



# **New Hampshire's Adult Social Security Disability Population**

(A Descriptive Study of Those Individuals Participating in the Social Security Disability Insurance and the Supplemental Security Income Programs in New Hampshire as of April 1, 2000.)

**Stephen F. Knapp**  
**Project Dollars and Sense**  
P.O. Box 331  
Dublin, NH 03444  
(603)563-8176  
[sknapp@monad.net](mailto:sknapp@monad.net)

September 6, 2000

## Table of Contents

New Hampshire's Adult Social Security Disability Population .....	1
Introduction .....	1
SSA Data Files .....	1
Methodology.....	1
Acknowledgements.....	1
How many people receive Social Security Disability Benefits? .....	2
What disabilities do they have? .....	2
What is their gender?.....	3
How old are they? .....	3
How long have they been receiving benefits? .....	4
At what age did they begin receiving benefits? .....	4
Where do they live? .....	4
How much are their benefits? .....	6
Other Income .....	6
How much was their other unearned income? .....	6
How much was their earned income? .....	6
Earned Income.....	6
What was their total Income? .....	7
Who is working? .....	7
What disabilities do workers have?.....	7
How old are they? .....	8
Where do workers live?.....	8
1619 Provisions.....	8
How many Individuals with Representative Payees .....	9
What don't we know?.....	9
Appendix A: Estimate of SSDI Only Population with Current Earnings .....	10

# New Hampshire's Adult Social Security Disability Population

## Introduction

Project Dollars and Sense is concerned with improving the employment opportunities for people receiving Social Security disability benefits. It is organized around three major initiatives: work incentives and benefits planning; creation of new financial structures and programs; developing permanent structures to improve New Hampshire's work incentive system. Major initiatives include providing accurate information and training to key stakeholder groups, developing a Medicaid Buy-In which allows more individuals with disabilities to work and increase their earnings, conduct pilot projects in the use of individual career accounts (ICA) and service brokers, conduct pilot projects in the use of individual development accounts (IDA), credit unions, and the use of fiscal intermediaries, and to support the development of an inclusive and permanent work incentives infrastructure in New Hampshire.

This report provides baseline information on the population targeted by these initiatives—information that has heretofore been unavailable to New Hampshire policy makers and administrators. This is the first of several reports on the status of New Hampshire's working age population with disabilities.

The Social Security Administration (SSA) operates two income support programs for people with disabilities: the Social Security Disability Insurance Program (SSDI, or often simply DI) and the Supplemental Security Income Program (SSI). The SSDI program is available to workers who become disabled during their employment years (generally, 18 - 65), a disabled widow or widower of a worker, or the worker's adult child who became disabled before age 22. Worker here is defined as an individual who has paid wages into the Social Security System. Attached to SSDI benefits is Medicare eligibility.

The Supplemental Security Income Program, unlike SSDI, is a means-tested program that is available to individuals of limited income who meet income and resource tests. Both SSI and SSDI are national programs so the rules for participation and the amounts of income support do not vary from state-to-state; however, many states including New Hampshire provide a state supplement to SSI eligible people.

This report on nearly 30,000 adults with severe disabilities suggests that only about 15% of this population has earnings. Future research efforts will

attempt to provide more accurate estimates of the employment rate among this population. The report also provides basic demographic information about this population of people with disabilities.

## SSA Data Files

The Division of Program and Policy Information Studies in the Office of Disability of the Social Security Administration (SSA) has prepared a set of data files on New Hampshire disability beneficiaries for Project Dollars and Sense. These files cover two points in time: April 1, 1999 and April 1, 2000. They are from two different SSA data systems, the Supplementary Security Record (SSR) for Supplemental Security Income (SSI) recipients and the Master Beneficiary Record (MBR) for Social Security Disability Insurance (SSDI) beneficiaries. This report deals only with the April 2000 files.

In the April 2000 files there are 7,269 SSI records and 24,351 SSDI records. There are 2,176 records in each file that share social security numbers, called "Concurrent cases."

## Methodology

The SSA files were converted to relational data base files (FileMaker Pro) and a series of data conversions were made to create a master file for each year. That file includes both SSI and SSDI beneficiaries. New variables such as age groupings, diagnostic groupings, and residential regions were calculated. Extracts from this file were then converted for use in a statistics program (StatView 5.0). The statistical analyses were formatted for presentation in Excel, and this document was prepared in Word.

Statistics for this presentation are descriptive. They describe the total population; therefore, statistical issues of sampling do not apply.

None of the analyses in this report can in any way lead to the identification or the invasion of the privacy of an individual.

## Acknowledgements

We wish to thank the Office of Disability and the Office of Employment Support Programs for their assistance in making the files available to the Dollars and Sense Project. Special thanks to Nancy Sciabarrasi, Terry Dodson, Natalie Funk, and Leo McManus. Celeste Hemingson provided invaluable assistance in reviewing the initial iteration of this report.

## How many people receive Social Security Disability Benefits?

In April 2000 there were nearly 30,000 adults between the ages of 18 and 65 that were receiving SSDI or SSI benefits (see Table 1). Just over 7% of that total were receiving both SSDI and SSI (Concurrent) benefits. Three-fourths of all individuals were receiving SSDI Only, and 17% were eligible for

	SSDI		SSI		Total
	SSDI Only	Concurrent	Concurrent*	SSI Only	
Worker	19,941	1,860			21,801
Disabled Adult Child	1,672	264			1,936
Disabled Widow/Widower	562	52			614
Blind Individual			20*	55	55
Blind Spouse			1*	3	3
Disabled Individual			2,116*	4,935	4,935
Disabled Spouse			39*	100	100
Total	22,175	2,176	2,176*	5,093	29,444
Percent	75.3	7.4	* Non-add column	18.3	100

SSI Only.

