Blind and Disabled Persons Awarded Federally Administered SSI Payments, 1975

by Satya Kochhar*

State agencies made medical determinations on 975,000 applications filed by the blind and disabled in 1975. Forty percent were found eligible for federally administered payments, and 60 percent were found ineligible. Nine out of 10 of the awardees were adults. Forty percent of these adults either had no occupation or no occupation was reported. Among both adults and children, the leading cause of disability was mental illness. Nearly 1 out of 3 adults was awarded benefits on the basis of mental disorders. The proportion of children determined disabled by mental illness was about twice that of adults. More than one-half of all children awarded benefits were mentally retarded. Among adults, the second most frequent disabling impairment was cardio-vascular disease; among children, it was diseases of the nervous system and sense organs.

The Social Security Administration administers two programs under which the blind and disabled receive benefits: Old-age, survivors, and disability insurance (OASDI) and supplemental security income (SSI). OASDI benefits for the disabled were first paid in 1957. The SSI program was initiated in 1974, replacing the former federally assisted State programs of old-age assistance, aid to the blind, and aid to the permanently and totally disabled.

In March 1978 under the OASDI program, benefits were received by about 3.4 million persons (2.8 million disabled workers, 408,000 adults disabled since childhood, and 127,000 disabled widows and widowers). At the same time under the SSI program, nearly 2.3 million blind and disabled persons received federally administered payments (2.0 million disabled adults, 72,000 blind adults, 5,400 blind children, and 178,000 disabled children).

Persons are defined as disabled under both the OASDI and SSI programs if they are incapable of engaging in any substantial gainful activity because of a medically determinable physical or mental impairment that has lasted or can be expected to last continuously for at least 12 months or to result in death. Blindness is defined as central visual acuity of 20/200 or less in the better eye with the use of a corrective lens or tunnel vision of 20 degrees or less.

For SSI purposes the definition of disability has an additional concept of "comparable severity," applicable only to children under age 18. For adults, disability is

associated with an inability to work. This definition cannot be applied to children, however, since they are not usually expected to work. Accordingly, disability in children must be evaluated in terms of their growth, maturation of physical and functional characteristics, learning, mastering of basic skills, and emotional and social development.

Under OASDI, a beneficiary must meet the insuredstatus requirement of 20 quarters of covered employment out of the 40 immediately preceding the quarter of onset of disability. Under SSI, an individual's eligibility for p. jments is based on the income and resources available for the support. The waiting period of 5 consecutive months of disability for OASDI benefits is not applicable to SSI.

The purpose of this study is to describe the disability characteristics of blind and disabled adults and children who were awarded federally administered payments in 1975 under the SSI program. In addition, these characteristics are compared with persons awarded OASDI benefits in 1973 and with the recipients of financial assistance under aid to the permanently and totally disabled in 1970. The distribution of SSI awardees by diagnostic group, occupation, and mobility status is also examined.

The data for the study were obtained from a sample of medical determinations completed by the State agency performing the disability determinations services in 1975. Information drawn from these records will become a part of the longitudinal supplemental security income (LSSI)

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¹For workers becoming disabled before age 31, the quarters-of-coverage requirement is lower.

system. The sample design and reliability of estimates are discussed in the technical note (page 18). Persons awarded SSI payments in 1975 who became entitled to OASDI disability benefits before 1975 are not included in this study.

Determination of Disability

An individual citing blindness or disability may apply for benefits at any Social Security Administration district office. Application may be made concurrently for benefits under both programs. The district office determines the OASDI applicant's insured status and develops information on the income and resources of the SSI applicant.² A report is also prepared on the applicant's medical history and the disabling condition. The medical evidence shows the nature and extent of physical or mental impairments that prevent the applicant from engaging in substantially gainful work. The disability report provides evidence of the applicant's education, training, work experiences, and daily activities—both before and after the onset of disability. These reports are sent to the State agency that is federally funded under contractual agreements with the Secretary of Health, Education, and Welfare and usually located within the State vocational rehabilitation agency.

The Social Security Administration provides the criteria to be used for determining disability. These criteria describe the medical conditions that constitute disability under the Social Security Act definition. The Social Security Administration has also furnished lists of impairments within each major body system that are sufficiently severe to keep an individual from working. Using these criteria and the information on the applicant, State personnel render the decision.

If the medical evidence is insufficient for a determination of disability, the State agency may obtain consultative physical or mental examinations or tests from other professional sources at Social Security Administration expense. The State agency finds an individual disabled on the following bases applied sequentially:

- (1) Impairment meets listed criteria for severity. Laboratory and other clinical findings correspond exactly to the criteria in the listing of impairments provided by the Social Security Administration.
- (2) Impairment equals listed criteria for severity. The clinical findings do not conform exactly to the listed criteria, but the nature and severity of the impairment equals the listings in terms of actual medical disability.
- (3) Medical and vocational considerations and age factors. The impairments alone do not warrant determination of disability but the applicant is marginally educated and has worked for 35-40 years in unskilled, arduous labor. The nature of and the severity of the impairments prevent performance of previous work. Such applicants, close to retirement age, are not good candidates for occupational retraining.
- (4) Medical and vocational considerations. An applicant who does not meet the criteria in (1), (2), and (3) above may be found disabled on the basis of medical and vocational factors. Such factors as age, education, training, and work experience, combined with physical and mental impair-

Table 1.—Number and percentage distribution of blind and disabled adult and child SSI applicants, by type of determination, 1975

Total ¹	Adults	Children
Number		
974,559	907,072	67,487
400,080 574,479	356,892 550,180	43,188 24,299
Percer	tage distrib	ution
190.0	100.0	100.0
41.1 58.9	39.3 60.7	64.0 36.0
	974,559 400,080 574,479 Percen 190.0	Number 974,559 907,072 400,080 356,892 574,479 550,180 Percentage distrib 190.0 100.0 41.1 39.3

Excludes those previously entitled to OASDI benefits.

ment, can render the applicant incapable of engaging in substantial gainful activity.

All persons found disabled are referred to their State vocational rehabilitation agencies. These State agencies are reimbursed by the Social Security Administration for services provided to blind and disabled persons receiving payments under OASDI and SSI. For OASDI the costs of vocational rehabilitation services are met from the social security trust funds; for SSI these costs are met from general revenues.

