

## SOCIAL SECURITY ADMINISTRATION DATA TRENDS: KEY FINDINGS ON WORK INCENTIVE PROGRAMS (2000–2022)

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### Introduction

The Social Security Administration (SSA) manages two cash assistance programs for people with disabilities:

1. The Supplemental Security Income (SSI) program for individuals with low incomes who are seniors, blind, or have another disability.
2. The Social Security Disability Insurance (SSDI) program for individuals who have worked and become disabled or, in some cases, are the children of a worker who became disabled or is deceased.

While both programs support people who are found to be too disabled to work, they serve different purposes and have different rules and structures. For both programs, SSA provides programs and incentives designed to support people to work.

While individuals with an intellectual disability may receive SSI, SSDI, or both, it is most common for adults with intellectual disability to receive SSI. This Data Note Plus will focus on individuals with an intellectual disorder<sup>1</sup> (ID) as identified in SSA reporting, who are SSI recipients.

SSA's work incentives for SSI recipients include:

- Plan to Achieve Self-Support (PASS)
- Impairment-Related Work Expenses (IRWE)
- Blind Work Expenses (BWE)
- Section 1619(a) benefits
- Section 1619(b) benefits

PASS, IRWE, and BWE allow people to set aside money, resources, and expenses to be excluded from total earned income calculations. Learn more about these work incentives in Table 2.

#### Here are four key findings from our SSA dataset analysis:

- 1. The number of SSI recipients working increased from 2010–2019, decreased during the COVID-19 pandemic, began to recover in 2021, and continued to recover to pre-pandemic levels in 2022.**
- 2. SSI recipients with disabilities do not often participate in work incentive programs.**
- 3. SSI recipients with ID work more than their counterparts with other types of disabilities but participate in work incentive programs less often.**
- 4. The percentage of SSI recipients working by state has not changed significantly between 2010 and 2022.**

## Methods

These data are from the Supplemental Security Income (SSI) Annual Statistical Reports from 2000–2022. The SSA reports work incentive participation and the number of individuals receiving SSI who are working. For this Data Note Plus, we have extracted national data on SSI recipients ages 18–64 and SSI recipients who work ages 18–64 from Table 42 of the report. The number of SSI recipients and the number of SSI recipients who work are estimated using the percent distributions provided for each diagnostic category<sup>2</sup>. We extracted data on the use of work incentives from Tables 52 and 55<sup>3</sup>. Data on the percentage of SSI recipients working by state came from Table 41.

Beginning in 2010, the SSI Annual Statistical Report provided more specific details for *mental disorders* by diagnostic group. Prior to 2010, the *mental disorders* category was composed of just three disorders. In 2020, SSI renamed the expanded categories. Please refer to Table 1 for a list of diagnostic groups.

**Table 1. SSI Annual Statistical Report Mental Disorders Diagnostic Groups by Year**

Prior to 2010	2010–2019	2020–2022
Retardation	Autistic disorders	Autism spectrum disorders
Schizophrenia	Developmental disorders	Developmental disorders
Other	Childhood and adolescent disorders not elsewhere classified	Childhood and adolescent disorders not elsewhere classified
	Intellectual disability	Intellectual disorders
	Mood disorders	Depressive, bipolar, and related disorders
	Organic mental disorders	Neurocognitive disorders
	Schizophrenic and other psychotic disorders	Schizophrenia spectrum and other psychotic disorders
	Other mental disorders	Other mental disorders

**Table 2. SSI Work Incentive Program Definitions**

Program	Definition
<b>Plan for Achieving Self-Support (PASS)</b>	Allows a person with a disability to set aside income or resources to support achieving a specific work goal. They can pay for education, vocational training, assistive technology that is used for employment-related purposes, and starting a business, if the expenses are related to achieving a work goal. Money set aside under a PASS is excluded both as current income and from the SSI resource limits.
<b>Impairment-Related Work Expenses (IRWE)</b>	Allows a person with a disability to exclude the cost of certain impairment-related services or items needed to earn income when determining the beneficiary's current earned income for SSI eligibility and benefits. Examples include attendant care services, transportation costs, service animals, medical devices, medication, and specialized equipment.
<b>Blind Work Expenses (BWE)</b>	BWE allows workers who are blind to exclude expenses related to earning income. These include service animal expenses, transportation to and from work, income taxes, attendant care services, visual/sensory aids, and professional or union dues.
<b>Section 1619(a)</b>	Allows people with disabilities to continue receiving SSI income even if their earned income is at or above Substantial Gainful Activity (SGA) levels (i.e., the amount that would normally make them ineligible for SSI).
<b>Section 1619(b)</b>	Allows people with disabilities to continue receiving Medicaid benefits if their earnings disqualify them from eligibility for SSI cash payments but are not enough to afford medical insurance.

