Changing Stays? Program Duration of New Child Supplemental Security Income Awardees and the Role of Continuing Disability Reviews

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Abstract

This paper provides new evidence of the changing role of the Supplemental Security Income (SSI) program for low-income children since 1997. We use administrative records from the Social Security Administration (SSA) to identify new SSI awardees and track their histories in SSI and in the Social Security Disability Insurance program. Program duration for beneficiaries awarded in 2007 and 2012 was much longer than for their counterparts awarded in 1997. SSI is therefore playing a bigger role in the safety net than it did 20 years ago. However, we also find that the volume of continuing disability reviews for SSI eligibility, which were more extensive in the 1997 cohort than the subsequent cohorts, had a major effect on program durations. This latter finding is especially important for considering future SSI program dynamics, given that the number of continuing disability reviews has grown substantially, particularly since 2015.

The growing long-term role of the Supplemental Security Income (SSI) program in serving children in low-income families has been the subject of intense policy interest (National Academies of Sciences, Engineering, and Medicine 2018). SSI, which is administered by the Social Security Administration (SSA), provides cash payments to eligible low-income children and adults with disabilities and the elderly who meet certain income and asset criteria.

Although program growth has declined in recent years, the number of children who receive SSI has risen dramatically since 1996 despite no major changes in eligibility criteria. The demographic, impairment, and geographic characteristics of these children have also changed, signaling a possible shifting role in how SSI serves children in low-income families. The growth in the SSI caseload may indicate a growing role in supporting youth with disabilities in low-income families, a role potentially magnified by long program durations. For example, previous studies of earlier cohorts of child SSI awardees show that recipients can have long durations of benefit receipt that can last well into adulthood (Rupp et al. 2015; Davies et al. 2009).

One of the gaps in understanding the growing role of SSI in supporting children in low-income families is how the experiences of recent SSI awardees compare with those of previous awardees. Prior research has documented some shifts in program durations, but it has not compared cohorts of awardees over this large period of caseload growth (Rupp et al. 2015; Davies et al. 2009).

Another important issue in understanding the long-term role of SSI is knowing how administrative processes might affect long-term durations in the program. Children must meet strict disability, income, and asset criteria to enroll and continue to receive SSI benefits. SSA is required to conduct redeterminations for all children receiving SSI when they reach age 18. Perhaps not surprisingly, children who are eligible to continue receiving SSI as adults have much

longer program duration than those who are ceased at age 18 (Hemmeter et al. 2017). In addition, SSA is required to conduct continuing disability reviews (CDR) for the smaller number of recipients who enter SSI because of low birth weight. For all other children receiving SSI, SSA generally conducts CDRs every three years for children with nonpermanent impairments where improvement is possible. For children whose impairment is expected to improve, SSA generally conducts CDRs within 6 to 18 months; for children whose impairment is not expected to improve, SSA is supposed to conduct CDRs at least every 7 years. The numbers of CDRs SSA conducts varies over time depending on caseload size, administrative priorities, and budgets.[1]

There have been substantial fluctuations in the number of CDRs over time, with a focus in recent years on conducting CDRs as part of a broader program integrity initiative. For example, including age-18 redeterminations, SSA conducted over three times as many CDRs in 1999 than it did in 2006 (see SSA 2019b for trends in child CDRs and age-18 redeterminations). In the last few years, SSA has substantially increased the number of child CDRs and age-18 redeterminations, particularly since 2015, when the number rose to at least 300,000 reviews per year.

This paper provides new evidence on the changing role of SSI for children in low-income families since 1997. We present findings from three cohorts of new child awardees (1997, 2007, and 2012) for which there are at least five years of follow-up data to measure program outcomes, namely average durations and benefit amounts. The 1997 cohort represents the first group of child SSI awardees who were subject to the current SSI eligibility criteria for their entire potential tenure in the program. The 2007 and 2012 cohorts represent SSI awardee cohorts after

[1] See 20 CFR 404.1590 for SSA's policies on how often it conducts CDRs. https://www.ssa.gov/OP_Home/cfr20/404/404-1590.htm (Last accessed July 10, 2020.)

the major growth in caseloads noted above. Hence, comparing these latter cohorts to the 1997 cohort will provide evidence on how compositional changes might affect program duration. We summarize program duration for each cohort through 2017, including how program duration varies by select demographic, impairment, and program characteristics. We also show how program duration changed after the age-18 redetermination to illustrate the experiences of children receiving SSI into adulthood.

We found substantive variation over time in the long-term program durations for new SSI child awardees. Duration for the 2007 and 2012 cohorts was much longer than it was for the 1997 cohort, underscoring the growing importance of SSI's long-term role for low-income families. Differences in program durations across cohorts occur across all demographic and impairment groups, suggesting that changes in the composition of beneficiaries cannot explain the findings. CDRs were an important factor in these long-term program dynamics, as the 1997 cohort faced more frequent CDRs. We find that removing more SSI recipients at earlier ages might explain as much as half of the total differences between cohorts. Although SSI program duration has risen over the long term, the recent increases in CDRs might reverse this trend for future cohorts, particularly after 2015.

BACKGROUND

This section provides background information about the SSI program's eligibility requirements and discusses changes in the SSI caseload and related literature on children's duration in SSI. This information provides context on possible factors that could drive differences in program duration between the awardee cohorts considered in this paper.

Since 1996, the child SSI caseload has grown dramatically despite no changes in the eligibility requirements. It reached a peak of over 1.3 million children in 2013, compared with

about 880,000 children in 1997. More recently, the child SSI caseload has declined to 1.1 million children receiving SSI in 2018 (SSA 2019b). Nonetheless, the overall caseload still grew by 30 percent from 1997 to 2018.

The factors driving this growth are not well understood, though there is strong evidence of changes in both the impairment and geographic composition of the caseload (U.S. Government Accountability Office 2012; Aizer et al. 2013). Since 1997, the number of youth with mental disorders has greatly increased (National Academies of Sciences, Engineering, and Medicine, 2015). The growth in the caseload also varied by state; Wittenburg et al. (2015) found that over half of this growth was concentrated in four large states: Texas, Pennsylvania, Florida, and California. Schmidt and Sevak (2017) found that substantial variations in state-level factors, such as poverty rates, might have influenced these trends.

Initial SSI Eligibility Requirements

To qualify for SSI, a child must meet eligibility criteria related to disability, income, and assets. To meet the disability criteria, the child must be under age 18 and have "a medically determinable physical or mental impairment which results in marked and severe functional limitations, and which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months" (42 U.S.C. §1382c[C][i]). The income and asset criteria account for total income and assets, including the child's own income and any parental income and resources "deemed" to the child (that is, treated as the child's own).

Children who qualify for SSI are eligible for a cash payment and could qualify for services from other programs. In 2020, the federal maximum payment from SSI is $783 per month, and

23 states provide an optional supplemental payment to children with disabilities.[2] Most child SSI recipients are also automatically eligible for Medicaid. In addition, because of their limited incomes, many of these youth live in families eligible for other means-tested supports, such as the Supplemental Nutrition Assistance Program (Komig 2017; Bailey and Hemmeter 2015).

The SSI medical eligibility requirements for children have changed markedly since the program's inception in 1974, though there have been no major changes since 1996. Berkowitz and DeWitt (2013) documented the historical evolution of SSI, noting how several important legislative changes and Supreme Court decisions transformed the eligibility requirements. The most recent major changes were in 1996 as part of the Personal Responsibility and Work Opportunity Reconciliation Act. This legislation partially reversed changes in the early 1990s by introducing the current childhood disability definition, which introduced the concept of "marked and severe functional limitations" to replace individualized functional assessments to determine a child's eligibility. The legislation also required a redetermination of eligibility at age 18 under the adult criteria.

Ongoing Eligibility Requirements: CDRs

Unlike other cash supports, such as Temporary Assistance for Needy Families (TANF), SSI benefits are not time limited. Recipients can continue to receive benefits indefinitely as long as they meet the ongoing eligibility requirements. SSA reassesses the medical eligibility of recipients during medical CDRs, which are mandatory at 12 months of age for most children awarded SSI due to low birth weight, and redeterminations for all children receiving SSI at age

[2] The Policy Surveillance Program provides details on state supplemental payments for child and adult SSI recipients at http://lawatlas.org/datasets/supplemental-security-income-for-children-with-disabilities (accessed October 7, 2019).

18. At age 18, SSA conducts a redetermination of eligibility using the adult disability eligibility criteria.[3]

For all other children receiving SSI, SSA conducts CDRs based on funding availability and other factors. SSA prioritizes cases for review based on an expectation of medical improvement. SSA categorizes medical improvement as expected, possible, or not expected depending on the type of impairment. Unlike the age-18 redetermination—for which SSA assesses the disability anew—the CDRs for children require medical improvement to have occurred since the last favorable medical decision before SSA can remove the child from the program for medical reasons.

The number of CDRs has varied substantially since 1996, which could affect program duration. Appendix Figure 1 shows large fluctuations in child CDRs (which does not include age-18 redeterminations). Notably, between 2005 and 2014, these child CDRs dropped to below 100,000 per year, with fewer than 10,000 in 2007 and 2008 (less than 0.1 percent of children receiving SSI). However, they have markedly increased to over 200,000 per year since 2015, or about 16 percent of children receiving SSI each year (SSA 2019b). Below, we show that the likelihood of having disability benefits ceased after an initial award meaningfully differs by the year of award, which could drive aggregate differences in benefit duration.

A major factor in SSA's ability to conduct CDRs is administrative funding. For example, the SSA (2019a) report on CDR outcomes noted fluctuations in the number of CDRs over time, though SSA was able to complete cases in more recent years because Congress provided

[3] Unlike the child SSI eligibility criteria, the adult criteria rely on a disability definition that focuses on work (the inability to engage in substantial gainful activity, which in 2020 is defined as monthly earnings above $1,260). The adult criteria also do not include any deeming of parental income. In making age-18 redeterminations, SSA uses the same medical, income, and asset criteria as it uses in adult application decisions. Most children receiving SSI have a redetermination at age 18 (82 percent), though some have redeterminations after 18 for various reasons (Hemmeter and Bailey 2015).

additional funding for periodic CDRs outside the discretionary spending caps. This historical fluctuation in CDRs is notable because while CDRs are regularly scheduled, SSA's ability to fully conduct all CDRs depends on capacity. This capacity can be especially stretched at times when there are high demands for administrative staff time, such as periods with many applications.

The fluctuations in CDRs have important implications for SSA's age-18 redetermination processes. Specifically, the number of CDRs before age 18 can affect the composition of the caseload that remains on benefits at age 18. With relatively few CDRs conducted between 2005 and 2011 (Appendix Figure 1), many child SSI recipients did not have their cases reviewed until age 18; correspondingly, the cessation rate for age-18 redeterminations grew over this period (Appendix Figure 2).

