

SSI Case Closures

by Satya Kochhar and Charles Scott*

In 1995, about 1,017,100 persons receiving payments from the Supplemental Security Income program had their cases closed and their payments stopped. This figure represents 16 percent of all recipients paid during 1995. The most frequently cited reason for these case closures were excess income and death. Of those cases closed for reasons other than death, 41 percent eventually returned to payment status within 1 year. Based on work done with earlier cohorts, that figure can be expected to rise to nearly 50 percent after 4 years have elapsed.

The number of case closures in a given year is affected primarily by the size of the caseload and the number of reviews that these cases undergo. Despite some fluctuations in the numbers of these reviews over the last 8 years, the overall number of closures as a percent of caseload has remained fairly steady—in the 16- to 18-percent range.

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The Supplemental Security Income (SSI) program provides payments to aged, blind, and disabled individuals whose income and resources are below specified amounts. Each year some of these persons lose their benefits, either for a short period or permanently. This article describes the number, reasons for, and duration of those case closures. It is divided into three sections: The first section describes reasons for the closings in 1995, discusses the permanence of these actions, and shows the relationship between the time on the SSI rolls and the various reasons for case closures; the second section provides a historical perspective on this aspect of the program during the past 9 years (1988 through 1996); the last section provides some perspective on how many persons with case closings in an earlier cohort (1992) were reinstated over a longer time period. This article adds additional information on terminations to a previous article published in the *Bulletin* (Scott, Winter 1992).

Methodology

The data for this article were taken from the SSI 1-Percent Sample File. This file is extracted each month from the Supplementary Security Record (SSR), the main administrative file of the SSI program and contains program and demographic variables for all persons who receive SSI payments during the file month. To produce the study cohort for each year, each sample recipient's monthly payment information was matched to that data for the following month to determine whether or not the recipient continued in payment status; for example, January was matched to February, February to March, and so on. After 12 such matches, the study cohort included all closings for the year. Files were produced for the past 9 years, as shown below.

Because the study addresses questions concerning the permanence of these closings, all study cases were followed monthly for 1 year from the time they left the rolls. These monthly updates are included in

Year	Number of closings (inflated)	the study file, except for the 1996 file, for which several months were not yet available.
1988	850,700	Because a complete
1989	873,000	followup was not yet
1990	859,400	available for the 1996
1991	864,600	file, this study concen-
1992	944,300	trates on the 1995 file.
1993	97,700	Standard errors for
1994	1,029,400	estimated counts are
1995	1,108,600	shown in the Technical
1996	1,125,400	Note at the end of the
		article.

Reasons for Closures

Persons who apply for SSI payments must meet various eligibility criteria. Applicants must be aged 65 or older, or meet the Social Security Administration's (SSA) definition of disability, and have countable resources and income that are below prescribed limits. Those persons who do not meet the eligibility criteria are denied payments. Once recipients begin to receive payments, their continued eligibility is monitored through periodic medical and nonmedical reviews¹ to determine if their circumstances have changed. The cases of recipients who are determined to be no longer eligible are closed from the rolls. The administrative records of the SSI program provide a fairly good amount of detail on the reasons for closure:

Excess income.—The recipient's countable income exceeds the SSI benefit rate.

Death.—The recipient died.

In a Medicaid institution.—The recipient is no longer eligible for a payment because he/she has spent at least 1 month as a patient in an institution where Medicaid pays more than 50 percent of the cost of care, and his/her countable income exceeds the \$30 payment limit. The recipient retains eligibility for Medicaid coverage.

Whereabouts unknown.—The Department of the Treasury reports that a check has been returned because of an incorrect or unknown address.

Excess resources.—The recipient's countable resources exceed the limits. The limits have been \$2,000 for an individual and \$3,000 for a couple since January 1989.

Presumptive payments end.—If an applicant's disability is such that he/she is likely to be awarded SSI payments, a fixed number of presumptive payments may be awarded before a formal determination of disability is made.² This category represents the period between the end of presumptive payments and before the formal decision to award or deny.

Lack of a representative payee.—Where there is evidence that a recipient is not able to manage SSI payments in his/her best interests, SSA may require the selection of a representative payee. Payments are suspended when either the current representative payee dies or refuses to continue to serve in this capacity, or the recipient needs a representative payee and SSA is unable to find one.

In a public institution.—The recipient spends a full month in a public institution. (This does not include situations where Medicaid pays more than 50 percent of the cost of the care of the institutionalized individual.)

Failure to furnish a required report.—The recipient fails to comply with an agency request for necessary information.

Absence from the United States.—A recipient who resides outside the United States for a full calendar month is not eligible for SSI benefits for such month(s).

Record composition change.—A new computer record must be submitted for the recipient by field office personnel because a person (eligible or ineligible) is being added or subtracted from the record. This category was incorporated as a result of the computer system's inability to handle such changes automatically on the existing record.

Cessation of blindness or disability.—The recipient no longer meets SSA's definition of blindness or disability.

Loss of U.S. citizenship.—The recipient has lost U.S. citizenship or status as a qualified alien lawfully admitted permanent residence, or otherwise permanently residing in the United States under color of law.

Failure to apply for and obtain other benefits.—Because SSI is a program that should be considered as a last resort, a recipient must file for any other benefits for which he/she may be eligible. After the individual files for these benefits, he/she must take all appropriate steps to pursue them.

Refusal to accept vocational rehabilitation services.—The recipient fails, without good cause, to make himself/herself available for vocational rehabilitation or evaluation of rehabilitation potential.

Failure to accept treatment for drug addiction or alcoholism.—A recipient whose disability is based on alcoholism or drug addiction must undergo appropriate and available treatment for which he/she has been referred. In January 1997, many recipients were removed from the SSI program if their addiction was "material" to finding them disabled.

Termination at the request of the recipient.—The recipient no longer wishes to receive SSI payments.