The SSDI program provides benefits to three groups of disabled persons. People who have a work history and have paid into Social Security are eligible for benefits if they become disabled and are no longer able to continue employment. A total of 21,801 (74%) New Hampshire residents fall into this group of workers.

Adult disabled children of workers are eligible for disability benefits on the employment record of their working parent (in some cases, grandparent) provided that the son or daughter became disabled before age 22 and meets the same definition of disability as a disabled worker. There were 1,936 New Hampshire residents qualified under this provision of the disability program as of April 2000.

Disabled widows and widowers make up 2% of the disability program population. They are the disabled widows, widowers, or surviving divorced spouses age 50 through 59 of covered workers. These individuals must meet a stricter definition of disability than disabled workers. They cannot be able to engage in any gainful activity, rather than substantial gainful activity.

The Supplemental Security Income (SSI) program qualifies recipients differently. SSI is a means-tested program meaning that it is available only to individuals with limited income and assets. It distinguishes between individuals who are blind and those who are disabled since the eligibility benefit standards for the two groups are different. It also provides benefits to the low income spouses of blind and disabled qualifying individuals. About one

percent of the SSI recipients qualify as blind individuals or spouses.

Concurrent cases in the SSI column are not added to the SSI Only cases in order to avoid creating duplicate counts, but they can be added together to determine the total SSI cases by type.

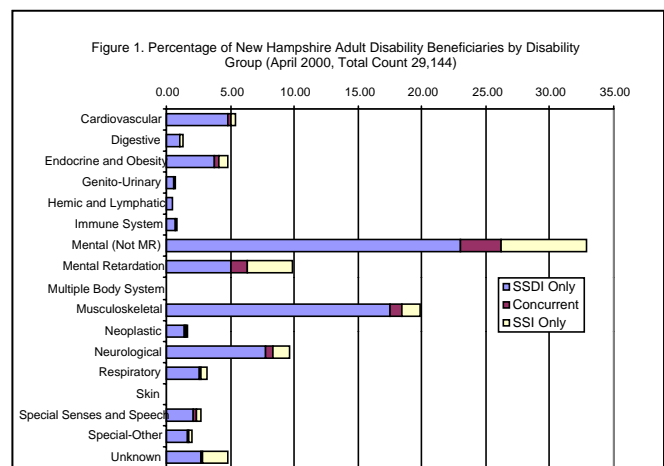
## What disabilities do they have?

The Social Security Administration classifies disabilities using the International Classification of Diseases 9th Revision Clinical Modification (ICD-9) system. This system, which is recognized and used throughout the world by medical and health professionals, is used to identify the individual

	SSDI Only	Concurrent	SSI Only	Total
Cardiovascular	1,401	76	112	1,589
Digestive	305	19	45	369
Endocrine and Obesity	1,107	95	201	1,403
Genito-Urinary	178	15	23	216
Hemic and Lymphatic	133	7	10	150
Immune System	212	11	32	255
Mental (Not MR)	6,794	909	1,971	9,674
Mental Retardation	1,475	407	1,021	2,903
Multiple Body System	-	2	1	3
Musculoskeletal	5,156	289	387	5,832
Neoplastic	423	21	27	471
Neurological	2,282	157	388	2,827
Respiratory	748	59	123	930
Skin	44	2	3	49
Special Senses and Speech	636	42	102	780
Special-Other	484	33	73	590
Unknown	797	32	574	1,403
Total	22,175	2,176	5,093	29,444

applicant's impairment. SSA has developed a predetermined list of ICD-9 codes from which the disability examiner selects the appropriate classification. 186 different codes were used to classify New Hampshire beneficiaries. We have grouped these impairment codes into body systems used by SSA. Table 2 provides the actual count of individuals broken down by the body system that includes their specific primary disability

Figure 1 presents this information in percentage



terms. One-third of all disability beneficiaries have a mental diagnosis other than mental retardation, which accounts for another 10%. Musculoskeletal problems account for one beneficiary in five. Neurological impairments such as epilepsy and cerebral palsy, account for nearly one in ten disabling conditions.

Table 3 presents the top 28 specific diagnoses. It includes 80% of SSI and SSDI beneficiaries in New Hampshire. Six diagnoses (in boldface type) relate to mental disorders and include 41% of all individuals receiving disability benefits. Affective (mood) disorders include manic, depressive, bipolar, and other affective psychoses. Schizophrenic disorders include a wide group of psychoses including schizophrenia, hebephrenia, catatonia, and schizoaffective psychoses. Anxiety related disorders include anxiety neuroses, panic disorders, hysteria, phobias, obsessive-compulsive disorders, and other neurotic disorders.

