

Introduction

Supplemental Security Income (SSI) is a nationwide program that provides monthly cash payments to people with disabilities who have low income and meet medical eligibility criteria. Since the Social Security Administration (SSA) first made payments in 1974, SSI has grown to be one of the largest cash assistance programs for people with disabilities in the United States. In 2016, the monthly benefit paid to individuals (known as the federal benefit rate) was \$733 for individuals and \$1,100 for couples.¹ To be eligible for SSI, working-age adults must demonstrate an inability to engage in substantial work (i.e., monthly earnings at or above \$1,130 in 2016) because of a medically determinable impairment that is expected to last at least 12 months or result in death. Refer to <https://www.ssa.gov/ssi/text-over-ussi.htm> for an overview of the SSI program and eligibility requirements.

Many adults with disabilities rely on SSI benefits to pay for necessities like food, shelter and medications. SSI also often facilitates access to healthcare since many states provide Medicaid eligibility to people who are eligible for SSI benefits.² In 2014, roughly 130,000 adults on the autism spectrum received SSI benefits, a 740% increase since 2001. Despite the program’s importance, virtually nothing is known about people with autism who use SSI benefits.

This study used Social Security Administration data to examine the usage trends and characteristics of SSI recipients with autism. We addressed the following research aims:

1. To identify trends in SSI program participation and payments to adult recipients with autism
2. To examine whether the characteristics of adult SSI awardees with ASD changed over time with respect to age, gender and child SSI receipt
3. To determine how the growth in ASD awards varied across states and over time

These findings can help to build a foundation of population-level evidence that can inform the development and evaluation of SSI programs and policies. In addition to providing insights into the role that SSI may have in the lives of adults with autism, our study also investigated a large sample of financially disadvantaged adults— a profoundly understudied subgroup in autism research.

Study Approach

Data. Data for this study came from SSA administrative records, which includes information for every person who has ever applied for SSI benefits since 1974. Much of these data are entered by Social Security staff, and are not completed by the individual who receive benefits themselves. While designed for SSA to carry out administrative tasks, SSA program data offer great informational value to researchers interested in the SSI program such as individual demographics, employment, earnings, assets, disability diagnosis, and geographic location. Further, these data are of the entire population of SSI recipients and includes several observation points, which allows researchers to examine change over time. It is important to consider, however, that the data are limited to people who have applied for benefits and does not represent the population of people *eligible* for SSI.

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Disability Groups. Our study focused on working-age adults, ages 18-64 years, that had autism recorded as a primary cause of their work impairment. It is possible that some adults with autism are classified under a different impairment. As such, our findings only generalize to working-age adults that have documented ASD, and not all adults with autism that receive SSI. For each research aim, we compared recipients with autism to those with an intellectual disability (ID), of the same age. We also looked at outcomes for all other SSI recipients who had a documented other mental disorder (OMD), which included: organic mental disorders; schizophrenic, paranoid and other psychotic disorders; affective disorders; anxiety related disorders; somatoform disorders; personality disorders; and substance addiction disorders. Existing research often group autism, ID and other mental disorders into one large, diverse group. Separating out ID and autism from the larger mental disorders group might help to reveal differences that exist within the larger mental disorders category. The disability groups are exclusive, meaning an individual cannot be counted in more than one group.

Key Findings

Note: Statistics may not match those presented in SSA publications due to differences in study criteria and conceptualizations of SSI receipt.

The number of SSI recipients.

“SSI recipients” refer to adults who received benefits in at least one month during a given year ranging from January 2005 to December 2015. Our analysis of SSI recipients focused on individuals with a primary or secondary impairment of autism. The ID group included working-age SSI recipients with a primary or secondary impairment of ID who were not already included in the ASD group, and the OMD group included all other working-age SSI recipients with a listed mental health disorder.

- ***There was a steady increase in the number of SSI recipients with autism from 2005-2015.*** The number of SSI recipients with autism increased by 92,368 number of adults, or 345%, between 2005 and 2015. In 2015, the number of SSI recipients with autism totaled 119,121, which represented 4% of the total population of SSI recipients with mental disorders. In comparison, adults with ID represented 33% of the population of recipients with mental disorders and the OMD group represented 63%.
- ***The growth in the proportion of recipients among adults with autism exceeded those with ID and OMD.*** Although the number of SSI recipients increased across all disability groups, the growth in the autism group (345%) is far greater than the total growth in the population of SSI with mental disorders (11%). This suggests that SSI program growth is not driving increases in SSI recipients with autism.

Federal SSI payments.

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We used the term “SSI payments” when referring to the dollar amount paid to SSI recipients in a given year. This number does not include state supplementations to federal SSI benefits.¹ We first aggregated SSI payment amounts across individuals to examine total annual expenditures (in thousands of dollars) at the population-level. Then, we reported the average annual payment per recipient. We adjusted for inflation to 2015 dollars, using annual CPI-W values.⁵ (Administration, 2016) (Administration, 2016) The 2015 and 2016 maximum federal SSI payment was \$733 per month for individuals and \$1,100 per month for couples.

- ***Federal SSI payments to all recipients with a mental disorder totaled around \$17.7 billion in 2015. The ASD group received 4% of total federal SSI payments (roughly \$775 million) in 2015.*** In comparison, the ID group received 76% of total federal payments to adults with mental disorder and the OMD group received 14%.
- ***Although the total annual payments to adults with ASD increased, the growth in the average federal payment per recipient was much smaller.*** Total federal SSI payments to adults with autism amounted to nearly \$774 million in 2015, almost a \$620 million increase from 2005 when adjusted to 2015 dollars. However, the average annual payment to adults with ASD (\$6,497 in 2015) remained relatively consistent over time. This finding suggests that the increase in SSI payments is largely driven by growth in the number adults served, and not increased costs per recipient.

