

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 2018, the basic monthly SSI benefit is \$750 for an individual and \$1,125 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, although state budget cuts are severely constraining those additional payments.

SSI benefits are reduced when recipients have other income. Each dollar of earnings exceeding \$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. Each dollar of other income exceeding \$20 per month, such as Social Security benefits, pensions, or interest income, reduces SSI benefits by one dollar. 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, beneficiaries 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. Over a quarter of adult SSI recipients under age 65, and more than half of recipients older than 65, also get Social Security.

In most states, anyone who receives SSI benefits is automatically eligible for Medicaid. More than 60 percent of SSI recipients also get SNAP (Supplemental Nutrition Assistance Program, formerly known as 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 7 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. Still, the benefits are insufficient for many recipients to afford market-rate housing.

Although SSI benefits provide critically needed resources to people with disabilities, they can be difficult to obtain. Nationwide, only about one-quarter of adult disability claims are approved at the initial level; about one-third are approved 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. Starting in 2017, physicians’ assistants, audiologists, and advanced practice registered nurses are considered acceptable medical sources with the licensed scope of their practices. The list of acceptable medical sources excludes other providers, such as 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 level typically take at least a year and a half to be processed. SSA is working hard to eliminate the hearings backlog; however, 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. Through 2016, clients at SOAR-trained sites in 49 states and the District of Columbia had an average initial approval rate of 67%.

As of September 2017, 8.2 million people received SSI benefits: 1.2 million children under age 18, 4.8 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 \$63.4 billion in 2016, including about \$4.2 billion for administrative costs (which are subject to annual appropriation).

FORECAST FOR 2018

Congress may consider cuts to SSI’s already meager benefits in 2018. In particular, they may follow regressive tax cuts with a radical overhaul of three core low income assistance programs: Medicaid, SNAP, and SSI. If previous House GOP budgets are a guide, Congress may seek to eviscerate the basic structure of these programs, under which there are minimum federal eligibility and benefit standards and all eligible families who apply for benefits receive them. Instead states would receive fixed, inadequate pots of money (likely block grants), with sweeping state flexibility to respond to the funding reductions by restricting eligibility and cutting benefits.

They may also propose to completely eliminate benefits for the 1.2 million children who receive SSI, as the House GOP poverty plan has already outlined.

WHAT TO SAY TO LEGISLATORS

Advocates should urge Congress to maintain the structure of SSI—not convert it into a block grant or eliminate benefits for children.

If Congress converted SSI into a block grant—as it did to welfare in 1996—the consequences would be dire for poor families. Before the 1996 welfare-reform law, 68 of every 100 poor families with children received cash assistance through Aid to Families with Dependent Children. In 2015, just 23 of every 100 poor families received benefits from its replacement, Temporary Assistance for Needy Families. A comparable shrinking SSI (not to mention Medicaid and SNAP) would take critical benefits away from millions of struggling low income families and children.

SSI is the only source of federal income support

for families with disabled children, and it reaches only the poorest and most severely impaired children. Eliminating these crucial benefits would jeopardize these children's health and development and their families' ability to raise them at home in their communities. Families caring for children with disabilities face higher costs, more demands on their time, and more insecurity than other families. SSI's modest benefits help them meet their children's needs while making ends meet. SSI has been proven to reduce children's poverty and hardship today and improve their prospects for tomorrow.

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