The Precarious Safety Net: Supplemental Security Income and Age 18 Redeterminations

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The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 substantially changed the Supplemental Security Income (SSI) program, and the implementation of these changes has important implications for children and youth with disabilities. SSI is a federal program administered by the Social Security Administration that provides cash assistance and increased access to Medicaid health insurance and vocational rehabilitation for low-income persons with disabilities. PRWORA required redeterminations for all youth receiving SSI benefits within 1 year after reaching age 18 using stricter adult disability criteria. As a result, the majority of age 18 SSI participants were recommended for cessation nationally. These changes have critical implications for transition planning, employment, and quality of life for young SSI participants and those removed from the program. This article examines the background of the SSI program, age 18 redetermination procedures, current implementation data, and issues focusing on the involvement of teachers and rehabilitation professionals involved in the transition planning process. Recommendations for practice and future research are also discussed.

Joseph is a special education student with mental retardation and a communication disorder who was identified for services at age 3. Now 19 years old, he has attended special education classes throughout his entire school life. During the past 5 years, Joseph has participated in community-based vocational education as part of his Individualized Education Program (IEP). All of Joseph's work experiences have required subsidies and extensive job supports provided under a supported employment program. Although Joseph can function in these subsidized work environments, the longitudinal observations and assessments of his transition coordinator, job coach, and family indicate that he has not displayed abilities that show he is capable of competitive employment. Joseph's work-related functional limitations include difficulties in understanding and following directions, interpersonal relationships, judgment, adapting to changes in the work environment and duties, and work productivity.

A recipient of childhood Supplemental Security Income (SSI), Joseph received notification from the Social Security Administration (SSA) shortly before his 18th birthday indicating that a redetermination of SSI eligibility would be conducted based on adult disability criteria. As a result of the age 18 redetermination, Joseph was considered not disabled and therefore not eligible to continue receiving SSI benefits. Based on their assessment of Joseph's work-related functional limitations, his transition coordinator and job coach encouraged Joseph and his parents to appeal the redetermination decision. They are currently assisting Joseph and his family in the appeals process by gathering and documenting additional evidence to support his claim.

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 substantially changed the SSI program, and the implementation of these changes has important implications for children and youth with disabilities. SSI is a federal program administered by the SSA that provides cash assistance and increased access to Medicaid health insurance and vocational rehabilitation for low-income persons with disabilities. Because the stricter eligibility criteria of PKWORA were applied through reviews or redeterminations, many children and youth were removed from the SSI program. SSI eligibility ceased for a total of I 15,000 children under 18 years of age, reflecting 42% of all childhood redetermination decisions (SSA, 1998b).

PKWORA also required redeterminations for youth receiving SSI benefits within I year after reaching age 18. At this age, childhood eligibility criteria are replaced with those for adults, and these criteria place an emphasis on the individual's capacity to earn cash through paid employment. As a result, 56% of the 62,000 age 18 redeterminations were recommended for cessation nationally. For working-age SSI participants, employment decisions are often influenced by the potential loss of program eligibility (National Council on Disability, 1997). Transition-age individuals with disabilities also report the potential loss of cash assistance and health insurance as barriers to employment (Louis Harris and Associates, 1998). Such deterrents to work, especially for young working-age persons, are discouraging given that most adult SSI participants remain on the rolls for the remainder of their lives (Rupp & Scott, 1995). Economic, social, and personal benefits gained through productive work activity suggest that federal and state policies should remove identified barriers to employment and promote paid employment experiences for transition-age individuals with disabilities. Progress made toward attaining the goals of employment and reduced dependency may therefore improve the lives of transition-age persons with disabilities if the threats of losing income maintenance and health insurance were eliminated.

The high numbers of children and youth with disabilities removed from SSI may have increased fears of losing program eligibility among those who remain on the rolls. Consequently, SSI participants under the age of 18 years may purposefully restrain work activity to avoid the risk of eligibility loss. Transition-age participants over 18 years of age may also eschew paid employment to avoid triggering a medical improvement review. Such concerns are critical in the context of recent and proposed changes to the SSI program that are designed to encourage employment and increased economic independence (Solomon-Fears, O'Shaughnessy, & Franco, 1999).

In addition to employment considerations, the wide variability of cessations across states and disability types has also prompted questions regarding programmatic equity, assessment validity, and quality of life for transition-age persons removed from the SSI program (Work Incentives Transition Network Policy Group, 1999). Lack of information about this population suggests a need for additional research addressing key policy and practice issues related to maintenance, rehabilitation, and employment for transition-age persons with disabilities. Therefore, the purpose of this article is to examine current age 18 redetermination procedures and data, discuss emerging issues pertaining to SSI eligibility, and propose strategies for teachers and rehabilitation professionals involved in the transition planning process.

Legislative History

The SSI program began in 1974 as a means-tested income maintenance program for persons with

low income who were elderly or disabled. Differing from previous disability programs, SSI benefits were not contingent upon previous employment and payroll tax contributions. Instead, SSI was funded through general revenues and was available for persons meeting income and disability eligibility requirements. Congress formed four goals for SSI through debate, compromise, and consensus (DiPentima, 1984). These goals included the following:

1. to provide a uniform, minimum income level at or above the poverty line.
2. to establish uniform, national eligibility criteria and rules.
3. to provide fiscal relief to the states.
4. to provide efficient and effective administration (U.S. Congress, 1971, 1972).

