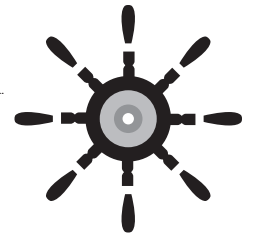


Supplemental Security Income



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Supplemental Security Income (SSI) is a means-tested program that provides cash benefits for low income people who are disabled, blind, or elderly.

The Social Security Administration (SSA) runs the program.

HISTORY

Congress created SSI in 1972 to replace the former program of grants to states for aid to the aged, blind, or disabled.

PROGRAM SUMMARY

SSI provides monthly cash assistance to persons who are unable to work due to age or medical conditions and have little income and few assets. In 2016, the basic monthly SSI benefit is \$733 for an individual and \$1,100 for a couple. Beneficiaries who live in another person's household and receive in-kind maintenance and support receive one-third less than that amount, while beneficiaries who receive long-term care in a Medicaid-funded institution receive \$30 per month. Many states supplement the federal SSI benefit, though state budget cuts are severely constraining those additional payments.

SSI benefits are reduced when recipients have other income. Each dollar of so-called unearned income over \$20 per month, such as Social Security benefits, pensions, or interest income, reduces SSI benefits by one dollar. Each dollar of earned income over \$65 a month (or \$85 for someone with no unearned income) reduces SSI benefits by 50 cents, a provision that is meant to encourage work. SSI benefits are unavailable to people whose assets exceed \$2,000 for an individual or \$3,000 for a couple (with certain exceptions).

Although run by the same agency, SSI is distinct from the Old-Age, Survivors, and Disability Insurance programs commonly known as Social Security. To collect Social Security, recipients must have worked a certain number of quarters and paid the requisite payroll taxes, besides meeting certain age or disability requirements. Many SSI recipients

have worked long enough to collect Social Security but their Social Security benefit is low enough that they also qualify for SSI. Nearly one-third of adult SSI recipients under age 65, and almost three-fifths of recipients over 65, also get Social Security.

In most states, anyone who receives SSI benefits is automatically eligible for Medicaid. About half of SSI recipients also get food stamps, except in California, which pays an extra cash supplement in lieu of food stamps.

More than 90% of SSI recipients are U.S. citizens. The 1996 welfare reform law eliminated most noncitizens' eligibility for SSI unless they fall into one of three main groups: lawful residents who entered the United States by August 1996; refugees who entered after that date, who can receive SSI only on a temporary basis, currently for seven years; or immigrants who entered after August 1996 and have earned 40 quarters of coverage under Social Security.

Individuals may apply for SSI online, by phone, or in person at one of SSA's field offices. SSA will verify the applicant's identity, age, work history, and financial qualifications. In the case of disability applications, state agencies called Disability Determination Services (DDSs) weigh the medical and related evidence to judge whether the applicant meets the criteria set out in law; basically, whether he or she suffers from a severe impairment that will last at least 12 months or result in death and that makes it impossible to engage in substantial work. A slightly different definition applies to disabled children under age 18. If DDS initially denies the application, claimants have several levels of appeal, and may choose to be represented by an attorney.

Although SSI benefit levels are low, they are critical to obtaining and maintaining housing for many recipients. SSI benefits enable some homeless recipients to qualify for supportive housing programs, subsidized housing vouchers or units prioritized for people with disabilities. Supportive housing providers may also receive Medicaid reimbursement for certain services provided to clients who qualify for Medicaid via SSI.

In December 2015, 8.3 million people received SSI benefits: 1.3 million children under age 18, 4.9 million disabled adults aged 18-64, and 2.2 million people 65 or older.

FUNDING

As an entitlement program, SSI is available to anyone who meets its eligibility requirements. Total SSI outlays were about \$57.9 billion in 2014, including about \$4 billion for administrative costs (which are subject to annual appropriation).

FORECAST

Although SSI payments may allow recipients to obtain subsidized housing, they are insufficient to enable residents to afford market-rate housing. Congress should consider a number of enhancements to SSI, such as increasing the basic benefit, liberalizing the treatment of other income—both earned and unearned—and raising and indexing the resource limits, which have not changed since 1989. Those proposals, however, may cost significant amounts of money at a fiscally challenging time.

Although SSI benefits provide critically needed resources to people with disabilities, they can be difficult to obtain. Nationwide, about one-fourth of adult disability claims are approved at the initial level, a rate that rises to nearly 40% after all appeals. Allowance rates for disabled children are slightly higher. The process is especially challenging for people who are homeless. Barriers include difficulty obtaining medical documentation and in making and keeping appointments. SSA requires evidence of a disability to come from an “acceptable medical source,” such as a physician or psychologist. The list of acceptable medical sources excludes such providers as physicians’ assistants, nurse practitioners, and licensed clinical social workers, although such professionals often provide supporting documentation.

Disability claimants often face an extended wait for a decision. Initial review of a disability application typically takes three to four months, although there is a fast-track program for certain severe conditions; appeals to the Administrative Law Judge (ALJ) level may take a year or more to be processed. SSA is working hard to eliminate the hearings backlog, but record numbers of applications and tight resources

have hampered progress. Some states and localities offer interim assistance while an applicant awaits a decision on SSI, eventually recouping the money from any retroactive benefits.

Some initiatives have demonstrated success in increasing SSI access for homeless people with disabilities. The Social Security Outreach and Access to Recovery (SOAR) program has used a train-the-trainer model combined with technical assistance to teach caseworkers how to conduct outreach and assist homeless applicants. SOAR is an interagency initiative involving SSA, HUD, and the Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA). Through 2014, clients at SOAR-trained sites in 49 states and DC had an average initial approval rate of 65%.

WHAT TO SAY TO LEGISLATORS

Advocates should urge Congress to continue funding for the SOAR program within SAMHSA’s Programs of Regional and National Significance. Advocates should also ask legislators to extend SSI for refugees who lose their benefits when their temporary eligibility ends. Congressional appropriators should ensure that SSA offices, including ALJ services, are adequately staffed; these are among the vital government activities that are being squeezed by the discretionary caps and sequestration procedures in the Budget Control Act of 2011 that some in Congress actually threaten to tighten further. Finally, advocates should urge Congress to improve benefits in the SSI program, while recognizing fiscal realities.

FOR MORE INFORMATION

Center on Budget and Policy Priorities,
www.cbpp.org.

National Law Center on Homelessness & Poverty,
www.nlchp.org.

National Health Care for the Homeless Council,
www.nhchc.org.

National Senior Citizens Law Center,
www.nsclc.org.

SOAR, www.prainc.com/soar.

Social Security Administration,
www.socialsecurity.gov. ■