	SSDI Only	Concurrent	SSI Only	Total	Percent of Total (29,444)
<b>2960-AFFECTIVE DISORDERS (ADULT)</b>	<b>3035</b>	<b>387</b>	<b>842</b>	<b>4264</b>	<b>14.5</b>
7240-BACK DISORDERS	2649		142	2791	9.5
<b>3180-MENTAL RETARDATION</b>	<b>1422</b>	<b>386</b>	<b>982</b>	<b>2790</b>	<b>9.5</b>
<b>2950-SCHIZO/PARAN FUNC DISORDERS</b>	<b>1451</b>	<b>243</b>	<b>417</b>	<b>2111</b>	<b>7.2</b>
<b>3000-ANXIETY RELATED DISORDERS</b>	<b>936</b>	<b>111</b>	<b>279</b>	<b>1326</b>	<b>4.5</b>
<b>2940-ORGANIC MENTAL DISORDERS</b>	<b>850</b>	<b>64</b>	<b>162</b>	<b>1076</b>	<b>3.7</b>
4140-CHRONIC ISCHEMIC HEART DIS	784	40	53	877	3.0
7150-OSTEOARTHRITIS/ALLIED DIS	712	41	81	834	2.8
2780-OBESITY	592	54	144	790	2.7
4960-CHRONIC PUL INSUFFIC/COPD	555	50	90	695	2.4
7280-MUSCLE,LIGAMENT,FASCIA DIS	593	45	39	677	2.3
<b>3010-PERSONALITY DISORDERS</b>	<b>345</b>	<b>75</b>	<b>182</b>	<b>602</b>	<b>2.0</b>
4380-LATE EFFECTS OF CVA	477	26	56	559	1.9
3400-MULTIPLE SCLEROSIS	504	20	29	553	1.9
7140-RHEUMATOID ARTHRITIS	388	18	41	447	1.5
OTHER IMPAIRMENT, NOT LISTED	329	29	47	405	1.4
3570-DIABETIC/PERI NEUROPATHY	312	19	27	358	1.2
3430-CEREBRAL PALSY	167	23	96	286	1.0
3690-BLINDNESS/LOW VISION	226	16	40	282	1.0
3450-EPILEPSY	166	20	58	244	0.8
4430-PERIPHERAL VASCULAR DIS	195	13	17	225	0.8
8060-VERTEBRAL FRAC/CORD LESION	177	17	27	221	0.8
9070-LATE EFF/NERV SYS INJURY	176	16	23	215	0.7
2500-DIABETES MELLITUS	170	19	21	210	0.7
7200-ANKYLOSING/INFLAM SPONDYL	54	139	5	198	0.7
8270-LOWER LIMB FRACTURES	164	8	20	192	0.7
5850-CHRONIC RENAL FAILURE	155	12	21	188	0.6
3890-DEAFNESS	146	7	24	177	0.6
					80.1

Not shown in this analysis are conditions that were diagnosed as secondary disabling conditions. Since secondary diagnoses are not needed to determine SSI or DI eligibility, they tend to be ignored by field staff and disability examiners. We believe the accuracy of that variable to be suspect.

### What is their gender?

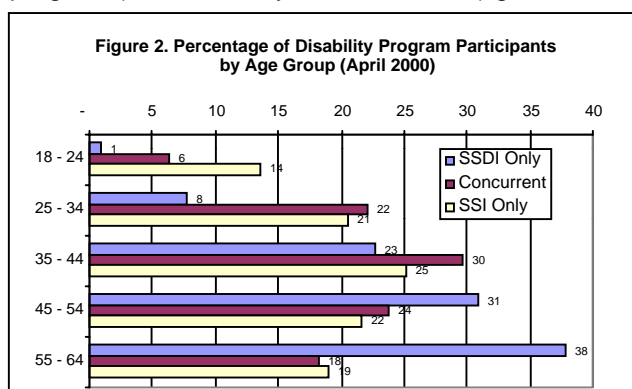
Overall there is a 50/50 split between men and women in the adult disability program; however, more males participate in the disability insurance program. The reason for the disparity is two-fold: historically, there are more men in the labor force, and they tend to be engaged in more physical labor which may result in being more prone to work-threatening disabilities. A higher proportion of women receive

	SSDI Only	Concurrent	SSI Only	Total
Female	35.30	4.10	10.60	50.00
Male	40.01	3.29	6.69	50.00
Total	75.31	7.39	17.30	100.00

benefits under the SSI program including those receiving Concurrent benefits.

### How old are they?

Figure 2 shows the percentage of individuals in each of five population groups. The average age for SSDI beneficiaries is nearly 50 years old while for SSI recipients it is 41.3 years old. Participation in the SSI program (both SSI Only and Concurrent) grows until



the 35-44 cohort and then begins to decline. Age is a major factor in participation in the SSDI (Only) program. The older the worker, the more likely they are to participate in the SSDI program. Fully 38% of the SSDI beneficiaries are between the ages of 55 and 64.

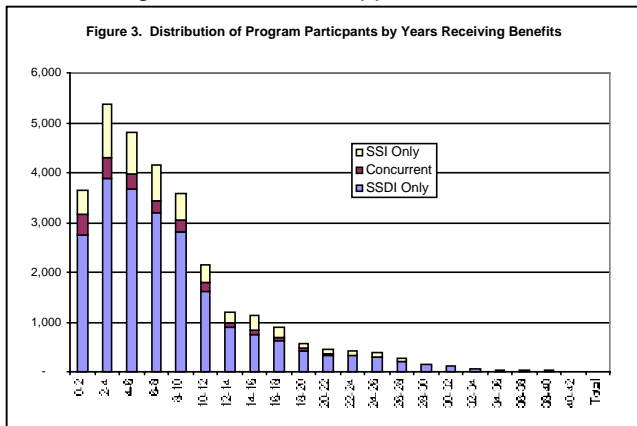
Table 5 illustrates the relationship between the type of disability and age for the SSDI Only group. While there are only a few individuals in the 18 - 24 cohort,

	18 - 24	25 - 34	35 - 44	45 - 54	55 - 64	Totals
Cardiovascular	0	1	1	5	12	6
Digestive	0	1	1	2	1	1
Endocrine and Obesity	0	2	4	5	7	5
Genito-Urinary	1	1	1	1	1	1
Hemic and Lymphatic	1	1	0	0	1	1
Immune System	1	1	2	1	1	1
Mental (Not MR)	47	44	42	34	18	31
Mental Retardation	26	20	10	5	2	7
Musculoskeletal	3	10	19	22	30	23
Neoplastic	0	1	1	2	3	2
Neurological	11	10	10	11	10	10
Respiratory	2	1	1	2	6	3
Skin	0	0	0	0	0	0
Special Senses and Speech	5	4	2	3	3	3
Special-Other	2	2	2	3	2	2
Unknown	4	1	3	5	4	4
Totals	100	100	100	100	100	100

neurological and mental impairments (including mental retardation) make up 84% of this cohort. Neurological impairments remain proportionally constant regardless of cohort. As the working population ages, more individuals are unable to work because of musculoskeletal and cardiovascular problems. Mental disabilities, including mental retardation, make up a decreasing percentage of the beneficiaries.

