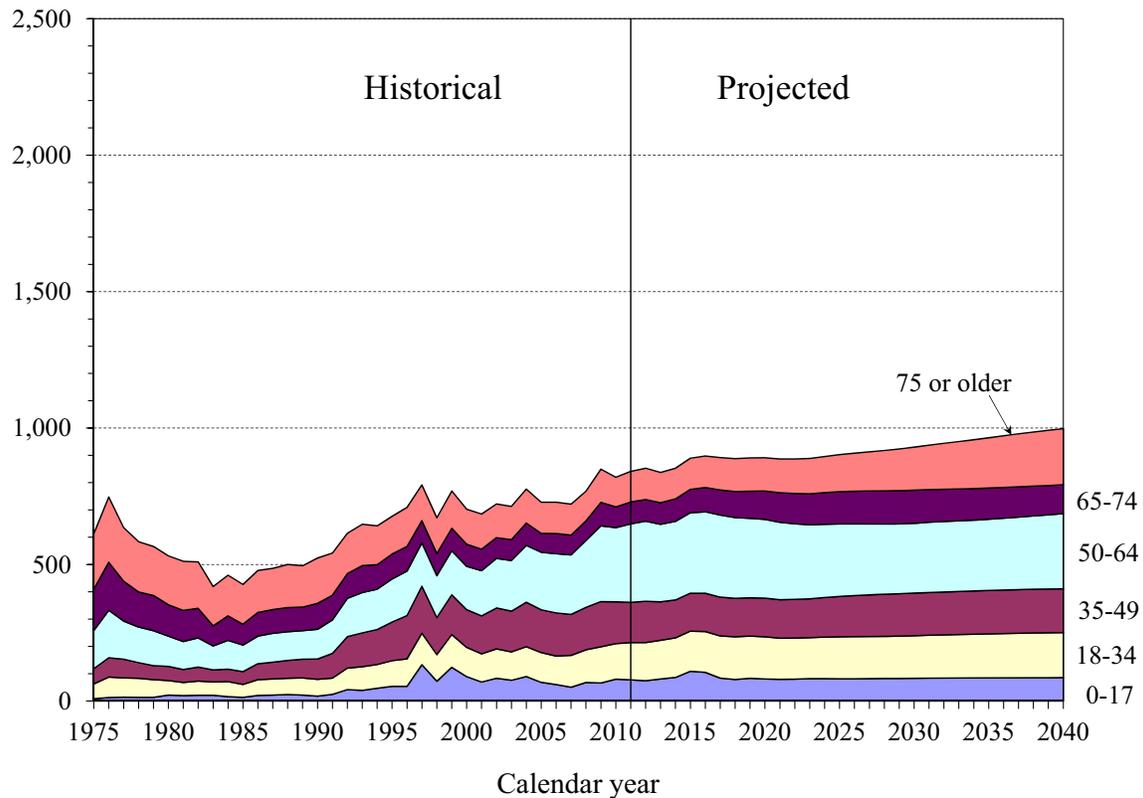
Table IV.B5.—SSI Federally-Administered Terminations for All Reasons, Calendar Years 1974-2036
[In thousands]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals ^a		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1974	5	36	42	103	19	4	67	126	209	193	402
1975	8	55	56	140	25	3	127	199	287	326	613
1976	13	75	71	174	35	3	141	236	371	377	748
1977	14	71	68	140	34	3	112	194	330	305	636
1978	14	70	58	130	34	3	94	181	308	276	584
1979	13	65	52	128	41	2	88	177	301	265	566
1980	22	53	52	111	45	2	70	177	284	248	532
1981	20	48	47	103	45	3	69	177	266	246	512
1982	21	52	51	107	43	2	65	168	277	233	510
1983	21	49	44	87	34	4	39	140	240	180	419
1984	16	55	46	106	39	6	50	144	267	194	461
1985	13	47	47	97	37	8	40	138	249	178	427
1986	21	58	59	101	38	11	48	143	287	192	478
1987	22	59	61	106	40	13	47	138	301	185	486
1988	24	60	65	105	39	18	49	140	311	189	500
1989	22	63	69	105	39	15	47	136	312	183	496
1990	18	61	75	109	39	22	56	144	324	200	524
1991	25	60	90	123	40	22	50	132	360	182	542
1992	42	78	115	140	41	23	50	125	440	175	614
1993	40	86	124	148	45	24	54	127	467	181	648
1994	47	87	128	148	41	24	48	118	475	166	642
1995	54	94	142	158	44	25	47	113	517	160	677
1996	54	101	158	163	45	27	45	116	548	161	710
1997	133	116	172	159	43	26	39	105	648	143	792
1998	73	98	136	153	44	29	36	102	533	138	671
1999	124	120	146	161	45	31	38	106	626	144	770
2000	89	107	138	159	46	29	35	99	569	134	703
2001	70	103	139	166	45	31	34	98	554	132	685
2002	83	108	150	182	44	30	31	93	598	124	722
2003	76	104	149	186	46	30	31	92	591	122	713
2004	90	109	163	208	48	31	34	93	650	127	777
2005	69	109	157	211	45	30	24	84	621	107	728
2006	61	104	158	217	46	31	28	84	615	112	727
2007	51	116	150	218	46	31	27	83	610	110	720
2008	68	120	155	245	45	29	26	80	663	106	769
2009	66	133	166	278	52	32	33	90	726	123	849
2010	80	130	153	272	46	30	29	79	712	108	820
2011	77	137	147	288	49	31	31	81	729	112	841
Projected:											
2012	74	140	151	294	35	26	44	89	720	133	853
2013	81	142	141	284	50	34	30	77	731	107	837
2014	86	145	139	288	51	35	31	78	744	109	853
2015	109	147	139	295	54	36	32	78	780	110	890
2016	105	150	140	298	56	37	32	79	787	111	898
2017	84	154	142	301	59	38	33	80	779	113	892
2018	79	156	141	296	61	39	34	81	772	116	888
2019	83	154	141	291	64	39	36	82	773	118	891
2020	81	155	142	288	67	40	37	82	772	119	892
2021	80	150	141	284	70	41	38	83	765	121	887
2022	81	151	141	277	72	42	39	85	763	124	887
2023	82	150	142	272	73	43	40	86	762	126	889
2024	82	152	145	268	75	44	41	88	767	129	896
2025	82	153	148	265	76	46	42	90	771	131	903
2026	82	154	151	262	77	48	42	92	774	134	908
2027	82	155	153	259	78	49	43	94	776	137	913
2028	83	154	154	257	78	51	43	96	778	140	918
2029	83	155	155	256	78	54	44	99	781	143	923
2030	84	156	156	256	77	56	44	102	785	146	930
2031	84	157	157	257	76	58	44	105	789	149	938
2032	84	158	157	258	75	60	43	108	793	151	944
2033	84	159	158	259	74	62	43	111	797	154	951
2034	85	160	158	260	73	64	42	115	800	157	957
2035	85	161	159	261	73	66	42	118	804	160	964
2036	85	162	160	263	72	68	41	121	810	163	972

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

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

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



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

Table IV.B6.—SSI Recipients with Federal Benefits in Current-Payment Status as of December, 1974-2036
[In thousands]

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

Table IV.B6.—SSI Recipients with Federal Benefits in Current-Payment Status as of December, 1974-2036 (Cont.)

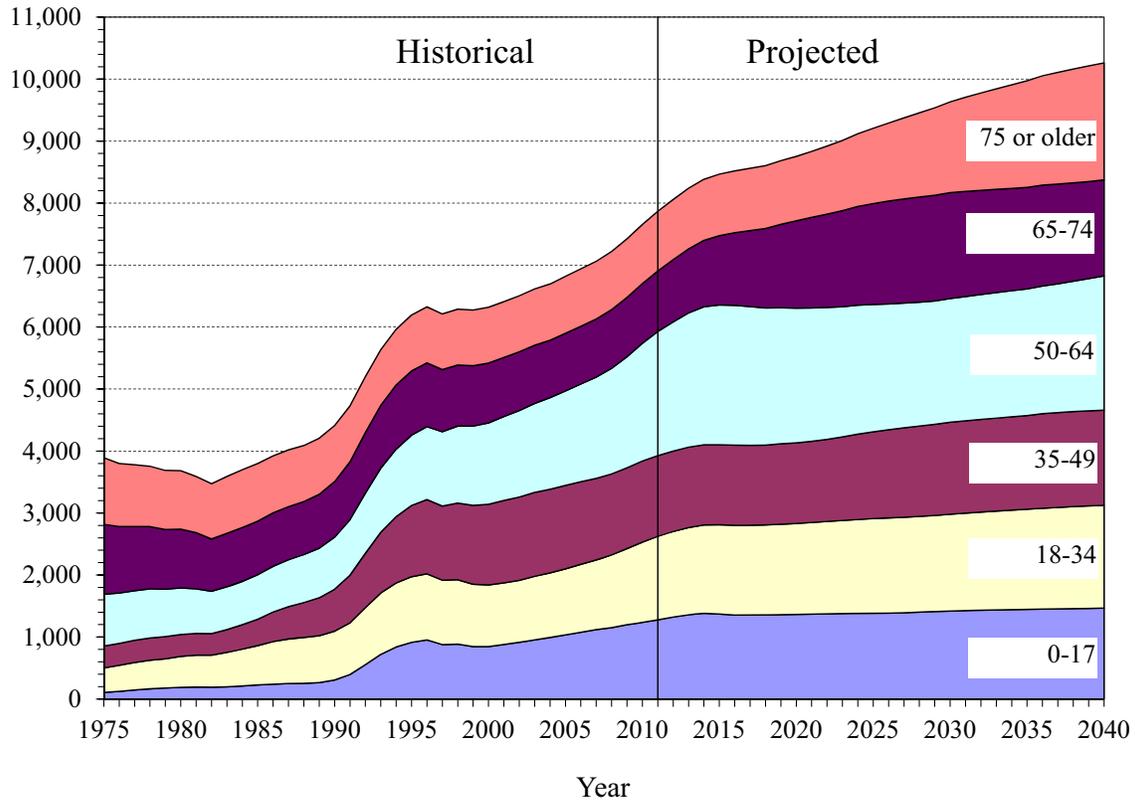
Year	Blind or disabled, by age group					Aged, by age group		Totals			
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data: (Cont.)											
1996	954	1,066	1,198	1,176	444	192	586	711	5,029	1,296	6,326
1997	878	1,039	1,196	1,198	457	193	547	704	4,960	1,251	6,212
1998	885	1,038	1,238	1,243	464	197	521	705	5,063	1,226	6,289
1999	845	1,005	1,274	1,278	474	195	499	704	5,072	1,203	6,275
2000	844	994	1,303	1,313	484	196	483	703	5,134	1,186	6,320
2001	879	995	1,329	1,353	493	196	461	703	5,245	1,165	6,410
2002	912	1,002	1,344	1,394	502	200	447	705	5,354	1,152	6,505
2003	956	1,023	1,353	1,436	511	204	430	703	5,482	1,133	6,614
2004	990	1,044	1,350	1,476	515	208	412	699	5,584	1,111	6,695
2005	1,034	1,065	1,347	1,523	522	215	408	705	5,706	1,113	6,819
2006	1,076	1,095	1,334	1,575	529	220	405	704	5,830	1,109	6,939
2007	1,119	1,124	1,316	1,634	540	228	397	704	5,960	1,101	7,061
2008	1,151	1,173	1,306	1,704	550	234	396	704	6,119	1,100	7,219
2009	1,198	1,229	1,302	1,793	559	241	396	704	6,322	1,101	7,423
2010	1,238	1,294	1,307	1,900	566	251	394	704	6,557	1,099	7,656
2011	1,276	1,345	1,305	2,002	577	260	398	703	6,765	1,101	7,866
Projected:											
2012	1,321	1,380	1,297	2,086	609	276	393	694	6,969	1,088	8,057
2013	1,358	1,408	1,297	2,166	627	285	406	694	7,140	1,100	8,240
2014	1,381	1,427	1,294	2,227	650	292	421	693	7,270	1,114	8,384
2015	1,370	1,439	1,292	2,255	679	298	439	693	7,334	1,132	8,466
2016	1,354	1,448	1,292	2,258	710	303	461	693	7,365	1,154	8,519
2017	1,355	1,448	1,288	2,239	743	309	482	697	7,383	1,178	8,561
2018	1,356	1,451	1,288	2,212	778	314	504	701	7,399	1,205	8,605
2019	1,360	1,461	1,295	2,195	815	319	531	707	7,446	1,238	8,683
2020	1,365	1,466	1,299	2,174	853	324	556	714	7,482	1,270	8,752
2021	1,371	1,477	1,308	2,151	889	332	575	731	7,528	1,305	8,833
2022	1,375	1,490	1,325	2,126	919	343	587	755	7,578	1,342	8,920
2023	1,377	1,503	1,347	2,102	947	354	602	778	7,630	1,381	9,011
2024	1,381	1,518	1,375	2,081	973	367	619	804	7,695	1,423	9,118
2025	1,381	1,527	1,400	2,055	995	383	633	831	7,742	1,464	9,206
2026	1,384	1,536	1,424	2,031	1,012	399	646	859	7,786	1,505	9,291
2027	1,391	1,540	1,443	2,013	1,024	417	656	889	7,829	1,546	9,374
2028	1,402	1,542	1,459	1,998	1,033	436	664	921	7,871	1,585	9,456
2029	1,410	1,550	1,470	1,991	1,036	456	669	955	7,913	1,624	9,537
2030	1,420	1,563	1,481	1,997	1,032	475	674	989	7,969	1,664	9,633
2031	1,426	1,574	1,487	2,006	1,023	495	673	1,024	8,010	1,697	9,707
2032	1,431	1,585	1,493	2,016	1,011	513	669	1,058	8,049	1,727	9,777
2033	1,436	1,596	1,500	2,026	1,001	530	663	1,092	8,088	1,755	9,843
2034	1,440	1,606	1,507	2,034	994	546	657	1,125	8,127	1,782	9,909
2035	1,445	1,615	1,513	2,042	990	562	650	1,157	8,166	1,807	9,973
2036	1,452	1,627	1,524	2,059	983	575	645	1,188	8,220	1,833	10,053

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

Combining the number of persons coming on the SSI payment rolls during a year with the number of those already receiving benefits at the beginning of the year, and subtracting the number leaving the rolls during the year, yields the number of persons receiving Federally-administered SSI payments at the end of the year. Table IV.B6 and figure IV.B4 present the number of individuals receiving Federal SSI payments, who comprise the great majority of Federally-administered recipients. The number of Federal SSI recipients at the end of 2011 increased by about 2.7 percent over the corresponding number at the end of 2010, a somewhat smaller increase than experienced between 2009 and 2010.

As figure IV.B4 illustrates, the implementation of Public Law 104-121 and Public Law 104-193 resulted in a decline in the Federal recipient population from 1996 to 1997. From the end of 1997 through the end of 2000, the Federal SSI recipient population grew at an annual rate of less than 1 percent. From the end of 2000 to the end of 2008, the Federal SSI recipient population grew an average of 1.7 percent per year. Since the end of 2008, the Federal recipient population has grown an average of 2.9 percent per year due largely to the economic recession and continuing economic downturn. As the economy slowly recovers, we project somewhat slower growth in the recipient population with year-to-year increases averaging approximately 2.1 percent from the end of 2011 through the end of 2014.

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



Beginning in 2015, the growth in the projected numbers of Federal SSI recipients returns to a rate of about 1 percent per year over the remainder of the 25-year projection period. In order to place this projected growth in the context of overall population growth, table IV.B7 and figure IV.B5 present Federal SSI recipients as percentages of selected Social Security Area population totals.

Table IV.B7.—SSI Recipients with Federal Benefits in Current-Payment Status as a Percentage of Selected Social Security Area Population Totals, as of December, 1974-2036

Year	Blind or disabled, by age group						Aged, by age group			Totals	
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled ^a	Aged ^b	All ^c
Historical data:											
1974	0.10	0.56	0.88	2.29	0.78	0.15	7.23	11.30	0.72	8.83	1.63
1975 .....	.15	.63	.97	2.52	1.15	.15	6.74	11.46	.83	8.60	1.73
1976 .....	.18	.65	.96	2.42	1.43	.14	5.93	10.51	.85	7.75	1.67
1977 .....	.22	.67	.97	2.36	1.67	.17	5.26	10.03	.88	7.15	1.65
1978 .....	.25	.68	.96	2.32	1.82	.16	4.78	9.56	.89	6.67	1.62
1979 .....	.27	.68	.94	2.23	1.97	.15	4.20	9.05	.90	6.13	1.58
1980 .....	.29	.71	.91	2.19	2.15	.16	3.82	8.68	.91	5.77	1.56
1981 .....	.30	.72	.87	2.10	2.26	.16	3.34	8.10	.91	5.26	1.51
1982 .....	.29	.72	.83	1.99	2.34	.19	2.78	7.71	.89	4.79	1.44
1983 .....	.30	.76	.85	2.02	2.47	.24	2.69	7.66	.93	4.73	1.48
1984 .....	.32	.81	.88	2.06	2.39	.40	2.73	7.41	.96	4.66	1.51
1985 .....	.35	.87	.93	2.11	2.33	.59	2.68	7.03	1.00	4.48	1.53
1986 .....	.37	.94	1.00	2.19	2.26	.73	2.64	6.59	1.05	4.29	1.57
1987 .....	.38	.98	1.06	2.25	2.20	.88	2.60	6.26	1.09	4.13	1.59
1988 .....	.39	1.01	1.11	2.30	2.14	.97	2.60	5.91	1.11	3.99	1.60
1989 .....	.40	1.03	1.16	2.37	2.10	1.07	2.68	5.63	1.15	3.93	1.63
1990 .....	.45	1.08	1.24	2.48	2.10	1.12	2.74	5.41	1.21	3.88	1.69
1991 .....	.58	1.16	1.37	2.62	2.08	1.17	2.89	5.20	1.31	3.88	1.79
1992 .....	.79	1.29	1.51	2.79	2.12	1.19	3.04	5.01	1.46	3.89	1.95
1993	1.02	1.40	1.65	2.92	2.15	1.21	3.16	4.85	1.60	3.90	2.09
1994	1.17	1.48	1.75	3.02	2.22	1.20	3.18	4.72	1.70	3.86	2.19

Table IV.B7.—SSI Recipients with Federal Benefits in Current-Payment Status as a Percentage of Selected Social Security Area Population Totals, as of December, 1974-2036 (Cont.)

Year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled ^a	Aged ^b	All ^c
Historical data: (Cont.)											
1995	1.26	1.53	1.83	3.10	2.27	1.21	3.13	4.59	1.77	3.78	2.25
1996	1.31	1.55	1.87	3.12	2.32	1.21	3.06	4.46	1.81	3.70	2.27
1997	1.20	1.52	1.85	3.05	2.40	1.18	2.87	4.32	1.76	3.54	2.21
1998	1.21	1.52	1.89	3.05	2.45	1.18	2.75	4.24	1.78	3.45	2.22
1999	1.15	1.47	1.92	3.02	2.52	1.15	2.66	4.16	1.77	3.37	2.19
2000	1.14	1.45	1.95	3.00	2.58	1.14	2.57	4.09	1.78	3.30	2.19
2001	1.18	1.45	1.98	2.99	2.63	1.13	2.46	4.03	1.80	3.22	2.20
2002	1.22	1.45	2.00	2.97	2.67	1.13	2.38	3.99	1.82	3.16	2.21
2003	1.28	1.47	2.02	2.96	2.70	1.14	2.27	3.94	1.85	3.08	2.23
2004	1.32	1.50	2.01	2.94	2.69	1.15	2.15	3.86	1.86	2.98	2.24
2005	1.37	1.52	2.01	2.93	2.69	1.18	2.10	3.85	1.89	2.95	2.26
2006	1.43	1.55	1.99	2.94	2.67	1.19	2.04	3.81	1.91	2.89	2.27
2007	1.48	1.57	1.98	2.96	2.64	1.22	1.94	3.77	1.93	2.81	2.29
2008	1.52	1.62	1.98	3.00	2.60	1.24	1.87	3.74	1.97	2.75	2.32
2009	1.58	1.67	1.99	3.07	2.56	1.27	1.81	3.71	2.01	2.70	2.37
2010	1.64	1.74	2.02	3.17	2.52	1.31	1.76	3.68	2.07	2.64	2.42
2011	1.68	1.80	2.04	3.27	2.46	1.35	1.70	3.64	2.12	2.58	2.47
Projected:											
2012	1.74	1.83	2.04	3.37	2.46	1.41	1.59	3.55	2.17	2.46	2.51
2013	1.78	1.86	2.05	3.45	2.43	1.44	1.57	3.50	2.20	2.41	2.54
2014	1.79	1.87	2.05	3.50	2.41	1.45	1.56	3.45	2.22	2.37	2.57
2015	1.77	1.88	2.05	3.52	2.42	1.46	1.56	3.39	2.22	2.33	2.57
2016	1.73	1.89	2.03	3.51	2.44	1.45	1.58	3.32	2.21	2.31	2.56
2017	1.72	1.88	2.02	3.47	2.47	1.44	1.60	3.25	2.20	2.29	2.55
2018	1.71	1.88	2.01	3.43	2.50	1.42	1.62	3.18	2.19	2.27	2.54
2019	1.71	1.88	2.01	3.40	2.52	1.41	1.64	3.12	2.18	2.25	2.54
2020	1.70	1.88	2.01	3.36	2.55	1.40	1.66	3.08	2.17	2.24	2.54
2021	1.70	1.89	2.01	3.33	2.58	1.38	1.67	3.03	2.17	2.23	2.55
2022	1.69	1.90	2.02	3.32	2.62	1.36	1.67	2.99	2.17	2.22	2.55
2023	1.69	1.91	2.03	3.31	2.64	1.35	1.68	2.96	2.16	2.22	2.56
2024	1.68	1.92	2.04	3.30	2.65	1.34	1.69	2.94	2.17	2.22	2.57
2025	1.68	1.93	2.05	3.30	2.66	1.35	1.69	2.92	2.16	2.22	2.57
2026	1.67	1.94	2.06	3.29	2.66	1.35	1.70	2.91	2.16	2.23	2.58
2027	1.67	1.94	2.07	3.28	2.65	1.36	1.70	2.90	2.16	2.23	2.58
2028	1.67	1.94	2.07	3.28	2.64	1.37	1.70	2.90	2.15	2.24	2.59
2029	1.67	1.94	2.07	3.27	2.63	1.38	1.70	2.89	2.15	2.24	2.59
2030	1.68	1.95	2.08	3.28	2.62	1.39	1.71	2.89	2.15	2.26	2.60
2031	1.68	1.95	2.08	3.27	2.61	1.40	1.72	2.89	2.15	2.27	2.60
2032	1.68	1.95	2.08	3.27	2.60	1.40	1.72	2.89	2.15	2.29	2.61
2033	1.68	1.95	2.09	3.27	2.59	1.40	1.72	2.89	2.14	2.30	2.61
2034	1.68	1.96	2.09	3.27	2.59	1.40	1.71	2.89	2.14	2.30	2.61
2035	1.68	1.96	2.09	3.27	2.59	1.40	1.70	2.89	2.14	2.31	2.61
2036	1.68	1.96	2.10	3.28	2.59	1.40	1.70	2.89	2.14	2.32	2.62

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

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

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

In table IV.B7, we calculated the age group percentages using the corresponding population age group totals. We computed the ratios for the separate recipient categories—*total blind or disabled* and *total aged*—as percentages of differing base populations, the total Social Security Area population and the 65 and older Social Security population, respectively. As a result of this method of calculation, the percentage for the total SSI recipient population is not the arithmetic sum of the percentages for the respective recipient categories. The percentage of the total Social Security Area population who were receiving Federal SSI payments declined from 1975 through the early 1980s. In 1983 this percentage started increasing and continued to increase through 1996. The percentage of the total population receiving Federal SSI payments declined in 1997, due to the implementation of Public Law 104-121 and Public Law 104-193, but leveled out over the next few years. It has increased slightly over the past few years, and we expect it to continue to increase slightly through 2015 and then remain close to this level through the rest of the projection period. More than 85 percent of the increase in the percentage of the population receiving Federal SSI payments, from 2.47 in 2011 to 2.62 in 2036, is attributable to the changing age distribution in the population.

The various subcategories of Federal SSI recipients follow significantly different growth patterns in relation to their respective population totals. The aged Federal SSI recipient population has declined steadily as a percentage of the 65 or older population throughout the historical period. We project that it will continue to decline through 2023, and then remain fairly level thereafter through the rest of the projection

period. In contrast, except for decreases in the late 1990s due to the eligibility redeterminations and continuing disability reviews mandated by Public Law 104-193, the number of blind or disabled children receiving Federal SSI payments increased steadily throughout the historical period as a percentage of the under age 18 population, with the increase being quite steep in the early 1990s. The total blind or disabled Federal SSI recipient population as a percentage of the total population remained fairly level until the early 1980s, when it started increasing and then continued to increase through 1996. The proportion of the population receiving SSI blind or disabled benefits declined slightly in the late 1990s due to the effects of welfare reform legislation, but resumed its upward trend in 2000. That upward trend has continued through 2011, and we estimate it will continue through 2014, reaching more than 2.2 percent of the total population. In the later years of the projection period, the estimated proportion of the population receiving SSI blind or disabled benefits will gradually decline due to: (1) a smaller proportion of the population becoming new recipients than during the recent economic slowdown; (2) the changing age distribution in the population; and (3) our assumption that SSA will receive the resources necessary to process normal CDR and nonmedical redetermination workloads.

Figure IV.B5.—SSI Recipients with Federal Benefits in Current-Payment Status as a Percentage of Selected Social Security Area Population Age Groups, as of December, 1975-2040

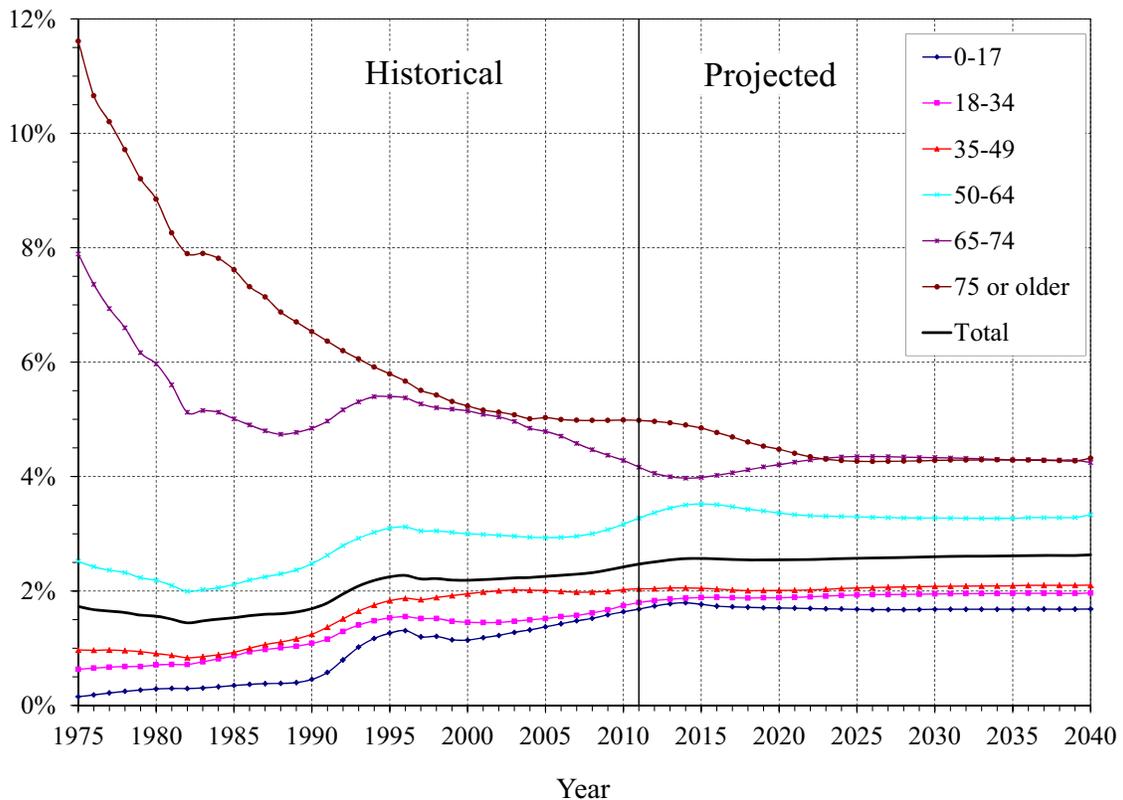


Table IV.B8 presents historical and projected numbers of individuals who receive only a Federally-administered State supplement.