Before completion of the disability determination process, payments on the basis of presumptive disability may be made to blind and disabled applicants for a period of up to 3 months in certain circumstances. These applicants, however, must first meet all other eligibility requirements for SSI payments. There must be a high probability that the formal determination will be favorable.

Determinations

Forty-one percent of the 1975 applications for SSI payments on the basis of blindness or disability were allowed (357,000 adults and 43,000 children) (table 1). Sixty-one percent of the applications of adults were denied, but only 36 percent of those of the children.

Basis of Adjudication

When the State agency completes the study of each claimant's record, the impairment is classified in one of the major diagnostic groups according to primary diagnosis and the basis of the disability adjudication. About 30 percent of SSI adult awardees suffered an impairment that exactly met the level of the severity criteria, and 44 percent were disabled because a combination of their impairments equaled the required level of severity. For 25 percent of the awardees whose medical disability alone was insufficient, consideration of other vocational factors resulted in a finding of disability. For a relatively small number of adult

²To be eligible for SSI payments, he must file for all other benefits to which he may be entitled.

Table 2.—Number and percentage distribution of blind and disabled adults and children awarded federally SSI administered payments, by basis for adjudication and diagnostic group, 1975

		,	Adults	,			Children	
		Impaii	ment	Determination based on—		Imp		airment
Diagnostic group	Total	Meets level of severity	Equals level of severity	Medical, vocational, and age factors	Other vocational factors	Totai ¹	Meets level of severity	Equals level of severity
Total number	356,892	105,092	158,019	1,236	92,545	43,188	18,912	24,276
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infective and parasitic diseases	1.6 5.3	1.8 7.8	1.7	.1	1.2	.9 1.6	.9 1.6	.9 1.7
Endocrine, nutritional, and metabolic diseases		3.2	4.7	2.5	7.7	1.3	.6	1.9
Mental disorders	30.7	41.5	35.4	2.0	10.6	61.4	67.8	57.0
Mental retardation	13.1	25.5	11.1		2.6	56.0	64.7	49.3
Diseases of—								
Nervous system and sense organs	9.9	16.6	9.3	.4	4.3	20.3	20.8	20.0
Eye	2.9	7.9	.8	.1	.9	2.5	4.6	.9
Circulatory system	20.4	13.0	20.6	50.8	29.0	.8	.4	1.1
Respiratory system	4.7	4.7	3.6	5.1	6.7	.5	.2	.8
Digestive system	2.1	2.0	2.2	6.2	2.7	.2	.1	.3
Genitourinary system	.9	1.7	.7		.6	.5	.5	5
Musculoskeletal system and connective tissue	12.5	2.0	9.4	28.5	30.2	1.4	.5	2.0
Congenital anomalies	1.3	1.6	1.4		.8	7.7	4.5	10.2
Accidents, poisonings, and violence	3.9	3.8	3.9	3.3	4.2	1.3	1.1	1.4
Other	1.7	.3	1.1		.8	2.1	.9	2.2

¹Excludes those previously entitled to OASDI benefits.

applicants, disability was allowed because of their marginal education and long experience in arduous unskilled labor (table 2).

In the absence of vocational background, two bases of classifications are used for children. These bases are (1) meeting the severity criteria (45 percent), and (2) equaling the criteria (55 percent).

Diagnostic Groups

Mental illness was the most common cause of disability in 1975, accounting for nearly one-third of the SSI awardees (table 3). About one-half of these persons were mentally retarded. Second most frequent were diseases of the circulatory system: 1 out of 5 awardees suffered from these dis-

Table 3.—Number and percentage distribution of blind and disabled adults and children awarded federally administered SGI payments, by diagnostic group, 1975

			Number		Perc	entage distribution	on
			Blind and	disabled		Blind and	disabled
Diagnostic group	ICDA code ¹	Total ²	Adults	Children	Total	Adults	Children
Total		400,080	356,892	43,188	100.0	100.0	100.0
Infective and parasitic diseases	000-136	5,957	5,582	375	1.5	1.6	.9
Neoplasms	140-239	19,707	19,025	682	4.9	5.3	1.6
Endocrine, nutritional, and metabolic diseases	240-279	18,311	17,737	574	4.6	5.0	1.3
Mental disorders	290-315	136,026	109,509	26,517	34.0	30.7	61.4
Mental retardation	310-315	70,868	46,685	24,183	17.7	13.1	56.0
Diseases of							
Nervous system and sense organs	320-389	44,278	35,490	8,788	11.1	9.9	20.3
Eye	360-379	11,295	10,214	1,081	2.8	2.9	2.5
Circulatory system	390-458	73,105	72,762	343	18.3	20.4	.8
Respiratory system	460-519	17,050	16,830	220	4.3	4.7	.5
Digestive system	520-577	7,613	7,508	105	1.9	2.1	.2
Genitourinary system	580-629	3,501	3,283	218	.9	.9	.5
Musculoskeletal system and connective tissue	710-738	45,090	44,503	587	11.3	12.5	1.4
Congenital anomalies	740-759	7,953	4,624	3,329	2.0	1.3	7.7
Accidents, poisonings, and violence	800-999	14,516	13,956	560	3.6	3.9	1.3
Other	~ ~ ~	-6,973	6,083	890	1.7	1.7	2.1

¹Based on International Classification of Diseases, Adapted, 8th revision, 1967.

²Excludes those previously entitled to OASDI benefits.

eases. Diseases of the musculoskeletal system and connective tissue and diseases of the nervous system and sense organs accounted for 11 percent each.

Blindness, as defined earlier, is included in the diagnostic group of nervous system and sense organs under "diseases of the eye." Included in that group were 11,300 awardees—among them, 4,200 adults and 600 children meeting the definition of blindness. For the remaining 6,500 persons, the eye disease was not severe enough for a finding of "blindness." The latter group was found disabled, however, because of the severity of the impairment, a combination of impairments, or consideration of vocational factors.

When children and adults are considered separately, the distribution by diagnostic groups is markedly different. Children suffered mental disorders (60 percent), diseases of the nervous system and sense organs (20 percent), and congenital anomalies (8 percent). Adult awardees also had mental disorders (30 percent), diseases of the circulatory system (20 percent), and diseases of the musculoskeletal system and connective tissue (13 percent).

Adults

For 1 out of 3 adults, the primary diagnosis was a mental impairment. The following tabulation shows a distribution of primary diagnosis within this group.