The first goal addressed the problem of widely ranging benefit levels among states for persons with disabilities. Due to state economic differences, the ability to provide adequate cash assistance for this population suggested the need for fiscal relief. Payments through state programs of Aid to the Aged, Blind, and Disabled were intended to lift persons out of poverty; however, the fact that only 15 states provided benefits above the 1972 poverty level of $2,005 per year indicated that the program was not achieving its purpose (DiPentima, 1984). Linked to this problem, the second goal affirmed the need for uniform eligibility criteria that would be less vulnerable to subjective interpretation and variation among states. Applying medically defined criteria for the determination of disability for all applicants in all states was therefore considered the best strategy for improving programmatic integrity and consistency. The third goal addressed the need for state fiscal relief in order to attain uniform income levels; variance in benefit levels provided through states was influenced by differing economic conditions. Federal cash assistance from general revenues was therefore considered necessary for consistency and equity. Finall, the fourth goal aimed at effectiveness and efficiency. SSA had a successful track record for adopting new programs and was charged with launching the SSI program, although more time for planning and preparation was needed.

The initial implementation of the SSI program was disastrous by many accounts (see, e.g., Derthick, 1990; DiPentima, 1984). Throngs of applicants waited in buses outside of SSA field offices on a daily basis, and claims officials were ill equipped and poorly trained. Given the task, the allotted time to plan for rules and guidance, hire and train field office staff, receive and process applications, develop management information systems, and accomplish other essential tasks was woefully insufficient (DiPentima, 1984). Despite an extension obtained by commissioner Ball of the Social Security Administration, an additional 14 months was not enough time to fully prepare for the required logistical and administrative demands. Moreover, the tasks related to administering means-tested programs reliably and efficiently were inherently complicated and cumbersome. As a result of these difficulties, the first years of the SSI program resulted in payment errors and systems failure (Derthick, 1990). The advent of the SSI program, which was designed to bring consistency and equity among programs, ironically marked the beginning of increased obstacles in relation to these goals.

The Social Security Amendments of 1972 reinforced the connections between cash assistance and the need to encourage employment. The statute required that SSI participants with disabilities and blindness be referred to state vocational rehabilitation agencies. Further, if an SSI participant refused to comply with the vocational rehabilitation agency, he or she would automatically be ruled ineligible for SSI benefits. The law also established that SSI payments to drug addicts or alcoholics be made

to a representative responsible for the participant and that the participant was required to pursue treatment. These initial provisions of the SSI program therefore attempted to blend the ameliorative and corrective social responses toward persons with disabilities through the combination of cash payments, vocational rehabilitation referral, and treatment compliance requirements (Berkowitz, 1987; Derthick, 1990).

The Social Security Disability Amendments of 1980 further affirmed the interest in providing correction and amelioration simultaneously for SSI participants. A new section, 1619, was initiated to authorize a 3-year demonstration project that permitted SSI participants to work while continuing to receive cash payments. This demonstration also allowed workers receiving SSI benefits to continue receiving Medicaid health insurance benefits. Related to transition age students, these amendments also removed the deeming of income and assets for individuals between the ages of 18 and 20 years of age. That is, eligibility for SSI participants within this age range did not take into account parental income or resources, but only that of the transition age SSI participant. As noted for the disability insurance program, the continuing disability reviews that occurred during this period resulted in a short-term reduction of individuals who were enrolled in the SSI program.

The Social Security Amendments of 1983, responding in part to the political reversal that followed the 1980 cutbacks, increased the federal benefit rates and instituted a moratorium on eligibility reviews for SSI participants with mental disorders, including those with mental retardation. The eligibility review moratorium was extended in 1984 (Social Security Disability Benefits Reform Act) given a need for further guidance and clarification pertaining to the review of SSI participants with mental impairments. In 1986, the Employment Opportunities for Disabled Americans Act, P.L. 99-643, simplified the Section 1619 work incentive provisions and made them permanent.

Until 1990, the total number of children receiving SSI benefits remained fairly stable. In 1990, however, enrollment surged dramatically and continued to escalate (U.S. General Accounting Office [GAO] 1995a). This surge was attributed, in part, to the Sullivan vs. Zebley (1990) Supreme Court case, which relaxed eligibility requirements for children. Prior to the Zebley case, childhood eligibility was based on medical impairments alone without consideration of the child's overall functioning. Because adult criteria took into account the individual's residual functional capacity in addition to the existence of a medically defined impairment, the Supreme Court found that the childhood and adult eligibility definitions were not equitable. Consequently, SSA developed guidance that allowed the use of an "individualized functional assessment" to determine the extent to which a child's impairment limited his or her functioning. Revised rules for evaluating mental impairments among children were also established. In addition to the effects of an economic recession, reduced availability of private sector health insurance, and increased outreach efforts, childhood SSI participation increased dramatically (GAO, 1995a). Only 1.8% of all SSI recipients were children in 1974; the figure in 1995 stood at 15%, or 974,189 children (SSA, 1996).

