Improving the Supplemental Security Income Program for Adults with Disabilities

Jack Smalligan
Urban Institute

Chantel Boyens
Urban Institute

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The authors welcome feedback on this working paper. Please send all inquiries to jsmalligan@urban.org.

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Introduction

The Supplemental Security Income (SSI) program is one of the most important federal sources of income assistance to low-income people in the United States, assisting 8.1 million beneficiaries at an annual cost of $55 billion. SSI was established to provide an essential safety net for low-income people with disabilities as well as low-income seniors. While SSI reduces the poverty rate for beneficiaries and their families from 63 percent to 42 percent (Bailey and Hemmeter 2015), participants still have very modest incomes. Most beneficiaries remain within 150 percent of the federal poverty level. Beneficiaries who attempt to increase their income and savings through work are limited by SSI earnings and asset rules that have not been indexed to keep up with inflation. Beneficiaries are also hampered by SSI's failure to update other important program rules that regulate how family members can assist beneficiaries. These outdated rules and policies pose significant hurdles to beneficiaries and their families who attempt to save or work.

Outdated SSI rules have real consequences for the daily lives of beneficiaries, their families, and their communities. SSI beneficiaries are penalized for doing even very minor amounts of work. Families of beneficiaries are discouraged from providing assistance to their children or siblings who are beneficiaries. And beneficiaries are prevented from building an adequate nest egg to weather future difficulties. At the same time, these rules make the SSI program more complicated and expensive for the Social Security Administration to administer. The Social Security Administration spends substantially more to administer SSI than it does the vastly larger Social Security Disability Insurance (SSDI) program.

The outdated rules and policies in SSI also have important implications for SSDI. Approximately 1.3 million people are concurrently enrolled in both SSDI and SSI. Among SSI beneficiaries, these concurrent beneficiaries are the most likely to report being interested in working (Social Security Administration 2018a). However, despite their eligibility for SSDI and the work and savings incentives built into that program, concurrent beneficiaries cannot take advantage of them until they have overcome the harsher rules and benefit reductions in the SSI program. For these workers, the decision to work, and at what level, is first influenced by the rules in SSI. When they attempt to work and overlook these rules, they may experience overpayments and penalties as a result. As concurrent beneficiaries may not distinguish between SSI and SSDI rules, these penalties can also lead them to misunderstand work incentives within SSDI.

In this working paper, we focus on the largest part of SSI, nonelderly adults with disabilities ages 18 through 64. First, we consider the current status and features of the SSI program. We then examine program trends, reasons for past growth, and how the program interacts with other social safety net programs. Finally, we consider how SSI policies could be improved to better encourage work, especially part-time work, community engagement, and saving for emergency needs.

Background

Legislation creating the Supplemental Security Income (SSI) program was enacted in 1972 with bipartisan support in Congress and support from the Nixon Administration. It established one federal program to provide an income safety net for low-income seniors and people with disabilities using a consistent national eligibility standard. The program replaced an array of existing state, local and federal programs including aid to the elderly, aid to the blind, and aid to the permanently and totally disabled (Berkowitz and DeWitt 2013). However, since some states had more generous programs, the legislation allowed states to continue paying supplemental benefits in addition to federal benefits to avoid benefit cuts.

In 2018, SSI served approximately 8.1 million people and provided an average benefit of $552 a month in federally administered payments.[1] The 2019 monthly maximum SSI federal benefit for an individual is $771, compared to $750 in 2018. Forty-four states and the District of Columbia provide optional supplemental benefits. Some states provide supplemental payments to all individuals receiving SSI and others target certain groups, such beneficiaries who are blind.[2]

The SSI program is designed to serve three distinct populations with low incomes: senior citizens with limited earnings histories, nonelderly adults with disabilities, and children with disabilities. This brief focuses on the largest population served by the program, nonelderly adults with disabilities, age 18 to 64. In 2018, non-elderly adults represented 60 percent of all participants, numbering 4.8 million individuals.[3] SSI also serves 1.1 million

[1] States can choose to have SSA administer their supplemental benefit or administer the benefit themselves. SSA reports detail on the Federally administered state supplements. See also "SSI Monthly Statistics, November 2018," https://www.ssa.gov/policy/docs/statcomps/ssi_monthly/2018-11/table01.pdf.

[2] SSA stopped reporting on the amount of all state supplements after January, 2011, as most states choose to administer the benefit themselves instead of through SSA.

[3] The Social Security Act has different rules for individuals who are blind and individuals with other disabilities, reflecting distinctions in legislation before the SSI program was established. For purposes of this brief we simply refer to SSI adults with disabilities to include all nonelderly adults who are blind or have other disabilities.

low-income seniors, roughly three-fifths of whom are women, and 1.2 million children with disabilities.

An important subset of the nonelderly adult population is the population of young adults who continue on SSI after first receiving child benefits. The outcomes for these young adults who leave SSI are very poor, including low rates of employment and high levels of poverty (Deshpande 2016). This population needs programs targeted to their specific needs and challenges. While this important topic is beyond the scope of this paper, improvements in the overall program for adults with disabilities could be especially meaningful for young adults transitioning from SSI children's benefits.

Many SSI Beneficiaries Are Also Eligible for SSDI

Individuals can be concurrently eligible for benefits under both SSI and Social Security Disability Insurance (SSDI) program. This is because both programs use the same process and eligibility criteria to determine whether someone is disabled under the Social Security Act. However, eligibility for benefits in SSDI is further conditioned on past employment and earnings levels and is not means-tested. Eligibility for SSI does not require past employment and the benefit is means-tested. An individual may be concurrently eligible for both programs if their SSDI benefit is less than the federal SSI maximum benefit amount. In 2017, 1.3 million beneficiaries were concurrently receiving SSDI and SSI, representing a third of the SSI beneficiaries and 14 percent of the SSDI beneficiaries.