Terminology

For the purposes of this article, the term "closure" was selected to provide a common frame of reference for the study recipients. Closure describes any payment stoppage during the study year. The actual SSI administrative categories for persons who leave the rolls are "suspensions" and "terminations." Most recipients who leave payment status are suspended. If the suspension lasts for a sufficient period of time, the person's payments are then terminated. The distinction between the two categories is important because after payments are terminated a new application must be filed to reestablish eligibility. Persons who are suspended, however, may be restored to payment status without having to file a new application. The amount of months of suspension required for termination varies by the reason for the suspension. Payments for some individuals are terminated immediately without a period of suspension. Chart 1 describes the timing of the termination decision.

Closure is used in table 1 to mean one or more payment stoppages for any study person during the study year. "Persons with closures," used throughout the article, refers to the first closure experienced by each recipient during the study year. A case that is suspended and then terminated for the same event is counted as a single closure.

Case Closures in 1995

In 1995, there were 1,108,600 closures for 1,017,100 SSI recipients (some recipient cases were closed more than once during the year, table 1). The main reason for the closures was income in excess of the SSI standard (50 percent).³ For those persons with multiple closings, the typical reason was repeated periods of excess income. The second most frequent reason for multiple closing was unknown whereabouts.

Excess income can occur in one of two ways. The first and most common occurrence is when a new source of income begins (for example, a Social Security benefit or a veteran's pension). The second occurs when there is an increase in an existing income source.

Another reason for a closure is when the recipient's income remains unchanged, but his/her potential benefit is lowered to a

point that the benefit is lost. There are several circumstances that can lower potential benefit levels. Examples of these are changes in living arrangements (moving from one's own household into someone else's household or into an institution), having an eligible spouse die, or moving to a State that has no supplement or a lower supplement.⁴

The second largest cause of closure was death (20 percent). The remaining reasons combined affected only about 30 percent of those cases that were closed.

Case Closing Patterns

For some recipients, closure means only a short wait until benefits are resumed. Of the 1,017,100 study recipients, about 33 percent of them had returned to payment status within 12 months from the time they left the rolls (table 2). The largest number of those returning had a temporary period of excess income. Others who returned to the rolls typically had problems with program recordkeeping such as address changes, lacking representative payees, or failing to furnish required reports.

However, a great majority of the recipients whose cases were closed in 1995, about 682,600 or 67 percent, did not return to SSI rolls within the year. Of these, about 201,900 died; approximately 331,000 had long-term increases in income and did not return to SSI rolls; about 40,000 persons moved into institutions where Medicaid paid the bulk of the costs and did not return to their previous living arrangements within a year; and the whereabouts of about 25,000 persons were unknown.

When looking at the percentages of SSI recipients who return to the rolls within the year, it makes sense to exclude those persons who died during the year. When this is done, the percentage of those returning rises from 33 percent to 41 percent. Correspondingly, the percentage of those not returning within the year drops from 67 percent to 59 percent (table 3).

Those recipients aged 65 or older with closures were the least likely to return during this 1-year period, and children were the most likely to return (table 4). The reasons for case closures shed some light on the differences between age groups. Those 65 or older were more likely to die or go into institutions. Those under age 18 had high rates of temporary income such as deemed income from parents.

The majority of the recipients whose cases were closed because of problems with recordkeeping, such as address changes or lacking representative payees, returned to payment status within 12 months.

Excess Income

A look at the specific sources of income of recipients with excess income reveals that Social Security benefits played an important role in these closings. We know from other sources that Social Security benefits are by far the most prevalent income source for SSI recipients.⁵ Of the 509,100 cases that were closed because of excess income, about 48 percent experienced the start of or an increase in the amount of Social

Chart 1.—Timing of termination decision, by reason for closure

Reason	Timing
Excess income	After 12 months
Death	Month after the month death occurred
In Medicaid institution	Never ¹
Whereabouts unknown	After 12 months
Excess resources	After 12 months
Presumptive payments end	Never ¹
Lack of representative payee	Never
In public institution	After 12 months
Failure to furnish a required report	After 12 months
Absence from the United States	After 12 months
Record composition change	Never
Cessation of blindness or disability	After 3 months
Loss of U.S. citizenship	After 12 months
Failure to apply for and obtain other benefits	After 12 months
Refusal to accept vocational rehabilitation services	After 12 months
Failure to accept treatment for drug addiction or alcoholism	After 12 months
Termination at the request of the recipient	Immediately

¹ Although termination is never automatic, a period of time in this category is usually ended because: (1) a formal determination of disability has been made; (2) six presumptive payments have been made; or (3) there has been a suspension for nondisability reasons.

Security benefits during the month in which they were closed (table 5).⁶ Also, those closed because of a Social Security payment were much less likely to have returned to payment status within a year.

Those recipients suspended from the rolls because of increases in Social Security were less likely to return to the rolls than were their counterparts with other types of income, because the annual Social Security cost-of-living increase kept their incomes higher than the SSI standard. A further look reveals that those persons with Social Security benefit increases were more likely to have been on the rolls for a shorter period of time than were those with increases in other types of income. Many of the cases were closed because of Social Security income; applications for both programs were probably filed concurrently and recipients were eligible for SSI only until they began to receive their Social Security benefits. Others, with smaller ongoing Social Security benefits, were closed only for the month of the large retroactive benefits and were soon back in SSI payment status.

Length of Time On SSI Rolls

For some of the recipients, cases were closed after many years on the rolls, while other persons left very shortly after they became eligible for SSI payments. About 55 percent had been on the SSI rolls for 3 years or less by the time their cases were closed, and only 30 percent had been on the rolls for more than 7 years (table 6). The reasons for the closings were related to the length of time on the rolls. Recipients whose cases were closed for institutionalization and death tended to have been on the rolls longer than others; those cases closed for excess income and resources tended to have been on the rolls for shorter periods of time.

Age and Sex

Table 7 provides a more detailed breakdown of case closures by age and sex. There is a sharp increase in death and institutionalization among those in the group aged 65 or older and a corresponding decrease in the rate of closures caused by excess income. The distribution by sex shows that females have a higher rate of death than males and a lower rate of closures for excess income. The death rate differential is not surprising given that in the group aged 75 or older, females outnumbered males by almost a 3 to 1 ratio. The lower rate of closures for excess income for females may be partly caused by their lower levels of Social Security benefits. Another interesting thing to note is that females in the group aged 75 or older were less likely to be able to live independently than males. About

20 percent of the females were in Medicaid institutions, compared with 10 percent of the males.

