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ASPE RESEARCH BRIEF

OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

OFFICE OF HUMAN SERVICES POLICY - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

The federal Supplemental Security Income (SSI) program, which includes children under age 18 with disabilities from low-income households, has grown in recent decades. This research brief examines national trends in the child SSI program between 1991-2011 with a focus on the program's reach and cost. It compares the child SSI program to other SSI program age groups and to other major federal safety net programs that serve children. The child SSI program remains the smallest of these federal safety net programs in terms of number of recipients, but federal expenditures for the program now exceed federal and state expenditures for Temporary Assistance to Needy Families (TANF) program cash benefits to children, which have declined in recent years. Future ASPE Research Briefs will examine state and county variation in child SSI program participation, and diverse policy and program environments in four states to identify factors that may influence program participation.

NATIONAL TRENDS IN THE CHILD SSI PROGRAM

The Supplemental Security Income (SSI) program, administered by the Social Security Administration (SSA), provides cash benefits to households of children with a disability with limited income and resources. It also provides benefits to low-income adults with a disability and to persons over the age of 65 years with limited income and resources. The program began operations in 1974 and has become an increasingly significant source of cash assistance to low-income households with children with a disability. As of September 2014, 1.3 million children under 18 received SSI benefits, constituting 16 percent of the total SSI caseload.[1]

This research brief examines national trends in the child SSI program between 1991 and 2011—with a focus on the program's reach and cost—and compares these trends to those of other major federal safety-net programs.[2] The analysis finds that the number of children receiving SSI benefits has tripled during this period, yet this growth appears somewhat more limited when the growth in the number of poor children is taken into account. SSI recipiency rates for children also remain significantly lower than rates for other age groups. The program remains the smallest of the major federal safety-net programs serving

ABOUT THIS RESEARCH BRIEF

This ASPE Research Brief was written by John Tambornino, Gilbert Crouse, and Pamela Winston. It describes national trends in the child SSI program over time and as compared to other major federal safety net programs that serve children.

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children in terms of numbers of recipients. Federal expenditures for child SSI benefits are substantially lower than expenditures for the Supplemental Nutrition Assistance Program (SNAP) and Medicaid/Children's Health Insurance Program (CHIP), but now exceed federal and state expenditures for Temporary Assistance to Needy Families (TANF) program cash benefits for children. The findings presented here provide consistent data to help researchers, policymakers, program administrators, and stakeholders better understand the nature and scale of these trends.

Background

Children under age 18 can qualify to receive SSI benefits if they meet SSA's definition of disability for children, their household income and resources are limited, and they meet citizenship requirements. To be eligible, a child must have a physical or mental condition, or combination of conditions, that result in "marked and severe functional limitations," according to SSA. The conditions must "very seriously limit" the child's activities and be disabling for at least a year, or must be expected to result in death.[3]

SSI applicants, or their guardian or legal representative, first apply at a Social Security field office or Teleservice Center for an initial eligibility determination based on factors other than disability, such as income and citizenship. SSA then refers qualified applications to State Disability Determination Services offices (state entities funded by SSA and responsible for applying federal disability criteria) to determine whether the applicant is eligible based on disability. Those who are denied benefits can in most states apply for reconsideration by the State Disability Determination Service, and if denied at this stage, may apply for further reconsideration by a federal Administrative Law Judge. In other states, initial requests for reconsideration go directly to a federal Administrative Law Judge.[4] If applicants are determined ineligible after reconsideration by such a judge, they may again request reconsideration by the Social Security Administration Appeals Council, and beyond this, through the federal courts if necessary. In 2012, 41 percent of initial applicants to the child SSI program were ultimately approved.[5]

In 2014, the maximum allowable SSI benefit was $721 per month; in September 2014, the average child SSI benefit was $632 per month.[6] All but four states supplement federal SSI benefits for certain recipients with an additional state benefit in an amount determined by each state, with an average state supplement of $48 per month.[7] In most states, receipt of SSI qualifies the individual for Medicaid.[8]

I. Trends in SSI Participation over Time

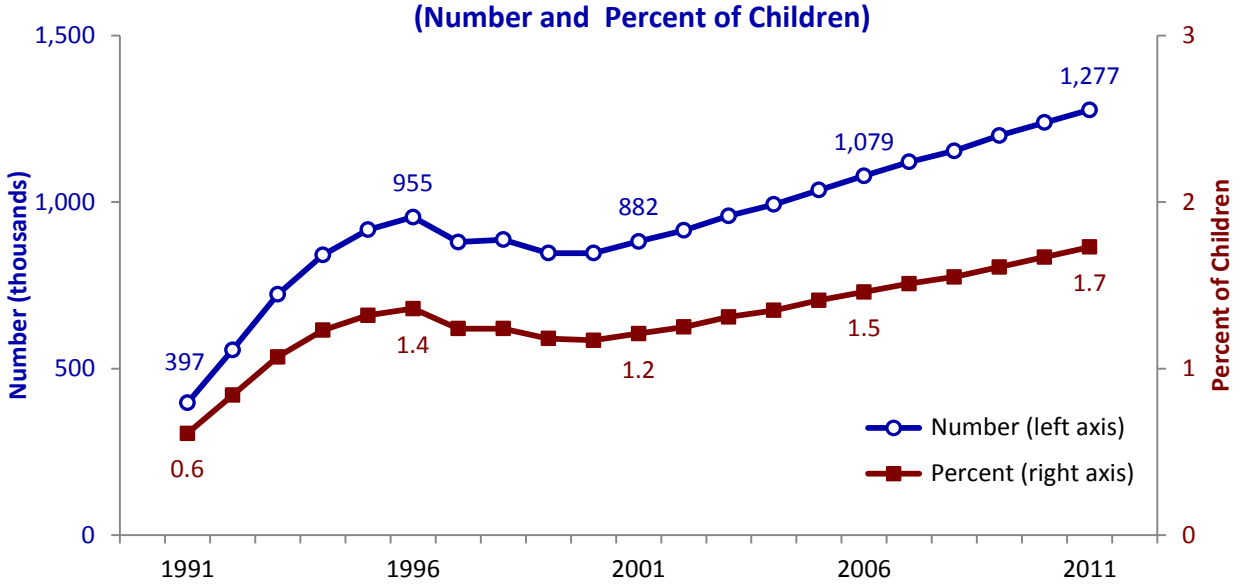
The number of children receiving SSI benefits has tripled over 20 years.