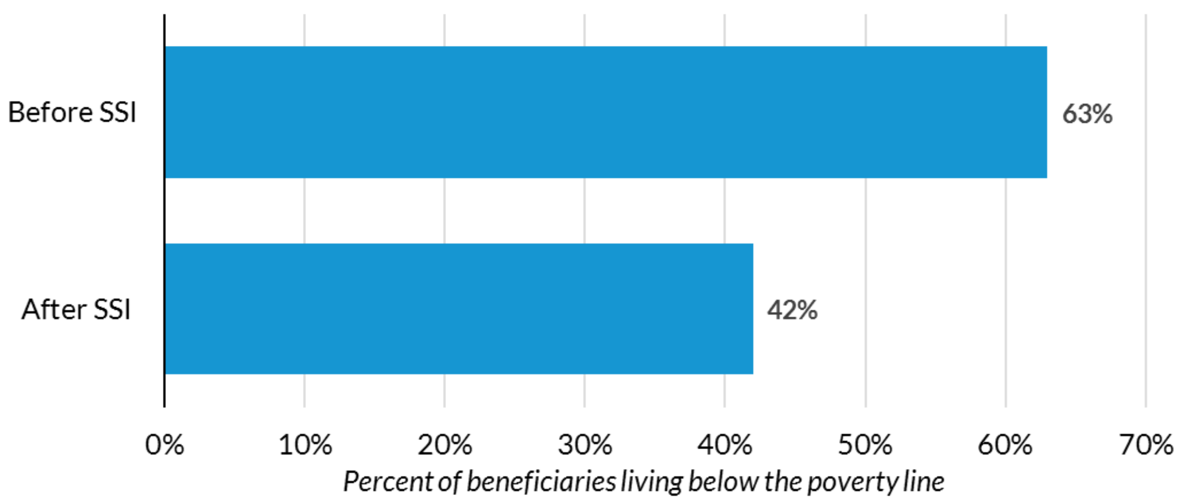
As a consequence, at the margin, when earning or receiving additional income, a beneficiary will first be at risk of losing his or her SSI benefits. This means the SSI rules around working and savings become more immediately relevant than the SSDI rules. Given the longer work histories of SSDI beneficiaries, concurrent beneficiaries are more likely to work than beneficiaries only receiving SSI.

SSI Benefits Are Highly Targeted, but Many Beneficiaries Still Live below the Federal Poverty Level

SSI plays a significant role in reducing poverty. A 2015 study using data from the Survey of Income and Program Participation found that SSI substantially reduces the number of households in poverty from 63 percent to 42 percent (Bailey and Hemmeter 2015). SSI also reduces the number of families living below 150 percent of the federal poverty level from 75 percent to 64 percent. Overall, SSI reduces the poverty gap—the aggregate amount of income needed to move all the families over the federal poverty level—by 68 percent.

FIGURE 1

SSI substantially reduces the proportion of beneficiaries with incomes below the poverty line



Source: Michelle Stegman Bailey and Jeffrey Hemmeter, "Characteristics of Noninstitutionalized DI and SSI Program Participants (Social Security Administration, 2013) .

The program's impact on adults with disabilities is similar. SSI reduces the number of adults with disabilities living below the federal poverty level from 68 percent to 43 percent. The program reduces the number of adults with disabilities living below 150 percent of the federal poverty level from 77 percent to 67 percent and reduces the poverty gap by 68 percent. While SSI greatly improves the lives of millions of adults with disabilities, this population still faces significant rates of material hardship, including food insecurity and an ability to cover medical expenses (She and Livermore 2007).

Many SSI Beneficiaries Receive Assistance with Health Care and Food, but Participation in Other Programs Is Modest.

For many years the linkage between SSI and Medicaid has been a key aspect of the program. Eligibility for SSI usually confers eligibility for Medicaid, and the vast majority of SSI beneficiaries are also enrolled in Medicaid (Rupp and Riley 2012).[4] For many beneficiaries, access to Medicaid is more vital than the SSI cash assistance because Medicaid covers such items as home supportive services and attendant care that are very important for people with certain disabilities. The relationship between these two programs has changed, however, since the enactment of the Affordable Care Act (ACA) due to the expansion of Medicaid in many states. In Medicaid expansion states, more people are able to qualify for Medicaid without first being on SSI—an important development, particularly for adults without dependent children (Honeycutt et al. 2018).

About 55 percent of SSI beneficiaries participated in the Supplemental Nutrition Assistance Program (SNAP) in 2015 (Social Security Administration 2018a). Participation in energy assistance and public housing ranged from 12 percent to 20 percent (Houtenville and Brucker 2014). Some experts anticipated that states would attempt to shift low-income families from the Temporary Assistance for Needy Families (TANF) program to SSI (Burkhauser and Daley 2011; Wiseman 2010). However, program and survey data show only a limited interaction between TANF and SSI adult benefits (Linder and Nichols 2012). Duggan, Kearney, and Rennane (2015) found only 8 percent of households receiving SSI also had income from TANF. Joint projects by SSA and the US Department of Health and Human Services found the overlap between SSI and TANF beneficiaries was not significant. For the states examined, only 6 percent of adults applying for SSI had received cash benefits from TANF in the year before or after application for SSI (Farrell 2013; Skemer and Bayes 2013).

[4] Participation in Medicaid can also continue for the small group of SSI beneficiaries who achieve significant earnings. Section 1619(a) preserves SSI payments for those with earnings exceeding the substantial gainful activity level, and Section 1619(b) preserves Medicaid eligibility even if earnings are high enough to cause SSI cash payments to cease. Individuals remain eligible for Medicaid until their earnings exceed a "threshold amount," which is based on annual per capita Medicaid expenditures for SSI recipients and varies by state.

Program Trends for SSI Adults with Disabilities

In the 1980s and early 1990s, SSI grew substantially. As shown in Figure 2, SSI non-elderly adult caseloads increased from 1.7 million in 1980 to 3.6 million in 1996.[5] Policy changes in the 1980s affected both SSI and SSDI. In the 1980s, Congress revised rules for evaluating the functional impact of mental illness and pain and required SSA to demonstrate medical improvement before removing someone from either program. These policy changes led to increased benefit award rates for younger people. The full impact of those policy changes on overall caseloads took many years to materialize. At the same time, in the late 1980s and early 1990s, the SSI program grew in response to retrenchment in state general assistance programs (Rupp and Stapleton 1995).

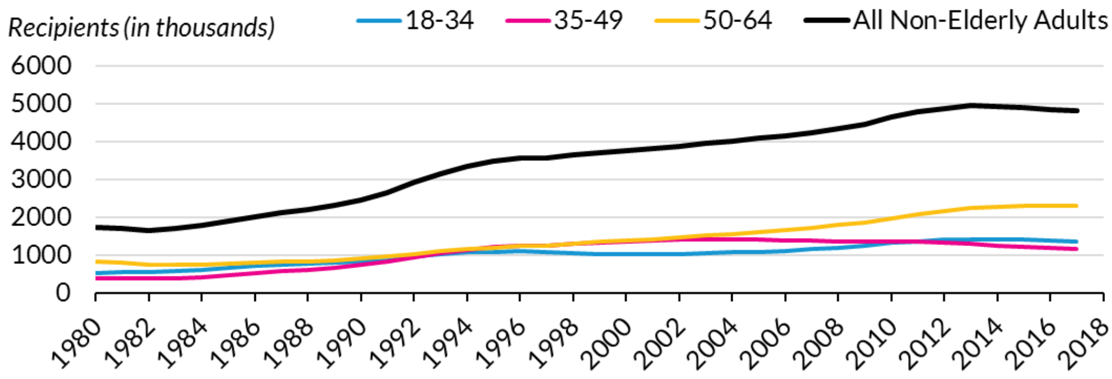
Growth in overall caseloads as a share of the population slowed in the late 1990s and did not increase again significantly until the Great Recession. In contrast with SSDI, SSI applicants have much more limited employment history, and SSI caseloads are not as influenced by economic downturns as SSDI (Black, Daniel and Sanders 2002) and the relationship between the health of the economy and applications for SSI is not straightforward (Nichols, Schmidt and Sevak 2017). However, Rutledge and Wu (2014) look at state-level data and find SSI participation has been responsive to the unemployment rate.