**How long have they been receiving benefits?**

Figure 3 shows that the highest frequency of beneficiaries in both benefits programs is two to four years. Then participation drops off rather sharply. After ten years it drops even more sharply until participation levels off somewhat after 14 years. Much of the explanation for the decline is explained by Figure 4 that shows the age at which people became eligible for income support.

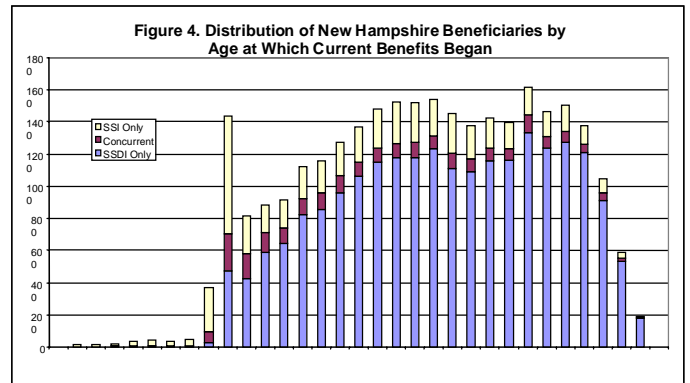


**At what age did they begin receiving benefits?**

Figure 4 results from subtracting the date that individuals began receiving current benefits from their age. There are several peaks in this chart. The first represents those children who reach age 18. Children who reach age 18 become beneficiaries on their "own account," and parental income is no longer a factor in SSI eligibility. While difficult to see, there is a small but significant percentage of individuals who began receiving benefits in childhood. In the SSDI program adult disabled children become eligible for disability benefits on their parents' account; consequently, there is a small spike in the 18-20 cohort here as well.

The second peak occurs in the 30s. The peak is driven primarily by the SSDI program, and the cause would appear to be related to the onset of mental disabilities in the 25-35 cohort (see Table 5). The

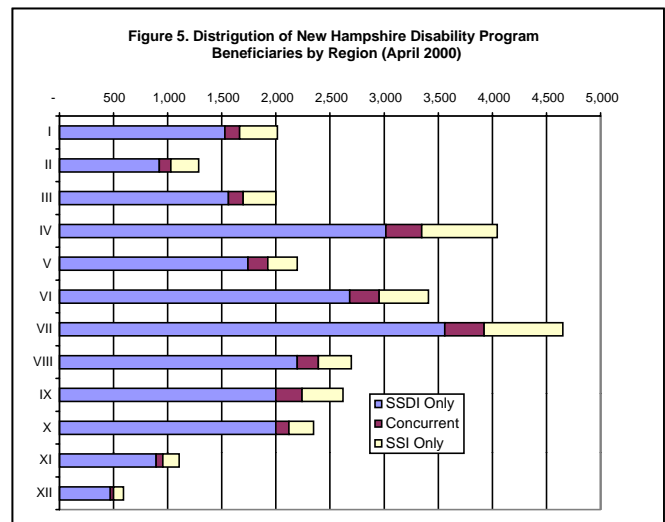
third peak occurs in the 50s and is related to the conditions related to aging (e.g., musculoskeletal and cardiovascular issues).



Since disability benefits cease when the individual reaches age 65, those who come into the program between ages of 62 and 64 may elect to begin retirement benefits at age 62.

**Where do they live?**

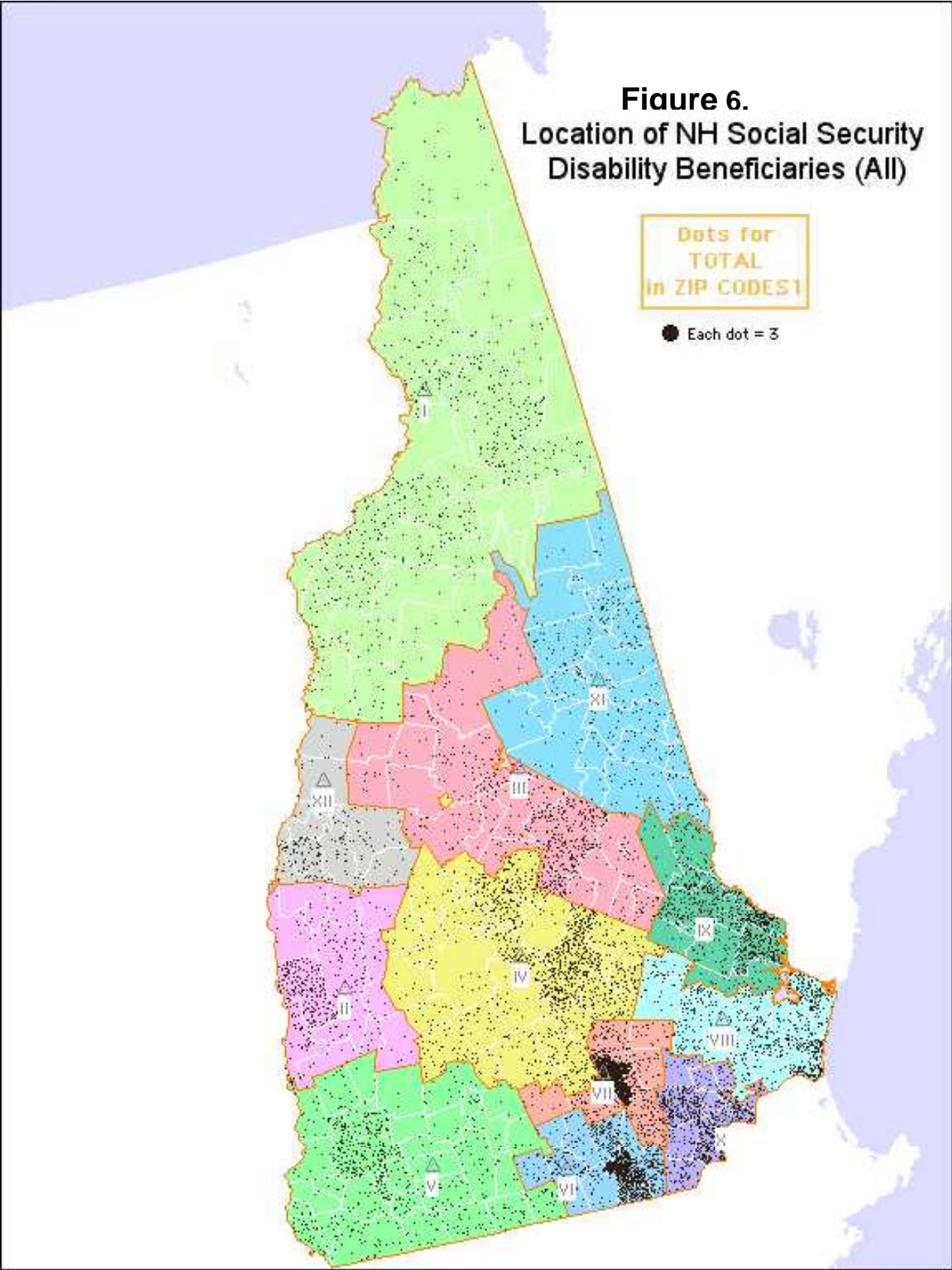
Figure 5 shows where this population lives by area agency region. Note that Regions I and XI are combined into region I and regions II and XII are combined into region II for community mental health services. Region VII which encompasses the Manchester region has the highest number of disability program participants. Region IV is a relatively large region centered around Concord. At the other extreme Regions XI and XII are comprised of relatively sparsely populated rural areas. By combining these regions into Mental Health Regions I



