

# Delaying Application of SSI's Substantial Gainful Activity Eligibility Criterion from Age 18 to 22

**April 30, 2021**

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*The U.S. Department of Labor's Office of Disability Employment Policy funded the SSI Youth Solutions Initiative. The project sought potential solutions to improve employment outcomes for young adults ages 14 to 24 who apply for or receive Supplemental Security Income. This report is one of 12 developed for this project.*

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## Acknowledgements

This report was prepared for the U.S. Department of Labor (DOL), Office of Disability Employment Policy, by Mathematica, under contract number 1605DC-18-A0020. The views expressed are those of the authors and should not be attributed to DOL, nor does mention of trade names, commercial products, or organizations imply endorsement of same by the U.S. Government.

The authors thank Charlie Lakin, Charles Mosely, Robert H. Bruininks, David Johnson, and Bob Gettings for their insights on the history of the Developmental Disabilities Assistance and Bill of Rights Act and SSI. In addition, they appreciate the comments and support of staff from ODEP and its federal partners, Mathematica project staff, and two anonymous peer reviewers who reviewed earlier drafts.

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## Abstract

The transition from childhood to adulthood brings changes in the disability criteria used to establish eligibility for Supplemental Security Income (SSI). For children, SSI eligibility hinges on whether an impairment causes marked and severe functional limitations in several domains. For adults, SSI eligibility hinges on whether an impairment limits the ability to work. When youth receiving SSI reach age 18, the Social Security Administration (SSA) redetermines their eligibility for benefits using the adult standards. An estimated 48 percent of youth receiving SSI lose eligibility for benefits based on the age-18 redetermination process. In addition, about half of new applicants ages 18 or 19 are denied benefits because they did not meet the adult disability standard. We consider the potential impact of using a modified version of the child SSI disability eligibility criteria for transition-age youth ages 18 to 21 and postponing using the adult disability criteria until age 22. We present evidence that this change would improve transition and employment outcomes for low-income youth with disabilities by providing cash assistance and facilitating connections with key support services during this critical developmental period. We cite federal policy that recognizes the developmental period as extending to age 22. We also identify legislative changes needed to support the proposed change, describe potential beneficial effects as well as negative or possible unintended effects of the change for participants and for SSA, and identify strategies to assess the impact of the proposed change.

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## I. Introduction

Supplemental Security Income (SSI) provides monthly cash benefits to children and adults with physical or mental impairments who meet disability, income, and asset criteria. The disability severity criteria for youth is “marked and severe functional limitations,” and for adults, it is “the inability to do any substantial gainful activity.” The adult disability criteria are used starting at age 18, both for new applicants and for children receiving SSI who must undergo a redetermination of eligibility (as required by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996). This paper considers shifting the age at which the adult disability criteria are applied from age 18 to age 22.

The Social Security Administration (SSA) evaluates the eligibility of youth receiving SSI for continued benefits within 12 months of their 18th birthday based on adult eligibility criteria. In 2018, there were 81,662 age-18 eligibility redeterminations (SSA 2019a). Continued eligibility is based on the youth’s (rather than the parent’s) income and resources, and the person’s ability to perform substantial gainful activity (SGA). Through the redetermination process, SSA evaluates the youth’s medical status, school records, use of vocational rehabilitation services, and other information to assess the youth’s ability to work. After all appeals have been settled, approximately half (48 percent) of age-18 redeterminations in 2018 resulted in cessation of benefits (SSA 2019a). Young adults whose benefits are ceased based on a redetermination can access continued benefits under the provisions of Section 301 of the Social Security Act if they apply for an extension and can document participation in a qualified educational or vocational program, though this provision is not widely used. In 2018, an estimated 102,855 transition-age youth ages 18 to 21 applied for SSI benefits (SSA 2019a). Hemmeter (2015) found that over a ten-year period (from 2003 to 2012), half of new applicants ages 18 and 19 were denied benefits because they did not meet the adult disability criteria.

The Developmental Disabilities Act and Amendments of 2000 defines the developmental period as extending through a person’s 22nd birthday. Between age 18 and 22, youth continue formal education or vocational training, explore career options, establish households separate from parents, transition to adult medical care, develop the capacity for independent living, learn to function in less structured environments, and begin making financial and other decisions and choices with less support. However, young adults with disabilities often lag behind their peers without disabilities in achieving key milestones (Cheatham and Randolph 2020). Discontinuing SSI supports and associated Medicaid and other benefits can make the transition to adulthood for low-income youth with disabilities more challenging.

This paper explores the case for delaying application of the adult disability criteria until age 22. New determinations and redeterminations of SSI eligibility for transition-age youth ages 18 to 21 would be based on a modified version of the child disability criteria. The modified criteria would require marked and severe impairments in the areas currently assessed for children with the addition of the domains of self-direction and capacity for independent living. Under this proposal, other eligibility criteria, such as how income and resources are assessed, the medical listing of impairments, the expected duration of disability, and benefits levels, would remain unchanged. The current adult disability criteria would remain unchanged for adults 22 years or older.

The proposed policy change would provide SSI income supports to young adults with qualifying disabilities as they build the skills and work history needed to achieve SGA through employment. SSI receipt, SSA work incentives, and related Medicaid eligibility provide a critical bridge in preparing transition-age youth for self-sufficiency. At age 18, many transition-age youth with severe disabilities require ongoing supports to meet the developmental milestones of young adulthood, and most have not yet held jobs. By improving access to Ticket to Work and state vocational rehabilitation (VR) programs, receipt of SSI for young adults with severe disabilities until age 22 would smooth the transition from public educational services, which are an entitlement, to the maze of services and supports needed to find and maintain employment and live independently (most of which are not entitlements). Receipt of SSI provides stable access to income supports and to means-tested services such as Medicaid, service coordination, and Supplemental Nutrition Assistance Program (SNAP) benefits.<sup>1</sup> These services and supports allow young adults to focus on mastering the myriad of developmental tasks associated with young adulthood without the added stress of losing income and related supports.

Section II provides an overview of SSI and related policy context and describes developmental milestones for transition-age youth. It also presents the “theory of change” explaining how the proposed policy solution will improve employment outcomes and describes evidence substantiating the theory. Section III describes the proposed policy solution, its operation, and a suggested demonstration project to test the hypothesis that the policy change would improve long-run self-sufficiency for transition-age youth with disabilities. Section IV concludes with a brief summary of the potential benefits and possible challenges associated with the proposed change.

## II. Background

### A. Overview of SSI

SSI provides monthly, means-tested cash payments to children and adults with severe physical and mental health impairment(s). Eligibility for SSI is based on two sets of criteria: financial (income and resources) and disability status.<sup>2</sup> For adults, disability is defined by all of the following:

- Inability to engage in any SGA
- By reason of any medically determinable physical or mental impairment(s)
- 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

For children (those under age 18), disability is defined by all of the following:

- The child has a medically determinable physical or mental impairment (or combination of impairments).

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<sup>1</sup> Eligibility for Medicaid, services coordination, and SNAP benefits is based on income, not disability status.

<sup>2</sup> SSI is also available to low-income individuals ages 65 and older.