Overall program participation began to decline in 2014. Figure 2 shows continued growth among older adults, age 50 to 63. Individuals are more prone to experience a disabling condition with age and the overall aging of the population has contributed to the growth in SSI (Duggan, Kearney and Rennane 2015). Today, participation is both stable and substantially lower than was forecast only a few years ago. SSA estimates SSI cost 0.27 percent of the Gross Domestic Product (GDP) in 2018 and predicts costs will shrink to 0.20 percent of GDP by 2042 (SSA 2018b).

[5] "2018 Annual Report of the SSI Program," Social Security Administration, https://www.ssa.gov/OACT/ssir/SSI18/IV_B_Recipients.html#1028123.

FIGURE 2

SSI Beneficiaries with Federally Administered Payments in Current Payment Status



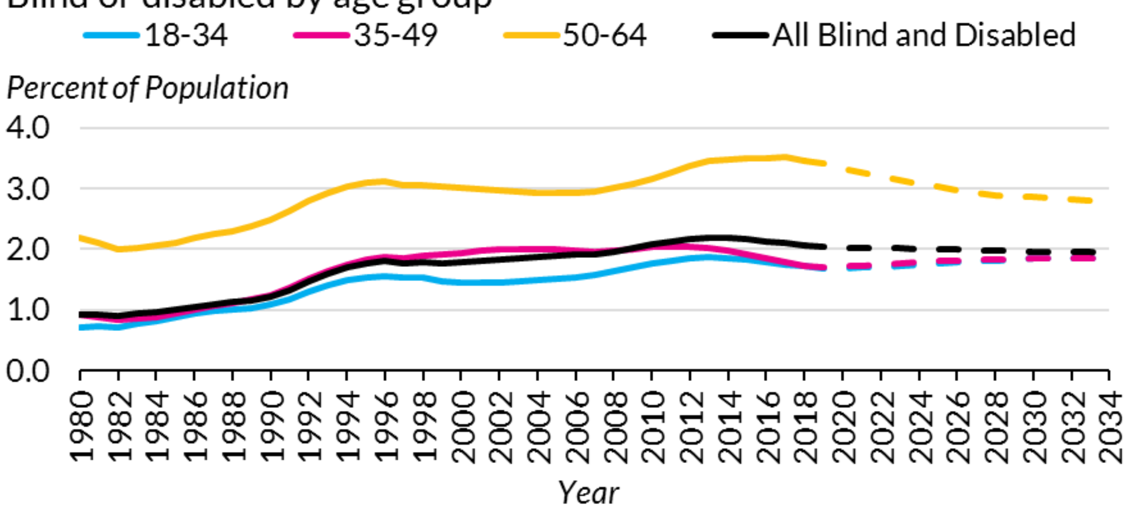
Source: 2018 Annual Report of the SSI Program, Table IV.B9

As shown in Figure 3, when adjusted for age, the prevalence rate (the share of the eligible population participating in the program) for SSI adults with disabilities stabilized in the mid 1990s and didn't increase significantly until the Great Recession in 2008, with most of the increase during the recession among those age 50 to 64.

FIGURE 3

Federal SSI Prevalence Rates

Blind or disabled by age group



Source: 2018 Annual Report of the SSI Program, Table IV.B7.

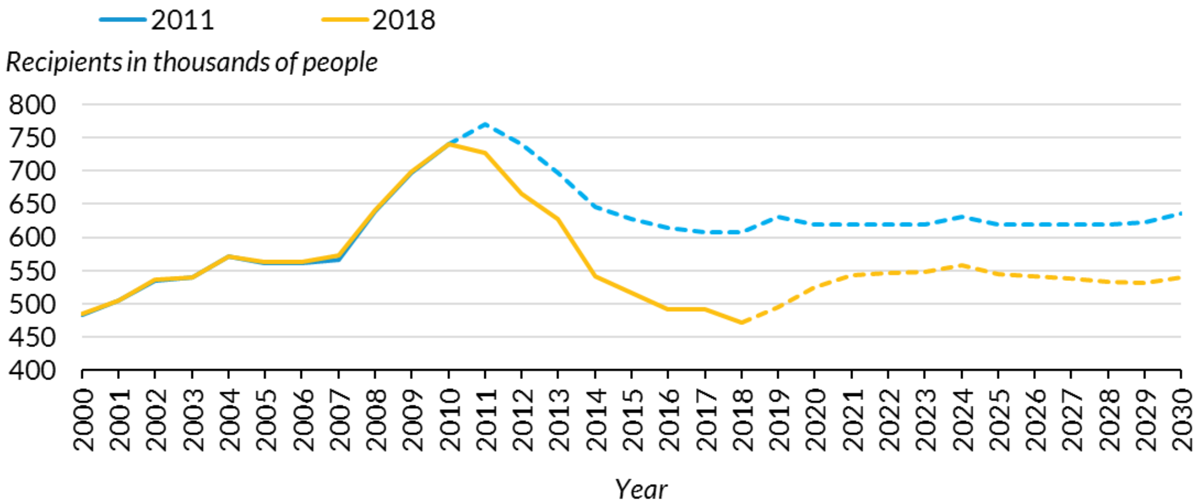
Data from December 2018 shows that the number of SSI nonelderly adults declined by 3 percent (131,000) from two years ago. New awards peaked in 2010 at 740,000 and are expected to be 471,000 in 2018. The declines in SSI caseloads are substantially greater than SSA previously anticipated. SSI is projected to spend $6.7 billion less in 2025 than it was expected to be spending only seven years ago, a 10 percent reduction.

Figure 4 shows the substantial decline in anticipated new allowances given these developments. Both the 2011 and 2018 forecasts assumed an improved economy so that factor does not necessarily explain the lower SSI allowances.

FIGURE 4

SSI Federally Administered New Non-Elderly Adult Recipients

Comparison of 2011 and 2018 forecasts



Source: 2011 and 2018 SSI Annual Reports.
Note: Dotted lines represent forecasted values.