Rapid growth in the SSI program sparked charges of fraud and abuse and calls for restricting program access. Media reports fueled demands for reform (Georges, 1995). Children were reportedly coached to behave inappropriately in order to obtain SSI benefits, and the use of maladaptive behavior as a consideration for eligibility was criticized. However, a GAO report, a House Ways and Means Committee study (National Commission on Childhood Disability, 1995), and internal SSA investigations found little evidence of fraud or abuse. Nevertheless, the heavy reliance

on media reports strongly influenced congressional reform activities (Georges, 1995).

The Social Security Independence and Program Improvements Act of 1994 established SSA as an independent agency responsible for the Social Security Disability Insurance and SSI programs. Payment limitations and penalties for treatment noncompliance were established for substance abusers. Further, continuing disability reviews were authorized to reevaluate a third of all SSI participants between the ages of 18 and 19 years. These reviews would be performed to determine whether these transition-age young adults were still eligible for benefits as adult SSI participants.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 further restricted SSI access by prohibiting eligibility for noncitizens with few exceptions, and changing eligibility criteria for children under the age of 18 years. The individualized functional assessment was discontinued as a tool for assessing childhood disability. Instead, child eligibility was based on a medically determinable impairment leading to "marked and severe" functional limitations expected to last at least 12 months or until death. In addition to the removal of individualized functional assessments, the act eliminated all references to maladaptive behavior as a basis for SSI eligibility. Continuing disability reviews and redeterminations for 18-year-old SSI participants were also escalated through increased funds. The combined provisions of PRWORA exhibited a marked effort to restrict access to the SSI program.

The 105th Congress qualified some of these restrictions by slightly loosening eligibility rules for noncitizens and children. The Balanced Budget Act of 1997 provided that noncitizens lawfully residing in the United States before August 22, 1996, would not be affected by the citizenship restrictions of PRWORA. Noncitizens who had received SSI since 1979 would remain eligible unless other evidence could demonstrate ineligibility. The Balanced Budget Act also required states to continue Medicaid eligibility for children who were no longer eligible for SSI benefits as a result of PRWORA. Despite these somewhat liberalized provisions, SSA's implementation of the stricter rules had already resulted in benefit cessations for 31,092 or 50.6% of those SSI participants who had undergone the age 18 disability redetermination process (SSA, 1998b).

The history of the SSI program has demonstrated the cycles of eligibility expansion and contraction as well as the tensions between providing cash assistance and encouraging work. Political and social forces driving the liberalization of eligibility criteria for disability cash assistance have regularly been followed by efforts to restrict access. Efforts to more clearly circumscribe special populations and promote work continue to be key priorities, particularly for SSI children and transitioning youth with disabilities.

Redetermination Procedures

The childhood disability provisions of the PRWORA resulted in significant changes to SSI program eligibility criteria and the process used in determining eligibility for both children and young adults with disabilities. The SSI childhood provisions of P.L.104-193 affect both current SSI childhood program recipients and new applicants for the program by

1. Providing a new definition of disability for children that requires a more strict standard or level

of severity of disability be met for SSI eligibility to be established and continued;
2. 2. Mandating changes to the children's disability evaluation process; and
3. Requiring that disability redeterminations be performed for 18-year olds eligible as children in the month before they attain age 18. (SSA, 1997, P. 10)

Prior to the enactment of PRWORA, the disability eligibility criteria for the childhood SSI program were defined largely in relation to the adult definition. Under the prior standard, children who did not meet, equal, or functionally equal the SSA's Medical Listing of Impairments could still be determined eligible based on an individualized functional assessment supporting that a child's severe impairment (s) was of "comparable severity" to an impairment(s) that would disable an adult. The PRWORA deleted the "comparable severity" standard from the Social Security Act and provided a definition of disability for children separate from that of adults. In addition to establishing more restrictive criteria for the childhood program, the statute also established a new requirement that all individuals receiving childhood SSI have their eligibility redetermined under the adult rules upon attainment of age 18. As noted, prior to this mandate, Continuing Disability Reviews (CDRs) had been authorized for one third of individuals in the SSI program between the ages of 18 and 19. The purpose of the CDRs was to document disability eligibility criteria as individuals moved from the childhood program to the adult program. The remaining young adults not targeted and involved in CDRs were presumed to continue their eligibility under the adult rules. In requiring that redeterminations be conducted for all 18 year olds, P.L.104-193 eliminated the requirement that CDRs be conducted on one third of the individuals in this group. The change is significant not only because it mandates that all 18-year-olds be redetermined, but also because the medical improvement review standard (MIRS) applicable under the CDRs does not apply to the age 18 redeterminations. In other words, although it was generally necessary to document an improvement in the individual's medical condition to cease benefit eligibility as a result of a CDR, it was not necessary that medical improvement be indicated in the redeterminations for benefit cessation to occur. The age 18 determinations that an individual is or is not disabled under the adult SSI program are made without regard to the previous disability determinations (SSA, 1999a).