- The impairment(s) results in marked and severe functional limitations.
- The impairment has lasted (or is expected to last) for at least one year or to result in death.

This section describes disability determination, continuing disability reviews, and related policy.

**Disability determination.** SSA's process for determining disability for children and adults is not completely parallel, making the processes somewhat difficult to compare. However, both assess disability-related impairments. For adult applicants who meet the income and asset criteria, SSA's Disability Determination Services (DDS) evaluates whether the adult has a severe impairment that results in limitations or restrictions in the following abilities:

- The ability to perform physical demands of work activities
- The ability to perform mental demands of work activities
- The ability to perform other demands of work, such as seeing, hearing, or using other senses
- The ability to adapt to environmental conditions, such as temperature extremes or fumes

The adult disability determination process has three additional steps, but those are not the focus of this proposal.<sup>3</sup>

For children, the disability determination evaluates an applicant's impairments as compared to other children his or her age with respect to the following:

- Acquiring and using information
- Attending and completing tasks
- Interacting and relating with others
- Moving about and manipulating objects
- Caring for yourself
- Health and physical well-being

**Continuing Disability Review.** SSA performs periodic work and medical Continuing Disability Reviews (CDR) for children and adults receiving SSI. SSA conducts a medical CDR for child recipients at least every five years, unless the person has a medical condition that is expected to improve sooner. In 2015, SSA conducted more than 300,000 CDRs for children. The rate of CDRs rose sharply between 2015 and 2018 (Hemmeter and others 2020). Many youth receiving SSI lose eligibility as a result of an age-18 redetermination; of those receiving continued benefits, 30 percent were assigned to a new diagnosis group (Duggan, Kearney, and Rennane 2016). Fewer than half of

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<sup>3</sup> The third step for adults is to evaluate whether a person's impairment is on the SSA "listing" of diagnoses considered eligible. If so, eligibility is granted. If not, the fourth step evaluates whether a person can perform past work she or he performed. The fifth step evaluates whether a person can perform any work available in the national economy.

youth undergoing an age-18 redetermination had undergone a prior CDR; those who did not have a prior CDR were more likely to lose SSI eligibility than those who had (Hemmeter and Bailey 2015).

**Section 301.** People receiving SSI whose benefits are terminated as the result of a CDR can apply for continued receipt of benefits under Section 301 policy. Section 301 of the Social Security Amendments of 1980 (Public Law 96-265) allows for continuation of disability benefits for those who no longer meet the disability eligibility criteria if certain conditions are met. The purpose of Section 301 is to encourage participation in programs that will help people with ceased benefits to gain and maintain employment, with the hope that they will be able to support themselves financially without dependence on federal benefits. Youth who begin participating in approved programs through special education, VR, or similar providers prior to the age-18 redetermination can continue receiving disability benefits until the end of their participation in that program. Many federal, state, local, and community-based programs offer services and supports to youth with disabilities who are transitioning to adulthood, but only a few are specifically approved under Section 301.

Numerous concerns exist about Section 301, including concerns regarding its complexity and the difficulty in accessing its intended benefits. SSA's 2018 Public Request for Information on Strategies to Improve Adult Outcomes for Youth Receiving SSI (Docket Number SSA-2017-0049, Document Number 2017-28397) yielded 196 responses, of which 17 speak to concerns or suggestions about Section 301. Concerns about Section 301 included administrative inconsistencies across local offices, underutilization because of program complexity, access difficulties for youth because the timelines for using eligible programs do not match the deadlines for eligibility (for example, delays in processing VR service applications), difficulties verifying participation, poor communication about the provisions and requirements with youth and families, and poor coordination between different parts of the system. Variations across states in access to qualifying programs for those ages 18 to 21 was also a concern. Commenters to the public request included, among others, the Protection and Advocacy centers in Philadelphia, Delaware, and Baltimore; the California Department of Rehabilitation; and the National Coalition of Social Security and Supplemental Security Advocates. Some commenters echoed findings from a 2017 U.S. Government Accountability Office (GAO) report describing ways SSA could strengthen its efforts to encourage employment for transition-aged youth (U.S. GAO 2017).

Access to continued benefits under the provisions of Section 301 varies across states. For example, disability cessation rates range from 20 percent to 47 percent across states (Hemmeter, Mann, and Wittenburg 2017). States also differ with respect to the availability of qualifying programs:

- Access to publicly funded special education for young adults with disabilities 18 years or older varies by state. Data from the Office of Special Education Programs from 2018 show that 1.9 percent of all special education students ages 6 years or older were ages 19, 20, or 21 years (Department of Education 2018). However, states vary in the age (18, 19, 20, or 21) at which students are no longer eligible for special education services..
- Access to VR services from the Rehabilitation Services Administration (RSA) also varies by state. In 2017, the proportion of VR applications that resulted in receipt of VR services ranged

from 39 percent in Connecticut to 90 percent in Alabama for people with intellectual disability and from 45 percent in Utah to 84 percent in Alabama for people with other disabilities. In Illinois, 2 percent of youth receiving SSI received VR services in 2004–2011, whereas in Alabama, 4 percent did (Honeycutt and others 2017). As a result, transition-age young adults receiving SSI have different utilization rates for VR services (and thereby have different levels of access to continued SSI coverage under Section 301 based on participation in VR services) depending on where they live.

Section 301 is currently the only policy initiative that extends youth SSI benefits to young adults older than age 18 if they received SSI before their 18th birthday and if they began receiving or participating in a transition service that meets specific criteria before SSI cessation. Under the proposed policy solution, Section 301 would still be an option for young adults for whom eligibility for SSI benefits ceases after a regular CDR or other audit. However, the proposed change may reduce the number of young adults with disabilities whose SSI benefits are ceased at age 18 because the operational definition of disability has changed.

### B. Public policy context

This section reviews several federal policies that recognize childhood as extending past age 18. Delaying the application of adult disability criteria to age 22 would be consistent with these federal policies.

**Developmental Disability Act.** Delaying the SSI age-18 redetermination process to age 22 would be consistent with the Developmental Disabilities and Assistance Bill of Rights Act of 2000 (DD Act) which defines the developmental period as extending to the 22nd birthday.<sup>4</sup> When the Developmentally Disabled Assistance and Bill of Rights Act of 1975 was amended in 1978, it defined developmental disabilities as extending to the 22nd birthday. This change adopted a definition of developmental disabilities recommended by the Department of Health, Education, and Welfare’s National Taskforce on the Definition of Developmental Disabilities. The taskforce concluded that the developmental period for the purpose of defining developmental disabilities extended to the 22nd birthday and defined developmental disability as a severe, chronic condition of a person that, in part, manifests before age 22 (Lourie 1977). The task force noted that the age criteria, before age 22, “represents a generally accepted end point of a primary maturational period, in that it is the age beyond which dependency is no longer considered acceptable or the norm” (Lourie 1977). The DD Act approach to identifying people as having developmental disabilities based on significant functional limitations was adopted by 31 of 47 reporting state intellectual and developmental disability agencies as the basis for service eligibility (Zaharia and Moseley 2008). Eight states use the DD Act definition directly for service eligibility determinations (Zaharia and Moseley 2008).