Males were more likely (about 7 percent) to be in public institutions than were the females (less than 2 percent). Public institutions include prisons and some mental facilities where Medicaid does not pay the cost of care. This differential could be explained by the fact that perhaps males are more likely to commit a crime or to suffer mental illness.

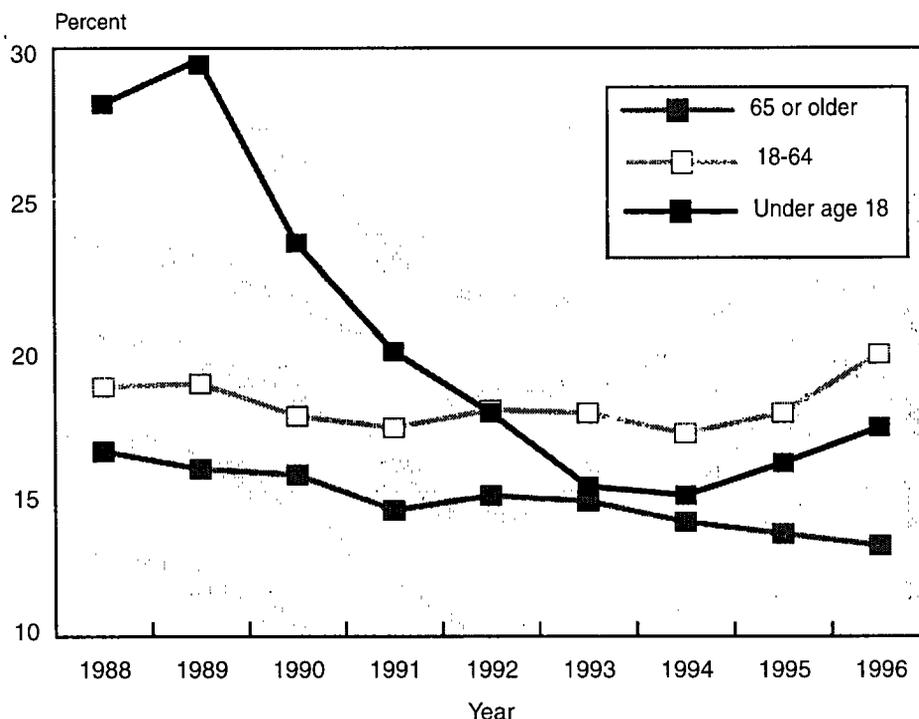
Changes in Case Closure Patterns

Case Closures and Redeterminations

There are several major influences on the number of case closures. The main influence is the size of the caseload from which the closures come. During the 9-year period, the SSI caseload increased substantially (table 8). Overall, the number of closures declined only slightly as a percent of caseload. Children's closures fell dramatically as a percent of caseload, while the adult percentages remained fairly stable (chart 2).

A second influential factor on the number of case closures is case reviews. Case reviews are conducted either through redeterminations or continuing disability reviews (CDRs). Redeterminations are conducted by telephone, mail, or in person. All factors of eligibility are covered except for age, citizenship, and, most important, medical status. Cases are selected for review based on profiles that identify a likelihood of reporting error. High profile cases are reviewed annually, and lower profile cases are reviewed only at 6-year intervals. During the 9-year period 1988-96, there has been a sharp increase in the SSI caseload and fluctuating levels of redeterminations (table 9). Overall, the number of redeterminations has declined as a percentage of caseload (chart 3). The number

Chart 2.—Case closures as a percent of all recipients, by age



of case closures has also declined, but much more slightly, as a percentage of caseload.

A continuing disability review (CDR) focuses on medical issues. Until 1996, relatively few of these were done. In 1994 and again in 1996, legislation was enacted adding some mandates for the performance of CDRs under the SSI program. Public Law 104-296 required SSA to conduct CDRs on a minimum of 100,000 SSI recipients during each of the fiscal years 1996, 1997, and 1998.⁷ A little over 100,000 CDRs were conducted in fiscal year 1996 (table 10). Of these, 24 percent of the recipients were found not disabled. CDRs certainly account for some of the rise in closures in 1996.

A final reason contributing to the number of case closures is the impact of new legislation that removes a class of recipients from SSI rolls. In 1996, Public Law 104-121, Section 105 prohibited SSI payments to those disabled persons for whom drug addiction and/or alcoholism is a contributing factor. In May 1996, over 160,000 notices were mailed to these recipients informing them that their SSI payments would be terminated by January 1, 1997. Notices also advised that they had a right to appeal and request a new medical determination if they believed that they would be disabled even if they stopped using drugs and/or alcohol. Although these recipients were not scheduled for closure until January 1, 1997, they appear in the 1996 figures. Information on the payment computation history in this study reflects the payments due on the first day of the next month. This reason accounted for the bulk of the increase in this type of closure in 1996.

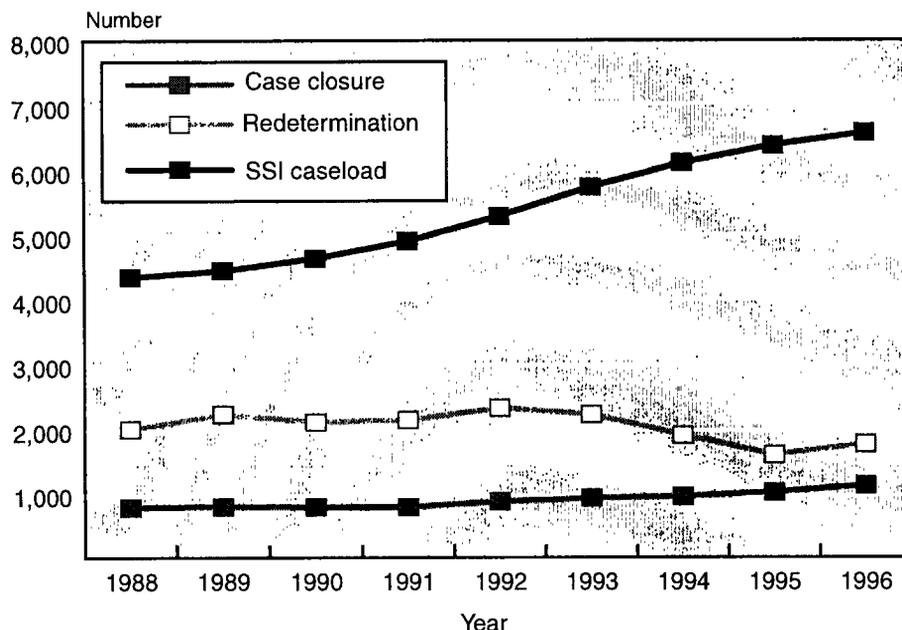
Trends in Closure Reasons

Over time, there appears to be a trend for three of the reasons for closure. From 1988 to 1996, there was a noticeable change in the number of cases that were closed for failure to