Unlike the childhood redetermination cases, which were established as a onetime workload of current beneficiaries whose eligibility might be affected by the new standards, the age 18 redeterminations were set as an ongoing workload to include all SSI childhood recipients attaining age 18 each year. PRWORA required that the redeterminations be initiated within the I-year period beginning on an individual's 18th birthday. With few exceptions, the process for developing and conducting the age 18 redeterminations generally remained unchanged from the processes employed in determining any new disability claim for the adult program. The Social Security field offices are provided with a list of age 18 cases to be redetermined and initiate the redetermination process via written notification to the beneficiary.

An initial interview with the beneficiary is conducted by the SSA field office in the same manner as for an initial claim, except that a new application is not taken and medical evidence is not developed back to the original date of disability onset (SSA, 1999a). During the initial interview, standard SSA adult forms developed to gather information on the individual's mental and/or physical disability are completed. These forms include the Social Security Disability Report and the Mental Impairments Report, as well as other forms designed to gather information on the individual's daily activities and functioning. The interview goal is to gather information related to the description of the claimant's

impairment(s), treatment sources, and other information related to the nature and severity of the individual's alleged disability, as well as the extent to which the impairment(s) affect the individual's ability to function. During the initial interview, the SSA field office also obtains permission from the individual permitting contact with treatment sources identified. The information gathered during the interview is forwarded to the state Disability Determination Service (DDS). DDSs are state agencies that are fully funded by the federal government to develop and review the medical and non-medical evidence and render a determination on whether an individual is or is not disabled under the law (SSA, 1998). In addition to initial claims, the state DDSs are also responsible for making disability decisions in continuing disability reviews and redeterminations. The information received on an age 18 redetermination case is reviewed by a DDS disability analyst. Included on the forms developed to gain input from teachers are questions related to assessing the potential for fraud and abuse. These questions were added to the forms by the SSA in recent years as a result of concerns expressed that some children were being coached or instructed to perform poorly in school or engage in disruptive behavior in class in order to obtain SSI childhood benefits. The questions request that the teacher or other school personnel describe any sudden worsening in the child's functioning or behavior, as well as providing any reasons they may be aware of for such changes. Responses provided to these questions are included with the medical and other evidence obtained.

Using the information provided pertaining to treatment sources, the disability analyst obtains additional medical and nonmedical evidence as needed to enable and support a decision. This will generally include information such as doctor reports, forms developed to gather information from schools and teachers, state vocational rehabilitation reports, and vocational evaluations and information gathered on a daily activity questionnaire. Some of these sources of information are provided in a standardized format utilized in all states, but other sources, such as the forms designed to gather information from schools and teachers, are developed separately by each state DDS using guidance provided by SSA.

Using the evidence developed, the disability analyst reviews the claim once again and begins applying the evidence against the adult SSI disability criteria. The key to understanding the adult criteria lies in understanding how disability is defined for the adult program. Section 223(d) of the Social Security Act defines the disability requirements for this program as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impair merit which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. An individual shall be determined to be under a disability only if his physical or mental impairment or impairments are of such seventy that he is not only unable to do his previous work but cannot, considering his age, education, and work experience, engage in any other kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which he lives, or whether a specific job vacancy exists for him, or whether he would be hired if he applied for work. (SSA, 1998a, p. 3)

Based on this definition of disability, a sequential evaluation process involving five steps is applied by the DDS in making the disability decision. The Social Security regulations pertaining to the sequential evaluation process require that the steps of the process be followed in specific order and allow for the process to terminate if at any step a determination of "disabled" or "not disabled" can be made.

The first step of the sequential evaluation process, addressing whether the adult is engaging in substantial gainful activity (SGA), was eliminated for the age 18 redeterminations. That is, SGA is defined as the performance of significant physical or mental duties for pay or profit and is generally determined to be gross earnings at or above $700 per month. For all other initial applications to the adult SSI program, individuals engaging in work at or above the SGA level are considered to be demonstrating the ability to do substantial work in spite of their disabling condition and are consequently determined to be not disabled under Social Security law. However, for age 18 redeterminations, the SGA determination is eliminated because the provisions of section 1619(a) and (b) of the act are applied. Section 1619(a) and (b) provide that once an individual is determined eligible for SSI, his or her eligibility will not be ceased as a result of work activity at or above the SGA level. Consequently, the remaining four steps of the sequential evaluation process constitute the evaluation process for age 18 redeterminations. The following is a brief summary of these steps:

1. *Is the individual's medically determinable impairment or combination of impairments 'severe?'* Key to the disability determination process is the requirement that a person have a physical or mental impairment that can be documented by a qualified medical examiner and that the disability is severe in terms of rendering the person incapable of performing substantial work. Social Security policy requires that for an impairment or combination of impairments to be considered severe, it must significantly limit the individual's physical or mental ability to perform one or more basic work activities needed to do most jobs. Examples of such basic work activities include walking, standing, seeing, hearing, following simple instructions, and exercising judgment.

