
Glossary

abbreviated applications. An SSI application in which all nondisability factors of eligibility are verified before the case is sent for a disability determination.

adult. A person who is older than age 21, is aged 18–21 but is not a student, is under 21 and married, or is the head of a household.

aged person. A person aged 65 or older.

allowance. A determination by the Disability Determination Services, an administrative law judge, or the Appeals Council that an applicant meets the medical definition of disability under the law.

auxiliary benefit (OASDI). Monthly benefit payable to a spouse or a child of a retired or disabled worker, or to a survivor of a deceased worker.

award. An administrative determination that an individual is entitled to receive monthly benefits.

blind. "Blindness," for Social Security purposes, means either central visual acuity of 20/200 or less in the better eye with the use of a correcting lens or a limitation in the fields of vision so that the widest diameter of the visual field subtends an angle of 20 degrees or less (tunnel vision).

blind work expenses (BWE). Permits the exclusion of any earned income of a blind person that is used to meet expenses reasonably attributable to earning the income.

child. An unmarried blind or disabled person who is not the head of a household and who is either under age 18 or aged 18–21 and a student.

concurrent application. An application for both Title II (Social Security) and Title XVI (Supplemental Security Income) benefits at the same time.

deeming (SSI). Counting part of the income and resources of certain persons who live with an SSI recipient when determining the amount of the payment. These persons include the ineligible spouses of adult recipients, the ineligible parents of child recipients under age 18, and the immigration sponsor for certain noncitizens.

diagnostic group. Classification of impairments, by body system, that identifies the medical condition(s) on which disability-related benefits are based. Before 1985, the coding of the primary and secondary diagnoses for Social Security and Supplemental Security Income applicants was in accordance with the *International Classification of Diseases: Clinical Modification 4th ed., 9th rev.*, using 4-digit ICD-9 codes. In 1985, the Social Security Administration (SSA) implemented a revised method to determine and enter impairment codes in administrative records. This revised approach provides for a modified impairment coding system, generally using 3 digits (followed by zero), loosely based on the ICD-9 codes. For research purposes, the ICD-9 codes and SSA impairment codes may not be identical. However, the diagnostic groupings shown in the statistical tables closely parallel the major ICD-9 disease classifications.

disability. The inability to engage in substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment that can be expected to result in death or to last for a continuous period of not less than 12 months. (Special rules apply for workers aged 55 or older whose disability is based on blindness. The 12-month requirement does not apply to SSI beneficiaries who are blind.)

Individuals are considered to be disabled only if their physical or mental impairment(s) are of such severity that they are not only unable to do their previous work but cannot—because of their age, education, or work experience—engage in any other kind of substantial gainful activity that exists in the national

economy, regardless of whether such work exists in the immediate area in which they live, or whether a specific job vacancy exists for them, or whether they would be hired if they applied for work.

The SGA criterion does not apply to children under age 18 in the Supplemental Security Income program. The standard for them is a medically determinable physical or mental impairment that results in marked and severe functional limitations.

Disability Determination Services (DDS). The state agency responsible for developing medical evidence and rendering the initial determination and reconsideration on whether a claimant is disabled or a beneficiary continues to be disabled within the meaning of the law.

federal benefit rates (FBR). The basic benefit standards used in computing the amount of federal SSI payments. Benefit levels differ for individuals and couples living in households and for persons in Medicaid institutions. Individuals or couples living in their own household receive the full federal benefit. The federal benefit is reduced by one-third if an individual or couple is living in another person's household and receiving support and maintenance there. The federal benefit rates are increased annually to reflect increases in the cost of living.

impairment-related work expenses (IRWE). The costs of items or services that a disabled person needs to work. The expenses, when paid by the beneficiary, are deducted from his or her gross earnings when determining if the work is considered substantial gainful activity.

Medicaid institution. Living arrangement for persons in public or private institutions when more than 50 percent of the cost of care is met by the Medicaid program. In these situations, the monthly federal SSI payment is limited to no more than \$30.

own household. Used to determine the federal benefit rate. Applies to adults who own their living quarters, are liable for the rent, pay their pro rata shares of household expenses, are living in households composed only of recipients of public income-maintenance payments, and are placed by agencies in private households. Also applies to children living in their parent's household. See **federal benefit rates**.

plans for achieving self-support (PASS). Permits a recipient with an approved PASS to set aside earned or unearned income and resources for a work goal. The income or resources set aside are used to pay for goods or services needed to reach the goal, such as education, vocational training, starting a business, or purchasing work-related equipment. The income and resources that are set aside under a PASS are excluded from SSI income and resource tests, but they do not influence the determination of ability to engage in substantial gainful activity.

poverty thresholds. The poverty thresholds are a series of income levels, with different values for family units of different sizes, below which the family units are considered poor. The thresholds are used mainly for statistical purposes in calculating official poverty population figures. They are issued annually by the U.S. Census Bureau in the Current Population Reports series. The thresholds are adjusted annually for price changes using the annual average consumer price index for all urban consumers (CPI-U).

presumptive disability or blindness. For certain diagnoses, where there is high probability of a favorable medical determination of disability or blindness, payments may be made for up to 6 months before the formal determination if the applicant meets the nonmedical eligibility requirements.

representative payee. A person designated by the Social Security Administration to receive monthly benefit checks on behalf of an adult beneficiary who is unable to manage his or her own funds. A beneficiary under age 18 is generally considered incapable of managing benefit payments, and a representative payee will be selected to receive benefits on the beneficiary's behalf.

Section 1619(a). Continuing cash benefits for disabled individuals whose gross earned income is at the amount designated as the substantial gainful activity level. The person must continue to be disabled and meet all other eligibility rules. Also known as special cash payment.

Section 1619(b). For Medicaid purposes, provides special status to working disabled or blind individuals when their earnings make them ineligible for cash payments. Also known as special recipient status.

Survey of Income and Program Participation (SIPP). The SIPP is a household survey of the noninstitutionalized resident population of the United States, conducted by the U.S. Census Bureau. It was designed to improve the measurement of the economic situation of persons, families, and households in the United States and to provide a tool for managing and evaluating government transfer and service programs.

SSA administrative regions

Boston - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

New York - New Jersey and New York

Philadelphia - Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Atlanta - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Chicago - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Dallas - Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Kansas City - Iowa, Kansas, Missouri, and Nebraska

Denver - Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

San Francisco - Arizona, California, Hawaii, Nevada, and Northern Mariana Islands

Seattle - Alaska, Idaho, Oregon, and Washington

state conversions. Persons who were eligible for payments under the federal/state adult assistance programs in December 1973 were automatically eligible for SSI payments beginning January 1974.

state supplementation. Payments to eligible persons made under state provisions. These payments may vary by the recipient's living situation and by geographic area within the state. The payments may be administered by Social Security Administration or by the state.

substantial gainful activity. Describes a level of work activity that is productive and yields or usually yields remuneration or profit. The Social Security Administration's regulations establish a dollar amount to indicate whether a person's work is substantial.

Supplemental Security Income. A federal program for low-income aged, blind, and disabled individuals who meet income and resource requirements. Beginning in 1974, SSI replaced the former federal/state programs of Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled. SSI is funded by general tax revenues, not Social Security taxes.

suspended benefit. A payment that has been temporarily stopped until the condition(s) causing the suspension are known to have ended. The suspension does not affect eligibility for Medicare benefits.