The number of children receiving SSI benefits has, with some fluctuation, roughly tripled over the last 20 years (see Figure 1). This is due in part to court decisions and statutory changes that have both expanded and tightened eligibility. Most notable was the U.S. Supreme Court's *Sullivan v. Zebley* decision in 1990, which broadened eligibility criteria by adding consideration of a child's developmental functioning (prior to this decision, a child SSI applicant had to have a specific impairment that was included in SSA's Medical Listings).[9] In 1991, the year after *Zebley*, about 397,000 children were served by SSI, but by 1996, child participation had more than doubled, to just over 955,000 (see Table 1).

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) tightened disability eligibility criteria and added restrictions for non-citizens (PRWORA was the welfare reform legislation that replaced the Aid to Families with Dependent Children (AFDC) program with TANF). PRWORA revised the more expansive definition of disability used following the *Zebley* decision and required individuals under age 18 to have impairments that result in "marked and severe functional limitations." In doing so, the law required SSA to redetermine the eligibility of about 288,000 children prior to age 18; approximately 100,000 of these children lost eligibility.[10] By 1999, the number of child SSI recipients had decreased from 955,000 to about 847,000, representing approximately a 10 percent decrease.[11] There have not been any major court decisions, changes in the definition of disability, or other major changes in SSI program administration since that time. The child SSI rolls rose again after 2001, and in 2011 there were almost 1.3 million child recipients, a net increase of 45 percent over 10 years (since 2001).

Considering the percent of the child population receiving SSI rather than just absolute numbers of recipients indicates somewhat more limited caseload growth (see the bottom line of Figure 1).

Figure 1. Child Recipients of SSI Benefits: 1991-2011
(Number and Percent of Children)



Note: These data are as of December of each year.
Source: U.S. Census Bureau, Population Estimates Branch, and Social Security Administration, *SSI Annual Statistical Report;* calculations by ASPE.

In 1991, 0.6 percent of (or 6 out of 1,000) children under age 18 received SSI. This grew to 1.4 percent (or 14 out of 1,000) by 1996 (an increase of 124 percent), and then decreased to 1.2 (or 12 out of 1,000) percent by 2001. Child participation in SSI then rose again, reaching 1.5 percent in 2006, and 1.7 percent of children in 2011, an increase of 43 percent over 10 years (since 2001) and of 184 percent over 20 years (since 1991).

Table 1. Number of Children under 18 Receiving Benefits from the SSI Program

	1991	1996	2001	2006	2011
Number	397,162	955,174	881,836	1,078,977	1,277,122
Percent of children under 18	0.6	1.4	1.2	1.5	1.7
Ratio per 100 poor children	2.8	6.6	7.5	8.4	7.9

Note: These data are as of December of each year.
Source: U.S. Census Bureau, Population Estimates Branch, and Social Security Administration, *SSI Annual Statistical*

Child SSI recipiency in the context of the population of poor children shows somewhat more limited growth, with a slight decline in recent years.

