State Trends in the Child Supplemental Security Income (SSI) Program: The Growing Role of SSI in the Safety Net

Presenters
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Bonnie O'Day, Mathematica Policy Research
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Discussant
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U.S. Department of Health and Human Services (HHS)

Washington, DC
September 24, 2015

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STUDYING DISABILITY POLICY

Welcome

Moderator

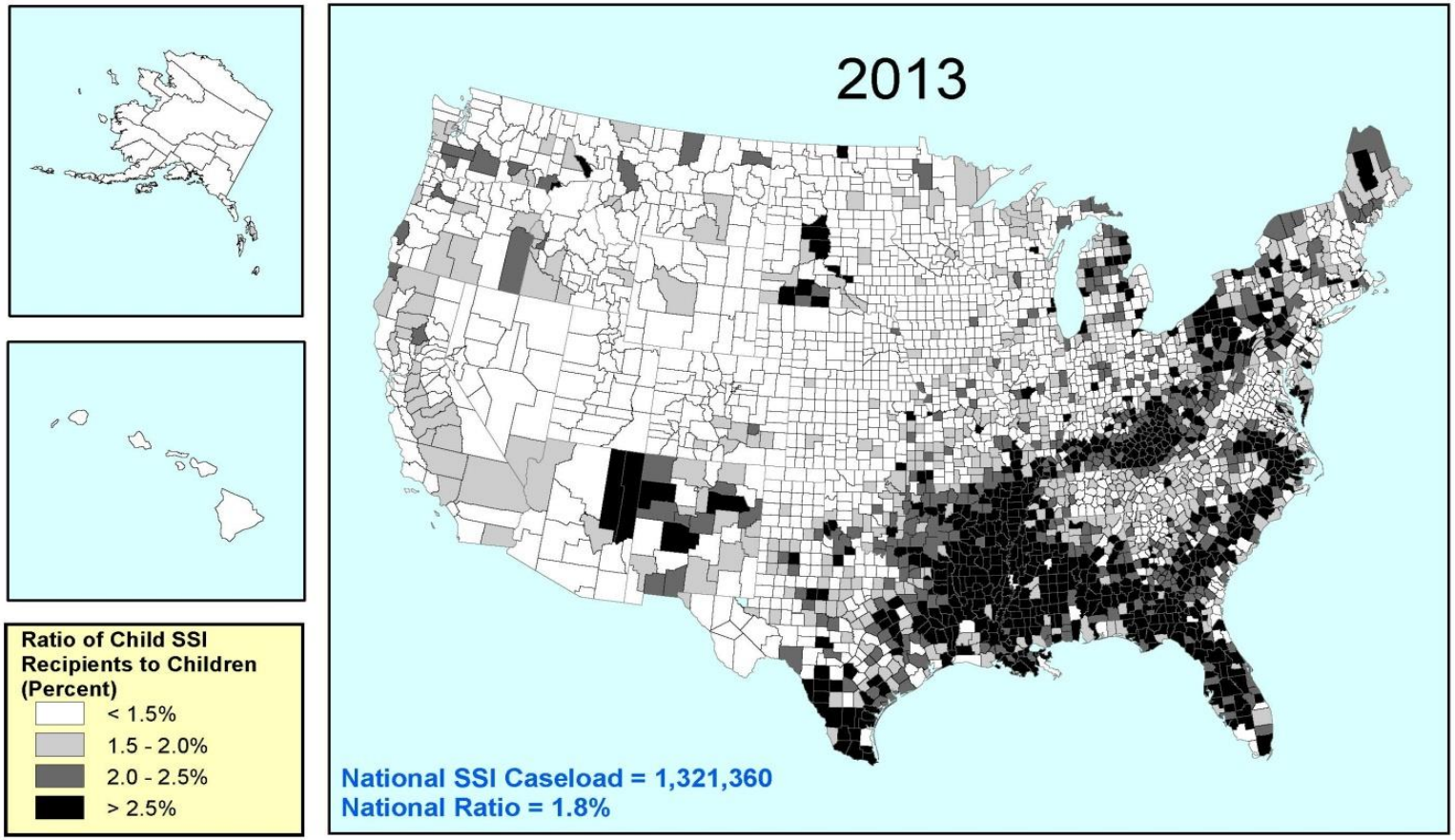
David Wittenburg

Mathematica

About CSDP

The Center for Studying Disability Policy (CSDP) was established by Mathematica in 2007 to provide the nation's leaders with the data they need to shape disability policy and programs in order to fully meet the needs of all Americans with disabilities.

Large Variations Across Counties in State Child SSI Caseloads (2013)



Source: Wittenburg, D., J. Tambornino, E. Brown, G. Rowe, M. DeCamillis, and G. Crouse. "The Child SSI Program and the Changing Safety Net." Washington DC: ASPE, HHS, 2015.

Today's Speakers

Purvi Sevak
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Child Participation in SSI: County-Level Determinants

Lucie Schmidt, Williams College
Purvi Sevak, Mathematica

Presented at the CSDP Forum
Washington, DC

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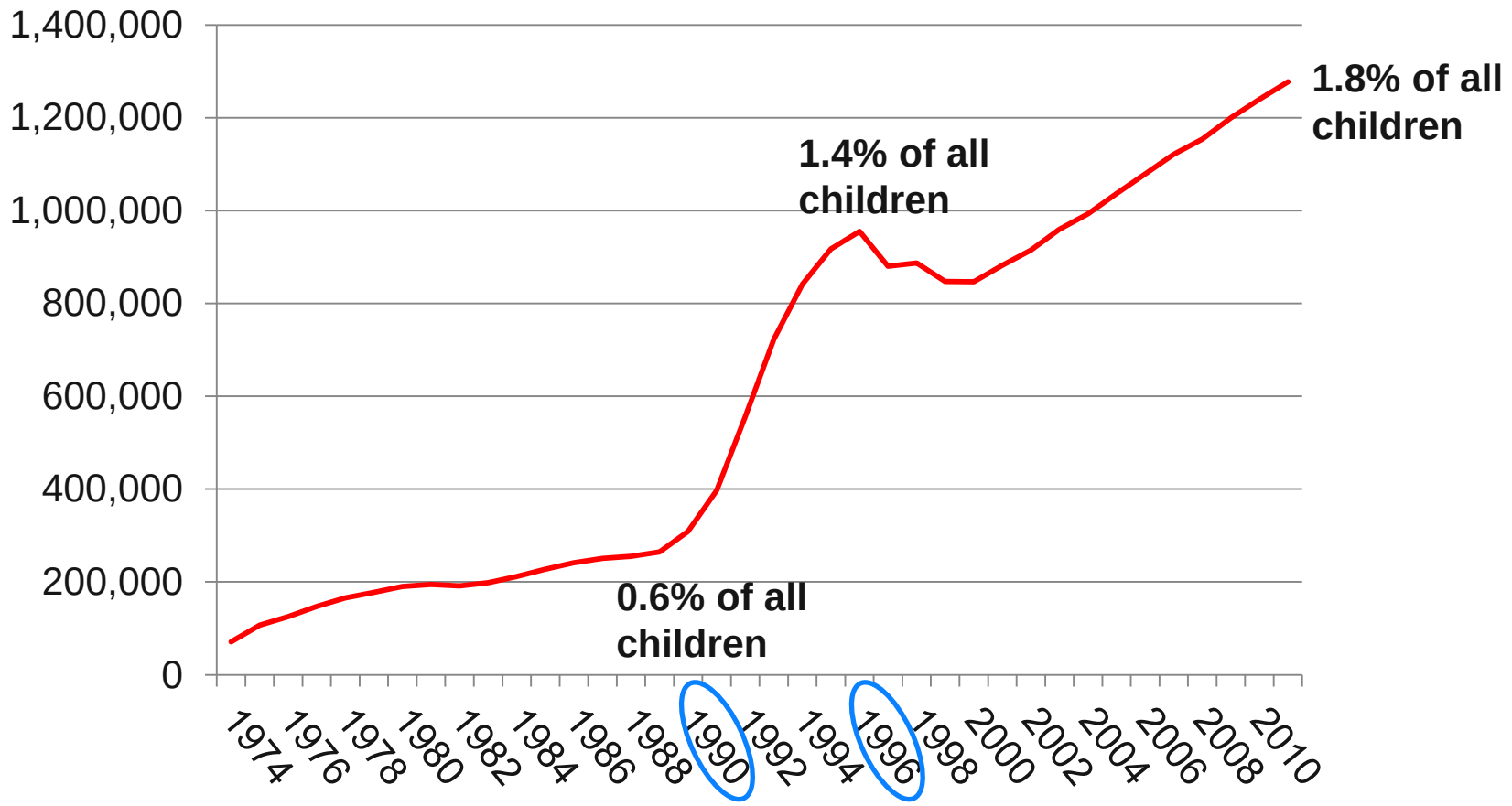
Why Study Child SSI Rates?