The recent decline in SSI caseloads follows a similar pattern as trends in SSDI. Just as with SSDI, changes in SSA's disability determination process may be a factor (Smalligan and Boyens 2018). During the Obama administration, SSA took a series of important administrative actions that may have led to declines in SSI caseloads, including updating medical regulations for determining disability to better reflect contemporary medical practices and updating rules regarding the weight given to different types of medical evidence. SSA also improved training and guidance to administrative law judges, leading to more consistent practices and overall lower levels of allowances by administrative law judges (Ray and Lubbers 2015). In addition to these administrative changes, the Bipartisan Budget Act of 2015 brought about further reforms. Simultaneously, sustained low funding for SSA's administrative budget may have made the program less accessible and reduced application rates (Romig 2017). Deshpande and Li (2017) find that the closure of field offices may have had an impact on new applications by reducing access to program information.

SSI and Medicaid Expansion

As noted earlier, SSI is no longer the primary means to access Medicaid for many single adults. While the expansion of access to Medicaid may or may not have reduced applications for SSI, delinking SSI from Medicaid could make some policy changes more attractive by both reducing the cost of the policy change and potentially increasing the individuals who would respond and benefit from the change. From an individual's perspective, the prospect of leaving the SSI program is less threatening if health insurance is still available. In terms of overall government costs, a policy that marginally adds a person to SSI is less expensive if he or she already is receiving Medicaid.

Delinking SSI from Medicaid could result in a reduced interest in applying for SSI. Alternatively, applications for SSI benefits could increase if individuals learn about the program through providers of newly available Medicaid funded health care. Some researchers find the increased pathways to Medicaid has reduced participation in SSI. Soni and colleagues (2017) estimate a 3.3 to 3.9 percent decrease in SSI participation in states that expanded Medicaid. Similarly, Burns and Dague (2017) found a 5 to 7 percent reduction. Hall and colleagues (2017; 2018) estimate that the share of adults with disabilities who were employed increased in the Medicaid expansion states. Maestas, Mullen, and Strand (2014) examined the rates of applications and awards for SSDI and SSI benefits in Massachusetts following implementation of the state's precursor to the ACA and concluded that if the nation followed a similar pattern as Massachusetts, the ACA would lead to a likely decrease in the overall SSDI and SSI caseloads. However, other researchers have analyzed the data and found the Medicaid expansion had ambiguous affects or the relationship cannot be clearly distinguished from the overall ACA health care changes and the end of the Great Recession (Hyde, et al. 2017; Chatterji and Li 2016; Gouskova 2016).

Key SSI Policies are Badly in Need of Updating

Updating the SSI program could address issues in five key areas: encouraging work, encouraging family engagement, permitting personal savings, rewarding past work, and simplifying program administration. Progress in each of the areas would both improve the lives of SSI beneficiaries and improve the program. Below we explore potential policy changes to achieve these goals.

Encouraging Work

The SSI program for nonelderly adults with disabilities is a safety net program for individuals who SSA has determined cannot engage in "substantial gainful activity" (i.e., cannot earn $1,220 a month in 2019) and who also have limited prior work history. Given this fundamental mission, it is understandable that SSI rules do not provide the same amount of work incentives as the SSDI program. However, part-time employment— less than substantial gainful activity—should be encouraged. SSI rules are unnecessarily punitive toward work, and they have become gradually more so because key program parameters are not indexed to inflation. In addition, a substantial group of beneficiaries receive both SSI and SSDI and face more complex rules. Evidence shows greater potential for part-time employment, especially among younger beneficiaries. Better facilitating part-time work would also restore SSI to be more truly a "supplemental" security income program.

Work Rules in SSI and SSDI

SSI rules ignore the first $20 in income each month, earned or unearned. In addition, the rules exempt the first $65 per month in earnings. When someone works, SSI rules reduce benefits by 50 cents for every dollar of income above these exempt amounts. The exempted amounts are not indexed to inflation. When Congress established SSI in 1972, indexing benefits to inflation was uncommon and Congress had only just begun to index Social Security benefits to inflation (Berkowitz and DeWitt 2013). Had the exemption levels been indexed to inflation from the beginning, they would be more than five times larger today.

In contrast with SSI, SSDI provides much more generous work incentives. An SSDI beneficiary has a nine-month trial work period when he or she can work at any level and continue to receive benefits provided their disabling impairment has not improved. After the trial work period, an SSDI beneficiary can work up to the substantial gainful activity level ($1,220/month in 2019) without a reduction in benefits. Of course, the primary criticism of SSDI is that once earnings exceed the substantial gainful activity level—also called the cash cliff—the beneficiary loses eligibility for the cash benefit. However, SSDI beneficiaries have a 36-month "Extended Period of Eligibility" during which they can be quickly re-entitled to benefits. There is little evidence that SSDI beneficiaries purposely keep their earnings just below the substantial gainful activity level.

The SSI rules begin to reduce earnings by 50 cents for every dollar even when a beneficiary's overall income is still well below the poverty line. The federal poverty level for a family of one is $1,041 a month in 2019, compared to the 2019 Federal SSI maximum benefit of $771. Figure 5 illustrates how benefits are reduced well before the poverty line for a beneficiary who only receiving the Federal SSI benefit and living alone. When the income disregards were last updated in 1981 to $20 and $65, they were nearly enough to bring overall income close to the federal poverty level.[6] With each year that these disregards are not indexed, more earnings below the federal poverty level are subject to a 50 percent offset. In addition, earnings are subject to payroll taxes and could reduce SNAP benefits. Considered in combination with payroll taxes and SNAP benefits, the marginal effective tax rate for these individuals is even higher than 50 percent (Daly and Burkhauser 2003).[7]

[6] In 1981 the SSI Federal Benefit Rate was $264.70 and the poverty level was $385 a person (weighted average of the Census poverty levels for aged and non-aged persons living alone).

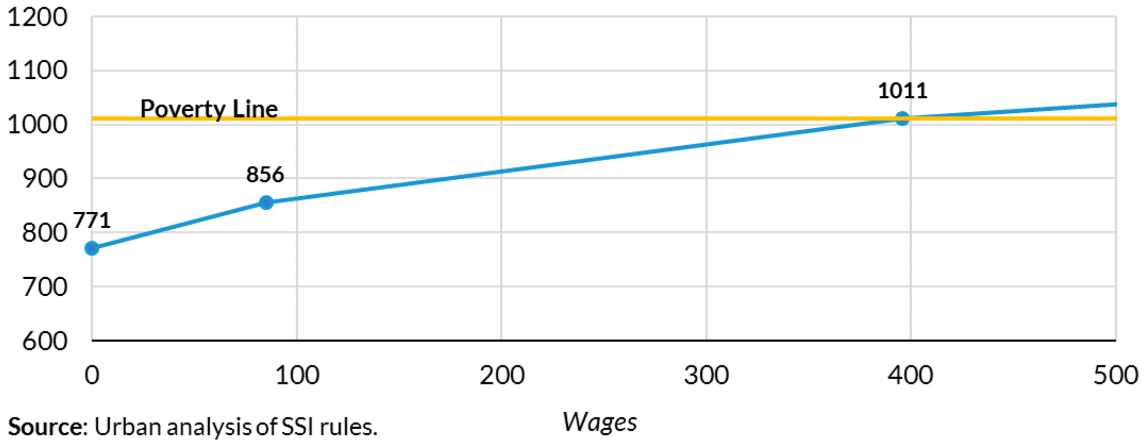
[7] The Earned Income Tax Credit (EITC) for adults without children effectively cancels out the payroll tax for some workers with low wages. However, the individual must file a federal tax return to receive the EITC and many SSI beneficiaries have no other reason to file a federal tax return.