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<sup>4</sup> The DD Act authorizes three programs in each state: (1) University Centers for Excellence in Developmental Disabilities, (2) Developmental Disability Councils, and (3) Protection and Advocacy. The aim of the DD Act is to “assure that individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance.” The DD Act programs “promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.”

The DD Act specifies that developmental disabilities are characterized by substantial functional limitations in at least three of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. The SSI disability criteria for children include the domains of self-care, receptive and expressive language, learning, and mobility. The SSI income and asset criteria address functional limitations in economic self-sufficiency, but neither the child nor the adult disability criteria measure limitations in self-direction or capacity for independent living.

Researchers studying adults with severe disabilities have developed operational definitions for limitations in self-direction using national surveillance surveys such as the Panel Study of Income Dynamics and the National Health Interview Survey. They operationally defined self-direction in terms of making decisions independently, completing daily activities without needing to be reminded or having someone nearby, and not having a substitute decision maker for medical or financial decisions, as well as possessing self-reliance. The definition also included the absence of negative behaviors such as inattention; bullying; aggression toward self or others; or dangerous, risky, or illegal behavior (Hoyle, Laditka, and Laditka 2020; Larson and others 2001).

Capacity for independent living (also called instrumental activities of daily living) has been defined operationally by the U.S. Department of Health and Human Services in its Data Standards on Disability Status as having difficulty doing errands alone such as visiting a doctor's office or shopping (U.S. Department of Health and Human Services Office for the Assistant Secretary for Planning and Evaluation 2011). This definition is used in surveys such as the American Community Survey, the Current Population Survey, and the Survey of Income and Program Participation. Some national surveys include additional items assessing capacity for independent living; for example, Larson and others (2001) used the 1995 National Health Interview Survey Disability Supplement to identify adults with developmental disabilities and included items on keeping track of money or bills, shopping for personal items or medicine, preparing meals, and light housework such as cleaning or taking out the trash, among others.

**Individuals with Disabilities Education Act (IDEA).** IDEA authorizes the Department of Education to fund and regulate individualized education programs (IEPs) and other programs for youth with disabilities. IEPs are documents that set forth a plan of services, supports, and goals that will allow students to meet their educational needs given their disabilities. Youth who have an IEP may receive transition services in the school system after completing high school. In most states, special education eligibility continues until age 22, though some states end eligibility as early as age 18. Section 301 allows continuation of SSI benefits for students receiving special education services. However, young adults receiving SSI in states that terminate eligibility for special education services at age 18 are not able to use that provision of Section 301.

**Other federal policies that extend child benefits beyond age 18.** Changing the SSI age threshold for using the child disability criteria for young adults ages 18 through 21 years would be consistent with other Medicaid policies and health care legislation that treat youth up to (and sometimes beyond) age 22 as dependents. For example, Medicaid's Early and Periodic Screening, Diagnostic and Treatment and State Children's Health Insurance Program (CHIP) benefits are available to

eligible children and youth until age 22. The 2014 Affordable Care Act requires private insurers to provide dependent coverage until age 26. It also includes provisions for certain youth, such as individuals who aged out of foster care at age 18 and who were enrolled as children in Medicaid, to continue coverage until age 26 (Medicaid and CHIP MAC Learning Collaboratives 2017).

### C. Developmental milestones

The medical literature provides much evidence that maturation extends past age 18, especially cognitive maturation. We argue that it is essential to postpone assessment of ability to engage in SGA until age 22 to allow youth with disabilities to benefit from services, education programs, and employment experiences that help them mature cognitively to their best adult potential.

The transition from childhood to adulthood includes many changes. Brain maturation continues through the mid-twenties for all persons, regardless of the presence of impairments (Arain and others 2013; Casey, Getz, and Galvan 2008). The brain maturation process and hormones associated with the process of sexual maturity are linked to risky behavior patterns, which might explain why the leading cause of death for adolescents and young adults is unintentional injury (National Academies of Sciences, Engineering, and Medicine 2019). Brain development is also linked to maturation with respect to abstract thought. Adolescents and young adults develop abstract thinking skills, develop peer relationships based on common values, adopt a personal value system, and adjust to a sexually maturing body and feelings (State Adolescent Health Resource Center 2013).

Youth with disabilities are at risk for having both lower levels of daily living skills in adolescence and lower rates of growth in capacity for independent living due to their impairments compared to youth who do not have disabilities (Brucker and Coleman-Jensen 2017; Cheatham and Randolph 2020; Wittenburg and Maag 2002). A study based on the Panel Study of Income Dynamics (1968–2017) found that young adults ages 18 to 21 with developmental disabilities as defined in the DD Act had poorer outcomes than peers of the same age without severe developmental disabilities (Hoyle, Laditka, and Laditka 2020). For example, young adults with developmental disabilities were more likely to report having no high school graduation, being assaulted physically or sexually, having a serious criminal arrest, smoking, being sedentary, being obese, and having a work disability.

Numerous health services aid transition-age youth with impairments as they mature to adulthood. For example, physical therapy, occupational therapy, and speech-language therapy aim to help persons with impairments gain (or regain) skills for daily living (National Academies of Sciences, Engineering, and Medicine 2018). Vocational rehabilitation services and assistive technologies help individuals with impairments to work and function in typical work settings. Basic health care and mental and behavioral health care are also critical services. Receipt of SSI increases access to all of these services, though it is not the only way to do so.

In terms of developmental milestones as summarized in the medical literature, age 22 is just as arbitrary as 23. However, age 22 is aligned with the federal definition of developmental disabilities and IDEA programs and thus seems the most politically feasible threshold for consideration. We considered other ages for this policy, such as age 26, which would align with the Affordable Care Act's extension of age of dependence until age 26. However, there were fewer precedents in federal

