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SOCIAL SECURITY ADMINISTRATION DATA: EMPLOYMENT TRENDS AND WORK INCENTIVE PARTICIPATION AMONG SSI RECIPIENTS (2023)

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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[1] (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. **There is continued progress since 2020 in the employment rate for SSI recipients ages 18–64.**
2. **SSI recipients with disabilities do not often participate in work incentive programs.**
3. **SSI recipients with intellectual disorders work at higher rates but use work incentives less, though the gap is narrowing.**
4. **The rate of employment among SSI recipients varies by diagnostic group (2014–2023).**

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Methods

These data are from the Supplemental Security Income (SSI) Annual Statistical Reports from 2003–2023. The SSA reports work incentive participation and the number of individuals receiving SSI who are working. For this DataNote 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[2]. We extracted data on the use of work incentives from Tables 52 and 55[3].

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 2010, SSI expanded its categories, and in 2020, it renamed those 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	2020–2023
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
Plan for Achieving Self-Support (PASS)	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.
Impairment-Related Work Expenses (IRWE)	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.
Blind Work Expenses (BWE)	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.
Section 1619(a)	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).
Section 1619(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

There is continued progress since 2020 in the employment rate for SSI recipients ages 18–64.

In 2023, the SSA reported that 304,729 blind and disabled SSI recipients ages 18–64 were working, out of a total of 4,039,318 recipients in that age group. This reflects an employment rate of 7.5%. In 2022, 305,907 recipients were working (out of 4,195,789 recipients ages 18–64) with an employment rate of 7.3%. While the increase is small, it represents continued progress since 2020, when the employment rate for SSI recipients ages 18–64 dropped to 5.9% (Wedeking & Domin, 2024).

Other projects have seen similar trends in employment. Data from the National Core Indicators (NCI) also show a return to work. In 2018–2019, 21.5% of individuals held paid community jobs. This dropped to 14.4% in 2020–2021, then rose slightly to 15.8% in 2021–2022 (NCI, 2019, 2021, 2022). In 2023 and 2024, NCI reported that 17% of individuals held paid community jobs, reflecting continued return to work (NCI, 2023, 2024).

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 people receiving supports to work in individual supported jobs fell by 29% (from 2,462 to 1,750) but increased to almost 2019 levels in 2022 (2,321). This recovery continued into 2024, with the number of people receiving supports to work in individual supported jobs increasing to 2,394 (Institute for Community Inclusion, 2024).

Maryland showed a similar trend. In fall 2019, 33% of people served by the Developmental Disabilities Administration held integrated jobs. This share dropped to 19% in 2020 but began to recover in 2021, reaching 26%. By fall 2024, it had nearly returned to 2019 levels at 32% (Maryland Developmental Disabilities Administration, n.d.).

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

Although the percentage of SSI recipients who are employed has increased slightly, enrollment in work incentive programs continues to decline. As shown in Table 3, national participation in these programs has remained low and has steadily decreased between 2003 and 2023. PASS participation fell most sharply, with enrollments dropping seven-fold (from 1,700 in 2003 to 240 in 2023). During the same period, BWE enrollment declined six-fold (from 3,070 to 517), and IRWE participation decreased four-fold (from 7,602 to 1,734).

Table 3. Number of SSI Recipients Enrolled Nationally in Work Incentive Programs, 2003–2023[4].

	2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023
PASS	1,700	1,578	1,495	1,455	1,271	948	821	635	480	323	240
IRWE	7,602	6,309	5,155	3,862	3,323	2,982	3,188	3,065	2,941	1,913	1,734
BWE	3,070	2,547	2,133	1,638	1,555	1,284	1,161	1,022	876	576	517

SSI recipients with intellectual disorders work at higher rates but use work incentives less, though the gap is narrowing.

In 2023, nearly one-fifth (19.7%) of SSI recipients with disabilities ages 18–64 were people with ID, up slightly from 19.5% in 2022. Of the 795,746 total SSI recipients with ID, 90,809 (11.4%) were employed, an increase from 11.2% in 2022. As shown in Table 4, SSI recipients with ID worked at a rate of 11.4% in 2023—almost double the rate of recipients with other disabilities (6.6%). Since 2020, employment participation has risen by one percentage point for recipients with ID and by 1.6 percentage points for those with other disabilities. During this period, the employment gap between the two groups has narrowed from 5.4% to 4.8%.

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 of SSI recipients with disabilities who work	2020	10.4%	5.0%
	2021	10.5%	5.5%
	2022	11.2%	6.4%
	2023	11.4%	6.6%
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%
	2023	3.5%	4.2%
Percentage of working SSI recipients who participate in 1619(b)	2020	23.7%	36%
	2021	25.3%	37%
	2022	27.1%	38.1%
	2023	28.2%	38.9%
Percentage of working SSI recipients who participate in IRWE	2020	0.8%	0.8%
	2021	0.6%	0.7%
	2022	0.6%	0.6%
	2023	0.6%	0.6%

Despite higher employment rates, Table 4 shows that SSI recipients with ID continue to participate in the 1619(a) and 1619(b) work incentive programs at lower rates than recipients with other disabilities. In 2023, 3.5% of recipients with ID used 1619(a) compared to 4.2% of those with other disabilities, and 28.2% of recipients with ID used 1619(b) compared to 38.9% of those without ID. This trend has been consistent from 2020 to 2022, though the gaps are narrowing. Since 2020, 1619(a) participation has increased among recipients with ID but declined among those with other disabilities, shrinking the difference between the groups to just 0.7% in 2023. A similar pattern is seen with 1619(b): In 2020, the gap in participation was 12.3 percentage points, but by 2023 it had narrowed to 10.7 percentage points. Over the same period, IRWE participation remained unchanged for both groups.