- **Relatively large growth in caseloads**
  - **45% growth in caseloads since 1998**
  - **Uneven growth in child SSI caseloads by state**
- **Child SSI is a growing part of the safety net**
  - **1.3 million child recipients in 2013**
  - **$10 billion in expenditures**
    - **Exceeds federal and state cash benefits provided via Temporary Assistance for Needy Families (TANF)**

Sources: SSA 2014; Wittenburg et al. 2015; and ASPE 2015

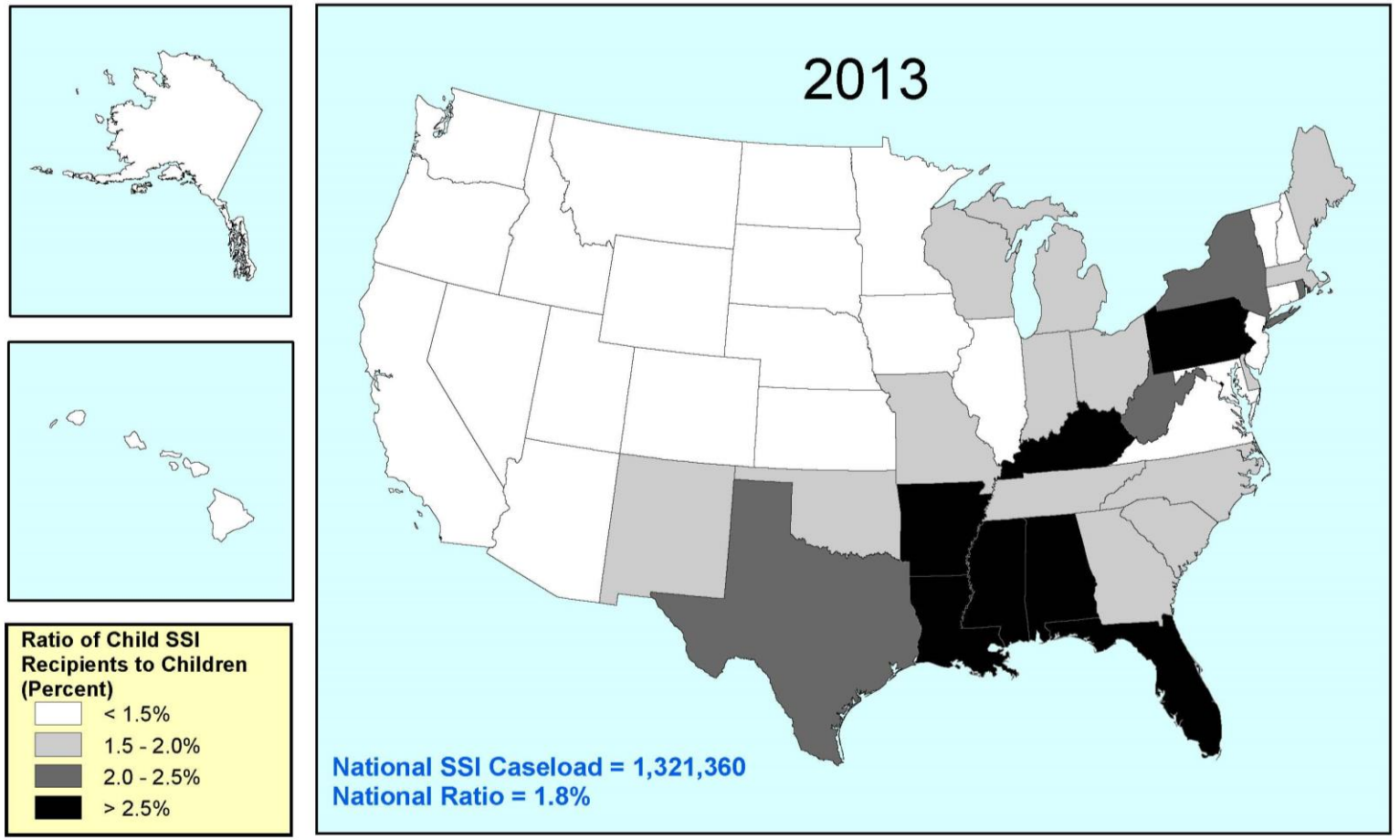
Growing Rate of Child SSI Receipt



Factors Driving Recent SSI Growth Are Unclear

- No major changes in eligibility rules since 1996
- Studies have examined variation across states to identify the factors driving growth

State Variation in Child SSI Rates



Source: ASPE (2015).

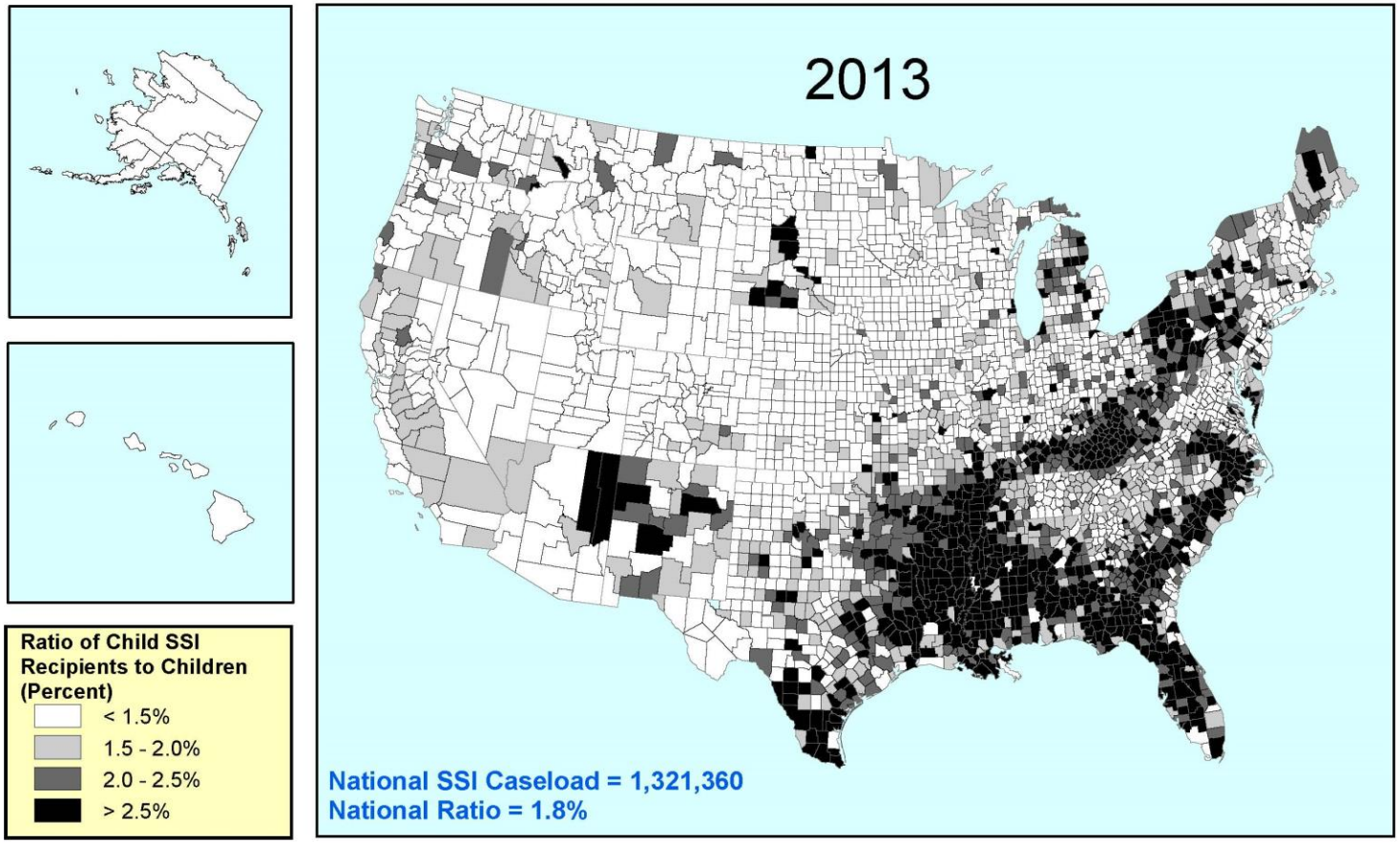
State-Level Studies Have Been Unable to Explain Recent Growth