Based on consideration of the medical factors and evidence alone, a decision is made as to whether the person's disability is severe. Slight impairments that have no more than a minimal impact on the person's ability to perform basic work activity result in a determination of "not severe." A nonsevere determination at this step translates into a determination of "not disabled" and results in a cessation of benefits. If a determination is made that the person's impairment is severe, the evaluation will move to the next step of the sequential evaluation process.

2. *If the impairment is determined to be severe, does it meet or medically equal the severity of a listing in the SSA's Medical Listing of Impairments?* At this step of the evaluation process a person's medical evidence is reviewed to determine if he or she meets or equals one of the impairments as described in the SSA's Medical Listing of Impairments. The Medical Listing of Impairments provides for each of the major body systems a description of medical conditions that are considered severe enough to prevent an individual from performing work at a substantial level. If the medical evidence available supports that a person has an impairment that is of the same level of severity as described in the listings, and the impairment has lasted or is expected to last for a continuous period of at least 12 months or to result in death, that individual will be determined to be disabled based on the medical considerations alone. In determining whether individuals with mental disabilities meet or equal the listing, the Psychiatric Review Technique form is used to guide the determination process.

Individuals are also considered disabled if the severity of their medical conditions equals that of the impairments described in the SSA listing. For an impairment to be found to be equivalent in severity to a listed impairment, the symptoms, signs, and laboratory findings in the individual's medical evidence must be equivalent in terms of severity and duration to the symptoms, signs, and findings

of a listed impairment. In addition, the DDS physician must document that his or her medical judgment provides for the determination that the severity of an individual's disability equals that of a fisted impairment.

The disability evaluation process ends at this point for individuals who are found to be disabled. A determination that a person is not disabled requires that the disability evaluation process continue to the next step.

3. *If the impairment is severe, but its severity does not meet or equal the severity of a listing, does the individual retain the capacity to do his or her past relevant work, considering his or her residual functional capacity?* Both the physical and mental demands of past relevant work and the individual's capacity to meet these demands are evaluated at this step of the sequential evaluation process. Past relevant work refers to any work that the individual has performed at the substantial gainful activity level within the past 15 years. Work that did not result in SGA-level earnings may also be considered if it is determined that the person had the capacity to perform that work at a substantial level.

The process of determining a person's ability to perform past work involves an assessment of his or her Residual Functional Capacity (RFC), which is defined as the work-related abilities that a person retains in spite of his or her medical impairment. The DDS physician is responsible for determining an individual's RFC and bases this determination on the medical and nonmedical evidence in the case file.

For persons with mental impairments, the Mental Residual Functional Capacity Assessment is used by the physician to rate the degree of limitation that exists in four categories of mental activityunderstanding and memory, sustained concentration and persistence, social interaction, and adaptation. The ratings are then considered as a whole in reaching a determination of the individual's RFC.

The Residual Physical Functional Capacity Assessment is utilized to rate the degree of limitation that exists for persons with physical disabilities. Exertional, postural, manipulative, visual, communicative, and environmental limitations are rated separately by the DDS physician and then considered in their totality in the assignment of a person's overall RFC.

In weighing the evidence in the file, the DDS physician must also take into consideration SSA Process Unification Rulings. Process Unification Rulings are mandates that address how the evidence has been considered and how the disability determination has been made.

If an individual's assessed RFC indicates that he or she is able to meet the physical and mental requirements of any work he or she has performed in the relevant past, a determination that the person is not disabled is usually reached. A decision that a person is not able to perform past work requires that the disability evaluation process move to the final step of the process.

4. *If past relevant work is precluded, does the individual retain the capacity to do any other kind of work that exists in significant numbers in the national economy, considering the individual's RFC and*

the vocational factors of age, education, and work experience? In determining whether an individual has the capacity to perform other work that exists in the national economy, both RFC and the vocational factors of age, education, and work experience are considered.

Individuals with impairments that are strictly physical or exertional are assigned a range of work based on their assessed RFC. The range of work defines the person's maximum sustained work capability for sedentary, light, medium, heavy, or very heavy work. A corresponding table exists for each of the range-of-work categories. The table provides a list of SSA medical/vocational rules indicating "disabled" or "not disabled" based on variances in age, education, and work experience. In cases where a person's vocational factors (e.g., age, education, and work experience) coincide with all of the factors of a medical/vocational rule represented on the table, a finding of disabled or not disabled can be reached without further evaluation of the person's ability to perform other work.

Young adults being redetermined at age 18 who were considered eligible for the childhood program based on functionally equaling the listings or under the Individualized Functional Analysis step of the old childhood standard will likely face difficulty in meeting the adult disability criteria for SSL This is because allowances under functional equivalence and the Individualized Functional Assessment represent a lesser standard of severity than is required for the adult program to be determined eligible based on the SSA's Medical Listing of Impairments.