In addition, a recent proposed policy change could make CDRs even more frequent for some SSI recipients. SSA uses categories for expected improvement in one's condition—Medical Improvement Expected, Medical Improvement Possible, and Medical Improvement Not Expected—to schedule CDRs. In November 2019, SSA proposed adding a new category—Medical Improvement Likely—to this list.[4] This policy change could vary the frequency of CDRs relative to current rules for recipients who are newly classified into the Medical Improvement Likely category; those in that category would have a review more often than those classified as Medical Improvement Possible or Not Expected, but less often than those classified as Medical Improvement Expected. This policy change brings to the forefront the importance of analyzing patterns in CDRs.

SSI Interactions with Social Security Disability Insurance

[4] See https://www.federalregister.gov/documents/2019/11/18/2019-24700/rules-regarding-the-frequency-and-notice-of-continuing-disability-reviews.

Another factor that could affect SSI program durations is the possibility to receive both SSI and Social Security Disability Insurance (SSDI). The disability eligibility criteria for SSDI are the same as those for SSI adults, although SSDI calculates benefit amounts based on previous covered earnings, with higher earnings leading to higher benefits. Although less common, unmarried adults who experience disability onset before age 22 can also become eligible as "disabled adult children" if at least one of their parents qualifies for SSDI or Old-Age and Survivors Insurance benefits.[5] The potential to concurrently receive SSI and SSDI is important because SSDI benefits can provide additional income to current and former SSI recipients and, equally important, provide access to Medicare.

Related Findings on Program Duration

Several papers have examined SSI program duration, many of them using SSA administrative data to assess outcomes for different subgroups of awardees. Rupp and Scott (1995, 1998) provide one of the earliest and most comprehensive analyses of program duration for new SSI awardees between 1974 and 1982. They found that during this time, 36 percent of SSI awardees who were ages 0 to 17 at award stayed continuously on the rolls for at least 10 years after first award. Rupp and Scott also used projections to simulate lifetime program spells for new awardees. They estimated that child SSI awardees average 27 years on the rolls during the preretirement ages.

Davies et al. (2009) examined program durations for different cohorts of SSI awardees in 1980 and 1997 to illustrate how durations for those cohorts changed over time. They found substantial differences in program durations between the two cohorts, particularly at age 18,

[5] The parent must qualify based on their own earnings (i.e., not through a relationship, such as a former spouse). Additionally, a child might qualify if one of their parents is deceased and was properly insured for Old-Age and Survivors Insurance benefits at the time of their death.

which is consistent with the introduction of the age-18 redetermination in 1996. In both cohorts, children who stayed on for five years were likely to stay on in adulthood. Davies et al. argue the need for a life-cycle framework to examine the long-term program outcomes of children receiving SSI.

Rupp et al. (2015) expanded on the previous studies by explicitly modeling the interaction between SSI and SSDI in accounting for total duration across all programs. Their analysis included cohorts of child SSI awardees from 1980 through 2000. They found that a large share of former child SSI recipients receive either SSI or SSDI, which they captured using a definition of "any disability benefit" receipt. As we describe in more detail below, we adopt this same definition for this paper.

Among their other findings, Rupp et al. (2015) found that accounting for SSDI participation is important because it raises the observed rate of participation in either or both of SSA's disability programs, especially as recipients reach adulthood. They also found differences in program duration between the cohorts from 1980 through 2000, which likely reflects the major programmatic changes through 1996 noted above. Importantly, a nontrivial portion of child SSI awardees died, though mortality generally decreased for successive cohorts. Rupp et al. found suggestive evidence that program duration was initially lengthening post-welfare reform. For example, they found that a higher percentage of new child awardees in 2000 were receiving benefits 10 years after their first award date compared with the new child awardees in 1997 (51 vs. 46 percent).

Besides these studies, several other papers have examined long-term changes in program duration stemming from SSA policies. Hemmeter et al. (2017) recently tracked the outcomes of child SSI recipients after the age-18 redetermination through age 24. Not surprisingly, they

found “any SSA benefit rates” were much lower among ceased recipients after the age-18 redetermination than among continued recipients (18 versus 86 percent). Likewise, Deshpande (2016) used SSA administrative data to track well into adulthood the long-term outcomes of former child SSI recipients who lost their benefits after an age-18 redetermination. She found that most youth who are removed from SSI have low earnings and minimal earnings growth over time. She projected that removing an 18-year-old from SSI decreases annual SSI benefits by $7,900; decreases annual SSDI benefits by $600; and increases annual earnings by $3,000. In addition, Levere (2019) looked at long-term patterns in SSI receipt for cohorts of child SSI awardees who began receiving benefits after a change in SSI childhood medical eligibility in 1991, stemming from the *Sullivan v. Zebley* Supreme Court decision. He found that those who receive benefits for a longer time in childhood have greater receipt of SSI during adulthood, suggesting that benefit receipt can persist over time.

Our paper builds on this literature in several ways. First, we include more recent cohorts of child SSI awardees (from 2007 and 2012), which enables us to observe whether program durations identified by Rupp et al. (2015) continued to change in the period of rapid caseload growth and during the Great Recession. Second, we examine whether the large changes in the number of CDRs affected the duration of benefit receipt. This analysis is particularly important for assessing how the results from previous cohorts could apply to current cohorts. Finally, we generate estimates by recipient characteristics to assess how changes in the composition of the cohort might affect overall benefit duration; we also use regression models to assess whether these changes can explain differences between cohorts.

DATA AND METHODS

We use SSA administrative records to identify new awardees and track their SSI and SSDI program histories, including their age-18 redetermination (if applicable). We use the primary SSA systems to track benefit payments: the Supplemental Security Record was our source for SSI receipt, and the Master Beneficiary Record and Payment History Update System were our sources for SSDI receipt. We track benefit receipt (duration and total amount over the entire period) for all beneficiaries in this sample until 2017 using administrative data, and we inflation-adjust all dollar amounts to 2017 dollars using the CPI-W.

We examine descriptive patterns in durations and benefit amounts over time for three cohorts of child SSI awardees: those who had a new award in 1997, 2007, and 2012 and who had not previously received SSI. For each cohort, we track participation through 2017, which allows for follow-up periods of five years (all cohorts) and 10 years (1997 and 2007).[6]

The number of first-time new child SSI awardees rose across these three cohorts (Table 1).[7] Growth in the number of new child SSI awardees far exceeds growth in the child population across the US; from 1997 to 2012, the number of new child awards for SSI grew by about 60 percent while the US child population grew by 4 percent. Table 1 also includes the 2017 cohort to show how characteristics from a recent cohort compare with those of earlier cohorts, which is important for assessing how program durations from prior cohorts might compare with those of more recent new awardees. From 1997 to 2007, the population of new child awardees increased

[6] There is no possibility of SSI receipt in the years before receiving an award because we limit the cohorts to only include first-time new awardees. However, children could have received prior SSDI benefits or Old-Age and Survivors Insurance benefits as a minor child. For example, children can receive benefits as a dependent from a parent's SSDI award. Because of the possibility for prior benefits, the percentage of the period in which a person received any benefits can exceed 100 percent.

[7]

by 42 percent, followed by another 14 percent increase from 2007 to 2012 and a decline of roughly 14 percent from 2012 to 2017. The patterns between 2007 and 2017 likely reflect cyclical factors stemming from the Great Recession, such as lower employment and lower wages, which made more families eligible for SSI (Maestas et al. 2018).

Table 1. Demographic and impairment characteristics of new child SSI awardees, by year of award

	Year			
	1997	2007	2012	2017
Total number of awardees	111,542	158,534	180,190	153,697
Sex				
Female	38.4%	35.3%	34.9%	34.5%
Male	61.6%	64.7%	65.1%	65.5%
Age at award				
Under age 8	65.1%	63.7%	65.2%	66.5%
Low birth weight and under age 1	9.4%	9.7%	8.2%	9.4%
Other under age 8	55.8%	54.1%	57.1%	57.1%
8 to 12	20.9%	21.8%	21.9%	22.2%
13 to 17	14.0%	14.5%	12.9%	11.3%
Primary impairment				
Missing	6.0%	1.5%	0.8%	1.1%
Infectious and parasitic diseases	0.4%	0.1%	0.0%	0.0%
Neoplasms	2.2%	1.7%	1.6%	1.7%
Endocrine, nutritional, and metabolic disorders	0.8%	0.6%	0.9%	0.8%
Diseases of the blood and blood-forming organs	1.1%	0.8%	0.7%	0.4%
Organic mental disorders	3.0%	2.2%	1.9%	1.3%
Other mental disorders	3.2%	3.7%	3.1%	3.2%
Schizophrenic and other psychotic disorders	1.2%	0.9%	0.7%	0.5%
Mood disorders	4.0%	6.2%	5.3%	4.2%
Autistic disorders	3.5%	8.9%	13.7%	16.1%
Childhood and adolescent disorders not elsewhere classified	8.0%	18.6%	20.1%	18.2%
Developmental disorders	5.4%	14.5%	16.1%	18.5%
Intellectual disability	26.5%	12.3%	8.6%	6.3%
Diseases of the nervous system and sense organs	8.5%	6.3%	6.0%	5.2%
Diseases of the circulatory system	0.7%	0.5%	0.4%	0.5%
Diseases of the respiratory system	3.4%	2.1%	2.0%	1.2%
Diseases of the digestive system	0.6%	0.9%	1.4%	2.2%
Diseases of the genitourinary system	0.4%	0.3%	0.3%	0.3%
Diseases of the skin and subcutaneous tissue	0.1%	0.2%	0.2%	0.1%
Diseases of the musculoskeletal system and connective tissue	1.1%	0.7%	0.8%	0.8%
Congenital anomalies	4.9%	4.6%	4.6%	4.8%
Other	14.1%	11.8%	10.2%	12.1%
Injuries	0.8%	0.7%	0.5%	0.5%

Source: Author's calculations using SSA administrative records.

SSA = Social Security Administration; SSI = Supplemental Security Income.