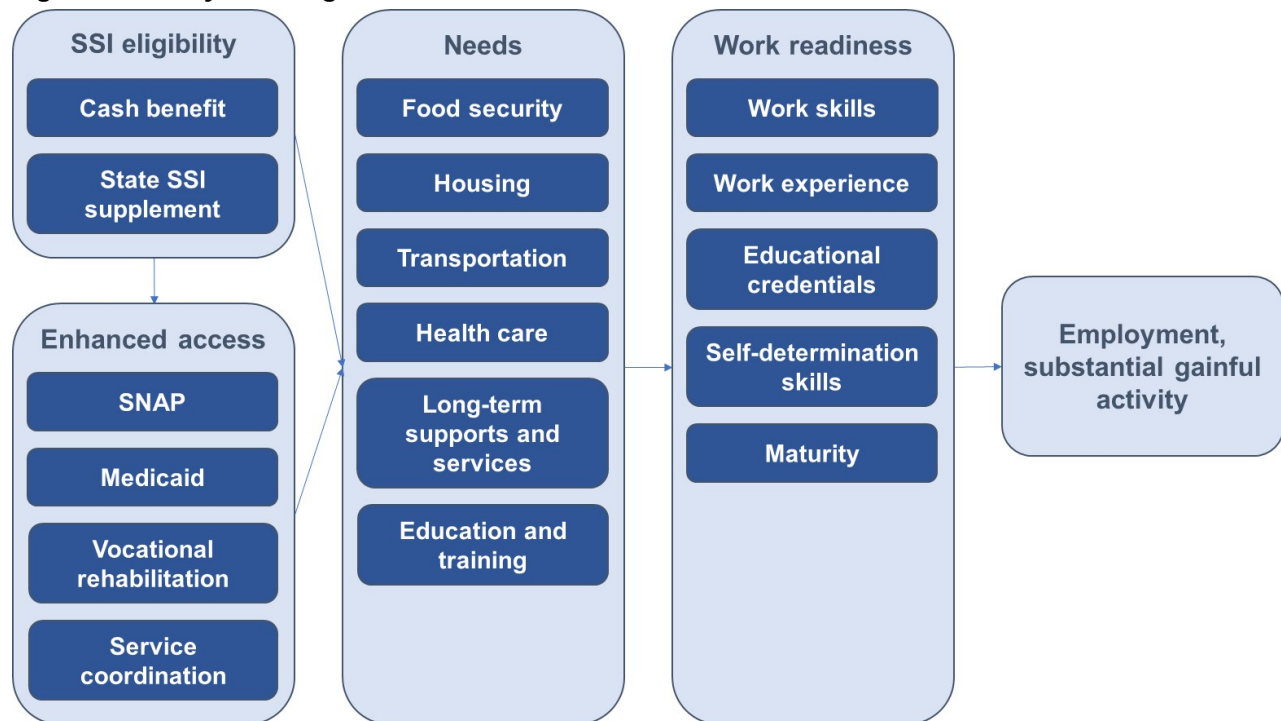
programs using ages older than 22 years, and the fiscal note for covering adults eligible based on the child criteria would increase as the specified age increased, making successful passage of the enabling legislation more difficult.

### D. Theory of change

The current SSI eligibility redetermination process for low-income transition-age youth ages 18 to 21 does not adequately account for the needs of those with significant functional limitations in the developmental tasks of young adulthood. By focusing only on work, the adult disability criteria ignore other skills that must be mastered to support substantial gainful employment over a lifetime. Modifying the disability criteria for transition-age adults 18 to 21 years to emphasize substantial functional limitations in self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency will continue to direct benefit receipt to those with the most significant disabilities. At the same time, modifying the criteria will improve the identification of those individuals by focusing on observed behaviors across relevant life domains while avoiding assumptions about whether those without work experience “could” engage in SGA.

Continued SSI eligibility for low-income young adults with severe disabilities during the transition years provides them with cash benefits and enhanced access to key supports (such as Medicaid). Receiving those benefits facilitates continued access to supports to meet basic needs such as food security; housing; transportation; health care; long-term services and supports; and education, vocational and skills training. Those supports help SSI recipients develop work skills and experience, gain educational and vocational credentials, improve self-direction skills, reach socioemotional maturity, and sustain SGA (in 2020, SGA is \$1,260 a month for non-blind persons) throughout their adult lives. Below we present evidence to support our theory of change (see Figure 1).

Figure 1. Theory of change



Note: Receipt of SSI during transition years provides financial resources to reduce the negative effects of poverty, improves access to supports, helps beneficiaries meet basic needs, and improves work readiness: all improve the likelihood of substantial gainful employment at age 22.

## 1. SSI receipt mitigates the effects of poverty by providing cash benefits

An analysis of the effectiveness of means-tested programs such as SNAP, SSI, and Medicaid and other social insurance programs such as the Social Security Disability Insurance program and Medicare found that “the benefit system in the U.S. has a major impact on poverty rates, reducing the percent poor in 2004 from 29 percent to 13.5 percent” (Ben-Shalom, Moffitt, and Scholz 2011, page 1). A study using the Survey of Income and Program Participation data from 2008 through 2013 found that receipt of SSI income decreased the rate of deep poverty (defined as incomes of equal to or less than 50 percent of the poverty line) by 7 percent, a rate similar to that reported in three other reviewed studies (Meyer and Wu 2018). In all but a few states, the cash benefit awarded to people receiving SSI is supplemented (Duggan, Kearney, and Rennane 2016), further reducing impoverishment. The impact of cash assistance programs on reducing poverty is even more beneficial for adults without college degrees (Shapiro, Trisi, and Chaudhry 2017).

## 2. SSI receipt enhances access to services

**SNAP.** In most states, people receiving SSI are automatically granted eligibility in SNAP (Guo, Huang, and Porterfield 2019). An estimated 60 percent of households with a resident receiving SSI also receive SNAP benefits (Duggan, Kearney, and Rennane 2016). Among working age adults, those receiving SSI were more likely than non-recipients to receive SNAP (58 percent versus 11

percent; Duggan, Kearney, and Rennane 2016). Losing SSI eligibility due to eligibility redetermination results in losing automatic eligibility for benefits through SNAP.

**Medicaid.** In all but nine states, SSI eligibility provides categorical Medicaid eligibility (SSA 2016). An estimated 85 percent of persons receiving SSI receive health insurance through the Medicaid program (Rupp and Riley 2012). Comparing current and former youth ages 19 to 23 who received SSI, Loprest and Wittenburg (2007) found that 93 percent of young adults receiving SSI had health insurance through Medicaid, compared with 25 percent of young adults no longer receiving SSI. Additionally, examining other types of health insurance, only 4 percent of those receiving SSI lacked any health insurance coverage, compared with 55 percent of those no longer receiving SSI. Wang, Grembowski, and Watts (2010) also found that disability benefit receipt greatly increases the likelihood of having health insurance. Among working age adults, those receiving SSI were more than ten times as likely as nonrecipients to be enrolled in Medicaid (93 percent versus 8 percent; Duggan, Kearney, and Rennane 2016).

**Vocational rehabilitation.** The U.S. Department of Education’s Rehabilitation Services Administration funds state VR agencies to provide workforce development resources for people with disabilities. People receiving SSI and SSDI are eligible for VR services unless there is a “clear and convincing case” that they would not benefit from the services (Department of Education 2017). State VR services for transition-age youth receiving SSI include pre-employment transition services such as job exploration counseling; work-based learning experiences; counseling and opportunities for enrollment in comprehensive transition or postsecondary education programs at institutes of higher education; workplace readiness training to develop social skills and independent living; and instruction in self-advocacy, including peer mentoring. Young adults receiving SSI are more likely to receive VR services than nonrecipients (9.5 percent compared to 2.0 percent; Loprest and Wittenburg 2007).

**Service coordination.** SSA offers coordination services through the Work Incentives Planning and Assistance (WIPA) program to people receiving SSI starting at age 14. The WIPA program employs Community Work Incentives Coordinators to provide benefits counseling; conduct outreach; and facilitate information sharing across state, federal, and local community-based organizations. SSA also sponsors the Ticket to Work program, which provides career counseling, VR, and job placement and training. SSA’s Protection and Advocacy program provides legal support, advocacy, and information on how to address impairment-related employment concerns; access to transportation; access to housing assistance; and access to job support through community agencies.