Although the adult program sequential evaluation process presents a final opportunity to qualify based on a person's RFC, the standards applied at this step of the evaluation process likewise make eligibility difficult for young adults. In part, this difficulty appears to be a result of the person's age when his or her RFC and consequent ability to work at a substantial level were determined. Guidance set forth in SSA policy on the medical/ vocational rules states that for "younger individuals," meaning individuals age 18 through 49, and particularly those under the age of 45, "age is a more positive factor and is usually not a significant factor in limiting such an individual's ability to make a vocational adjustment, even an adjustment to unskilled sedentary work, and even where the individual is illiterate or unable to communicate in English" (SSA, 1999b). The tables in the medical/ vocational guidelines indicate that even individuals with the most significant RFC rating of "maximum sustained work capability limited to sedentary work" are determined not disabled if their age is under 45 years, even when they have limited education and no previous work experience. The exception to this is for individuals whose physical disability is so severe that it precludes them from doing a wide range of sedentary work. Further, the SSA disability policy stresses the importance of gathering nonmedical information on the person's functional capacity from schools, rehabilitation professionals, and others who have a history of working with and observing the individual over time.

Implementing Age 18 Redeterminations

In this section, we will examine preliminary age 18 redetermination data by state and disability. After reviewing these data, we will discuss possible explanations for state and disability variations as well as offering recommendations for practice and research.

Cessations by State

Table 1 shows initial age 18 redetermination cessations rates by state. Of the 61,000 cases reviewed as of December 1998, SSI eligibility for more than half (52.4%) was ceased. Rates ranged from 77.3% to 30.8%. Standardized z-score transformations were performed in order to examine the relative distribution of cessation rates. With z scores, the mean is converted to zero, and transformed scores show how many standard deviations each value is above or below zero given the specified distribution; z scores showed that the cessation rates of several states were more than 2 SD from the mean. Louisiana, Arkansas, and Mississippi showed cessation rates that were substantially higher than average 77.3%, 76.4%, and 73.3%, respectively. At the opposite extreme, the cessation rate for Hawaii was 30.8%. Nine states exhibited cessation rates that differed by at least 1 SD from the mean: Kansas, Alabama, Missouri, Washington, South Dakota, Minnesota, Maine, California, and North Dakota. Despite wide variability, these data show a concentration of high cessation rates among states in the South; states in the Midwest had rates that were somewhat below the national average.

Cessations and Continuances by Impairment

Table 2 shows initial age 18 cessation rates by body system impairment. The vast majority of redetermination cases, 73.3% of 61,000, involved individuals with mental disorders. However, the 56.2% of cessation decisions for persons with mental disorders was slightly less than the national average of 61.1%. Unlike an earlier SSA report on childhood eligibility reviews (SSA, 1998b), the age 18 redetermination report did not disaggregate mental disorder subcategories such as mental retardation and autism (SSA, 1998c). SSI participants belonging to the "other" disability category exhibited the highest age 18 cessation rate, 97.7%. The disability characteristics of these individuals and the reasons for coding them as "other" were not specified, although children who gained access to SSI through an individualized functional assessment may account for many of the cessations within this category. The 88.6% of age 18 respiratory cessations was the next most prevalent category, followed by persons with endocrine (8 1. 1 %), cardiovascular (77.5%), neoplastic (75.5%), and musculoskeletal (71.2%) impairments. Age 18 participants with neurological impairments were least likely to receive a recommendation for eligibility cessation.

For SSI continuance decisions, the majority of age 18 SSI participants who retained their eligibility did so either by meeting or medically equaling SSA's medical listings. For example, redetermined cases for individuals with neurological disorders showed that 64.6% met the listings, and 5.2% demonstrated a medically equaled listing severity. Similarly, of the age 18 participants with special senses/speech impairments, 63.2% maintained eligibility by meeting the listings, and 5.2% maintained eligibility by medically equaling the listing severity. Few persons received continuance decisions based on considerations of residual functional capacity. Of those who were continued on this basis, persons with mental disorders and musculoskeletal impairments were the most prevalent, 6. 1 % and 4.5%, respectively.

The next section will discuss possible explanations for age 18 cessation rate variability as well as policy and practice issues for transition-age persons with disabilities.

Discussion

The historical background of the SSI program and implementation of current welfare reforms have resulted in marked and variable reductions in the numbers of transition-age SSI participants who maintain eligibility as adults. Redeterminations and appeals are still under way, but several factors may possibly explain the cessation rate variability. First, relaxed eligibility criteria and increased outreach activities following the Zebley decision may have resulted in the over-identification of childhood SSI participants. Given the political pressure to implement individualized functional assessments quickly and allow more children with disabilities into the SSI program, some states may have allowed children into the SSI program whose disabilities did not fully meet specified eligibility requirements. If this hypothesis is true, then the equitable implementation of PRWORA reforms would result in variations across states due to the correction of prior over-identification errors. A second possibility is that child medical improvements differed across states. Such improvements may have occurred due to medical, therapeutic, or other interventions, or perhaps through natural childhood maturation. Supportive environments for growth and development, along with access and utilization of effective interventions, may differ across states and therefore influence SSI eligibility for some transition age persons. Still another explanation for varied age 18 cessation rates may be the under-identification of persons who are eligible. As noted, the legislative history of the SSI program suggests that the expansion and contraction of SSI eligibility criteria, along with the implementation of eligibility revisions, is influenced by social, political, and organizational trends. Recent welfare reform efforts have emphasized the removal of persons with disabilities from income maintenance programs such as SSI, and cessation rates may reflect subjective decisions made when documented information is lacking or when information fails to accurately portray the impairments and functional capacities of transitioning SSI participants. These hypotheses warrant further investigation and action in order to ensure that SSI participants receive equitable, objective disability evaluations during the age 18 redetermination process.