	Adults with mental disorders		
Primary diagnosis	Number	Percent	
Total	109,509	100.0	
Psychoses	42,194	38.5	
other nonpsychotic mental disorders	20,630	18.8	
Mental retardation	46,685	42.6	

Mental retardation was the most prominent condition among the mentally ill adults, accounting for more than 40 percent of awards. To be awarded SSI payments because of mental retardation, an individual must have his intelligence level measured by standard psychological tests of learning ability, maturation, and social adjustment. If an individual's performance clearly indicates mental retardation to the examiner, however, or if he is so severly impaired that he is incapable of taking tests, testing is not mandatory. The level of mental retardation in such cases is recorded as "unspecified."

Disability because of mental retardation is established under the following conditions: The individual must (1) depend on others for safety and personal needs and is unable to communicate, (2) have an IQ of 49 or less, and (3) have an IQ of 50-69 (mild retardation) and some other mental or physical impairment that restricts functioning. Approximately two-thirds of the mentally retarded adults were in either the first, second, or "unspecified" category. Only about one-third suffered mild retardation combined with some other impairment.

Of the remaining mentally ill adults, 38 percent were diagnosed as psychotic; 18 percent were disabled by neuroses, personality disorders, and other nonpsychotic disorders. Thus, most of the adults with mental disorders, comprising almost one-third of the SSI disabled population, are individuals who will have severe difficulties in self-care and social adjustment throughout their lives.

A high degree of severity among mentally disabled adults is demonstrated in the distribution by basis of adjudication. Mentally ill adults made up 31 percent of all 1975 awardees. Among those whose impairment was severe enough to meet the listed level of severity, however, 42 percent suffered mental disorders. In addition, 35 percent of those whose impairment or combination of impairments equaled that level of severity were mentally ill. By comparison, only 10 percent of those for whom vocational factors were considered were awarded benefits on the basis of mental disorders.

As the following tabulation shows, the percentage distri-

	Adults		
Region	Total ¹	With mental disorders	
Total number	356,892	109,509	
Total percent	100.0	100.0	
Northeast	20.9	21.5	
North Central	20.4	23.4	
South	40.0	37.7	
West	18.7	18.3	

¹Excludes those previously entitled to OASDI benefits.

butions by geographic region for all blind and disabled adults awarded SSI and for those whose disability was allowed on the basis of mental illness were similar.

The proportion of the mentally ill among adults awarded SSI payments in 1975 was consistent with the ratio among recipients under the aid to the permanently and totally disabled (APTD) program in 1970. Of the SSI awardees, 31 percent had mental disorders, as table 3 indicates. Among the APTD recipients in 1970, 35 percent were mentally ill (table 4).

Only 10 percent of those awarded disabled-worker benefits under OASDI in 1973 were awarded benefits on the basis of mental disorders (table 5). Among the adults disabled since childhood, however, 80 percent suffered mental disorders, and most of these beneficiaries were mentally retarded. An adult with a disability that began before age 22 is eligible to receive OASDI benefits if he is the dependent son or daughter of a retired, deceased, or disabled worker. Such persons generally have no work experience because of the severity and duration of their impairments.

The combination of mental retardation and the attendant lack of work experience have dual implications for the relationship between the OASDI and SSI disability programs. Many of those receiving OASDI as "disabled adult children" also receive SSI as disabled individuals (for

Table 4.—Number and percentage distribution of APTD recipients, by diagnostic group, 1970

Diagnostic group	APTD recipients ¹
Total number	865,894
Total percent	100.0
Infective and parasitic diseases	3.3
Neoplasms	2.1
Endocrine, nutritional, and metabolic diseases	4.4
Mental disorders	35.1
Diseases of—	
Nervous system and sense organs	10.2
Circulatory system	19.7
Respiratory system	4.6
Digestive system	1.9
Genitourinary system	.7
Musculoskeletal system and connective tissue	9.3
Congenital anomalies	1.7
Accidents, poisonings, and violence	3.3
Other	3.6

¹In addition in 1970, AB recipients totaled 78,700.

Source: Findings of 1970 APTD Study, Part 1, Demographic and Program Characteristics, Social and Rehabilitation Service, Department of Health, Education, and Welfare, table 45.

August 1978, the proportion was 36 percent). In addition, a sizable number of the mentally retarded children now on the SSI rolls are expected to become OASDI beneficiaries as their parents retire, become disabled, or die.

Diseases of the circulatory system ranked second in frequency among SSI adults in 1975, accounting for 1 out of 5 allowances. The distribution of cardiovascular diseases by basis of adjudication shows a different pattern from that for mental disorders, with vocational considerations a much greater factor in the awarding of disability payments.

More than 1 in 4 of the adults awarded SSI payments

Table 5.—Number and percentage distribution of disability allowances under OASDI, by type of beneficiary and diagnostic group, 1973

		Di	sabled beneficia	ary
Diagnostic group	Total	Workers	Children aged 18 and older	Widows and widowers
Total number	551,181	491,776	39,682	19,723
Total percent	100.0	100.0	100.0	100.0
Infective and parasitic				
diseases	1.6	1.6	1.4	1.7
Neoplasms	9.4	10.3	.6	6.1
Endocrine, nutritional, and				
metabolic diseases	3.6	3.7	.8	8.1
Mental disorders	14.7	9.6	77.7	16.2
Diseases of-			l	
Nervous system and	*			
sense organs	6.8	6.3	12.2	7.9
Circulatory system	29.9	32.2	.5	31.7
Respiratory system	6.5	7.0		6.1
Digestive system	2.7	3.0		2.4
Genitourinary system	.9	1.0		.5
Musculoskeletal system				
and connective tissue	16.1	17.4	1,2	15.1
Congenital anomalies	1.2	1.1	2.4	1.0
Accidents, poisonings, and		1		
violence	5.8	6.2	2.3	2.4
Other	.7	.7	1.1	.7

because their impairment, combined with vocational factors, kept them from working, had cardiovascular diseases. One in 5 adults awarded SSI payments because their impairments equaled the listed level of severity also suffered from those diseases. The corresponding ratio for those who had an impairment meeting that level was only about 1 in 8.

The proportion of recipients with circulatory conditions reported in the 1970 APTD study was similar to that of the SSI group. Among disabled workers awarded OASDI benefits in 1973, however, diseases of the circulatory system ranked first, accounting for almost one-third.

Diseases of the musculoskeletal system ranked third among the SSI group, accounting for 12 percent of awards. Thirty percent of the adults for whom vocational factors were considered had one of these conditions. Among disabled workers awarded OASDI benefits, the incidence of diseases of the musculoskeletal system (17 percent) was greater than it was under either SSI (12 percent) or APTD (9 percent).