and II, their populations would be over 3,100 and nearly 1,900, respectively. Not included in this analysis are 466 individuals who show out-of-state addresses, primarily in Maine, Massachusetts, and Vermont.

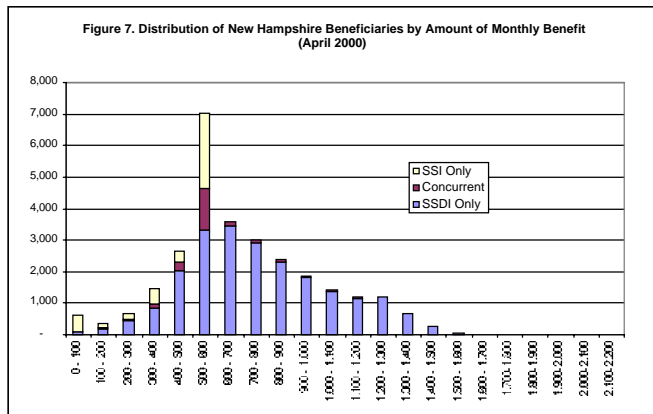
Figure 6 shows where beneficiaries live by zip code. Since the regional boundaries are based on zip code rather than town boundaries, some border

adjustments were necessary. Each black dot ts three beneficiaries.



## How much are their benefits?

Figure 7 shows the distribution of monthly benefits for each program. For individuals receiving Concurrent benefits, the SSDI and SSI monthly benefits have been added together. Looking at SSDI beneficiaries only, the average monthly benefit was \$765 and the most frequent income range is between \$600 and \$700. Beneficiaries received amounts as low as \$2 to over \$2,000. These amounts are based upon the amounts paid into the system and the number of dependents. According to 1998 published figures,



there are about 37 spouses and children of spouses entitled to benefits for every 100 workers<sup>1</sup>.

The average benefit for an individual receiving SSI Only is \$399. There were 387 and 735 individuals who did not receive a monthly benefit (SSI Only and Concurrent, respectively), and the maximum benefit was \$917. Presumably, many of the individuals who received a zero monthly benefit were working and were covered under the 1619(b) provisions of the Social Security Act (see page 8).

The average total monthly benefit for people receiving both SSI and DI benefits was \$555, and the range of benefits was from \$124 to \$1,865.

## Other Income

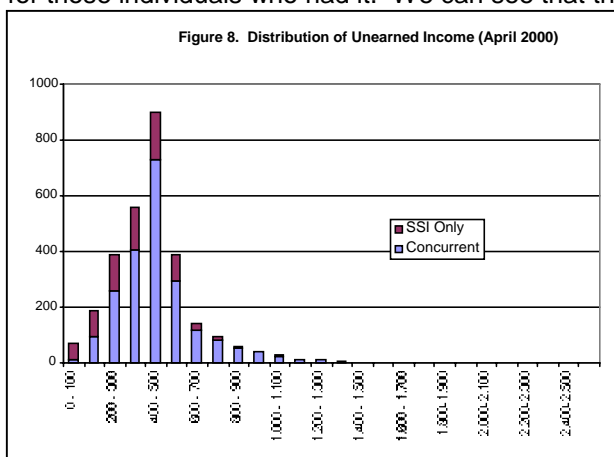
**The remaining discussion regarding other income, earned and unearned, is confined to the SSI Only and Concurrent benefits populations. SSDI income is not reported in the MBR file and is therefore not available for analysis.**

<sup>1</sup> Annual Statistical Supplement, 1999 to the Social Security Bulletin. Social Security Administration. Washington, DC.