furnish a required report (table 11). The percentage dropped from 12 percent in 1988 to just 1 percent in 1996. This drop was the result of SSA policy changes that took place in July 1990. Before that time, cases could be closed before a personal contact with the recipient was made. The new rules make it more likely that these closures will either not occur or will occur but be attributed to another cause. Second, a rising percentage of cases were closed because of excess income. In 1988, 35 percent of total cases were closed for excess income. By 1996, the percentage rose to 43 percent. The reasons for this are not entirely clear, but because Social Security benefits are the predominant income of SSI recipients, these benefits may be a major factor that caused an increased number of SSI recipients to rise above the SSI payment level. Another possible reason is that some of the cases that were previously closed because the recipient failed to furnish a report are now being closed for excess income.

Third, during the last 2 years of the period, there was a substantial increase in the number of the disabled adult cases closed because they were no longer disabled. In 1988, barely 1 percent of the closures were in this category. In 1996, this percentage rose to 16 percent (chart 4). As mentioned earlier, the likely reason for this increase was that those persons receiving benefits for drug abuse or alcoholism (DAA) became ineligible for SSI payments. Public Law 104-121, Section 105, prohibits SSI payments to people who are disabled and drug addiction and/or alcoholism is a contributing factor. Persons who were receiving SSI based on DAA at the time of the enactment of the law were having their payments terminated on January 1997. Another contributing factor in the rise of the no longer disabled group, as mentioned earlier, was the sudden increase in the number of CDRs conducted. Other categories of closures have remained fairly consistent over the 9-year period.

Chart 3.—Change in SSI caseload, redeterminations, and case closures



1992 Case Closures Reinstated by 1997

The previous analysis divides case closures into two categories: those who were merely suspended and came back onto the rolls, and those who were terminated and required a new application in order to be reinstated. Although that distinction makes some sense from a programmatic standpoint, in another sense it is purely arbitrary. If a person requalifies at a later date, he or she is likely to return to the rolls at any time. Therefore it makes some sense to look at a longer term measure to see how many ultimately return to the rolls. Of course, you can never tell the ultimate return rate unless you wait forever (or at least until

death), but it is possible to at least get a hint about the return rate in the *out* years by following an older group of terminated cases.

For that purpose, we chose the 1992 cohort. The danger with earlier cohorts (the earliest one available was for 1988) is that the program has changed so much in the disabled categories that you risk misrepresenting the impact of the growing group of children. We identified a group of recipients who were suspended in 1992 and did not return to the rolls within 1 year. We then obtained a status update of these terminated cases as of June of 1994, 1995, 1996, and 1997. We began in June 1994 because it gave the average terminated case about 12 months to return to the rolls from the point of termination. We also removed the closed recipients who had died within 12 months for reasons previously explained.

Of the 399,700 nondeath cases terminated from the 1992 cohort, over 6 percent were reinstated by June 1994, over 9 percent by June 1995, over 12 percent by June 1996, and over 13 percent by June 1997 (table 12). These are not huge returns, but they are not trivial either. One could easily project a 10-year return in the 15- to 20-percent range. The rate of return was particularly high for children (33.5 percent) after 4 years, but children are much less likely to be terminated in the first place.

By adding the returns from both suspensions and terminations, we can see that the rate of return within 4 years is quite substantial. Of the 675,000 recipients who were suspended in 1992 for reasons other than death, nearly half had found their way back onto the rolls by June 1997 (table 13). Again, the children led the way with a nearly 80-percent rate of return (chart 5). This underscores the role that children play in the increases in the disability rolls experienced in the past and the continued pressures in the future (see Rupp and Scott, *Spring Bulletin* 1995).

SSI case closures have been increasing in recent years, and reflect mainly the increases in the caseload. It is likely in the near future that the numbers of closures will increase because of an increase in the number of planned reviews and because of recent welfare reform legislation affecting children.

Notes

¹ Medical reviews known as continuing disability reviews (CDRs) are done to see whether a recipient is still disabled and eligible to receive SSI. Reviews known as redeterminations are done to find out whether a recipient meets nonmedical criteria, such as income and resource limits. Cases for redeterminations are selected annually or every 6 years depending on the likelihood of payment error in the case.

² Before May 1991, it was possible to receive up to three presumptive payments. Since that time, the number has increased to six.