In most states, people receiving SSI are automatically eligible for Medicaid-funded supports including service coordination via the optional state plan service called Targeted Case Management, and Medicaid Home and Community Based services such as work-based learning, career counseling, postsecondary education and training, job coaching, benefits counseling, financial literacy, self-determination skills training, and career exploration. Service coordination may also be available to people receiving SSI via individual-level advocacy or information and referral services provided by Centers for Independent Living.



### 3. SSI and service receipt improve ability to meet basic needs

**Food security.** Youth removed from SSI are at risk of food insecurity because losing SSI benefits results in loss of direct eligibility for SNAP benefits. SNAP has been shown to improve food security (Ratcliffe and McKernan 2010). Although youth removed from SSI at the age-18 redetermination may qualify for SNAP benefits on some other basis, some struggle with the executive function and self-advocacy skills required to apply for SNAP benefits. Guo, Huang, and Porterfield (2019) reported that food insecurity among youth with disabilities increases during the transition to adulthood.

**Housing.** Living in poverty is associated with an increased risk of homelessness. Access to cash benefits such as SSI can reduce the risk of homelessness by providing resources to pay for housing and related goods (for example, heat, air conditioning, and furnishings). In addition, many states supplement SSI incomes to assist people receiving SSI to find and maintain housing. One study of homelessness found that among people with disabilities who were homeless, those receiving SSI benefits had better housing and income outcomes (Glendening and others 2018). Among working age adults with disabilities, those receiving SSI were more likely than nonrecipients to receive public housing benefits (25 percent versus 3 percent; Duggan, Kearney, and Rennane 2016). However, receipt of housing assistance did not differ between young adults currently and formerly receiving SSI (Loprest and Wittenburg 2007).

**Transportation.** People with disabilities experience significant difficulties using public transportation. An estimated 90 percent of adults with disabilities reported one or more barriers to using public transportation, and those who were not employed reported significantly more barriers than those who were employed (Saballa and Bezyak 2019). Eligibility for SSI potentially confers eligibility to VR and Medicaid services for people with disabilities. Individuals enrolled in VR and Medicaid long-term services and supports recipients may receive transportation training, assistance, and other supports. The cash benefit of SSI also enhances resources to pay for alternative forms of transportation, such as ride sharing.

**Health.** Receipt of SSI improves access to health care by conveying eligibility for health insurance through Medicaid. Among 22,632 adults with disabilities in the 2014–2016 National Health Interview Survey, those receiving SSI or SSDI were more likely to be Medicaid recipients, more likely to see a health provider, less likely to worry about the costs of health care, and less likely to delay needed medical care because of costs (Pellegrini and Geissler 2020). Medicaid benefits provide coverage for both acute medical needs and for long-term services and supports (LTSS).

Adequate health is a precondition for employment. A randomized study in Oregon found no evidence that one year of access to Medicaid had an effect on employment or earnings of low-income adults with or without disabilities (Baicker and others 2014). Hall and colleagues (2017) found that employment was higher in states with expanded Medicaid coverage than in states that did not expand Medicaid among adults age 18 to 64 who have a disability in community living arrangements (38 percent versus 32 percent). However, because the authors do not report on the

difference in insurance coverage before the Medicaid expansions went into effect, it is unclear how much the higher level of employment is due to health insurance coverage.

**Long-term services and supports.** Medicaid is a primary funder of LTSS for people with significant disabilities. Medicaid-funded home and community based LTSS are available to people living in their own homes, with a family member, or in a non-institutional community setting such as a small group home. LTSS include behavior supports, employment and day services, environmental modifications and technologies, family caregiver supports, habilitation (skills training), housing supports, therapies and in-home nursing, personal care services, residential services, respite, and transportation services. In 2017, an estimated 1.3 million people with intellectual or developmental disabilities (IDD) received LTSS, including 934,000 people receiving such services through Medicaid (Larson and others 2020). In 2017, an estimated 641,000 adults with IDD received employment or day program services through state IDD agencies (Winsor and others 2019). Of the 550,000 people whose state VR services were completed in 2017, only 38,642 (9.2 percent) had IDD. LTSS are typically not covered by private insurance and are too expensive for low-income adults with disabilities to purchase independently.

**Education, training, and work readiness.** Postsecondary education and vocational training enhance work readiness, which fosters individuals' ability to engage in SGA. Mastering work and self-determination skills also facilitates maturation and enhances individuals' abilities to make their own informed and positive choices about life events, both large and small.

People receiving SSI have access to state VR services through which counselors may advise students on academic opportunities, provide information about the college application process, help youth complete applications for financial aid, and other services to help youth seek postsecondary education. Although research on the association between receipt of SSI and high school graduation or participation in postsecondary education is limited, at least one study examined this association. Loprest and Wittenburg (2007) found that young adults ages 19 to 23 receiving SSI were nearly four times more likely to be enrolled in school than were young adults ages 19 to 23 who had formerly received SSI (24 percent compared to 7 percent).

Young adults whose basic needs of nutrition, housing, and health are met have increased ability and flexibility to pursue postsecondary education (National Academies of Sciences, Engineering, and Medicine 2019). Federal legislation articulates a commitment to provide access to postsecondary education for all students regardless of disability status (Grigal and Hart 2010; Lee and Will 2010). For example, the Higher Education Act of 2008 offers opportunities for students with intellectual disabilities to participate in college and university programs through a model demonstration program designed to provide academic, social, and career development services that lead to competitive, integrated employment for students with intellectual disabilities (U.S. Department of Education 2019).

Education and training help young adults gain skills needed for economic self-sufficiency and provide access to adult mentors and role models. Postsecondary education and training are viewed as a pathway to competitive, integrated employment; higher-paying jobs; economic independence;

and independent living (Grigal and Hart 2010). Based on data from the second National Longitudinal Transition Study, Wehman and colleagues (2015) reported that young adults with disabilities who had attended a four-year college or who had received vocational training were more likely to be employed six years after high school than those who had attended a community college or had not participated in postsecondary education. One study reported employment was more likely for community and technical college students with IDD who took inclusive classes, participated in campus events, had prior paid work experience, and participated in volunteering or community service activities (Qian and others 2018). Paid employment was more likely for students with IDD at program exit if they earned a credential awarded by the college, attended a four-year rather than a two-year college, had work experience before or during college, and lived in college housing during enrollment (Grigal and others 2019).

Participation in postsecondary education programs also leads to increased work readiness. Among people receiving VR services, those who participated in postsecondary education programs had earnings that were 1.8 times greater than those who did not participate in postsecondary education ninety days after services ended (Berry and Caplan 2010). However, two years after VR case closure, those who participated in postsecondary education were less likely to be employed, possibly because they were still enrolled in their postsecondary program (Berry and Caplan 2010). A more recent study found that among VR recipients with IDD, those with postsecondary education had increased employment, increased weekly earnings, and decreased reliance on SSI benefits (Sannicandro and others 2018).

Vocational training and work-based experiences are also associated with increased employment rates and earnings. Studies have found correlational and causal evidence of a link between employment outcomes and interventions such as job search and job placement assistance (Alsaman and Lee 2017); on-the-job supports (Berry and Caplan 2010; Oswald 2016); supported employment (Wehman and others 2014); on-the-job training (Oswald 2016); work experience and internships (Mazzotti and others 2016; Wehman and others 2015, 2017); benefits counseling (Hartman and others 2019); VR counseling (Kaya and others 2016); and participation in self-advocacy training (Croke and Thompson 2011).