FIGURE 5

SSI Work Disincentives

SSI work offsets begin long before someone has income above the poverty line

Total Monthly Income Including SSI Benefit



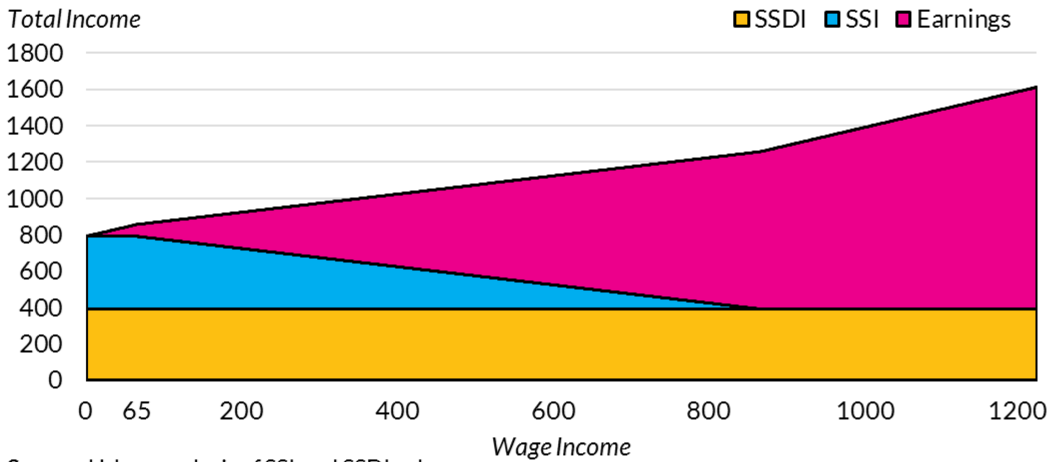
Source: Urban analysis of SSI rules.
Note: Example for an SSI beneficary in a one person household and only receiving the federal SSI benefit.

In 2017, 1.3 million people were dually enrolled in both SSDI and SSI and 30 percent of these beneficiaries reported interest in working in the next two years compared with 23 percent of beneficiaries who only receive SSDI (Social Security Administration 2018a). Unfortunately, someone who is dually enrolled must first overcome the SSI work disincentives before being able to benefit from the SSDI work incentives. Figures 6a and 6b illustrate how the work rules phase in for a concurrent SSDI/SSI beneficiary who is entitled to a $391/month SSDI benefit. In this simplified example, the $20 unearned income disregard results in an SSI benefit of $400. After the first $65 in earnings are disregarded, she can earn an additional $800/month until her SSI benefit is reduced to zero. After that point she can continue to work and retain all of her earnings under the SSDI rules. However, after she has earned an additional $355/month she will have reached the substantial gainful activity (SGA) earnings level of $1,220. She can continue to work above the SGA level for a limited period of time before she would lose her SSDI benefit.[8] This chart illustrates how a concurrent beneficiary's first exposure to the disability programs work incentives and disincentives begins with SSI.

[8] A full explanation of the SSDI work incentive rules is beyond the scope of this paper. SSA explains the rules in its Red Book https://www.ssa.gov/redbook/.

FIGURE 6a

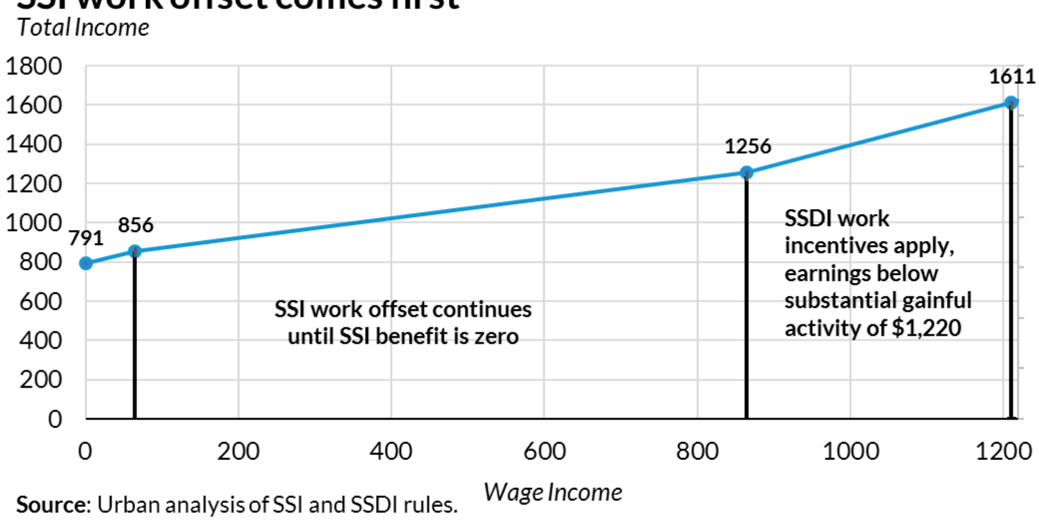
Work Offsets for an SSDI/SSI Concurrent Beneficiary



Source: Urban analysis of SSI and SSDI rules.
Note: Example of an SSDI/SSI concurrent beneficiary receiving an SSDI benefit of $391 and an SSI benefit of $400.

FIGURE 6b

For a concurrent SSDI/SSI beneficiary, the SSI work offset comes first



Source: Urban analysis of SSI and SSDI rules.
Note: Example of an SSDI/SSI concurrent beneficiary receiving an SSDI benefit of $391 and an SSI benefit of $400.

Employment Rates

At any given time, very few SSI beneficiaries are working, but data over longer periods show a much larger group working intermittently. This suggests a wider proportion of program participants could potentially increase work activity, though not necessarily enough to leave the program. SSI beneficiaries have very low rates of labor force participation with only 4.1 percent working in December of 2016 (SSA 2018a). These rates are understandable given that only individuals with a very serious disability are eligible for the program. While few SSI beneficiaries are working at any given time, nearly half of SSI beneficiaries expressed a desire to work, according to the 2015 National Beneficiary Survey (Livermore, Sevak, and Shenk 2018). Livermore (2011) found that 45 percent of concurrent SSDI and SSI beneficiaries who reported work-related goals had earnings in at least one of the next four years. SSI-only beneficiaries were less likely to be successful at achieving their employment goal but SSDI-only and concurrent beneficiaries were more successful in achieving their goal.