## Findings

**The number of SSI recipients working increased from 2010–2019, decreased during the COVID-19 pandemic, began to recover in 2021, and continued to recover to pre-pandemic levels in 2022.**

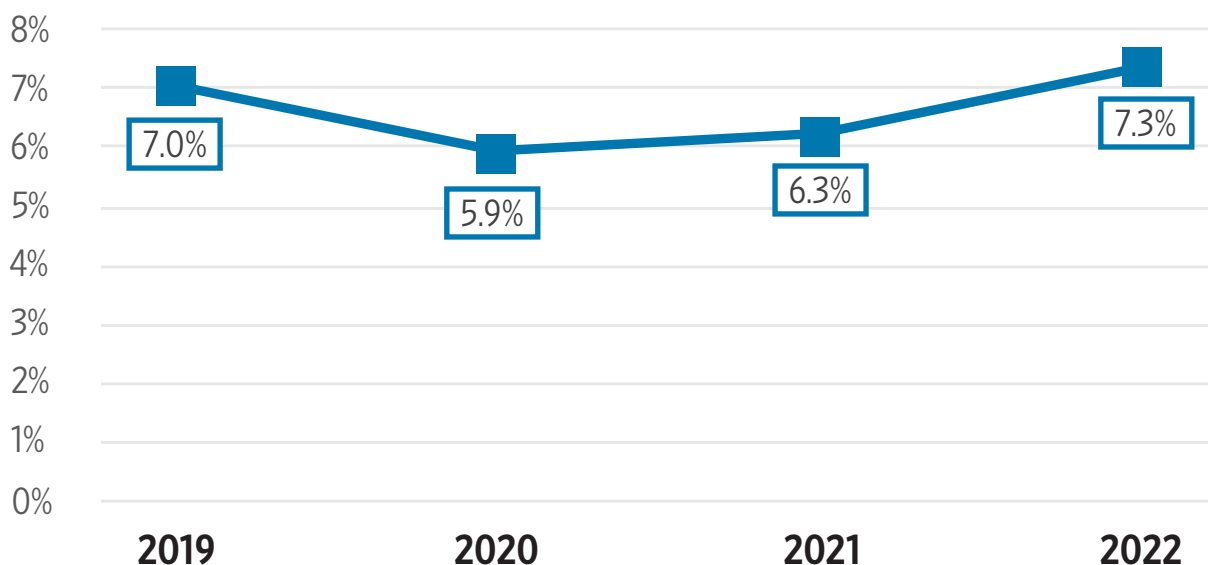
The number of blind and disabled SSI recipients between the ages of 18 and 64 who work ranged from 303,182 and 324,018 between 2010 and 2019, representing between 6.4% and 7.0% of all SSI recipients (SSI Statistical Annual Report, 2010 & 2019). This is a 0.6% increase in a 9-year span. There was a drop in the number and percentage of working SSI recipients during the COVID-19 pandemic from 2020–2021.

In 2020, 275,560 (5.9%) recipients ages 18–64 were reported as working, and in 2021, 281,748 (6.3%) were reported as working. In 2022, 306,574 (7.3%) recipients ages 18–64 were reported as working (SSI Statistical Annual Report, 2020, 2021, 2022). The data from 2022 indicate that there was a strong recovery from the COVID-19 pandemic, with the percentage of SSI recipients who are working improving 1.0% to surpass 2019 levels (see *Figure 1*).

Other projects have seen similar COVID-19 recovery trends in employment. Data from the National Core Indicators (NCI) project also reflects a return to work, although NCI did not collect data in 2019–2020 as the pandemic was starting. In 2018–2019, NCI reported that 21.5% of individuals worked in a paid community job. This fell to 14.4% in 2020–2021 and increased to 15.8% in 2021–2022 (National Core Indicators, 2019, 2021, 2022). In 2023, NCI reported that 17% of individuals had a paid community job, indicating a further return to work (National Core Indicators, 2023).

State-level data report similar trends when available. For example, the Massachusetts Department of Developmental Services reported that between 2019 and 2021, the number of individuals receiving supports to work in individual integrated jobs fell by 60% from 2,424 to 1,768 but increased to almost pre-pandemic levels in 2022 (2,338) (Massachusetts Employment Outcome Information System, n.d.). This recovery continued into 2023, with the number of individuals receiving supports to work in individual integrated jobs increasing to 2,392 (Massachusetts Employment Outcome Information System, n.d.). The state of Maryland also experienced a similar trend. The Maryland Developmental Disabilities Administration reported that between October 2019 and October 2021, the number of individuals working in individual integrated jobs fell by 12% from 2,580 to 2,272 but increased to 2,314 in 2022. This recovery continued in 2023 with the number of individuals working individual integrated jobs rising to 2,422, or 94% of pre-pandemic 2019 numbers (Maryland Developmental Disabilities Administration, n.d.).