Children

Of the children awarded SSI in 1975, 61 percent had mental disorders and 20 percent had diseases of the nervous system and sense organs. Nine out of 10 of the mentally ill children were mentally retarded. The following tabulation shows the distribution of mental disorders of children by primary diagnosis.

	Children with mental disorders		
Primary diagnosis	Number	Percent	
Total	26,517	100.0	
Psychoses	857	3.2	
Neuroses, personality disorders and other nonpsychotic mental disorders		5.6 91.2	

The pattern of disability determinations because of menial retardation for children under the SSI program is similar to that for adults. For one-half of the mentally retarded, the level of retardation was "unspecified"—that is, no test results were developed. An additional 20 percent were profoundly or severely retarded, and 14 percent were moderately retarded. Twelve percent were awarded SSI payments because they were mildly retarded and had some other impairment.

One out of 5 SSI children was awarded payments on the basis of diseases of the nervous system and sense organs. These children included 3 percent with diseases of the eye (including blindness), approximately 5 percent with diseases of the ear and mastoid process, and 6 percent with cerebral spastic infantile paralysis.

Occupation

In the study file the applicant's full-time occupation is defined as that held for the longest time in the 15 years

Table 6.—Number and percentage distribution of blind and disabled adults awarded federally administered SSI payments, by occupation, 1975

356,892	100.0
13,696	3.8
22,991	6.4
73,147	20.5
22,233	6.2
5,673	1.6
13,002	3.€
	4.8
	6.7
23,992	6.7
752	.2
88,837	24.9
1	14.5
	13,696 22,991 73,147 22,233 5,673 13,002 17,024 23,788 23,992 752 88,837

¹Excludes those previously entitled to OASDI benefits.

immediately preceding the onset of disability. One in 4 adults awarded SSI payments in 1975 had no occupation (table 6). For 15 percent, no occupation was reported. When the report prepared by the district office does not supply vocational information and such information is not required for adjudicating the claim, the case is included in the "not reported" category. It is more than likely, therefore, that SSI payments for these adults were awarded on a medical basis only, because of the severity of their impairments.

Twenty percent of the adults awardees had held service jobs. Six percent had been in farming, fishery, and forestry occupations, and comparable proportions held jobs in clerical, sales, and structural work. Four percent had performed professional, technical, or managerial work.

Mobility Status

The mobility status of SSI applicants is recorded by the State agency when the disability is determined. The data show that three-fourths of the adult awardees were ambulatory and could go outside their homes without assistance (table 7).

In contrast, children were ambulatory without assistance

Table 7.—Number and percentage distribution of blind and disabled adults and children awarded federally administered SSI payments, by mobility status, 1975

Mobility status	Total ¹	Adults	Children
Total number	400,080	356,892	43,188
Total percent	100.0	100.0	100.0
Institutionalized	6.9	5.8	15.4
Hospitalized	2.0	2.2	.9
Housebound	2.6	2.2	5.6
Ambulatory outside the house	86.9	88.2	76.3
With assistance	14.5	12.2	33.1
Without assistance	72.4	76.0	43.2
Not reported	1.6	1.6	1.8

Excludes those previously entitled to OASDI benefits.

less frequently. Only two-fifths of the children could leave the home unaided. The degree of dependency among blind and disabled children is emphasized by the proportions institutionalized and homebound—15 percent and 6 percent, respectively.

Technical Note

Sample Design

The longitudinal supplemental security income (LSSI) sample is designed to provide the Social Security Administration with a research tool for conducting in-depth studies of the segment of the population affected by the SSI program over a period of time. In particular LSSI data reflect changes in incomes and their effects on benefit levels, residence changes, and—for disabled persons—diagnosis, occupation, education, and mobility.

The LSSI sample, which currently contains some 700,000 sample individuals, may be regarded as a stratified sample. For each SSI applicant a master payment record—the supplemental security record—is created. During establishment of the record, persons are selected for inclusion in the LSSI sample on the basis of their social security number, the State in which their application is filed, and type of benefit (aged, blind, or disabled) for which a determination is to be made. Once selected for inclusion in the LSSI, persons remain in the sample during their lifetime.³

Whenever husband and wife have both applied for SSI benefits, one of them will be uniquely identified as "individual" and the other as "spouse." For cross-sectional analysis of active eligible persons at a fixed point in time, eligible spouses to be included will be those linked to individuals who are sample persons.⁴

LSSI Disability Data

If an applicant claiming SSI benefits on the basis of blindness or disability meets other eligibility criteria (such as countable income and resources within prescribed limits), the district office initiates preparation of the disability determination and transmittal form (SSA-831) concerning the person's medical history and disabling condition. The SSA-831 is then completed by the State agency

³For sample persons with multiple applications, data are entered in the LSSI file for each period of eligibility. A period of eligibility is defined as the period beginning with the filing of an application and ending with the denial of that application or with the termination of benefits paid as a result of that application.

⁴Spouses who are sample persons but are associated with nonsample individuals will not be included in the study.

⁵The SSA-831's are prepared for every initial and reconsideration determination. For applicants already receiving a social security disability benefit at the time of SSI application, a new medical determination is not required. Information from the SSA-831 is not currently available for the LSSI for such persons.

to which the application is referred. After the State agency determines the severity of the disabling condition, the decision, diagnosis, and bases for adjudication of the application are entered on the form. The SSA-831 is then sent to the Social Security Administration's central office for manual coding and keypunching for the LSSI sample.

A tally of the number of SSA-831 forms sent from district offices to State agencies shows that 960,000 applications were referred in 1975. Information was coded to the LSSI file for an estimated 776,000 forms in the central office for that period. This discrepancy has various causes, including deletion from central office processing of SSA-831 forms for presumptive disability cases and also for those in the quality assurance sample. Both the estimates for totals and corresponding standards errors are adjusted to take the above problems into account.

Reliability of Estimates

Since the estimates presented in this report are based on sample data, they may differ from those that would have been obtained if all the members of the study population had been surveyed under the same conditions. The standard error measures the amounts by which the sample estimates may vary from results theoretically obtainable from a comparable survey of the entire population.