Table IV.B8.—SSI Recipients with Federally-Administered State Supplementation Benefits Only, in Current-Payment Status as of December, 1974-2036

[In thousands]

Year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1974	1	12	20	57	13	1	138	120	104	257	361
1975	1	15	25	74	21	2	144	138	139	282	421
1976	1	14	27	87	26	2	134	146	156	280	437
1977	1	16	27	94	35	2	136	150	174	286	460
1978	1	16	26	93	41	2	127	155	180	282	462
1979	1	18	25	89	49	2	121	157	184	278	462
1980	2	20	26	82	52	2	112	162	185	274	460
1981	1	19	26	75	58	2	94	155	181	248	429
1982	1	18	23	68	53	2	82	137	165	219	384
1983	1	17	19	50	44	4	65	111	136	176	312
1984	1	18	23	50	47	7	68	116	147	184	331
1985	1	21	28	53	45	8	67	115	157	182	339
1986	1	23	31	55	45	11	66	116	166	182	348
1987	1	26	36	60	43	12	72	115	178	187	366
1988	1	26	42	59	44	14	74	114	187	188	375
1989	2	28	45	60	45	16	76	115	195	192	387
1990	2	31	54	60	44	17	82	116	208	197	405
1991	2	29	54	59	42	17	78	108	203	186	389
1992	2	29	55	59	37	16	70	97	197	167	364
1993	2	29	58	59	34	15	64	88	197	151	348
1994	2	28	59	56	32	14	59	81	192	139	331
1995	3	25	59	56	32	14	54	77	188	131	320
1996	2	21	54	53	29	13	49	68	172	116	288
1997	2	20	55	53	29	13	46	65	172	111	283
1998	2	18	54	55	28	13	43	63	171	106	277
1999	2	18	57	58	28	13	43	62	177	105	282
2000	2	17	57	60	29	13	42	61	179	103	282
2001	2	17	56	62	29	12	41	59	179	100	278
2002	3	17	57	64	30	12	42	58	183	100	283
2003	3	18	58	67	30	12	42	58	188	100	288
2004	3	18	58	70	31	12	43	58	193	100	293
2005	3	18	56	73	31	12	44	58	193	102	295
2006	3	18	55	76	32	12	45	58	194	103	297
2007	2	18	53	77	32	12	46	57	195	103	298
2008	3	18	52	80	34	12	46	57	198	103	301
2009	2	16	43	69	29	11	38	48	168	85	254
2010	2	16	42	71	29	11	37	48	171	85	257
2011	2	16	39	70	29	11	36	45	166	81	246
Projected:											
2012	2	16	36	68	30	11	35	43	163	78	241
2013	2	17	37	72	31	11	38	45	171	83	254
2014	2	18	38	75	33	11	41	46	177	88	265
2015	2	18	39	77	35	12	44	48	183	92	274
2016	2	19	40	80	37	12	47	49	189	96	285
2017	2	20	41	82	39	12	50	50	197	100	297
2018	3	21	43	86	41	13	53	52	207	105	312
2019	3	22	45	89	44	13	56	54	216	110	326
2020	3	22	46	90	47	14	59	56	221	115	336
2021	3	23	46	90	49	14	61	58	225	119	344
2022	3	23	47	90	51	15	62	61	228	123	351
2023	3	23	48	89	53	15	64	64	231	127	358
2024	3	23	49	88	55	16	65	66	233	132	365
2025	3	23	50	87	56	17	67	69	235	136	371
2026	3	23	50	86	57	18	68	72	237	140	377
2027	3	23	51	85	58	19	69	75	238	144	382
2028	3	23	52	84	58	20	70	77	240	148	387
2029	3	23	52	84	59	21	71	80	241	151	392
2030	3	23	53	84	58	22	71	83	242	155	397
2031	3	23	53	84	58	23	71	86	243	157	401
2032	3	24	53	85	57	23	70	89	245	160	404
2033	3	24	53	85	56	24	70	92	246	162	408
2034	3	24	54	85	56	25	69	95	247	164	411
2035	3	24	54	86	56	26	68	98	248	166	414
2036	3	24	54	86	56	26	68	100	249	168	417

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

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

Certain noteworthy patterns appear in the numbers of SSI recipients in the recent past and projections of such numbers for the near future. The total number of SSI recipients increased rapidly in the early 1990s due to the growth in the numbers of disabled adults and children. The growth in the numbers of children receiving SSI resulted in large part from the Supreme Court decision in the case of *Sullivan v. Zebley*, 110 S. Ct. 885 (1990), which greatly expanded the criteria used for determining disability for children. The growth in the numbers of disabled adults is a more complicated phenomenon. Extensive research conducted under contract to SSA and the Department of Health and Human Services suggests that this growth was the result of a combination of factors including: (1) demographic trends; (2) a downturn in the economy in the late 1980s and early 1990s; (3) long-term structural changes in the economy; and (4) changes in other support programs (in particular, the reduction or elimination of general assistance programs in certain States). The 1996 welfare reform legislation, the economic downturn in the early 2000s, and the recent economic recession that began late in 2007 have contributed to the more recent, relatively modest changes in program participation.

Table IV.B9.—SSI Recipients with Federally-Administered Benefits in Current-Payment Status as of December, 1974-2036
[In thousands]

Year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:											
1974	71	349	341	813	122	14	1,148	1,138	1,710	2,286	3,996
1975	107	410	378	911	185	16	1,107	1,200	2,007	2,307	4,314
1976	125	434	379	900	234	15	999	1,149	2,088	2,148	4,236
1977	147	458	385	893	284	18	921	1,130	2,187	2,051	4,238
1978	166	476	387	884	319	17	855	1,113	2,249	1,968	4,217
1979	177	490	384	852	357	17	777	1,095	2,278	1,872	4,150
1980	190	521	377	833	393	20	721	1,086	2,334	1,808	4,142
1981	195	533	375	795	424	19	635	1,043	2,341	1,678	4,019
1982	192	535	369	751	439	23	541	1,008	2,309	1,549	3,858
1983	198	572	386	742	456	32	514	1,001	2,386	1,515	3,901
1984	212	613	417	751	453	54	531	999	2,499	1,530	4,029
1985	227	655	454	769	447	80	530	975	2,634	1,504	4,138
1986	241	711	506	794	442	102	531	942	2,796	1,473	4,269
1987	251	743	560	816	436	124	536	920	2,930	1,455	4,385
1988	255	764	606	833	431	142	543	891	3,030	1,433	4,464
1989	265	785	658	859	427	160	564	875	3,154	1,439	4,593
1990	309	819	731	900	432	172	589	865	3,363	1,454	4,817
1991	397	863	823	956	432	183	620	845	3,654	1,465	5,118
1992	556	949	932	1,029	440	189	647	824	4,095	1,471	5,566
1993	723	1,019	1,036	1,093	445	194	667	808	4,509	1,475	5,984
1994	841	1,060	1,130	1,146	457	196	669	797	4,830	1,466	6,296
1995	917	1,083	1,209	1,190	467	202	656	790	5,068	1,446	6,514
1996	955	1,087	1,252	1,229	472	205	634	778	5,201	1,413	6,614
1997	880	1,059	1,251	1,252	486	205	593	770	5,133	1,362	6,495
1998	887	1,056	1,292	1,298	492	209	564	768	5,234	1,332	6,566
1999	847	1,024	1,331	1,336	503	208	543	765	5,249	1,308	6,557
2000	847	1,011	1,360	1,373	513	209	525	764	5,312	1,289	6,602
2001	882	1,012	1,385	1,415	522	209	502	762	5,424	1,264	6,688
2002	915	1,019	1,401	1,458	532	212	489	763	5,536	1,252	6,788
2003	959	1,040	1,410	1,503	541	216	471	761	5,670	1,233	6,902

Table IV.B9.—SSI Recipients with Federally-Administered Benefits in Current-Payment Status as of December, 1974-2036 (Cont.)

[In thousands]

Year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data: (Cont.)											
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
Projected:											
2012	1,323	1,396	1,333	2,154	639	287	428	737	7,132	1,165	8,298
2013	1,360	1,425	1,334	2,238	658	296	444	739	7,311	1,183	8,494
2014	1,383	1,444	1,332	2,302	683	303	462	740	7,447	1,202	8,649
2015	1,372	1,458	1,331	2,332	714	310	483	741	7,516	1,224	8,741
2016	1,356	1,467	1,331	2,338	747	314	507	742	7,554	1,250	8,803
2017	1,357	1,468	1,329	2,322	782	321	531	747	7,580	1,279	8,858
2018	1,359	1,472	1,331	2,298	819	327	557	753	7,606	1,310	8,916
2019	1,363	1,483	1,340	2,284	859	333	587	761	7,662	1,348	9,009
2020	1,368	1,488	1,345	2,264	900	338	615	770	7,703	1,385	9,088
2021	1,373	1,500	1,355	2,242	938	346	635	789	7,753	1,424	9,178
2022	1,377	1,512	1,372	2,216	970	358	649	816	7,806	1,466	9,272
2023	1,379	1,526	1,394	2,191	1,000	370	666	842	7,861	1,508	9,369
2024	1,383	1,540	1,424	2,169	1,028	383	685	870	7,928	1,555	9,483
2025	1,384	1,550	1,450	2,142	1,051	400	700	900	7,977	1,600	9,577
2026	1,386	1,558	1,474	2,117	1,069	417	714	931	8,022	1,645	9,667
2027	1,393	1,563	1,495	2,098	1,082	436	726	964	8,067	1,689	9,756
2028	1,405	1,565	1,511	2,082	1,091	456	735	998	8,110	1,733	9,843
2029	1,413	1,573	1,523	2,074	1,095	476	740	1,035	8,154	1,775	9,929
2030	1,423	1,586	1,534	2,081	1,091	497	745	1,073	8,212	1,818	10,030
2031	1,429	1,597	1,540	2,090	1,080	517	744	1,110	8,254	1,854	10,108
2032	1,434	1,608	1,546	2,101	1,068	537	739	1,148	8,294	1,887	10,181
2033	1,439	1,619	1,553	2,111	1,057	554	733	1,184	8,334	1,917	10,251
2034	1,443	1,630	1,560	2,119	1,050	571	726	1,220	8,373	1,946	10,319
2035	1,447	1,639	1,567	2,127	1,046	587	718	1,255	8,414	1,973	10,387
2036	1,455	1,651	1,578	2,146	1,039	601	713	1,288	8,469	2,001	10,470

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

C. FEDERAL PAYMENTS UNDER SSI

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

Table IV.C1.—SSI Federal Payments in Current Dollars,^a Calendar Years 1974-2012
[In millions]

Calendar year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
1974.....	\$40	\$438	\$452	\$968	\$135	\$17	\$825	\$958	\$2,050	\$1,783	\$3,833
1975.....	128	537	499	1,099	190	17	812	1,031	2,471	1,843	4,314
1976.....	176	605	541	1,147	241	17	762	1,023	2,727	1,785	4,512
1977.....	227	671	579	1,174	298	17	721	1,016	2,966	1,737	4,703
1978 ^b	302	781	655	1,312	381	18	736	1,111	3,449	1,847	5,296
1979.....	340	809	650	1,296	429	21	667	1,093	3,546	1,760	5,306
1980.....	397	931	731	1,420	544	28	642	1,230	4,051	1,872	5,923
1981.....	458	1,079	821	1,542	654	32	643	1,320	4,586	1,963	6,549
1982.....	512	1,211	883	1,590	704	38	630	1,364	4,937	1,994	6,931
1983.....	574	1,372	985	1,704	774	58	624	1,440	5,466	2,064	7,530
1984.....	659	1,576	1,128	1,835	836	102	670	1,512	6,136	2,182	8,318
1985.....	736	1,709	1,250	1,924	833	160	699	1,499	6,611	2,198	8,809
1986.....	831	1,929	1,452	2,043	848	209	731	1,479	7,312	2,210	9,522
1987.....	900	2,081	1,618	2,157	846	259	765	1,444	7,860	2,210	10,069
1988.....	955	2,228	1,818	2,303	874	304	814	1,449	8,481	2,263	10,744
1989.....	1,025	2,431	2,048	2,481	936	366	881	1,479	9,286	2,361	11,647
1990.....	1,201	2,660	2,395	2,792	969	407	987	1,532	10,423	2,519	12,943
1991.....	1,678	3,129	2,966	3,305	1,060	463	1,169	1,637	12,601	2,806	15,407
1992.....	3,154	3,900	3,577	3,790	1,124	487	1,303	1,690	16,033	2,993	19,026
1993.....	3,909	4,465	4,164	4,188	1,208	513	1,471	1,759	18,447	3,230	21,677
1994.....	4,167	4,504	4,666	4,533	1,274	538	1,566	1,814	19,682	3,380	23,063
1995.....	4,657	4,777	5,155	4,896	1,357	565	1,599	1,900	21,407	3,499	24,906
1996.....	4,947	5,004	5,614	5,298	1,427	590	1,643	1,977	22,880	3,621	26,501
1997.....	4,920	5,031	5,564	5,410	1,505	614	1,586	2,046	23,044	3,632	26,676
1998.....	4,965	5,150	5,901	5,777	1,588	635	1,542	2,136	24,017	3,678	27,695
1999.....	4,835	5,132	6,185	6,037	1,660	654	1,503	2,206	24,503	3,709	28,212
2000.....	4,789	5,121	6,404	6,293	1,717	675	1,470	2,309	24,999	3,779	28,778
2001.....	5,104	5,354	6,817	6,783	1,838	713	1,470	2,454	26,608	3,924	30,532
2002.....	5,353	5,484	7,048	7,131	1,909	738	1,433	2,520	27,663	3,953	31,616
2003.....	5,686	5,715	7,243	7,532	1,984	771	1,408	2,601	28,932	4,009	32,941
2004.....	6,036	5,954	7,384	7,943	2,054	809	1,366	2,657	30,179	4,023	34,202
2005.....	6,488	6,291	7,624	8,437	2,148	871	1,358	2,778	31,859	4,136	35,995
2006.....	6,948	6,656	7,760	8,943	2,235	924	1,413	2,895	33,467	4,308	37,775
2007.....	7,346	7,067	7,871	9,539	2,333	981	1,406	2,970	35,137	4,376	39,514
2008 ^c	7,831	7,623	8,172	10,387	2,459	1,051	1,438	3,078	37,523	4,516	42,040
2009 ^c	8,635	8,493	8,618	11,556	2,644	1,153	1,528	3,277	41,099	4,805	45,904
2010.....	9,020	9,013	8,735	12,283	2,689	1,213	1,521	3,294	42,953	4,815	47,767
2011.....	9,312	9,379	8,658	12,871	2,739	1,267	1,520	3,292	44,226	4,811	49,038
2012 ^d	9,944	9,956	8,873	13,913	2,994	1,408	1,539	3,383	47,088	4,922	52,010

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

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

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

^d Partially estimated.

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

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

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

ments by the month the payment is due, while table IV.C1 groups payments by the month in which we actually make the payments. In particular, since January 1 of each year is a Federal holiday, SSI payments due on January 1 of years 1979 and later are actually paid in December of the previous year. For example, the calendar year 2011 payment amounts shown in table IV.C1 reflect payments made in January-December 2011, and include the payments due on January 1, 2012 (which were actually paid in December 2011), but not the payments due on January 1, 2011 (which were actually paid in December 2010). Second, beginning in 1991, SSA remitted overpayment recoveries directly to the Department of the Treasury and did not use them to reduce SSI obligations as accounted for in the Federal Budget. Tabulations in the *Annual Statistical Supplement* continue to report payment amounts that are reduced by such overpayment recoveries.

Table IV.C2.—SSI Federal Payments in Current Dollars, Fiscal Years 1978-2012
[In millions]

Fiscal year	Blind or disabled, by age group					Aged, by age group			Totals		
	0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
1978.....	\$206	\$740	\$668	\$1,438	\$312	\$22	\$772	\$1,076	\$3,386	\$1,848	\$5,234
1979 ^a	226	711	620	1,265	331	20	656	954	3,172	1,610	4,782
1980.....	372	877	698	1,360	506	26	629	1,184	3,840	1,813	5,653
1981.....	442	1,039	797	1,508	625	31	647	1,307	4,442	1,954	6,396
1982.....	499	1,181	861	1,570	693	36	640	1,356	4,840	1,996	6,836
1983.....	596	1,416	1,024	1,783	806	56	660	1,510	5,680	2,170	7,850
1984 ^a	588	1,411	1,005	1,665	760	85	613	1,391	5,514	2,004	7,517
1985.....	713	1,662	1,215	1,895	828	145	691	1,502	6,459	2,193	8,652
1986.....	800	1,864	1,386	1,995	840	196	723	1,487	7,080	2,209	9,290
1987.....	880	2,030	1,565	2,119	845	242	755	1,448	7,681	2,203	9,884
1988.....	1,009	2,356	1,898	2,425	932	316	860	1,559	8,935	2,419	11,354
1989 ^a	1,012	2,378	1,997	2,452	910	345	862	1,473	9,094	2,335	11,430
1990 ^a	1,039	2,378	2,115	2,479	876	362	879	1,394	9,247	2,273	11,521
1991.....	1,519	2,975	2,772	3,141	1,032	447	1,120	1,608	11,886	2,728	14,614
1992.....	2,684	3,621	3,398	3,653	1,099	476	1,269	1,680	14,932	2,949	17,881
1993.....	3,817	4,377	3,977	4,033	1,175	502	1,420	1,730	17,880	3,150	21,029
1994.....	4,328	4,771	4,866	4,756	1,344	569	1,659	1,930	20,635	3,588	24,223
1995 ^a	4,554	4,719	5,031	4,822	1,341	560	1,596	1,884	21,027	3,480	24,507
1996 ^a	4,543	4,595	5,123	4,830	1,305	540	1,510	1,808	20,936	3,317	24,254
1997.....	4,933	5,004	5,529	5,340	1,478	606	1,602	2,027	22,890	3,629	26,519
1998.....	4,915	5,114	5,816	5,688	1,567	630	1,548	2,110	23,729	3,658	27,387
1999.....	4,901	5,152	6,123	5,975	1,638	648	1,506	2,180	24,438	3,685	28,123
2000.....	5,152	5,500	6,827	6,692	1,822	718	1,599	2,453	26,710	4,052	30,763
2001 ^a	4,597	4,869	6,170	6,125	1,670	652	1,352	2,236	24,083	3,588	27,671
2002.....	5,290	5,456	6,998	7,041	1,889	731	1,444	2,500	27,405	3,944	31,349
2003.....	5,558	5,623	7,170	7,390	1,957	759	1,417	2,572	28,456	3,989	32,445
2004.....	5,910	5,868	7,327	7,797	2,031	796	1,380	2,638	29,729	4,018	33,748
2005.....	6,856	6,669	8,150	8,928	2,282	916	1,463	2,945	33,800	4,409	38,208
2006 ^a	6,832	6,560	7,739	8,813	2,207	908	1,404	2,863	33,060	4,267	37,327
2007 ^a	6,659	6,427	7,207	8,630	2,135	895	1,297	2,731	31,952	4,028	35,981
2008.....	7,651	7,411	8,063	10,106	2,416	1,027	1,419	3,035	36,673	4,454	41,127
2009.....	8,389	8,241	8,493	11,208	2,598	1,126	1,505	3,233	40,056	4,737	44,793
2010.....	8,899	8,846	8,710	12,057	2,674	1,194	1,524	3,289	42,379	4,813	47,192
2011.....	9,938	9,981	9,355	13,650	2,921	1,341	1,636	3,532	47,186	5,168	52,354
2012 ^b	9,080	9,132	8,191	12,687	2,727	1,282	1,425	3,137	43,097	4,562	47,660

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

^b Partially estimated.

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

Table IV.C2 presents corresponding amounts of SSI outlays on a fiscal year basis for fiscal years¹ 1978-2012. We omit fiscal years prior to 1978 because SSI payment amounts are not readily available on a fiscal year basis for these years. As with the calendar year figures, we show these fiscal year amounts on a cash-flow basis. Consequently, fiscal year totals may contain 11, 12, or 13 months of payments.²

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

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

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

The declining value of the dollar due to inflation can make it difficult to make meaningful comparisons of dollar amounts over longer periods of time. For this reason, it is desirable to have some means of removing inflation from the 25-year projections of SSI expenditures. The CPI, which we discuss in section IV.A, is an appropriate means of standardizing projected SSI costs over time. Table IV.C3 presents constant-dollar values of Federal SSI payments (those adjusted by the CPI) for both the historical period, calendar years 1974-2011, and the full 25-year projection period, 2012-36. We present this same information as a graph in figure IV.C1. We base the projections of the CPI used for this standardization on the intermediate economic assumptions of the 2012 OASDI Trustees Report.

The future growth in the “constant dollar” estimates is primarily attributable to the underlying growth in the U.S. population (table IV.A1). However, the projected growth in the number of SSI recipients as a percent of the population (table IV.B7) also contributes to the growth. A notable aspect of this time series of constant dollar estimates is the rather sharp level increase from 2008 to 2009 in these amounts. This level shift is the result of the combination of the spike in the CPI for the third quarter of calendar year 2008, which caused the large 5.8 percent benefit rate increase for 2009 and the subsequent drop in the CPI for 2009.

Figure IV.C1.—SSI Federal Payments, by Age Group, in Constant 2012 Dollars, Calendar Years 1975-2040
[In billions]

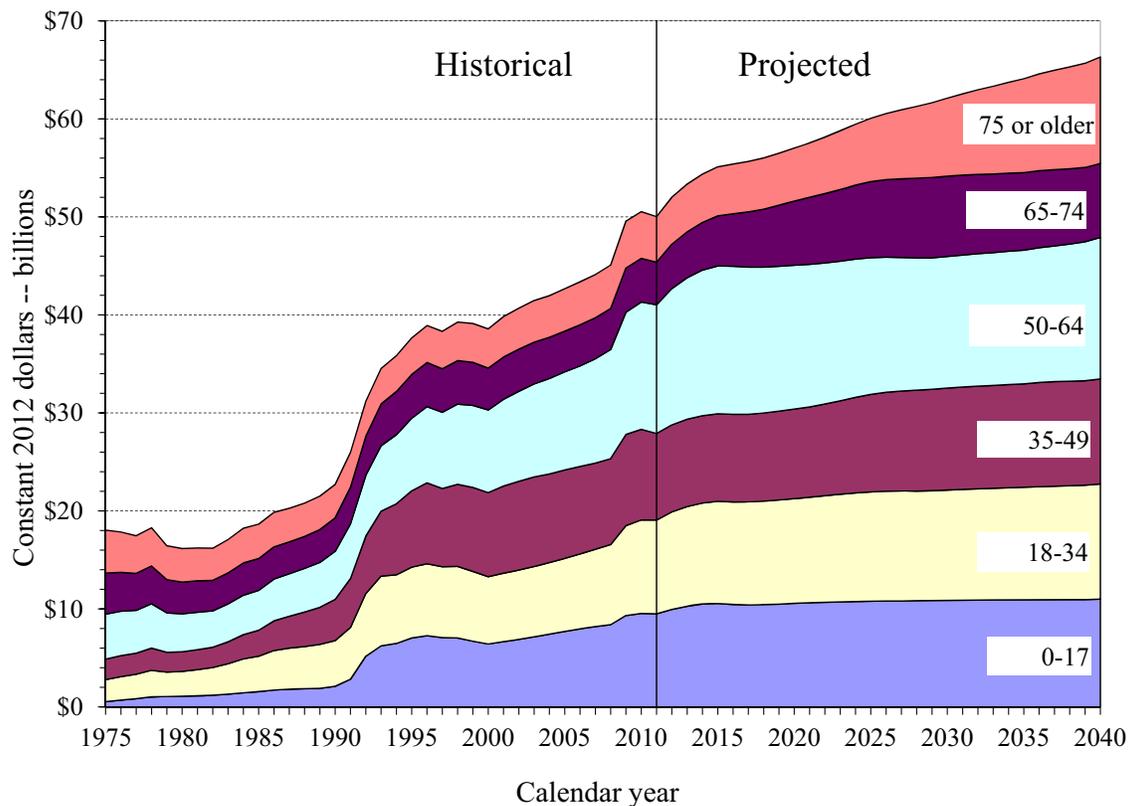


Table IV.C3.—SSI Federal Payments in Constant 2012 Dollars, Calendar Years 1974-2036
 [Payment amounts in millions]