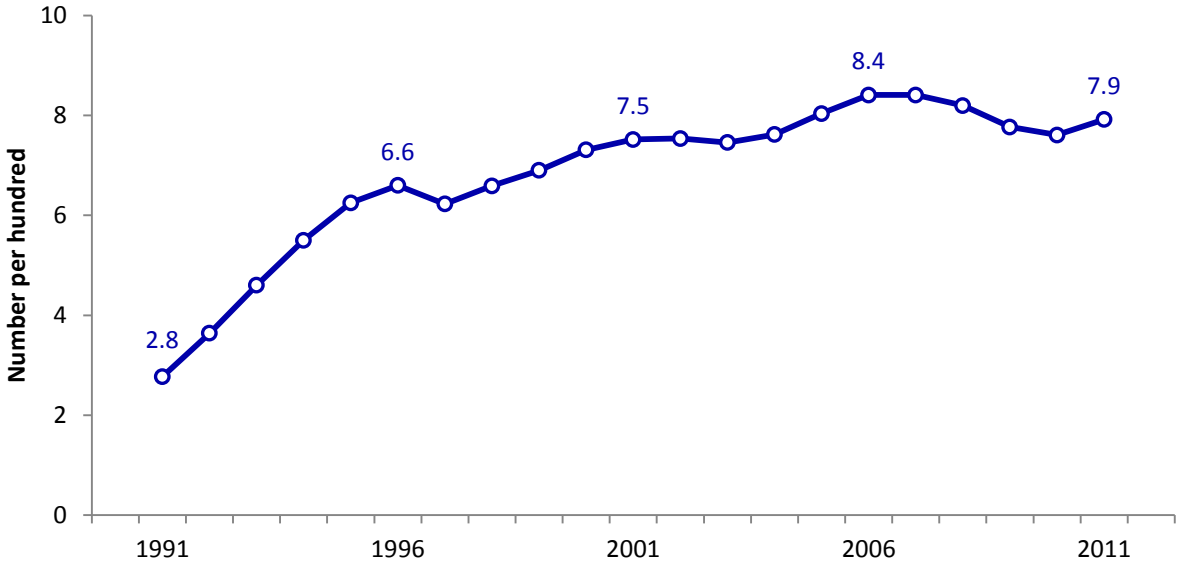
When considering SSI recipiency in the context of the population of *poor* children, increases are also somewhat more limited and patterns more varied. Eligibility requirements for participation in the child SSI program generally restrict benefits to households who are poor (below 100 percent of the federal poverty level, which in 2014 was $19,073 in annual income for a household of three) or low-income (below 200 percent of the federal poverty level, which was

$38,146 in annual income for a household of three).[12] As such, another way to assess the growth in the child SSI program is by comparing the number of child SSI recipients to the number of poor children by using an SSI-to-poor-children ratio.[13] Note that with this ratio, when the denominator (i.e. the number of poor children) fluctuates, as occurred most recently during the Great Recession, the program may appear to grow or decline when in actuality it may be relatively unchanged.

The SSI-to-poor-children ratio grew markedly in the early 1990s, parallel with the expansions associated with implementation of the 1990 *Zebley* decision, as Figure 2 indicates. Since 1996, participation in SSI by poor children has fluctuated, with increases followed by a net decline between 2006 and 2011.

From 1991 to 2001, the number of child SSI recipients grew by 122 percent, while the number of poor children grew by only 11 percent. As Figure 2 indicates, this resulted in an increase in the national SSI-to-poor-children ratio from about 2.8 to 7.5 per hundred, a 171 percent increase over the decade.

Figure 2. Number of Child SSI Recipients per Hundred Poor Children: 1991-2011



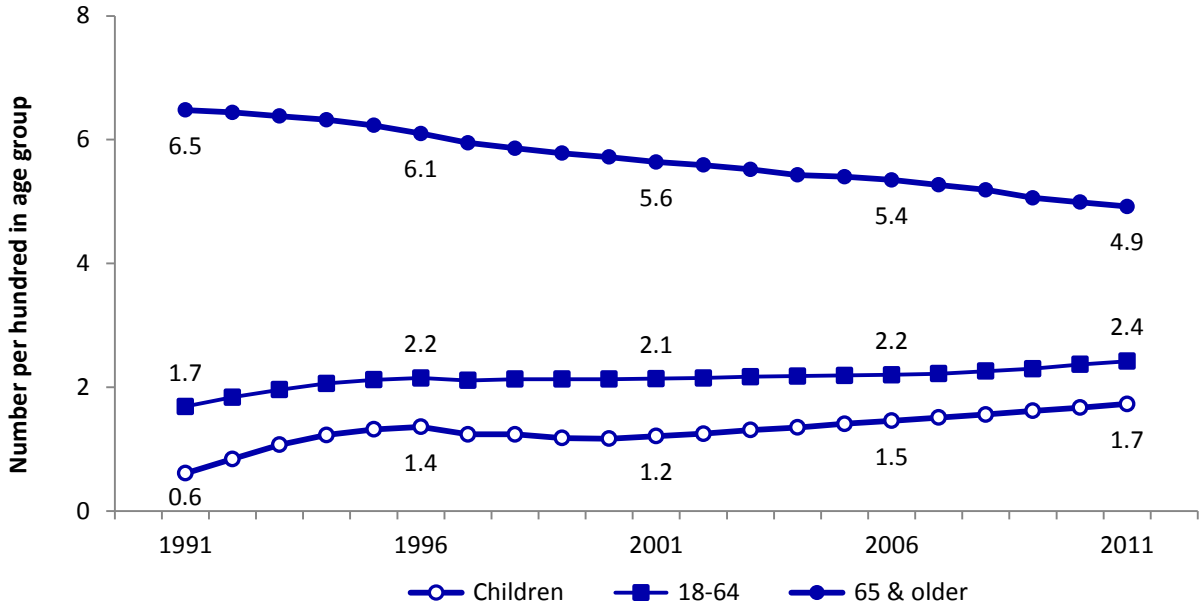
Note: These data are as of December of each year.
Source: U.S. Census Bureau, Poverty Statistics Branch, and Social Security Administration, *SSI Annual Statistical Report;* calculations by ASPE.

