

How Many Children With Disabilities Receive SSI?

832,150 children with disabilities receive an SSI check (SSA, July 1994).

Overall, this cost \$4.6 billion or less than 1 percent of the total federal budget.

Note that 800,000 children nationally have been *denied* SSI benefits since 1991. The current average denial rate is about 65%, varying by state.

Children make up but 13.7 percent of the over 6 million total SSI recipients.

Who Are These Children?

Boys are more likely to be recipients, by about three times to two (624,210 boys; 307,940 girls).

7% are 3 years old or less (59,170 babies)
 14% are age 3 to 5 (114,480 toddlers)
 43% are aged 6 to 12 (359,560 children)
 30% are ages 13 to 17 (248,770 teenagers)
 6% are between 18 and 21 (or 50,170 young adults)

About 47% are identified as "Black, Hispanic or Other"

99% are U.S. citizens

Almost 80% live with their parent (s)

15% live "in their own household" for payment determination (includes hospitals, nursing homes, residential schools, foster care, or independently).

About 3% live in another (non-parental) household,

Less than 2% were in Medicaid medical facilities (institutions).

Where Are These Children Living?

States with the largest numbers of children receiving SSI were:

New York, California, Texas, Florida, Illinois, Ohio, Louisiana, Pennsylvania and Michigan. Together they accounted for 51 percent of all childhood SSI check recipients (age 21 or under).

For impact by state if program eliminated, see attached pages showing "*Number of children by state/region receiving SSI and the average amount they receive*".

What Kinds of Disabilities Do Children Receiving SSI Have?

44% of children receiving benefits were disability eligible because of mental retardation.

- 22% had psychiatric or neurotic disorders,
- 17% have diseases of the endocrine, respiratory, circulatory or musculoskeletal system.
- 15% had diseases or conditions of the nervous system and sense organs (this category often includes children with cerebral palsy and children with vision and hearing disabilities). Includes 9,300 blind children.

How Much Do the Children Get? Only poor families are eligible. Most children on SSI fall at the low end of income eligibility:

68 percent received the maximum monthly benefit of \$458, according to SSA, in June 1994. Note that \$468 more to the family's budget does not lift them out of poverty (additional \$5,496 per year).

Typically, children with disabilities receiving SSI are in families with incomes up to about 150% of poverty (about \$21,000 p.a.). As income increases, SSI payments decrease and families become ineligible for benefits at about 200 percent of poverty level (about \$31,000), For example, a two parent family

with two children, one of whom has a disability, receives the full \$458 benefit if yearly income is less than \$20, 220.

Benefit levels are higher in the , states that supplement federal payments. The Social Security Administration (SSA) reports that the average SSI monthly payment is \$412 when state supplements are included.

Note that disability determination begins after determining income eligibility! Disability determination involves comprehensive review of all medical records and reports by parents, teachers and other specialists & professionals. It is a complex process where "disability" has to be proven.

Why is SSI Disability Eligibility So Important to Children With Disabilities?

In 31 states and the District of Columbia, SSI enrollment is the gateway to health care with Medicaid enrollment automatic. In 7 states SSI children are eligible for Medicaid but must apply separately. Medicaid is often the only health care available to poor children who parent(s) may not have health insurance at work or at all (can't afford it).

What Do Families Spend the Cash on?

While the basic purpose of the money is 'food, clothing & shelter', it may be used to pay for the child's extraordinary daily expenses or disability-related costs which may include the following, among thousands of possible uses depending on the disability:

- utility bills (electric bills for 24 hr/day respirators, rental costs of back-up generators to prevent power lapses, battery charges for wheelchairs or communication devices;
- telephone calls to medical providers, pharmacists, social service providers & schools;
- respite care or specially trained child care providers who understand the disability;
- public or private transportation costs to obtain routine or specialized medical treatment;
- adapted clothing (e.g., replace buttons with

velcro fasteners, specially fitted shoes to accommodate braces, zipper aids);

- home repairs for broken items & modifications to accommodate wheelchairs or other disability;
- over-the-counter items such as special creams for skin conditions, diapers for older children, wigs, special formulas/items for managed diets;
- marriage maintenance or family or individual stress counseling to maintain family integrity;
- assistive technology, adapted toys, personal care assistance, service and repairs (e.g., for wheelchairs, prosthetics, hearing aids, glasses);

What Accounts for the Rapid Growth in the Program and Is it Likely to Continue?

Child enrollment in SSI more than doubled, rising from about 296,000 in 1989 to more than 770,000 in 1993, to about 847,000 children currently (or less than one million children of the nation's 00 million children).

Six reasons account for the rapid expansion of the program;

1. The number of children overall living in poverty increased by 2,5 million between 1989 and 1993;
2. An overall increase in the number of children with disabilities (since 1960 the proportion has more than tripled);
3. A 1992 regulatory change in how SSA deemed (counted) parental income which had the impact of raising income eligibility levels for working families.
4. A review of denials made by SSA from 1980 onward that was ordered by the US, Supreme court in the Zebley decision. The Court ruled that when a child had a condition that did not meet SSA's listings standard, determining whether the impairment was of 'comparable severity' to one which would disable an adult would require a Functional Assessment. About 460,000 children had been denied since 1980, with some 339,000 responding to SSA's search for them for review. About 131,000 were found eligible.
5. The Court also ordered an Individual Functional Assessment (IFA) as part of the determination of 'comparable severity' for children. The IFA is used to determine the child's ability to engage in age-appropriate activities.
6. Outreach campaigns by SSA and several

private foundations helped publicize the program which many income eligible families simply did not know about before.