RSA's VR services assist individuals with impairments to obtain training, postsecondary education, and work experiences. Hoffman, Hemmeter, and Bailey (2018) found that thirteen years after VR receipt, youth receiving SSI who participated in VR were more likely to have substantial earnings and less likely to receive SSI than youth SSI who did not participate in VR, controlling for observable baseline characteristics. Multifaceted demonstration projects incorporating vocational training, supported employment and other work experiences such as Project Search (Wehman and others 2014), the Individual Placement and Support model (Bond, Drake, and Becker 2008), Bridges from School to Work and Bridges Plus (Hemmeter and others 2015), Wisconsin PROMISE (Hartman and others 2019), and Job Corps (Hock and others 2017) also improved employment outcomes.

#### 4. Other considerations

**The proposed solution does not account for employment disincentives among young adults receiving SSI.** The proposed solution does not remove employment disincentives, although the Student Earned Income Exclusion provision would still apply, permitting persons under age 22 who regularly attend school to exclude earnings from income (up to a certain threshold).

Classical economic theory posits that individuals will work more if they do *not* receive public benefits; however, at least one rigorous study finds that youth removed from SSI earn enough to replace only a small fraction of their previous SSI benefits.<sup>5</sup> Exploiting the natural experiment imposed by the 1996 policy change establishing the age-18 redetermination, Deshpande (2016) finds that youth whose benefits are ceased because of the age-18 redetermination process are 12 percentage points more likely to have earnings above the full-time minimum wage annual earnings level. However, they experience large average losses in income due to removal from SSI. On average, youth removed from SSI due to the age-18 redetermination earn enough to replace only one-third of the lost benefits payments and are thus below poverty level. In addition to depressed income, Deshpande (2016) also finds that youth removed from SSI face high earnings volatility.

Youth receiving SSI with IDD) may be especially vulnerable to poverty as a result of loss of SSI at age-18 redetermination. Livermore, Bardos, and Katz (2017) find that people receiving SSI and SSDI who have IDD have higher rates of poverty than people with other primary disabilities who receive SSI and SSDI, leaving them even more vulnerable if they should lose eligibility due to a medical review. A large majority (80 percent) of children with IDD remain eligible under adult criteria at age 18 (Hemmeter and Gilby 2009), but those who do not remain eligible may be more vulnerable than those with other primary impairments.

**The proposed solution may reduce arrest rates of transition-age youth receiving SSI.**

Delaying the application of the adult criteria for disability until age 22 allows youth receiving SSI more time to gain self-control through education, training, and biological and neurological maturation. Several studies have shown support for Gottfredson and Hirschi's (1990) general theory of crime, which posits that an essential element of crime is the absence of self-control (for example, Pratt and Cullen 2000; Wikström and Treiber 2007). A meta-analysis of forty-four peer-reviewed articles concluded that education, social context, and biological and neurological factors all play a role in the formation of self-control (Buker 2011). Comparing current and former people ages 19 to 23 receiving SSI, Loprest and Wittenburg (2007) found that young adults receiving SSI were much less likely to have an arrest record than young adults who formerly received SSI (19 percent compared to 32 percent). However, the study did not provide causal evidence that SSI receipt directly reduces an individual's likelihood of involvement in the justice system.

**The proposed solution does not address all of the challenges associated with the SSI age-18 redetermination process.** Children who had not undergone a continuing disability review before

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<sup>5</sup> Termination of SSI benefits is associated with modest increases in earned income (Deshpande 2016; Hemmeter 2015). Hemmeter (2015), comparing approved and denied applicants, finds that SSI receipt decreases the likelihood of any employment between age 18 and 24 by 25 percentage points.

age 18 were more likely to have benefits ceased from an age-18 redetermination than those who had at least one previous CDR (Hemmeter and Bailey 2015). This suggests that some children continued to receive SSI benefits despite no longer having a qualifying disability. SSA's 2019 budget proposal included a provision to institute initial disability reviews at age 12 and increase the frequency and effectiveness of continuing disability reviews to identify medical improvement at the earliest possible point (Honeycutt and others 2018). Full implementation of the CDR schedule for youth receiving SSI could reduce the number of youth continuing to receive SSI at age 18 who no longer have a qualifying disability.

**The proposed solution will not, by itself, increase use of the services and supports by youth ages 18 to 21 receiving SSI benefits.** This proposal aims to enhance continued access to benefits such as Medicaid and SNAP for youth recipients of SSI when they turn 18. Additional intervention may be needed to enhance the likelihood that new applicants ages 18 to 21 years found eligible to receive SSI benefit from related services and supports. Those interventions might include evidence-based strategies such as benefits counseling (Hartman and others 2019; Oswald 2016; Schlegelmilch and others 2019) along with interventions that blend work experience, on-the-job training, or supported employment with services such as benefits counseling, financial literacy, parent education, or postsecondary education. Examples include Bridges Plus (Hemmeter and others 2015), Project SEARCH (Wehman and others 2017), and PROMISE (Mamun and others 2019).

### III. Proposed policy solution

The previous section described the rationale for delaying application of the adult disability criteria for new and continuing SSI applicants until age 22 and extending the use of a modified child disability criteria for transition-age youth ages 18 to 21. The modification would add the domains of self-direction, capacity for independent living, and economic self-sufficiency to the domains currently included in the child disability criteria. Assessment of economic self-sufficiency is already built into the assessment of SSI eligibility in the income and asset review. The criteria from the child disability assessment of “marked and severe functional limitations” would be used and the domains assessed for children would be modified to add assessment of self-direction and capacity for independent living. If the DD Act threshold was used, a person would have to demonstrate functional limitations in at least two of the domains in addition to meeting the income and asset criteria already in use.

The proposed change is consistent with federal legislation that establishes age 22 as the end of the developmental period. It would increase access to SSI income supports to related services for transition-age young adults with severe disabilities and enhance the likelihood of future SGA. To the extent that the change reduces the number of people with severe disabilities losing SSI benefits at the age-18 redetermination, the change would also reduce disparities associated with variations in state educational and vocational training policies or practices that affect eligibility for Section 301 exceptions.

This section discusses the implementation of the proposed policy and its impact on caseload and program administration. It also outlines a demonstration project to test whether the policy change would improve long-run self-sufficiency for transition-age youth with disabilities.

### A. Policy implementation

Delaying use of the adult disability criteria until age 22 and modifying the disability eligibility criteria for transition-age youth ages 18 to 21 would require legislative amendments to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193. No changes are proposed to other aspects of the disability determination process, such as how income and resources are assessed, the medical listings of impairments, or criteria about the expected duration of disability. The policy change would apply to SSI recipients undergoing an age-18 redetermination and to SSI applicants who are ages 18 to 21. The current adult disability definition would be used for SSI recipients beginning with their first regularly scheduled CDR following their 22nd birthday and for applicants who are 22 years or older at the time of application.