The composition of the caseload also differed across these three cohorts, which might partly reflect changes in the medical community's use of certain diagnoses over time, such as increased

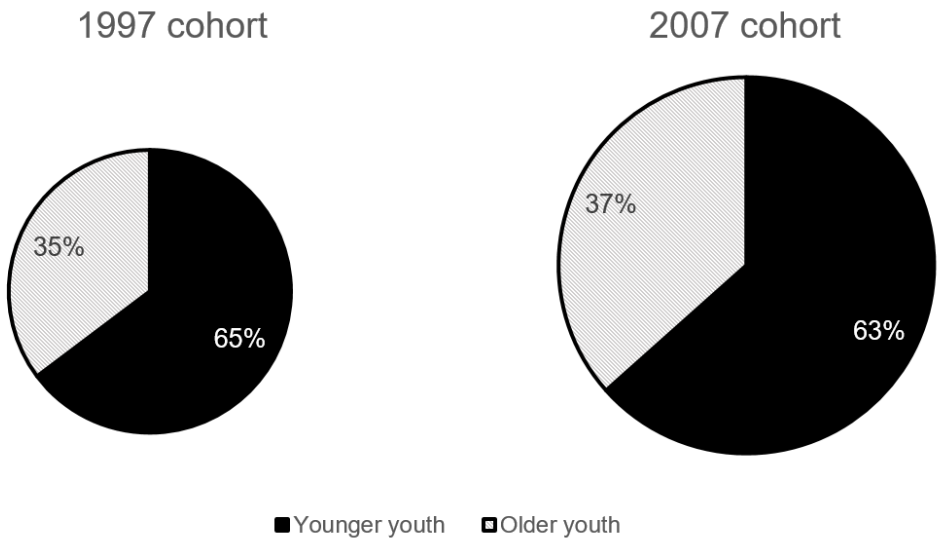
diagnoses of autism (Shattuck 2006). Compared with the 1997 cohort, the later cohorts included an increasingly larger share of new child awardees with autistic disorders, developmental disorders, and childhood and adolescent disorders not elsewhere classified (Table 1). However, from 1997 to 2017, the percentage of new child awardees with intellectual disabilities fell by nearly 80 percent, from 26.5 to 6.3 percent. The percentages of children with other primary diagnoses has remained fairly stable over this period. In addition, the share of new child awardees who are male increased slightly, from 62 to 66 percent. In all four cohorts, about two-thirds of the new child awardees were under age eight at the time of award.

To track the duration and dollar amounts of benefits received for each cohort, we used the Rupp et al. (2015) definitions for SSI, SSDI, and any disability benefit. This includes reporting the actual SSI and SSDI payments made to each person in a given month, rather than the amount due, which may change based on factors only known several months or years later. We present findings for SSI, SSDI, and SSI and SSDI combined (referred to as "any SSA benefit"), mainly focusing on SSI benefit receipt. Because our statistics represent the full population of new child awardees, we do not present standard errors or significance tests in our descriptive comparisons.

Within each cohort, we examine whether durations and benefit amounts differ by demographic characteristics and impairments. This helps us understand whether differences in the size and make-up of cohorts shown in Table 1 contributed to the aggregate patterns of benefit receipt. Besides providing descriptive patterns, we also estimate regressions that control for the composition of the caseload, as described in our Results section. The dependent variable is either duration or total benefit amount, and the independent variables are the demographic and impairment characteristics in Table 1. In addition, we include cohort-specific dummies that represent cohort-specific differences after controlling for demographics and impairments.

Age-18 redeterminations and CDRs can also play an important role in SSI benefit receipt. The age-18 redetermination in particular only applies to those who have reached age 18. We therefore split our sample by age; we refer to those who reached 18 within 10 years of benefit award as "older" youth, which includes anyone who was at least age 8 at the time of award, and we refer to those who did not reach age 18 within 10 years of benefit award as "younger" youth. Across cohorts, about one-third are older youth and two-thirds are younger youth, indicating that most new SSI awardees are under age 8 (Figure 1).

Figure 1. Age distribution of child SSI awardees, by cohort



Source: Authors' calculations using SSA administrative data.

Note: The size of the aggregate pies represents the number of people in each cohort, with 111,542 people in the 1997 awardee cohort and 158,534 in the 2007 cohort. "Younger" is defined as child awardees from birth to age 7 at the time of award. "Older" is defined as child awardees ages 8 to 17 at the time of award.

SSI = Supplemental Security Income.

We stratify trajectories by the result of the age-18 redetermination for older youth and by the result of the low-birth-weight CDR for younger youth. Within "older" and "younger" youth, we create three subgroups, defined as of the end of the period being considered: (1) youth who did not have an age-18 redetermination or low-birth-weight CDR (because they left SSI before age 18 or did not receive a low-birth-weight award), (2) youth with benefits continued after the age-

18 redetermination or low-birth-weight CDR, and (3) youth who had benefits ceased due to the age-18 redetermination or low-birth-weight CDR. For those who had an age-18 redetermination or low-birth-weight CDR, we define their result as the final decision made after all levels of appeal were completed. We use data from the Office of Continuing Disability Review Support within SSA's Office of Operations to categorize youth into each subgroup based on their redetermination status.

RESULTS

2007 and 2012 Cohorts Had Longer Benefit Duration Than 1997 Cohort

Compared with the other two cohorts, the 1997 cohort received SSI benefits for a shorter time and had lower total benefit amounts during the first five years after award (Table 2). In the 1997 cohort, the average duration among all new child awardees was 45 months, about 5 months shorter than in the 2007 cohort (50 months) and 2012 cohort (49 months). Similarly, the average total benefit amounts were nearly $2,000 to 3,000 lower for the 1997 cohort than for the 2007 and 2012 cohorts ($31,911 versus $34,773 and $34,156, respectively). This relationship did not change when we added SSDI benefits to get a count of total SSA benefits paid (only a small share of each cohort also receives SSDI benefits).

Table 2. SSA benefit receipt per awardee in the first five years after SSI award

	1997			2007			2012		
	Any SSA benefits	SSI	SSDI	Any SSA benefits	SSI	SSDI	Any SSA benefits	SSI	SSDI
Sample size (N)	111,542			158,534			180,190		
Duration (months)	45.7	44.7	3.5	51.0	50.1	4.0	49.8	48.9	3.6
Benefit payments ($)	33,109	31,911	1,198	36,040	34,773	1,267	35,278	34,156	1,122

Source: Authors' calculations using SSA administrative data.

Note: All dollars are in 2017 values adjusted by the CPI-W.

SSA = Social Security Administration; SSDI = Social Security Disability Insurance; SSI = Supplemental Security Income.

The 2007 and 2012 cohorts have similar program duration and benefit payments, particularly compared with the 1997 cohort, suggesting that the Great Recession did not meaningfully affect patterns of longer-term benefit receipt by cohort.[8] Thus, for conciseness, the rest of this section focuses on the comparison between the 1997 and 2007 cohorts 10 years after the initial award. For completeness, the appendix presents analogous results after 5 years for all three cohorts.

After 10 years, the relative and aggregate differences in monthly duration and benefit amounts between the 1997 and 2007 cohorts increased (Table 3). SSI benefit duration was 10.5 months lower for the 1997 cohort than for the 2007 cohort (75 versus 85 months). Furthermore, SSI benefit amounts were $6,714 lower in the 1997 cohort than in the 2007 cohort ($51,397 versus $58,111). These differences underscore the importance of examining long-term outcomes, given the lengthy durations of child SSI recipients.[9] For example, if the 158,534 awardees in the 2007 cohort had the same SSI benefit duration as those in the 1997 cohort, the average payments over that period would have been about $1 billion lower (158,534 x $6,714).

Table 3. SSA benefit receipt per awardee in the first 10 years after SSI award

	1997			2007		
	Any SSA benefits	SSI	SSDI	Any SSA benefits	SSI	SSDI
Sample size (N)		111,542			158,534	
Duration (months)	78.3	74.8	8.5	88.6	85.3	9.6
Benefit payments ($)	54,811	51,397	3,414	61,633	58,111	3,522

Source: Authors' calculations using SSA administrative data.

SSA = Social Security Administration; SSDI = Social Security Disability Insurance; SSI = Supplemental Security Income.

[8] The two cohorts are also similar in terms of benefit receipt by demographic and impairment characteristics.

[9] About 24 percent of SSI recipients ages 18 to 65 first became eligible for SSI before age 18 (SSA 2019b).

The rest of this section explores possible reasons for the differences in benefit receipt between cohorts. First, we assess whether the different composition of the cohorts, shown in Table 1, is an important factor. Next, we explore whether the youth in the 1997 cohort were more likely to exit benefits before reaching age 18. Finally, we explore the narrower question of whether differences in CDRs played a role in youth leaving benefits before age 18.

Benefit Receipt Differences Are Consistent for All Demographics and Impairments

One potential driver of the aggregate differences in benefit receipt between cohorts is the differing case mix. As shown in Table 1, the cohorts vary considerably in their demographic and impairment characteristics. Below, we document descriptive patterns by these characteristics and then use a regression model to explore whether observable differences in cohort composition can explain the aggregate differences in benefit receipt.

SSI duration is longer and benefit amounts are higher in the 2007 cohort than in the 1997 cohort across all age, sex, and impairment subgroups (Table 4). This finding indicates a categorical shift upward in program duration across all groups. In contrast, there are no notable differences between the 2007 and 2012 cohorts in average duration or total benefits by age, sex, or impairment (Appendix Table A1).[10]

For both the 1997 and 2007 cohorts, benefit receipt differs dramatically by age. Recipients who were under age 1 at the time of award have shorter duration and lower total benefit amounts than recipients of other ages, likely because low-birth-weight recipients are generally subject to a CDR by age 1. Youth first awarded at ages 13 to 17 also have relatively shorter benefit duration, likely because they are subject to an age-18 redetermination after award. Below, we discuss the

[10] We are not aware of any major legislative or regulatory changes that would account for this change during this time frame.

possible impact of these redeterminations and additional CDRs on the differences in benefit receipt between cohorts.

Table 4. SSI benefit receipt per awardee in the first 10 years after SSI award, by demographic and impairment characteristics

	1997		2007	
	Duration (months)	Benefit payments ($)	Duration (months)	Benefit payments ($)
All recipients	74.8	51,397	85.3	58,111
Sex				
Female	72.8	49,846	82.0	55,916
Male	76.1	52,364	87.1	59,310
Age				
Under age 8	73.3	49,876	86.0	58,201
Low birth weight and under age 1	30.1	19,229	35.2	21,224
Other under age 8	80.6	55,027	95.1	64,812
Age 8 to 12	83.2	58,298	91.0	62,613
Age 13 to 17	69.5	48,174	73.5	50,966
Impairment				
Missing	59.2	44,184	71.7	49,569
Infectious and parasitic diseases	80.3	56,001	85.4	58,042
Neoplasms	39.3	25,902	55.9	36,536
Endocrine, nutritional, and metabolic disorders	72.7	49,965	80.4	55,546
Diseases of the blood and blood-forming organs	86.3	59,301	97.0	66,773
Organic mental disorders	85.2	58,538	94.5	64,304
Other mental disorders	84.2	60,039	92.0	64,353
Schizophrenic and other psychotic disorders	87.1	60,418	94.7	65,056
Mood disorders	75.3	53,018	81.9	56,662
Autistic disorders	87.8	56,488	98.8	64,539
Childhood and adolescent disorders not elsewhere classified	79.4	56,275	89.0	62,238
Developmental disorders	82.6	57,375	93.2	64,367
Intellectual disability	92.5	63,906	103.2	71,036
Diseases of the nervous system and sense organs	83.9	55,405	93.4	62,466
Diseases of the circulatory system	61.8	41,500	73.1	48,857
Diseases of the respiratory system	65.6	46,809	82.8	58,958
Diseases of the digestive system	60.8	41,520	70.2	46,747
Diseases of the genitourinary system	74.6	50,212	82.4	55,993
Diseases of the skin and subcutaneous tissue	72.8	50,952	88.7	62,909
Diseases of the musculoskeletal system and connective tissue	75.0	52,164	88.1	62,184
Congenital anomalies	67.8	44,114	81.4	53,893
Other	39.2	25,543	42.9	26,817
Injuries	73.8	48,123	83.6	55,915

Source: Authors' calculations using SSA administrative data.