## How much was their other unearned income?

The major sources of unearned income for the SSI population is from SSDI and other disability-related programs. We are not able to determine specific sources from the available data. Sixty percent of the SSI Only population had no unearned income, and the data show that a small percentage (less than 2) of the Concurrent cases had no unearned income. The average unearned income was \$57 and \$454 for SSI Only and Concurrent individuals, respectively. One individual had unearned income of over \$5,000 for the prior month.

Figure 8 shows the distribution of unearned income for those individuals who had it. We can see that the



most frequent income interval was between \$400 and \$500 for the month. As suggested much of this income is from the Concurrent beneficiaries' SSDI income.

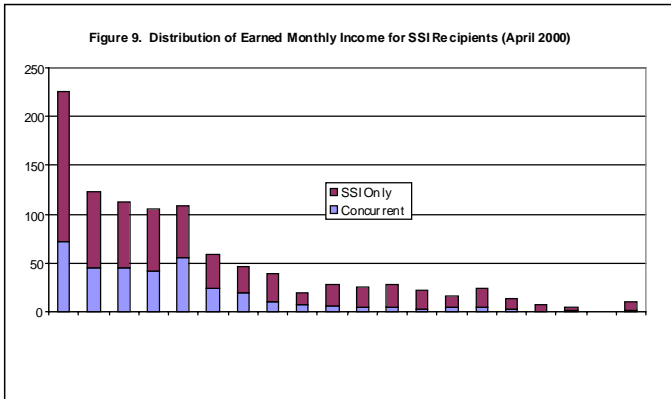
## How much was their earned income?

### Earned Income

This analysis is based on information from the SSR for all individuals receiving SSI. These data are presented for only those 1,042 individuals who had current earnings so the 0 - \$100 income range does not include those individuals with zero income. Monthly earnings ranged from \$0.01 to \$4,300 including self-, sheltered and temporary employment. The average earnings for those who worked was \$542. For those receiving SSI Only and both SSI and DI the averages were \$600 and \$429, respectively. Figure 7 presents data for those with monthly earnings up to \$2,000

As can be seen in figure 9, the most frequent earnings group are those individuals making less than \$100. We suspect that many of these individuals have earnings derived from sheltered employment and other therapeutic work activity

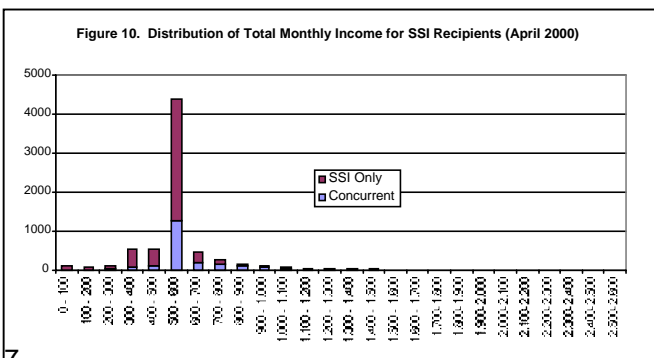
programs. There is then a plateau followed by another sharp drop between \$500 and \$600. This drop is more predominant with the Concurrent workers and illustrates the “earnings cliff.”



Up until July of 1999 substantial gainful activity (SGA) was set at \$500. (It has subsequently been raised to \$700.) Once individuals reach that level of monthly earnings, they will generally be considered ineligible for DI benefits regardless of their medical impairment. The exception to this rule is the trial work period which is triggered by earnings of over \$200 per month for up to 9 months (not necessarily consecutive). People who are working tend to limit their earnings to an amount less than SGA in order to avoid the loss of benefits. Since the SGA change from \$500 to \$700 has been so recent, individuals appear to still be operating under the \$500 SGA assumption so we suspect that the cliff will move toward \$700 as time passes. Those who have earnings above \$700 presumably are in a trial work period, may have a disability diagnosis of blindness or may be using their extended period of eligibility (EPE). (EPE is available to those SSDI beneficiaries who have exhausted their trial work period. They receive no check but retain their right to have their benefit reinstated if their income goes below SGA.) Blind individuals have an SGA amount of \$1,110.

### What was their total income?

Total income is the sum of the monthly benefit, earned income and unearned income. Unearned income, in the case of Concurrent SSI/DI



beneficiaries would include the individuals disability insurance (DI) benefit. There were 183 individuals who had no income for the month.

As can be seen in Figure 10, the most frequent income range is the \$500 to \$600 range. This spike is the result of the maximum monthly SSI benefit being \$512 which is the most frequent benefit (see Figure 7), the most frequent earnings interval being \$0 to \$100 (see Figure 9), and most individuals having no unearned income.

### Who is working?

This analysis looks at the 1,042 current workers in some depth. Figure 9 provides a picture of how earnings are distributed. This section of the report will look at the demographics of workers who earned that income.

Since earnings data are not available for Disability Insurance beneficiaries, this analysis is confined to those receiving SSI. For this purpose we have combined the SSI Only and Concurrent files and will concentrate on the SSI data only. However, Appendix A does contain an **estimate** of SSDI Only workers based upon the characteristics of the DI population also receiving SSI for whom we have earnings information. That estimate suggests that between 2,243 and 3,617 individuals (10.1% to 16.3%) receiving DI Only benefits had any current earnings as of April 2000.

Out of 7,269 adults aged 18 through 64 receiving Supplemental Security Income on the basis of blindness or disability, 1,042 or 14% were working in March of 2000. This figure compares with 1,342 reported by the Social Security Administration Office of Research, Evaluation, and Statistics<sup>2</sup>. We suspect that the difference is due primarily to methodological differences in the analysis of the data. Their population universe is 8,437 compared to our 7,269 and they show a larger percentage of individuals working, 16%.