Furthermore, over time, a substantially higher percentage of beneficiaries attempt work than work rates at any point in time suggest. Ben-Shalom and Stapleton (2015) followed annual cohorts from 1996 through 2006 and found a small but significant group of SSI beneficiaries move in and out of work. For 2001 SSI awardees, 9.8 percent had worked enough by 2007 to forgo their SSI benefit for at least one month and 19.4 percent had earned enough to have their benefit partially offset. These rates of employment are 4.5 times the rate of employment at any given point in time. SSI-only beneficiaries are substantially less likely to engage in work than concurrent beneficiaries.

Younger beneficiaries are much more likely to have worked recently and express an interest in work. Beneficiaries under age 30 are more than twice as likely to seek services to be able to secure employment and much more likely to have worked in the last year than older beneficiaries (Social Security Administration 2018a). Ben-Shalom and colleagues (2012) tracked cohorts of beneficiaries over time. Tracking beneficiaries awarded benefits in 1996 at ages 18 or 19, they found that 61 percent worked enough over a 10-year period to at least temporarily forgo benefits. These rates compared with 41 percent of those at age 20 to 39 at award and only 9 percent of those age 50 to 61 at award. Also, earnings amounts vary widely from year to year, perhaps reflecting dynamics relating to an individual’s disabling condition (Balkus and Wilschke 2004).

Program Rules Help Some, but at the Cost of Greater Program Complexity

Some SSA policies have been developed to mitigate the outdated rules, but their added complexity reduces their usefulness and appeal to beneficiaries. For example, the Plan to Achieve Self-Support (PASS) permits SSI beneficiaries to disregard earnings or other income to achieve a work goal, such as to save money for tuition or business equipment. The SSI beneficiary must submit a written plan to SSA to review. However, the complexity of the process discourages beneficiaries from participating. Very few people choose to participate according to a SSA Office of Inspector General review of the program (OIG SSA 2018).

Work Rules and Program Administration Influence Beneficiary's Perceptions of Incentives

There is also an issue with how SSA administers the work rules. The General Accountability Office looked at SSA's administration of existing work rules and found many deficiencies. When SSA is late to adjust benefit levels to reflect earnings, beneficiaries experience overpayments. Overpayments to beneficiaries can accumulate and they can be hit with bills for thousands of dollars owed to SSA (GAO 2015). Organizations representing SSI beneficiaries report that these overpayments can come as a shock and create a perception that work "doesn't pay." While research on SSI is limited, researchers examining SSDI overpayments find that many beneficiaries reduce work in response to the overpayment (Hoffman et al. 2018).

Gettens and colleagues (2012) used an unusual survey in Massachusetts of participants in SSDI, SSI, Medicare, and the state Medicaid program to explore beneficiary's understanding and response to work rules. The programs have very different rules but the study found that respondents erroneously thought the rules were the same. The authors concluded that if people had the correct understanding of how much they were at risk of losing benefits due to work that 1 out of 10 program participants would begin to work and the earnings of about one-third of already working participants would increase.

Options for Reform

There are many ways the SSI work rules could be improved (SSAB 2017). The simplest change in SSI that could be made to encourage work is to increase the earnings disregard. If the $65 exemption level had been indexed to inflation from when it was last updated in 1981, it would have been $347 in 2018. The inadequacy of the level of the earned income disregard has been understood for many years (SSA 1992). The federal poverty level for a family of one is $1,012 a month, compared to the Federal SSI maximum benefit of $750. A higher exemption would better enable part-time work so that an SSI recipient could achieve an overall income above the federal poverty level before his or her earnings began to be reduced. For dually enrolled beneficiaries, the SSI benefit offset would be less of a consideration for earnings levels below the substantial gainful activity level.

Part-Time Work Would have Many Benefits

The eligibility criteria for SSI and SSDI benefits considers whether individuals' disabilities prevent them from engaging in substantial gainful activity. Part-time employment at less than the SGA level is fully consistent with the intent of the program. Research shows that attachment to the workforce has beneficial effects on health (ACOEM 2006; Rueda 2012). In addition, interventions, such as the Individual Placement and Support (IPS) model for individuals with mental illness, have shown success at enabling SSI participants to increase employment. However, approaches such as IPS have not shown they can improve employment to the level that a participant can afford to lose eligibility for SSI or SSDI benefits (Drake et al. 2009; Westat 2011). Mann, Mamun, and Hemmeter (2015) examined employment by impairment types and found beneficiaries with certain types of impairments, such as certain mental impairments, were more likely to be employed but these conditions were not associated with higher levels of earnings among those employed.

Other Policies to Incentivize Work

Although updating the earned income disregard for inflation may be one of the more straightforward SSI policy changes that could encourage work, it is not the only one.[9] Other changes should be considered as well. The Social Security Advisory Board (2017) considered the SSI work rules and noted that the 50 percent offset is much higher than for

[9] In this paper, we address the work rules for SSI beneficiaries themselves. SSA also has rules for how income from a spouse is deemed to an adult with a disability or how the income of a parent is deemed to a child with a disability. This brief does not address those policies.

other means-tested programs. In the case of the Earned Income Tax Credit (EITC), the credit initially increases as someone works. One component of disability benefits in the Netherlands also rewards work by increasing the benefit as work level increases (de Jong 2012). Burkhauser and Daly (2011) proposed that the US adopt an EITC for young SSI beneficiaries transitioning into the adult program. One policy approach would be to update the earned income disregard for all SSI adults and test policies to provide an EITC-type reward for engaging in work.

Encouraging Family and Community Engagement

The SSI program has rules that directly impact how family and community members can assist someone on the program. Individuals receiving SSI are allowed to ignore 20 dollars a month of unearned income, such as an SSDI benefit or a gift from a parent. Any further cash assistance reduces the SSI benefit dollar for dollar. In-kind support and maintenance (ISM), such as assistance with shelter from a relative or help with food or utilities, also results in a reduction in benefits of up to one-third of the benefit. The amount of the ISM reduction depends on the individual's living arrangement and the type of assistance provided. Generally, if an individual is receiving subsidized food and shelter, SSA will apply a basic one-third reduction to the SSI benefit. To simplify program administration, SSA exempts certain types of in-kind assistance, such as entertainment. For example, internet, cable and cell phones are considered types of entertainment. Relatives can also avoid the ISM rules by putting assets into a trust on behalf of the SSI beneficiary but not under the individual's control. This trust can purchase a house for the individual and provide free housing without violating the ISM rules. It is hard to understate the complexity of the ISM rules. The Social Security Advisory Board notes that SSA's instructions to its staff on ISM are the equivalent of 250 single-spaced types pages (SSAB 2015).