From 2001 to 2006, the number of child SSI recipients grew by 22 percent, while the number of poor children grew by only 9 percent, resulting in an increase in the national SSI-to-poor-children ratio from 7.5 to 8.4 per hundred. However, from 2006 to 2011 the number of child SSI recipients grew by only 18 percent while the number of poor children grew by 25 percent, leading to a slight decline in this ratio, to 7.9 per hundred. The SSI-to-poor-children ratio saw an overall net increase of 5 percent between 2001 and 2011, although between 2006 and 2011 there was a 6 percent decrease. The exact causes of the changes during this period are unclear, and are being explored in current ASPE research.[14]

Child SSI recipiency is lower than for other age groups, but has grown at a higher rate.

A much higher proportion of working-age (18 to 64) and older (65 and over) adults receive SSI than do children (see Figure 3). However, recipiency for working-age adults has grown at a slower rate than for children, and for older adults the participation rate has declined.

Figure 3. SSI Recipients per Hundred Persons, by Age: 1991-2011



Note: These data are as of December of each year.
Source: U.S. Census Bureau, Population Estimates Branch, and Social Security Administration, *SSI Annual Statistical Report;* calculations by ASPE.

Among working-age adults (18 to 64), the percent of the population receiving SSI grew from 1.7 percent to 2.4 percent between 1991 and 2011, a 43 percent increase. While adults 65 and over have remained far more likely to receive SSI than working-age adults, the percentage of adults 65 and older receiving SSI declined by 24 percent between 1991 and 2011—from 6.5 percent to 4.9 percent of the older adult population. In contrast, the rate of receipt by children has generally been much lower, but as noted above, the gap narrowed, from 0.6 percent of the general child population to 1.7 percent. Nevertheless, the proportion of children receiving SSI overall was notably lower than the proportion of adults in either age group.[15]

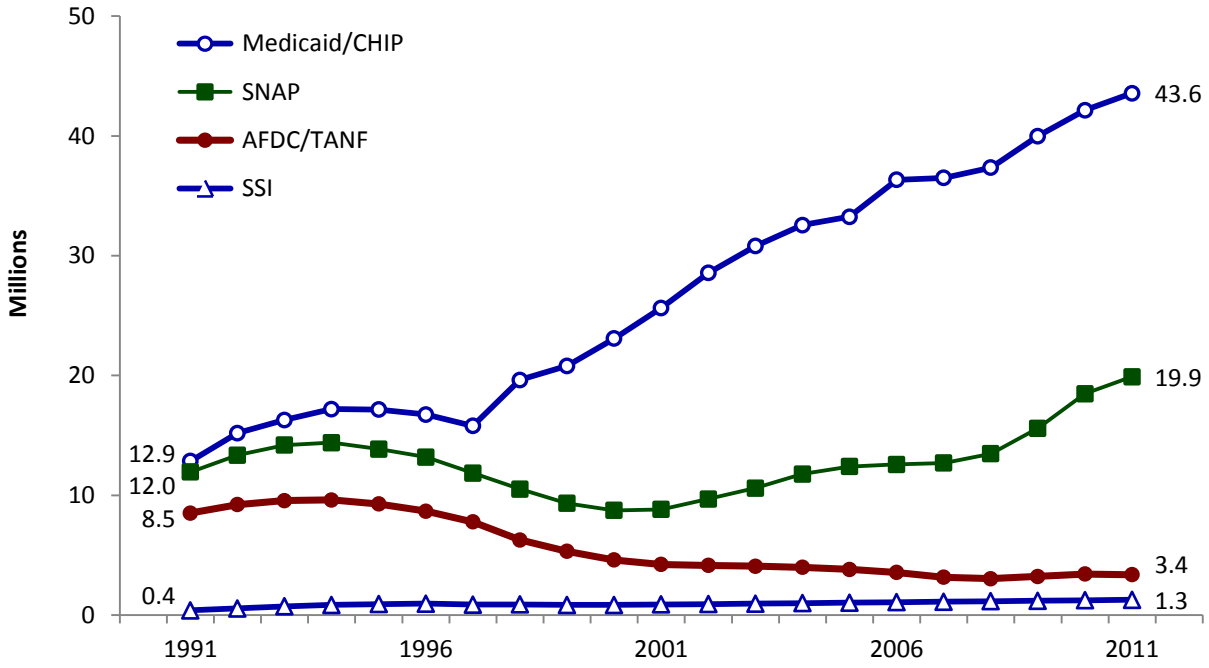
II. Comparison of SSI to Other Major Federal Safety Net Programs

SSI has remained the smallest of the major means-tested federal safety net programs for children, in terms of number of recipients.

Despite the significant caseload growth discussed above, the child SSI program served far fewer children than did other major means-tested federal safety net programs between 1991 and 2011. This is due to the fact that a child must have both a severe disability and low income to

qualify for SSI, while eligibility for the other programs is based largely on income. It is also because income eligibility requirements vary across these programs. For all of the programs, households must be poor or have limited income to participate, but the Medicaid/CHIP programs are designed to reach a larger population of children in need of health insurance, not only those living in poverty.[16]

Figure 4. Children Receiving Medicaid/CHIP, SNAP, TANF, and SSI: 1991-2011



Source: Centers for Medicare & Medicaid Services, CHIP Statistical Enrollment Data Systems, Food and Nutrition Service, Office of Family Assistance, and Social Security Administration, *SSI Annual Statistical Report;* calculations by ASPE.