### What disabilities do workers have?

Table 6. shows the numbers of individuals working by body system. The two right-hand columns present the information as percentages; first as a percentage of all people in that body system group, and second as a percentage of the total individuals working. We see that 29% of those with mental retardation are working, and they constitute 38% of the SSI workers,

<sup>2</sup> *SSI Disabled Recipients Who Work: March 2000.* Social Security Administration, Office of Research, Evaluation, and Statistics, Baltimore, MD: Table 3.

but only 19% of the SSI population. The next largest group of workers are those with mental illness who comprise fully one-third of this workforce, yet they represent 39% of the SSI population. Twelve percent of all those on SSI with a mental disability, other than

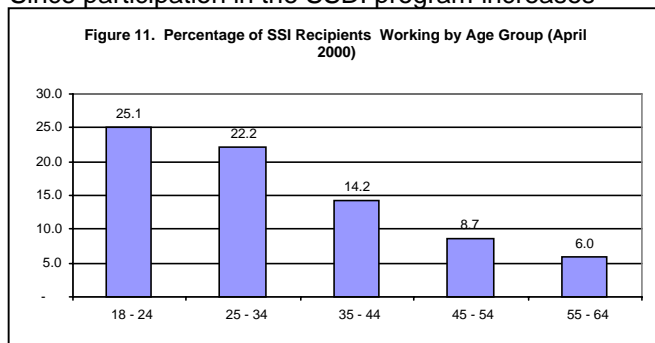
**Table 6. Comparison of those Working with those Not Working (April 2000)**

	Working	Totals	% of System	% of Total
Cardiovascular	6	184	3.26	0.58
Digestive	5	60	8.33	0.48
Endocrine and Obesity	8	292	2.74	0.77
Genito-Urinary	4	38	10.53	0.38
Hemic and Lymphatic	2	17	11.76	0.19
Immune System	4	43	9.30	0.38
Mental (Not MR)	350	2,837	12.34	33.56
Mental Retardation	401	1,388	28.89	38.45
Multiple Body System	•	•	*	*
Musculoskeletal	34	618	5.50	3.26
Neoplastic	2	46	4.35	0.19
Neurological	64	533	12.01	6.14
Respiratory	5	187	2.67	0.48
Skin	-	5	-	-
Special Senses and Speech	24	143	16.78	2.30
Special-Other	10	93	10.75	0.96
Unknown	122	783	15.58	11.70
Totals	1,043	7,269	14.35	100.00

mental retardation, are working. After those with mental retardation, the people with special senses and speech disabilities (including deafness and blindness) are most likely to have a member of their group employed (17%).

### How old are they?

The older the individual, the less likely they are to be working. A quarter of the 18-24 age group are working while only 6% of those 55-64 had earnings. Figure 11 shows this linear relationship quite clearly. Since participation in the SSDI program increases

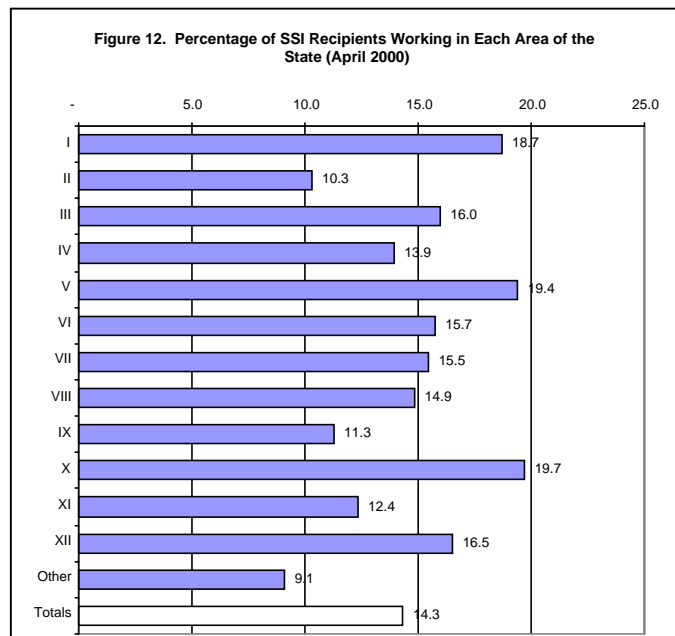


with age, overcoming this trend poses a major challenge for increasing employment of these beneficiaries.

### Where do workers live?

Figure 12 shows graphically the percentage of SSI recipients in each region who have earnings. The right hand bar shows the state average of 14%. In Region X (Derry/Salem), followed closely by Region V (Keene/Peterborough) and Region I (Berlin), nearly 20% of the SSI population is working. At the other extreme Regions II (Sullivan County), Region

IX (Strafford County) and Region XI (Carroll County) have between 10% and 12% working.



### 1619 Provisions

Title 16 of the Social Security Act provides employment incentives for individuals receiving SSI benefits. They allow an individual to set aside the first \$65 of monthly income and 50% of their earned income from being used to determine their monthly benefit. For those whose earned income exceeds \$700 per month (called Substantial Gainful Activity or SGA), benefits are paid under a special provision of the act called 1619(a). If the combination of earned and unearned income disqualifies them for a monthly income benefits, they continue to be eligible for medical assistance (Medicaid) even though their income is too high to receive a cash payment under another provision of the Act called 1619(b). Finally, there is a group of individuals whose earned income is not sufficient to put them over the \$700 per month earned income ceiling and still are eligible for a monthly benefit check. SSA has identified this group of individuals as "other workers."

**Table 7. SSI Wage Earners by 1619 Provisions (April 2000)**

Workers	Concurrent	SSI Only	Total
1619(a)	1	61	62
1619(b)	143	427	570
Other	211	200	411
	355	688	1043

Table 7 shows the breakdown of SSI workers by whether or not they receive SSDI benefits (Concurrent) and the type of work incentive they are

under. The majority of individuals are covered under the 1619(b) provisions, meaning that they are only covered by Medicaid and are not receiving an SSI benefit. Nine out of ten SSI Only 1619(b) workers have no unearned income.