SSA = Social Security Administration; SSI = Supplemental Security Income.

By impairment, SSI benefit receipt in the 1997 cohort is highest for those with intellectual disabilities (93 months and $63,906) and autistic disorders (88 months and $56,488). Other impairments with notably longer durations include other schizophrenic and other psychotic disorders, diseases of the blood and blood-forming organs, and organic mental disorders. The impairments with notably shorter durations include neoplasms and other impairments.

Our regression results indicate that benefit receipt differs between cohorts even after controlling for variation in cohorts' characteristics (Table 5; see Appendix Table A2 for the 5-year results and Appendix Table A3 for the complete regression results). The regression-adjusted differences between cohorts are similar to the unadjusted descriptive statistics; after 10 years, the 2007 cohort had received SSI benefits for about 11 months longer and had $6,900 more in benefits than the 1997 cohort. Differences in SSDI receipt were small.

Table 5. Regression-adjusted receipt of SSA benefits per awardee in the first 10 years after SSI award

	Duration (months)			Benefit payments ($)		
	Any SSA benefits	SSI	SSDI	Any SSA benefits	SSI	SSDI
2007 cohort	10.32***	10.58***	0.86***	6,953***	6,869***	83
	[0.14]	[0.15]	[0.11]	[112]	[113]	[52]

Source: Authors' calculations using SSA administrative data.

Note: We regress an outcome variable (either total months of benefit receipt or total payments through the given number of years after a new award) on indicators for cohort and all demographic and impairment characteristics included in Table 1. The coefficient reported on the indicator for the 2007 cohort indicates the difference between that cohort and the 1997 cohort.

*/**/*** indicates a statistically significant regression estimate at the 10/5/1 percent level based on a two-tailed test.

That the regression-adjusted differences are so similar to the descriptive statistics suggests that the case mix did not have a big effect on the aggregate differences in benefit receipt.[11] This means that something other than these differences in beneficiary characteristics drives the

[11] Rupp et al. (2015) also found that differences in the caseload do not play a major role in benefit receipt trends.

differences in benefit receipt over time. We next explore the role of patterns by age, focusing on the role that the age-18 redeterminations and low-birth-weight CDRs may play.

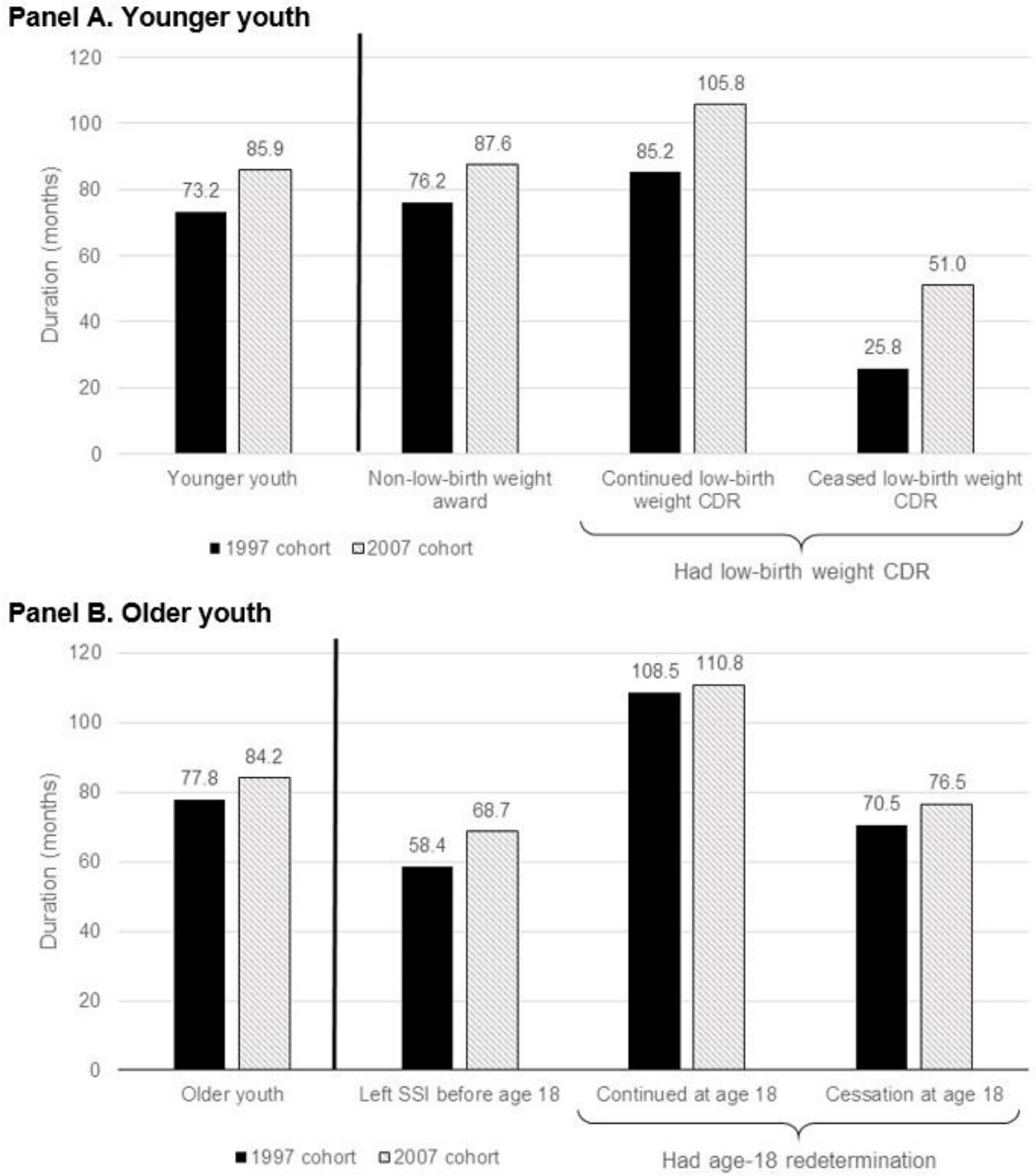
Longer SSI Benefit Duration Among Younger Youth Drives Cohort Differences

Younger youth in the 2007 cohort had a persistently longer benefit duration than their peers in the 1997 cohort, regardless of low-birth-weight CDRs (Figure 2, Panel A). For younger youth who were not subject to a low-birth-weight CDR, SSI benefit duration was 15 percent longer for those in the 2007 cohort than in the 1997 cohort (88 months versus 76 months). Because this group had not yet reached age 18, those who left SSI must have done so independent of an age-18 redetermination. Most of the younger youth in both cohorts were in the group not subject to a low-birth-weight CDR (87 percent in 2007 and 86 percent in 1997; Appendix Table A4). For the smaller group of youth who entered as a low-birth-weight baby, we also find patterns of longer benefit duration in the 2007 cohort versus the 1997 cohort.[12]

The patterns for older youth also suggest that long-term differences in benefit receipt stem from youth who leave SSI before reaching age 18 (Figure 2, Panel B). Among those who left SSI before turning 18, the 2007 cohort received benefits for about 18 percent longer than the 1997 cohort. However, among the older youth who did have an age-18 redetermination, the difference in duration and benefit amounts between the 1997 and 2007 cohorts was much smaller. For example, among the awardees who continued receiving benefits after age 18, SSI duration for the 2007 cohort was only 2 percent higher than in the 1997 cohort (111 months versus 108 months). Therefore, a key factor in the aggregate differences between cohorts is that youth who left benefits tended to do so more quickly in the 1997 cohort.

[12] Because SSI benefit receipt tends to be much shorter among youth who had benefits ceased following a low-birth-weight redetermination, we conduct a robustness check that generates aggregate cohort statistics that exclude people with a low-birth-weight award. Appendix Table A6 shows that persistent differences remained across cohorts, even excluding low-birth-weight awardees.

Figure 2. Duration of SSI benefit receipt per awardee in the first ten years after SSI award, by age at original award and redetermination or CDR outcome



Source: Authors' calculations using SSA administrative records.

Note: Among younger youth in the 1997 cohort, 86.1 percent of SSI recipients had a non-low-birth weight award, 6.8 percent had a continued low-birth-weight CDR, and 7.0 percent had benefits ceased following a low-birth-weight CDR. Among younger youth in the 2007 cohort, the shares were 86.6 percent, 5.8 percent, and 7.6 percent, respectively. Among older youth in the 2007 cohort, 46.8 percent left SSI before age 18, 34.2 percent were continued at age 18, and 19.1 percent had benefits ceased following an age-18 redetermination. Among older youth in the 2007 cohort, the shares were 37.5 percent, 30.8 percent, and 31.7 percent, respectively. See Appendix Tables A4 and A5 for more information.

SSI = Supplemental Security Income.

Further enhancing the difference between the cohorts is that a larger share of older youth in the 1997 cohort than in the 2007 cohort left SSI within 10 years (47 percent versus 37 percent, Appendix Table A5). In comparison, the share of new awardees who were ceased from an age-18 redetermination, after all appeals, was more than 1.5 times higher in the 2007 cohort than in the 1997 cohort (among older youth, 32 percent versus 19 percent).

Taken together, the differences in SSI benefit receipt between cohorts stem mostly from differences that occur before reaching age 18. Youth in the 1997 cohort were more likely to leave the benefit rolls—and to leave more quickly—than those in the 2007 cohort.[13] One potential reason youth might leave the rolls is child CDRs; administrative patterns discussed earlier suggest that youth in the 1997 cohort were more likely to have a CDR initiated than those in the 2007 cohort. We next explore the role of these CDRs.