SSI program entry.

“Awards” refer to an administrative determination that an individual is entitled to receive monthly benefits. In this study, “new awardees” referred to adults, ages 18-64 years, who received their first adult SSI payment in any month between 2005 and 2016.² We first measured the number of annual SSI awards across disability groups. Then, we calculated the percentage of ASD awards relative to the total number of awards given to adults with mental disorders.

- ***The number of SSI awardees with autism increased dramatically between 2005 and 2016, despite overall declines in total SSI awards given to adults with mental disorders.*** People with ASD made up a growing share of the total SSI awards given to adults with mental disorders, with percentages increasing from nearly 2% in 2005 to nearly 7% in 2016. In contrast, the proportion of awardees with a primary diagnosis of ID and OMD decreased from 16% to 13% and 82% to 80% respectively.

Characteristics.

- ***SSI awardees with autism are qualitatively different from recipients with other disabilities.*** The characteristics of SSI awardees with autism has changed very little with respect to age, gender and child SSI receipt. However, there were significant differences in awardee characteristics between disability groups. Overall, awardees with ASD were younger (mean age 21 years) and had a higher percentage of males (81%) compared to

¹ Per the Social Security Act, the federal government defines a maximum receivable payment for SSI program recipients. Some states provide supplemental payments in addition to federal funds. While most states administer the supplements themselves, the federal government administers supplements for some states.

² It is important to note that our definition of new awardees does not include child SSI recipients who continue to receive SSI as an adult or who, after a time of separation from SSI, returned to the program; therefore, our findings understate the total number of new adults receiving SSI under an ASD classification in a given year.

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awardees with ID and OMD. About one-fourth (23%) of ASD awardees received child-SSI. This was significantly larger than the OMD group (6%), but significantly smaller than the ID group (35%).

- ***Roughly 9 out of 10 awardees with autism are between 18-25 years old.*** During the study period, 89,187 transition age young adults, ages 18-25 years, were awarded adult SSI benefits under the ASD impairment category, representing 91.0% of the total population of adult ASD awards. By comparison, 53.1% of adult awardees in the ID group and 19.1% of adult awardees in the OMD group were between 18-25 years.

State differences in SSI awards.

- ***Although all states report increases in both the number and proportion of ASD awards between 2005 and 2016, the degree of growth varied considerably across states.*** For example, the growth in the percentage of ASD awards ranged from a low of 2.0% in New Mexico to a high of 10.5% in Delaware.
- ***State differences in the number of awards increased over time for the ASD group, but not for the ID and OMD groups.***
- ***We also found substantial state differences in the proportion of ASD awardees with autism that were between 18 and 25 years.*** Averaging all state values, transition age young adults represented 21% of the total population of transition age awardees with a mental disorder in 2016. This ranged from a low of 11% in Arkansas, falling 1.9 standard deviations below the national mean, to a high of 34% in New Jersey, falling 2.6 standard deviations above the national mean. By comparison, transition age awardees with ID represented 32% (SD=7%) of total mental health awardees of the same age, and the OMD represented 47% (SD=7%) of the total population of transition age awardees with mental health disorders.

Conclusion

Findings from this study raise important policy questions regarding variation in program eligibility across diagnostic categories and geographic region, the underlying factors influencing SSI program growth, and the role that SSI benefits have on promoting economic well-being of people with autism (especially among younger adults). Future research about the work-related outcomes of young adult SSI recipients with autism could be particularly beneficial given the high number of awards for adults ages 18 to 25 years. In addition, SSA has implemented a number of incentives to encourage work among SSI recipients (outlined in SSA’s brochure, *What You Need to Know About Your Supplemental Security Income (SSI) When Your Turn 18*). To understand how these efforts translate to recipients with ASD, future research could identify the extent by which adults with ASD participate in these programs and how program use relates to work-related outcomes.

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2. Rupp K, Riley GF. State Medicaid Eligibility and Enrollment Policies and Rates of Medicaid Participation among Disabled Supplemental Social Security Income Recipients. *Soc Sec Bull.* 76:17, 2016.
3. Rast JE, Roux AM, Shattuck PT. Disciplinary Action in Special Education. National Autism Data Center Fact Sheet Series. *Life course outcomes research program AJ Drexel Autism Institute, Drexel University, Philadelphia, PA.* 7, 2016.
4. Department of Education’s Rehabilitation Services Administration Case Service Report (RSA-911). Department of Education, 2014
5. Social Security Administration: CPI for urban wage earners and clerical workers, 2016. Accessed online April 23, 2018 at: <https://www.ssa.gov/oact/STATS/avgcpi.html>.

SSA-Related Resources

1. Historical Background and Development of Social Security. Baltimore, Social Security Administration. <https://www.ssa.gov/history/briefhistory3.html>
2. Understanding Supplemental Security Income SSI Eligibility Requirements, 2018 ed. Baltimore, Social Security Administration. <https://www.ssa.gov/ssi/text-eligibility-ussi.htm>
3. What You Need to Know About Your Supplemental Security Income (SSI) When You Turn 18. Baltimore, Social Security Administration. <https://www.ssa.gov/pubs/EN-05-11005.pdf>