Relatively few SSI beneficiaries receive an ISM reduction, about 9 percent in any given year (Nichols 2014). Nevertheless, SSA must determine the living arrangements of all beneficiaries and in most cases determine whether ISM was received (Balkus et al. 2009). The complex ISM rules are difficult for SSA to administer and are disliked by both SSI beneficiaries and SSA staff (SSA 1992). GAO and SSA's Office of Inspector General has repeatedly found that the ISM policy is the leading source of SSI payment error (Nichols 2014).

Supporters of SSI have succeeded in protecting some beneficiaries from some of these rules, resulting in program improvements for those affected but at the cost of further program complexity. The Achieving a Better Life Experience Act of 2014, or ABLE Act, insulates some beneficiaries from the ISM and asset rules. The ABLE Act created a new type of Internal Revenue Code Section 529 account, a tax provision most frequently used by parents to save money for their children's higher education costs. The provision allows states to establish an ABLE program. Beneficiaries who are eligible for SSI based on a disability that began before age 26 can open an account. Family members may contribute to the ABLE account without affecting the beneficiary's SSI benefit. Contributions cannot exceed $15,000 a year with a ceiling of $100,000 on the overall account. Funds in the account can be used for "qualified disability expenses" that includes education, housing and a range of other expenses including basic living expenses.[10] The Congressional Budget Office estimated the ABLE Act costs $1.2 billion over ten years.[11]

While the ABLE Act is a significant improvement for many SSI beneficiaries it also perpetuates some weaknesses in the program. The age 26 date of onset eligibility cut off is arbitrary, necessitated by cost constraints when the bill was enacted. The legislation overlays the ABLE accounts on top of existing rules so as to add further complexity for both beneficiaries and SSA. Establishing an ABLE account is less complicated and costly than establishing a special trust fund for the beneficiary but still requires detailed understanding of the program rules. Nevertheless, the ABLE Act is a meaningful change for those who are able to benefit from it.

Options for Reform

The ISM policy effectively discourages families and community members from supporting those on SSI, both limiting valuable assistance and discouraging family and broader social

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[10] Program Operations Manual System (POMS), Social Security Administration. Accessed January 2, 2019, https://secure.ssa.gov/apps10/poms.nsf/lnx/0501130740.

[11] Letter from Douglas W. Elmendorf to Chairman Dave Camp, Congressional Budget Office, December 2, 2014, https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/costestimate/hr6471.pdf.

interaction. Congress should consider simply eliminating the policy. Under the Trump Administration, SSA has proposed to eliminate the ISM policy, keeping the proposal cost neutral by integrating across-the-board benefit reductions for those who live with another person. The amount of the reduction is not specified but may be around 10 percent.[12] The merits of eliminating the ISM policy should be considered independently from the policy used to offset the cost. While SSA should be commended for advancing a proposal to eliminate the ISM policy, the offset used to make the proposal cost neutral is problematic. The academic literature clearly shows health benefits from maintaining social relationships (Holt-Lunstad 2018; Tough, Siegrist, and Fekete 2017). It is not clear that government policy should penalize living in shared housing with unrelated individuals, especially for people with disabilities, given the benefits in terms of health and wellbeing of social interaction.[13]

Permitting Greater Personal Savings

The Social Security Act limits the amount of assets an individual can possess and still be eligible for SSI. The asset limit for SSI is $2,000 ($3,000 for a couple on SSI) and is not indexed for inflation. When SSI was established, the asset limit was much more generous than many of the state programs SSI replaced at that time (SSAB 2011). The last time the limit was raised was in 1984 and would need to double in size to have the same real value today. Congress identified the purpose of the resource limit as providing funds to cover major unexpected expenses, such as home repairs.[14]

A higher asset limit would enable beneficiaries to retain more of one-time gifts, such as an inheritance. Also, some individuals have disabilities that permit them to intermittently work part time while continuing on SSI. A higher asset limit would enable these workers to build a larger financial reserve to better cope when their disability prevents them from any

[12] "FY 2019 Congressional Justification," Social Security Administration, 2018, https://www.ssa.gov/budget/FY19Files/2019CJ.pdf. SSA has not indicated the exact amount of the ATB reduction.

[13] Means-tested programs frequently reduce per capita benefit levels for larger families to reflect economies of scale. That policy is distinct from reducing benefits for unrelated individuals sharing a living space.

[14] House of Representatives Report 98-861, Deficit Reduction Act of 1984, Conference Report, June 23, 1984, p. 1388.

level of work (Pew Charitable Trusts 2015). McKernan, Ratcliffe and Vinopal (2009) found that non-elderly households in the lowest fifth of income frequently experienced adverse events and greater liquid assets reduced the extent of material hardship. An adequate financial reserve can keep an accident from becoming an emergency and can enable a person to function more independently. For those working or trying to work, a financial reserve can be especially important to make emergency car repairs or to take other measures to continue to perform a job.

SSA has instituted policies to enable SSI beneficiaries to set aside assets to execute a plan to achieve self-sufficiency. However, these policies are complicated for both SSA and the program participants.

Options for Reform

The asset limit would need to more than double to reach its inflation adjusted value from 1984 and Congress should consider a range of higher asset levels. The impact on families of a higher SSI asset limit is difficult to estimate but we do have evidence from other programs. The Supplemental Nutrition Assistance Program (SNAP) also has a policy limiting assets with states having options to reduce or eliminate the program's asset limit for some families. Ratcliffe, McKernan, Wheaton, Kalish, and Ruggles and colleagues (2016) compared families in states with different rules and found the families in states with more generous assets rules were less likely to cycle on and off SNAP.

In addition to a general increase in the asset limit, more targeted policies could be considered. Other programs, including SNAP, exclude retirement savings accounts (Ratcliffe, McKernan, Wheaton, Kalish, and Ruggles 2016). SSI could take a similar approach which could be especially useful for elderly beneficiaries receiving SSI.[15] For non-elderly adults, short-term emergency savings are a higher priority.

Policy makers have considered raising SSI's asset rule in the past. A major hurdle to those efforts had been SSI's linkage to Medicaid. Under this earlier legal framework, legislation to increase the SSI asset rules was linked to large increases in Medicaid costs, especially from more elderly SSI beneficiaries gaining easier access to Medicaid nursing

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[15] https://www.cbpp.org/sites/default/files/atoms/files/9-12-08asset-brief.pdf.

home assistance. As already discussed, the ACA introduced another path to Medicaid for states who have expanded their programs. In this post-ACA environment, raising the SSI asset limit should be significantly less costly. With uneven patterns of Medicaid expansion, a state-by-state analysis is needed as well as a re-examination of the cost and benefits of an increase to the SSI asset limit.