State N Percentage Z

TABLE 1
Initial Age 18 Redetermination Cessation Rates by State

State	N	%	z
Louisiana	3,286	77.3	2.497
Arkansas	1,328	75.4	2.306
Mississipi	2,098	73.3	2.096
Kansas	522	67.2	1.483
Alabama	2,210	66.9	1.453
Missouri	1,394	65.2	1.282
Oklahoma	768	62.2	0.981
West Virginia	702	61.0	0.860

Wisconsin	1,215	60.7	0.830
Ohio	3,285	60.4	0.800
New York	4,895	60.2	0.780
Montana	162	59.3	0.689
Tennessee	1,760	58.5	0.609
Florida	3,234	57.5	0.509
Illinois	3,336	57.75	0.509
Indiana	1,228	56.8	0.438
Kentucky	1,680	56.6	0.418
Virginia	1,270	56.5	0.408
South Carolina	1,303	56.0	0.358
Iowa	503	55.1	0.267
Georgia	1,838	54.7	0.227
New Mexico	408	53.9	0.147
Delaware	148	53.4	0.097
Texas	3,553	53.3	0.087
New Jersey	1,358	53.0	0.057
Maryland	680	51.3	-0.114
Pennsylvania	2,841	51.1	-0.134
Colorado	507	50.1	-0.235
Wyoming	64	50.0	-0.245
Michigan	2,480	49.9	-0.255
Alaska	49	49.0	-0.345
Rhode Island	185	48.6	-0.385
Oregon	363	48.5	-0.395
North Carolina	1,721	48.1	-0.436
Vermont	93	47.3	-0.516
Idaho	258	46.9	-0.556
DC	125	46.4	-0.606
Nebraska	233	46.4	-0.606
Nevada	147	46.3	-0.616
Massachusetts	1,028	44.1	-0.837

New Hampshire	102	44.1	-0.837
Connecticut	321	43.3	-0.918
Utah	248	23.7	-0.978
Arizona	636	42.5	-0.998
Washington	629	41.5	-1.099
South Dakota	150	40.7	-1.179
Minnesota	560	40.0	-1.249
Maine	186	38.2	-1.430
California	4,426	38.0	-1.450
North Dakota	82	36.6	-1.591
Hawaii	65	30.8	-2.17

Redetermination decisions for persons with mental retardation have also generated questions regarding validity and equity (Work Incentives Transition Network Policy Group, 1999). As a result of a top-to-bottom review of the PRWORA implementation, SSA Commissioner Apfel directed "rereviews" of targeted children under the age of 18 years whose SSI benefits had been ceased through redetermination decisions or initial denials. Specifically, rereviews focused on individuals who were coded as having mental retardation or whose benefits were ceased due to a reported "failure to cooperate." Many children were allowed to continue receiving SSI benefits after rereview, although the process had not been completed as of October 1998. Importantly, though, two thirds of the redetermination cessations with a mental retardation coding prior to rereview were coded differently afterward. That is, SSA reported that many children who were considered mentally retarded had been incorrectly coded and were then recoded within another disability category. Whether a child's mental retardation disability code was changed after rereview has distinct implications for the resulting SSI eligibility decisions of those whose disability codes were changed, only 10% were allowed to regain their SSI benefits as compared to 60% of those still considered as having mental retardation (SSA, 1998b). Again, within the category of mental disorders, no age 18 redetermination data specifically pertaining to persons with mental retardation are available, and the extent of SSI cessations for this population is unknown.

In addition, the same form used in some states to gather information for the childhood program eligibility determination is utilized for the adult program. Because childhood program criteria contain no work capacity evaluation component, the questions asked of teachers arc largely based on the young adult's performance in classroom and other school settings, as opposed to the individual's ability to perform in actual work settings. Supplementary efforts of DDS disability analysts to gather information pertinent to the assessment of the person's residual functional capacities for work arc affected by the accessibility and responsiveness of teachers, as well as the degree to which teachers understand the type and purpose of the information requested. These factors contribute to questions regarding the validity of the work evaluation process as well.