Calendar year	Adjusted CPI ^a	Blind or disabled, by age group					Aged, by age group		Totals			
		0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:												
1974.....	21.91	\$184	\$1,997	\$2,062	\$4,420	\$617	\$79	\$3,765	\$4,372	\$9,359	\$8,137	\$17,495
1975.....	23.92	537	2,246	2,086	4,594	794	73	3,396	4,310	10,330	7,706	18,036
1976.....	25.28	695	2,394	2,140	4,537	954	66	3,013	4,047	10,787	7,060	17,847
1977.....	26.92	845	2,491	2,150	4,362	1,105	64	2,679	3,772	11,018	6,451	17,469
1978 ^b	28.97	1,044	2,695	2,260	4,528	1,316	62	2,539	3,835	11,905	6,375	18,280
1979.....	32.28	1,053	2,507	2,014	4,015	1,330	65	2,065	3,387	10,985	5,452	16,437
1980.....	36.64	1,084	2,541	1,996	3,875	1,485	76	1,752	3,357	11,057	5,109	16,167
1981.....	40.39	1,135	2,671	2,032	3,818	1,620	78	1,591	3,269	11,354	4,860	16,214
1982.....	42.81	1,197	2,828	2,062	3,713	1,644	89	1,471	3,186	11,533	4,657	16,190
1983.....	44.11	1,300	3,110	2,233	3,863	1,754	131	1,415	3,264	12,392	4,678	17,070
1984.....	45.62	1,445	3,455	2,473	4,022	1,832	223	1,469	3,314	13,450	4,784	18,234
1985.....	47.24	1,558	3,617	2,646	4,074	1,764	338	1,480	3,173	13,997	4,653	18,649
1986.....	47.97	1,733	4,022	3,028	4,259	1,767	436	1,523	3,083	15,244	4,606	19,850
1987.....	49.69	1,810	4,187	3,256	4,340	1,702	522	1,540	2,906	15,816	4,446	20,263
1988.....	51.67	1,848	4,312	3,518	4,456	1,692	588	1,576	2,804	16,415	4,380	20,795
1989.....	54.16	1,894	4,488	3,781	4,580	1,729	675	1,627	2,732	17,147	4,359	21,505
1990.....	57.01	2,106	4,666	4,201	4,898	1,699	713	1,732	2,687	18,284	4,419	22,703
1991.....	59.31	2,829	5,275	5,001	5,572	1,788	780	1,971	2,761	21,246	4,731	25,977
1992.....	61.04	5,167	6,390	5,861	6,210	1,841	798	2,135	2,769	26,267	4,904	31,171
1993.....	62.76	6,229	7,114	6,635	6,673	1,925	818	2,344	2,802	29,393	5,146	34,539
1994.....	64.34	6,476	7,000	7,251	7,046	1,980	837	2,434	2,819	30,589	5,253	35,842
1995.....	66.16	7,039	7,219	7,792	7,400	2,051	854	2,417	2,872	32,355	5,289	37,644
1996.....	68.10	7,264	7,348	8,244	7,779	2,096	866	2,413	2,903	33,598	5,317	38,915
1997.....	69.61	7,068	7,227	7,994	7,772	2,162	882	2,278	2,939	33,104	5,217	38,322
1998.....	70.54	7,039	7,302	8,366	8,190	2,251	901	2,186	3,028	34,049	5,214	39,263
1999.....	72.12	6,705	7,116	8,576	8,372	2,302	906	2,084	3,059	33,976	5,144	39,120
2000.....	74.62	6,418	6,863	8,583	8,434	2,301	905	1,970	3,095	33,503	5,065	38,568
2001.....	76.66	6,658	6,984	8,892	8,848	2,397	930	1,918	3,201	34,709	5,119	39,828
2002.....	77.70	6,890	7,058	9,071	9,177	2,457	949	1,844	3,243	35,601	5,087	40,689
2003.....	79.44	7,158	7,194	9,118	9,482	2,498	971	1,772	3,274	36,421	5,046	41,467
2004.....	81.50	7,406	7,305	9,060	9,745	2,520	993	1,676	3,260	37,028	4,936	41,964
2005.....	84.37	7,689	7,457	9,036	9,999	2,546	1,033	1,609	3,293	37,760	4,902	42,662
2006.....	87.10	7,976	7,642	8,910	10,269	2,567	1,061	1,622	3,325	38,425	4,946	43,371
2007.....	89.58	8,200	7,889	8,787	10,648	2,604	1,095	1,569	3,316	39,224	4,885	44,109
2008.....	93.24	8,391	8,176	8,764	11,142	2,640	1,128	1,540	3,304	40,242	4,845	45,086
2009.....	92.61	9,324	9,171	9,305	12,478	2,854	1,245	1,650	3,538	44,377	5,188	49,565
2010.....	94.53	9,542	9,534	9,240	12,994	2,844	1,284	1,609	3,485	45,438	5,093	50,531
2011.....	98.03	9,499	9,568	8,832	13,129	2,794	1,293	1,550	3,358	45,115	4,908	50,023
Projected:												
2012.....	100.00	9,944	9,956	8,873	13,913	2,994	1,408	1,539	3,383	47,088	4,922	52,010
2013.....	101.93	10,271	10,179	8,902	14,442	3,105	1,469	1,579	3,399	48,368	4,978	53,346
2014.....	104.00	10,497	10,312	8,906	14,856	3,228	1,515	1,637	3,415	49,314	5,053	54,367
2015.....	106.21	10,554	10,418	8,935	15,087	3,393	1,563	1,715	3,443	49,950	5,158	55,108
2016.....	108.58	10,446	10,471	8,939	15,103	3,563	1,600	1,802	3,462	50,122	5,264	55,387
2017.....	111.24	10,402	10,503	8,955	15,018	3,743	1,646	1,889	3,496	50,268	5,385	55,653
2018.....	114.09	10,447	10,554	8,988	14,881	3,936	1,687	1,982	3,535	50,494	5,518	56,012
2019.....	117.26	10,486	10,632	9,066	14,780	4,141	1,730	2,088	3,576	50,835	5,664	56,499
2020.....	120.56	10,563	10,690	9,131	14,680	4,358	1,771	2,199	3,634	51,193	5,832	57,025
2021.....	123.93	10,617	10,770	9,217	14,550	4,561	1,826	2,279	3,727	51,541	6,006	57,547
2022.....	127.40	10,678	10,872	9,352	14,398	4,742	1,907	2,334	3,861	51,949	6,194	58,144
2023.....	130.97	10,721	10,980	9,530	14,251	4,919	1,987	2,401	3,992	52,388	6,393	58,781
2024.....	134.64	10,756	11,087	9,740	14,111	5,084	2,076	2,469	4,133	52,855	6,601	59,456
2025.....	138.41	10,789	11,166	9,934	13,951	5,223	2,180	2,534	4,284	53,243	6,818	60,061
2026.....	142.28	10,796	11,210	10,095	13,783	5,330	2,286	2,594	4,447	53,500	7,041	60,542
2027.....	146.27	10,803	11,205	10,214	13,629	5,402	2,400	2,643	4,623	53,653	7,266	60,919
2028.....	150.36	10,842	11,179	10,300	13,498	5,450	2,516	2,682	4,805	53,786	7,487	61,272
2029.....	154.57	10,858	11,194	10,357	13,417	5,474	2,641	2,708	4,998	53,941	7,706	61,647
2030.....	158.90	10,882	11,244	10,409	13,425	5,461	2,766	2,731	5,196	54,186	7,927	62,113
2031.....	163.35	10,901	11,297	10,440	13,464	5,416	2,892	2,738	5,403	54,409	8,141	62,551
2032.....	167.93	10,912	11,350	10,466	13,518	5,361	3,015	2,729	5,616	54,623	8,345	62,968
2033.....	172.63	10,910	11,395	10,494	13,560	5,311	3,127	2,710	5,821	54,797	8,531	63,328
2034.....	177.46	10,916	11,447	10,532	13,599	5,281	3,240	2,686	6,029	55,016	8,715	63,732
2035.....	182.43	10,917	11,485	10,564	13,634	5,260	3,346	2,657	6,231	55,206	8,888	64,094
2036.....	187.54	10,941	11,545	10,625	13,737	5,228	3,440	2,637	6,428	55,515	9,065	64,580

^a The adjusted CPI is the CPI-W indexed to calendar year 2012. Projections of the adjusted CPI are based on the intermediate economic assumptions of the 2012 OASDI Trustees Report.

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

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

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

**Table IV.C4.—SSI Federally-Administered State Supplementation Payments
in Current Dollars, Calendar Years 1974-2011**
[In millions]

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

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

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

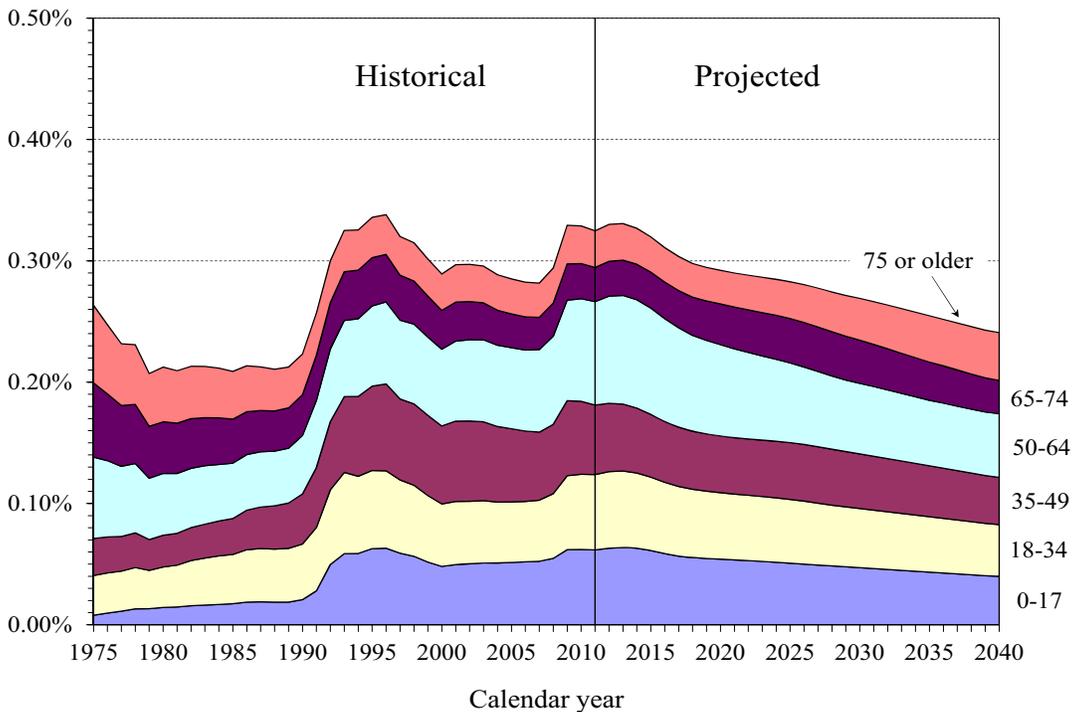
¹ Publication No. 13-11975, prepared by the Office of Research, Evaluation, and Statistics, is available on the internet at http://www.socialsecurity.gov/policy/docs/progdesc/ssi_st_asst/.

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

A comparison of estimated annual SSI program costs to the Gross Domestic Product (GDP)¹ is an appropriate relative measure of program costs that produces an inflation-independent measure of the cost of the SSI program. Displaying Federal SSI payments as a percentage of GDP provides a useful perspective on the proportion of the total output of the U.S. economy needed to provide Federal SSI benefits. As table IV.D1 and figure IV.D1 show, we project the total cost of the SSI program relative to GDP to be relatively constant through 2014 and decline thereafter.

Table IV.D1 and figure IV.D1 present historical and projected Federal expenditures under the SSI program as a percentage of GDP. Although SSI program costs were comparatively higher in the first few years of the program, total Federal SSI payments during the 1980s were relatively constant as a percentage of GDP (0.21 percent). During the early 1990s, SSI grew rather rapidly (to 0.34 percent of GDP in 1996) due to a combination of factors (see section IV.B). Following legislation enacted in 1996², the cost of SSI decreased as a percentage of GDP beginning in 1997 and continuing through 2000. The share of GDP devoted to Federal SSI expenditures increased slightly after 2000, partly because of a slowdown in economic growth over that period, but resumed its very gradual downward trend from 2002 to 2007 due to relatively slower growth in the number of SSI recipients. Beginning in 2008, however, this trend reversed due to an increase in program recipients and a temporary decline in nominal GDP during the economic recession. As the economy recovers, we project the gradual downward trend to resume. This ultimate trend is the net effect of two factors. First, we project that Federal SSI expenditures, after adjusting for growth in prices, will show slightly higher growth than the population. This estimate follows from our projection that the SSI recipient population will grow as a percentage of the overall U.S. population (see section IV.C). Second, using the 2012 Trustees Report intermediate assumptions, we project that the effect of the real growth in GDP following the recent economic downturn will be greater than the effect of projected increases in SSI recipients. Accordingly, we project that Federal SSI payments will decline as a percentage of GDP starting in 2014 and over the remainder of the projection period, until it reaches 0.25 percent of GDP by 2036.

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



¹ The total value of goods and services produced in the United States.

² Public Law 104-121 and Public Law 104-193.

Table IV.D1.—SSI Federal Payments as a Percentage of GDP, Calendar Years 1974-2036

Calendar year	GDP ^a (In billions)	Blind or disabled, by age group					Aged, by age group			Totals		
		0-17	18-34	35-49	50-64	65-74	75 or older	65-74	75 or older	Blind or disabled	Aged	All
Historical data:												
1974	\$1,499	0.003	0.029	0.030	0.065	0.009	0.001	0.055	0.064	0.137	0.119	0.256
1975	1,638	.008	.033	.030	.067	.012	.001	.050	.063	.151	.113	.263
1976	1,825	.010	.033	.030	.063	.013	.001	.042	.056	.149	.098	.247
1977	2,030	.011	.033	.029	.058	.015	.001	.036	.050	.146	.086	.232
1978	2,294	.013	.034	.029	.057	.017	.001	.032	.048	.150	.081	.231
1979	2,562	.013	.032	.025	.051	.017	.001	.026	.043	.138	.069	.207
1980	2,788	.014	.033	.026	.051	.020	.001	.023	.044	.145	.067	.212
1981	3,127	.015	.035	.026	.049	.021	.001	.021	.042	.147	.063	.209
1982	3,253	.016	.037	.027	.049	.022	.001	.019	.042	.152	.061	.213
1983	3,535	.016	.039	.028	.048	.022	.002	.018	.041	.155	.058	.213
1984	3,931	.017	.040	.029	.047	.021	.003	.017	.038	.156	.056	.212
1985	4,217	.017	.041	.030	.046	.020	.004	.017	.036	.157	.052	.209
1986	4,460	.019	.043	.033	.046	.019	.005	.016	.033	.164	.050	.213
1987	4,736	.019	.044	.034	.046	.018	.005	.016	.030	.166	.047	.213
1988	5,100	.019	.044	.036	.045	.017	.006	.016	.028	.166	.044	.211
1989	5,482	.019	.044	.037	.045	.017	.007	.016	.027	.169	.043	.212
1990	5,801	.021	.046	.041	.048	.017	.007	.017	.026	.180	.043	.223
1991	5,992	.028	.052	.050	.055	.018	.008	.020	.027	.210	.047	.257
1992	6,342	.050	.061	.056	.060	.018	.008	.021	.027	.253	.047	.300
1993	6,667	.059	.067	.062	.063	.018	.008	.022	.026	.277	.048	.325
1994	7,085	.059	.064	.066	.064	.018	.008	.022	.026	.278	.048	.326
1995	7,415	.063	.064	.070	.066	.018	.008	.022	.026	.289	.047	.336
1996	7,838	.063	.064	.072	.068	.018	.008	.021	.025	.292	.046	.338
1997	8,332	.059	.060	.067	.065	.018	.007	.019	.025	.277	.044	.320
1998	8,793	.056	.059	.067	.066	.018	.007	.018	.024	.273	.042	.315
1999	9,354	.052	.055	.066	.065	.018	.007	.016	.024	.262	.040	.302
2000	9,951	.048	.051	.064	.063	.017	.007	.015	.023	.251	.038	.289
2001	10,286	.050	.052	.066	.066	.018	.007	.014	.024	.259	.038	.297
2002	10,642	.050	.052	.066	.067	.018	.007	.013	.024	.260	.037	.297
2003	11,142	.051	.051	.065	.068	.018	.007	.013	.023	.260	.036	.296
2004	11,853	.051	.050	.062	.067	.017	.007	.012	.022	.255	.034	.289
2005	12,623	.051	.050	.060	.067	.017	.007	.011	.022	.252	.033	.285
2006	13,377	.052	.050	.058	.067	.017	.007	.011	.022	.250	.032	.282
2007	14,029	.052	.050	.056	.068	.017	.007	.010	.021	.250	.031	.282
2008	14,292	.055	.053	.057	.073	.017	.007	.010	.022	.263	.032	.294
2009	13,939	.062	.061	.062	.083	.019	.008	.011	.024	.295	.034	.329
2010	14,527	.062	.062	.060	.085	.019	.008	.010	.023	.296	.033	.329
2011	15,099	.062	.062	.057	.085	.018	.008	.010	.022	.293	.032	.325
Projected:												
2012	15,757	.063	.063	.056	.088	.019	.009	.010	.021	.299	.031	.330
2013	16,441	.064	.063	.055	.090	.019	.009	.010	.021	.300	.031	.331
2014	17,300	.063	.062	.054	.089	.019	.009	.010	.021	.296	.030	.327
2015	18,303	.061	.060	.052	.088	.020	.009	.010	.020	.290	.030	.320
2016	19,340	.059	.059	.050	.085	.020	.009	.010	.019	.281	.030	.311
2017	20,392	.057	.057	.049	.082	.020	.009	.010	.019	.274	.029	.304
2018	21,458	.056	.056	.048	.079	.021	.009	.011	.019	.268	.029	.298
2019	22,488	.055	.055	.047	.077	.022	.009	.011	.019	.265	.030	.295
2020	23,525	.054	.055	.047	.075	.022	.009	.011	.019	.262	.030	.292
2021	24,597	.053	.054	.046	.073	.023	.009	.011	.019	.260	.030	.290
2022	25,707	.053	.054	.046	.071	.024	.009	.012	.019	.257	.031	.288
2023	26,876	.052	.054	.046	.069	.024	.010	.012	.019	.255	.031	.286
2024	28,105	.052	.053	.047	.068	.024	.010	.012	.020	.253	.032	.285
2025	29,392	.051	.053	.047	.066	.025	.010	.012	.020	.251	.032	.283
2026	30,727	.050	.052	.047	.064	.025	.011	.012	.021	.248	.033	.280
2027	32,116	.049	.051	.047	.062	.025	.011	.012	.021	.244	.033	.277
2028	33,583	.049	.050	.046	.060	.024	.011	.012	.022	.241	.034	.274
2029	35,104	.048	.049	.046	.059	.024	.012	.012	.022	.238	.034	.271
2030	36,679	.047	.049	.045	.058	.024	.012	.012	.023	.235	.034	.269
2031	38,338	.046	.048	.044	.057	.023	.012	.012	.023	.232	.035	.267
2032	40,100	.046	.048	.044	.057	.022	.013	.011	.024	.229	.035	.264
2033	41,953	.045	.047	.043	.056	.022	.013	.011	.024	.225	.035	.261
2034	43,901	.044	.046	.043	.055	.021	.013	.011	.024	.222	.035	.258
2035	45,940	.043	.046	.042	.054	.021	.013	.011	.025	.219	.035	.255
2036	48,067	.043	.045	.041	.054	.020	.013	.010	.025	.217	.035	.252

^a Projected values based on the intermediate economic assumptions of the 2012 OASDI Trustees Report.

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

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

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

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

Table IV.E1.—Selected SSI Costs, Fiscal Years 1978-2012
[Outlays in millions]

Fiscal year	SSI Administrative expenses ^a	Beneficiary services ^b
1978.....	\$539	\$31.6
1979.....	611	57.0
1980.....	668	33.1
1981.....	717	37.3
1982.....	780	12.0
1983.....	846	8.0
1984.....	864	^c 84.0
1985.....	956	3.0
1986.....	1,023	7.2
1987.....	977	9.5
1988.....	976	12.9
1989.....	1,052	20.0
1990.....	1,075	28.3
1991.....	1,230	33.1
1992.....	1,426	36.0
1993.....	1,468	32.3
1994.....	1,780	33.8
1995.....	1,978	48.2
1996.....	1,953	71.8
1997.....	2,055	77.3
1998.....	2,304	46.0
1999.....	2,493	52.0
2000.....	2,321	53.7
2001.....	2,397	43.9
2002.....	2,522	54.0
2003.....	2,656	37.0
2004.....	2,806	38.6
2005.....	2,795	30.4
2006.....	2,916	38.9
2007.....	2,857	36.1
2008.....	2,820	45.1
2009.....	3,316	48.6
2010.....	3,629	46.1
2011.....	3,931	33.0
2012 (estimated)	^d 3,766	52.0

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

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

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

^d This amount does not include the extra \$46 million that the President's Budget proposes to provide, which is the SSI share of the additional \$140 million in funding allowed by the cap adjustment for program integrity, as authorized by section 251(b)(2)(B) of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended.

V. APPENDICES

A. HISTORY OF PROVISIONS

Act

1. Basic Eligibility Requirements

1972

*Public Law 92-603,
enacted October 30*

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

Aged: Any person aged 65 or older.

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

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

1973

*Public Law 93-233,
enacted December 31*

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

1980

*Public Law 96-265,
enacted June 9*

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

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

1984

*Public Law 98-460,
enacted October 9*

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

1986

*Public Law 99-643,
enacted November 10*

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

Act

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

1996

*Public Law 104-193,
enacted August 22*

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

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

2006

*Public Law 109-171,
enacted February 8*

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

2. Other Eligibility Provisions

a. Citizenship and U.S. Residency

1972

*Public Law 92-603,
enacted October 30*

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

1976

*Public Law 94-241,
enacted March 24*

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

1980

*Public Law 96-265,
enacted June 9*

The income and resources of the immigration sponsors of aliens applying for SSI are considered in determining eligibility for and the amount of payment.

¹ In 2009, the agency entered into a nationwide class action settlement that limits the felony crime offense codes upon which fugitive felon non-payments may be based under this statute. In 2010, the agency stopped parole and probation violator non-payments for residents of New York, Connecticut, and Vermont pursuant to a Second Circuit Court of Appeals decision in a pending proposed nationwide class action suit. In 2011, the agency stopped parole and probation violator non-payments nationwide.

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

Act

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

1989

*Public Law 101-239,
enacted December 19*

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

1993

*Public Law 103-66,
enacted August 10*

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

1996

*Public Law 104-193,
enacted August 22*

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

*Public Law 104-208,
enacted September 30*

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

1997

*Public Law 105-18,
enacted June 12*

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

*Public Law 105-33,
enacted August 5*

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

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

Act

1998

*Public Law 105-306,
enacted October 28*

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

2000

*Public Law 106-386,
enacted October 28*

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

2004

*Public Law 108-203,
enacted March 2*

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

2007

*Public Law 110-161,
enacted December 26*

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

2008

*Public Law 110-181,
enacted January 28*

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

*Public Law 110-328,
enacted September 30*

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

2009

*Public Law 111-118,
enacted December 19*

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

b. Other Benefits

1980

*Public Law 96-272,
enacted June 17*

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

Act

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

c. Drug Addiction and Alcoholism (DAA)

1972

*Public Law 92-603,
enacted October 30*

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

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

1994

*Public Law 103-296,
enacted August 15*

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

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

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

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

1996

*Public Law 104-121,
enacted March 29*

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

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

Act

1972

*Public Law 92-603,
enacted October 30*

d. Institutionalization

An individual who is an inmate of a public institution is ineligible for SSI payments unless the institution is a facility approved for Medicaid payments and is receiving such payments on behalf of the person. Under *regulations*, the Medicaid payment must represent more than 50 percent of the cost of services provided by the facility to the individual.

1976

*Public Law 94-566,
enacted October 20*

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

1983

*Public Law 98-21,
enacted April 20*

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

1986

*Public Law 99-643,
enacted November 10*

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

1987

*Public Law 100-203,
enacted December 22*

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

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

1996

*Public Law 104-193,
enacted August 22*

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

e. Vocational Rehabilitation and Treatment

1972

*Public Law 92-603,
enacted October 30*

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

1976

*Public Law 94-566,
enacted October 20*

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

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

Act

1980

*Public Law 96-265,
enacted June 9*

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

1981

*Public Law 97-35,
enacted August 13*

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

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

1984

*Public Law 98-460,
enacted October 9*

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

1987

*Public Law 100-203,
enacted December 22*

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

1990

*Public Law 101-508,
enacted November 5*

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

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

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

1999

*Public Law 106-170,
enacted December 17*

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

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

Act

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

The Commissioner of Social Security 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 substantial gainful activity 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 substantial gainful activity 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

Act

the substantial gainful activity level for specified months. These milestones must occur before the EN enters the first month for which it is eligible for an outcome payment. If an available milestone payment is not paid prior to the outcome period, it is payable in a reconciliation payment when the beneficiary reaches the 12th outcome month. This payment amount is equal to the total amount of unpaid Phase 1 and Phase 2 milestones that were available when the ticket was first assigned. The Phase 1 and Phase 2 milestone payments and outcome payments equal 90 percent of the total that would be available if the EN chose the outcome payment system.

f. Continuing Disability Reviews and Eligibility Redeterminations

1994

*Public Law 103-296,
enacted August 15*

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

1996

*Public Law 104-193,
enacted August 22*

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

Requires a CDR:

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

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

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

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

1997

*Public Law 105-33,
enacted August 5*

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

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

Act

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

1999

*Public Law 106-170,
enacted December 17*

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

g. Deeming of Income and Resources

1972

*Public Law 92-603,
enacted October 30*

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

1980

*Public Law 96-265,
enacted June 9*

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

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

1989

*Public Law 101-239,
enacted December 19*

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

1993

*Public Law 103-66,
enacted August 10*

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

*Public Law 103-152,
enacted November 24*

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

1996

*Public Law 104-193,
enacted August 22*

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

*Public Law 104-208,
enacted September 30*

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

- Provides that if the noncitizen is indigent and would be unable to obtain food and shelter without SSI benefits even after receiving support from the sponsor, then only the amount of income and resources actually provided by the sponsor will be counted for a 12-month period after a determination of indigence; and

Act

- Provides that in certain cases, deeming would not apply for a 12-month period (with some options for extension) if the noncitizen (or his or her children) has been battered, or subjected to extreme cruelty by family members.

1997

*Public Law 105-33,
enacted August 5*

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

2006

*Public Law 109-163,
enacted January 6*

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

3. Federal Benefit Payments**a. Windfall Offset****1980**

*Public Law 96-265,
enacted June 9*

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

1984

*Public Law 98-617,
enacted November 8*

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, 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 (AFDC), foster care,

Act

refugee cash assistance, Cuban-Haitian entrant assistance, or general and child welfare assistance provided by the Bureau of Indian Affairs are counted only in the month received.

1993

*Public Law 103-66,
enacted August 10*

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

2004

*Public Law 108-203,
enacted March 2*

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

d. Uncashed Checks

1981

*Public Law 97-35,
enacted August 13*

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

1987

*Public Law 100-86,
enacted August 10*

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

e. Rounding of Payment Amounts

1982

*Public Law 97-248,
enacted September 3*

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

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

1999

*Public Law 106-169,
enacted December 14*

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

2004

*Public Law 108-203,
enacted March 2*

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

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

Act

g. *Installment Payments***1996***Public Law 104-193,
enacted August 22*

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

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

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

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

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

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

Effective 3 months after February 8, 2006.

h. *Retroactive Payments to Prisoners, Fugitive Felons, and Probation or Parole Violators***2009***Public Law 111-115,
enacted December 15*

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

4. Federal Benefit Rates

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

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

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

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

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

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

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

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

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

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

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

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

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

Act

5. Exclusions from Income

a. General Exclusions

1972

*Public Law 92-603,
enacted October 30*

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

1981

*Public Law 97-35,
enacted August 13*

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

2000

*Public Law 106-554,
enacted December 21*

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

b. Special Exclusions

1972

*Public Law 92-603,
enacted October 30*

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

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

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

Work expenses of blind persons.

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

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

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

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

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

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

1976

*Public Law 94-331,
enacted June 30*

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

*Public Law 94-566,
enacted October 20*

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

Act

1977

*Public Law 95-113,
enacted September 29*

The value of assistance provided under certain Federal housing programs.

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

*Public Law 95-171,
enacted November 12*

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

1980

*Public Law 96-222,
enacted April 1*

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

*Public Law 96-265,
enacted June 9*

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

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

1981

*Public Law 97-35,
enacted August 13*

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

1982

*Public Law 97-377,
enacted December 21*

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

1983

*Public Law 97-424,
enacted January 6*

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

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

1984

*Public Law 98-369,
enacted July 18*

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

1986

*Public Law 99-498,
enacted October 17*

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

1987

*Public Law 100-203,
enacted December 22*

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

Act

	Excludes death payments (for example, 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 <i>Public Law 100-383, enacted August 10</i>	Restitution payments made to Japanese internees and relocated Aleutians.
1989 <i>Public Law 101-239, enacted December 19</i>	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 <i>Public Law 101-508, enacted November 5</i>	Earned income tax credit (including the child health insurance portion). Payments received from a State-administered fund established to aid victims of crime. Impairment-related work expenses excluded from income in determining initial eligibility for benefits. Payments received as State or local government relocation assistance. Payments received under the Radiation Exposure Compensation Act. Redefines as earned income, royalties earned in connection with any publication of the individual's work, and honoraria received for services rendered (previously defined as unearned income).
1993 <i>Public Law 103-66, enacted August 10</i>	Hostile fire pay to members of the uniformed services. Payments received as State or local government relocation assistance made permanent.
1994 <i>Public Law 103-286, enacted August 1</i>	Payments to victims of Nazi persecution.
1998 <i>Public Law 105-285, enacted October 27</i>	Funds made available to an SSI recipient by a State or local government or a nonprofit organization as part of the Individual Development Account demonstration project.
<i>Public Law 105-306, enacted October 28</i>	In-kind gifts to children with life-threatening conditions by tax-exempt organizations not converted to cash. The first \$2,000 annually of cash gifts by tax-exempt organizations to, or for the benefit of, individuals under age 18 with life-threatening conditions.
<i>Public Law 105-369, enacted November 12</i>	Payments made under the Ricky Ray Hemophilia Relief Fund Act of 1998.