- **Some theorized drivers of growth:**
  - **Nationally, diagnoses of mental impairments are correlated with SSI rates, but not so in state-level analyses (Aizer et al. 2013)**
  - **Share of children in special education is correlated with percent of applicants that are approved (Aizer et al. 2013)**
  - **SSI is replacing TANF as a main source of income support (Schmidt 2013)**

Motivation for a County Caseload Study

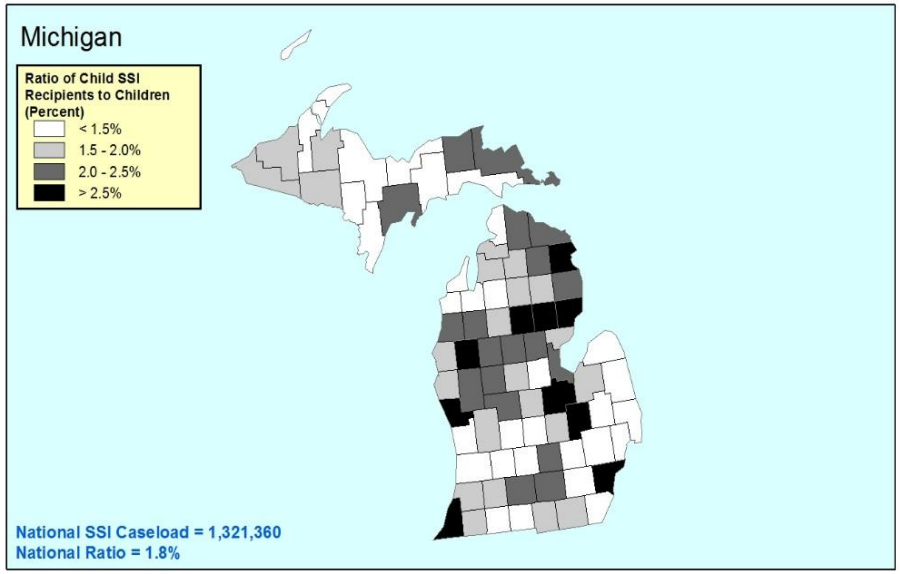
- Existing work based on state-level variation is unable to explain caseload growth
- Variation at the local level could be important
- Evidence of substate variation in:
  - Child SSI receipt
  - Factors that might affect SSI receipt, such as poverty, unemployment rates, health conditions

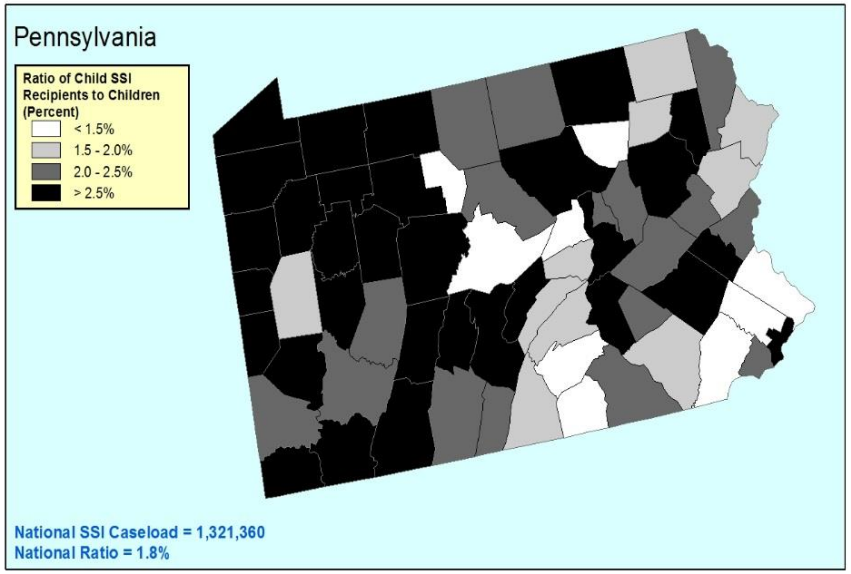
County Variation in Child SSI Rates



Source: ASPE (2015).

County Variation in Child SSI Rates: Michigan and Pennsylvania





Research Questions and Methods (1)

1. **What factors account for county-level variation in SSI participation *rates*?**
   - **Estimate regressions with state and year fixed effects**
2. **What factors are associated with the *growth* in SSI participation rates?**
   - **Estimate regressions with county and year fixed effects**
   - **Coefficient estimates:**
     - **Generated from *within-county* variation over time**
     - **Tell us the relationship between *changes* in a variable and SSI receipt**

Research Questions and Methods (2)

3. **Do these relationships vary across states?**
   - **Estimate regressions separately for each (large) state**
   - **Compare coefficient estimates across models**

Create a 2003–2011 County-Year Panel (1)

- **SSI participation rate**
  - Child SSI counts (county, SSA)
  - Child population (county, Census Bureau)
- **Disability and health conditions**
  - ADHD rates (state, Centers for Disease Control and Prevention)
  - Low birth weight (county, Area Health Resource File)
  - Percentage of students in special education (school district, National Center for Education Statistics)

Create a 2003–2011 County-Year Panel (2)

- **Economic conditions**
  - **Poverty rates (county, Census Bureau)**
  - **Unemployment rate (county, Bureau of Labor Statistics)**
  - **Percentage of jobs in manufacturing (county, Bureau of Labor Statistics)**
- **Fiscal incentives**
  - **Formula type for special education funding (school district, Johnson [2015])**

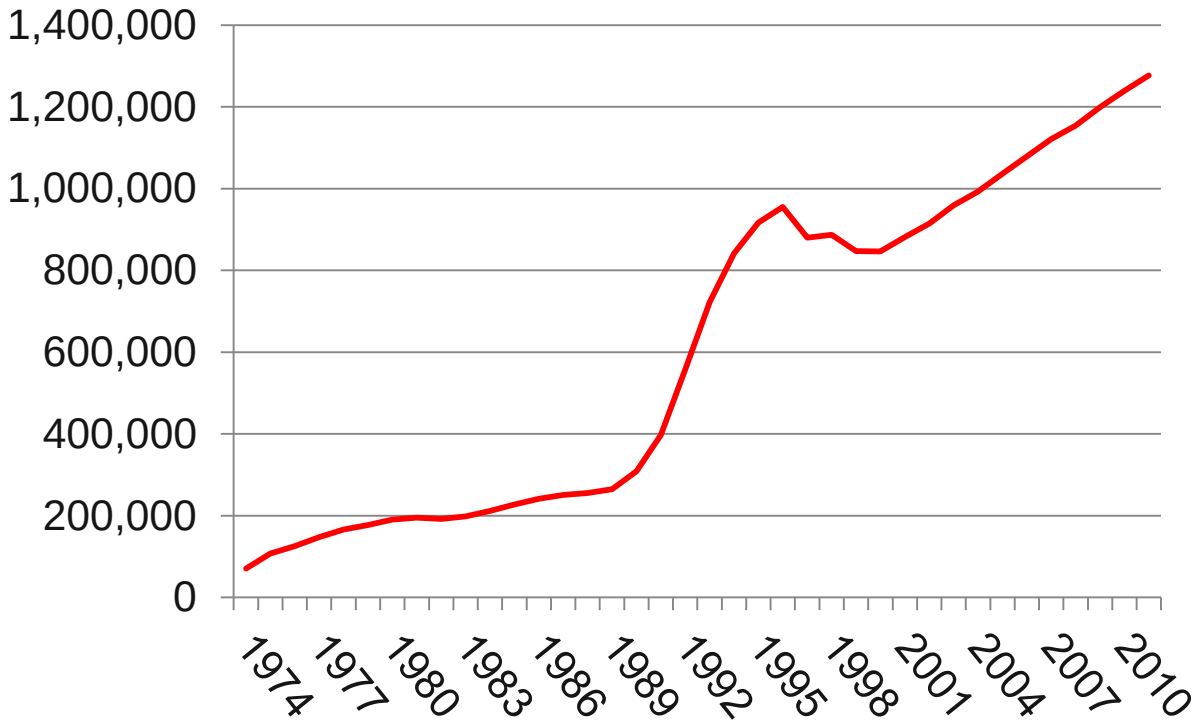
Results: Determinants of SSI Rates

- **Counties with 20% higher:**
  - **Rates of low-birth-weight babies have 5% higher rates of child SSI**
  - **Poverty rates have 17% higher rates of child SSI**
  - **Percentage of students in special education have 4% higher rates of child SSI**
- **Counties in states with "traditional" special education formula have 12% higher SSI rates**
- **Demographics are also significant**

Results: Determinants of SSI Growth

- **Several significant determinants of *within-county* changes in child SSI rates**
  - **ADHD rates**
  - **Rates of low birth weight**
  - **Poverty rates**
  - **Special education enrollment**
- **Magnitude of these relationships is small**

Results: How Much of the Growth Remains Unexplained?