**Figure 1. Percentage of SSI Recipients Ages 18–64 Working, 2019–2022**



### SSI recipients with disabilities do not often participate in work incentive programs.

In 2021, the SSA reported that 281,748 (up from 275,560 in 2020) blind and disabled SSI recipients ages 18–64 were working. In 2022, that number increased to 325,058. As shown in Table 3, the number of recipients enrolled nationally in any work incentive program between 2000 and 2022 remains low and has been declining. In particular, the PASS incentive program has seen decreased participation in the last 22 years—an 80% decrease from 2000–2022 in the number of individuals who enrolled. Overall, the BWE program enrollment declined 81% from 2000–2022, and IRWE enrollment declined by 85% in the same time span.

**Table 3. Number of SSI Recipients Enrolled Nationally in Work Incentive Programs, 2000–2022<sup>4</sup>.**

	2000	2003	2006	2009	2012	2015	2018	2021	2022
PASS	1,382	1,705	1,583	1,457	1,116	821	568	323	270
IRWE	9,402	7,604	5,650	3,862	3,157	3,188	2,942	1,913	1,831
BWE	3,895	3,074	2,370	1,643	1,410	1,161	955	576	568

### SSI recipients with intellectual disorders (ID) work more than their counterparts with other types of disabilities but participate in work incentive programs less often.

In 2022, almost one-fifth of all SSI recipients with disabilities ages 18–64 (19.5%) were individuals with ID. This is an increase from 19.2% in 2021. Of the 818,179 total SSI recipients with ID, 91,972 (11.2%) are working. This is an increase from the 10.5% of individuals with ID working in 2021. As noted in Table 4, in 2022, SSI recipients with ID worked at a rate of 11.2%, which is almost twice the rate of SSI recipients who do not have ID (6.4%).

In 2020, the number of SSI recipients with ID who worked was 89,833. In 2021, this decreased to 87,624. This number increased again in 2022 to 91,972, surpassing 2020 numbers.

In 2020, the rate of employment among SSI recipients with ID was fourth among all diagnostic groups and subcategories, behind people with autism (13.5%), people with congenital anomalies (12.1%), and people with developmental disorders (11.4%). In 2021, the rate of employment among SSI recipients with ID dropped to fifth behind people with autism (13.6%), people with childhood and adolescent disorders not elsewhere classified (12.9%), people with developmental disorders (12.3%), and people with congenital anomalies (11.4%). In 2022, the rate of employment among SSI recipients with ID remained fifth behind people with autism (15%), people with developmental disorders (14.6%), people with childhood and adolescent disorders not elsewhere classified (14.6%), and people with congenital anomalies (12%).

Mann et al. (2015) support this finding with their analysis of SSI recipients by primary impairment. They found that “beneficiaries with certain primary impairments are consistently associated with relatively higher or lower employment across program types. Beneficiaries with intellectual disability, visual impairments, hearing impairments, neoplasms, and HIV/AIDS were most likely to be employed” (p. 32). In a more recent study, Baker and colleagues (2023) found that SSI recipients with ID had higher rates of recent employment (employed in the last 6 months) compared to SSI recipients with other disability types. The National Beneficiary Survey, of which the primary purpose was to provide information on the work-related activities of SSI and SSDI beneficiaries, found that SSI beneficiaries with ID were more likely to use employment-specific services and reported more interest in working than did beneficiaries with other impairments (Livermore et al., 2017). Another recent brief found that SSI beneficiaries with ID or mental health conditions were more likely to be work-oriented and have a goal to work (Livermore et al., 2020). ICI researchers hypothesize that beneficiaries with ID also may have higher involvement with state agencies that encourage labor participation compared to people with other disabilities.

**Table 4. Employment Outcomes and Participation in Work Incentives for SSI Recipients with Disabilities Ages 18–64, 2020–2022**

	Intellectual Disorder		All Other Disabilities
	Year	Percentage	Percentage
Percentage of SSI recipients with disabilities who work	2020	10.4%	5.0%
	2021	10.5%	5.5%
	2022	11.2%	6.4%
Percentage of working SSI recipients who participate in 1619(a)	2020	3.1%	4.3%
	2021	3.7%	4.9%
	2022	3.8%	4.7%
Percentage of working SSI recipients who participate in 1619(b)	2020	23.7%	36.0%
	2021	25.3%	37.0%
	2022	27.1%	38.1%
Percentage of working SSI recipients who participate in IRWE	2020	0.8%	0.8%
	2021	0.6%	0.7%
	2022	0.6%	0.6%

Despite the higher employment rates, Table 4 also shows that SSI recipients with ID participate in the 1619(a) and 1619(b) work incentive programs at lower rates than SSI recipients with other disabilities: 3.7% vs 4.9% in 1619(a) and 25.3% vs. 37.0% in 1619(b) in 2021. A similar trend holds in 2022: 3.8% vs. 4.7% in 1619(a) and 27.1% vs. 38.1% in 1619(b).