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 people from other disability subgroups. Using the most recent RSA-911 data available, in fiscal year 2024, people with ID worked an average of 21 hours per week while people with other disabilities worked an average of 31 hours per week. Data from 2023 show that people with ID earned $298 per week, and people with other disabilities earned $611 per week (Migliore et al., 2025). As a result, people with ID who work are less likely to have earnings close to substantial gainful activity (SGA). More research is needed on why people with ID do obtain earnings close to SGA, including research on their awareness of 1619 (a) and 1619 (b).

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 2023, section 1619(b) benefits allowed 25,574 people with ID to work and to continue receiving Medicaid benefits. It is hypothesized that if employment and disability services professionals provide better explanations of incentives it may encourage more participation in incentive programs, resulting in better employment outcomes for people receiving SSI. While research on how people with ID view work incentives is scarce, the benefits of working outweigh the alternative of not working (Shapiro et al., 2016).

In analyzing the National Beneficiary Survey data, Baker et al. found that the SSI beneficiaries most likely to work successfully:

- were under age 40,
- could still do their previous jobs
- felt their health didn't limit them
- knew they could keep Medicare or Medicaid after losing benefits due to higher earnings.

Raising awareness that medical benefits can continue even when earnings exceed the SGA level when incentives are used may encourage more people to work (2023).

The rate of employment among SSI recipients varies by diagnostic group (2014–2023)

We conducted a trend analysis to explore the rate of employment among SSI recipients ages 18–64 from the mental disorders diagnostic group by the following subcategories: intellectual disorders (ID), developmental disorders, and autism spectrum disorders. In addition, we grouped depressive, bipolar, and related disorders (formerly mood disorders); neurocognitive disorders (formerly organic mental disorders); and schizophrenia spectrum and other psychotic disorders together to represent mental health disorders to view trends going back to 2014 and compare the pattern to SSI recipients with ID. To reference the findings, please view Table 5.

In 2020, SSI recipients with ID had the fourth-highest employment rate among all diagnostic groups, behind recipients with autism, congenital anomalies, and developmental disorders. In 2021 and 2022, their ranking dropped to fifth, trailing recipients with autism, childhood and adolescent disorders not elsewhere classified, developmental disorders, and congenital anomalies. By 2023, SSI recipients with ID rose back to fourth, narrowly surpassing those with congenital anomalies (*see Table 42 of the SSA report*).

Intellectual Disorders (ID): Since 2014, employment rates among SSI recipients with ID have fluctuated. Rates were steady from 2014 to 2019, then fell by over two percentage points to 10.5% in 2020. A modest rebound began in 2021, with 2022 and 2023 data showing continued recovery.

Developmental Disorders (DD): Employment peaked at nearly 14% in 2019 before dropping to 11.4% in 2020. From 2020 to 2021, this group had the strongest rebound of the four diagnostic groups, and by 2022-2023 had regained the highest employment rate overall.

Autism Spectrum Disorders (ASD): Employment declined by nearly four percentage points from 2019 to 2020. Rates rose slightly in 2021 and improved further in 2022, before dipping again in 2023 but remaining near pre-pandemic levels.

Mental Health Disorders (MH): This group has consistently lower employment than the others, though rates nearly doubled from 2014 to 2023. Unlike the other groups, this group was less affected by the economy in 2020, with only a small dip in 2020 followed by a return to near pre-pandemic levels in 2021. In 2023, just 6.1% were employed— far lower than recipients with developmental disorders (2.5 times higher), autism spectrum disorders (2.3 times higher) or ID (1.8 times higher).

Table 5. Percent of SSI Recipients and Rate of Employment Among SSI Recipients by Diagnostic Group, 2014–2023

Diagnostic Groups	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Autistic disorders	18.3%	18.6%	18.5%	17.6%	17.5%	17.3%	13.5%	13.6%	15%	14.3%
Developmental disorders	9.2%	10.4%	12.4%	13.5%	13.8%	13.9%	11.4%	12.3%	14.6%	15.8%
Intellectual disorder	12.4%	12.6%	12.6%	12.4%	12.6%	12.5%	10.4%	10.5%	11.2%	11.4%
Mental health disorders	3.3%	3.7%	4%	4.3%	4.6%	4.8%	4.4%	5%	5.8%	6.1%

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Endnotes

[1] Prior to 2020, *intellectual disorder* was labelled *intellectual disability* in SSA reporting.

[2] The numbers reported differ from the number of recipients and number working reported in Table 41 and on Statedata.info because they emphasize working age adults ages 18–64. SSA does not provide state level data for ages 18–64.

[3] Table 55 does not include data about adults specifically ages 18–64.

[4] Includes data from SSA Annual Statistical Reports data table 55 (2005–2023), table 33 (2003), and table 30 (2006), which does not include data specific to adults ages 18–64.

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