Figure 4 shows the relative size and growth in the child recipient population over time for four major federal safety net programs serving children: Medicaid/CHIP, SNAP (previously known as Food Stamps), TANF (which replaced AFDC) cash assistance, and SSI.

As expected, the child SSI program serves far fewer children (1.3 million) than does Medicaid/CHIP (43.6 million) or SNAP (19.9 million). It also serves about one-third as many children as TANF (3.4 million), at a time when the TANF cash assistance caseloads are at their lowest level to date.[17]

Examining these safety net programs in the context of the population of poor children shows similarly wide variation in receipt.

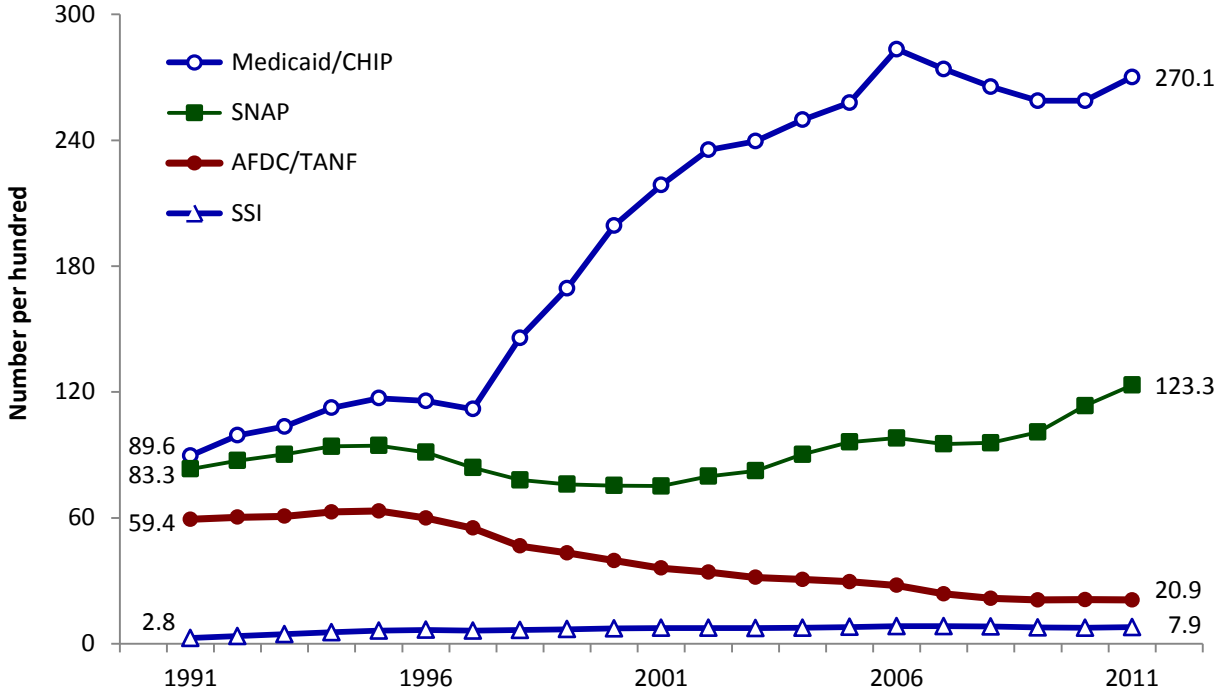
Considering these program trends in the context of the population of poor children shows overall patterns similar to the participation trends of Figure 4, but provides additional understanding of program dynamics. Figure 5 shows the ratio of the number of child recipients in each of these safety net programs to the total number of poor children, in order to reflect changes in child poverty, which may affect the total number of program recipients by increasing

or decreasing the size of the eligible child population. All four programs target poor children, though three—to varying degrees—also reach children in low-income households (TANF cash assistance is the exception).[18]

In 1991, the ratio of children receiving SSI to all poor children was 2.8 per hundred, as Figures 2 and 5 indicate. For Medicaid, the ratio of child recipients to all poor children was 89.6 per hundred, for Food Stamps it was 83.3 per hundred, and for AFDC it was 59.4 per hundred.

In 1996, the SSI-to-poor-children ratio had grown to 6.6 per hundred. The ratio for Medicaid had grown to 115 child recipients per hundred poor children, and for Food Stamps/SNAP it had grown to 91 child recipients per hundred poor children. For TANF (which replaced AFDC) cash assistance the ratio increased only minimally from 1991, to 60 child recipients for every hundred poor children in 1996.

Figure 5. Children Receiving Medicaid/CHIP, SNAP, TANF, and SSI Per Hundred Poor Children: 1991-2011



Source: U.S. Census Bureau, Centers for Medicare & Medicaid Services, CHIP Statistical Enrollment Data Systems, Food and Nutrition Service, Office of Family Assistance, and Social Security Administration, *SSI Annual Statistical Report*; calculations by ASPE.

After modest fluctuation in the 1990s, participation relative to the population of poor children for both Medicaid/CHIP and Food Stamps/SNAP increased through 2001 and 2011. Child participation in SSI relative to the population of poor children fluctuated to some extent during this period, with overall net growth, while receipt of TANF cash assistance continued to decline substantially.