Chart 4.—Number of case terminations because person is no longer disabled

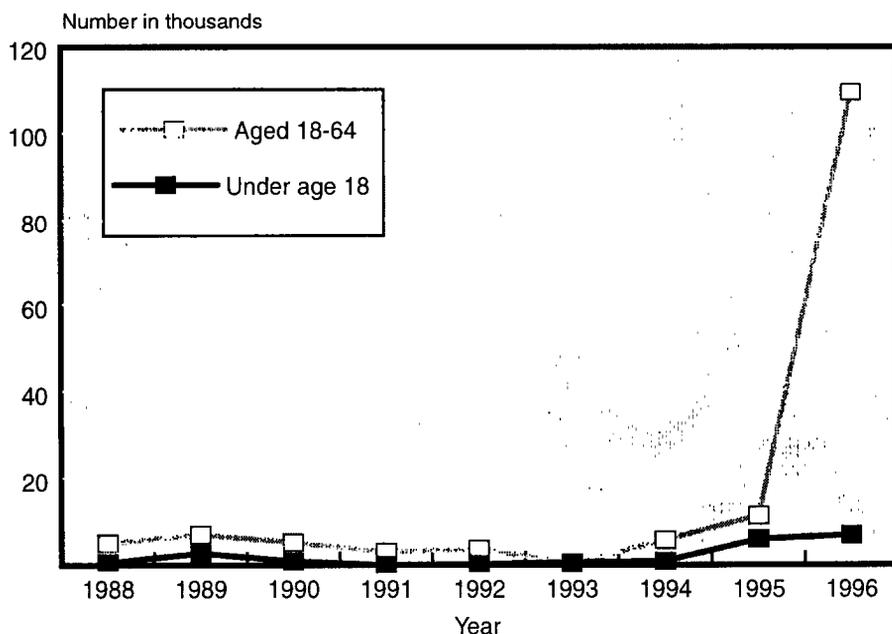
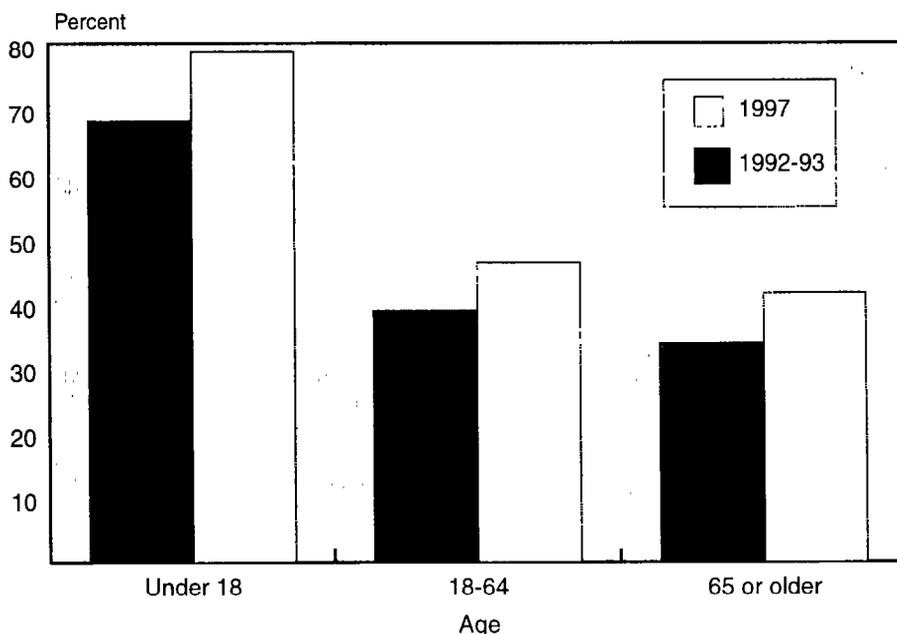


Chart 5.—Percent of case closures reinstated by 1997



³ If recipient left the rolls more than once during the study year, the reason given in the table is the reason for the last time he/she left the rolls during the study year.

⁴ In 1995, the Federal SSI rates were \$458 for an individual living in his/her household, \$313 for an individual living in someone else's household, \$705 for an eligible couple living in their own household, \$470 for an eligible couple living in someone else's household, and \$30 for someone in a Medicaid institution. In addition to the Federal payments, 21 States provided a federally administered State supplement.

⁵ *Annual Statistical Supplement to the Social Security Bulletin*, 1996, table 7.A16, p. 219.

⁶ This does not mean that an increase in Social Security was the sole reason the person became ineligible. For a few recipients, there may have been simultaneous increases in other types of income.

⁷ Prior to 1994, CDRs were conducted only on those SSI recipients who were also concurrently receiving title II benefits.

Table 1.—SSI recipients with case closures and all case closures, by reason for closure, 1995

Reason for closure	Recipients with closure		All closures	
	Number	Percent	Number	Percent
Total.....	1,017,100	100.0	1,108,600	100.0
Excess income.....	509,100	50.1	582,300	52.5
Death.....	201,900	19.9	201,900	18.2
In Medicaid institution..	46,900	4.6	49,500	4.5
Whereabouts unknown..	60,200	5.9	65,300	5.9
Excess resources.....	35,600	3.5	37,400	3.4
Presumptive payments end.....	4,100	.4	4,300	.4
Lack representative payee.....	39,700	3.9	42,800	3.9
In public institution.....	36,400	3.6	38,800	3.5
Failure to furnish report.....	10,700	1.1	11,000	1.0
Absence from United States.....	19,100	1.9	19,300	1.7
Record composition changed.....	10,000	1.0	10,300	.9
No longer disabled.....	17,200	1.7	17,400	1.6
Other.....	26,200	2.6	28,300	2.6

Table 2.—SSI recipients with case closures and percentage of those who returned and did not return within the year, by reason for closure, 1995

Reason for closure	Total number (in thousands)	Percent of those who—	
		Returned within year	Did not return within year
Total.....	1,017,100	32.9	67.1
Excess income.....	509,100	35.0	65.0
Death.....	201,900	.0	100.0
In Medicaid institution.....	46,900	18.8	81.2
Whereabouts unknown.....	60,200	59.1	40.9
Excess resources.....	35,600	43.0	57.0
Presumptive payments end.....	4,100	65.9	34.1
Lack representative payee.....	39,700	86.1	13.9
In public institution.....	36,400	53.3	46.7
Failure to furnish report....	10,700	60.7	39.3
Absence from United States.....	19,100	44.0	56.0
Record composition changed.....	10,000	69.0	31.0
No longer disabled.....	17,200	16.9	83.1
Other.....	26,200	59.9	40.1

Table 3.—SSI recipients with case closures and percentage of those who returned and did not return during the year, by age of recipient, 1995

Age of recipient	Total number (in thousands)	Percent of those who—	
		Returned within year	Did not return within year
Total:			
Closures including death.....	1,017,100	32.9	67.1
Closures not including death.....	815,200	41.0	59.0
Under age 18:			
Closures including death.....	140,700	59.1	40.9
Closures not including death.....	134,000	62.0	38.0
Aged 18-64:			
Closures including death.....	590,000	33.7	66.3
Closures not including death.....	509,700	39.0	61.0
Aged 65 or older:			
Closures including death.....	286,400	18.4	81.6
Closures not including death.....	171,500	30.7	69.3