Act

2000

*Public Law 106-554,
enacted December 21*

Interest on funds deposited in an individual development account.

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

2001

*Public Law 107-16,
enacted June 7*

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

2004

*Public Law 108-203,
enacted March 2*

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

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

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

2005

*Public Law 109-64,
enacted September 20*

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

2006

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

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

2008

*Public Law 110-185,
enacted February 13*

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

*Public Law 110-245,
enacted June 17*

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

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

Act

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

2009

*Public Law 111-5,
enacted February 17*

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

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

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

2010

*Public Law 111-148,
enacted March 23*

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

*Public Law 111-255,
enacted October 5*

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

*Public Law 111-291,
enacted December 8*

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

*Public Law 111-312,
enacted December 17*

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

6. Resources**1972**

*Public Law 92-603,
enacted October 30*

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

1984

*Public Law 98-369,
enacted July 18*

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

1999

*Public Law 106-169,
enacted December 14*

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

a. General Exclusions**1972**

*Public Law 92-603,
enacted October 30*

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

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.

Act

- An automobile may be excluded, regardless of value, if the individual's household uses it for employment or medical treatment, or if it is modified to be operated by or for transportation of a person with a disability.
- Life insurance with face value of \$1,500 or less.
- 1976**
Public Law 94-569,
enacted October 20
- The recipient's home, regardless of value, is excluded from consideration in determining resources.
- 1977**
Public Law 95-171,
enacted November 12
- Assistance received under the Disaster Relief and Emergency Assistance Act of 1974 for 9 months following receipt.
- 1979**
- Reasonable value for an automobile increased *by regulation* to \$4,500 of current-market value; personal goods and household effects increased to \$2,000 of equity value.
- 1982**
Public Law 97-248,
enacted September 3
- The value, within prescribed limits, of a burial space for the recipient, spouse, and immediate family is excluded. In addition, \$1,500 each (less the value of already excluded life insurance and any amount in an irrevocable burial arrangement) may be set aside for the burial of the recipient and spouse.
- 1984**
Public Law 98-369,
enacted July 18
- The unspent portion of any retroactive OASDI or SSI payment is excluded for 6 months following its receipt, and the individual must be given written notice of the time limit on the exclusion.
- 1985**
- Regulations* permit exclusion, regardless of value, of an automobile needed for essential transportation or modified for a person with a disability. The \$4,500 current market value limit applies only if no automobile could be excluded based on the nature of its use.
- 1987**
Public Law 100-203,
enacted December 22
- Provides for suspension of the 1980 transfer of assets provision, in any month that it is determined that undue hardship would result.
- Real property that cannot be sold for the following reasons: it is jointly owned; its sale would cause the other owner(s) undue hardship due to loss of housing; its sale is barred by a legal impediment; or, the owner's reasonable efforts to sell have been unsuccessful.
- Temporarily extends the 1984 exclusion of retroactive OASDI and SSI benefits from 6 months to 9 months (the longer exclusion applies to benefits paid in fiscal years 1988 and 1989).
- 1988**
Public Law 100-707,
enacted November 23
- Removes the time limit for exclusion of disaster assistance.
- 2004**
Public Law 108-203,
enacted March 2
- Increases to 9 months and makes uniform the time period for excluding from resources amounts attributable to payments of past-due Social Security and SSI benefits and earned income and child tax credits. Effective for such payments received on or after the date of enactment.
- 2005**
- Regulations* permit exclusion, regardless of value, of:

Act

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

b. Special Exclusions

1972

*Public Law 92-603,
enacted October 30*

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

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

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

1988

*Public Law 100-383,
enacted August 10*

Restitution payments made to Japanese internees and relocated Aleutians.

1989

*Public Law 101-239,
enacted December 19*

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

Payments from the Agent Orange Settlement.

1990

*Public Law 101-508,
enacted November 5*

Earned income tax credit 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.

Act

1998

*Public Law 105-285,
enacted October 27*

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

*Public Law 105-306,
enacted October 28*

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

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

*Public Law 105-369,
enacted November 12*

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

2000

*Public Law 106-554,
enacted December 21*

Funds deposited by an individual in an individual development account and the interest on those funds.

2001

*Public Law 107-16,
enacted June 7*

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

2004

*Public Law 108-203,
enacted March 2*

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

2005

*Public Law 109-64,
enacted September 20*

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

2008

*Public Law 110-185,
enacted February 13*

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

*Public Law 110-245,
enacted June 17*

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

2009

*Public Law 111-5,
enacted February 17*

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

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

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

Act

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” (IPCDM) program from consideration as a resource.

*Public Law 111-255,
enacted October 5*

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

*Public Law 111-291,
enacted December 8*

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

*Public Law 111-312,
enacted December 17*

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

c. Transfer-of-Resources Penalties

1980

*Public Law 96-611,
enacted December 28*

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

1988

*Public Law 100-360,
enacted July 1*

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

1999

*Public Law 106-169,
enacted December 14*

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

7. Presumptive and Emergency Payments and Interim Assistance Reimbursement

a. Presumptive Payments

1972

*Public Law 92-603,
enacted October 30*

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

1976

*Public Law 94-569,
enacted October 20*

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

1990

*Public Law 101-508,
enacted November 5*

Extends the period for receipt of payments to 6 months.

Act

1972

*Public Law 92-603,
enacted October 30*

b. Emergency Advance Payments

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

1987

*Public Law 100-203,
enacted December 22*

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

1996

*Public Law 104-193,
enacted August 22*

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

c. Interim Assistance Reimbursement

1974

*Public Law 93-368,
enacted August 7*

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

1976

*Public Law 94-365,
enacted July 14*

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

1987

*Public Law 100-203,
enacted December 22*

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

8. Medicaid Eligibility

1972

*Public Law 92-603,
enacted October 30*

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

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

1976

*Public Law 94-566,
enacted October 20*

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

1980

*Public Law 96-265,
enacted June 9*

Blind or disabled recipients under age 65 no longer eligible for either regular or special SSI payments because of their earnings may retain SSI recipient status for Medicaid eligibility purposes under the following conditions: (1) they con-

Act

tinue to have the disabling impairment, (2) they meet all nondisability eligibility criteria except for earned income, (3) they would be seriously inhibited from continuing employment without Medicaid services, and (4) their earnings are insufficient to provide a reasonable equivalent of SSI payments and Medicaid.

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

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

1984

*Public Law 98-460,
enacted October 9*

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

1986

*Public Law 99-272,
enacted April 7*

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

*Public Law 99-643,
enacted November 10*

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

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

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

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

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

1987

*Public Law 100-203,
enacted December 22*

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

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.

Act

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 the Social Security Administration make payments on their behalf. When State supplementation is Federally-administered, the Social Security Administration makes eligibility and payment determinations for the State and assumes administrative costs.

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

1973

*Public Law 93-66,
enacted July 9*

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

1976

*Public Law 94-585,
enacted October 21*

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

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

Act

1982

*Public Law 97-248,
enacted September 3*

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

1983

*Public Law 98-21,
enacted April 20*

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

1987

*Public Law 100-203,
enacted December 22*

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

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

1993

*Public Law 103-66,
enacted August 10*

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

1997

*Public Law 105-33,
enacted August 5*

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

1999

*Public Law 106-170,
enacted December 17*

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

2000

*Public Law 106-554,
enacted December 21*

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

10. Overpayment Recovery**1984**

*Public Law 98-369,
enacted July 18*

Limits the rate of recovering overpayments from monthly payments to the lesser of: (1) the monthly payment; or (2) 10 percent of a recipient’s monthly income. Permits a higher or lower adjustment at the request of the recipient subject to the agreement of the Commissioner. The limit does not apply if fraud, willful 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.

Act

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 Old-Age, Survivors, and Disability Insurance (OASDI) benefits, with a maximum monthly offset of no more than 10 percent of the Social Security benefit. The limit does not apply if fraud, willful misrepresentation, or concealment of material information was involved on the part of the recipient or spouse in connection with the overpayment.

1999

*Public Law 106-169,
enacted December 14*

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

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

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

2004

*Public Law 108-203,
enacted March 2*

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

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

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

11. Fees for Attorneys and Non-Attorney Representatives

2004

*Public Law 108-203,
enacted March 2*

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

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

2010

*Public Law 111-142,
enacted February 27*

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

B. INCOME AND RESOURCE EXCLUSIONS

1. Earned Income Exclusions

- Any refund of Federal income taxes received under section 32 of the Internal Revenue Code (relating to earned income tax credit) and any payment received under section 3507 of the Internal Revenue Code (relating to advance payment of earned income tax credit);
- Amounts received pursuant to the Making Work Pay tax credit set forth in the American Recovery and Reinvestment Act of 2009;
- Any refundable child tax credit;
- The first \$30 of earned income in a quarter if it is infrequent or irregular, that is: (1) if it is received only once in a calendar quarter from a single source and is not also received in the month immediately preceding or the month immediately following the month of receipt regardless of whether or not these payments occur in different calendar quarters; or (2) if its receipt cannot reasonably be expected;
- Up to \$1,700¹ per month but not more than \$6,840 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 SSI (or disability payments under a former State plan) before age 65²;
- One-half of remaining earned income in a month;
- Earned income used to meet any expenses reasonably attributable to the earning of the income if the recipient is blind and under age 65 or if he or she received SSI as a blind person prior to age 65²;
- Any earned income received and used to fulfill an approved plan to achieve self-support if the recipient is blind or disabled and under age 65 or is blind or disabled and received SSI as a blind or disabled individual in the month before he or she attained age 65;
- Cash or in-kind income provided under an AmeriCorps program;
- Any earned income deposited into either a Temporary Assistance for Needy Families (TANF) or Assets for Independence Act individual development account (IDA); and
- Many Federal laws in addition to the Social Security Act provide for the exclusion of earned income for SSI purposes. For the most part, the income received under these laws relates to assistance received in the form of food, housing and utilities, educational and employment benefits or benefits derived from being a member of a Native American tribe. A complete list of laws that exclude earned income under SSI can be found in the Federal Regulations Appendix to Subpart K 20 CFR 416.

¹ Effective January 1, 2012 (76 FR 66111). Based on changes in the cost of living the student earned income exclusion increases yearly .

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

2. Unearned Income Exclusions

- Any public agency's refund of taxes on real property or food;
- Assistance based on need wholly funded by a State or one of its political subdivisions. This exclusion includes State supplementation of Federal SSI benefits but does not include payments under a Federal/State grant program such as Temporary Assistance for Needy Families (TANF);
- Any portion of a grant, scholarship, fellowship, or gift to an individual used for paying tuition, fees or other necessary educational expenses¹;
- Food raised by a household if it is consumed by that household;
- Assistance received under the Disaster Relief and Emergency Assistance Act and assistance provided under any Federal statute because of a catastrophe that the President of the United States declares to be a major disaster;
- Assistance received under a program for flood mitigation activities;
- The first \$60 of unearned income in a quarter if it is infrequent or irregular, that is: (1) if it is received only once in a calendar quarter from a single source and is not also received in the month immediately preceding or the month immediately following the month of receipt regardless of whether or not these payments occur in different calendar quarters; or (2) if its receipt cannot reasonably be expected;
- Any unearned income received and used to fulfill an approved plan to achieve self-support if the recipient is blind or disabled and under age 65, or if the recipient is blind or disabled and received SSI as a blind or disabled individual in the month before he or she attained age 65;
- Periodic payments made by a State under a program established before July 1, 1973, and based solely on the recipient's length of residence and attainment of age 65;
- Payments for providing foster care to an ineligible child placed in the recipient's home by a public or private nonprofit child placement or child care agency;
- Any interest earned on excluded burial funds and any appreciation in the value of an excluded burial arrangement left to accumulate and become part of the separately identifiable burial fund;
- Certain support and maintenance assistance provided in the form of home energy assistance;
- One-third of support payments made by an absent parent if the recipient is a child;
- The first \$20 of unearned income in a month other than income in the form of in-kind support and maintenance received in the household of another and income based on need;
- The value of any assistance paid with respect to a dwelling unit under the United States Housing Act of 1937, the National Housing Act, section 101 of the Housing and Urban Development Act of 1965, Title V of the Housing Act of 1949, or section 202(h) of the Housing Act of 1959;
- Any interest accrued on and left to accumulate as part of the value of an excluded burial space purchase agreement (effective April 1, 1990) and any interest earned on the value of nonexcludable burial funds and burial space purchase agreements is excluded from income (effective July 1, 2004);

¹ Funds used for food or shelter are not exclusions.

- The value of any commercial transportation ticket, for travel by a recipient or his or her spouse among the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa and the Northern Mariana Islands, that is received as a gift and is not converted to cash;
- Payments received from a fund established by a State to aid victims of crime;
- State-provided pensions to aged, blind, or disabled veterans (or their spouses);
- Relocation assistance provided by a State or local government that is comparable to assistance provided under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
- Hostile fire pay received from one of the uniformed services pursuant to 37 U.S.C. 310 and other kinds of additional pay received by military personnel in a combat zone;
- Interest or other earnings on a dedicated account excluded from resources;
- In-kind gifts not converted to cash and the first \$2,000 annually of cash gifts made by tax-exempt organizations, such as the Make-A-Wish Foundation, to, or for the benefit of, individuals under age 18 with life-threatening conditions;
- Payments made under the Ricky Ray Hemophilia Relief Fund Act of 1998;
- Up to \$2,000 per calendar year in compensation for participating in clinical trials researching treatment of rare diseases and conditions¹;
- TANF funds made available to an SSI recipient as part of an individual development account (IDA);
- One-time economic recovery payment received under the American Recovery and Reinvestment Act of 2009;
- Amounts received from the Filipino Veterans Equity Compensation Fund set forth in the American Recovery and Reinvestment Act of 2009;
- Amounts received by Medicaid beneficiaries from the “Incentives for Prevention of Chronic Diseases in Medicaid” program established by the Affordable Care Act of 2010;
- Payments to Indian landowners made in accordance with the *Cobell et al. v. Salazar et al.* lawsuit settlement, as ratified by the Claims Resettlement Act of 2010;
- Refundable tax credits (or advance payment of such credits) received between January 1, 2010 and December 31, 2012;
- Deposits made by a participating individual or a sponsoring nonprofit organization or State or local government into an IDA under the Assets for Independence Act IDA demonstration project and interest earned on these deposits;
- Unearned income excluded by other Federal laws. See Federal Regulations Appendix to Subpart K 20 CFR 416; and
- Generally, all interest and dividend income earned on countable resources.

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

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 beneficiary or a member of the beneficiary's household;
- Property used in a trade or business that is essential to self-support;
- Up to \$6,000 of nonbusiness property that is essential to self-support;
- Resources of a blind or disabled individual that are necessary to fulfill an approved plan to achieve self-support;
- Stock in regional or village corporations held by natives of Alaska during the 20-year period in which the stock is inalienable pursuant to the Alaska Native Claims Settlement Act;
- Life insurance owned by an individual (and spouse, if any) provided that all life insurance on any person does not exceed a face value of \$1,500;
- Restricted allotted Indian lands;
- Disaster relief assistance;
- Assistance received under a program for flood mitigation activities;
- Burial spaces and certain funds up to \$1,500 for burial expenses;
- SSI or OASDI retroactive payments (for 9 months following the month of receipt);
- The value of any assistance paid with respect to a dwelling unit under the United States Housing Act of 1937, the National Housing Act, section 101 of the Housing and Urban Development Act of 1965, Title V of the Housing Act of 1949, or section 202(h) of the Housing Act of 1959;
- Refunds of Federal income taxes and advances made by an employer relating to an earned income tax credit (for 12 months following the month of receipt)¹;
- 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 months²;
- 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)¹;

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

² 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.

- Refundable tax credits (or advance payment of such credits) received between January 1, 2010 and December 31, 2012 (for 12 months following the month of receipt), in accordance with the Tax Relief, Unemployment Insurance Reauthorization, and Job Creation Act of 2010;
- Grants, scholarships, fellowships or gifts to be used for tuition or educational fees (for 9 months following the month of receipt);
- Payments received as compensation for replacement or repair of losses, damages, or theft (for 9 months following the month of receipt);
- Relocation assistance from a State or local government (for 9 months following the month of receipt);
- Payments made from State-provided pensions to aged, blind, or disabled veterans (or their spouses);
- Dedicated financial institution accounts for disabled children;
- In-kind gifts not converted to cash and the first \$2,000 annually of cash gifts made by tax-exempt organizations, such as the Make-A-Wish Foundation, to, or for the benefit of, individuals under age 18 with life-threatening conditions;
- Up to \$2,000 per calendar year in compensation for participating in clinical trials researching treatment of rare diseases and conditions;
- Amounts received by Medicaid beneficiaries from the “Incentives for Prevention of Chronic Diseases in Medicaid” program established by the Affordable Care Act of 2010;
- Payments to Indian landowners made in accordance with the *Cobell et al. v. Salazar et al.* lawsuit settlement, as ratified by the Claims Resettlement Act of 2010 (for 12 months following the month of receipt);
- Payments made under the Ricky Ray Hemophilia Relief Fund Act of 1998;
- Amounts deposited into either a TANF or Assets for Independence Act IDA, including matching funds and interest earned on such amounts;
- Certain trusts (e.g., those established by will or certain Medicaid trusts that will repay the State, upon the death of the beneficiary, for the costs of medical assistance provided to that individual); and
- Payments or benefits provided under a Federal statute other than Title XVI of the Social Security Act where exclusion is provided by such statute.

C. HISTORICAL ALLOWANCE DATA

At the end of 2011, 85 percent of SSI recipients were receiving benefits based on disability or blindness. Individuals file claims at a local Social Security office, and we send claims requiring an evaluation of disability to the State DDS for a disability determination. Applicants may appeal unfavorable initial DDS decisions. Historically, the State DDS conducted the first level of appeal—the reconsideration appeal step. Persons denied at the reconsideration level could then request a hearing before an administrative law judge (ALJ) and, if dissatisfied with the hearing decision, could request a review by the Appeals Council. Those dissatisfied with the Appeals Council’s action could seek further relief through the Federal court system. This appeals process is still in effect for the majority of new applicants.¹ However, since the mid-1990s SSA has conducted small pilots testing revisions to this process and introduced a modification of this process that 10 States utilize for applications filed on or after October 1, 1999. The revised process eliminates the reconsideration step, so the first level of appeal of an initial determination is a request for hearing before an ALJ.

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

1. Technical Notes on the Disability Research File

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

Creating the Disability Research file is a cumbersome process; it involves about 200 steps and generally requires 2 to 4 months to complete. The process is complex because we assemble the file based on filing date cohorts, and many of the source files do not contain a filing date. The basic data sources provide information for the three most recent calendar year cohorts. Older calendar year cohorts reflect updated activity since the last time we built the file. Since the process is so time-consuming, we update the research file only annually (usually beginning in July); research file data are not yet available for claims filed in 2011.

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

Methods used for estimating results (through January 2012) for claims filed in 2011—Although decision counts are available for 2011 filers (from many of the “source” files), those counts do not translate directly into the claims/appeals counts in the following tables, since we consolidate multiple transactions and apply claims-based tolerance rules when we build the research file.

To prepare preliminary estimates of results (through January 2012) for 2011 filers, we started from the latest available transaction data, such as the SSA-831 data, and took into account recent years’ experience of the relationship between corresponding earlier transaction data and the resulting claims/appeals data in completed research files. We estimate ODAR appeals activity from a file that tracks individual claimants, rather than individual claims, which has resulted in a slight undercount of ODAR activity. Recent revocation of the agency’s “subsequent application” policy should largely eliminate the disparity between claims and claimants.

While we believe that these methods are reasonable, we emphasize that the resulting estimates may not be completely reliable, especially because the estimates give results only through January 2012, whereas the final research files will reflect information through June 2012. Actual data for 2011 will replace these estimates in the 2013 Annual Report.

2. General Considerations

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

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

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

Calendar year of filing	Total claims filed	Initial decisions						
		Pending	Allowances		Denials		Appeals of initial denials	
			Number	Percent ^c	Number	Percent ^c	Number ^d	Percent ^e
1988	946,603	—	272,204	28.8	674,399	71.2	265,151	39.3
1989	969,218	—	292,044	30.1	677,174	69.9	274,823	40.6
1990	1,099,805	—	347,823	31.6	751,982	68.4	320,207	42.6
1991	1,288,331	—	415,336	32.2	872,995	67.8	383,669	43.9
1992	1,415,624	—	436,888	30.9	978,736	69.1	433,244	44.3
1993	1,503,278	—	416,300	27.7	1,086,978	72.3	485,166	44.6
1994	1,436,958	—	353,995	24.6	1,082,963	75.4	482,533	44.6
1995	1,318,416	—	323,084	24.5	995,332	75.5	439,166	44.1
1996	1,247,926	—	305,351	24.5	942,575	75.5	406,425	43.1
1997	1,110,898	—	292,839	26.4	818,059	73.6	357,973	43.8
1998	1,108,957	—	322,734	29.1	786,223	70.9	339,288	43.2
1999	1,105,109	—	326,734	29.6	778,375	70.4	340,114	43.7
2000	1,139,623	—	347,024	30.5	792,599	69.5	338,664	42.7
2001	1,216,040	—	368,981	30.3	847,059	69.7	360,793	42.6
2002	1,322,451	—	374,373	28.3	948,078	71.7	405,332	42.8
2003	1,403,003	—	382,013	27.2	1,020,990	72.8	431,537	42.3
2004	1,475,149	—	387,857	26.3	1,087,292	73.7	434,305	39.9
2005	1,470,300	—	373,582	25.4	1,096,718	74.6	420,489	38.3
2006	1,499,551	—	367,973	24.5	1,131,578	75.5	428,268	37.8
2007	1,506,654	—	376,632	25.0	1,130,022	75.0	436,633	38.6
2008	1,602,444	—	418,258	26.1	1,184,186	73.9	487,369	41.2
2009	1,832,165	—	461,528	25.2	1,370,637	74.8	572,495	41.8
2010	1,884,306	18,397	438,017	23.5	1,427,892	76.5	595,803	41.7
2011	1,781,393	309,329	398,236	27.1	1,073,828	72.9	405,681	37.8

Calendar year of filing	Reconsiderations ^f						Appeals beyond reconsideration ^g			
	Pending	Allowances		Denials	Appeals of reconsideration denials		Pending ⁱ	Allowances		Denials ^k
		Number	Percent ^c		Number ^h	Percent ^e		Number	Percent ^j	
1988	—	38,385	14.5	226,766	140,663	62.0	—	82,414	58.6	58,249
1989	—	43,505	15.8	231,318	146,082	63.2	—	90,169	61.7	55,913
1990	—	52,055	16.3	268,152	175,520	65.5	—	109,098	62.2	66,422
1991	—	59,157	15.4	324,512	221,816	68.4	—	139,698	63.0	82,118
1992	—	58,819	13.6	374,425	260,554	69.6	—	159,084	61.1	101,470
1993	—	57,938	11.9	427,228	294,801	69.0	—	170,402	57.8	124,399
1994	—	55,822	11.6	426,711	293,448	68.8	—	164,537	56.1	128,911
1995	—	51,697	11.8	387,469	264,270	68.2	—	143,582	54.3	120,688
1996	—	49,263	12.1	357,162	242,407	67.9	—	133,323	55.0	109,084
1997	—	47,573	13.4	306,561	213,969	69.8	—	121,619	55.8	96,189
1998	—	46,507	13.7	292,272	203,767	69.7	—	115,323	56.5	88,953
1999	—	40,375	12.5	283,475	199,371	70.3	—	117,431	54.5	98,204
2000	—	37,768	13.4	243,790	173,465	71.2	—	122,829	53.3	107,742
2001	—	37,388	13.2	246,613	174,286	70.7	—	133,018	53.0	118,060
2002	—	38,617	12.2	277,567	195,628	70.5	—	150,226	52.8	134,550
2003	—	39,086	11.5	300,283	210,185	70.0	—	159,445	52.7	142,908
2004	—	37,197	10.9	302,649	211,696	69.9	354	163,703	53.5	142,098
2005	—	34,753	10.6	293,829	205,932	70.1	1,104	162,837	54.9	133,898
2006	—	34,145	10.3	298,918	210,685	70.5	3,183	168,701	55.7	134,006
2007	—	35,893	10.6	304,060	215,543	70.9	11,382	167,056	55.5	133,785
2008	—	40,869	10.7	341,793	245,569	71.8	42,503	176,602	57.4	131,171
2009	—	42,490	9.4	407,926	294,501	72.2	136,064	159,445	56.8	121,071
2010	47,904	28,574	6.8	389,152	274,950	70.7	319,224	46,118	53.7	39,781
2011	92,006	19,430	8.8	201,674	122,793	60.9	204,988	6,521	62.8	3,855

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

Selected summary case information by decision status: *Numbers of cases*

Calendar year of filing	Total claims filed	Initial decisions pending	Total initial decisions	Allowances	Denials	
					Appeal decision pending	No appeal pending
1988	946,603	—	946,603	393,003	—	553,600
1989	969,218	—	969,218	425,718	—	543,500
1990	1,099,805	—	1,099,805	508,976	—	590,829
1991	1,288,331	—	1,288,331	614,191	—	674,140
1992	1,415,624	—	1,415,624	654,791	—	760,833
1993	1,503,278	—	1,503,278	644,640	—	858,638
1994	1,436,958	—	1,436,958	574,354	—	862,604
1995	1,318,416	—	1,318,416	518,363	—	800,053
1996	1,247,926	—	1,247,926	487,937	—	759,989
1997	1,110,898	—	1,110,898	462,031	—	648,867
1998	1,108,957	—	1,108,957	484,564	—	624,393
1999	1,105,109	—	1,105,109	484,540	—	620,569
2000	1,139,623	—	1,139,623	507,621	—	632,002
2001	1,216,040	—	1,216,040	539,387	—	676,653
2002	1,322,451	—	1,322,451	563,216	—	759,235
2003	1,403,003	—	1,403,003	580,544	—	822,459
2004	1,475,149	—	1,475,149	588,757	354	886,038
2005	1,470,300	—	1,470,300	571,172	1,104	898,024
2006	1,499,551	—	1,499,551	570,819	3,183	925,549
2007	1,506,654	—	1,506,654	579,581	11,382	915,691
2008	1,602,444	—	1,602,444	635,729	42,503	924,212
2009	1,832,165	—	1,832,165	663,463	136,064	1,032,638
2010	1,884,306	18,397	1,865,909	512,709	367,128	986,072
2011	1,781,393	309,329	1,472,064	424,187	296,994	750,883

Selected summary case information by decision status

Calendar year of filing	Numbers as a percentage of total claims filed				Numbers as a percentage of total initial decisions		
	Initial decision pending	Allowances	Denials		Allowances	Denials	
			Appeal decision pending	No appeal pending		Appeal decision pending	No appeal pending
1988	—	41.5	—	58.5	41.5	—	58.5
1989	—	43.9	—	56.1	43.9	—	56.1
1990	—	46.3	—	53.7	46.3	—	53.7
1991	—	47.7	—	52.3	47.7	—	52.3
1992	—	46.3	—	53.7	46.3	—	53.7
1993	—	42.9	—	57.1	42.9	—	57.1
1994	—	40.0	—	60.0	40.0	—	60.0
1995	—	39.3	—	60.7	39.3	—	60.7
1996	—	39.1	—	60.9	39.1	—	60.9
1997	—	41.6	—	58.4	41.6	—	58.4
1998	—	43.7	—	56.3	43.7	—	56.3
1999	—	43.8	—	56.2	43.8	—	56.2
2000	—	44.5	—	55.5	44.5	—	55.5
2001	—	44.4	—	55.6	44.4	—	55.6
2002	—	42.6	—	57.4	42.6	—	57.4
2003	—	41.4	—	58.6	41.4	—	58.6
2004	—	39.9	1	60.1	39.9	1	60.1
2005	—	38.8	0.1	61.1	38.8	0.1	61.1
2006	—	38.1	.2	61.7	38.1	.2	61.7
2007	—	38.5	.8	60.8	38.5	.8	60.8
2008	—	39.7	2.7	57.7	39.7	2.7	57.7
2009	—	36.2	7.4	56.4	36.2	7.4	56.4
2010	1.0	27.2	19.5	52.3	27.5	19.7	52.8
2011	17.4	23.8	16.7	42.2	28.8	20.2	51.0

^a Data for claims filed in 1988-2010 reflect results as of June 2011 at the DDS level and as of October 2011 at the ODAR level. The numbers of total claims filed for 2008-2010 are subject to change. Data for claims filed in 2011 are preliminary estimates as of January 2012. The ultimate numbers of allowances and denials are subject to change until all initial decisions have been completed and all appeals are final.