TABLE 2

Percentages of Initial Age 18 Redetermination Decisions by Body System Impairment

Body system	Ceased	Meets Listings	Equals Listings	Medical Voc.	Other	Total (N=61,754)
Cardiovascular	77.5	10.7	6.6	3.0	2.2	365
Digestive	67.5	14.4	13.9	2.1	2.1	194
Endocrine	81.1	9.6	7.4	0.4	1.5	541
Genito-urinary	47.4	43.3	5.1	1.6	2.6	312
Growth impair.	64.3	21.4	10.7	0.0	3.6	28
Hemic/lymphatic	44.7	43.8	8.0	1.3	2.2	833
Immune defic.	64.5	18.1	10.3	3.9	3.2	155
Mental dis.	56.2	33.3	2.6	6.1	1.8	45,241
Mult. body sys.	27.6	50.0	17.1	2.6	2.6	76
Musculoskeletal	71.2	15.6	6.3	4.5	2.4	1,408
Neoplastic	75.5	18.3	4.7	0.4	1.2	257
Neurological	25.4	64.6	5.2	2.3	2.5	4,773
Other	97.7	1.2	0.6	0.3	0.2	3,758
Respiratory	88.6	8.0	2.4	0.5	0.5	1,184
Skin	67.9	22.6	5.7	3.8	0.0	53
Spec.sense/spch	28.5	63.2	5.2	0.9	2.1	2,576

In response to calls for addressing the issues of programmatic equity and information needs, SSA has initiated several activities in an effort to improve the disability evaluation process (GAO, 1999). Some of these efforts include enhancing the disability adjudication process through increased training of disability analysts, issuing uniform policies across all DDS offices, and updating medical listing and vocational rules. In addition, SSA has formed a group to ensure that the questions asked of teachers, rehabilitation professionals, and others on the age 18 redetermination documentation forms are consistent across states. Improved documentation of age 18 redeterminations may also provide better information for SSA quality assurance reviews and for individuals and families considering decision appeals.

Recommendations

The potential loss of SSI as a result of the age 18 redetermination process holds significant implications for young adults and their efforts to become successfully employed. Consequently, there is strong justification for school and rehabilitation professionals to take an early and active role in working with youth, their families, and the Disability Determination Service to help ensure an accurate determination of SSI eligibility for the adult program. The following are recommended

strategies for the involvement of school and rehabilitation professionals in this process:

Provide information on the age 18 redetermination requirement to individuals on the childhood SSI rolls and their families. Discussions regarding SSI and the requirement that all youth must be redetermined for the adult SSI program should occur early in the transition process. Information shared should include both a discussion of the redetermination process and information regarding how input will be gathered and used in the work evaluation component of the process. The role of the individual, family, school professionals, and others in the process should likewise be addressed.

Provide documentation necessary to support an accurate determination of eligibility to the Disability Determination Service. It is critical to keep in mind that the documentation provided by teachers and rehabilitation professionals is used in the redetermination process to evaluate a young adult's residual fimctional capacity and related ability to perform substantial work. In light of this, it is extremely important that the information provided give an accurate and comprehensive representation of the individual's performance, including fiinctional work limitations and information on the supports that are necessary to make work activity possible. In some instances, the forms used by DDS to gather input contain only questions related to the student's performance in the classroom and other school settings. If a student has engaged in community-based work experience, documentation of performance and necessary supports should be included as supplemental information.

Requests for information on age 18 redeterminations will include questions related to assessing the potential for fraud, abuse, and misuse of benefits by representative payees (SSA, 1999c). In responding to these questions, it is critical that teachers and others consider carefully both the purpose of the questions and the observations and information on which their responses are based.

Plan early for the possible implications of benefit cessation with the individual and their family. Young adults who are utilizing and relying on their SSI for access to critical work supports will need to consider possible alternatives to maintain these supports, should benefit eligibility cease. If not already established, efforts should be made to assist the individual in establishing eligibility and access to services under the state vocational rehabilitation agency prior to the age 18 redetermination process. Other community agencies and resources should be investigated as well. Involving vocational rehabilitanon and other agencies early in the transition planning process will reduce the likelihood that gaps in services will occur and will enhance the overall supports available to the individual.

Encourage and support young SSI participants and their families to appeal benefit cessations that result from age 18 redeterminations. A multistep appeals process is available to all individuals who do not agree with a "not disabled" determination by DDS. The first step of the appeals process involves a reconsideration of the initial determination at the state DDS level. If a favorable decision is not reached at the reconsideration level, the determination can be appealed through an administrative law judge hearing. The final steps may include an appeals council review, followed by civil action in a U.S. District Court, Given that approximately half of the children and youth who receive cessation notices appeal (GAO, 1999), the impact of age 18 redeterminations is not fiilly known. Many allowances resulting from appeals suggest that teachers and rehabilitation professionals should provide information to young adults regarding the appeals process, as well as

continued support in gathering and documenting additional evidence. On a pro bono basis, the American Bar Association (ABA) currently provides a network of attorneys who will assist children and youth with disabilities through the redetermination and appeals process. As part of the transition planning process, teachers and rehabilitation professionals should inform students and families of these free services early in order to help ensure equitable consideration under the law. The ABA web site address for SSI eligibility assistance is as follows: www.abanet.org/legalservices/ ssihotln. html.

In addition to these strategies for practice, several important research issues need to be addressed. For example, the employment and quality-of-life outcomes for persons removed from the SSI program as a result of age 18 redeterminations should be examined. In addition, efforts to enhance quality assurance for continuing disability reviews and age 18 redeterminations should include a thorough investigation of factors that may bias SSI eligibility decisions. Finally, the attitudes and involvement of school personnel in issues related to SSI eligibility, work incentive utilization, and transition planning should be studied.

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AUTHORS' NOTE

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