### How many Individuals have Representative Payees?

Representative payees are individuals and institutions who are appointed by the Social Security Administration to receive benefits on behalf of the entitled individual because SSA has determined that the beneficiary is not able to manage or direct the management of benefit payments in his or her interest. Social Security has an order of preference in the selection of representative payees beginning with (1) legal guardian, spouse or other relative; (2) a friend (3) a public or nonprofit organization; (4) profit-making private organization; (5) other persons qualified to serve as a payee.

	SSDI Only	Concurrent	SSI Only	Total
Representative Payee	4,173	585	1,483	6,241
Total	22,175	2,176	5,093	29,444
% with payee	18.82	26.88	29.12	21.20

Table 8 shows the number and percentage of individuals with representative payees. While overall one in five individuals has a representative payee, the highest proportion, 29%, is for SSI Only beneficiaries.

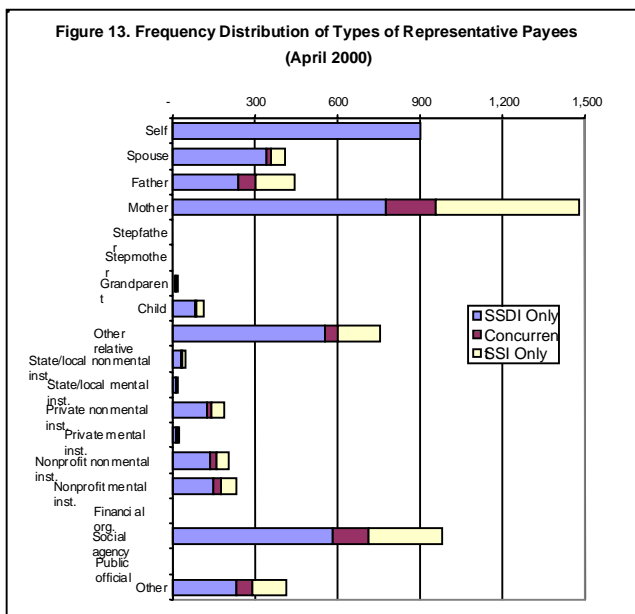


Figure 13 shows the types of payees for each program. Most frequently the beneficiaries mother serves as their representative payee, followed by social service agencies. Non-profit social service

agencies that qualify as representative payees may be entitled to a monthly fee of 10% of the benefit or \$25, whichever is less. 980 beneficiaries have a social service agency as their representative payee. A substantial number of SSDI beneficiaries act as their own representative payee.

### What don't we know?

There are many unanswered questions that can be addressed by these data sets. Further analysis could provide more specific information about each of these areas. For example, we might be interested in the ratio of people receiving benefits to the total adult population to answer the question, "Do we have pockets of people with disabilities in New Hampshire?"

A further analysis of the earnings amounts by age and type of disability might provide additional insight into who is working.

More interestingly, we think that the availability of the information contained in this report will result in more questions coming from various individual and organizations with an interest in people with disabilities.

Our next paper will look at the changes in the SSDI and DI populations over the 12 month period from April 1999 to April 2000.

We solicit your comments and questions.

## Appendix A: Estimate of SSDI Only Population with Current Earnings

Using the individuals receiving Concurrent benefits as our model, we created a table of ratios based on the proportion of individuals working. The matrix was based on age group and type of disability. These two variables were selected because a logistic regression analysis of those working in the SSI program suggested that these two variables had the strongest association with whether an individual receiving SSI will or will not have current earnings. Table A1 shows those ratios for the Concurrent benefit population. When we apply these ratios to the DI Only population, we have several choices that produce quite different results. If we apply the ratios of the internal cells of the model only, we find that the total individuals estimated to be working is 2,243. Alternatively if we simply multiply the 22,175 individuals in our DI Only population by the ratio of

the total Concurrent population working to the total Concurrent population (355/2,176 or .16314) our estimate grows to 3,618.

As can be seen in the table several cells are blank in at least in part due to the relatively small number of Concurrent workers. Some cells are zero simply because no one in the working population happened to qualify. For example the Cardiovascular, 45-54 cell contains 5% of all SSDI Only individuals (313 individuals, see Table 6); however, there were no Concurrent earners who fit this category. As a result the method of only using the internal cells probably results in an understatement of the estimated workers. On the other hand simply using the .163 ratio fails to consider age grouping or disability type at all and may result in an overstatement.

	18 - 24	25 - 34	35 - 44	45 - 54	55 - 64	Totals
Cardiovascular	-	-	0.13	-	0.03	0.03
Digestive	-	1.00	0.20	-	0.40	0.27
Endocrine and Obesity	-	-	-	0.03	-	0.01
Genito-Urinary	-	-	0.25	-	-	0.07
Hemic and Lymphatic	-	-	-	-	-	-
Immune System	0.50	-	-	-	-	0.09
Mental (Not MR)	0.25	0.21	0.13	0.12	0.11	0.16
Mental Retardation	0.49	0.42	0.37	0.27	0.10	0.37
Multiple Body System	-	1.00	-	-	-	1.00
Musculoskeletal	0.25	0.04	0.04	0.05	0.05	0.05
Neoplastic	-	-	0.25	-	-	0.05
Neurological	0.20	0.14	0.05	0.07	0.08	0.10
Respiratory	-	0.50	0.11	-	0.03	0.05
Skin	-	-	-	-	-	-
Special Senses and Speech	0.25	0.17	-	0.10	-	0.10
Special-Other	1.00	-	0.29	0.33	-	0.20
Unknown	-	0.06	0.22	0.14	0.16	0.17
Totals	0.31	0.24	0.17	0.11	0.07	0.16