The sample estimate and its standard error can be used to construct interval estimates with a prescribed confidence that the interval includes the population value or the average of all possible samples drawn from the sample population. In about 68 percent of the samples from a population, the population value would be included in the interval ranging from one standard error below the sample estimate to one standard error above it. In about 95 percent of the samples from a universe, the population value would be included in the interval from two standard errors below the sample estimate to two standard errors above it. In 99 percent of the samples from a universe, the population value would lie within two and one-half standard errors of the sample estimate.

Using the fact that $(1-f)/f \le 49$ in each LSSI sample stratum with sampling fraction f, upper bounds were derived from the standard error of the numbers and the percentages given in the text tabulations on page 16 and in tables 1, 2, 6, and 7. These approximations, which suffice for the tests of significance for analysis in the text, are given in the tabulation in the next column.

For data relating to diagnosis, table I gives standard errors corresponding to the national estimates of total adult applicant numbers and percentages shown in table 3. Table II gives the same information by State for the estimated percentages presented in table 8.

The entire SSI child applicant population is included in the LSSI. Consequently, the standard errors corresponding to the estimated numbers and percentages for children in table 9 are all equal to zero.

Location	Cells	Numbers	Percentages
Text			
tabulation:			
P. 16, l.col	All detail cells	1,158	1.1
P. 16, r.col	Total adults	3,333	.6
P. 16, r.col	Adults with mental dis-		
	orders	1,158	1.1
Table:			
1	Total	3,333	.3
1	Adult	3,333	.4
	Adult:		
2	Total	3,333	.6
2	Impairment meets level of	-,	
	severity	2,091	1.1
2	Impairment equals level of		
	severity	2,091	.9
2	Medical, vocational, and age		
	factors	2,091	10.0
2	Other vocational factors	2,091	1.2
6	All total cells	2,091	.6
7	Total	3,333	.5
7	Adults	3,333	.6

A discussion of the standard errors relating to the OASDI disabled-worker population can be found in a presentation of disability applicant data, published in 1970.6 For APTD, a description of the standard errors can be found in **Findings of the 1970 APTD Study**.⁷

The standard error is useful in testing the significance of the difference between two statistics—that is, the confidence that the difference in sample estimates is a real difference and not merely due to chance. In the analyses

Table I.—Standard errors of number and percent of blind and disabled adults awarded federally administered SSI payments, by diagnostic group, 1975

1		Blind and disabled adults		
Diagnostic group	ICDA code ¹	Number ²	Percent	
Infective and parasitic diseases	000-136	445	0.1	
Neoplasms	140-239	777	.2	
Endocrine, nutritional, and				
metabolic diseases	240-279	744	.2	
Mental disorders	290-315	1,580	5	
Mental retardation	310-315	1,131	.3	
Diseases of—		i [
Nervous system and sense				
organs	320-389	1,005	.3	
Eye	360-379	468	1	
Circulatory system	390-458	1,381	.4	
Respiratory system	460-519	722	.2	
Digestive system	520-577	495	.2	
Genitourinary system	580-629	349	.1	
Musculoskeletal system and				
connective tissue	710-738	1,156	.4	
Congenital anomalies	740-759	359	.1	
Accidents, poisonings, and				
violence	800-999	665	.2	
Other		464	.1	

Based on International Classification of Diseases, Adapted, 8th revision, 1967.

⁶Social Security Disability Applicant Statistics, 1970, Social Security Administration, Office of Research and Statistics.

⁷Social and Rehabilitation Service, Program Statistics and Data Systems, National Center for Social Statistics, September 1972.

²Excludes those previously entitled to OASDI benefits.

Table 8.—Number and percentage distribution of blind and disabled **adults** awarded federally administered SSI payments, by diagnostic group and State, 1975