No changes are proposed to other aspects of the disability determination process or in policies about representative payees. The income criteria and schedules for continuing financial reviews for recipients ages 18 and older would remain unchanged because at age 18, people are presumed by law to be financially independent and become responsible for managing their own finances and affairs. A court determination is required to assign guardianship, conservatorship, or other substitute decision making authorities for adults who required ongoing assistance with financial decisions. SSI recipients who need assistance with financial decisions can have a representative payee assigned.

This policy change will not affect the eligibility of individuals who do not have a qualifying disability. We anticipate that SSI recipients undergoing an age-18 redetermination who had not had a previous CDR will continue to be less likely retain SSI eligibility (Hemmeter and Bailey 2015). However, if the current child and adult disability thresholds are not completely congruent, as required by the Supreme Court's 1990 *Zebley* decision (493 U.S. 521), basing eligibility on the presence of severe functional limitations in several domains instead of on SGA capacity for young adults could change the composition of those deemed eligible. The following paragraphs explore potential impacts of this change.

**Among youth receiving SSI who turn age 18**, an estimated 39,179 lose SSI eligibility annually based on the findings of the age-18 redetermination.<sup>6</sup> If all those young adults remained eligible for benefits based on application of the modified child disability criteria until age 22, an estimated 39,179 more people per year would continue to receive benefits. This continuation would result in a monthly cost increase of up to \$18.9 million, based on the \$577 average monthly benefit level as of May 2020. Unless benefits were discontinued for a reason other than disability severity (such as because they were no longer financially eligible), those young adults would continue receiving benefits until age 22. When the first cohort reached age 22, the total number of people receiving SSI

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<sup>6</sup> SSA conducted 81,622 age-18 redeterminations in 2018 (SSA 2019a). For the most recent year with very few pending cases (2015), 48 percent resulted in disability cessation (SSA 2019a). This estimate of 39,179 is equal to 81,622 multiplied by .48.

would have increased by up to 156,700 people and the total monthly cost would increase by up to \$90.4M (in 2020 dollars). This estimate is likely higher than actual experience will show because it is likely that some youth will not meet the revised child criterion. This estimate does not account for potential induced entry effects or for changes in the number of Section 301 exceptions granted to individuals in this age group whose eligibility had ceased.

**New SSI applicants ages 18 to 21** would be assessed based on current income standards and other adult rules, except that the modified child disability criteria would be used instead of the adult disability criteria. The award rate for child applicants under age 18 in 2019 was 33.1 percent, whereas the award rate for applicants ages 18 to 21 was 41.8 percent (SSA 2019). Because of differences in the composition of applicants of different ages, we cannot assume that the award rate for applicants age 18 to 21 would change from 41.8 percent to 33.1 percent as a result of the proposed rule change.<sup>7</sup> The impact of the proposed change for new applicants ages 18 to 21 is unknown. We anticipate that any applicant age 18 to 21 who has impairments that prevent engagement in SGA will also be evaluated as having functional impairments that result in “marked and severe limitations” based on the revised child disability criteria. However, a test of the proposed solution would be required to assess the extent to which more new applicants may be found eligible under the modified child disability criteria.

**This proposed change does not eliminate the need for age-18 redeterminations** for children receiving SSI benefits, but those redeterminations would use the modified child disability criteria. This change will require revisions in the eligibility determination protocols, and evaluators will need training on those revised protocols. Evaluations for new applicants ages 18 to 21 and CDRs for recipients ages 18 to 21 years would also use the modified child disability criteria. At age 18, youth become legal adults responsible for managing their own finances and affairs unless legal guardianship, conservatorship, or other substitute decision making authority is granted by the courts. Therefore, it is appropriate to consider the 18-year-old as financially independent, for the purpose of eligibility decisions. The income criteria and schedules for continuing financial reviews recipients ages 18 and older would remain unchanged.

**The proposed policy does not budget or plan for increased use of services.** To the extent that fewer age-18 redeterminations result in the discontinuation of benefits, fewer people will lose access to benefits counseling, Ticket to Work programs, Medicaid and SNAP benefits, VR services, or other related services. Similarly, utilization may increase if more new applicants ages 18 to 21 are determined eligible for SSI benefits. Our theory of change posits that increased service use is a key intermediate outcome of the proposed change. The Youth Transition Demonstration (YTD) provides evidence that extending benefits alone does not uniformly result in improved employment activity within three years of policy enactment (Fraker and others 2014). Among YTD participants age 18 and older, the policy waivers and other services increased the proportion that held a paid job at any time in five out of six sites (three were statistically significant increases) and increased earnings

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<sup>7</sup> In 2019, 20,499 awards were made to 61,928 applicants age 13 to 17, and 43,900 awards were made to the 104,980 applicants age 18 to 21 (Tables 58, 64, 59, and 65, respectively, in SSA 2019b).



in five out of six sites (two were statistically significant increase) in the third year of the demonstration (Fraker and others 2014).

## B. Generating supportive evidence through a demonstration testing the proposed policy solution

Proposed changes to any federal law will be heavily scrutinized by legislators and the public. A test of the proposed policy solution could provide important information to help policymakers reject or adopt the proposed policy change of applying a modified child disability criteria for recipients and new SSI applicants ages 18 to 21. We propose that SSA, perhaps in concert with other agencies, conduct a demonstration project under a program waiver to evaluate the proposed policy using its current demonstration authority under Section 1110 of the Social Security Act. A program waiver is needed because the demonstration would change program rules for the age-18 redetermination and the determination of individuals ages 18 to 21. This section proposes research questions for the demonstration, an experimental design, and evaluation methodology.

### 1. Demonstration research questions

A demonstration project run by SSA would achieve three objectives. First, it would assess the impact of the proposed policy on SSI receipt for two groups: those who received SSI as children and those who apply for SSI who are ages 18 to 21 years. Second, it would examine the effects of the proposed policy on the administration and cost of SSI benefits. Finally, the demonstration would consider the effect the proposed policy on the income, education, and well-being of low-income transition-age youth with impairments. Combined, this information would provide policymakers with a test of the theory of change presented in Section II.D along with a rigorous cost-benefit analysis.

**Effect of the policy change on SSI administration and administrative cost of SSI benefits.** To weigh the costs of the proposed change, the demonstration would allow SSA to estimate how the SSI caseload of adults age 18 to 21 would change if the proposed policy became national law, compared to the caseload under current law. This assessment will help policymakers and other stakeholders to understand who would benefit from the policy and who, if anyone, would be disadvantaged. It would also promote public understanding about whether the current child and adult disability thresholds are congruent as required by the Supreme Court's 1990 Zebly decision (493 U.S. 521). Therefore, the demonstration will examine these research questions:

- For new SSI applicants ages 18 to 21 and youth who receive SSI undergoing an age-18 redetermination, what proportion:
  - Meets both the adult and modified child disability criteria (not affected by policy change)?
  - Meets the adult criteria but not the modified child criteria (negatively affected by policy change)?
  - Meets the modified child criteria but not the adult criteria (positively affected by policy change)?



- Does not qualify for benefits using either criteria (not affected by policy change)?