In 2020, and again in 2022, SSI recipients with ID participate in the IRWE program at the same rates as recipients with other disabilities (0.8% and 0.6% respectively). Mann et al. (2015) confirms this as well:

the primary impairments that are positively correlated with employment are not always positively correlated with being in a higher earnings category or with having earnings above the annualized SGA level. This result suggests heterogeneity across primary-impairment types in the ability to work a certain number of hours at a given wage level or the ability to obtain a higher wage level. (p. 32)

Several factors could explain differences in 1619(a) and 1619(b) participation. Analysis of other data sources, (e.g., the RSA-911), has shown that people with ID often work fewer hours and earn less than individuals from other disability subgroups. Using the most recent data available, in 2023, people with ID worked an average of 22 hours per week while people with other disabilities worked an average of 31 hours per week. In 2023, people with ID earned \$290 per week, and people with other disabilities earned \$594 per week (Migliore et al., 2024). As a result, individuals with ID who work are less likely to have earnings close to SGA and may be less likely to lose access to benefits because of earnings.

The low rates of participation in work incentive programs by SSI recipients with ID should not overshadow the overall impact of these programs. For instance, in 2022, section 1619(b) benefits allowed 24,952 individuals with ID to work and to continue receiving Medicaid benefits, a 12.4% increase from 2021. If employment and disability services professionals provide better explanations of incentives and encourage more participation in incentive programs, people receiving SSI may have higher employment rates and better employment outcomes. While research on the value of work incentives for individuals with ID is scarce, the benefits of working outweigh the alternative of not working (Shapiro et al., 2017).

### The percentage of SSI recipients working by state has not changed significantly between 2010 and 2022.

In the 12 years between 2010 and 2022, few states experienced substantial improvements in the proportion of SSI recipients working. Most states stayed about the same, and some states even saw decreases in their percentage working. The mean change across all states (including District of Columbia) was 0.03% with a maximum of 2.72% increase in Idaho and a minimum of -5.0% decrease in South Dakota. The total US percentage of SSI recipients working increased slightly by 0.31% since 2010, rising from 4.68% to 4.99%. See Table 5 for a more detailed breakdown.

The map in Figure 2 categorizes states into three categories: Increased, Decreased, and Maintained. The states were distributed into these categories based on their percentile. A state with a percentage difference at the 33rd percentile or below (less than or equal to -0.13%) was considered to have decreased. A state with a percentage change between -0.13% and 0.55% was considered to have approximately maintained the same percentage of SSI recipients working. Any states with a difference greater than or equal to 0.55% were placed in the “Increased” category.

It appears that subsets of neighboring states have similar outcomes. For example, the southern and southwestern US from Arizona to North Carolina have mostly increased or maintained their percentage of SSI recipients working. The north central and midwestern state cluster — MT, WY, CO ND, SD, NE, KS MN, IA, and WI— had their percentage of individuals on SSI working decrease in the last 12 years.

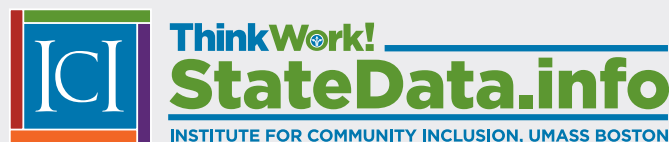
**Table 5. Difference in Percentage of SSI Recipients Working by State, 2010–2022**

State	Difference in % working	State	Difference in % working
SD	-5.00%	OH	0.34%
IA	-3.76%	NV	0.40%
ND	-3.59%	MA	0.41%
WY	-2.68%	MS	0.43%
NE	-2.27%	IL	0.43%
MN	-2.16%	SC	0.50%
MD	-1.07%	TN	0.50%
CT	-1.04%	DC	0.55%
NY	-1.03%	ME	0.56%
WI	-0.70%	AR	0.56%
MT	-0.58%	MO	0.66%
KS	-0.50%	MI	0.79%
CA	-0.39%	KY	0.82%
OR	-0.32%	GA	0.92%
NJ	-0.30%	PA	0.93%
CO	-0.25%	FL	0.98%
HI	-0.22%	NC	1.01%
RI	-0.09%	AL	1.04%
NM	-0.08%	TX	1.14%
DE	-0.07%	AZ	1.27%
OK	-0.04%	IN	1.28%
AK	-0.03%	WA	2.38%
WV	0.02%	UT	1.44%
LA	0.09%	NH	2.71%
VT	0.17%	ID	2.72%
VA	0.26%	<b>US Total</b>	0.31%



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## Data Source

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