By 2011, there were 7.9 SSI child participants per hundred poor children, a 186 percent increase from 1991. Participation in Medicaid/CHIP rose to 270.1 per hundred poor children in 2011, a

201 percent increase over 20 years (in part reflecting the creation of the CHIP program in 1997 to reach more children in need of health insurance). Receipt of SNAP rose to 123.3 participants per hundred poor children in 2011, a 48 percent net increase over 20 years (which included a decline in the late 1990s and early 2000s, and temporary increases in SNAP benefit levels during the Great Recession).[19] In contrast, receipt of TANF cash assistance decreased to 20.9 child participants per hundred poor children in 2011, a 65 percent decline since the AFDC program in 1991.

Expenditures in SSI, Medicaid/CHIP and SNAP have increased over time, while TANF cash assistance expenditures have decreased.

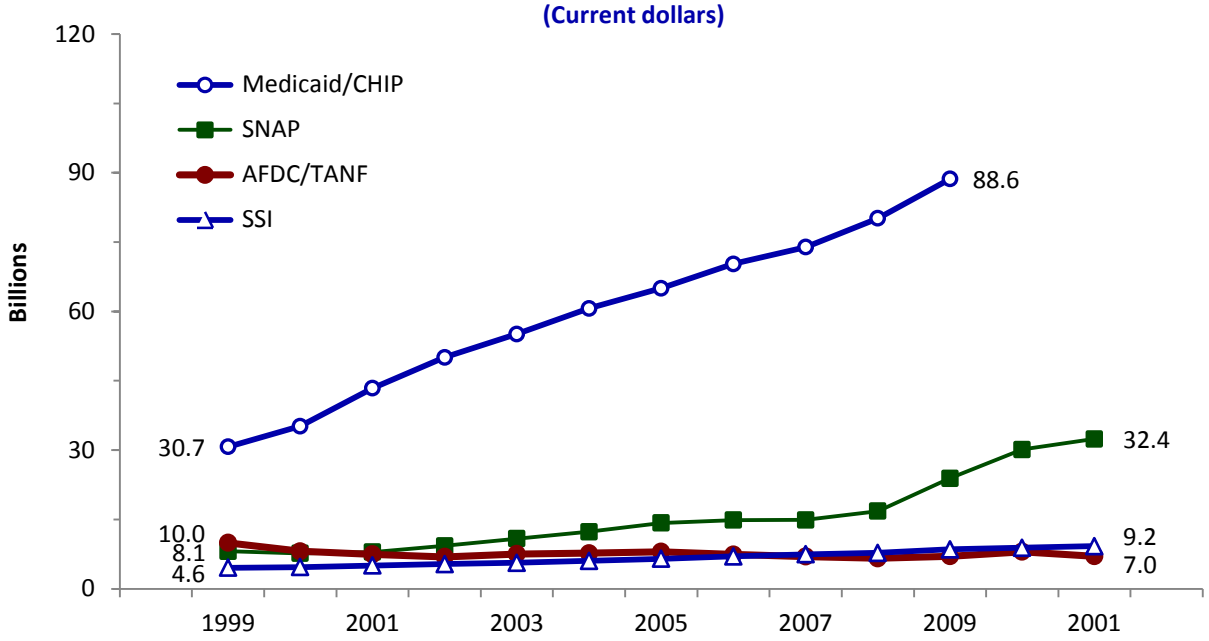
Along with participation, expenditures in three of these four safety net programs for children—SSI, Medicaid/CHIP, and SNAP—have increased since 1999 (the earliest year for which consistent data were available to allow cross-program comparisons). In contrast, federal and state TANF expenditures on cash assistance decreased during this time period.[20] As Figure 6 indicates, $4.6 billion in SSI benefits to children were provided in 1999; by 2011, that amount had doubled, reaching $9.2 billion, a 100 percent increase (in current dollars). Federal and state Medicaid/CHIP expenditures for children rose sharply over a similar time period, from $30.7 billion in 1999 to $88.6 billion in 2009 (the most recent year for which program data are available). This was an increase of 189 percent in current dollars. The Medicaid/CHIP increases were likely due to both expansions of eligibility criteria and rising health care costs.[21]

SNAP federal benefit expenditures for children in 1999 were $8.1 billion, and rose to $32.4 billion in 2011, a 299 percent increase (in current dollars). Reasons for this increase may include state policy changes, such as expansions in categorical eligibility, improvements in program access (e.g. electronic applications and other program modernization initiatives), as well as temporary benefit level increases under the 2009 American Recovery and Reinvestment Act. In addition, higher food prices (which result in adjustments to benefit levels), lower income among beneficiaries, and concentrations of high unemployment in certain localities during the Great Recession increased household benefit levels and caseloads.[22] Federal and state TANF expenditures for cash assistance over the same period decreased from $10.0 billion in 1999 to $7.0 billion in 2011, a 30 percent decline in current dollars. This reflects decreased benefit levels adopted in some states, a shift from cash assistance to services, and declining caseloads, among other factors.[23]

It is notable that by 2006 federal expenditures for child SSI recipients were roughly equal to federal and state expenditures for TANF cash assistance to children, and that by 2011 child SSI expenditures exceeded expenditures for TANF cash assistance to children by $2.2 billion. This is likely the result of multiple factors: the federal TANF block grant amount has remained essentially unchanged since 1996 (with the exception of the one-time appropriation in 2009 of an additional $5 billion in funding for a TANF Emergency Contingency Fund), TANF caseloads have declined, TANF cash assistance benefits are usually lower than SSI benefits,[24] and TANF funds are increasingly used for services rather than cash assistance. In contrast, SSI benefit

levels are indexed to the Consumer Price Index and consequently SSI expenditures have increased annually most years during this period, and child SSI caseloads also have grown.[25]