Rewarding Past Work

SSI rules treat SSDI benefits as unearned income and disregards the first $20 in benefits and reduces SSI benefits dollar for dollar for any additional Social Security. Congress has not changed the $20 level since establishing SSI in the 1970s. In addition to 1.4 million non-elderly adults, another 1.3 million elderly are concurrently enrolled. The average monthly Social Security benefit for this group is $525. As a social insurance program, beneficiaries become entitled to Social Security from their past work history and payroll contributions to the program. As such, Social Security is not an "unearned" benefit. Yet beneficiaries with substantial past work history and larger contributions to Social Security are treated the same as those receiving only very modest Social Security benefits.

Options for Reform

SSI rules could better reward prior work and contributions to Social Security by either increasing the $20 disregard or by replacing the $20 disregard with a policy that offsets a fraction of the Social Security benefit. If the disregard was increased to reflect inflation since the 1970s it would be about four times larger today. Alternatively, to recognize different levels of past work and payroll contributions to Social Security, the income disregard could be replaced with a benefit offset. For example, a 75 percent Social Security benefit offset and no income disregard would allow SSI beneficiaries to retain 25 percent of their Social Security benefits. Assuming a beneficiary received the average Social Security benefit for a concurrent beneficiary, the SSI benefit would increase by $111 compared to current law. This would be a substantial benefit increase for many beneficiaries. However, the combined OASDI-SSI benefits would still fall below the poverty level so it is still a very modest overall benefit level.

Simplifying Program Administration

SSI is a complicated and costly program for SSA to administer. In FY 2018, SSA spent over $5.1 billion to administer the program. In contrast, SSA spent $5.4 billion to administer the overall Social Security retirement, disability and survivors programs – only 6 percent more than the cost of administering SSI despite paying over 17 times as much in benefits. Administrative costs are 10 percent of overall SSI program costs compared to 0.5 percent for the Social Security programs.[16] SSA spends seven times as much to administer SSI compared to SSDI on a per beneficiary basis.[17] The difficulty of administering SSI also is evident in the relatively high improper payment rate. Improper payments are either overpayments or underpayments to a beneficiary, with the vast majority being overpayments. In FY 2017, SSI had an improper payment rate of 8.42 percent ($4.1 billion) whereas the Social Security programs had an improper payment rate of 0.68 percent ($5.9 billion).[18]

Options for reform

Congressional action to simplify each of these areas – work rules, in-kind support, and asset rules -- would reduce SSA's cost for administering SSI and significantly reduce the program's improper payment rate. SSA would no longer need to address modest earnings from part-time employment and would less frequently need to address a modest increase in savings. Eliminating the in-kind support and maintenance rule would remove the policy most often criticized by SSA employees as being complicated to enforce. Many other program changes could further simplify the SSI program but are beyond the scope of this paper (Parent and Balkus 2008). For example, for children receiving SSI, requirements in the statue around dedicated accounts could be greatly simplified (SSAB forthcoming).

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[16] FY 2019 Social Security Administration Congressional Justifications. https://www.ssa.gov/budget/FY19Files/2019CJ.pdf.

[17] Authors estimate using FY 2017 final outlays from Table 3.11 of the SSA FY 2019 Congressional Justification. https://www.ssa.gov/budget/FY19Files/2019CJ.pdf. Concurrent SSDI/SSI beneficiaries are counted towards program costs in both programs.

[18] Social Security Administration FY 2018 Agency Financial Report. https://www.ssa.gov/finance/2018/Payment%20Integrity.pdf.

Conclusion

Figure 7 summarizes five areas where SSI could be improved. In many cases specific changes could be larger or smaller depending upon budget constraints.

FIGURE 7

Updating and Improving SSI Policies Would Improve the Lives of Millions of Beneficiaries

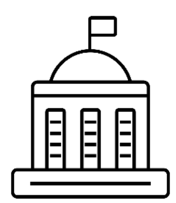
Key SSI policies have not been indexed for inflation, in some cases since the program was created in the 1970s. Updating and improving SSI policies would simplify program administration, reduce improper payments and increase the wellbeing and independence of SSI beneficiaries.

Supporting Work: SSI beneficiaries should be able to engage in part time work and achieve an overall income over the poverty line without their SSI benefit being reduced. Increasing the SSI earned income disregard would also reduce improper payments.

Encouraging Family Engagement: SSI rules for in-kind support are difficult for SSA to administer and discourage family and community members from providing assistance.

Permitting Greater Personal Savings: Increasing the SSI asset disregard would enable beneficiaries to address emergency expenses and remain independent.

Recognizing Past Work: Beneficiaries eligible for both SSI and SSDI receive virtually the same level of cash benefits. Revising how SSI benefits are offset for concurrent receipt of SSDI would better recognize past payroll contributions to the Social Security trust funds.



Simplifying Program Administration: SSI is costly and complicated for SSA to administer. Updating and improving SSI policies would reduce improper payments and ease program administration.

SSI is a vital part of the national safety net. It improves the lives of millions of people a year and dramatically reduces the number of people in poverty and the size of the poverty gap. In addition, participation in SSI is stable and program costs are substantially lower than they were expected to be only a few years ago. Despite all these strengths, SSI has serious shortcomings. The program penalizes work, with potentially serious spillover consequences for the SSDI program. The work disincentives undermine the idea that SSI is about providing "supplemental" security income. SSI rules also discourage personal savings and financial assistance from family and the community. Complicated program rules that hinder beneficiaries' attempts to work also increase the cost of administering the program and can result in higher improper payments that cost government and cause beneficiaries heartache and financial distress.

The root of some of these weaknesses is that the Social Security Act does not index certain key program parameters, a problem that has compounded over decades and becomes more serious with each passing year. SSI is one of the few permanently authorized programs. While this provides the program with a high degree of funding stability that is necessary to serve a very vulnerable population, it also means that Congress is not compelled to review and update the program on a regular basis, as it does with most other programs. Congress has only made changes sporadically to SSI and often in the context of broader legislation focused on achieving budget savings. This leaves few opportunities to address the program's weaknesses.

The cost of many of the options discussed in this paper have not been estimated by the Social Security actuaries or the Congressional Budget Office for many years. Since that time, there have been important changes within SSI, such as declining participation and passage of the ABLE Act, and in programs linked to SSI, such as Medicaid, that are likely to significantly reduce the cost of these proposals. For these reasons, new cost estimates of these options would be a valuable contribution.

Under the Trump Administration, SSA has proposed significant program reforms to simplify the administration of the program. In addition, enactment of the ACA means improvements in SSI have much reduced the cost and consequences for Medicaid. This suggests that there may be an opening now for a bipartisan effort to improve the program to encourage work, personal savings, family engagement and improved program administration.

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