by diagnostic group a		Percentage distribution												
							Diseases of—							
State	Total number!	Total	Infective and parasitic	Neo- plasms	Endo- crine, nutri- tional, and meta- bolic	Mental dis- orders	Nervous system and sense organs	Circu- latory system	Respira- tory system	Diges- tive system	Musculo- skeletal system	Congenital anomalies	Acci-dents	Other
Total	356,892	100.0	1.6	5.4	5.0	30.7	10.1	20.7	4.7	2.1	12.7	1.3	3.9	1.7
Ala	8,173 303 3,146 4,855 47,391	100.0 100.0 100.0 100.0 100.0	1.6 4.0 1.2 1.6 1.3	5.1 6.4 3.6 7.3 4.6	3.3 2.3 4.7 5.4 3.9	26.2 13.3 30.1 20.4 29.2	5.2 10.4 9.6 8.3 13.1	30.0 20.2 15.9 30.4 14.8	5.7 6.9 4.4 6.1 4.3	1.6 2.3 4.4 2.3 3.0	22.5 16.4 11.4	1.1 1.7 2.1 2.4 1.1	6.1 6.9 6.0 3.2 4.0	2.2 2.9 1.6 1.3 2.7
Colo	2,448 3,070 853 1,475 14,989	100.0 100.0 100.0 100.0 100.0	3.4 .1 1.9 1.3 1.9	4.0 3.1 8.2 2.6 5.7	4.9 5.4 5.7 6.6 5.3	43.7 42.1 37.9 43.7 28.4	9.7 13.2 7.6 15.1 10.1	14.1 15.3 17.4 18.5 23.0	2.7 1.6 4.7 2.6 4.2	4.7 2.1 1.6 1.3 2.1		.7 2.4 1.3 0 .6	4.7 4.2 2.2 1.6 2.8	0 2.1 1.3 1.3 2.6
Ga	14,165 832 726 14,975 5,963	100.0 100.0 100.0 100.0 100.0	1.0 1.5 .5 2.7	4.6 4.3 7.1 4.5 4.1	4.3 5.0 3.2 5.8 5.0	30.2 44.6 22.5 32.6 35.1	9.3 8.7 13.8 10.1 12.8	23.8 16.7 12.2 21.2 22.1	4.4 6.8 7.7 4.2 4.5	2.4 0 3.2 .8 2.2	7.7 20.4 13.6	1.1 1.5 2.1 .5	4.0 1.9 5.8 3.0 3.2	1.2 1.6
lowa	3,362 1,638 7,136 10,215 2,061	100.0 100.0 100.0 100.0 100.0	1.2 .9 1.2 1.3	6.2 3.3 7.5 3.6 7.4	4.3 4.7 5.9 6.3 5.7	40.7 38.0 31.2 31.6 23.8	13.1 10.2 10.1 4.2 6.4	12.6 17.8 17.5 27.2 25.7	4.2 3.7 8.2 4.9 5.3	1.6 1.9 1.8 2.3 4.5	14.1 9.1 11.8	2.2 1.1 1.8 1.7 1.2	4.0 3.4 4.6 2.9 4.1	1.1 .9 1.1 2.3 1.6
Md	5,162 10,461 11,213 2,895 6,542	100.0 100.0 100.0 100.0 100.0	2.5 1.0 1.7 .7 1.6	4.9 4.8 4.5 7.3 5.5	3.1 3.1 5.7 4.0 4.8	36.2 41.6 34.9 42.1 18.4	10.7 10.0 11.8 6.8 7.2	25.2 16.8 18.0 11.6 34.4	4.3 3.5 4.5 4.3 5.9	1.2 3.0 1.1 1.2 1.2	9.5 9.6	1.4 1.1 2.4 2.4 1.7	3.1 4.8 4.6 5.6 3.2	1
Mo	6,440 831 1,268 835 610.	100.0 100.0 100.0 100.0 100.0	1.6 2.0 1.8 1.2	4.8 6.0 7.2 10.2 5.2	5.8 6.3 5.9 7.0 4.5	30.3 25.1 32.6 20.1 46.4	8.5 12.3 10.2 18.0 16.1	22.1 15.6 15.2 15.5 8.2	6.4 6.0 3.6 4.9 3.7	1.6 3.0 2.7 3.9 1.5	13.6 14.1 11.7	1.5 2.8 .8 1.7 3.0	3.0 4.8 4.2 4.4 4.5	.5 2.5 1.8 1.5 1.5
N. J. N. Mex N. Y. N. C. N. Dak	11,519 2,023 29,900 12,101 511	100.0 100.0 100.0 100.0 100.0	1.1 2.1 2.8 1.3	6.3 3.7 7.3 5.6 5.6	6.1 4.9 4.2 7.8 2.8	36.9 27.7 24.9 29.0 40.2	7.6 14.0 12.6 6.0 10.1	19.1 12.4 23.3 25.5 16.2	4.9 3.7 6.1 3.9 4.5		16.9 11.3	1.9 .6 1.1 1.4 1.7	2.5 7.0 3.3 3.1 5.0	1.6 3.3 1.6 2.2 1.1
Ohio Okla Oreg Pa R. I.	17,443 4,941 2,534 15,012 1,232	100.0 100.0 100.0 100.0 100.0	1.3 .7 2.7 .7 2.6	3.5 5.4 5.8 5.2 7.8	6.8 7.8 3.3 5.6 2.6	36.6 21.7 22.8 31.7 27.6	9.5 6.9 9.9 15.3 5.0	17.5 22.0 17.4 18.4 27.6	5.1 5.1 7.0 3.7 6.0	1.9 2.6 3.7 .7 1.7	19.5 17.7	1.2 .5 2.7 1.2 .9	4.0 6.2 6.4 3.0 3.5	.6 1.6 .6 1.5
S. C. S. Dak Tenn Tex Utah	6,681 772 9,596 24,333 848	100.0 100.0 100.0 100.0 100.0	1.1 .6 1.9 2.1 1.5	6.8 9.2 5.0 6.2 3.3	5.1 3.0 6.1 5.4 6.6	25.7 36.9 27.9 30.4 42.2	5.8 8.9 6.3 8.4 7.2	29.9 15.5 25.7 21.5 12.3	5.2 3.0 6.5 3.2 3.1	2.2 3.6 1.5 2.6 1.5	12.8 11.2 11.7	1.1 .9 .8 1.2 2.8	5.4 4.8 5.6 5.4 4.1	2.2 .9 1.5 1.9
Vt Va Wash W. Va Wis Wyo	850 7,329 4,552 4,296 6,188 198	100.0 100.0 100.0 100.0 100.0 100.0	1.2 1.8 .7 .9 1.2 2.4	4.0 9.7 4.2 3.7 5.4 8.2	4.9 4.2 4.0 3.1 3.7 3.5	38.0 30.5 36.2 34.5 37.7 24.7	8.4 9.8 10.1 10.9 9.1 8.2	17.3 17.9 16.8 23.9 13.4 14.1	6.9 5.0 6.3 7.1 4.0 5.9	1.2 3.2 1.7 .9 1.7 1.2	12.5 11.5 9.9 15.1	.9 1.1 2.5 1.6 2.4 3.5	2.9 3.2 3.1 2.8 4.5 8.2	1.2 1.1 2.8 .6 1.7 2.4

¹Excludes those previously entitled to OASDI benefits.

presented in this report, differences in estimates are considered statistically significant if they equal or exceed 1.96 standard errors, the level at which a predicted difference

could be expected to occur by chance less than 5 out of 100 times, or the .05 level of significance.

The standard error of the difference can be calculated

Table II.—Standard errors of number and percent of blind and disabled adults awarded federally administered SSI payments, by diagnostic group and State, 1975