Timing and Quantity of CDRs Play A Major Role in Long-term Benefit Durations

Our estimates indicate that both timing and quantity of CDRs play an important role in benefit durations. Timing is important because a CDR resulting in cessation in the first year after an award by nature reduces benefit durations relative, to say, a CDR resulting in cessation five years after award, when the person will already have received payments for five years. Because these differences compound over time, both the timing and quantity of CDRs have important implications for benefit duration. The comparisons between the 1997 and 2007 cohort illustrate this concept.

We estimate that CDRs account for about half of the overall differences in SSI benefit duration between the 1997 and 2007 cohorts. To generate this estimate, we first examine the

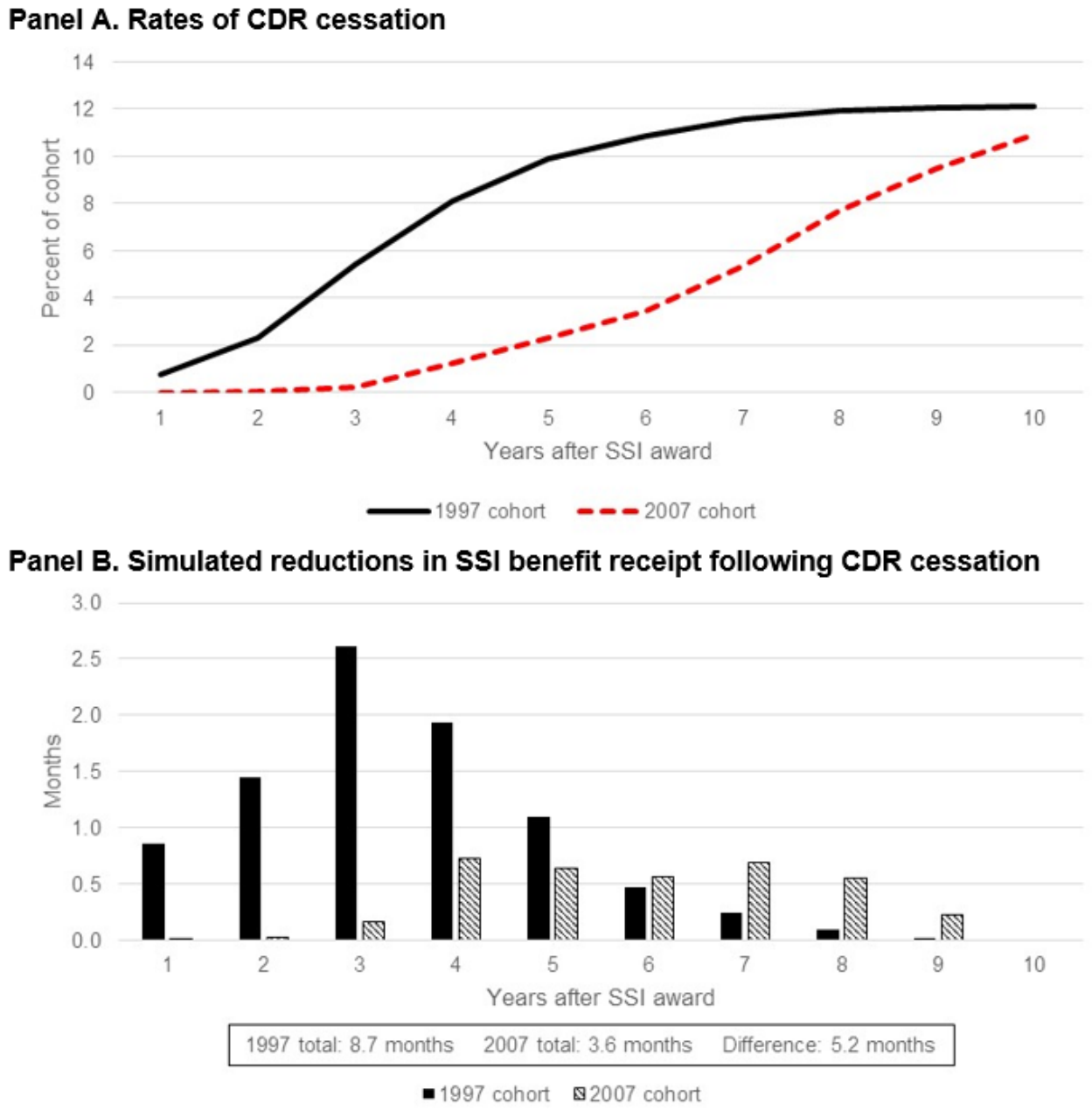
[13] Appendix Tables A7, A8, and A9 present analogous results after 5 years for those who had reached age 18 by this time, those who had not reached age 18 by this time, and all youth except low-birth-weight awardees in all three cohorts. As discussed earlier, the results are similar enough between the 2007 and 2012 cohorts to allow us to focus on the 1997 and 2007 cohorts in this paper.

percentage of youth in each cohort who had benefits ceased after a child CDR in the 10 years following the initial award (Figure 3, Panel A).[14] Nearly 12 percent of both the 1997 and 2007 cohorts fell into this category, although the cessations occurred much earlier in the 1997 cohort. The cessation rate from a child CDR in the first five years was more than four times larger for the 1997 cohort than for the 2007 cohort (9.9 percent versus 2.3 percent). These large cessation differences reflect aggregate SSA patterns in the rates of CDRs discussed earlier.

Greater cessation rates, particularly in the years right after award, have direct implications for some of the differences in benefit duration between the 1997 and 2007 cohorts shown in the earlier tables. To estimate the potential magnitude of these differences, we simulate the benefit reductions for each cohort following a CDR (Figure 3, Panel B). For example, if SSA ceased a person's benefits in year 1, we assumed that he or she lost 9 years of additional benefits. This assumption represents an upper bound on potential benefit durations, although it is a credible estimate given the long durations shown in Figure 2. Additionally, Hemmeter and Bailey (2015) found that less than 10 percent of children ceased during a CDR return to SSI before age 18.

[14] Though we compared durations across cohorts by the result of the age-18 redetermination and low-birth weight CDR, a similar comparison for those with a child CDR would not lead to meaningful results. The timing of CDRs differed for the 1997 and 2007 cohorts, as shown in Panel A of Figure 3. Therefore, any differences in durations across cohorts would be due to the differences in timing. Additionally, because the share of people subject to CDRs differed over time, there would also be selection concerns about who ends up in each group (not having a CDR, having a cessation, or having a continuation).

Figure 3. CDR cessations and simulated benefit receipt



Note: Panel A shows the percentage of beneficiaries in each cohort who had benefits ceased following a CDR by the end of each year. In Panel B, each bar represents the additional average months of benefit receipt if the youth who had benefits ceased in that year instead received benefits for the rest of the 10-year period. Panel A shows the cumulative percentage of youth who had benefits ceased by that year, whereas Panel B focuses on the specific youth in each cohort who had benefits ceased in a particular year. For example, in the 1997 cohort, 2.3 percent had benefits ceased within 2 years of award, and 5.4 percent had benefits ceased within 3 years of award; therefore, 3.1 percent were ceased in year 3. By multiplying this 3.1 percent by the additional 84 months (7 years) of benefit receipt if the youth had continued receiving benefits for all 10 years, we get the 2.6 month estimate shown for the 1997 cohort 3 years after the SSI award.

If the 1997 cohort had the same lower cessation rate as the 2007 cohort, their average benefit duration would have increased substantially. Specifically, over the full 10-year period, the higher

rates of early CDR cessations for those in the 1997 cohort might have reduced their average benefit durations by as much as 5.2 months.[15] This 5.2 months increase would explain half of the 10.5-month difference in SSI benefit duration between the 1997 and 2007 cohorts (shown in Table 3).[16]

Our analysis also shows that the timing of the cessation matters, particularly if it occurs closer to award (Figure 3, Panel B). For example, cessations in the first three years after award were substantially higher for the 1997 cohort than the 2007 cohort. These first three years contribute most to the estimated difference between the two cohorts. These differences persist despite the narrowing of the gap in cessation rates between the two cohorts in years 7 through 10. We estimate that the cumulative difference in benefit payments due to CDRs might have been over $400 million between the two cohorts over a 10-year period.[17]

Later Cohorts Had Higher Rates of Cessation at the Age-18 Redetermination

Differences in benefit receipt and cessations due to CDRs could have important implications for the age-18 redetermination process. Specifically, in later cohorts, benefit durations expanded before age 18, and fewer people had childhood CDRs; this led to changes in the composition of the group that has an age-18 redetermination. This change is reflected in a higher cessation rate

[15] For the people who had benefits ceased in each year after an SSI award, we calculate the additional total months of benefit receipt. Specifically we assume that everyone ceased continued receiving benefits for the full remaining period (for example, those ceased after 3 years would have gotten 7 more years of benefits).

[16] We also examined patterns in cessations from CDRs within the first five years after award for the 1997, 2007, and 2012 cohorts. The 2012 cohort had more people with early benefit cessations than the 2007 cohort and fewer people with early benefit cessations than the 1997 cohort. The patterns in total benefit durations presented in Table 2, with the 2012 cohort having shorter durations than the 2007 cohort and longer durations than the 1997 cohort, are therefore consistent with the patterns in CDRs.

[17] We estimate this $400 million of savings using the numbers shown in Table 3. On average, benefit payments per month receiving benefits are $687 (dividing the total benefit payments of $51,397 by the average duration of 74.8 months). We then multiply the $687 by 5.2 months by the 111,542 people in the cohort to get approximately $400 million. This simple back-of-the-envelope calculation does not reflect that some people who had benefits ceased might have otherwise returned to SSI by subsequently re-applying.

among older youth who had a redetermination in the 2007 cohort (50 percent) than in the 1997 cohort (about 35 percent). However, the difference between cohorts may be an upper bound; some members of the 2007 cohort may eventually have a cessation overturned by an appeal.[18] This difference is consistent with previous research finding that children without a childhood CDR are more likely to have benefits ceased during the age-18 redetermination and, among those who are ceased, are more likely to return to the program within 10 years (Hemmeter and Bailey 2015).

The patterns of higher cessations from the age-18 redetermination are consistent with broader trends from SSA administrative records. Because of reductions in CDRs during the period from 2005 to 2013, youth reaching age 18 in the early 2000s would have been less likely to be subject to child CDRs than those reaching age 18 in the early 2010s (Appendix Figure A1). Among the youth reaching age 18 in the early 2000s, those who had the least severe disabilities—who might have been removed if they had undergone a CDR—would therefore reach age 18 without having been removed. Consistent with this trend, the cessation rate for age-18 redeterminations was much lower in the early 2000s than the early 2010s (Appendix Figure A2). Future research could explore whether patterns in redetermination rates and CDRs (1) only affect the timing of removal for people who would otherwise have their benefits ceased by age 18 or (2) actually change who is removed from benefits, which would have longer-term implications for benefit receipt.