How **Much Abuse and Fraud Is Documented** in the Program? Relatively unpublicized (and unread) government reports refute much of the recent media reports.

Allegations about 'Parents Coaching their Children to Act Crazy to Get Money'-

An SSA review of 617 cases of school-related behavior disorder allowances and denials found *"no evidence of widespread coaching or malingering..."*. Of the 13 possible coached cases, ten were denied and the other three allowed were allowed based upon Independent, non-coaching bases (medical) for the award.

*Myth that 'Anyone can Get SSI If They Know How To Game **The System**'-*

A Government Accounting Office (GAO) report found that 70 percent of the increase after the Zebley 1990 decision was NOT due to the liberalized Zebley Individual Functional Assessment Rules - which critics claim as the stage in the process where 'gaming' occurs -- but due to children qualifying for SSI because they met SSA's new Listings of Impairments. This included the December 1990 revisions to the Childhood Mental Disorder Listings which increased the number of mental impairment listings from 4 to 11, including for the first time separate listings for conditions such as pervasive developmental disorders (e.g., autism) and Attention Deficit Hyperactive Disorder (ADHD). It should be noted that Congress had **ordered** the Listings revision six years earlier, in 1984, in the Social Security Disability Reform Act.

This GAO report also confirmed advocates' concerns about the tilting of the individualized functional assessment test in favor of children with mental impairments at the expense of those with physical impairments: *"More than half of the children*

with mental impairments on whom functional assessments were done (53%) received awards compared with less than one sixth (14%) of children with physical impairments."

SSA believes that the program has almost reached saturation point as it is currently serving between 60-80% of the estimated 1.1 million to 1.4 million children with severe disabilities who are eligible,

When Did the Program Start and Why? SSI started as part of President Richard Nixon's sweeping welfare reform proposal in 1969, the Family Assistance Plan (FAP), that would have replaced the Aid to Families With Dependent Children (AFDC) program with a federal uniform minimum income for families with poor children,

FAP was defeated but the House Ways & Means Committee reintroduced FAP and an SSI proposal with a new plan for the federal government to set a minimum benefit level and to combine three programs that were then a state-federal partnership, that is, the Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled programs. FAP was again defeated but the SSI part remained because it guaranteed an income for those not expected to work, i.e., the poor aged, those who are blind and those with disabilities.

Poor disabled children were included because *"... they are deserving of special assistance in order to help them become self-supporting members of our society."* And also *"... because their needs are often greater than those of nondisabled children"* [House Report 92-231].

Sources: Issue Brief No. 661 Jane Koppelman, George Washington University, National Health Policy Forum. January 23, 1995. Findings from the Study of Title XVI Childhood Disability Claims. Social Security Administration, Office of Disability, May 1994: 'Rapid Rise in Children. On SSI Disability Rule Follows New Regulations.* U.S. General Accounting Office. (September 1994) "Zebley Update #9," Community Legal Services, Philadelphia, PA December 1994

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Table 1 Number of children receiving Federally administered SSI payments, by Region and State. June 1994"

Region and State	Number of children	Average Federally administered payment'
Total	832,150	\$411.73
Boston	24,960	\$423.75
Connecticut	4,340	397.33
Maine	2,240	376.97
Massachusetts	13,230	434.43
New Hampshire	1,420	390.01
Rhode Island	2,430	458.40
Vermont	1,300	455.98
New York	90,030	\$423.39
New Jersey	18,750	418.28
New York	71,280	424.74
Philadelphia	76,760	\$408.74
Delaware	1,980	378.92
District of Columbia	2,290	397.81
Maryland	10,390	392.04
Pennsylvania	36,270	424.74
Virginia	10,400	391.79
West Virginia	7,430	407.27
Atlanta	199,200	\$398.54
Alabama	25,450	402.96
Florida	47,140	400.35
Georgia	24,460	393.24
Kentucky	18,320	404.36
Mississippi	23,480	402.17
North Carolina	24,440	388.34
South Carolina	15,260	391.60
Tennessee	20,650	403.04
Chicago	168,360	\$413.28
Illinois	44,640	404.72
Indiana	17,500	395.09
Michigan	34,310	418.97
Minnesota	8,740	394.16
Ohio	43,500	397.17
Wisconsin	19,670	483.08

(continued)

Table 2. Number of children receiving Federally administered SSI payments.
by Region and State, June 1994¹ (Cont.)

Region and State	Number of children	Average Federally administered payment ²
Dalles	123,680	\$ 399.36
Arkansas	18,400	397.37
Louisiana	38,370	404.36
New Mexico	5,880	394.74
Oklahoma	10,350	402.09
Texas	50,680	396.28
Kansas City	35,970	\$395.31
Iowa	6,670	379.46
Kansas	6,890	386.54
Missouri	18,590	407.12
Nebraska	3,820	381.36
Denver	18,420	\$386.38
Colorado	8,080	391.17
Montana	1,820	392.13
North Dakota	1,110	377.48
South Dakota	2,520	378.29
Utah	3,900	380.77
Wyoming	990	389.35
San Francisco	74,720	\$466.11
Arizona	9,520	403.65
California	62,050	479.67
Hawaii	870	370.39
Nevada	2,180	394.66
Northern Marianas	100	387.70
Seattle	20,040	5400.24
Alaska	740	397.68
Idaho	3,280	386.67
Oregon	6,290	384.28
Washington	9,730	415.33

¹ Based on a 10-percent sample file. Recipients with payment due July 1, 1994.

² Including federally administered State supplementation payments,