menes, oy an	ugnost	Percent											
								Diseases of-	-			,	
State	Number!	Infective and parasitic	Neoplasms	Endocrine, nutritional, and metabolic	Mental disorders	Nervous stystem and sense organs	Circula- tory system	Respira- tory system	Digestive system	Musculo- skeletal system	Con- genital anomalies	Accidents	Other
Total	356,892	0.1	0.2	0.2	0.5	0.3	0.4	0.2	0.6	0.6	0.1	0.2	0.1
Ala Alaska Ariz	8,173 303 3,146	.7 .0 .5	1.2 0 .8	1.0 0 .9	2.4 0 2.0	1.1 0 1.2	2.5 0 1.6	1.3 0 .9	.7 0 .9	1.8 0 1.6	.5 0 .6	1.3 0 1.0	1.1 0 .8
Ark	4,855 47,367	.4 .4	.9 .7	.8 .6	1.4 1.6	.9 1.0	1.6 1.2	.8 .7	.5 .6	1.1 1.3	.5	.6 .7	.5 .8
Colo	2,448 3,070 853 1,475 14,989	1.4 0 0 1.2 .6	1.5 1.2 0 1.7	1.7 1.5 0 2.6 .9	3.9 3.4 0 5.1 1.8	2.2 2.2 0 3.5 1.2	2.7 2.5 0 4.0 1.7	1.3 .9 0 1.7 .8	1.7 1.0 0 1.2 .6	2.0 1.9 0 2.3 1.4	.6 1.0 0 0 .3	1.7 1.4 0 1.2 .7	0 1.4 0 1.2 .9
Ga	14,165 832 726 14,975 5,963	.4 .6 0 1.0 .6	.9 1.1 0 1.3 1.3	.9 1.1 0 1.4 1.4	2.0 2.7 0 2.9 3.1	1.2 1.3 0 1.8 2.1	1.9 2.1 0 2.5 2.7	.9 1.4 0 1.2 1.4	.7 0 0 .5 1.0	1.4 1.5 0 2.1 1.7	.4 .6 0 .4 .4	.9 .8 0 1.0	.9 .9 0 .6 1.2
Iowa	3,362 1,638 7,136 10,215 2,061	0 .6 .4 .6 .5	0 1.1 1.0 .9 1.5	0 1.3 .9 1.2 1.3	0 3.0 1.8 2.3 2.4	0 1.7 1.2 .9 1.3	0 2.3 1.5 2.2 2.5	0 1.2 1.1 1.1 1.3	0 .8 .5 .7 1.2	0 2.1 1.1 1.6 2.0	0 .6 .5 .6	0 1.1 .8 .8 1.1	0 .8 .6 1.1 1.0
Md	5,162 10,461 11,213 2,895 6,542	1.2 .5 1.0 .6 .8	1.7 1.0 1.5 1.9 1.4	1.3 .8 1.7 1.4 1.3	3.7 2.4 3.5 3.6 2.4	2.3 1.2 2.4 1.8 1.5	3.3 1.8 2.9 2.4 2.9	1.6 .9 1.5 1.5	.8 .8 .8 .8	1.8 1.4 2.2 2.5 2.1	.8 .5 1.1 1.0 .8	1.3 1.0 1.5 1.7 1.1	1.2 .6 1.1 .6 1.2
Mo	835	.6 .7 .5 0 .5	1.0 1.2 1.0 0 1.4	1.1 1.2 .9 0 1.3	2.1 2.2 1.8 0 3.0	1.2 1.6 1.1 0 2.1	1.9 1.8 1.4 0 1.7	1.1 1.2 .7 0 1.2	.6 .9 .6 0	1.6 1.7 1.3 0 1.3	.5 .7 .3 0	.8 1.0 .8 0 1.3	.4 1 : .7 0 .7
N. J	11,519 2,023 29,900 12,101 511	.5 .8 .7 .7	1.1 1.1 1.1 1.5 0	1.1 1.2 .8 1.7 0	2.2 2.6 1.8 3.0 0	1.2 1.9 1.3 1.5	1.8 1.9 1.7 2.8 0	1.0 1.1 1.0 1.3	.6 1.1 .5 1.2	1.4 2.2 1.3 2.0 0	.6 .4 .4 .7 0	.7 1.5 .7 1.1	.8 1.5 .7 1.3 0
Ohio	4,941 2,534 15,012	.4 .4 .8 .5	.7 1.2 1.2 1.3 2.2	.9 1.4 .9 1.4 1.3	1.8 2.2 2.1 2.8 3.7	1.0 1.3 1.4 2.1 1.5	1.4 2.2 1.9 2.3 3.7	.8 1.2 1.3 1.1 2.0	.5 .8 .9 .5	1.2 2.1 1.9 2.0 3.0	.4 .3 .8 .6 .8	.7 1.3 1.2 1.0 1.5	.4 .9 .5 .7
S. C. S. Dak Tenn Tex Utah	9,596 24,333	.7	1.1 0 1.2 1.1 .9	.9 0 1.3 1.0 1.3	1.8 0 2.4 2.1 2.5	.9 0 1.2 1.2 1.2	1.9 0 2.4 1.9 1.7	.9 0 1.3 .8 .9	.6 0 .7 .7 .6	1.2 0 1.7 1.5 1.8	.4 0 .4 .5 .8	1.0 0 1.2 1.0 1.0	.9 0 .7 .8 .5
Vt	4,552 4,296	.8 .5 .5	1.1 1.7 1.1 1.0 .7	1.1 1.1 1.1 .9 .6	2.6 2.7 2.7 2.5 1.5	1.3 1.6 1.7 1.6 .8	2.0 2.2 2.1 2.3 1.0 0	1.4 1.3 1.4 1.4 .6	.6 1.0 .7 .5 .4	1.8 1.9 1.8 1.6 1.1	.4 .5 .9 .7 .4	.9 1.0 1.0 .9 .6	.8 .8 1.3 .6 .6

¹Excludes those previously entitled to OASDI benefits.

Table 9.—Number and percentage distribution of blind and disabled children awarded federally administered SSI payments,