Rates of child SSI participation, 1974–2011

- **The model explains 25% to 30% of the trend from 2003 to 2008**
- **It only explains about 15% of the growth from 2008 to 2011**

Results: Determinants of Growth Vary Across States

- Examined regression coefficients from models estimated for 33 larger states
  - Factors important in some states but not in others
  - Positive and negative coefficients on same variable in different states
- For example, Texas and Pennsylvania
  - Health variables not significant
  - Poverty significant in both states
  - Unemployment significant in TX but not in PA
  - Manufacturing jobs positively associated with growth in PA but negatively in TX

Key Findings

- **Poverty rates, health conditions, and special education are important**
  - **Explain much geographic variation in SSI rates**
  - **Explain 30% of trend from 2003 to 2008**
  - **Explain only 15% of the growth since 2008**
- **Much of the recent growth remains unexplained**
- **Drivers of caseload growth vary across states, which warrants state-specific studies of caseloads**

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The Child SSI Program and the Changing Safety Net: Findings from Site Visits

Bonnie O'Day and David Wittenburg, Mathematica
John Tambornino, ASPE

Presented at the CSDP Forum
Washington, DC

September 24, 2015

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Acknowledgments

This presentation is based on research conducted by Mathematica staff (under contract no. HHSP233200956542WC) in collaboration with staff at ASPE, HHS. The opinions and conclusions expressed are those of the presenters and do not represent the views or policies of HHS or any other federal agency.

ASPE's Interest in SSI

- Increased role of the SSI program in the safety net
- Potential overlaps with other HHS programs that target low-income families
- SSI monthly benefits are higher than TANF's
  - SSI = $733 (maximum individual federal benefit)
  - TANF = $428 (average benefit for family of three)
  - Average SSI benefit is about $200 higher than average TANF benefit

Research Questions

- What is the role of the child SSI program in the changing safety net?
- What efforts are being made to refer potentially eligible children to SSI?
- What are the pathways into the child SSI program?

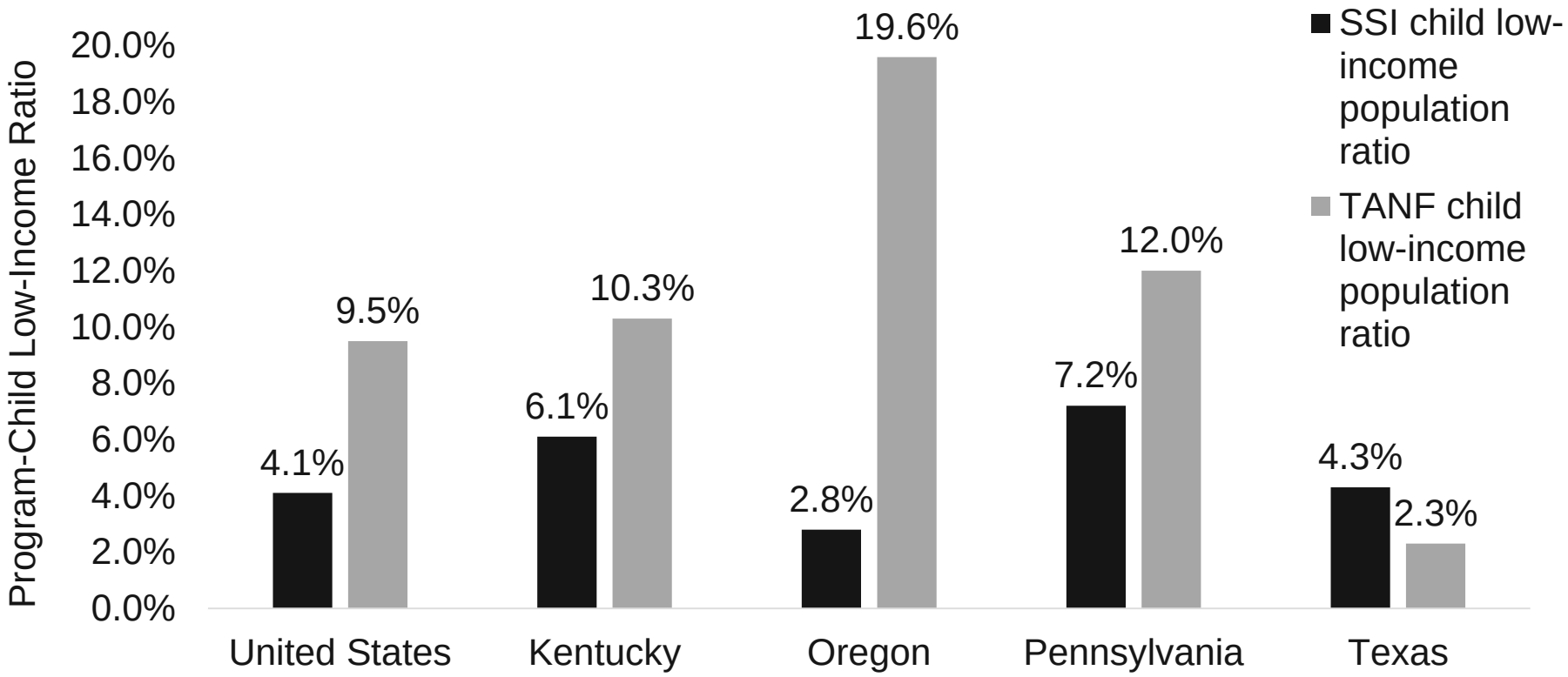
Selecting the Four Study States

- **Examined Kentucky, Oregon, Pennsylvania, and Texas to compare pathways into SSI**
  - **Represent a geographic mix**
  - **Have different child and TANF low-income population ratios**
  - **Statewide programs to help families apply for SSI**

States-Counties Examined and Visited

State (county)	Characteristics of state and county
Kentucky (Breathitt County)	• State has high SSI (6.1%) and TANF (10.3%) low-income ratios • Rural county with some of the highest unemployment and poverty rates in the country
Oregon (Morrow and Polk counties)	• State has low SSI (2.8%) and high TANF (19.6%) low-income ratios • Counties contain Salem (state capital) and Portland (largest city)
Pennsylvania (Philadelphia County)	• State has high SSI (7.2%) and TANF (12.0%) low-income ratios • Urban area with many SSI recipients (22% of children, adults, and elderly receive SSI)
Texas (Harris County)	• State has average SSI (4.3%) and low TANF (2.3%) ratios • Includes Houston; many children on SSI

Ratios of Child and TANF Low-Income Population Ratios



Note: Child ratios in each program are calculated by dividing total program participants by the number of low-income children (200% of the poverty line).

Sources: SSA (2014), Census Bureau (2013), Administration for Children and Families (2014).

Stakeholders Interviewed

- State and local officials from income, food, and medical assistance programs
- SSA field office staff
- Hospital and medical program staff
- Teachers and other school staff
- Staff of legal aid organizations

Caveats

- Lack data on geographic differences in the prevalence of child disability
- Did not interview Disability Determination Services (DDS) staff or examine DDS processes
- Did not interview SSI applicants or beneficiaries
- Four states/counties were diverse but not representative

Limited SSI-TANF Program Coordination at Application

- TANF applications in the four states include questions to identify family members with disabilities
  - Used to determine whether to exempt the applicant from work-related activities
  - Not necessarily to refer families to the SSI program

Changes in TANF Limit Referrals to SSI

- With declines in TANF caseloads, agencies have less of a role in making SSI referrals
- Changes in administrative processes (telephone or online applications) make coordination harder

Programs to Help Families Apply for SSI Are Small and Targeted

- Pennsylvania—Disability Assistance Program
- Oregon—State Family Pre-SSI/SSDI Program
  - Staff assists in completing the SSI application
  - These programs help adults (not children) apply for SSI
- Oregon and Kentucky help children in foster care apply for SSI
  - Assist relatively few children

Family and Friends Cited as Key Source of Referrals in States

- **Most people who apply for benefits for low-income households are already familiar with SSI**
  - **"If they don't have a family member who receives SSI, they know someone who does"**
  - **Familiarity with SSI was cited more frequently in states with larger caseloads (Pennsylvania)**

Other Pathways Cited for Specific Groups

- Variation by state
- Cited pathways for specific age groups
  - Health care providers
  - Special education staff
- Infrequent sources of referrals
  - Legal aid: active for appeals and redeterminations, but not for initial applications
  - SSA field office processes not cited as a major factor in number of applicants/recipients

Conclusions (1)

- No single factor explains the growth in child SSI caseloads
- Family and friends are the most frequent source of referrals
- Health care and education personnel play very specific or secondary roles

Conclusions (2)