Table 4.—Total number and percentage distribution of SSI recipients with case closures, by age and reason for closure, 1995

Age	Total	Excess income	Death	In Medicaid institution	Whereabout unknown	Excess resources	Lack representative payee	In public institution	Other
Total.....	1,017,100	509,100	201,900	46,900	60,200	35,600	39,700	36,400	87,300
Returned within a year.....	32.9	35.0	0.0	18.8	59.1	43.0	86.1	53.3	49.4
Did not return.....	67.1	65.0	100.0	81.2	40.9	57.0	13.9	46.7	50.6
Under age 18.....	140,700	76,900	6,700	900	10,000	7,500	16,000	3,600	19,100
Returned within a year.....	59.1	63.7	.0	77.8	67.0	44.0	83.1	55.6	42.4
Did not return.....	40.9	36.3	100.0	22.2	33.0	56.0	16.9	44.4	57.6
Aged 18-64.....	590,000	348,300	80,300	12,700	32,400	16,500	22,100	18,600	59,100
Returned within a year.....	33.7	29.7	.0	35.4	66.4	47.9	90.0	91.9	41.5
Did not return.....	66.3	70.3	100.0	64.6	33.6	52.1	10.0	8.1	58.5
Aged 65 or older...	286,400	83,900	114,900	33,300	17,800	11,600	1,600	600	22,700
Returned within a year.....	18.4	30.8	.0	10.8	41.6	35.3	62.5	50.0	46.3
Did not return.....	81.6	69.2	100.0	89.2	58.4	64.7	37.5	50.0	53.7

Table 5.—SSI recipients whose cases closed because of excess income and who returned within 1 year, by length of time on SSI rolls, and by type of income, 1995

Time on SSI rolls	Total number (in thousands)	Percent receiving—	
		Social Security	Other income
Total.....	509,100	48.3	51.7
Returned within 1 year.....	178,100	31.1	68.9
Did not return.....	331,000	57.6	42.4
Less than 1 year on SSI rolls.....	158,700	60.5	39.5
Returned within 1 year.....	31,100	39.5	60.5
Did not return.....	127,600	65.6	34.4
1 year or more on SSI rolls..	350,400	42.8	57.2
Returned within 1 year.....	147,000	29.3	70.7
Did not return.....	203,400	52.6	47.4

Table 6.—Percentage of distribution of SSI recipients with case closures, by length of time on SSI rolls and reason for closure, 1995

Reason for closure	Total		Less than 1 year	1-3 years	4-6 years	7-9 years	10 years or more
	Number (in thousands)	Percent					
Total.....	1,017,100	100.0	21.2	34.3	14.7	8.2	21.7
Excess income.....	509,100	100.0	31.2	36.6	12.4	7.1	12.8
Death.....	201,900	100.0	10.9	23.4	14.8	9.6	41.2
In Medicaid institution.....	46,900	100.0	7.9	15.8	14.7	9.6	52.0
Whereabouts unknown.....	60,200	100.0	7.5	37.7	16.8	8.6	29.4
Excess resources.....	35,600	100.0	14.3	33.4	16.0	9.8	26.4
Presumptive payments end.....	4,100	100.0	100.0	.0	.0	.0	.0
Lack representative payee.....	39,700	100.0	7.6	48.6	21.7	7.8	14.4
In public institution.....	36,400	100.0	9.3	40.9	20.6	12.1	17.0
Failure to furnish report.....	10,700	100.0	8.4	42.1	19.6	10.3	19.6
Absence from United States.....	19,100	100.0	18.3	48.7	17.8	6.3	8.9
Record composition changed....	10,000	100.0	7.0	40.0	20.0	14.0	19.0
No longer disabled.....	17,200	100.0	2.9	52.3	29.1	7.6	8.1
Other.....	26,200	100.0	19.1	46.9	18.3	6.1	9.5

Table 7.—Percent of SSI recipients with case closures, by age and sex, and reason for closure, 1995

Age and sex	Total		Excess income	Death	In Medicaid institution	Whereabout unknown	Excess resources	Lack rep- resentative payee	In public institution	Other
	Number (in thousands)	Percent								
Total.....	1,017,100	100.0	50.1	19.9	4.6	5.9	3.5	3.9	3.6	8.6
Under age 18....	140,700	100.0	54.7	4.8	.6	.7	5.3	11.4	2.6	20.0
18-39.....	261,700	100.0	57.4	8.4	2.0	6.2	2.8	5.3	8.3	9.5
40-64.....	328,300	100.0	60.3	17.5	2.3	4.9	2.8	2.5	3.2	6.5
65-74.....	133,700	100.0	41.6	31.6	5.8	5.5	3.9	.7	.4	10.5
75 or older.....	152,700	100.0	18.5	47.6	16.8	6.9	4.2	.4	.1	5.6
Male.....	503,800	100.0	51.1	17.6	2.6	6.1	2.8	5.0	5.6	9.3
Under age 18 ...	88,800	100.0	54.8	4.2	.7	7.9	5.4	12.3	3.4	11.4
18-39.....	156,200	100.0	54.9	9.0	2.1	5.6	2.0	5.6	10.7	10.0
40-64.....	165,300	100.0	58.9	18.1	1.3	5.0	2.0	2.8	4.8	7.1
65-74.....	50,700	100.0	38.1	32.5	5.1	7.7	3.2	1.2	.6	11.6
75 or older.....	42,800	100.0	15.2	57.2	9.8	6.1	2.6	.7	.2	8.2
Female.....	513,300	100.0	49.0	22.1	6.6	5.8	4.2	2.8	1.6	7.9
Under age 18....	51,900	100.0	54.3	5.8	.6	5.8	7.1	9.8	1.2	15.4
18-39.....	105,500	100.0	61.1	8.3	1.9	7.0	3.9	4.8	4.8	8.1
40-64.....	163,000	100.0	61.8	16.9	3.2	4.8	3.6	2.2	1.5	6.0
65-74.....	83,000	100.0	43.7	31.0	6.1	4.1	4.3	.5	.2	10.0
75 or older.....	109,900	100.0	19.1	43.9	19.5	7.2	4.8	.3	.0	5.3