by diagnostic group and State, 1975

by diagnostic group	anu Sta	Percentage distribution												
							1		Disease	es of—				
State	Total	Total	Infective and parasitic	Neo- plasms	Endo- crine, nutri- tional, and meta- bolic	Mental dis- orders	Nervous system and sense organs	Circu- latory system	Respira- tory system		Musculo- skeletal system	Congen- ital anoma- lies	Acci- dents	Other
			0.9	1.6	1.4	61.7	20.4	0.8	0.5	0.2	<u> </u>	7.7	1.3	2.1
Total	43,188													
Ala Alaska	1,175 ² 10		.8.	8	1.6	59.0	22.1	1.3	2		1.5	8.1	1.2	3.0
Ariz	268		1.6	.5	2.2	45.7	26.3	1.1	1.6	0	2.7	11.8	4.3	2.2
ArkCalif	975 4,555		.7 1.5	.9 2.2	.7 1.7	66.1 58.5	15.6 22.3	.4	.6	0 .2	1.3 1.6	8.0 7.6	1.7 1.2	3.9 2.1
Calli		100.0										7.0		2.1
Colo	182 343	100.0 100.0	0 .9	2.7 1.4	0 2.3	76.4 58.8	10.0 22.7	0 .9	0	0	0 .5	6.4 9.7	2.7 1.9	1.8 .9
Del,	114	100.0	0	2.3	2.3	67.4	16.3	2.3	2.3	0	0.3	7.0	0	0
Dist. of Col	57	100.0	6.7	0	O O	66.7	20.0	0	0	0	0	0	.0	6.7
Fla	1,754	100.0	.4	1.8	.8	61.6	23.3	.9	.2	.3	.1.0	5.9	1.2	2.6
Ga	2,180	1	.3	1.2	.8	65.9	18.4	.8	.1.	.4	1.3	6.3	1.6	2.9
Hawaii	74 89	100.0 100.0	0 0 ·	3.4 2.1	0 4.3	48.3 57.4	31.0 27.7	0 2.1	0	0	3.4	10.3	3.4 2.1	0
Idaho	1,068	100.0	.7	1.1	1.4	62.6	21.7	.2	.3	.1	.7	9.0	.7	1.4
Ind	419	100.0	.3	3.2	1.6	57.1	20.6	1.3	1.3	.6	2.2	7.9	1.3	2.5
Iowa	449	100.0	1.2	1.6	.4	72.8	15.2	o	. 0	0	.4	7.0	.8	.8
Kans	261	100.0	.6	.6	0	78.4	13.5	.6	0	0	1.2	4.7	0	.6
Ky	1,007	100.0	1.0	1.7	2.0	58.9	21.1	.7	.4	.4	1.1	10.2	.9	1.6
La	2,414 252	100.0	.8 0	1.2 3.3	2.0	66.6 60.0	15.8 21.3	1.0	0.6	.3	1.7 2.7	6.5 7.3	1.3 1.3	3.2 .7
Md	1,002	100.0 100.0	.7 1.4	.7 1.3	1.2	66.1 52.4	21.6 29.5	.7	.7	.4	.4	5.7 10.2	1.8	1.1
Mich	838	100.0	1.2	9.	1.1	65.6	18.9	.3	0	0	1.8	7.8	9.	1.5
Minn	318	100.0	0	0	1.1	73.1	19.2	.5		0	.5	4.4	1.1	0
Miss	1,103	100.0	.6	2.2	1.4	55.5	19.3	1.8	1.2	.6	2.3	9.6	.7	4.8
Mo	572	100.0	.5	1.0	1.0	67.5	20.1	.8	0	0	1.3	4.9	1.5	1.3
Mont	253	1,00.0	.8	0	0	79.7	10.6	.8	.8	0	.8	4.9	1.6	0
Nebr	141 78	100.0	0	0 2.6	0	61.3 51.3	24.0 28.2	0 5.1	0	1.3 0	1.3	9.3	0	1.3 2.6
N. H	75	100.0	0	6.1	6.1	54.5	24.2	3.0	ő	3.0		0	0	0
N. J	878	100.0	1.0	2.2	2.7	57.0	21.4	.6	.9	0	1.5	9.0	.9	2.8
N. Mex	398	100.0	2.5	.8	2.5	54.8	21.2	.8		0	2.9	12.0	.4	1.7
N. Y	3,340		.9	1.8	1.2	57.9	23.2	1.1	1.2	.3	1.7	7.2	1.0	2.5
N. C N. Dak	1,205	100.0 100.0	.6 0	2.8	1.3	55.0 24.3	26.9 32.4	.7 2.7	0.3	0.2	1.2	7.2 18.9	1.8	1.9 2.7
N. Dak	104	100.0	Ū		2.7	24.3	32.4	2.,			3.4	10.7	10.6	2.7
Ohio	1,636 525		.7 .9	1.6 1.8	1.1 .9	57.7 59.4	20.7 20.9	.7 1.2		.4 0	1.4	11.6 9.9	1.9 2.4	1.4
Okla	455		2.0	2.0	.7	59.4 59.7	20.9			1.0		į.	.7	1.2
Pa	1,857		.4	1.4	1.6	62.9	22.1			.1	.9	6.5	1.6	1.6
R. l	180	100.0	1.2	1.2	1.2	58.8	24.7	0	0	2.4	1.2	8.2	0	1.2
S. C	946		.7	1.1	.7	63.8	17.9	1.3		0	.8	9.4	2.0	2.0
S. Dak	271		2.5	0	0	50.4	31.9	2.5		0	4.2	7.6	.8	0
Tenn	1,589 4,335		.5 1.3	1.9	1.0 1.6	62.0 69.0	19.6 14.1	.8		.3		8.1 6.9	1.9 1.0	2.1 1.9
Utah	152		0	0	4.3	59.4	26.1	1	0	0	1.4	5.8	0	2.9
Vt	121	100.0	0	2.0	0	58.0	30.0	0	0	0	0	8.0	2.0	0
Va	765	100.0	.9	1.2	1.9	63.2	17.9	.3	.7	.2	1.7	9.4	.7	1.9
Wash	381	1		.4	2.5	63.5	19.7	1.2		0	1.2	9.8	0	.8
W. Va	622 926		.2 .3	1.9	1.5 2.0	55.4 64.7	24.5 20.7	1		.2 .2		8.9 6.0	2.4 1.2	1.7
Wyo	29		0	0	0	46.2	38.5		0.3	0	0	7.7	7.7	0

Excludes those previously entitled to OASDI benefits.

²Percentages not shown to avoid disclosure of information on particular individuals.

from the square root of the sum of the squared standard errors of each sample estimate. In table 8, for example, the proportions of adults with diseases of the circulatory system are 15.3 and 8.2 percent for Connecticut and New Hampshire, respectively. To determine if the estimated difference of 7.1 percent is statistically significant at the .05 level of significance, the standard error of the difference is computed as follows:

 $\sqrt{(.025)^2 + (.017)^2} = .030 = 3$ percentage points where the standard errors .025 and .017, corresponding

to Connecticut and New Hampshire respectively, are obtained from table II. Since $|15.3 - 8.2| > |1.96 \times 3.0$ or 7.1 > 5.9, the difference is statistically significant at the .05 level.

If instead of testing precisely one difference between two numbers or percentages at the .05 level of significance one tests multiple sets of differences, each at the .05 level, then the probability of finding a significant difference when, in fact, there is no difference will be larger than .05. The test described here is at the .05 level for a difference between two percentages or numbers.

Program Operations

Continued from page 2

Short-stay hospital bills account for 80 percent of all bills approved and 95 percent of total reimbursements. Hospital charges were \$241 per day for the aged and \$260 per day for disabled beneficiaries. Covered days of care for the disabled were fewer, however (9.4 compared with 10.0 for all ages).

As of February 24, 1979, 21 million bills were recorded and \$3.4 billion reimbursed under SMI since January 1, 1979. Approximately 11 percent of the total amount reimbursed was for the disabled.

The average amounts reimbursed per bill for disabled beneficiaries were \$60 for physicians' services, \$118 for outpatient care, \$19 for independent laboratory services, \$142 for home care, and \$247 for all other services.