- **Recent trends in TANF processes make it harder to identify children with disabilities and refer them to the SSI program**
- **State-sponsored programs to help families apply for SSI are small and targeted**

ASPE SSI Project: Four Briefs

1. John Tambornino, et al. “National Trends in the Child SSI Program.” (March 2015)

2. David Wittenberg, et al. “The Child SSI Program and the Changing Safety Net.” (April 2015)

3. John Tambornino, et al. “The Child SSI Program and the Changing Safety Net: SSI and TANF Program Coordination.” (forthcoming)

4. Bonnie O’Day, et al. “The Child SSI Program and the Changing Safety Net: Pathways to SSI.” (forthcoming)

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State Variation in Benefit Receipt and Work Outcomes for SSI Child Recipients After the Age 18 Redetermination

Jeffrey Hemmeter,
David R. Mann, and David Wittenburg

Presented at the CSDP Forum
Washington, DC

September 24, 2015

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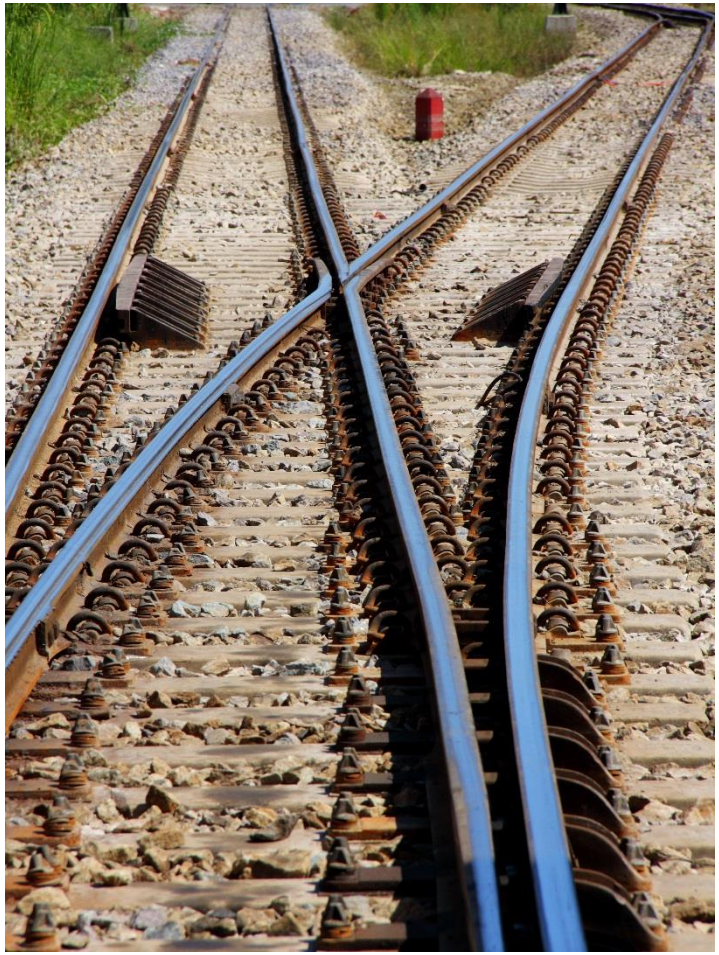
Child SSI Recipients Face Important Decisions at Age 18



Differences in State Cessation Rates Drive Young Adult Outcomes

What Is the Age 18 Redetermination?

- Redetermination assesses whether child SSI recipients meet SSI's criteria for adult eligibility
- Mirrors adult SSI application process
- Two outcomes:
  - Cessation
  - Continuation
- Cessation decisions can be appealed
- Benefits cease for about 34%

Our Study

- **Examine state variation in:**
  - **Final decisions regarding age 18 redeterminations**
  - **Outcomes at age 24**
    - **Employment**
    - **Earning above the annualized substantial gainful activity (SGA) amount**
    - **SSI and SSDI benefit receipt**
- **Condition results by:**
  - **State**
  - **Cessation status**

Factors Potentially Driving State Differences in Redeterminations

- Variation in DDS administration
  - Processes
  - Caseload
  - Personnel/turnover
- Differences in caseload composition
  - Impairment distribution
- Variation in other supports and programs
  - Special education
  - Vocational rehabilitation

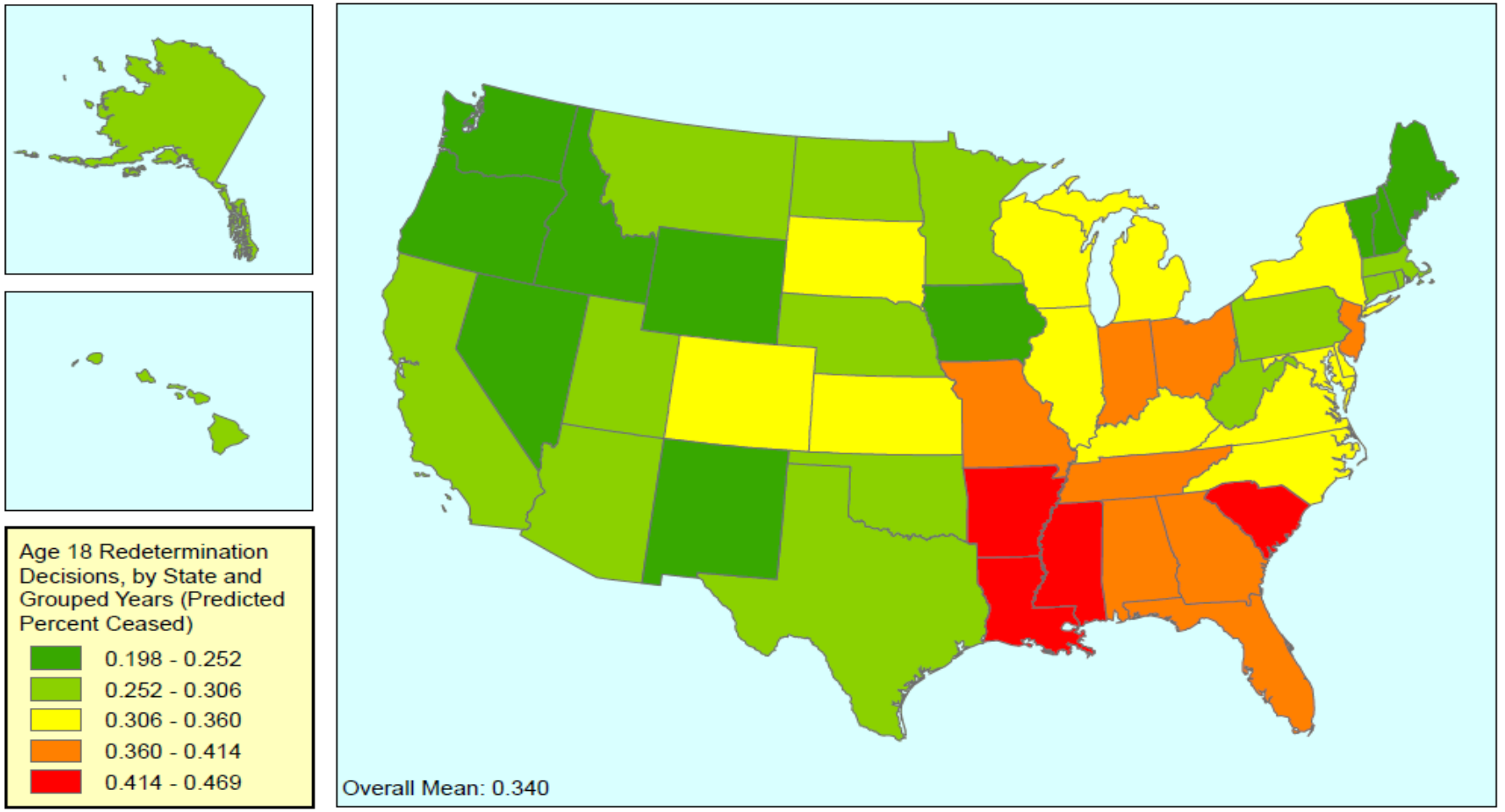
Sample Drawn from SSA Administrative Data Sources

- **All former child SSI recipients who:**
  - **Received a redetermination decision between 1998 and 2006**
  - **Received the final decision by age 24**
- **Sample size: 429,852**