Table 8.— SSI recipients with case closures as a percentage of all cases on SSI rolls, by age, 1988-96

Year	All recipients		Under age 18		Aged 18-64		Aged 65 or older	
	Number	Percent with closures	Number	Percent with closures	Number	Percent with closures	Number	Percent with closures
1988.....	4,342,400	18.0	255,800	28.1	2,103,200	18.5	1,983,400	16.3
1989.....	4,443,800	18.0	265,600	29.6	2,188,700	18.6	1,989,500	15.7
1990.....	4,633,200	17.0	284,500	23.4	2,328,900	17.5	2,019,800	15.5
1991.....	4,899,500	16.1	341,300	19.7	2,494,300	17.1	2,063,900	14.3
1992.....	5,283,500	16.6	460,200	17.6	2,737,800	17.7	2,085,500	14.8
1993.....	5,734,400	16.2	631,800	15.1	2,996,100	17.6	2,106,500	14.6
1994.....	6,106,200	15.6	787,900	14.8	3,203,300	16.9	2,115,000	13.9
1995.....	6,376,600	16.0	886,200	15.9	3,373,700	17.5	2,116,700	13.5
1996.....	6,567,200	17.1	940,700	17.1	3,510,900	19.6	2,115,600	13.1

Table 9.— SSI caseload, redeterminations, and case closures, 1988-96

Year	SSI caseload	Redeterminations		Case closures	
		Number	As percent of SSI caseload	Number	As percent of SSI caseload
1988.....	4,342,400	1,997,000	46.0	783,300	18.0
1989.....	4,443,800	2,226,000	50.1	796,800	17.9
1990.....	4,633,200	2,103,000	45.4	788,600	17.0
1991.....	4,899,500	2,138,000	43.6	789,800	16.1
1992.....	5,283,500	2,321,000	43.9	874,500	16.6
1993.....	5,734,400	2,223,000	38.8	929,700	16.2
1994.....	6,106,200	1,900,000	31.1	952,900	15.6
1995.....	6,376,600	1,597,000	25.0	1,017,100	16.0
1996.....	6,567,200	1,763,000	26.8	1,125,400	17.1

Table 10.— SSI continuing disability medical reviews, fiscal years 1993-96

Fiscal year	All	Continuations	Cessations
1993.....	1,453	1,363	90
1994.....	12,185	8,835	3,350
1995.....	28,341	14,984	13,357
1996.....	101,756	77,719	24,037

Source: Annual Report of the Supplemental Security Income program, May 1997, table V.D2, p. 67.

Table 11.—SSI recipients with case closures, by age and reason for closure, 1988-96

Age	1988	1989	1990	1991	1992	1993	1994	1995	1996
Total number.....	783,300	796,800	788,600	789,600	874,500	929,700	952,900	1,017,100	1,125,400
Total percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Excess income.....	34.7	36.4	42.3	46.3	48.3	47.7	47.2	50.1	43.0
Death.....	23.1	22.5	23.8	24.4	22.5	22.1	21.5	20.0	18.8
In Medicaid institution....	7.1	6.1	6.5	5.8	5.5	4.8	5.4	4.6	4.0
Failed to furnish report...	11.4	12.7	1.8	.2	.4	.5	1.0	1.1	1.2
No longer disabled.....	.7	1.2	.8	.4	.4	.4	.7	1.7	10.3
Other.....	23.0	21.1	24.8	22.9	22.8	24.5	24.2	22.6	22.7
Under age 18.....	71,800	76,600	66,600	67,100	81,200	95,400	118,900	140,700	160,500
Percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Excess income.....	42.6	40.2	52.3	65.1	62.9	50.0	55.3	54.7	56.3
Death.....	7.1	3.8	5.6	6.6	4.9	5.8	4.2	4.9	4.1
In Medicaid institution....	1.4	1.0	1.1	.7	1.2	.7	1.7	.6	.7
Failed to furnish report...	23.5	27.5	6.2	.0	.9	1.5	2.8	3.0	3.4
No longer disabled.....	.8	3.5	1.4	.0	.2	.6	.8	4.2	4.2
Other.....	24.5	23.9	33.6	27.6	29.8	41.4	35.2	32.6	31.3
Aged 18-64.....	388,600	407,300	408,500	427,100	484,900	526,200	540,200	590,000	688,400
Percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Excess income.....	46.1	46.1	52.7	57.4	58.0	58.6	58.1	59.0	47.6
Death.....	13.1	13.7	15.1	15.6	15.0	14.8	14.3	13.7	12.7
In Medicaid institution....	3.2	2.4	2.7	2.6	2.6	1.8	2.4	2.2	1.6
Failed to furnish report...	11.1	12.7	1.4	.2	.4	.5	.9	.8	.9
No longer disabled.....	1.3	1.7	1.2	.7	.8	.6	1.1	1.9	15.9
Other.....	25.2	23.4	26.9	23.5	23.3	23.7	23.4	22.4	21.3
Aged 65 or older.....	322,900	312,900	313,500	295,400	308,400	308,100	293,800	286,400	276,500
Percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Excess income.....	19.2	22.9	26.6	26.1	29.2	28.3	24.1	29.3	23.9
Death.....	38.8	38.5	39.2	41.1	38.9	39.7	41.8	40.3	42.5
In Medicaid institution....	13.0	12.1	12.6	11.5	11.2	11.1	12.6	11.6	11.7
Failed to furnish report...	9.1	9.1	1.4	.1	.4	.4	.4	.6	.6
Other.....	19.9	17.4	20.2	21.1	20.4	20.6	21.1	18.2	21.2

Table 12. —SSI recipients whose payments were terminated 1992-93, by reason of termination and age, and percent of those reinstated during 1994-97