Robustness check

[18] Though the rate of cessation could fall for the 2007 cohort, it seems unlikely that it would fall to the level of the 1997 cohort. In a typical year, up to 10 percent of cases that were initially ceased end up having those cessations overturned. However, because appeals rarely last longer than three years, only youth who reached age 18 after 2014 (or those ages 8 to 11 at the time of award) could have their redetermination decision overturned. The total reduction in the cessation rate is therefore likely to be well below 10 percent.

We also checked whether our choice of year to start the analysis (1997) is driving the observed changes over the period analyzed, and to also provide a degree of consistency with other research (such as Rupp et al. 2015). Because 1997 was the first full year following landmark legislation related to welfare reform, including mandating the age-18 redetermination, new awardee cohorts may differ from subsequent cohorts in ways that affect outcomes. The 1997 cohort was also notably smaller than subsequent cohorts. Comparing the 1997 cohort to later cohorts may therefore lead to different interpretations of observed changes.

Durations and benefit payments increased consistently between the 1997 and 2003 cohorts, indicating that the primary findings do not rely on the choice of 1997 as the base year cohort. Appendix Table A10 includes additional 10-year statistics on the duration of payments for the 1999, 2000, 2001, and 2003 cohorts. Each of these years saw continued growth in the number of new SSI recipients, durations, and SSI payments. We see similar growth in the 5-year statistics for these cohorts as well as the 2010 cohort (Appendix Table A11). Duration and benefit payments increased between the late 1990s cohorts to early 2010s cohorts. We therefore believe the implications from our choice of starting year are minimal.

DISCUSSION

We find evidence that SSI program durations are relatively longer in more recent cohorts (2007 and 2012) relative to the 1997 cohort. Although the cohorts in our study differed in terms of their demographic and impairment characteristics, our regression results suggest that controlling for these factors would not affect the basic durations of benefit receipt. This increase in benefit receipt for recent cohorts coincided with increases in the size of the child SSI caseload.

We estimate that if the 2007 cohort had had the same benefit duration as the 1997 cohort, the average SSI benefit amounts paid over 10 years would have been about $1 billion lower. But

it is unclear from our results whether the additional benefit amounts paid to the 2007 cohort in the coming decade will be similarly larger than the amount paid for the 1997 cohort. For beneficiaries who had a continuation from the age-18 redetermination, the duration of benefit receipt was nearly identical between the two cohorts. This implies that the $1 billion noted above might not continue to grow much over a longer period.

Though the duration of SSI receipt lengthened over this period, the recent increase in childhood CDRs might shorten program durations for future SSI cohorts. We find evidence that ongoing CDRs play a key role in benefit duration, possibly explaining about half of the difference in duration between the 1997 and 2007 cohorts. Because the rate of CDRs rose sharply between 2015 and 2018 (Appendix Figure 1), the pattern of increasing duration may reverse. SSA's pending policy proposal to create a new category to identify medical CDRs (Medical Improvement Likely) could change the frequency of these reviews for some SSI recipients.

Future SSI cohorts might therefore have different durations than the 2007 and 2012 cohorts, particularly cohorts awarded after the large surge in childhood CDRs in 2015. Though the smaller number of CDRs was a major driver of longer durations for the 2007 and 2012 cohorts, other factors (such as the shifting geography of SSI recipients and the economy) might also have contributed to these trends.[19]

[19] Besides CDRs, a variety of factors not explored in this paper could also contribute to the differences in benefit receipt between cohorts. For example, variation in SSI receipt between states could be important; if SSI recipients in the states that have driven program growth tend to remain on the rolls longer, shifts in the geographic distribution of the caseload could be a critical factor (Wittenburg et al. 2015). Alternatively, the economy might be key; the Great Recession, and its ensuing adverse effects on incomes, may have resulted in fewer people in the 2007 cohort having their parental income increase enough to exit SSI. Note, though, that we do not find meaningful differences between the 2007 cohort and the 2012 cohort, which was awarded after the recession. Finally, the availability of other income sources might influence program participation decisions (Floyd 2020).

The fluctuations in CDR policy may also affect the age-18 redetermination. Because Congress has authorized and funded SSA to conduct more child CDRs, the size and composition of future caseloads who undergo age-18 redeterminations may change. Hence, it is important to understand how patterns in CDRs ultimately affect continuation and cessation rates at the age-18 redetermination, particularly when tracking program outcomes. For example, although the cessation rate for age-18 redeterminations has grown in recent years, this trend might reverse as discretionary CDRs done before age 18 increase; some youth who might have been ceased at age 18 could instead be ceased earlier, before they reach the age-18 redetermination. It is possible that SSA's proposed change to new diaries—and specifically calling for a review after two years and the proposed change to reviews at ages 6 and 12—will accelerate any changes observed at age 18.

This paper cannot address how changes in patterns of SSI benefit receipt affect youth outcomes. Earlier research indicates that the income sources of former SSI recipients tend to be unstable after they cease receiving benefits (Deshpande 2016; Hemmeter et al. 2009; Hemmeter 2011). Given the large fluctuations in program duration, it is especially important to understand how well families are prepared for CDRs and the age-18 redetermination and, for those ceased, how ready they are to replace the SSI benefit check.

An important consideration is the outcomes of youth who exit SSI following a CDR or redetermination, such as their employment or connections to other programs. Additional research looking into the efficiency of CDRs with respect to their ability to identify youth who can engage in substantial gainful activity, and whether observed patterns change, could reveal ways to serve youth as they leave SSI. SSA's 2021 budget proposes a project identifying the services and

supports those exiting SSDI due to a medical CDR need to improve self-sufficiency; evidence from that study may also provide suggestions about the needs for former child SSI recipients.

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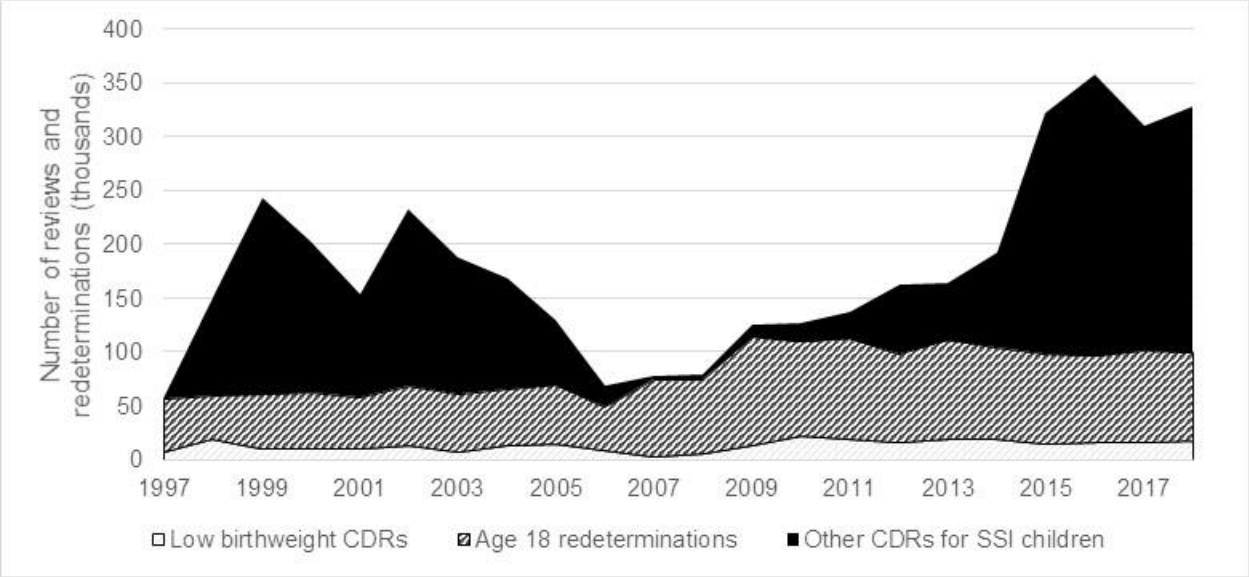
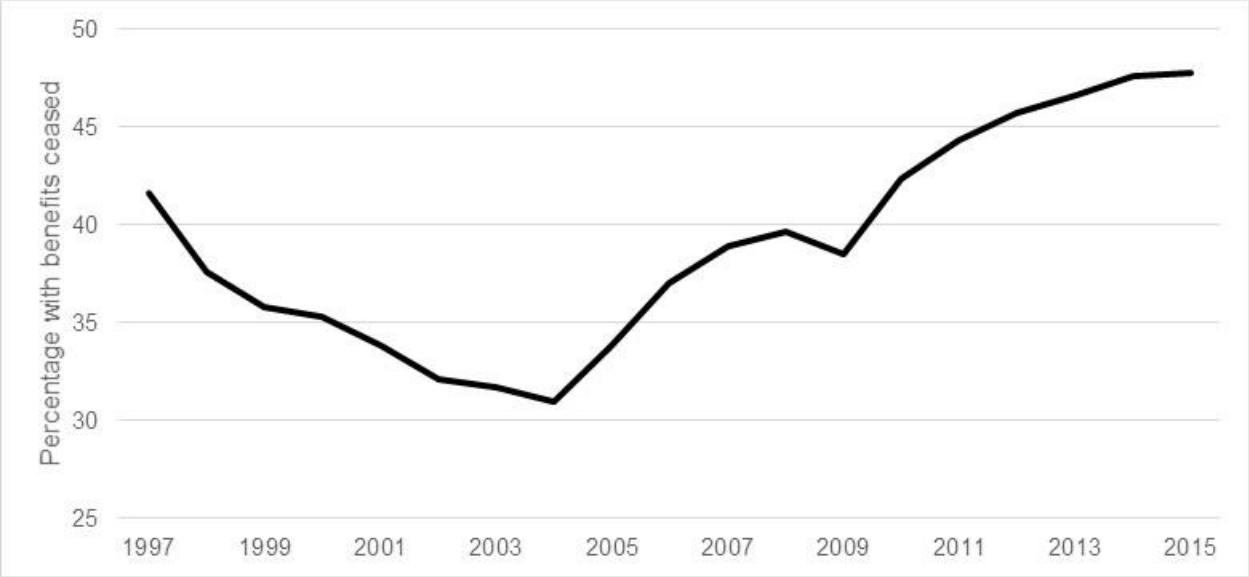
Appendix Figure 1. Distribution of total SSI continuing disability reviews and redeterminations for children



Source: Social Security Administration (2019b).
CDR = continuing disability review; SSI = Supplemental Security Income.