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

^c Percentage of decisions at this level

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

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

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

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

^h Number of persons appealing beyond the reconsideration level.

ⁱ Includes cases remanded to SSA from the Federal courts.

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

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

^l Less than 0.05 percent

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

Calendar year of filing	Total claims filed	Initial decisions						
		Pending	Allowances		Denials		Appeals of initial denials	
			Number	Percent ^c	Number	Percent ^c	Number ^d	Percent ^e
1991	250,962	—	148,220	59.1	102,742	40.9	24,702	24.0
1992	372,971	—	189,079	50.7	183,892	49.3	49,297	26.8
1993	496,131	—	212,268	42.8	283,863	57.2	75,967	26.8
1994	525,013	—	172,219	32.8	352,794	67.2	92,093	26.1
1995	487,730	—	144,231	29.6	343,499	70.4	86,841	25.3
1996	453,473	—	127,416	28.1	326,057	71.9	75,013	23.0
1997	332,032	—	106,528	32.1	225,504	67.9	51,493	22.8
1998	335,732	—	123,249	36.7	212,483	63.3	50,110	23.6
1999	342,162	—	129,375	37.8	212,787	62.2	49,996	23.5
2000	349,285	—	138,262	39.6	211,023	60.4	48,156	22.8
2001	367,726	—	152,651	41.5	215,075	58.5	49,013	22.8
2002	402,116	—	165,220	41.1	236,896	58.9	55,863	23.6
2003	425,336	—	172,655	40.6	252,681	59.4	59,699	23.6
2004	435,562	—	174,514	40.1	261,048	59.9	58,539	22.4
2005	424,876	—	163,705	38.5	261,171	61.5	55,367	21.2
2006	432,747	—	160,959	37.2	271,788	62.8	58,617	21.6
2007	433,941	—	160,261	36.9	273,680	63.1	60,040	21.9
2008	449,451	—	171,593	38.2	277,858	61.8	66,097	23.8
2009	516,522	—	194,330	37.6	322,192	62.4	79,945	24.8
2010	518,270	3,410	186,035	36.1	328,825	63.9	80,197	24.4
2011	489,258	75,168	168,535	40.7	245,555	59.3	53,727	21.9

Calendar year of filing	Reconsiderations ^f					Appeals beyond reconsideration ^g				
	Pending	Allowances		Denials	Appeals of reconsideration denials		Pending ⁱ	Allowances		Denials ^k
		Number	Percent ^c		Number ^h	Percent ^e		Number	Percent ^j	
1991	—	5,605	22.7	19,097	9,196	48.2	—	3,884	42.2	5,312
1992	—	9,463	19.2	39,834	19,770	49.6	—	7,523	38.1	12,247
1993	—	11,338	14.9	64,629	31,193	48.3	—	10,638	34.1	20,555
1994	—	11,332	12.3	80,761	38,433	47.6	—	12,954	33.7	25,479
1995	—	10,287	11.8	76,554	35,592	46.5	—	10,924	30.7	24,668
1996	—	9,355	12.5	65,658	27,920	42.5	—	8,853	31.7	19,067
1997	—	8,266	16.2	42,705	18,916	44.3	—	7,027	36.2	12,411
1998	—	7,799	15.6	42,237	18,762	44.4	—	7,034	37.3	11,802
1999	—	6,475	13.8	40,423	18,164	44.9	—	7,558	35.5	13,704
2000	—	6,043	16.0	31,741	14,366	45.3	—	8,451	34.2	16,287
2001	—	5,839	16.1	30,318	13,448	44.4	—	8,825	33.6	17,479
2002	—	6,360	15.4	34,842	15,216	43.7	—	9,909	33.2	19,968
2003	—	6,644	14.8	38,275	16,206	42.3	—	10,236	33.0	20,750
2004	—	6,209	14.1	37,948	15,764	41.5	23	10,018	33.3	20,105
2005	—	6,020	14.2	36,306	15,196	41.9	58	9,562	33.9	18,617
2006	—	6,158	13.6	39,049	16,444	42.1	198	10,768	36.3	18,888
2007	—	6,016	12.9	40,557	17,172	42.3	842	10,978	36.8	18,819
2008	—	6,888	13.2	45,196	19,705	43.6	4,056	11,231	37.9	18,431
2009	—	7,676	12.3	54,787	24,440	44.6	14,247	9,917	35.8	17,758
2010	5,966	6,279	11.0	50,576	21,520	42.5	31,104	2,318	29.7	5,474
2011	11,396	3,539	11.5	27,238	9,784	35.9	20,354	287	29.2	697

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

Selected summary case information by decision status: *Numbers of cases*

Calendar year of filing	Total claims filed	Initial decisions pending	Total initial decisions	Allowances	Denials	
					Appeal decision pending	No appeal pending
1991	250,962	—	250,962	157,709	—	93,253
1992	372,971	—	372,971	206,065	—	166,906
1993	496,131	—	496,131	234,244	—	261,887
1994	525,013	—	525,013	196,505	—	328,508
1995	487,730	—	487,730	165,442	—	322,288
1996	453,473	—	453,473	145,624	—	307,849
1997	332,032	—	332,032	121,821	—	210,211
1998	335,732	—	335,732	138,082	—	197,650
1999	342,162	—	342,162	143,408	—	198,754
2000	349,285	—	349,285	152,756	—	196,529
2001	367,726	—	367,726	167,315	—	200,411
2002	402,116	—	402,116	181,489	—	220,627
2003	425,336	—	425,336	189,535	—	235,801
2004	435,562	—	435,562	190,741	23	244,798
2005	424,876	—	424,876	179,287	58	245,531
2006	432,747	—	432,747	177,885	198	254,664
2007	433,941	—	433,941	177,255	842	255,844
2008	449,451	—	449,451	189,712	4,056	255,683
2009	516,522	—	516,522	211,923	14,247	290,352
2010	518,270	3,410	514,860	194,632	37,070	283,158
2011	489,258	75,168	414,090	172,361	31,750	209,979

Selected summary case information by decision status

Calendar year of filing	Numbers as a percentage of total claims filed				Numbers as a percentage of total initial decisions			
	Initial decision pending	Allowances	Denials		Allowances	Denials		
			Appeal decision pending	No appeal pending		Appeal decision pending	No appeal pending	
1991	—	62.8	—	37.2	62.8	—	37.2	
1992	—	55.2	—	44.8	55.2	—	44.8	
1993	—	47.2	—	52.8	47.2	—	52.8	
1994	—	37.4	—	62.6	37.4	—	62.6	
1995	—	33.9	—	66.1	33.9	—	66.1	
1996	—	32.1	—	67.9	32.1	—	67.9	
1997	—	36.7	—	63.3	36.7	—	63.3	
1998	—	41.1	—	58.9	41.1	—	58.9	
1999	—	41.9	—	58.1	41.9	—	58.1	
2000	—	43.7	—	56.3	43.7	—	56.3	
2001	—	45.5	—	54.5	45.5	—	54.5	
2002	—	45.1	—	54.9	45.1	—	54.9	
2003	—	44.6	—	55.4	44.6	—	55.4	
2004	—	43.8	1	56.2	43.8	1	56.2	
2005	—	42.2	1	57.8	42.2	1	57.8	
2006	—	41.1	1	58.8	41.1	1	58.8	
2007	—	40.8	0.2	59.0	40.8	0.2	59.0	
2008	—	42.2	.9	56.9	42.2	.9	56.9	
2009	—	41.0	2.8	56.2	41.0	2.8	56.2	
2010	0.7	37.6	7.2	54.6	37.8	7.2	55.0	
2011	15.4	35.2	6.5	42.9	41.6	7.7	50.7	

^a Data for claims filed in 1988-2010 reflect results as of June 2011 at the DDS level and as of October 2011 at the ODAR level. The numbers of total claims filed for 2008-2010 are subject to change. Data for claims filed in 2011 are preliminary estimates as of January 2012. The ultimate numbers of allowances and denials are subject to change until all initial decisions have been completed and all appeals are final.

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

^c Percentage of decisions at this level

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

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

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

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

^h Number of persons appealing beyond the reconsideration level.

ⁱ Includes cases remanded to SSA from the Federal courts.

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

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

^l Less than 0.05 percent.

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

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

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

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

Table V.D1.—SSI Redeterminations^a and Limited Issues Completed, Fiscal Years 1986-2011
[In thousands]

Fiscal year	Numbers of completions		
	Redeterminations	Limited issues	Total
1986.....	2,278	b	b
1987.....	2,244	b	b
1988.....	1,997	b	b
1989.....	2,226	b	b
1990.....	2,103	b	b
1991.....	2,138	b	b
1992.....	2,321	b	b
1993.....	2,223	b	b
1994.....	^c 1,900	b	b
1995.....	^d 1,597	b	b
1996.....	1,763	b	b
1997.....	1,773	b	b
1998.....	1,853	b	b
1999.....	2,122	751	2,873
2000.....	2,182	582	2,764
2001.....	2,316	589	2,905
2002.....	2,311	582	2,894
2003.....	2,450	472	2,921
2004.....	2,279	248	2,527
2005.....	^e 1,725	737	2,462
2006.....	^e 1,071	348	1,418
2007.....	^e 692	346	1,039
2008.....	^e 900	321	1,221
2009.....	^e 1,390	341	1,731
2010.....	2,248	218	2,466
2011.....	2,216	232	2,448

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

^bData not available.

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

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

^eWe selected fewer redeterminations in fiscal years 2005-09 due to limitations on administrative funding.

2. Continuing Disability Reviews

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

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

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

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

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

Beginning in 1993, SSA developed a screening process for OASDI cases scheduled for a CDR in order to handle the large CDR workload mandated by these various provisions. The screening process included a mailer questionnaire for selected cases. In 1996, SSA extended the profiling process to SSI adults who were scheduled for a CDR. In fiscal year 2011, we deferred full medical reviews for 336,932 SSI recipients scheduled for a CDR as a result of the screening process.

In 2007, SSA implemented a streamlined failure to cooperate (FTC) process for medical CDRs. Under this process, recipients who fail to comply with the field office requests for information necessary for processing their medical CDRs have their benefits suspended. After 12 consecutive months of suspension for non-compliance, SSA terminates their eligibility for disability benefits. SSA initially terminated 1,268 centrally-initiated medical CDRs involving SSI recipients in fiscal year 2011 as a result of the streamlined FTC process.

For individuals who receive both OASDI and SSI benefits, SSA initiates CDRs as Title II CDRs, and the results of the review affect eligibility for benefits under both programs. Tables V.D2 and V.D3 present the latest available summary of results¹ on CDRs of SSI recipients we performed under Titles II and XVI since 1993. 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;

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

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- 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 DDS but not as part of the normal CDR scheduling process (such as voluntary and third-party reports of medical improvement, post-transplant end-stage renal disease cases, and rehabilitation reports).

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

Table V.D2.—SSI Disabled Adult Reviews: Disposition^a of Continuing Disability Medical Reviews by Fiscal Year of Initial Decision and Level of Decision

Fiscal year of initial DDS decision	Initial decisions						
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration	
		Number	Percent ^b	Number	Percent ^b	Number	Percent ^c
Reviews of concurrent Title II/XVI cases initiated under Title II							
1993	1,143	1,083	94.8	60	5.2	52	86.7
1994	10,945	9,127	83.4	1,818	16.6	1,253	68.9
1995	16,736	12,484	74.6	4,252	25.4	2,905	68.3
1996	26,884	20,636	76.8	6,248	23.2	4,119	65.9
1997	51,466	40,741	79.2	10,725	20.8	7,344	68.5
1998	81,185	68,533	84.4	12,652	15.6	8,723	68.9
1999	80,816	70,353	87.1	10,463	12.9	6,201	59.3
2000	105,787	93,962	88.8	11,825	11.2	6,851	57.9
2001	110,341	99,666	90.3	10,675	9.7	6,291	58.9
2002	103,947	92,069	88.6	11,878	11.4	7,087	59.7
2003	72,175	63,021	87.3	9,154	12.7	5,443	59.5
2004	84,622	75,047	88.7	9,575	11.3	5,892	61.5
2005	80,597	70,687	87.7	9,910	12.3	5,927	59.8
2006	71,825	63,789	88.8	8,036	11.2	4,776	59.4
2007	26,469	22,893	86.5	3,576	13.5	2,156	60.3
2008	40,045	35,891	89.6	4,154	10.4	2,660	64.0
2009	41,609	38,238	91.9	3,371	8.1	2,232	66.2
2010	39,908	35,879	89.9	4,029	10.1	2,922	72.5
2011	37,799	33,194	87.8	4,605	12.2	3,245	70.5
Title XVI initiated reviews							
1993	—	—	—	—	—	—	—
1994	—	—	—	—	—	—	—
1995	4,287	3,277	76.4	1,010	23.6	665	65.8
1996	55,025	46,273	84.1	8,752	15.9	6,146	70.2
1997	69,557	57,662	82.9	11,895	17.1	8,722	73.3
1998	75,071	64,829	86.4	10,242	13.6	7,239	70.7
1999	140,429	125,079	89.1	15,350	10.9	10,292	67.0
2000	173,470	156,065	90.0	17,405	10.0	10,923	62.8
2001	143,902	126,610	88.0	17,292	12.0	10,262	59.3
2002	172,527	150,837	87.4	21,690	12.6	13,314	61.4
2003	213,212	191,061	89.6	22,151	10.4	14,665	66.2
2004	221,129	199,938	90.4	21,191	9.6	14,627	69.0
2005	110,072	97,330	88.4	12,742	11.6	8,125	63.8
2006	40,605	35,957	88.6	4,648	11.4	2,853	61.4
2007	18,172	16,006	88.1	2,166	11.9	1,426	65.8
2008	18,933	17,049	90.0	1,884	10.0	1,268	67.3
2009	29,137	27,233	93.5	1,904	6.5	1,383	72.6
2010	34,575	31,766	91.9	2,809	8.1	2,188	77.9
2011	33,460	30,291	90.5	3,169	9.5	2,359	74.4
Total reviews, SSI disabled adults							
1993	1,143	1,083	94.8	60	5.2	52	86.7
1994	10,945	9,127	83.4	1,818	16.6	1,253	68.9
1995	21,023	15,761	75.0	5,262	25.0	3,570	67.8
1996	81,909	66,909	81.7	15,000	18.3	10,265	68.4
1997	121,023	98,403	81.3	22,620	18.7	16,066	71.0
1998	156,256	133,362	85.3	22,894	14.7	15,962	69.7
1999	221,245	195,432	88.3	25,813	11.7	16,493	63.9
2000	279,257	250,027	89.5	29,230	10.5	17,774	60.8
2001	254,243	226,276	89.0	27,967	11.0	16,553	59.2
2002	276,474	242,906	87.9	33,568	12.1	20,401	60.8
2003	285,387	254,082	89.0	31,305	11.0	20,108	64.2
2004	305,751	274,985	89.9	30,766	10.1	20,519	66.7
2005	190,669	168,017	88.1	22,652	11.9	14,052	62.0
2006	112,430	99,746	88.7	12,684	11.3	7,629	60.1
2007	44,641	38,899	87.1	5,742	12.9	3,582	62.4
2008	58,978	52,940	89.8	6,038	10.2	3,928	65.1
2009	70,746	65,471	92.5	5,275	7.5	3,615	68.5
2010	74,483	67,645	90.8	6,838	9.2	5,110	74.7
2011	71,259	63,485	89.1	7,774	10.9	5,604	72.1

Table V.D2.—SSI Disabled Adult Reviews: Disposition^a of Continuing Disability Medical Reviews by Fiscal Year of Initial Decision and Level of Decision (Cont.)

Fiscal year of initial DDS decision	Reconsiderations					Appeals beyond reconsideration ^d				
	Pending	Continuations		Cessations	Appeals to beyond reconsideration		Pending	Continuations		Cessations
		Number	Percent ^b		Number ^e	Percent ^c		Number	Percent	
Reviews of concurrent Title II/XVI cases initiated under Title II										
1993	—	22	42.3	30	14	46.7	—	9	64.3	5
1994	—	541	43.2	712	399	56.0	—	177	44.4	222
1995	—	1,245	42.9	1,660	1,007	60.7	—	382	37.9	625
1996	—	1,875	45.5	2,244	1,313	58.5	—	427	32.5	886
1997	—	4,297	58.5	3,047	2,257	74.1	—	973	43.1	1,284
1998	—	5,503	63.1	3,220	2,466	76.6	—	1,158	47.0	1,308
1999	—	3,974	64.1	2,227	1,542	69.2	—	679	44.0	863
2000	—	4,427	64.6	2,424	1,556	64.2	—	659	42.4	897
2001	—	4,177	66.4	2,114	1,240	58.7	—	496	40.0	744
2002	—	4,787	67.5	2,300	1,451	63.1	—	594	40.9	857
2003	—	3,575	65.7	1,868	1,179	63.1	—	482	40.9	697
2004	1	3,779	64.1	2,112	1,413	66.9	—	594	42.0	819
2005	—	3,828	64.6	2,099	1,491	71.0	—	650	43.6	841
2006	—	3,038	63.6	1,738	1,279	73.6	—	567	44.3	712
2007	1	1,461	67.8	694	531	76.5	1	228	43.0	302
2008	7	1,789	67.4	864	673	77.9	5	270	40.4	398
2009	39	1,510	68.9	683	541	79.2	58	175	36.2	308
2010	388	1,753	69.2	781	558	71.4	267	85	29.2	206
2011	1,274	1,367	69.4	604	344	57.0	304	10	25.0	30
Title XVI initiated reviews										
1993	—	—	—	—	—	—	—	—	—	—
1994	—	—	—	—	—	—	—	—	—	—
1995	—	241	36.2	424	267	63.0	—	87	32.6	180
1996	—	3,289	53.5	2,857	1,946	68.1	—	623	32.0	1,323
1997	—	5,271	60.4	3,451	2,575	74.6	—	986	38.3	1,589
1998	—	4,527	62.5	2,712	1,987	73.3	—	781	39.3	1,206
1999	—	6,610	64.2	3,682	2,508	68.1	—	973	38.8	1,535
2000	—	6,823	62.5	4,100	2,778	67.8	—	1,057	38.0	1,721
2001	—	6,224	60.7	4,038	2,618	64.8	—	934	35.7	1,684
2002	—	8,160	61.3	5,154	3,323	64.5	—	1,110	33.4	2,213
2003	—	9,656	65.8	5,009	3,335	66.6	—	1,232	36.9	2,103
2004	—	9,404	64.3	5,223	3,743	71.7	—	1,455	38.9	2,288
2005	—	5,233	64.4	2,892	2,052	71.0	—	772	37.6	1,280
2006	—	1,805	63.3	1,048	746	71.2	—	282	37.8	464
2007	—	963	67.5	463	342	73.9	—	149	43.6	193
2008	1	866	68.4	401	302	75.3	1	115	38.2	186
2009	14	995	72.7	374	278	74.3	25	84	33.2	169
2010	282	1,415	74.2	491	366	74.5	152	65	30.4	149
2011	927	1,123	78.4	309	167	54.0	142	9	36.0	16
Total reviews, SSI disabled adults										
1993	—	22	42.3	30	14	46.7	—	9	64.3	5
1994	—	541	43.2	712	399	56.0	—	177	44.4	222
1995	—	1,486	41.6	2,084	1,274	61.1	—	469	36.8	805
1996	—	5,164	50.3	5,101	3,259	63.9	—	1,050	32.2	2,209
1997	—	9,568	59.6	6,498	4,832	74.4	—	1,959	40.5	2,873
1998	—	10,030	62.8	5,932	4,453	75.1	—	1,939	43.5	2,514
1999	—	10,584	64.2	5,909	4,050	68.5	—	1,652	40.8	2,398
2000	—	11,250	63.3	6,524	4,334	66.4	—	1,716	39.6	2,618
2001	—	10,401	62.8	6,152	3,858	62.7	—	1,430	37.1	2,428
2002	—	12,947	63.5	7,454	4,774	64.0	—	1,704	35.7	3,070
2003	—	13,231	65.8	6,877	4,514	65.6	—	1,714	38.0	2,800
2004	1	13,183	64.3	7,335	5,156	70.3	—	2,049	39.7	3,107
2005	—	9,061	64.5	4,991	3,543	71.0	—	1,422	40.1	2,121
2006	—	4,843	63.5	2,786	2,025	72.7	—	849	41.9	1,176
2007	1	2,424	67.7	1,157	873	75.5	1	377	43.2	495
2008	8	2,655	67.7	1,265	975	77.1	6	385	39.7	584
2009	53	2,505	70.3	1,057	819	77.5	83	259	35.2	477
2010	670	3,168	71.4	1,272	924	72.6	419	150	29.7	355
2011	2,201	2,490	73.2	913	511	56.0	446	19	29.2	46

Table V.D2.—SSI Disabled Adult Reviews: Disposition^a of Continuing Disability Medical Reviews by Fiscal Year of Initial Decision and Level of Decision (Cont.)

Fiscal year of initial DDS decision	Selected summary case information by decision status as of February 2012						
	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							
1993	1,143	1,114	—	29	97.5	—	2.5
1994	10,945	9,845	—	1,100	89.9	—	10.1
1995	16,736	14,111	—	2,625	84.3	—	15.7
1996	26,884	22,938	—	3,946	85.3	—	14.7
1997	51,466	46,011	—	5,455	89.4	—	10.6
1998	81,185	75,194	—	5,991	92.6	—	7.4
1999	80,816	75,006	—	5,810	92.8	—	7.2
2000	105,787	99,048	—	6,739	93.6	—	6.4
2001	110,341	104,339	—	6,002	94.6	—	5.4
2002	103,947	97,450	—	6,497	93.7	—	6.3
2003	72,175	67,078	—	5,097	92.9	—	7.1
2004	84,622	79,420	1	5,201	93.9	f	6.1
2005	80,597	75,165	—	5,432	93.3	—	6.7
2006	71,825	67,394	—	4,431	93.8	—	6.2
2007	26,469	24,582	2	1,885	92.9	f	7.1
2008	40,045	37,950	12	2,083	94.8	f	5.2
2009	41,609	39,923	97	1,589	95.9	0.2	3.8
2010	39,908	37,717	655	1,536	94.5	1.6	3.8
2011	37,799	34,571	1,578	1,650	91.5	4.2	4.4
Title XVI initiated reviews							
1993	—	—	—	—	—	—	—
1994	—	—	—	—	—	—	—
1995	4,287	3,605	—	682	84.1	—	15.9
1996	55,025	50,185	—	4,840	91.2	—	8.8
1997	69,557	63,919	—	5,638	91.9	—	8.1
1998	75,071	70,137	—	4,934	93.4	—	6.6
1999	140,429	132,662	—	7,767	94.5	—	5.5
2000	173,470	163,945	—	9,525	94.5	—	5.5
2001	143,902	133,768	—	10,134	93.0	—	7.0
2002	172,527	160,107	—	12,420	92.8	—	7.2
2003	213,212	201,949	—	11,263	94.7	—	5.3
2004	221,129	210,797	—	10,332	95.3	—	4.7
2005	110,072	103,335	—	6,737	93.9	—	6.1
2006	40,605	38,044	—	2,561	93.7	—	6.3
2007	18,172	17,118	—	1,054	94.2	—	5.8
2008	18,933	18,030	2	901	95.2	f	4.8
2009	29,137	28,312	39	786	97.2	.1	2.7
2010	34,575	33,246	434	895	96.2	1.3	2.6
2011	33,460	31,423	1,069	968	93.9	3.2	2.9
Total reviews, SSI disabled adults							
1993	1,143	1,114	—	29	97.5	—	2.5
1994	10,945	9,845	—	1,100	89.9	—	10.1
1995	21,023	17,716	—	3,307	84.3	—	15.7
1996	81,909	73,123	—	8,786	89.3	—	10.7
1997	121,023	109,930	—	11,093	90.8	—	9.2
1998	156,256	145,331	—	10,925	93.0	—	7.0
1999	221,245	207,668	—	13,577	93.9	—	6.1
2000	279,257	262,993	—	16,264	94.2	—	5.8
2001	254,243	238,107	—	16,136	93.7	—	6.3
2002	276,474	257,557	—	18,917	93.2	—	6.8
2003	285,387	269,027	—	16,360	94.3	—	5.7
2004	305,751	290,217	1	15,533	94.9	f	5.1
2005	190,669	178,500	—	12,169	93.6	—	6.4
2006	112,430	105,438	—	6,992	93.8	—	6.2
2007	44,641	41,700	2	2,939	93.4	f	6.6
2008	58,978	55,980	14	2,984	94.9	f	5.1
2009	70,746	68,235	136	2,375	96.5	.2	3.4
2010	74,483	70,963	1,089	2,431	95.3	1.5	3.3
2011	71,259	65,994	2,647	2,618	92.6	3.7	3.7

^a Data reflect results as of February 2012. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

^b Percentage of decisions at this level.

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

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

^e Number of persons appealing beyond the reconsideration level.

^f Less than 0.05 percent.

