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FOR: MEDICAL PUBLICATIONS

THE NEW SUPPLEMENTAL SECURITY INCOME PROGRAM:

A Prospectus for the Medical Community

On January 1, 1974, a nationwide program of direct Federal payments to aged, blind or disabled persons with limited income and resources went into effect. Known as "Supplemental Security Income" (SSI), the new program has nationally uniform eligibility requirements for such persons.

The Supplemental Security Income program is wholly financed from Federal general tax revenues. Responsibility for the program has been given to the Social Security Administration. The California Disability Evaluation Program has the responsibility for making determinations of disability on SSI applicants.

Supplemental Security Income will replace the existing public assistance program for the aged, blind and disabled. Those persons who received public assistance on the basis of age (65), blindness, or disability in December, 1973, will, in general, be converted to the Federal System.

The SSI program will generally use the same definitions of disability and blindness used in the Social Security insurance program. The Social Security Administration has established evaluation criteria which describe in terms of symptoms, signs and laboratory findings, impairments that reflect the level of severity that would prevent most people from working for a year or longer.

An applicant who has an impairment or a combination of impairments that meets or equals these criteria is disabled. It is also possible for an impairment to be slight or minimal thereby resulting in a denial

strictly on a medical basis. However, for workers who have impairments which fall short of the listed level of severity, but which prevent them from doing their previous or customary work, consideration is given to their ability to do any other work in light of their remaining capacity and of their age, training and work experience.

All persons whose applications for evaluations of disability are adjudicated in a State Disability Evaluation Program are screened for rehabilitation services from the State vocational rehabilitation agency.

With the anticipated doubling of the State Disability Evaluation Program workloads, emphasis will be placed on expanding resources within the medical community so that we will be able to obtain necessary medical reports as quickly as possible. Although generally the same guides apply under Title II and Title XVI there are some differences. For example:

1. No Waiting Period - Under Title XVI (SSI), an individual who is determined to be blind or disabled will be eligible for payment for the first month in which he has filed an application and is disabled. (Under Title II, a 5-month waiting period must be served after the onset of disability.)
2. Presumptive Disability - An applicant for SSI may receive payments for as many as three months under certain conditions, pending evaluation of his disability. Naturally, this provision will intensify the need for obtaining medical evidence more rapidly.
3. Childhood Disability - Under OASDI there is a minimum age of 18; under the new SSI Program, there is no minimum age. There will

also be a need for the State Disability Evaluation Program to have pediatricians available to review reports on these types of cases.

4. Drug Addiction and Alcoholism - Drug addicts or alcoholics must receive benefits through a guardian. They may only be paid if undergoing treatment at an approved institution or facility, if one is available.
5. Blindness - Since there is no duration requirement for blindness under SSI, there can be a favorable decision based on temporary blindness. Once again, the need for comprehensive and prompt medical reports must be underscored.

Further: Implementation of the SSI program will undoubtedly give rise to new questions and point out areas of concern with respect to the medical community and the State agencies. If you have any further questions or desire additional information, please contact Dr. S. Rosenfeld, Box 3819, Terminal Annex, Los Angeles 90051, or telephone (213) 658-6600, Ext. 494.

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