The disability determination process includes the opportunity for applicants to appeal a decision made by DDS. Appeals can be time consuming and costly for all parties involved. Any changes to the caseload, as well as any changes to the disability criteria, may result in changes in the proportion of disability determinations that are appealed. Therefore, the demonstration will examine the following question:

- Compared to current law, how does the proposed policy affect the proportion of disability determinations that are appealed and the rate at which those appeals result in a revised disability determination for each group?

If the policy change increases the number of SSI recipients at age 22, the number of disability redeterminations required may be higher than under current policy for those ages 18 through 22 (when the adult criteria would be applied). Therefore, the demonstration will examine the following questions:

- What is the difference in the number of disability redeterminations for transition-age youth ages 18 to 22 under the proposed policy compared with current law for each group?
- How does the policy affect the number of Section 301 determinations for those ages 18 to 22 for each group?

Combining the effects on administrative features with the effects on the outcomes of transition-age youth, the demonstration will examine the following research question:

- How would the costs associated with a nationwide implementation of the proposed policy compare to the benefits?

**Effect of the policy change on outcomes for transition-age youth.** The theory of change posits that the proposed policy would improve access to supports and services for young adults ages 18 to 21, making it easier to address their basic needs and focus on work readiness and increasing the likelihood that they would engage in SGA as adults. The research question based on the first link in the theory of change is:

- What is the effect of the proposed policy on access to health insurance, VR services, secondary education, postsecondary education, SNAP, and other services for each group?

The next research question is motivated by the second link in the theory of change, which indicates that enhanced access to these supports and services helps youth to meet basic needs. Specifically, this research question seeks to understand how the policy affects well-being in terms of health and nutrition, domestic comfort and safety, social integration, and accumulation of skills:

- For each group, what is the effect of the proposed policy on
  - Health, substance abuse, and use of LTSS?

- High school graduation, graduation from postsecondary education or training, successful VR closure, and participation in employment experiences during training?
- Months with stable housing?
- Months with food security?
- Assignment of a representative payee?
- A court decision to assign a guardian, conservator or other substitute decision maker?
- Justice system involvement?

Although most people with disabilities want to work and can perform some work activities, many are not able to work enough hours at a high enough rate of pay to earn above the SGA level established by SSA. The third link in the theory of change posits that having basic needs met can help youth be more ready for work and thus can improve the likelihood of employment at the SGA level. Therefore, the next research question examines that outcome:

- What is the effect of the proposed policy on employment; earnings; earnings above the SGA amount; and the share of youth in poverty at age 23, 25, and later, for each group?

Although we do not anticipate that the proposed policy change will have disparate impacts for young adults with different demographic characteristics, the evaluation will empirically test this assumption to answer the following research question:

- Do the outcomes associated with the policy change vary for young adults based on age, gender, race, ethnicity, disability type, or other demographic characteristics for the two groups?

## **2. Demonstration design**

SSA could use its current SSI demonstration authority under Section 1110 of the Social Security Act to test the proposed policy. We recommend a random assignment design with non-volunteers. However current law requires that SSA use volunteers for demonstration projects (Section 1110 of the Social Security Act). Eligible individuals in selected communities would be offered an opportunity to participate in the demonstration. Those who agree to participate would be randomly assigned to have their SSI eligibility established using either the modified child (treatment group) or adult (control group) disability criteria.<sup>8</sup> Separate samples will be created based on whether the individual was a child receiving SSI until age 18 or a new applicant age 18 to 21. Random assignment allows researchers to infer that differences between the treatment and control groups are caused by the intervention, in this case the policy change, rather than due to some other difference between the two groups.

The demonstration would require a large enough sample to provide sufficient statistical power to detect differences in mean outcomes between the treatment and control group but would also need to be affordable. As such, it is most practical to randomly select several sites around the country to

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<sup>8</sup> The age-18 redetermination occurs within twelve months of the 18th birthday. To facilitate informed consent, the demonstration could work with individuals just past their 18th birthday, who can consent as legal adults.

participate in the demonstration rather than implementing the demonstration nationwide. The “sites” could be states, or perhaps more practically for DDS, “sites” could be DDS offices so that the demonstration could focus on training subsets of co-located DDS officers. The demonstration would require extra training and work for DDS staff and local SSA staff that support applicants and recipients. At intake, staff from DDS would assess whether participants met the modified child disability criteria, the adult disability criteria, or both. DDS staff would also conduct a redetermination for youth receiving SSI in the treatment group at age 22 using the adult disability criteria.

The demonstration would need to last for least six years to allow for sample intake (approximately one year), four years’ follow-up to allow for the youngest (age 18) participants to attain age 22, and observation in the first year after the age-22 determination. Ideally, the demonstration would follow the participants through age 30 to study the long-term impact of the policy change on employment outcomes. During the demonstration, SSA would collect data about participants, including their demographic characteristics, access to services, ability to meet basic needs, and employment outcomes (research questions 1, 2, 3, and 4). Administrative data from federal agencies would provide information on earnings and employment, receipt of public benefits, involvement in the justice system, and some education and training achievements. Other outcomes may not be captured in accessible administrative data; therefore, a survey of participants may be necessary.

As a first step in implementing the demonstration, SSA—perhaps in partnership with another agency—would engage evaluation experts to elaborate on the demonstration design, including the determination of required sample sizes, approaches to maximize generalizability including how to overcome bias that would result from the requirement that study subjects volunteer for the demonstration, and how to implement the revised policy alongside current law within selected sites.

## IV. Conclusion

The current eligibility determination process for SSI for adults ages 18 to 21 does not adequately meet the developmental needs of those who are removed from benefits but who meet a modified child disability criteria. Federal legislation defines the developmental period as lasting until age 22. During this period, transition-age youth gain the skills and maturity to live independently and to engage meaningfully in work and other social environments.

This paper proposes that SSA delay the age at which it applies the adult disability determination criteria until age 22 from its current application at age 18. The paper theorizes that SSI receipt improves access to services and supports, improves the likelihood of meeting basic needs, and ultimately improves the likelihood that transition-age youth will eventually engage in SGA as mature adults. There is compelling evidence that SSI enhances access to services including SNAP, Medicaid, VR, and service coordination. A wealth of descriptive statistics and quasi-experimental findings show that SSI and its resulting enhanced the access to services improve the ability of individuals with impairments to meet basic needs including housing, food security, health care, and long-term supports and services. The National Academy of Sciences listed all of these basic needs, as well as

education, training, and employment supports, as being critical to transition-age youth with impairments to improve their work readiness.

The proposed policy solution would require a change in current law, and its success would be enhanced by continued implementation and improvement of other youth transition services. As a feasible next step, SSA could test the proposed policy in a demonstration project. A demonstration project is the best way to rigorously test the theory of change. The demonstration would provide policymakers with a cost-benefit analysis, which would be necessary for legislators to appropriately decide to amend current law. By bringing some of these issues to the forefront of a national discussion, the demonstration would also indirectly help policymakers consider related policy questions: for example, whether the youth and adult disability criteria produce concordant eligibility decisions for transition-age youth. The demonstration would also draw attention to state variation in continuation of benefits after the age-18 redetermination under Section 301 policy and whether that variation is removed by the proposed policy.

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