Table V.D3.—SSI Disabled Child Reviews: Disposition^a of Continuing Disability Medical Reviews by Fiscal Year of Initial Decision and Level of Decision

Fiscal year of initial DDS decision	Initial decisions						
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration	
		Number	Percent ^b	Number	Percent ^b	Number	Percent ^c
Reviews of low-birth-weight children							
1994	1,225	771	62.9	454	37.1	159	35.0
1995	4,231	2,083	49.2	2,148	50.8	665	31.0
1996	5,709	2,491	43.6	3,218	56.4	904	28.1
1997	7,091	4,482	63.2	2,609	36.8	821	31.5
1998	17,620	6,092	34.6	11,528	65.4	3,640	31.6
1999	9,773	4,114	42.1	5,659	57.9	1,639	29.0
2000	10,178	4,566	44.9	5,612	55.1	1,561	27.8
2001	9,086	4,152	45.7	4,934	54.3	1,403	28.4
2002	12,732	5,869	46.1	6,863	53.9	1,953	28.5
2003	7,283	3,516	48.3	3,767	51.7	1,026	27.2
2004	12,060	6,075	50.4	5,985	49.6	1,782	29.8
2005	13,710	6,540	47.7	7,170	52.3	1,995	27.8
2006	8,303	4,030	48.5	4,273	51.5	1,229	28.8
2007	3,175	1,368	43.1	1,807	56.9	510	28.2
2008	5,272	2,231	42.3	3,041	57.7	933	30.7
2009	12,511	5,741	45.9	6,770	54.1	2,154	31.8
2010	22,396	9,048	40.4	13,348	59.6	4,838	36.2
2011	19,359	7,608	39.3	11,751	60.7	4,275	36.4
Redeterminations at age 18							
1994	—	—	—	—	—	—	—
1995	71	64	90.1	7	9.9	5	71.4
1996	12,640	8,158	64.5	4,482	35.5	2,055	45.9
1997	48,834	22,431	45.9	26,403	54.1	16,741	63.4
1998	40,945	21,453	52.4	19,492	47.6	10,915	56.0
1999	49,557	27,413	55.3	22,144	44.7	10,879	49.1
2000	51,713	28,863	55.8	22,850	44.2	11,021	48.2
2001	48,944	28,167	57.5	20,777	42.5	10,049	48.4
2002	54,947	32,388	58.9	22,559	41.1	11,549	51.2
2003	53,905	31,862	59.1	22,043	40.9	11,742	53.3
2004	53,232	31,890	59.9	21,342	40.1	11,585	54.3
2005	55,331	31,434	56.8	23,897	43.2	12,403	51.9
2006	40,640	21,796	53.6	18,844	46.4	9,340	49.6
2007	71,359	36,339	50.9	35,020	49.1	17,785	50.8
2008	69,430	34,547	49.8	34,883	50.2	17,847	51.2
2009	100,986	51,712	51.2	49,274	48.8	27,707	56.2
2010	87,310	41,545	47.6	45,765	52.4	26,661	58.3
2011	93,256	42,772	45.9	50,484	54.1	28,746	56.9
All other reviews of SSI disabled children							
1994	—	—	—	—	—	—	—
1995	3,535	2,501	70.7	1,034	29.3	541	52.3
1996	789	399	50.6	390	49.4	210	53.8
1997	14	8	57.1	6	42.9	3	50.0
1998	91,157	67,203	73.7	23,954	26.3	13,267	55.4
1999	183,211	129,420	70.6	53,791	29.4	28,410	52.8
2000	140,699	106,583	75.8	34,116	24.2	17,014	49.9
2001	95,835	72,896	76.1	22,939	23.9	11,808	51.5
2002	163,768	130,434	79.6	33,334	20.4	17,888	53.7
2003	127,444	100,522	78.9	26,922	21.1	14,876	55.3
2004	103,437	80,748	78.1	22,689	21.9	12,852	56.6
2005	61,387	45,597	74.3	15,790	25.7	8,400	53.2
2006	19,384	14,428	74.4	4,956	25.6	2,591	52.3
2007	4,440	3,161	71.2	1,279	28.8	668	52.2
2008	4,707	3,473	73.8	1,234	26.2	673	54.5
2009	10,637	8,355	78.5	2,282	21.5	1,225	53.7
2010	16,677	12,501	75.0	4,176	25.0	2,359	56.5
2011	25,166	17,157	68.2	8,009	31.8	4,560	56.9
Total reviews, SSI disabled children							
1994	1,225	771	62.9	454	37.1	159	35.0
1995	7,837	4,648	59.3	3,189	40.7	1,211	38.0
1996	19,138	11,048	57.7	8,090	42.3	3,169	39.2
1997	55,939	26,921	48.1	29,018	51.9	17,565	60.5
1998	149,722	94,748	63.3	54,974	36.7	27,822	50.6
1999	242,541	160,947	66.4	81,594	33.6	40,928	50.2
2000	202,590	140,012	69.1	62,578	30.9	29,596	47.3
2001	153,865	105,215	68.4	48,650	31.6	23,260	47.8
2002	231,447	168,691	72.9	62,756	27.1	31,390	50.0
2003	188,632	135,900	72.0	52,732	28.0	27,644	52.4
2004	168,729	118,713	70.4	50,016	29.6	26,219	52.4
2005	130,428	83,571	64.1	46,857	35.9	22,798	48.7
2006	68,327	40,254	58.9	28,073	41.1	13,160	46.9
2007	78,974	40,868	51.7	38,106	48.3	18,963	49.8
2008	79,409	40,251	50.7	39,158	49.3	19,453	49.7
2009	124,134	65,808	53.0	58,326	47.0	31,086	53.3
2010	126,383	63,094	49.9	63,289	50.1	33,858	53.5
2011	137,781	67,537	49.0	70,244	51.0	37,581	53.5

Table V.D3.—SSI Disabled Child Reviews: Disposition^a of Continuing Disability Medical Reviews by Fiscal Year of Initial Decision and Level of Decision (Cont.)

Fiscal year of initial DDS decision	Reconsiderations						Appeals beyond reconsideration ^d			
	Pending	Continuations		Cessations	Appeals to beyond reconsideration		Pending	Continuations		Cessations
		Number	Percent ^b		Number ^e	Percent ^c		Number	Percent	
Reviews of low-birth-weight children										
1994	—	44	27.7	115	51	44.3	—	15	29.4	36
1995	—	184	27.7	481	219	45.5	—	53	24.2	166
1996	—	329	36.4	575	232	40.3	—	44	19.0	188
1997	—	292	35.6	529	235	44.4	—	50	21.3	185
1998	—	1,231	33.8	2,409	1,142	47.4	—	244	21.4	898
1999	—	607	37.0	1,032	488	47.3	—	83	17.0	405
2000	—	609	39.0	952	452	47.5	—	99	21.9	353
2001	—	504	35.9	899	405	45.1	—	61	15.1	344
2002	—	698	35.7	1,255	549	43.7	—	112	20.4	437
2003	—	364	35.5	662	301	45.5	—	60	19.9	241
2004	—	643	36.1	1,139	554	48.6	—	84	15.2	470
2005	—	702	35.2	1,293	626	48.4	—	104	16.6	522
2006	—	421	34.3	808	415	51.4	—	78	18.8	337
2007	—	173	33.9	337	189	56.1	—	37	19.6	152
2008	11	264	28.6	658	358	54.4	2	60	16.9	296
2009	111	593	29.0	1,450	812	56.0	70	131	17.7	611
2010	826	1,175	29.3	2,837	1,402	49.4	704	97	13.9	601
2011	2,009	834	36.8	1,432	588	41.1	522	9	13.6	57
Redeterminations at age 18										
1994	—	—	—	—	—	—	—	—	—	—
1995	—	2	40.0	3	2	66.7	—	1	50.0	1
1996	—	707	34.4	1,348	584	43.3	—	119	20.4	465
1997	—	4,591	27.4	12,150	6,429	52.9	—	1,517	23.6	4,912
1998	—	3,070	28.1	7,845	4,388	55.9	—	1,026	23.4	3,362
1999	—	3,356	30.8	7,523	4,304	57.2	—	1,059	24.6	3,245
2000	—	3,575	32.4	7,446	4,034	54.2	—	1,017	25.2	3,017
2001	—	3,256	32.4	6,793	3,723	54.8	—	969	26.0	2,754
2002	—	3,819	33.1	7,730	4,125	53.4	—	1,100	26.7	3,025
2003	—	3,818	32.5	7,924	4,295	54.2	—	1,146	26.7	3,149
2004	—	3,531	30.5	8,054	4,646	57.7	—	1,299	28.0	3,347
2005	—	3,761	30.3	8,642	5,130	59.4	—	1,434	28.0	3,696
2006	—	2,584	27.7	6,756	4,127	61.1	1	1,212	29.4	2,914
2007	17	4,797	27.0	12,971	8,267	63.7	25	2,381	28.9	5,861
2008	235	5,092	28.9	12,520	8,329	66.5	109	2,107	25.6	6,113
2009	1,031	7,047	26.4	19,629	12,589	64.1	950	2,702	23.2	8,937
2010	4,042	5,964	26.4	16,655	9,764	58.6	4,138	1,136	20.2	4,490
2011	13,452	4,927	32.2	10,367	4,673	45.1	4,018	137	20.9	518
All other reviews of SSI disabled children										
1994	—	—	—	—	—	—	—	—	—	—
1995	—	177	32.7	364	202	55.5	—	52	25.7	150
1996	—	69	32.9	141	55	39.0	—	17	30.9	38
1997	—	1	33.3	2	1	50.0	—	—	—	1
1998	—	4,456	33.6	8,811	5,511	62.5	—	1,305	23.7	4,206
1999	—	9,324	32.8	19,086	11,711	61.4	—	2,615	22.3	9,096
2000	—	6,434	37.8	10,580	6,237	59.0	—	1,427	22.9	4,810
2001	—	4,619	39.1	7,189	4,257	59.2	—	955	22.4	3,302
2002	—	7,238	40.5	10,650	6,155	57.8	—	1,372	22.3	4,783
2003	—	6,248	42.0	8,628	4,996	57.9	—	1,149	23.0	3,847
2004	—	4,871	37.9	7,981	4,943	61.9	—	1,181	23.9	3,762
2005	—	3,121	37.2	5,279	3,326	63.0	—	769	23.1	2,557
2006	—	943	36.4	1,648	1,089	66.1	—	267	24.5	822
2007	—	269	40.3	399	264	66.2	2	80	30.5	182
2008	3	252	37.6	418	259	62.0	4	58	22.7	197
2009	41	506	42.7	678	426	62.8	40	76	19.7	310
2010	408	758	38.9	1,193	737	61.8	315	67	15.9	355
2011	2,028	1,052	41.5	1,480	740	50.0	634	23	21.7	83
Total reviews, SSI disabled children										
1994	—	44	27.7	115	51	44.3	—	15	29.4	36
1995	—	363	30.0	848	423	49.9	—	106	25.1	317
1996	—	1,105	34.9	2,064	871	42.2	—	180	20.7	691
1997	—	4,884	27.8	12,681	6,665	52.6	—	1,567	23.5	5,098
1998	—	8,757	31.5	19,065	11,041	57.9	—	2,575	23.3	8,466
1999	—	13,287	32.5	27,641	16,503	59.7	—	3,757	22.8	12,746
2000	—	10,618	35.9	18,978	10,723	56.5	—	2,543	23.7	8,180
2001	—	8,379	36.0	14,881	8,385	56.3	—	1,985	23.7	6,400
2002	—	11,755	37.4	19,635	10,829	55.2	—	2,584	23.9	8,245
2003	—	10,430	37.7	17,214	9,592	55.7	—	2,355	24.6	7,237
2004	—	9,045	34.5	17,174	10,143	59.1	—	2,564	25.3	7,579
2005	—	7,584	33.3	15,214	9,082	59.7	—	2,307	25.4	6,775
2006	—	3,948	30.0	9,212	5,631	61.1	1	1,557	27.7	4,073
2007	17	5,239	27.7	13,707	8,720	63.6	27	2,498	28.7	6,195
2008	249	5,608	29.2	13,596	8,946	65.8	115	2,225	25.2	6,606
2009	1,183	8,146	27.2	21,757	13,827	63.6	1,060	2,909	22.8	9,858
2010	5,276	7,897	27.6	20,685	11,903	57.5	5,157	1,300	19.3	5,446
2011	17,489	6,813	33.9	13,279	6,001	45.2	5,174	169	20.4	658

Table V.D3.—SSI Disabled Child Reviews: Disposition^a of Continuing Disability Medical Reviews by Fiscal Year of Initial Decision and Level of Decision (Cont.)

Selected summary case information by decision status as of February 2012							
Fiscal year of initial DDS decision	Total initial decisions	Numbers of cases			Numbers as a percentage of total initial decisions		
		Continuations	Cessations pending an appeal decision	Cessations with no appeal pending	Continuations	Cessations pending an appeal decision	Cessations with no appeal pending
Reviews of low-birth-weight children							
1994	1,225	830	—	395	67.8	—	32.2
1995	4,231	2,320	—	1,911	54.8	—	45.2
1996	5,709	2,864	—	2,845	50.2	—	49.8
1997	7,091	4,824	—	2,267	68.0	—	32.0
1998	17,620	7,567	—	10,053	42.9	—	57.1
1999	9,773	4,804	—	4,969	49.2	—	50.8
2000	10,178	5,274	—	4,904	51.8	—	48.2
2001	9,086	4,717	—	4,369	51.9	—	48.1
2002	12,732	6,679	—	6,053	52.5	—	47.5
2003	7,283	3,940	—	3,343	54.1	—	45.9
2004	12,060	6,802	—	5,258	56.4	—	43.6
2005	13,710	7,346	—	6,364	53.6	—	46.4
2006	8,303	4,529	—	3,774	54.5	—	45.5
2007	3,175	1,578	—	1,597	49.7	—	50.3
2008	5,272	2,555	13	2,704	48.5	0.2	51.3
2009	12,511	6,465	181	5,865	51.7	1.4	46.9
2010	22,396	10,320	1,530	10,546	46.1	6.8	47.1
2011	19,359	8,451	2,531	8,377	43.7	13.1	43.3
Redeterminations at age 18							
1994	—	—	—	—	—	—	—
1995	71	67	—	4	94.4	—	5.6
1996	12,640	8,984	—	3,656	71.1	—	28.9
1997	48,834	28,539	—	20,295	58.4	—	41.6
1998	40,945	25,549	—	15,396	62.4	—	37.6
1999	49,557	31,828	—	17,729	64.2	—	35.8
2000	51,713	33,455	—	18,258	64.7	—	35.3
2001	48,944	32,392	—	16,552	66.2	—	33.8
2002	54,947	37,307	—	17,640	67.9	—	32.1
2003	53,905	36,826	—	17,079	68.3	—	31.7
2004	53,232	36,720	—	16,512	69.0	—	31.0
2005	55,331	36,629	—	18,702	66.2	—	33.8
2006	40,640	25,592	1	15,047	63.0	f	37.0
2007	71,359	43,517	42	27,800	61.0	.1	39.0
2008	69,430	41,746	344	27,340	60.1	.5	39.4
2009	100,986	61,461	1,981	37,544	60.9	2.0	37.2
2010	87,310	48,645	8,180	30,485	55.7	9.4	34.9
2011	93,256	47,836	17,470	27,950	51.3	18.7	30.0
All other reviews of SSI disabled children							
1994	—	—	—	—	—	—	—
1995	3,535	2,730	—	805	77.2	—	22.8
1996	789	485	—	304	61.5	—	38.5
1997	14	9	—	5	64.3	—	35.7
1998	91,157	72,964	—	18,193	80.0	—	20.0
1999	183,211	141,359	—	41,852	77.2	—	22.8
2000	140,699	114,444	—	26,255	81.3	—	18.7
2001	95,835	78,470	—	17,365	81.9	—	18.1
2002	163,768	139,044	—	24,724	84.9	—	15.1
2003	127,444	107,919	—	19,525	84.7	—	15.3
2004	103,437	86,800	—	16,637	83.9	—	16.1
2005	61,387	49,487	—	11,900	80.6	—	19.4
2006	19,384	15,638	—	3,746	80.7	—	19.3
2007	4,440	3,510	2	928	79.1	f	20.9
2008	4,707	3,783	7	917	80.4	.1	19.5
2009	10,637	8,937	81	1,619	84.0	.8	15.2
2010	16,677	13,326	723	2,628	79.9	4.3	15.8
2011	25,166	18,232	2,662	4,272	72.4	10.6	17.0

Table V.D3.—SSI Disabled Child Reviews: Disposition^a of Continuing Disability Medical Reviews by Fiscal Year of Initial Decision and Level of Decision (Cont.)

		Selected summary case information by decision status as of February 2012					
Fiscal year of initial DDS decision	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
Total reviews, SSI disabled children							
1994	1,225	830	—	395	67.8	—	32.2
1995	7,837	5,117	—	2,720	65.3	—	34.7
1996	19,138	12,333	—	6,805	64.4	—	35.6
1997	55,939	33,372	—	22,567	59.7	—	40.3
1998	149,722	106,080	—	43,642	70.9	—	29.1
1999	242,541	177,991	—	64,550	73.4	—	26.6
2000	202,590	153,173	—	49,417	75.6	—	24.4
2001	153,865	115,579	—	38,286	75.1	—	24.9
2002	231,447	183,030	—	48,417	79.1	—	20.9
2003	188,632	148,685	—	39,947	78.8	—	21.2
2004	168,729	130,322	—	38,407	77.2	—	22.8
2005	130,428	93,462	—	36,966	71.7	—	28.3
2006	68,327	45,759	1	22,567	67.0	^f	33.0
2007	78,974	48,605	44	30,325	61.5	0.1	38.4
2008	79,409	48,084	364	30,961	60.6	.5	39.0
2009	124,134	76,863	2,243	45,028	61.9	1.8	36.3
2010	126,383	72,291	10,433	43,659	57.2	8.3	34.5
2011	137,781	74,519	22,663	40,599	54.1	16.4	29.5

^a Data reflect results as of February 2012. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

^b Percentage of decisions at this level.

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

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

^e Number of persons appealing beyond the reconsideration level.

^f Less than 0.05 percent.

E. INCENTIVES FOR WORK AND OPPORTUNITIES FOR REHABILITATION

1. Work Incentives

Since the beginning of the 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 programs whose disability ceased due to medical recovery (extended to SSI blind recipients, effective April 1988);
- Establishing section 1619, which provided:
 - In subsection 1619(a), special SSI cash benefits to disabled individuals who lose eligibility for SSI payments because they have earnings exceeding the level that is ordinarily considered to represent substantial gainful activity (SGA), and
 - In subsection 1619(b), special SSI recipient status for Medicaid purposes to working disabled or blind individuals when their earnings make them ineligible for cash payments.

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

a. Numbers of Participants in Work Incentive Programs

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

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

Table V.E1.—SSI Federally-Administered Blind or Disabled Working Recipients as of December, 1987-2011

Year	SGA level ^a	In current-payment status		1619(b) workers ^d	Total workers
		1619(a) workers ^b	Other workers ^c		
1987	\$300	14,559	142,664	15,632	172,855
1988	300	19,920	153,599	15,625	189,144
1989	300	25,655	161,928	18,254	205,837
1990	500	13,994	182,421	23,517	219,932
1991	500	15,531	186,824	27,264	229,619
1992	500	17,603	199,665	31,649	248,917
1993	500	20,028	210,322	35,299	265,649
1994	500	24,315	217,478	40,683	282,476
1995	500	28,060	223,573	47,002	298,635
1996	500	31,085	225,310	51,905	308,300
1997	500	34,673	228,093	57,089	319,855
1998	500	37,271	229,662	59,542	326,475
1999	^e 700	25,528	245,825	69,265	340,618
2000	700	27,542	249,313	83,572	360,427
2001	740	22,100	247,555	76,455	346,110
2002	780	17,271	241,462	82,177	340,910
2003	800	17,132	235,453	71,097	323,682
2004	810	17,114	237,409	73,681	328,204
2005	830	17,621	240,744	78,205	336,570
2006	860	17,394	242,676	89,350	349,420
2007	900	16,939	242,854	97,551	357,344
2008	940	16,142	240,138	99,482	355,762
2009	980	11,900	236,741	91,534	340,175
2010	1,000	11,305	234,481	72,751	318,537
2011	1,000	11,763	235,248	65,768	312,779

^a 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.

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

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

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

^e Increased to \$700 in July 1999.

Figure V.E1.—SSI Federally-Administered Blind or Disabled Working Recipients as of December, 1987-2011

[In thousands]

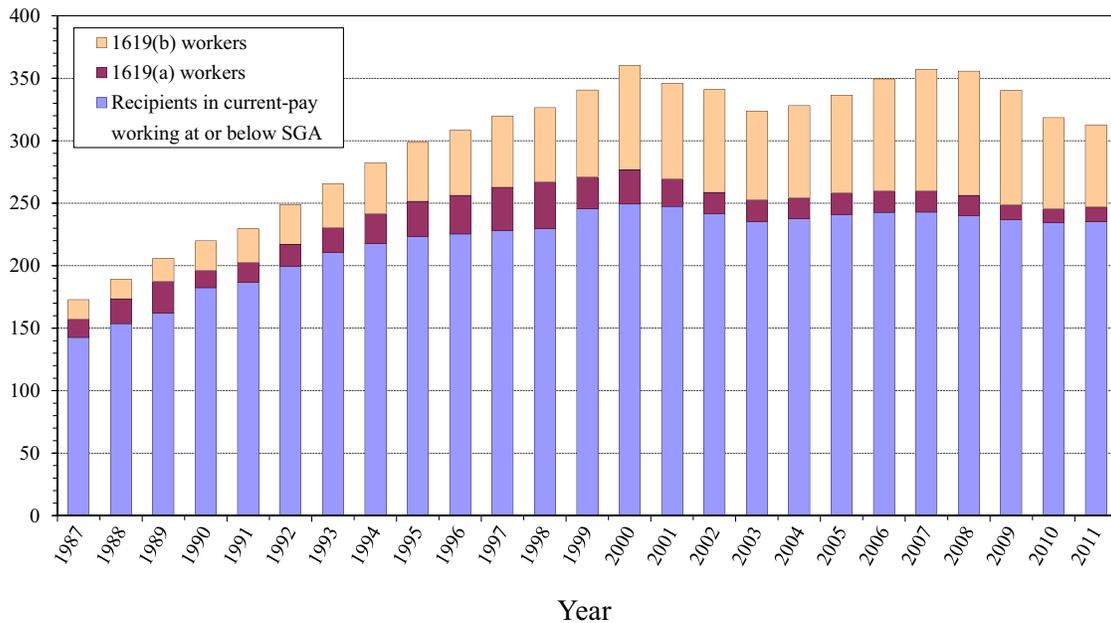


Table V.E2 presents historical numbers of SSI recipients who benefit from other selected work incentive provisions: (1) plan to achieve self-support (PASS); (2) impairment-related work expense exclusion (IRWE); and (3) blind work expense exclusion (BWE). These recipients may be benefiting from more than one of these selected work incentive provisions. This information is available only for calendar years 1990 and later.

Table V.E2.—SSI Federally-Administered Blind or Disabled Individuals with SSI Recipient Status Participating in Other Work Incentives as of December, 1990-2011

Year	PASS ^a			IRWE	BWE
	Non-workers	Workers	Total		
1990.....	1,215	1,040	2,255	5,384	4,385
1991.....	1,969	1,601	3,570	6,546	4,330
1992.....	3,189	2,658	5,847	7,813	4,454
1993.....	4,528	3,602	8,130	8,629	4,406
1994.....	5,842	4,487	10,329	9,484	4,380
1995.....	5,719	4,603	10,322	9,940	4,433
1996.....	2,760	1,944	4,704	9,799	4,230
1997.....	1,290	708	1,998	9,637	4,116
1998.....	712	362	1,074	9,301	3,802
1999.....	698	347	1,045	9,520	3,971
2000.....	862	520	1,382	9,422	3,895
2001.....	1,024	576	1,600	8,798	3,642
2002.....	1,150	571	1,721	8,047	3,386
2003.....	1,181	524	1,705	7,604	3,074
2004.....	1,112	486	1,598	6,874	2,827
2005.....	1,089	493	1,582	6,310	2,552
2006.....	1,098	485	1,583	5,650	2,370
2007.....	1,003	512	1,515	5,161	2,142
2008.....	1,074	485	1,559	4,572	1,925
2009.....	1,037	420	1,457	3,862	1,643
2010.....	1,001	392	1,393	3,491	1,847
2011.....	882	405	1,287	3,339	1,570

^a For years 1990 through 1996, data do not include PASS plans that exclude only resources.

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

b. Average Earnings of Participants in Work Incentive Programs

In this section, we present historical data on average earnings of SSI working recipients. Table V.E3 presents average earnings of SSI recipients categorized according to their section 1619 status.

Table V.E3.—Average Monthly Earnings of SSI Federally-Administered Blind or Disabled Working Recipients, as of December, 1987-2011

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

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

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

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

^d Estimated.

2. Vocational Rehabilitation/Ticket to Work Program

Provisions designed to make vocational rehabilitation (VR) services available to SSI blind or disabled recipients have been part of the SSI program since its inception. From the beginning, SSA referred SSI recipients to State VR agencies, which provided services to those recipients they accepted as clients. Prior to 1981, SSA made block grants to VR agencies to fund services to disabled beneficiaries. The 1981 amendments changed this and established a “cost” reimbursement provision. Under this provision, we reimburse VR agencies for the cost of VR services furnished to blind or disabled SSI recipients only if the services result in the recipient returning to work. For reimbursement purposes, we consider recipients to have returned to work if they have had earnings exceeding the SGA level for 9 continuous months.

The 1984 amendments authorized reimbursement for cases¹ where the recipient medically recovers while engaged in a program of rehabilitation services approved by SSA and SSA determines that continuation or completion of such a program would increase the likelihood the individual will permanently leave the rolls. The 1990 amendments authorized reimbursement for the cost of services the VR agencies provide in months in which the individual is not receiving Federal SSI benefits if the individual:

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

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

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

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

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

² State VR agencies may elect on a case-by-case basis to receive payment under the traditional VR reimbursement system, or as an EN under the outcome or outcome-milestone payment system.

State VR agency; the VR agency continues to decide whether each beneficiary is eligible for services under the Rehabilitation Act of 1973.

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

- In fiscal year 2003, SSA established the Area Work Incentives Coordinator (AWIC) position and trained a total of 58 AWICs, assigning at least one AWIC to each Area Office. We created the AWIC position to improve the quality of employment support services provided to beneficiaries through training, outreach, and better coordination of support services. As of fiscal year 2012, 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 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 Territories under the new Work Incentives Planning and Assistance (WIPA) program, which replaced and enhanced the former Benefits Planning, Assistance, and Outreach (BPAO) program. The WIPA program continues to provide 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.

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

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

- Work Incentives Seminar Events (WISE)
- Disability Employment Fairs
- Disability Forums and Expos
- Technical Colleges
- Universities

- Disability Resource Centers
- One-Stop Career Centers
- Small Business Administration Groups
- Workforce Investment Fairs
- Independent Living Councils' Conferences
- United Way Agencies
- State Advocacy Groups

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

- We have seen a 43 percent increase in beneficiaries initiating return to work programs, from 203,664 on May 1, 2008 to 290,779 on April 1, 2012. and
- In 2010, the number of beneficiaries receiving services under the Ticket to Work program who worked increased by 21 percent (from 96,993 to 117,124) over calendar year 2008.

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

Table V.E4 provides historical data on the number of VR agency reimbursement claims allowed and the amount of such awards for SSI recipients.

In a somewhat broader context of providing work incentives for disabled beneficiaries of both the OASDI and SSI programs, the President's FY 2013 Budget contains a proposal to test a framework for simplifying the rather complicated array of work incentives available under the OASDI program. Under the proposed Work Incentives Simplification Program (WISP), we would treat earnings of OASDI disabled beneficiaries more like the treatment of earnings for SSI disabled adults under SSI.

Table V.E4.—Vocational Rehabilitation Reimbursement Claims Allowed, Fiscal Years 1987-2011

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

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

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

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

Table V.E5 provides historical data on the number of Employment Network payments allowed and the amount of such payments for SSI recipients.

Table V.E5.—Employment Network Payments Allowed, Fiscal Years 2002-11^a

Fiscal year	Concurrent Title II/XVI payments		Title XVI only payments		Total payments	
	Number	Amount ^b (in thousands)	Number	Amount (in thousands)	Number	Amount ^b (in thousands)
2002.....	7	\$1	1	^c	8	\$1
2003.....	138	19	260	\$47	398	66
2004.....	245	35	674	127	919	162
2005.....	692	105	1,292	251	1,984	356
2006.....	975	137	1,648	317	2,623	454
2007.....	1,259	181	1,713	334	2,972	515
2008.....	1,827	274	2,524	520	4,351	794
2009.....	2,575	594	3,282	1,310	5,857	1,904
2010.....	3,461	864	3,819	1,704	7,280	2,568
2011.....	4,565	1,145	5,879	2,789	10,444	3,934

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

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

^c Less than \$500.