Reason for termination	Terminated in 1992-93 ¹	Percent reinstated	Reinstated by—			
			June 1994	June 1995	June 1996	June 1997
Total.....	399,700	100.0	6.6	9.7	12.2	13.2
Excess income:						
Social Security.....	156,400	100.0	1.9	3.8	5.1	5.3
Other income.....	119,300	100.0	6.8	10.6	13.8	15.3
In Medicaid institution.....	36,900	100.0	2.2	3.5	4.3	4.9
Whereabouts unknown.....	16,600	100.0	5.4	7.8	11.4	13.9
Excess resources.....	23,600	100.0	22.5	27.1	31.4	32.2
Other.....	46,900	100.0	17.3	23.9	28.4	31.1
Under age 18.....	24,500	100.0	15.9	23.3	31.8	33.5
Excess income:						
Social Security.....	2,000	100.0	.0	5.0	15.0	15.0
Other income.....	13,700	100.0	16.1	24.1	31.4	32.8
In Medicaid institution.....	600	100.0	16.7	16.7	33.3	33.3
Whereabouts unknown.....	1,400	100.0	7.1	7.1	21.4	28.6
Excess resources.....	1,900	100.0	31.6	36.8	47.4	47.4
Other.....	4,900	100.0	18.4	28.6	36.7	38.8
Aged 18-64.....	251,100	100.0	5.9	8.8	10.8	12.0
Excess income:						
Social Security.....	133,200	100.0	2.1	3.9	5.3	5.5
Other income.....	66,500	100.0	6.2	9.8	11.6	13.4
In Medicaid institution.....	7,300	100.0	1.4	4.1	6.8	9.6
Whereabouts unknown.....	6,200	100.0	11.3	14.5	19.4	24.2
Excess resources.....	9,500	100.0	22.1	25.3	27.4	29.5
Other.....	28,400	100.0	17.6	23.6	28.5	31.3
Aged 65 or older.....	123,900	100.0	6.1	9.0	11.1	11.8
Excess income:						
Social Security.....	21,200	100.0	.9	2.8	3.3	3.3
Other income.....	39,100	100.0	4.6	7.4	11.5	12.5
In Medicaid institution.....	28,800	100.0	2.1	3.1	3.1	3.1
Whereabouts unknown.....	9,000	100.0	1.1	3.3	4.4	4.4
Excess resources.....	12,200	100.0	21.3	27.0	32.0	32.0
Other.....	13,600	100.0	16.2	22.8	25.0	27.9

¹ Excluded are 198,800 terminations because of death.

Table 13.—SSI recipients whose payments were suspended during 1992, by reason for closure, age, and percentage of those who were reinstated by 1997

Reason for closure	Suspended		Reinstated by	
	in 1992 ¹	Percent	1992-93	June 1997
Total.....	675,700	100.0	40.8	48.7
Excess income:				
Social Security.....	206,000	100.0	24.1	28.1
Other income.....	216,400	100.0	44.9	53.3
In Medicaid				
institution.....	48,100	100.0	23.3	27.0
Whereabouts				
unknown.....	47,100	100.0	64.8	69.6
Excess resources.....	40,700	100.0	42.0	60.7
Other.....	117,400	100.0	60.1	72.5
Under age 18.....	77,100	100.0	68.2	78.9
Excess income:				
Social Security.....	3,400	100.0	41.2	50.0
Other income.....	47,700	100.0	71.3	80.7
In Medicaid				
institution.....	1,000	100.0	40.0	60.0
Whereabouts				
unknown.....	4,200	100.0	66.7	76.2
Excess resources.....	3,500	100.0	45.7	71.4
Other.....	17,300	100.0	71.7	82.7
Aged 18-64.....	411,400	100.0	39.0	46.3
Excess income:				
Social Security.....	169,300	100.0	21.3	25.6
Other income.....	112,100	100.0	40.7	48.6
In Medicaid				
institution.....	12,500	100.0	41.6	47.2
Whereabouts				
unknown.....	25,400	100.0	75.6	81.5
Excess resources.....	17,900	100.0	46.9	62.6
Other.....	74,200	100.0	61.7	73.7
Aged 65 or older.....	187,200	100.0	33.8	41.6
Excess income:				
Social Security.....	33,300	100.0	36.3	38.4
Other income.....	56,600	100.0	30.9	39.6
In Medicaid				
institution.....	34,600	100.0	16.8	19.4
Whereabouts				
unknown.....	17,500	100.0	48.6	50.9
Excess resources.....	19,300	100.0	36.8	57.0
Other.....	25,900	100.0	47.5	62.2

¹ Excluded are 198,800 terminations because of death.

Technical Note

Estimates based on sample data may differ from the figures that would have been obtained had all, rather than a sample, of the records been used. These differences are termed sampling variability. The standard error is a measure of sampling variability—that is, the variation that occurs by chance because a sample is used. The standard error is used to describe confidence intervals. The confidence interval represents the extent to which the sample results can be relied upon to describe the results that would occur if the entire population (universe) had been used for data compilation rather than the sample.

In about 68 percent of all possible probability samples with the same selection criteria, the universe value would be included in the interval from one standard error below to one standard error above the sample estimate. Similarly, about 95 percent of all possible samples will give estimates within two standard errors, and about 99 percent will give estimates within two and one-half standard errors.

Tables I and II provide approximations of standard errors of estimates shown in this article. Table I presents approximate standard errors for the estimated number of recipients from the SSI 1-Percent Sample File. Table II presents approximations of standard errors for the estimated percentage of persons from that 1-percent file. Linear interpolation may be used to obtain values not specifically shown.

Table I.—Approximations of standard errors of estimated numbers of persons from a 1-percent file

Size of estimate (inflated)	Standard error
500.....	250
1,000.....	300
2,500.....	500
5,000.....	800
7,500.....	900
10,000.....	1,100
25,000.....	1,700
50,000.....	2,400
75,000.....	3,000
100,000.....	3,400
250,000.....	5,400
500,000.....	9,600
1,000,000.....	11,100
5,000,000.....	24,800

Table II.—Approximations of standard errors of estimated percentages of persons from a 1-percent file

Size of base (inflated)	Estimated percentage				
	2 or 98	5 or 95	10 or 90	25 or 75	50
1,000.....	4.7	7.3	10.1	14.5	16.8
10,000.....	1.5	2.3	3.2	4.6	5.3
50,000.....	.7	1	1.4	2.1	2.4
100,000.....	.5	.7	1	1.5	1.7
500,000.....	.2	.3	.4	.7	.8
1,000,000.....	.1	.2	.3	.5	.5
5,000,000.....	.1	.1	.1	.2	.2