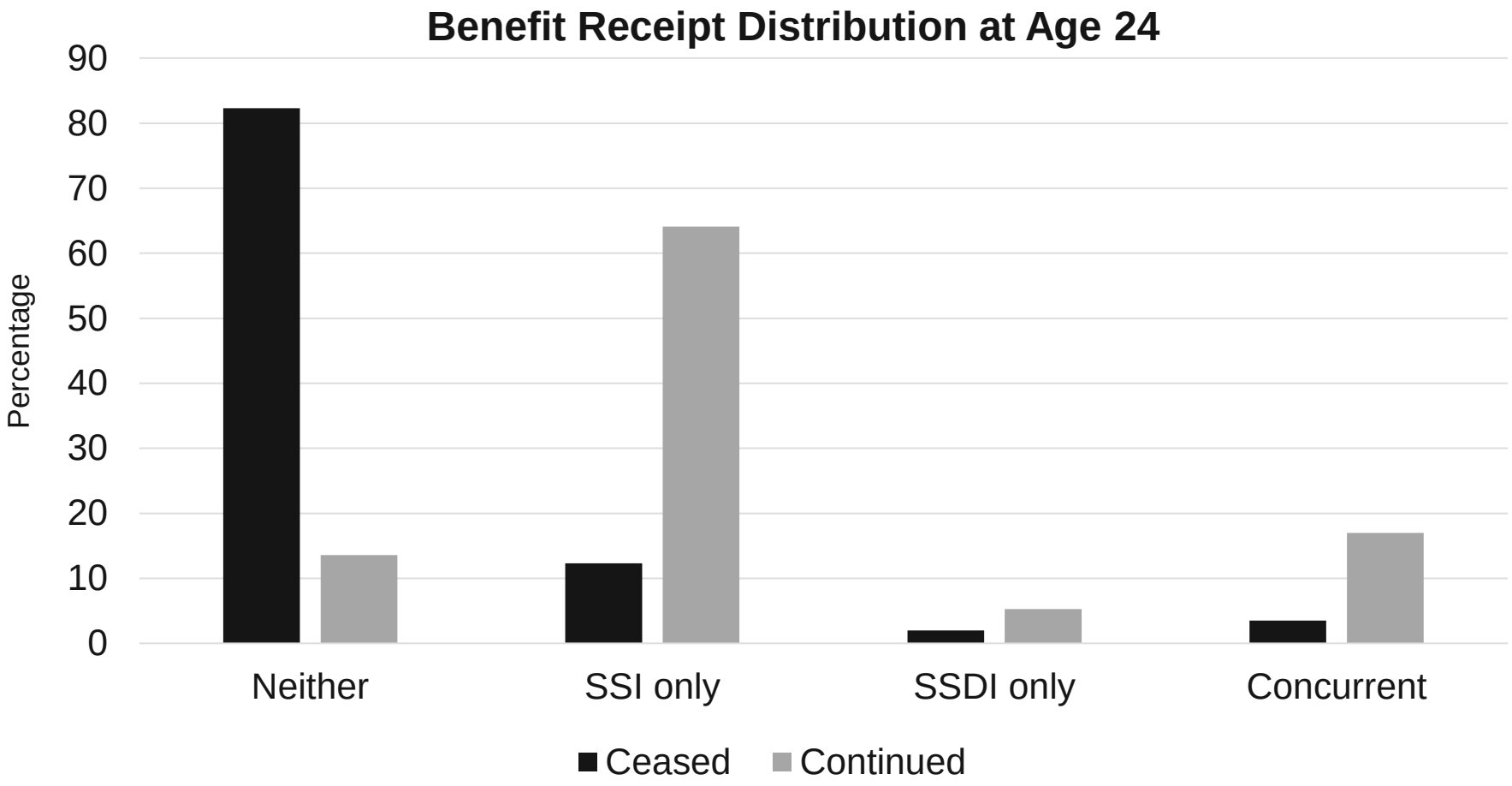
Methods

- Tables with regression-adjusted means
- Unadjusted means in appendix
- National maps

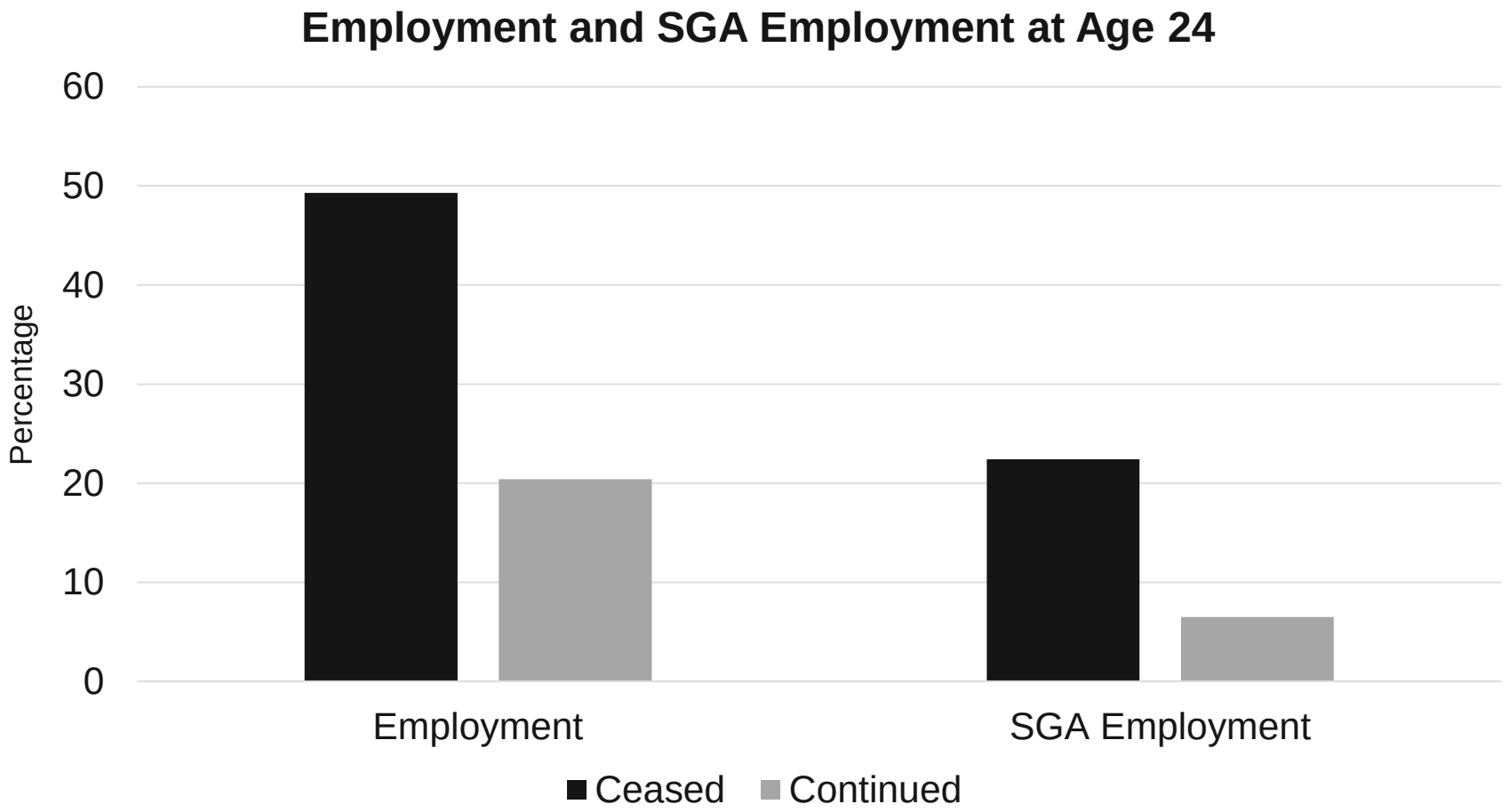
Cessation Rates Are Relatively High in South Region



Cessation Status Strongly Related to SSI and/or SSDI Benefit Receipt at Age 24



Employment Varies Primarily by Cessation Status



State Patterns Mirror National Pattern

- In all states, receiving a cessation decision was correlated with the following outcomes at age 24:
  - Lower SSI or SSDI receipt
  - Higher employment
  - Higher SGA employment
- There was an outcome gap in all states regardless of state cessation rate
  - But linking cessation rate and outcome variation is complex

There Were Regional Patterns in Benefit Receipt and Earnings

- Ranked states, then looked at top and bottom of ranking
- SSI and SSDI receipt
  - New England
    - Highest SSI only receipt among ceased
    - Lowest nonreceipt among ceased
- Employment
  - South
    - Lowest employment among continued
    - Largest employment gaps between ceased and continued
  - Midwest
    - Lowest SGA employment among ceased
    - Smallest SGA employment gaps between ceased and continued

Policy Implications

- State variation in age 18 redeterminations potentially unexpected in federal program
  - DDS administrative differences
  - Differences in caseload composition
  - State and local program differences
- Test alternative mechanisms for youth approaching age 18

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The Child SSI Program and the Changing Safety Net