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

F. INVOLVEMENT OF SSI RECIPIENTS IN OTHER PROGRAMS

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

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

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

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

Table V.F1.—Percentage of SSI Federally-Administered Recipients in Current-Payment Status with Participation^a in Selected Programs Based on SSA Administrative Records, December 2011

	Age groups			All
	0-17	18-64	65 or older	
Number of Federally-administered recipients, December 2011 (in thousands).....	1,277	4,777	2,059	8,113
Program	(In percent)			
Program participation by SSI recipients, December 2011				
Federal SSI.....	99.9	97.4	94.2	97.0
Federally-administered State SSI supplementation.....	19.7	25.8	44.0	29.4
OASDI.....	7.6	31.3	56.3	33.9
Black Lung.....	^b	^b	^b	^b
Railroad Retirement.....	^b	^b	0.1	^b
Veterans Affairs disability cash benefits.....	0.1	0.3	1.0	0.4
Workers' Compensation.....	^b	0.1	^b	0.1
Previous program participation by SSI recipients, December 2011				
TANF/AFDC.....	27.1	28.3	12.4	24.1
Interim Assistance Reimbursement.....	0.7	14.1	11.1	11.2

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

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

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

There are other potential sources for information on SSI recipients when that information is not available on the SSI administrative files. These sources include the following:

- The Survey of Income and Program Participation (SIPP), a U.S. Census Bureau sample survey, is comprised of a continuous series of national panels that collect information such as the source and amount of income, asset holdings, program participation and general demographic characteristics for the U.S. civilian noninstitutionalized population.
- The Current Population Survey (CPS), a U.S. Census Bureau sample survey conducted monthly by the Bureau of the Census for the Bureau of Labor Statistics is the primary source of information on the labor force characteristics of the U.S. population. The CPS March Supplement (the Annual Social and Economic Supplement), collects, in addition to the usual monthly labor force data, information on income, noncash benefits, program participation and general demographic characteristics for the U.S. resident noninstitutionalized population.
- The Health and Retirement Study, a survey sponsored by the National Institute on Aging and conducted by the University of Michigan, is a biennial survey that collects information such as health status, health care utilization, income, asset holdings, program participation and general demographic characteristics for the U. S. population over age 50.

G RESEARCH ON RELATED TOPICS

The legislative mandate for this report requires inclusion of information about “relevant research on the SSI program by the Social Security Administration (SSA) and others.” Section 1 of this appendix describes major ongoing projects. Section 2 presents a bibliography of studies regarding SSI payment levels, recipients, and reform proposals published in the past 10 years by both public and private entities.

1. Ongoing Research

a. SSI Policy Simulations

Using Survey of Income and Program Participation (SIPP) data matched to administrative records, SSA researchers have developed a model of financial eligibility for SSI to estimate the rate of participation among the eligible elderly and the effects of various options to modify the SSI program (see Davies et al. 2001/2002). The model suggests that the rate of participation among the eligible elderly was about 62 percent in 1991. The comparable participation rate estimate at the end of 1996 was also 62 percent. An updated version of the model uses the 2004 SIPP matched to administrative records.

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

b. National Survey of SSI Children and Families

The National Survey of SSI Children and Families (NSCF) addressed a number of agency policy and program objectives. One objective was to address issues specifically pertaining to the effects of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (welfare reform). However, the survey as designed is useful for the study of a broader range of issues of current interest to policy makers. Most importantly, it allows for the analysis of a nationally representative cross-section of SSI beneficiary children aged 0-17 and young adults aged 18-23. Among the questions the survey answers are the following:

- What are the characteristics of SSI children?
- What alternative sources of care are available to disabled children who lose SSI benefits?
- How is quality of life and utilization of medical services impacted by gaining or losing SSI benefits?
- What is the cost of caring for a child with disabilities?
- What are the uses of SSI benefits?
- What is the impact of the nature and severity of the child's disabilities on parental labor force participation?

The NSCF data collection began July 2001 and concluded June 2002. The NSCF sample size was considerably larger for SSI children and young adults than the sample size available in other surveys. Altogether, the NSCF includes 8,535 completed interviews, including 5,006 who received SSI benefits in December 2000 and 5,033 who received SSI benefits in December 1996. NSCF documentation is available on the SSA website at <http://www.socialsecurity.gov/disabilityresearch/nscf.htm>. Davies and Rupp (2005/2006) provides an overview of the survey and describes some key features. Other analyses using these data are discussed in section c below. Although it was a cross-sectional data collection effort, we continue to update the match between NSCF and SSI administrative records with longitudinal data on SSI program participation.

c. Analytic Studies

A number of studies by SSA researchers provide a better understanding of the SSI program, the elderly and disabled target populations, program interactions, and the role of the SSI program in the United States social safety net. Koenig and Rupp (2003/2004) estimates the prevalence of households and families with multiple SSI recipients and provided an assessment of the poverty status of multirecipient households. In 2003 and again in 2005 SSA provided funding for interviewing supplemental samples of SSI and DI beneficiaries to increase the SIPP sample size available for analyses of these target groups. DeCesaro and Hemmeter (2008) examines the characteristics of DI and SSI program participants using the 2003 supplemental sample combined with the 2001 SIPP, both matched to administrative records. Rupp and Davies (2004) tracks survey respondents from the 1984 SIPP for 14 years using administrative records on SSI and DI participation and death events to assess the relationship between self-reported health status, disabilities, mortality, and participation in the SSI and DI programs. Weathers et al. (2007) uses a unique longitudinal dataset based on administrative data from the National Technical Institute for the Deaf (NTID) linked to SSA administrative records to conduct a case study of SSI children who applied for postsecondary education at NTID. Another study uses SSA administrative records from August 2005 through August 2007 to analyze SSI recipients who lived in counties and parishes affected by Hurricanes Katrina and Rita (Davies and Hemmeter 2010). Hemmeter (2009) examines the occupational distribution of SSI disability recipients aged 18-61 who work. Hemmeter and Gilby (2009) analyzes age-18 redetermination outcomes for SSI youth, including appeals of initial cessations and subsequent reapplications for benefits after a period of ineligibility. Using data from the Current Population Survey matched to SSA administrative records, Nicholas and Wiseman (2009) assesses the impact of using administrative records on poverty estimation among elderly SSI recipients using the official and alternative definitions of poverty. Wiseman and Ycas (2008) compares the Canadian social assistance program for the elderly with the SSI program, looking at program structure, cost and consequences for elderly poverty rates. Kemp (2010) conducts a descriptive analysis of the SSI Student Earned Income Exclusion. One ongoing study is examining the growth in SSI applications and awards among children. Another ongoing study is looking at SSI children by year of award and age at award and analyzing transitions (onto DI, off DI and SSI, mortality) as they age into adulthood.

Several studies focus on the distributional effects of the SSI program through its interactions with other Federal and State programs. One on-going study is utilizing longitudinal data from the Health and Retirement Study (HRS) to assess the role of SSI and related social safety net programs in providing a buffer against the potentially adverse effects of disability shocks in the near-elderly population on financial well-being. Rupp et al. (2008) provides an empirical analysis of the SSI Federal benefit rate for assessing benefit adequacy among elderly Social Security beneficiaries and the effectiveness of the SSI benefit eligibility screens for targeting economically vulnerable elderly beneficiaries. Balkus et al. (2009) examines the distributional effects of replacing current policies on living arrangements and in-kind support with a simpler, cost neutral alternative. Rupp and Strand (2007) highlights the distributional implications of Social Security reform scenarios involving a potential shift from wage indexing to price indexing or longevity indexing in the establishment of initial benefits. Strand (2010) uses matched SIPP records to examine potential eligibility for three major means-tested programs (SSI, Medicaid, and Food Stamp) among near retirees aged 55 to 64 and eventual SSI participation upon reaching age 65. Rupp, Davies, and Strand (2008) finds that over one-third of the working-age population is covered by SSI in the event of a severe disability, which provides disability benefit coverage to many who are not DI-insured and enhances the potential bundle of disability cash benefits among a substantial segment of those who are DI-insured. Rupp and Riley (2011) analyzes longitudinal patterns of interaction between DI and SSI and finds that a quarter of the year 2000 cohort of first-ever working age disability awardees received benefits from both programs over a 60-month period. Ongoing research by Rupp and Riley is analyzing interactions between SSI, DI, Medicaid and Medicare on a cohort of SSI and DI awardees; the research uses matched administrative data from SSA and the Centers for Medicare & Medicaid Services. Wamhoff and Wiseman (2005/2006) examines the financial consequences of TANF-to-SSI transfers and develops new estimates of both the prevalence of receipt of SSI benefits among families receiving cash assistance from TANF and the proportion of new SSI awards that go to adults and children residing in families receiving TANF-related benefits. Trenkamp and Wiseman (2007) addresses the connections between the SSI and Food Stamp programs. Meijer, Karoly, and Michaud (2009, 2010) analyzes eligibility for the Medicare Part D Low Income Subsidy, which relies on a simplified SSI methodology.

A number of studies utilize the NSCF to focus on children and young adults receiving SSI. Rupp et al. (2005/2006) presents highlights from the survey characterizing SSI children with disabilities and their families. Hemmeter (2011) analyzes the unmet health care needs of SSI children after the age-18 redetermination. Additional research studies employment and caregiving patterns of parents of SSI children (Rupp and Ressler 2009), examines employment and program outcomes among young adults after their eligibility redetermination at age 18 (Hemmeter, Kauff, and Wittenburg 2009), and analyzes factors affecting out-of-pocket medical expenses and unmet health care needs of disabled children (DeCesaro and Hemmeter 2009). These papers appear in a special issue of the *Journal of Vocational Rehabilitation* (volume 30, number 3, 2009) devoted to SSI children and young adults and the transition to adulthood. The special issue also includes a paper that introduces the issue and examines the life-cycle human capital development and longer-term SSI and earnings outcomes of SSI youth as they transition to adulthood (Davies, Rupp, and Wittenburg 2009), as well as two papers that focus on SSA's Youth Transition Demonstration (Fraker and Rangarajan 2009; Luecking and Wittenburg 2009). The articles from the special issue are available on SSA's web site at <http://socialsecurity.gov/policy/JVR.html>.

d. Evaluation of the Ticket to Work (TTW) Program

The Ticket to Work and Work Incentives Improvement Act of 1999 requires the Commissioner of Social Security to provide independent evaluations to assess the effectiveness of the TTW program. We are conducting all TTW evaluation reports through an independent evaluation contractor, Mathematica Policy Research, Inc. Papers from all seven TTW reports are available on Social Security Online at http://www.ssa.gov/disabilityresearch/twe_reports.htm.

One of the foundations of the evaluation is an annual research file, the Ticket Research File (TRF). The TRF contains the agency's disparate administrative data resources for all beneficiaries age 10 to full retirement age who have received disability cash benefits from the SSI, SSDI, or both programs since 1996. We initially produced the TRF to support the TTW evaluation, and researchers now use it for a wide array of disability-related research.

A second foundation of the TTW evaluation is the National Beneficiary Survey (NBS). In the NBS, we collect information that is not available from our administrative records from a representative sample of SSI and SSDI beneficiaries. Key items of interest in the NBS include work attitudes and work related activities, health and functional status, education, access to health insurance, household composition, and sources of income. In the past year, we completed the fourth round of the NBS. We implemented the first four rounds between 2004 and 2010, but delayed the fourth round of the NBS survey to observe the 2008 changes to the TTW program.

Within the last year, we have published seven articles in a special issue of the Social Security Bulletin based on the findings of the TTW evaluation and related research from our fifth TTW evaluation report. Like the fifth TTW evaluation report, we are publishing the sixth and seventh TTW evaluation reports as a series of papers plus a "Highlights" paper summarizing the findings from each report.

In the sixth TTW evaluation report, we analyzed four separate issues facing the TTW program. In the first paper, we examined the early effects of the revised TTW regulations that we implemented in 2008. Our evaluation contractor found that the agency and its contractors have successfully educated providers about the revised regulations and have instituted related support systems. We also found that the new regulations have had only a modest effect on the overall rate of beneficiary participation in TTW, but have significantly increased participation under the milestone-outcome payment method. We also found that while the number of Employment Networks (EN) increased only modestly under the new regulations, the number of ENs actively taking Tickets increased sharply as we have removed ENs not actively participating in the program.

In the second paper of the sixth report, we examined the activities of the 103 organizations receiving agency grants under the Work Incentives Planning and Assistance (WIPA) projects. This report found that WIPA projects are appropriately prioritizing services to beneficiaries most interested in employment and focusing on encouraging WIPA enrollees to use work incentives to increase employment. Consistent with WIPA goals, we found that 70 percent of enrollees receive some level of ongoing support from WIPA projects, but that 30 percent did not receive such assistance. We also found that WIPA projects varied markedly in terms of service output and costs and that these differences were not due to differences in beneficiary density in WIPA markets.

In our third paper for the sixth report, we examined the likelihood that the TTW program currently is, or likely will be, self-financing. We found that the TTW specific operational and EN payment costs are about \$46 million each year and that the TTW program needs to increase exits by about 2,500 annually to cover these ongoing costs. TTW has produced about 2,700 annual exits, so the net cost of TTW depends on how many of these beneficiaries would have exited without TTW assistance. For example, if none of the 2,700 beneficiaries who exited in 2006 would have done so without TTW assistance, the program is already self-financing. Alternatively, if all 2,700 would have exited anyway, in the absence of TTW, then the program is costing the full \$46 million. We believe the true annual cost is somewhere between these extremes.

In the fourth paper of the sixth report, we examined the longitudinal employment outcomes of new SSI disability recipients over an 11-year span. We found that a substantial share of SSI awardees receive SSDI at some point while receiving SSI (40%), and that SSDI receipt changes the effect of work on benefit receipt. We find that by the 11th year after initial receipt of benefits (2007), 7.4 percent of the 1996 SSI

award cohort were not receiving SSI payments because of work (1619(b) status) and also not receiving SSDI payments in at least one month, while if we ignore SSDI status, 11.4 percent were not receiving SSI payments because of work in at least 1 month. We also found that some recipients terminate from SSI due to work without entering suspended status (1619(b)) first.

Our TTW evaluation contractor is currently completing its analyses for the seventh TTW evaluation report. The first two papers for this report are complete, and our contractor will complete the remaining reports in fiscal year 2012. In the first completed report, we updated WIPA project activities and examined the outcomes achieved by WIPA enrollees following their enrollment. We found that 70 percent of beneficiaries who enrolled in WIPA services between October 2009 and March 2010 were employed or actively seeking employment at the time of enrollment. Fifty-five percent of these beneficiaries had earnings at some point during the 9 to 15 months following service entry, and about 16 percent experienced a reduction in social security disability benefits because of earnings during at least one month in the nine-month period following WIPA program entry. We also found that receipt of more intensive WIPA services (as measured by hours of service) was significantly associated with a greater likelihood of using our work incentives; having earnings in 2010; experiencing an increase in earnings between 2009 and 2010; and having benefits suspended or terminated because of earnings during at least one month between WIPA program entry and the end of December 2010.

In the second completed paper from the seventh report, we examined the longer-term changes in the TTW program following our implementation of the 2008 regulations. Since that time, we find the number of beneficiaries served under the milestone-outcome payment system has increased markedly and has continued to grow. We also find that the proportion of ENs that are actively taking Tickets has nearly doubled, from 28 percent in July 2008 to 52 percent in December 2010 as we have focused on limiting the pool of ENs to those that have the potential to be actively involved in the program and to promote its goals. However, beneficiary participation rates in TTW have increased only slightly since the introduction of the revised regulations, and Partnership Plus cases (where the State vocational rehabilitation agency (SVRA) serves the beneficiary and then hands them off to an EN for long-term case management) make up a tiny proportion of all Ticket assignments. The increase in milestone-outcome assignments, particularly at a time when assignments to the other payment systems were stagnant, suggests that we were successful in making milestone-outcome more enticing to both ENs and SVRAs.

Other researchers and policy analysts within the agency, and at other Federal agencies and academic institutions, use the TRF and the NBS for general disability research and analysis not limited to Ticket participants. Examples of these papers include: interactions between SSDI and SSI for new beneficiaries with disabilities (Longitudinal Patterns of Participation in the Social Security Disability Insurance and Supplemental Security Income Programs for People with Disabilities, by Kalman Rupp and Gerald F. Riley); the differences in employment outcomes between young participants (ages 18 to 30) with psychiatric disabilities versus young participants with other disabilities (Employment Experiences of Young Medicaid Buy-In Participants with Psychiatric Disabilities, Jody Schimmel, Su Liu, Sarah Croake); and work activities and employment outcomes for our beneficiaries with disabilities in seven articles in a special issue of the Social Security Bulletin (Social Security Bulletin, Vol. 71 No. 3).

e. Homeless Outreach Projects and Evaluation (HOPE)

In 2004, we awarded funds to 41 service providers nationwide to provide outreach services to people who are homeless. We trained these service providers and gave them training materials so they could help individuals who are homeless with our disability application process. In October 2007, Westat, the evaluation contractor, released the final evaluation report. We are currently conducting a longitudinal evaluation of HOPE. Findings from this analysis will be available later in 2012.

f. Youth Transition Demonstration (YTD)

The YTD establishes partnerships to improve employment outcomes for youth ages 14-25 who receive (or could receive) SSI or SSDI payments based on their own disability. The YTD projects include service delivery systems and a broad array of services and supports to assist youth with disabilities in their transition from school to employment and to help them gain economic self-sufficiency.

YTD began in 2003, with seven projects in six States. In 2007, we piloted new projects in five States, choosing three new projects in Florida, Maryland, and West Virginia. These three projects joined three (Colorado and two New York) of the original seven projects in a random assignment study. This study will produce the first evaluation of the empirical evidence of the effects of youth transition programs and modified SSI work incentives.

The modified SSI program rules that we are testing under the YTD include five elements.

- Despite the finding of a continuing disability review or an age-18 medical redetermination that an individual is no longer eligible for benefits, we will continue paying benefits for as long as the individual continues to be a YTD participant.
- The student earned income exclusion (section 1612(b)(1) of the Act), which normally applies only to students who are age 21 or younger, will apply to all participants who meet 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 will exclude the first \$65 plus three-fourths of any additional earnings.
- We will extend 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 will approve an otherwise satisfactory PASS that has either career exploration or postsecondary education as its goal. Income and assets that an individual uses for PASS expenses do not count when we determine SSI eligibility and payment amount.

The research findings will help to assess the implications of any such impacts for the Social Security trust funds and Federal income tax revenues.

The YTD projects in Colorado and New York have ended. The Florida, Maryland, and West Virginia projects are implementing the interventions and services and will end in 2012. A comprehensive final report of the six random assignment projects is due in August 2014.

g. TANF/SSI Disability Transition Project (TSDTP)

Both welfare agencies and the federal disability system seek to support low-income people with disabilities and help them become more independent. However, the two systems often have differing missions and organization, definitions of disability, operational and financial issues, and work rules and incentives, making it challenging for the Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI) programs to work together. TANF clients who apply for SSI may confront conflicting messages from TANF agencies regarding work requirements and benefit eligibility. The GAO and Social Security Advisory Board recommended that SSA and the Administration for Children and Families (ACF)

work together to address serious concerns in Congress among stakeholders that the TANF and SSI lacked the coordination necessary to serve the public effectively and efficiently.

In response to these concerns, and to improve our understanding of the relationship between the TANF and SSI populations and programs, our Office of Program Development and Research and the Administration for Children and Families (ACF) launched the TANF-SSI Disability Transition Project in October 2008. Working with ACF, TANF agencies in California, Florida, Michigan, Minnesota, and New York, select counties in these States, and the evaluation firm MDRC, we are analyzing program data, examining State and county program coordination, and pilot-testing program innovations for TANF clients with disabilities. SSA, ACF, TANF agencies, and low-income individuals with disabilities and their families would benefit from effective and efficient services—moving toward employment when possible, making informed decisions about applying for SSI, receiving SSI as quickly as possible if eligible, and reducing administrative costs. The project will conclude in June 2013 with final reports on data analysis, program coordination, pilot test observations, and options for a larger demonstration project that builds on these findings.

h. Occupational Information System (OIS)

We are conducting research in order to collect new occupational information for the agency's disability program's adjudicative needs. We currently use occupational information from the Dictionary of Occupational Titles (DOT) developed by the Department of Labor (DOL), as well as other companion volumes such as the Selected Characteristics of Occupations and the Revised Handbook for Analyzing Jobs, and have relied on these sources when adjudicating disability claims. DOL completed the last partial update of the DOT in 1991 and has no plans to conduct further updates. The new information will replace that contained in the DOT and comprise the primary source for information about job requirements critical to evaluating disability, including information not contained in the DOT.

In FY 2011, we completed and published a comprehensive OIS research and development plan and business process (http://www.ssa.gov/disabilityresearch/research_development.html) that we will update annually. We maintained collaborative activities and obtained consultative advice, through outreach and staff contact with DOL's Bureau of Labor Statistics and the Employment and Training Administration; the U.S. Census Bureau; the Office of Personnel Management; and, the National Institute for Occupational Health and Safety. These vital consultations are foundational for developing and evaluating our new OIS. We will continue to coordinate with these and other Federal agencies as warranted through the life of the project.

We continued work on the Occupational and Medical-Vocational Study—a review of adult disability claims to identify and record the primary occupational, functional, and vocational characteristics of adult applicants under our OASDI and SSI disability programs. This information will help us target our initial rounds of OIS data collection. We will complete a report on this effort in FY 2012. In September 2011, we received final reports on benchmarking job analysis methodologies and business strategies to recruit, train, and certify job analysts to conduct OIS data collection (http://www.ssa.gov/disabilityresearch/occupational_info_systems.html). We also completed the survey of selected domestic and international governmental OISs, identified the scientific standards by which we will conduct the research and development of the OIS, and began to identify the OIS usability standards that we will complete in FY 2012. We began groundwork for the OIS work taxonomy based on the Occupational Information Development Advisory Panel's 2009 recommendations, our program rules, and other recommendations offered by experts and the public. Finally, we awarded contracts to expert consultants in industrial and organizational psychology for advice and support on a range of OIS activities, including the method for completing an OIS work taxonomy that would best support our program and technical needs.

In FY 2012, we will continue outreach to key Federal partners and identify potential collaborative efforts that may assist in moving the project forward. We will also develop and test the collection of occupational information, and estimate testing could be complete in the final quarter of FY 2013. Pending a successful outcome we will begin collection and evaluate integration of the new data into SSA's program operations.

i. Homeless with Schizophrenia Presumptive Disability (HSPD) Pilot Demonstration

In the HSPD Pilot Demonstration, we are partnering with clinicians and case managers from the Health Services Agencies of San Francisco and Santa Cruz, California and the Department of Public Health of the City of San Francisco who are actively engaged in assisting their patients to navigate the SSI application process. We believe that they have established relationships with patients who have been diagnosed with schizophrenia and schizoaffective disorder who are also known to be homeless. The goal is to improve the economic well-being of adult applicants who are homeless and have been diagnosed with schizophrenia or schizoaffective disorder. There are two main features of the program. We have developed the Schizophrenia Presumptive Disability Recommendation Form for clinicians to complete, which certifies that the medical evidence establishes that the applicant's mental impairment meets the severity of Listing 12.03 Schizophrenic, Paranoid and Other Psychotic Disorders. The clinicians and case managers submit the form, along with the supporting medical evidence, as well as assist with completing the online and paper applications for SSI benefits.

The second feature of the pilot demonstration is that we will pay up to six months of SSI payments to the applicant based on presumptive disability (PD), which will provide economic relief to the applicant while we gather the medical evidence and process the necessary application to make a formal finding of disability. Applicants are not required to pay back PD SSI payments if we ultimately deny their applications, as long as we did not deny the applications for nonmedical reasons. There must be a high degree of probability that the applicant is disabled when we confer PD SSI payments. Our field offices generally make PD findings only for specific disability categories, which do not include schizophrenia or schizoaffective disorder. This pilot demonstration allows us to create special units in our San Francisco and Santa Cruz, California field offices to make PD findings for applicants who are homeless, have a diagnosis of schizophrenia or schizoaffective disorder, and whose application includes a Schizophrenia Presumptive Disability Recommendation Form completed by an acceptable medical source certifying the diagnosis and the severity of the applicant's impairment.

In our evaluation of the demonstration, we will examine whether the program improves the administration of the SSI application and determination process. We will also examine whether providing the application assistance and the PD improves outcomes for individuals who are homeless and who have schizophrenia or schizoaffective disorder.

We began fielding the pilot in spring 2012.

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H. GLOSSARY

Administrative Expenses (or Costs). Expenses incurred by the Social Security Administration (SSA) in administering the Supplemental Security Income (SSI) program. The Department of the Treasury initially pays such administrative expenses from the OASI and DI Trust Funds as provided in section 201(g)(1) of the Social Security Act. The Department of the Treasury subsequently reimburses the trust funds for such expenditures, including any interest lost, from the General Fund of the Treasury.

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

Aged. Individuals aged 65 or older.

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

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

Appeal Rights Process. Includes administrative appeals and judicial review. The administrative review process followed by SSA in determining an individual's rights under the Social Security Act typically consists of several steps: reconsideration, hearings, and Appeals Council review. Individuals dissatisfied with the outcome of the administrative review process may request judicial review by filing a complaint in the U.S. District Court. Each step in the process must be requested within certain time periods. SSA introduced a modification of this process in 10 States for disability applications filed October 1, 1999 and later. Under this revised process claimants file appeals of initial disability denials directly with the Office of Disability Adjudication and Review, thereby eliminating the reconsideration step. The options for appeal beyond the hearing level are unchanged.

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

Assumptions. Values relating to future trends in certain key factors that affect the eligibility for SSI benefits and the level of such SSI payments. Demographic assumptions include fertility, mortality, net immigration, marriage, and divorce. Economic assumptions include unemployment rates, average earnings, inflation, interest rates, and productivity. Program-specific assumptions include rates of application for and new receipt of various SSI benefits and rates of termination of SSI benefits. The assumptions underlying the projections presented in this report are consistent with the intermediate assumptions of the 2012 OASDI Trustees Report.

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

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

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

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

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

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

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

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

Comparable Severity. The phrase in the Social Security Act that defined disability for children prior to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193). Under prior law, an individual under age 18 would have been considered disabled if he or she had an impairment of comparable severity to that required for individuals 18 or older.

Constant Dollars. Dollar amounts adjusted by the CPI to the value of the dollar in a particular year.

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

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

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

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

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

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

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

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

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

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

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

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

Demographic Assumptions. See "Assumptions."

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

Disability. For individuals aged 18 or older, the inability to engage in any substantial gainful activity (SGA) 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.

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

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

Emergency Advance Payments (EAP). Special SSI payments of up to 1 month of SSI benefits that are available only at the time of initial application to those individuals who present strong evidence that they: (1) qualify for an SSI payment in the current or following month by meeting the qualifications for SSI eligibility (age, disability, blindness, citizenship or alien status as applicable); and (2) face a financial emergency due to insufficient income or resources to meet an immediate need for food, clothing, shelter or medical care. We recover from subsequent benefit payments the amount of the EAP an individual receives. If an individual who receives an EAP is found ineligible for SSI because he or she is not blind or disabled, the amount of the EAP is waived; if the individual is found ineligible for other reasons, we treat the amount of the EAP as an overpayment.