Figure 6. Medicaid/CHIP, SNAP, TANF, and SSI Benefits to Children under 18: 1999-2011
(Current dollars)



Source: Centers for Medicare & Medicaid Services, CHIP Statistical Enrollment Data Systems, Food and Nutrition Service, Office of Family Assistance, and Social Security Administration, *SSI Annual Statistical Report*; calculations by ASPE

Conclusion

The number of child SSI recipients has grown substantially over the past 20 years, with a period of decline between 1996 and 2000, and a subsequent increase after 2001. The number of children receiving SSI reached about 1.3 million in 2011, and has held roughly steady since then.

However, considering increases in SSI receipt in the context of the growth in the child population, the number of children living in poverty, other age groups that receive SSI, and trends in participation and expenditures for other major federal safety net programs suggests a complexity that does not fit a single pattern or allow for a simple explanation. The child SSI program is much smaller than the Medicaid/CHIP and SNAP programs in terms of benefit expenditures, numbers of recipients, and ratios of program recipients to the population of children living in poverty and to the entire child population (as noted above, this reflects the fact that these programs are designed to reach a larger population of children). In this respect, although the child SSI program has grown in recent decades, it remains a relatively small part of the federal means-tested safety net serving children.

Nevertheless, federal benefit expenditures for the child SSI program now exceed TANF program federal and state expenditures for cash benefits for children. This is in part because TANF

provides cash benefits to fewer children – and to a smaller number of children relative to the population of poor children – than in the past. It is also because TANF cash assistance benefit levels have not kept pace with the SSI benefit level adjustments that reflect increases in the cost of living.

Current ASPE research is exploring geographic variation in SSI receipt among poor and low-income children across states and counties. It will compare the child SSI program to other major federal safety net programs serving children, and examine changes over time.[26] ASPE is also conducting in-depth case studies in several states and localities with varying patterns of safety net program participation in order to better understand how diverse policy and program environments may affect participation in the child SSI program.

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[1] Social Security Administration, *SSI Monthly Statistics* (October 2014), Table 2. http://www.socialsecurity.gov/policy/docs/statcomps/ssi_monthly/2014-09/table02.html

[2] We use the term "child SSI program" for ease of reference; technically, there is no separate SSI program for children, but rather a single program with differing eligibility requirements for persons under age 18, 18-64, and over age 65.

[3] Social Security Administration. 2013. "Benefits for Children With Disabilities." http://www.socialsecurity.gov/pubs/EN-05-10026.pdf

[4] Social Security Administration, *Annual Report of the Supplemental Security Income Program, 2012* (July 2013), pg. 139. http://www.socialsecurity.gov/policy/docs/statcomps/ssi_asr/2012/index.html

[5] Social Security Administration, *2013 Annual Report of the Supplemental Security Income Program* (July 2013), pg. 92. *http://www.socialsecurity.gov/oact/ssir/SSI13/ssi2013.pdf*

[6] Social Security Administration, *SSI Monthly Statistics* (October 2014), Table 7.

[7] Understanding Supplemental Security Income SSI Benefits -- 2014 Edition, http://www.socialsecurity.gov/ssi/text-benefits-ussi.html; Ibid., Table 7.

[8] Ibid., pg. 22.

[9] Janet Currie and Robert Kahn, "Children with Disabilities." *The Future of Children*. Spring 2012. Princeton–Brookings. Vol. 22, No. 1, pg. 19. See also Edward D. Berkowitz and Larry DeWitt, *The Other Welfare: Supplemental Security Income and U.S. Social Policy* (Ithaca: Cornell University Press, 2013), pg. 171-184 and Jennifer Erkulwater, *Disability Rights and the American Social Safety Net* (Ithaca: Cornell University Press, 2006), pg. 131-137.

[10] Hemmeter, Jeffrey and Elaine Gilby. 2009. "The Age-18 Redetermination and Postredetermination Participation in SSI." *Social Security Bulletin*, Vol. 69, No. 4. http://www.ssa.gov/policy/docs/ssb/v69n4/v69n4p1.html

[11] Ibid.

[12] In 2014, the federal poverty level for one adult living with two related children was $19,073 in annual income; 200 percent of the federal poverty level for this household would be an annual household income of $38,146. See http://www.census.gov/hhes/www/poverty/data/threshld/index.html. For information on income eligibility requirements for the SSI child program, see http://www.socialsecurity.gov/ssi/text-child-ussi.htm.

[13] As with the other federal safety net programs examined in this brief, not all SSI child recipients are below the federal poverty level. Therefore, rather than present the number of child SSI recipients as a *percentage* of poor children (which could imply that the universe of poor children is where all of the child SSI recipients are to be found), we present this information as a ratio: the number of child SSI recipients per hundred poor children. This provides a sense of the number of recipients relative to the universe of poor children, who are most likely to be income eligible, and to live in households most heavily relying on the SSI benefit. We present this type of ratio for the other programs examined for the same reason, as households below the federal poverty level rely most heavily on these programs.