Appendix Figure 2. Cessation rates from age-18 redeterminations



Source: Social Security Administration (2019b).

Appendix Table A1. SSI benefit receipt per awardee in the first five years after SSI award, by demographic and impairment characteristics

	1997		2007		2012	
	Duration (months)	Benefit payments ($)	Duration (months)	Benefit payments ($)	Duration (months)	Benefit payments ($)
All recipients	44.7	31,911	50.1	34,773	48.9	34,156
Sex						
Female	43.5	30,868	48.7	33,734	47.3	32,943
Male	45.5	32,562	50.9	35,339	49.8	34,808
Age at award						
Under age 8	43.5	30,607	49.5	33,945	48.4	33,546
Low birth weight and under age 1	22.0	13,929	29.8	17,556	23.9	13,908
Other under age 8	47.1	33,408	53.1	36,875	51.9	36,353
Age 8 to 12	49.4	36,339	53.6	37,900	52.2	37,020
Age 13 to 17	43.2	31,382	47.4	33,713	45.9	32,370
Primary impairment						
Missing	38.3	30,870	44.6	31,687	44.2	32,096
Infectious and parasitic diseases	46.4	34,745	50.5	36,016	49.1	35,759
Neoplasms	31.5	20,920	39.5	25,896	36.1	23,765
Endocrine, nutritional, and metabolic disorders	44.5	31,906	48.7	34,823	48.6	34,573
Diseases of the blood and blood-forming organs	49.3	35,296	53.1	37,677	52.4	37,464
Organic mental disorders	49.3	35,420	53.2	37,255	52.4	36,711
Other mental disorders	49.3	36,791	53.3	38,367	51.9	37,550
Schizophrenic and other psychotic disorders	49.4	35,808	53.2	37,476	50.9	36,222
Mood disorders	46.0	33,812	50.1	35,505	47.9	34,048
Autistic disorders	48.6	32,256	53.1	35,161	52.7	35,240
Childhood and adolescent disorders not elsewhere classified	48.6	36,138	53.4	38,385	52.9	38,413
Developmental disorders	49.9	36,118	54.3	38,307	52.8	37,656
Intellectual disability	52.2	37,502	55.5	39,180	55.2	38,821
Diseases of the nervous system and sense organs	47.6	32,579	51.8	35,291	50.5	34,723
Diseases of the circulatory system	39.6	27,496	44.6	30,186	42.2	28,647
Diseases of the respiratory system	45.5	33,588	51.6	37,893	48.6	35,238
Diseases of the digestive system	40.0	27,997	44.5	29,796	41.2	27,425
Diseases of the genitourinary system	45.2	31,014	48.6	33,944	47.4	32,242
Diseases of the skin and subcutaneous tissue	44.8	32,720	51.8	38,099	49.8	35,973
Diseases of the musculoskeletal system and connective tissue	45.3	32,946	51.3	37,313	48.0	34,711
Congenital anomalies	40.7	27,147	46.5	31,028	43.8	29,058
Other	27.0	17,735	33.1	20,307	28.7	17,784
Injuries	43.2	29,026	47.4	32,269	47.0	31,599

Source: Authors' calculations using SSA administrative data.

SSA = Social Security Administration; SSI = Supplemental Security Income.

Appendix Table A2. Regression-adjusted SSA benefit receipt per awardee in the first five years after SSI award

	Duration (months)			Benefit payments ($)		
	Any SSA benefits	SSI	SSDI	Any SSA benefits	SSI	SSDI
2007 cohort	5.02***	5.14***	0.33***	2,736***	2,696***	40*
	[0.06]	[0.06]	[0.05]	[55]	[56]	[22]
2012 cohort	3.39***	3.54***	0.03	1,755***	1,842***	-88***
	[0.06]	[0.06]	[0.05]	[54]	[56]	[21]

Source: Authors' calculations using SSA administrative data.

Notes: We regress an outcome variable (either duration of benefit receipt or benefit payments through the given number of years after a new award) on indicators for cohort and all demographic and impairment characteristics shown in Table 1. The coefficient reported on the indicator for cohort indicates the difference between that cohort and the 1997 cohort. The difference between the 2007 and 2012 cohorts for all outcomes is significant at the 1 percent level.

*/**/*** indicates a statistically significant regression estimate at the 10/5/1 percent level based on a two-tailed test.

SSA = Social Security Administration; SSDI = Social Security Disability Insurance; SSI = Supplemental Security Income.

Appendix Table A3. Regression-adjusted receipt of SSA benefits per awardee in the first 10 years after SSI award, detailed results

	Duration (months)			Benefit payments ($)		
	Any SSA benefits	SSI	SSDI	Any SSA benefits	SSI	SSDI
2007 cohort	10.32***	10.58***	0.86***	6,953***	6,869***	83
	[0.14]	[0.15]	[0.11]	[112]	[113]	[52]
Sex (omitted category = female)						
Male	-0.65***	-0.74***	-0.24**	-599***	-635***	36
	[0.14]	[0.15]	[0.11]	[111]	[112]	[51]
Age (omitted category = low birth weight & under age 1)						
Under age 8	34.84***	34.50***	2.93***	25,483***	24,852***	631***
	[0.43]	[0.44]	[0.33]	[336]	[339]	[155]
8 to 12	29.39***	28.02***	5.73***	22,817***	20,556***	2,261***
	[0.46]	[0.48]	[0.35]	[362]	[366]	[167]
13 to 17	13.05***	11.99***	5.33***	12,897***	9,561***	3,336***
	[0.48]	[0.49]	[0.36]	[374]	[377]	[173]
Impairment (omitted category = infectious and parasitic diseases)						
Neoplasms	-38.67***	-34.84***	-13.09***	-31,920***	-25,834***	-6,085***
	[1.53]	[1.57]	[1.16]	[1,195]	[1,206]	[552]
Endocrine, nutritional, and metabolic disorders	-8.87***	-6.56***	-8.23***	-8,633***	-4,727***	-3,906***
	[1.65]	[1.69]	[1.25]	[1,291]	[1,303]	[596]
Diseases of the Blood and blood-forming organs	2.92*	6.32***	-9.76***	-530	4,029***	-4,559***
	[1.61]	[1.65]	[1.22]	[1,259]	[1,271]	[582]
Autistic disorders	4.68***	7.26***	-7.29***	-2,254*	1,334	-3,588***
	[1.48]	[1.51]	[1.12]	[1,152]	[1,163]	[532]
Developmental disorders	-0.70	2.11	-8.14***	-2,922**	1,613	-4,535***
	[1.47]	[1.50]	[1.11]	[1,145]	[1,156]	[529]
Childhood and adolescent disorders not elsewhere classified	-0.94	1.93	-7.19***	-2,227*	2,242*	-4,469***
	[1.46]	[1.50]	[1.11]	[1,143]	[1,154]	[528]
Intellectual disability	12.64***	16.08***	-7.01***	6,705***	10,852***	-4,147***
	[1.46]	[1.50]	[1.11]	[1,140]	[1,150]	[526]
Mood disorders	-0.13	2.87*	-5.93***	-1,836	2,220*	-4,056***
	[1.48]	[1.52]	[1.13]	[1,158]	[1,169]	[535]
Organic mental disorders	5.00***	8.03***	-6.74***	859	4,793***	-3,933***
	[1.51]	[1.55]	[1.15]	[1,179]	[1,190]	[545]
Schizophrenic and other psychotic disorders	15.13***	18.04***	-4.86***	8,906***	12,214***	-3,308***
	[1.60]	[1.64]	[1.21]	[1,247]	[1,259]	[576]
Other mental disorders	5.43***	8.93***	-6.80***	2,821**	7,274***	-4,453***
	[1.50]	[1.53]	[1.13]	[1,168]	[1,179]	[539]
Diseases of the Nervous system and sense organs	-0.12	2.93*	-9.58***	-4,743***	-325	-4,419***
	[1.47]	[1.51]	[1.12]	[1,149]	[1,160]	[531]
Diseases of the Circulatory system	-20.95***	-17.41***	-10.96***	-18,824***	-13,497***	-5,327***
	[1.69]	[1.73]	[1.28]	[1,316]	[1,329]	[608]

Diseases of the Respiratory system	-15.07***	-12.35***	-10.03***	-11,939***	-6,961***	-4,978***
	[1.51]	[1.55]	[1.14]	[1,177]	[1,188]	[544]
Diseases of the Digestive system	-24.17***	-20.68***	-11.44***	-20,770***	-15,601***	-5,170***
	[1.64]	[1.69]	[1.25]	[1,284]	[1,296]	[593]
Diseases of the Genitourinary system	-4.67**	-2.10	-9.13***	-6,500***	-2,682*	-3,819***
	[1.83]	[1.88]	[1.39]	[1,430]	[1,444]	[661]
Diseases of the Skin and subcutaneous tissue	-7.18***	-3.02	-11.22***	-6,759***	-750	-6,009***
	[2.33]	[2.39]	[1.76]	[1,816]	[1,833]	[839]
Diseases of the Musculoskeletal system and connective tissue	-2.67*	0.26	-9.51***	-3,943***	916	-4,858***
	[1.62]	[1.66]	[1.23]	[1,264]	[1,276]	[584]
Congenital anomalies	-16.96***	-13.12***	-12.29***	-16,914***	-11,543***	-5,371***
	[1.48]	[1.52]	[1.13]	[1,159]	[1,170]	[535]
Injuries	-2.85*	-1.00	-7.85***	-6,468***	-3,106**	-3,362***
	[1.65]	[1.69]	[1.25]	[1,287]	[1,299]	[594]
Other	-23.92***	-21.74***	-9.62***	-21,078***	-16,467***	-4,610***
	[1.50]	[1.54]	[1.14]	[1,169]	[1,180]	[540]
Unknown or missing	-21.63***	-19.59***	-8.70***	-15,630***	-11,266***	-4,364***
	[1.49]	[1.53]	[1.13]	[1,167]	[1,178]	[539]
Constant	54.71***	48.96***	13.41***	39,605***	33,105***	6,499***
	[1.52]	[1.55]	[1.15]	[1,183]	[1,195]	[546]
Observations	270,076	270,076	270,076	270,076	270,076	270,076
R^2	0.258	0.251	0.012	0.235	0.222	0.011

Source: Authors' calculations using SSA administrative data.

Note: We regress an outcome variable (either total months of benefit receipt or total payments through the given number of years after a new award) on indicators for cohort and all demographic and impairment characteristics included in Table 1. The coefficient reported on the indicator for the 2007 cohort indicates the difference between that cohort and the 1997 cohort.

*/**/*** indicates a statistically significant regression estimate at the 10/5/1 percent level based on a two-tailed test.