Center for Studying Disability Policy
Mathematica Policy Research

September 24, 2015

John Tambornino*
Office of Human Services Policy/ASPE-HHS

**The opinions expressed in this presentation do not represent the opinions or policy of HHS or any other federal agency.*

ASPE Study of Child SSI

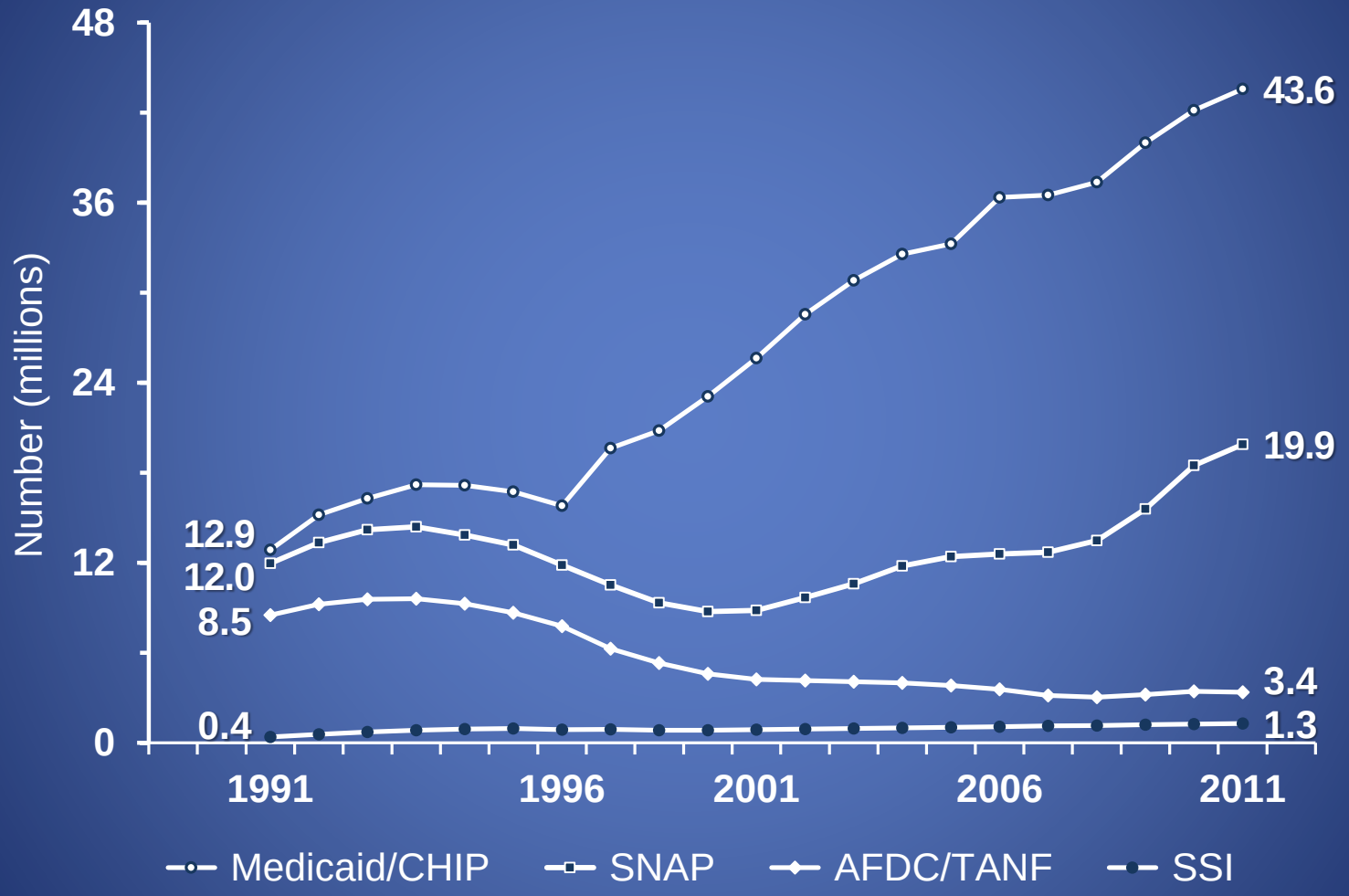
- For context/perspective, ASPE wanted to examine:
  - Size/growth of child SSI program relative to other programs
  - Geographic concentration/variation in program participation
  - Role of program in the changing safety net
  - Pathways to/from child SSI program

- Intramural/extramural research projects:
  - Intramural analysis with Gilbert Crouse and Pam Winston/ASPE
  - Extramural project jointly funded by ASPE and Administration for Children and Families/HHS – conducted by Mathematica
  - Technical/project assistance from SSA

National Trends from 1991–2011
Highlights from Intramural Analysis

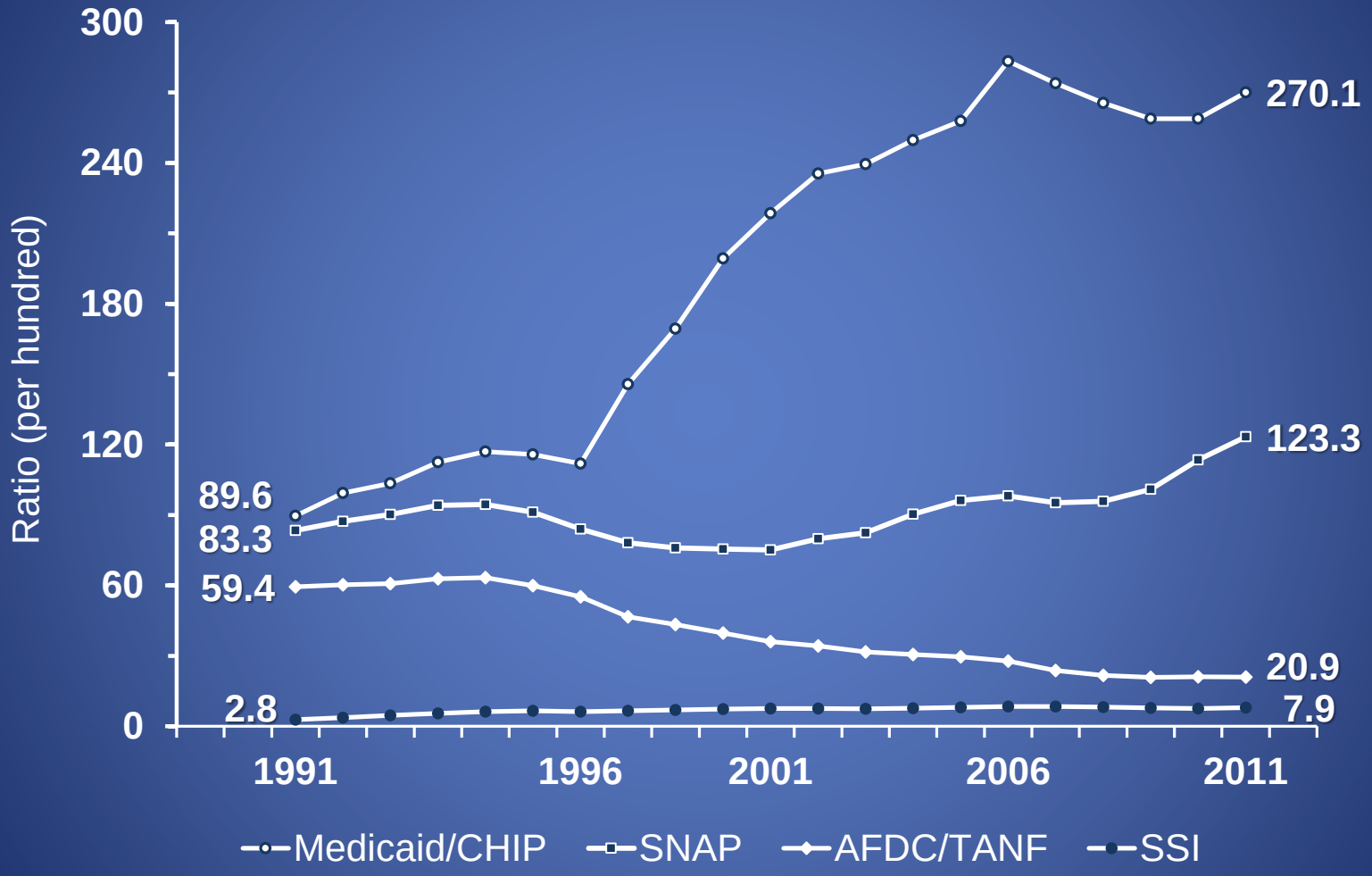
- Child SSI remains smallest major means-tested federal safety net program for children, in terms of *number of recipients*
- Relative to population of *poor* children, child SSI program grew at a slightly lower rate
- Federal expenditures for child SSI, Medicaid/CHIP, and SNAP have *increased* - federal-state expenditures for TANF cash benefits have *decreased*
- Federal expenditures for child SSI *exceed* federal-state expenditures for child TANF cash benefits

Children Receiving Medicaid/CHIP, SNAP, TANF Cash Benefits, and SSI: 1991–2011



Source: Centers for Medicare & Medicaid Services, CHIP Statistical Enrollment Data Systems (SEDS) Food and Nutrition Service, Office of Family Assistance, and SSA.