[14] A 2012 GAO investigation examined national trends in child SSI program caseloads between 2000-2011, with a focus on mental impairments, and identified several possible explanations for caseload growth: the increase in the child population and changing demographics, the increase in the number of children living in poverty, the expansions of health insurance coverage and special education services, improvements in diagnosing mental impairments, and the decrease in the number of children receiving Continuing Disability Reviews and thus having SSI benefits terminated. See U. S. Government Accountability Office, "Supplemental Security Income: Better Management Oversight Needed for Children's Benefits," Report no. GAO-12-498SP (Washington DC: GAO, 2012). A subsequent analysis found minimal evidence that these factors explain caseload growth. See Anna Aizer, Nora E. Gordon, and Melissa S. Kearney, "Exploring the Growth of the Child SSI Caseload in the Context of the Broader Policy and Demographic Landscape" (New York, NY: National Bureau of Economic Research, 2013).

[15] Changes in the child and adult SSI caseloads have varied by specific qualifying disability, with a general trend of an increasing proportion of individuals qualifying on the basis of a mental impairment (GAO, 2012). Examination of these changes is beyond the scope of this analysis.

[16] Medicaid/CHIP income eligibility for children varies by state; the federal government sets minimum eligibility guidelines but states may expand these and all have done so for children. For information on Medicaid/CHIP income eligibility requirements for children and specific state thresholds, see http://www.medicaid.gov/medicaid-chip-program-information/by-population/children/children.html.

[17] For TANF caseloads, we include recipients of cash assistance under both the federal TANF program and "separate state programs," but do not include recipients of cash assistance under the "solely state-funded" programs that some states also operate.

[18] For further information on program income eligibility for SNAP see: http://www.fns.usda.gov/snap/eligibility; for TANF see: http://www.acf.hhs.gov/programs/opre/resource/welfare-rules-databook-state-tanf-policies-as-of-july-2013.

[19] The ratios for both SNAP and Medicaid/CHIP exceed 100 because children in households with incomes above the federal poverty level are eligible for and often receive SNAP and Medicaid/CHIP benefits.

[20] For SNAP and SSI federal expenditure figures, administrative costs are not included. For AFDC/TANF figures for federal and state expenditures and participants, only federal-state cash assistance is included; a significant portion of the federal TANF block grant and required state "maintenance-of-effort" TANF spending supports non-cash services, which are not included here in terms of expenditures or participants. In addition, we do not include benefit expenditures for solely state-funded programs that some states also operate, as noted in footnote 13. Medicaid/CHIP expenditure figures also include both federal and state spending, given the state funding match required under these programs.

[21] Truffer, Christopher, John Klemm, Christian Wolfe, Kathryn Rennie, and Jessica Shuff. *2012 Actuarial Report on the Financial Outlook for Medicaid*. Office of the Actuary, Centers for Medicare &Medicaid Services, United States Department of Health & Human Services. http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Financing-and-Reimbursement/Downloads/medicaid-actuarial-report-2012.pdf

[22] See Mabli, James and Carolina Ferrerosa. October 18, 2010. "Supplemental Nutrition Assistance Program Caseload Trends and Changes in Measures of Unemployment, Labor Underutilization, and Program Policy from 2000 to 2008." Mathematica Policy Research. http://www.mathematica-mpr.com/publications/PDFs/nutrition/SNAP_caseloads.pdf; Congressional Budget Office. April 19, 2012. "An Overview of the Supplemental Nutrition Assistance Program." http://www.cbo.gov/publication/43175; Ganong, Peter and Jeffrey B. Liebman. August 2013. "Decline, Rebound, and Further Rise in SNAP Enrollment: Disentangling Business Cycle Fluctuations and Policy Changes." NBER Working Paper No. 19363.

[23] Floyd, Ife and Liz Schott. November 21, 2011. "TANF Benefits Fell Further in 2011 and Are Worth Much Less Than in 1996 in Most States." Center on Budget and Policy Priorities. http://www.cbpp.org/cms/?fa=view&id=3625

[24] The median monthly TANF benefit for a household of three in 2013 was $428; the maximum TANF benefit for an eligible household in most states is below 30 percent of the federal poverty level. In 2013, only two states (Alaska and New York) had maximum monthly TANF benefits for a household of three that exceeded the maximum monthly SSI benefits for individuals of $710 per month. See Ife Floyd and Liz Schott. "TANF Cash Benefits Continued to Lose Value in 2013." Center on Budget and Policy Priorities, October 21, 2013. http://www.cbpp.org/files/10-21-13tanf.pdf.

[25] Examining expenditure trends in *constant* dollars rather than current dollars (in order to capture the actual value of expenditures when inflation is taken into account) provides another perspective on program changes. Expenditures for Medicaid/CHIP grew by 124 percent in real terms between 1999 and 2009, and those for SNAP grew by 196 percent in real terms between 1999 and 2011. Expenditures for SSI grew by 50 percent in real terms between 1999 and 2011, while those for TANF decreased by 48 percent over the same period (ASPE calculations).

[26] Wittenberg, David, John Tambornino, Elizabeth Brown, Gretchen Rowe, Mason DeCamillis, Gil Crouse. Forthcoming. *The Changing Role of the Child SSI Program in the Safety Net*. Office of the Assistant Secretary for Planning and Evaluation, United States Department of Health and Human Services.