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

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

Fiscal Year (FY). The accounting year of the United States Government. Since 1976, a fiscal year is the 12-month period ending September 30. For example, fiscal year 2012 began October 1, 2011 and will end September 30, 2012.

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.

Holding-Out Marriage. A situation in which a man and woman who are not legally married to each other are living together in the same household and holding out to the community that they are husband and wife and, as such, are treated as a couple for purposes of determining eligibility and payment amount under SSI.

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 (LIHEAP), Project Safe, etc.).

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

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

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

Income. See—"Earned Income," "In-Kind Income" and "Unearned Income."

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

Ineligible Spouse. The husband or wife of an eligible individual who is not eligible for SSI benefits.

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

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

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

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

individual could not reasonably expect to receive. In any given quarter, we exclude up to \$30 of earned (infrequent or irregular) and \$60 of unearned (infrequent or irregular) income.

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

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

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

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

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

Maintenance-of-Effort. See "Passalong."

Mandatory State Supplementation. See "State Supplementation."

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

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

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

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

Medicare. A nationwide, Federally-administered health insurance program authorized in 1965 under Title XVIII of the Social Security Act to cover the cost of hospitalization, medical care, and some related services for most people age 65 and over. In 1972, lawmakers extended coverage to people receiving Social Security Disability Insurance payments for 2 years and people with End-Stage Renal Disease. 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). Part A helps pay for inpatient hospital care, inpatient skilled nursing care, and hospice care. Part B helps pay for doctors' services and other medical expenses, and supplies not covered by Part A. In 2006, prescription drug coverage (also known as Part D) was added. Almost all persons who are aged 65 and over or disabled and who are entitled to Part A are eligible to enroll in Part B and Part D on a voluntary basis by paying monthly premiums. Health insurance protection is available to Medicare beneficiaries without regard to income.

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

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

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

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

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

Optional State Supplementation. See “State Supplementation.”

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

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

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

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

- *Payment Levels Method*—States may not lower their supplementary payment for any of the living arrangement categories below their adjusted March 1983 levels. The adjusted level is the State’s March 1983 payment level minus that portion of the July 1983 increase in the Federal benefit rate that was not attributable to the increase in the cost of living (i.e., \$10.30 per individual and \$15.40 per couple).
- *Total Expenditures Method*—State expenditures for supplementary payments in the current calendar year must at least equal expenditures in the preceding calendar year. If expenditures are less in the current year (shortfall), the State must increase expenditures in the next calendar year by an amount at least equal to the shortfall.

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

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

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

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

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

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

Public Educational Institution. An institution operated by or controlled by the Federal Government, a State, or a political subdivision of a State, such as a city or county, for the primary purpose of providing educational or vocational training.

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

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

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

Qualified Alien. An individual who is:

- Lawfully admitted for permanent residence under the Immigration and Nationality Act (INA);
- A refugee under section 207 of the INA;
- An asylee under section 208 of the INA;
- A person whose deportation is withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or whose removal has been withheld under section 241(b)(3) of the INA;
- A parolee under section 212(d)(5) of the INA for at least 1 year;

- A person granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980;
- A Cuban or Haitian entrant as defined by Federal statute, including section 501(e) of the Refugee Education Assistance Act of 1980;
 - Former parolees and other aliens who became permanent residents under the Cuban Adjustment Act of 1966;
 - Aliens who became permanent residents under the provisions of the Immigration Reform and Control Act (IRCA) of 1986;
 - Aliens who became permanent residents under the Nicaraguan and Central American Relief Act; or
 - Aliens who became permanent residents under the Haitian Refugee Immigration Fairness Act; or
- A certain alien, or an alien parent of a child, or an alien child of a parent who:
 - Has been battered or subjected to extreme cruelty in the United States by a spouse, parent, or certain other family members the alien, parent or child lived with;
 - Is not living in the same household with the abusive individual;
 - Has been determined to need SSI because of this abuse; and
 - Has a determination from the USCIS for a certain change in status.

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

Quarter of Coverage. The crediting of coverage needed for insured status under the Social Security program. In 2012, a worker receives one quarter of coverage (up to four a year) for each \$1,130 of annual earnings reported from employment or self-employment. The amount of earnings required for a quarter of coverage is subject to annual automatic increases in proportion to increases in average wages.

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

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

Redetermination. A periodic review of eligibility for SSI recipients to ensure that requirements for eligibility continue to be met and that payment levels are in the proper amount. During redeterminations we review income, resources, living arrangements and other factors. In the redetermination process we do not review the determination of disability.

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

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

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

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

Resident of a Public Institution. An individual who can receive substantially all of his or her food and shelter while living in a public institution is considered a resident of the public institution. Generally, an individual who is a resident of a public institution throughout a month is ineligible for SSI.

Resident of the United States. A person who has established an actual dwelling place within the geographical limits of the United States with the intent to continue to live in the United States. (See "United States.")

Resource. The cash or other liquid assets or any real or personal property of an individual (or his or her spouse, if any) that he or she could use or could convert to cash to be used for his or her support and maintenance.

Retroactive Payments. The SSI payments made in a month later than the month or months in which they were due.

Retrospective Monthly Accounting (RMA). The calculation method used in the SSI program to determine an individual's eligibility for each month. RMA has two parts: an eligibility determination and a payment computation. If the individual is ineligible based on the current month's factors (including the current month's countable income), no payment is due and we make no payment. If the individual is eligible based on the current month's factors, we compute the payment. The benefit for a month is generally based on the individual's countable income in the second month prior to the current month. However, at the start of a period of eligibility or re-eligibility, we determine the amount of benefits for both the first and second months using the income received in the first month.

Section 1619(a) Status. The special SSI cash benefits provided to disabled individuals who lose eligibility for SSI benefits under the regular rules because they have earnings at the level ordinarily considered substantial gainful activity.

Section 1619(b) Status. The special SSI recipient status for Medicaid purposes provided to working disabled or blind individuals when their earnings make them ineligible for regular or special cash payments.

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

Social Security Act. Provisions of the law governing most operations of the Social Security programs. The original Social Security Act is Public Law 74-271, enacted August 14, 1935. With subsequent amendments, the Social Security Act consists of 21 titles, of which three have been repealed. In particular five titles of the Act authorized the following programs:

- Title II of the Act authorized the Old-Age, Survivors, and Disability Insurance program;
- Title VIII of the Act authorized special benefits for certain World War II veterans;
- Title XVI of the Act authorized the Supplemental Security Income program;
- Title XVIII of the Act authorized the Medicare program; and
- Title XIX of the Act authorized the Medicaid program.

Social Security Area Population. The population comprised of: (i) residents of the 50 States and the District of Columbia (adjusted for net census undercount); (ii) civilian residents of Puerto Rico, the Virgin Islands, Guam, American Samoa and the Northern Mariana Islands; (iii) Federal civilian employees and persons in the Armed Forces abroad and their dependents; (iv) crew members of merchant vessels; and (v) all other U.S. citizens abroad.

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

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

- *Administration*—The governmental unit responsible for administering State supplementation payments may be either a State or local agency or SSA. Under State administration, the State must absorb both program benefits and administrative costs. Under Federal administration, the State is responsible for the program benefits and, for 2012, pays a \$10.94 administrative fee for each benefit paid.
- *Mandatory Supplementation*—The supplementary payments made only to beneficiaries converted to the SSI program from former State assistance programs at the inception of the SSI program. The law requires mandatory minimum State supplementation payments to maintain the December 1972 payment levels that these beneficiaries received under the former State assistance programs. The law also requires States to provide the supplementation to maintain their Federal matching funds for Medicaid.
- *Optional Supplementation*—The payments made by States to help persons meet needs not fully covered by Federal SSI benefits. The State determines whether it will make a payment, to whom, and in what amount. These supplements, paid on a regular basis, are intended to cover such items as food, shelter, clothing, utilities, and other daily necessities. Some States provide optional supplementary payments to all persons eligible for SSI benefits, while others may limit them to certain SSI recipients such as the blind or residents of domiciliary-care facilities, or they may extend payments to persons ineligible for SSI because of SSI income.

Statutory Blindness. See “Blind.”

Student. An individual who is regularly attending a school, college or university, or a course of vocational or technical training designed to prepare him or her for gainful employment.

Student Earned Income Exclusion (SEIE). An earned income exclusion for a student under age 22 with certain limitations established by regulations. For 2012, we exclude up to \$1,700 earned income in a month, but no more than \$6,840 per year.

Substantial Gainful Activity (SGA). The level of work activity used to establish disability. A finding of disability requires that a person be unable to engage in SGA. For 2012, a person who is not statutorily blind and is earning more than \$1,010 a month (net of impairment-related work expenses) is ordinarily considered to be engaging in SGA.

Supplemental Nutrition Assistance Program (SNAP). The U.S. Department of Agriculture (USDA), under cooperative Federal-State agreements, issues Supplemental Nutrition Assistance Program (SNAP) benefits in the form of paper food coupons (commonly known as food stamps) and through electronic benefit transfer, to provide nutrition for low-income families. Recipients can use food stamps only to buy food at stores authorized by USDA to accept them. Prior to October 1, 2008, the Supplemental Nutrition Assistance Program was known as the Federal Food Stamp Program.

Supplemental Security Record (SSR). The computerized database maintained by SSA and containing identifying information, income, resources and other eligibility factors, for all SSI recipients. The SSR includes the history of SSI payments made to an individual.

Suspension. An ineligibility status that causes the nonpayment of benefits for a period of anywhere from 1 to 12 months for any of a number of reasons such as income or resources over allowable levels, absence from the United States, residence in a public institution, etc. Benefits can resume without reapplication, when all requirements for entitlement are again met. Suspense that lasts more than 12 months (24 months for individuals who were made ineligible because of their spouses or parent being called to active military duty) results in a termination of the SSI record. (Once a record is terminated, reapplication is necessary.)

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

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

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

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

Terminations. As used in Section IV, the net reduction (after accounting for new entrants) in the number of SSI recipients in current-payment status during a period.

Ticket to Work Program. The Ticket to Work and Work Incentives Improvement Act of 1999 established a voluntary Ticket to Work and Self-Sufficiency program (Ticket to Work program) under which a blind or disabled beneficiary may obtain vocational rehabilitation (VR), employment and other support services from a qualified private or public provider referred to as an “employment network,” or from a State VR agency.

Trusts. A legal arrangement involving property and ownership interests. Generally, we consider property held in a trust to be a resource for SSI purposes if the assets of the trust could be used for the benefit of the individual or spouse.

Unearned Income. The income that is not earned income. Unearned income may be in cash or in-kind. Some examples of unearned income are:

- Annuities, pensions, and other periodic payments;
- Retirement and disability benefits;
- Veterans', workers' and unemployment compensation;
- Alimony and support payments;
- Dividends, interest and certain royalties; and
- Rents.

United States. For purposes of the SSI program, the United States consists of the 50 States, the District of Columbia, and the Northern Mariana Islands.

Vocational Rehabilitation (VR). The process of restoring individuals with disabilities to full capabilities. VR services are designed to provide an individual with the training or other services that are needed to return to work, to begin working, or to enter a new line of work.

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

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

- Earned income exclusions;
- Impairment related work expenses;
- Blind work expenses;
- PASS;
- Section 1619 benefits; and
- Ticket to Work program.

SOCIAL SECURITY ADVISORY BOARD

STATEMENT ON THE SUPPLEMENTAL SECURITY INCOME PROGRAM

Public Law 104-193 requires that members of the Social Security Advisory Board be given an opportunity, either individually or jointly, to include their views in the Social Security Administration's annual report to the President and Congress on the Supplemental Security Income (SSI) program. We have asked the Social Security Administration (SSA) to include in this year's annual report the following statement of our views on third party assistance for SSI disability applicants that is provided by community-based non-profit organizations.

SSI is a federal public assistance program, based on need, for people who are age 65 or older, blind, or disabled. Although filing for SSI benefits requires the submission of a significant amount of information that makes it an intimidating process for anyone, the information is needed nonetheless to determine eligibility under the current statutes. Therefore, applying for SSI can be a confusing and stressful task. When claimants decide it is time to apply, they may already be at an advanced age, were born with a disabling condition, or have acquired a disability or serious health condition. In addition, these individuals may have family members depending on their income for financial support. By the time the individuals decide to apply, the application process may seem daunting. The SSI applicant may have additional stressors, such as homelessness or mental illness that make it difficult to navigate successfully through the steps of the application process.

While some claimants are able to independently navigate their way through both the federal application and any additional state medical application without assistance, others – particularly those individuals with limited personal resources or abilities – may seek help from community-based programs that are typically operated by non-profit organizations. During our recent study of claimant representation, we had an opportunity to learn about the kinds of supports and services offered by these organizations. In this statement, we provide a brief overview of non-profit third party organizations and review models of apparently successful third party initiatives.

WHAT ARE NON-PROFIT THIRD PARTY ASSISTANCE ORGANIZATIONS?

In general, the non-profit organizations that provide assistance to individuals filing for SSA disability benefits are social service organizations, health care entities, or legal aid agencies. These social service agencies typically help individuals with low to moderate incomes access a wide variety of federal, state, and local benefits and services such as in-home support services, food stamps, and general relief. They may also assist clients with specific limitations, such as a mental illness or homelessness. The legal aid agencies provide a broad range of services related to civil actions or government regulations, and those services can include assistance with filing

for government benefits. With regard to the disability programs administered by SSA, non-profit organizations may provide assistance to individuals at any point of the multi-stage disability application process, from filing the initial application through appealing an adverse decision. In addition, we should note that our research found that health care entities, such as hospitals and clinics, may contract with **for-profit** third party providers to assist their patients, particularly the uninsured, with SSI and Medicaid applications.

The client base for these organizations frequently includes individuals who may be lacking in resources on several fronts, such as those who have little or no income, no usual source of medical care, or no effective support system for engaging a private attorney or other representative. All three types of organizations are usually funded by a combination of public or private grants, charitable donations, and possibly by state or federal funding. Non-profit organizations provide their services at either no cost or very little cost to the claimant, and may sometimes be contracted by other entities to provide their services to eligible clients.

WHAT DO THIRD PARTY REPRESENTATIVES DO?

During the filing process, representatives from these non-profit organizations help claimants filing for SSI benefits by completing the necessary forms, either through SSA's online process¹ or via a paper application. As an important part of this application process, the representatives help the claimant to explain or describe the nature of the claimant's impairment or impairments and the ensuing limitations in order to present a clear picture to decision makers. Some representatives add a narrative explanation to the standard application in which they record their own observations about the claimant's abilities or level of functioning, or an overview of the supporting medical and other documentation they are submitting with the application.

In an effort to prevent unnecessary delays and reduce the time SSI claimants must wait for benefits, these third party representatives will often take additional steps to provide as much medical information as possible. The motivation for this is that the more complete the medical information, the less time it should take to make a decision on the case. They often obtain signed statements and copies of records from medical sources and include them with the initial application rather than waiting for the disability examiner to request the information. Further, the representatives may arrange for the claimant to see a physician or have medical testing done to obtain needed verification of the disabling impairment. This can eliminate the need for (and

¹ While many of these non-profit organizations have their own electronic programs to gather client information, at this time there is no way for them to transfer or download that data directly to SSA's systems. This results in processing inefficiencies for the representatives who have to re-key data into SSA's internet application, and/or for the SSA claims representatives who have to key the data from paper applications submitted by the third party representatives.

the cost of) examinations the disability examiner would request in order to obtain medical evidence. The need for such examinations is particularly high for certain segments of the SSI claimant population who may not have regular access to health care services and therefore have few medical or psychological sources of evidence.

After the claim is filed, the representatives will typically open a communication channel with the disability examiners handling their cases. The first step may be a call to the state agency (known generically as a Disability Determination Service, or DDS), which in most cases makes the disability decision on SSI applications. In this call, the representative will want assurance that the claim has been received, and then will want to identify the examiner who will be working the case. Assistance will continue throughout the DDS portion of process with the representative gathering any additional information and/or evidence the examiner needs to support the disability decision. This can include additional medical or psychological evidence, information about new medical sources, details about the claimant's past work, and information surrounding the limitations in activities of daily living; i.e., any supporting information or evidence needed to make a determination.

The representative often plays the role of expeditor, following up with physicians, clinics and hospitals to obtain evidence or ensure that files are sent to the examiner. Further, this kind of assistance is invaluable in tracking down hard-to-reach claimants, such as those who are homeless or mentally ill or who, due to financial circumstances, frequently move – often without providing notice or any forwarding address. The representative may also contact the claimant to make sure appointments for any scheduled examinations are kept, and may arrange transportation to those appointments.

Representatives from community-based non-profit agencies offer services to SSI claimants to assist in developing a claim that is as complete as possible when it is submitted to the disability examiner, and then to monitor that claim throughout the process to provide any information or evidence needed to make a decision. Their services have the potential to both speed up the process and ensure that the claimant receives the most informed determination possible. To be effective, the representative should ideally have a thorough knowledge of SSA policy, take a comprehensive approach to documenting the claimant's disabling conditions, and establish good communication with both the claimant and SSA/DDS representatives.

MODELS OF SUCCESSFUL THIRD-PARTY INITIATIVES

During our study of claimant representation, we heard from representatives of several different non-profit organizations that represent SSI claimants, who described the elements of their programs that they believe led to their success. We present the following models as examples of third party assistance that emphasize timely, thorough, and collaborative assistance that can benefit the claimant and also support the goals of the disability program.

One third-party assistance model that shifts the collection of information and claims development away from SSA is the SOAR (SSI/SSDI Outreach, Access and Recovery) model. SOAR is a joint project of the Department of Housing and Urban Development (HUD) and the Substance Abuse and Mental Health Services Administration (SAMHSA) at the U.S. Department of Health and Human Services (DHHS). The project's goal is to increase access for eligible claimants to disability benefits administered by Social Security, and thereby improve housing options, treatment opportunities, and other support services for long-term homeless populations. SOAR does this by providing strategic planning, training, and support to state and local organizations that serve these populations.

The SOAR model is based on case management specifically designed to assist a segment of the population that is hard to serve due to the transient nature of their daily lives. While many homeless individuals have both mental and physical disabilities, there is often little in the way of formal evidence to support their claims for disability benefits. The case manager's primary responsibility is to gather any available information, and then supplement those records through examinations by physicians or psychologists. As part of the process, a comprehensive summary is developed that provides a complete narrative history of the individual's impairments and medical/psychological treatment, along with observations and assessments of functional capacity and limitations. These summaries are reviewed and signed by the physicians and/or psychologists who have examined the individual applicant. The process is designed to provide as complete a record as possible for use by the DDS examiner in making a disability determination. Furthermore, once the case is assigned in the DDS, the case manager continues to develop the record as directed by the examiner.

From the FO and DDS perspectives, the staff at the SOAR project does much of the work of collecting necessary information. Perhaps equally as important, they also serve as a point of contact with this particular population, relaying any information needed to fill in the gaps, ensuring that the claimant attends consultative examinations if needed, and generally doing everything possible to ensure that all existing information is available to the decision-maker.

Since 2006, SOAR projects have assisted with nearly 15,000 disability applications with an average allowance rate of 71 percent.² This rate is worth noting when it is compared to the national allowance rate of only 35 percent,³ or the allowance rate for SSA's Homeless Outreach Projects & Evaluation (HOPE) grants,⁴ which essentially serve the same population. In fiscal

² SSI/SSDI Outreach, Access, and Recovery Project (SOAR), *2011 SOAR Outcomes*, <http://www.prainc.com/cms-assets/documents/52889-944292.2011-outcomes-summary-031212.pdf>, February 2012

³ 2009 data from the 2010 SSI Annual Statistical Report. Pub. No. 13-11827. Washington, DC: SSA, August 2011.

⁴ Congress provided \$8 million annually in FY 2003, 2004, and 2005 directing SSA to use the appropriations to provide outreach and application assistance to "homeless and under-served populations." All HOPE projects were closed as of October 2009.

years 2005 through 2007, the HOPE project allowance rate was about 41 percent -- only slightly better than the national average.⁵ As of 2011, the processing time for SOAR's cases average 101 days as compared to national processing time of 113 days⁶ for SSI initial disability claims. By the end of 2012, officials anticipate that there will be SOAR projects in all 50 states.

After more than five years, there are some indications that the third-party assistance provided by these projects is effective, at least for the segment of the population these projects serve. However, in terms of transference, the question is whether this kind of assistance can be used with other groups, and if so, what customization, if any, might be necessary. The protocol developed for the SOAR projects is already being tested with other groups such as veterans. For example, the SOAR project in Washington State is working in collaboration with the Washington Department of Veterans Affairs to assist returning military personnel. And case managers at the New London Homeless Hospitality Center for Veterans in Connecticut received specialized training using what they described as "a nationally tested and validated model (SOAR)" to assist veterans pursuing disability benefits.⁷

While not involved in SOAR projects per se, there are other groups adopting similar procedures. In July 2009, Solutions for Progress, Inc., a company that assists low- and moderate-income individuals to apply for government benefits and services, developed a web-based application tool (the Benefit Bank) using many elements of the SOAR model. As of March 2012, the Benefits Bank's project in Ohio maintains a 50-53% percent allowance rate for their homeless and at-risk-of-homelessness population as compared to the allowance rate of 29 percent⁸ for all SSI cases processed in Ohio.

HOW IS THIRD PARTY ASSISTANCE FUNDED AND WHAT IS THE COST TO BENEFIT RATIO?

With at least some indication that these models can be used with a variety of populations to assist in the SSI application process, the next question is how do these non-profit agencies and organizations obtain funding to support the services they provide? The technical support teams that provide the planning, training, and support for SOAR projects are jointly funded by SAMHSA and HUD; but there is no direct funding to the state and local organizations that sponsor these projects. Therefore, funding must come from the community.

⁵ <http://www.ssa.gov/disabilityresearch/docs/hopefinalreport.doc>, October 2007, p. 3-13

⁶ SSA, ODP, ODPMI TII PT & SSI PT Data Warehouses, DIODS, August 2011

⁷ New London Homeless Hospitality Center: *Project Home*, http://www.ewcupdate.com/fckeditor/userfiles/nlhhc_org/Project%20Home%20One%20page%20Flier%205-2010%282%29.pdf, May 2010

⁸ SSA, Office of Disability and Retirement Policy, Office of Disability Programs, *State Agency Operations Report*, 2010

While local mental health and social services agencies provide much of the funding, there are a number of other funding strategies also being employed.⁹ For example, the B.E.S.T. program in Portland, Oregon is funded through a combination of public money (from the city of Portland), and two hospital foundations (Kaiser Permanente and Providence Health Systems). A little over \$600,000 financed the project for its first two years.¹⁰ In Nashville, Tennessee, SOAR has joined forces with the AmeriCorps VISTA program to provide much needed staffing. Through this collaboration, the project receives at no cost a full-time VISTA volunteer who receives a monthly living allowance, health coverage, travel costs, and tuition support. In this community alone, over 220 individuals have received SSI/SSDI disability benefits through the services of volunteers who have collectively put in over 1,800 hours in little over a year.¹¹ In Wilmington, NC, a SOAR case worker reported assisting 45 applicants who were awarded benefits. When these 45 applicants became eligible for SSI, they also became eligible for Medicaid. Their Medicaid allowed the community hospital to be reimbursed by Medicaid for approximately \$123,000 it had spent on medical care for these 45 people. As a result of this success, the New Hanover Regional Medical Center agreed to continue to fund the project with a portion of future Medicaid reimbursements.¹² In Minnesota, the State is able to use state general assistance funds recouped from SSI retroactive benefits to enable continued funding of 14 SOAR projects in their state.¹³

Having found ways to fund these projects, the next challenge for these state and local organizations is assessing the cost benefit. With no universal funding mechanism for these projects, it would be difficult to assess the cost benefit for this kind of third party assistance at a national level. However at the local level, there are some examples of how organizations or communities have assessed the financial impact. The marketing for the B.E.S.T. program mentioned earlier emphasizes that it is not just the recipient but also the whole community that benefits from such projects; the project demonstrated that by announcing that community health care providers received over \$230,000 in retroactive Medicaid payments from just seven cases.¹⁴

⁹ The outcomes cited in the following examples regarding specific third-party assistance programs are based on reports published by the programs themselves. Further independent analysis may be needed to identify any issues with the costs and/or savings reported, because the reported payments and returns to representative agencies in some of these examples appear to be much larger than might be expected for programs intended to assist welfare benefit applicants.

¹⁰ http://www.nlchp.org/content/pubs/BEST_Benefits.pdf

¹¹ http://www.prainc.com/soar/eNews/articles/Americorps-Vista-2_082710.pdf, August 2010.

¹² SSI/SSDI Outreach, Access, and Recovery (SOAR),

http://www.prainc.com/SOAR/eNews/soar_eNews_5_11.html, April/May 2011.

¹³ SSI/SSDI Outreach, Access, and Recovery (SOAR),

http://www.prainc.com/SOAR/eNews/soar_eNews_02_12.html, February 2012. Note: SSI claimants can receive general assistance grants from state funds while their claims are pending with SSA. If the claim is awarded, retroactive benefits are used to reimburse the state for the amount of the grant.

¹⁴ http://www.nlchp.org/content/pubs/BEST_Benefits.pdf

In San Francisco, the Department of Public Health estimates a return-on-investment of nearly 7:1 from assistance provided to clients who went on to receive disability benefits.¹⁵

POTENTIAL SOCIETAL BENEFITS FROM THIRD PARTY ASSISTANCE

While a variety of funding strategies have made these projects apparently successful on a relatively small scale for certain segments of the population, the challenge now is how to make some form of third-party assistance available to greater numbers of potential SSI claimants across a broader spectrum of disabilities. With over 3 million initial claims expected to be filed this year alone, resources needed to provide this type of assistance would be significant. However, a number of significant efficiencies could emerge from assisting with and enhancing the initial evidence collection process and case development, including: 1) stabilized economic conditions for individuals; 2) needed medical care received timely, resulting in better health outcomes and less dependence on emergency services; and 3) more streamlined and cost-effective process of determining eligibility to SSI benefits.

POLICY CONSIDERATIONS

Given that SSA today has over 65,000 employees, why might third party assistance provided by non-profit organizations using evidence-based models be recommended? First of all, SSA's workforce has decreased from approximately 71,000 in 2010 because the agency has been under a hiring freeze for the last few years. With the hiring limitations remaining in effect, SSA projects a net loss of 2,500 – 3,000 SSA and DDS employees due to attrition in the current fiscal year.¹⁶ At the same time, baby boomers are reaching their disability prone years and moving into retirement, resulting in claims workloads – both retirement and disability – that are only going to continue to increase. The probability of SSA having sufficient staff to do the kind of case management described in the SOA R model above for every disability claim is very slim. One solution is to look outside the agency to organizations that have a mission-driven interest in making sure that disabled individuals – and particularly those with little or no resources – receive the benefits for which they are eligible.

During our study of third party representation, we heard how representation has the potential to improve the disability application process for SSI claimants and free up resources for the agency. In order to strengthen this public/private model, there are improvements to the process that we believe would benefit the claimant and SSA. We are currently finalizing a comprehensive report on third-party assistance based on our study of all types of representation and will include in that

¹⁵ Dennis, D., Perret, Y., Seaman, A., & Wells, S.M. (2007). *Expediting Access to SSA Disability Benefits: Promising Practices for People Who are Homeless*. Delmar, NY: Policy Research Associates, Inc.

¹⁶ SSA, Office of Budget, Finance, and Management, Office of Budget

publication our specific recommendations for improvement. Nonetheless, as community-based non-profit organizations described in this statement serve - and will continue to serve - SSI claimants, we believe that increasing the effectiveness of the collaboration between SSA, DDSs, and these private organizations should be an important goal for all parties.

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