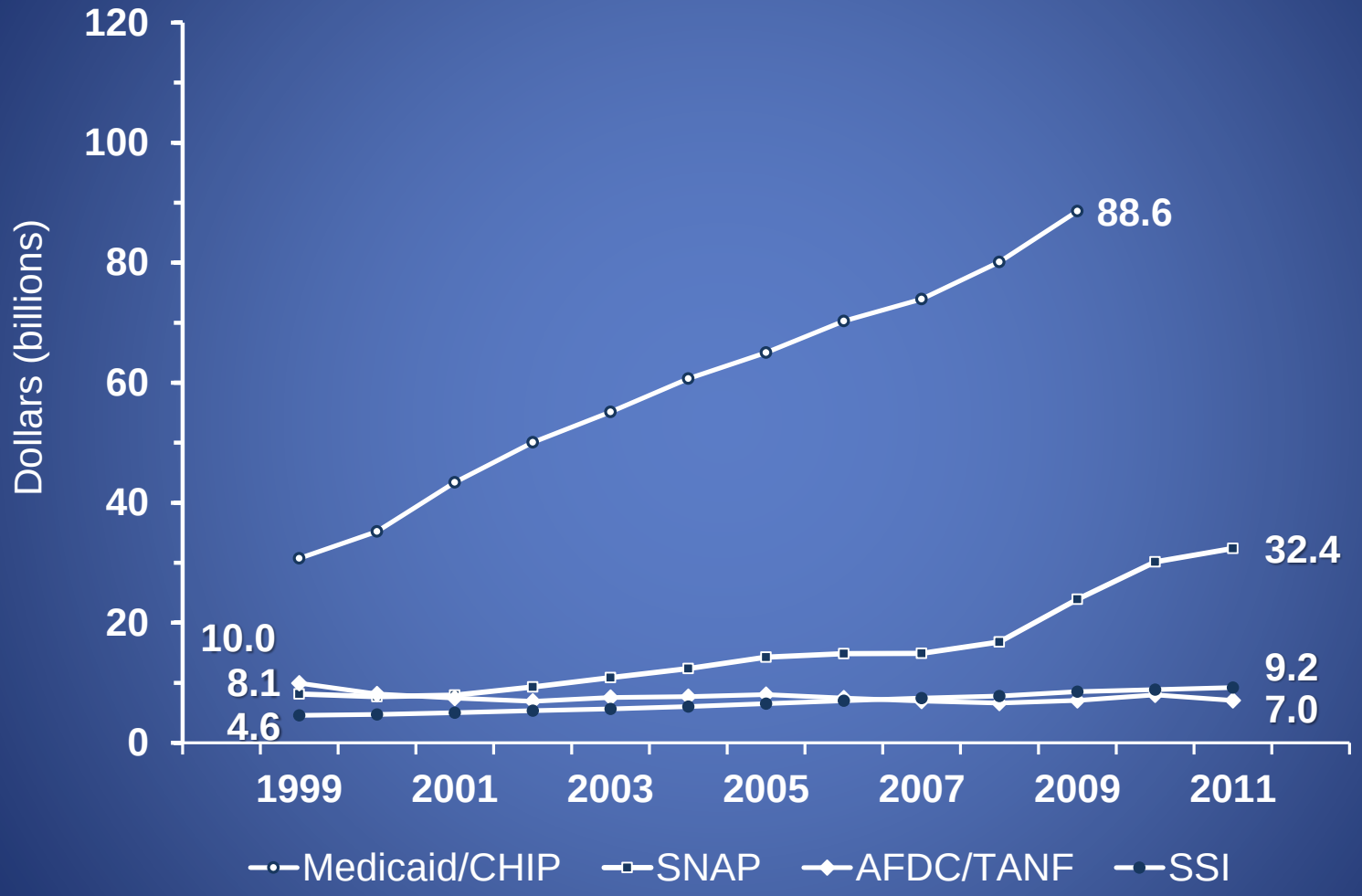
Ratios of Children Receiving Medicaid/CHIP, SNAP, TANF Cash Benefits, and SSI per 100 Poor Children: 1991–2011



Source: Centers for Medicare & Medicaid Services, CHIP SEDS, Food and Nutrition Service, Office of Family Assistance, and SSA.

Federal Expenditures for Children for Medicaid/CHIP, SNAP, SSI; Federal-State for Child TANF Cash Benefits: 1991–2011

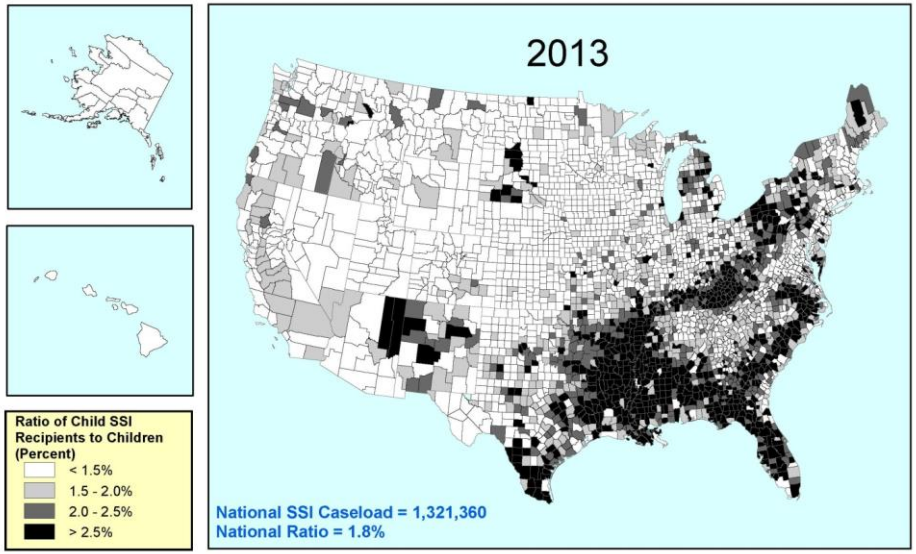
(Current dollars)



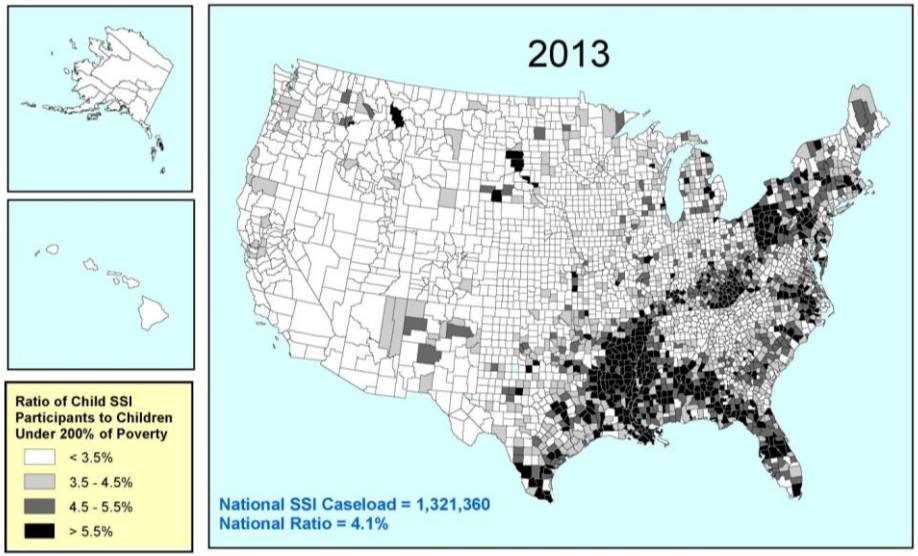
Source: Centers for Medicare & Medicaid Services, CHIP SEDS, Food and Nutrition Service, Office of Family Assistance, and SSA.

Population Ratios vs. Low-Income Ratios - 2013

SSI-child ***population*** ratios - county



SSI-child ***low-income*** population ratios - county



Thank You!

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Audience Q&A

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Upcoming Events

CSDP Disability Policy Forum about the Stay-at-Work/Return-to-Work Policy Collaborative
October 22, 2015

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