Appendix Table A4. SSA benefit receipt per awardee in the first 10 years after SSI award, younger youth

	1997			2007		
	Any SSA benefits	SSI	SSDI	Any SSA benefits	SSI	SSDI
All younger youth						
Sample size (N)	72,274			100,539		
Duration (months)	76.3	73.2	6.8	89.0	85.9	8.1
Percentage of period receiving payment	63.6	61.0	5.7	74.2	71.6	6.8
Benefit payments ($)	52,268	49,817	2,451	60,921	58,155	2,766
Not a low-birth-weight award						
Sample size (as percentage of total)	86.1			86.6		
Duration (months)	79.2	76.2	7.1	90.8	87.6	8.6
Percentage of period receiving payment	66.0	63.5	5.9	75.7	73.0	7.2
Benefit payments ($)	54,491	51,937	2,554	62,359	59,417	2,942
Continued low-birth-weight CDR						
Sample size (as percentage of total)	6.8			5.8		
Duration (months)	87.5	85.2	4.9	107.3	105.8	5.6
Percentage of period receiving payment	72.9	71.0	4.0	89.4	88.1	4.6
Benefit payments ($)	58,166	56,459	1,706	72,680	70,980	1,700
Ceased low-birth-weight CDR						
Sample size (as percentage of total)	7.0			7.6		
Duration (months)	30.0	25.8	4.9	54.6	51.0	4.6
Percentage of period receiving payment	25.0	21.5	4.1	45.5	42.5	3.8
Benefit payments ($)	19,334	17,425	1,909	35,384	33,809	1,575

Source: Authors' calculations using SSA administrative data.

Note: The table only shows youth who have not yet reached age 18 as of 10 years after an SSI award.

SSA = Social Security Administration; SSDI = Social Security Disability Insurance; SSI = Supplemental Security Income.

Appendix Table A5. SSA benefit receipt per awardee in the first 10 years after SSI award, older youth

	1997			2007		
	Any SSA benefits	SSI	SSDI	Any SSA benefits	SSI	SSDI
All older youth						
Sample size (N)	39,268			57,991		
Duration (months)	82.0	77.8	11.8	87.8	84.2	12.1
Percentage of period receiving payment	68.3	64.9	9.8	73.1	70.1	10.1
Benefit payments ($)	59,492	54,305	5,187	62,866	58,035	4,832
Left SSI before age 18						
Sample size (as percentage of total)	46.8			37.5		
Duration (months)	65.2	58.4	12.9	76.1	68.7	14.8
Percentage of period receiving payment	54.3	48.7	10.7	63.4	57.2	12.4
Benefit payments ($)	47,323	41,110	6,213	53,842	46,888	6,954
Continued at age 18						
Sample size (as percentage of total)	34.2			30.8		
Duration (months)	110.8	108.5	12.5	112.9	110.8	14.0
Percentage of period receiving payment	92.3	90.4	10.4	94.1	92.4	11.7
Benefit payments ($)	78,964	73,786	5,178	80,234	74,996	5,239
Cessation at age 18						
Sample size (as percentage of total)	19.1			31.7		
Duration (months)	71.6	70.5	7.8	77.2	76.5	7.1
Percentage of period receiving payment	59.7	58.7	6.5	64.3	63.8	5.9
Benefit payments ($)	54,455	51,767	2,688	56,659	54,729	1,930

Source: Authors' calculations using SSA administrative data.

Note: The table only shows youth who have reached age 18 as of 10 years after an SSI award.

SSA = Social Security Administration; SSDI = Social Security Disability Insurance; SSI = Supplemental Security Income.

Appendix Table A6. SSA benefit receipt per awardee in the first 10 years after SSI award, excluding low-birth-weight awardees

	1997			2007		
	Any SSA benefits	SSI	SSDI	Any SSA benefits	SSI	SSDI
Sample size (N)	101,511			145,106		
Duration (months)	80.3	76.8	8.9	89.6	86.2	10.0
Percentage of period receiving payment	66.9	64.0	7.4	74.6	71.9	8.3
Benefit payments ($)	56,426	52,853	3,573	62,562	58,865	3,697

Source: Authors' calculations using SSA administrative data.

Note: The table is similar to Table 3 but excludes all low-birth-weight awardees.

SSA = Social Security Administration; SSDI = Social Security Disability Insurance; SSI = Supplemental Security Income.

Appendix Table A7. SSA benefit receipt per awardee in the first five years after SSI award, youth who had not reached age 18

	1997			2007			2012		
	Any SSA benefits	SSI	SSDI	Any SSA benefits	SSI	SSDI	Any SSA benefits	SSI	SSDI
All youth who had not reached age 18 within five years of award									
Sample size (N)	95,671			135,183			156,694		
Duration (months)	45.7	44.7	3.5	51.0	50.1	4.0	49.8	48.9	3.6
Percentage of period receiving payment	76.2	74.5	5.9	85.0	83.5	6.6	83.0	81.6	6.1
Benefit payments ($)	33,109	31,911	1,198	36,040	34,773	1,267	35,278	34,156	1,122
Not a low-birth-weight award									
Sample size (as percentage of total)	89.6			91.3			91.5		
Duration (months)	46.8	45.9	3.3	51.5	50.7	3.8	50.8	50.0	3.5
Percentage of period receiving payment	78.1	76.6	5.5	85.9	84.4	6.4	84.7	83.3	5.8
Benefit payments ($)	33,929	32,879	1,051	36,325	35,174	1,150	36,027	35,009	1,018
Continued low-birth-weight CDR									
Sample size (as percentage of total)	5.1			4.1			4.0		
Duration (months)	52.6	52.3	1.3	57.9	57.7	1.6	55.9	55.7	1.5
Percentage of period receiving payment	87.6	87.1	2.1	96.5	96.2	2.6	93.2	92.8	2.5
Benefit payments ($)	35,390	35,006	384	38,916	38,525	391	37,563	37,217	346
Ceased low-birth-weight CDR									
Sample size (as percentage of total)	5.2			4.5			4.5		
Duration (months)	21.4	20.3	1.4	42.5	41.9	1.3	31.9	31.1	1.3
Percentage of period receiving payment	35.7	33.9	2.3	70.9	69.8	2.2	53.2	51.8	2.2
Benefit payments ($)	14,290	13,763	526	27,478	27,111	367	20,347	19,970	377

Source: Authors' calculations using SSA administrative data.

Note: The table only shows youth who have not yet reached age 18 as of five years after an SSI award.

SSA = Social Security Administration; SSDI = Social Security Disability Insurance; SSI = Supplemental Security Income.

Appendix Table A8. SSA benefit receipt per awardee in the first five years after SSI award, youth who had reached age 18

	1997			2007			2012		
	Any SSA benefits	SSI	SSDI	Any SSA benefits	SSI	SSDI	Any SSA benefits	SSI	SSDI
All youth who had reached age 18 within five years of award									
Sample size (N)	15,871			23,351			23,496		
Duration (months)	45.0	43.3	6.0	48.8	47.4	6.0	47.4	45.9	5.8
Percentage of period receiving payment	75.0	72.1	10.0	81.4	79.0	10.0	78.9	76.6	9.7
Benefit payments ($)	33,888	31,432	2,456	36,084	33,752	2,332	34,589	32,401	2,188
Left SSI before age 18									
Sample size (as percentage of total)	40.4			39.3			39.4		
Duration (months)	36.4	33.1	7.2	43.9	41.2	7.2	43.7	40.9	7.0
Percentage of period receiving payment	60.7	55.1	12.0	73.2	68.7	12.0	72.8	68.2	11.7
Benefit payments ($)	27,660	24,390	3,270	32,632	29,468	3,164	32,008	29,068	2,940
Continued at age 18									
Sample size (as percentage of total)	39.4			36.3			34.8		
Duration (months)	56.8	56.1	5.6	57.6	57.0	6.0	57.3	56.6	6.1
Percentage of period receiving payment	94.6	93.4	9.3	95.9	94.9	10.0	95.6	94.4	10.2
Benefit payments ($)	41,531	39,394	2,137	41,730	39,528	2,202	40,898	38,704	2,195
Cessation at age 18									
Sample size (as percentage of total)	20.1			24.5			25.8		
Duration (months)	39.4	38.8	4.5	43.7	43.3	4.0	39.5	39.2	3.7
Percentage of period receiving payment	65.6	64.6	7.5	72.8	72.2	6.7	65.9	65.3	6.2
Benefit payments ($)	31,437	29,990	1,447	33,258	32,071	1,187	30,028	28,996	1,033

Source: Authors' calculations using SSA administrative data.

Note: The table only shows youth who have reached age 18 as of five years after an SSI award.

SSA = Social Security Administration; SSDI = Social Security Disability Insurance; SSI = Supplemental Security Income.

Appendix Table A9. SSA benefit receipt per awardee in the first five years after SSI award, excluding low-birth-weight awardees

	1997			2007			2012		
	Any SSA benefits	SSI	SSDI	Any SSA benefits	SSI	SSDI	Any SSA benefits	SSI	SSDI
Sample size (N)	101,627			146,812			166,859		
Duration (months)	46.5	45.5	3.7	51.1	50.2	4.2	50.3	49.4	3.8
Percentage of period receiving payment	77.6	75.9	6.2	85.2	83.6	6.9	83.9	82.4	6.3
Benefit payments ($)	33,923	32,653	1,270	36,286	34,948	1,338	35,825	34,642	1,183

Source: Authors' calculations using SSA administrative data.

Note: The table is similar to Table 2 but excludes all low-birth-weight awardees.

SSA = Social Security Administration; SSDI = Social Security Disability Insurance; SSI = Supplemental Security Income.

Appendix Table A10. SSI benefit receipt per awardee in the first ten years after SSI award, by award cohort

Award year	Duration (months)	Benefit payments ($)	Cohort size
1997	74.8	51,397	111,542
1999	78.6	53,795	132,200
2000	80.2	54,525	133,934
2001	81.8	55,612	144,831
2003	86.5	58,547	166,088
2007	85.3	58,111	158,534

Source: Authors' calculations using SSA administrative data.

Note: All dollars are in 2017 values adjusted by the CPI-W.

Appendix Table A11. SSI benefit receipt per awardee in the first five years after SSI award, by award cohort

Award year	Duration (months)	Benefit payments ($)	Cohort size
1997	44.7	31,911	111,542
1999	46.2	32,783	132,200
2000	46.9	32,675	133,934
2001	47.5	33,020	144,831
2003	49.4	34,003	166,088
2007	50.1	34,773	158,534

Source: Authors' calculations using SSA administrative data.

Note: All dollars are in 2017 values adjusted by the CPI-W.