2003

Decisions to Appeal, Decisions to Approve: Requalification for SSI by Former DA&A Beneficiaries

Richard Scott

Jim Baumohl
Bryn Mawr College, jbaumohl@brynmawr.edu

[Let us know how access to this document benefits you.](#)

Follow this and additional works at: http://repository.brynmawr.edu/gsswsr_pubs

Part of the [Social Work Commons](#)

Custom Citation

Scott, Richard, and Jim Baumohl. "Decisions to Appeal, Decisions to Approve: Requalification for SSI by Former DA&A Beneficiaries." *Contemporary Drug Problems* 30, no. 1/2 (2003): 147-168.

This paper is posted at Scholarship, Research, and Creative Work at Bryn Mawr College. http://repository.brynmawr.edu/gsswsr_pubs/46

For more information, please contact repository@brynmawr.edu.

Decisions to appeal, decisions to approve: requalification for SSI by former DA&A beneficiaries

BY RICHARD SCOTT
AND JIM BAUMOHL

Recipients of Supplemental Security Income (SSI) Drug Addiction and Alcoholism (DA&A) benefits had the opportunity to appeal their termination during the six months prior to the end of the DA&A program in January 1997. In this study, we examined factors that affected transition from the DA&A program to continuing SSI benefits based on other qualifying impairments. We treated requalification for SSI as the outcome of two processes: a beneficiary's submission of a request for reconsideration and the Social Security Administration's (SSA) Disability Determination Services' efforts to document a qualifying impairment, culminating in a decision to approve or to deny the appeal. We developed two multivariate statistical models. The first specified factors that predict beneficiaries' submission of appeals and the second articulated factors affecting the SSA's disposition. We tested the models using data from nine metropolitan areas in the states of Washington, Oregon, California, Illinois and Michigan. We found that the likelihood of appeal submission increased with the severity of physical and mental health problems, social support, institutional integration and employment status. The SSA's disposition was predicted by a beneficiary's frequency of alcohol consumption, economic status, level of institutional integration, functional capacity for daily living, and the metropolitan area in which he or she resided.

When Congress voted to terminate the Supplemental Security Income (SSI) Drug Addiction and Alcoholism (DA&A) program, it sought to disqualify only a relatively small number of DA&A beneficiaries whose impairments would be remediable if they stopped drinking and using other drugs. Alcoholics with advanced liver cirrhosis and heroin addicts with HIV infection, for example, were not targets of retrenchment. Indeed, in a report to Congress, the Congressional Budget Office predicted that 75% of DA&A beneficiaries would remain SSI-eligible due to other qualifying impairments (Congressional Budget Office, 1995). It became the formidable task of the Social Security Administration (SSA) to make careful and procedurally fair decisions about continuing eligibility while ensuring the fewest possible interruptions of benefits.

The SSA sent information about the termination of the program and the right to appeal in letters to beneficiaries and to their representative payees.¹ To appeal, a request for reconsideration signed by the beneficiary, his or her payee, or another authorized representative had to be submitted to a local SSA office within 60 days of receiving this notification (Social Security Administration, 1996b).² On appeal, beneficiaries could allege SSI eligibility due to a current impairment or they could request a review of SSA records to determine if the original DA&A determination was the result of administrative error (Social Security Administration, 1996a). In a departure from standard procedure, beneficiaries could opt for a face-to-face hearing with a Disability Determination Service (DDS) hearing examiner at the initial phase of the reconsideration process.³ The SSA was obliged to complete new medical determinations by January 1, 1997, for all beneficiaries who filed a request within 120 days of the enactment of P.L. 104-121 on March 29, 1996. Beneficiaries who did not meet this deadline, but who appealed within 60 days of receiving SSA notification, would continue to receive benefits until the disability determination process was complete, even if it extended beyond January 1, 1997.

In this paper we examine factors that affected transition from the DA&A program to continuing SSI benefits based on other qualifying impairments. We treat requalification for SSI as the outcome of a beneficiary's submission of a request for reconsideration and the DDS's efforts to document a qualifying impairment, culminating in a decision to approve or to deny the appeal. We developed two statistical models. The first specifies factors that predict beneficiaries' submission of appeals and the second articulates factors affecting the SSA's disposition. We constructed these models in view of previous research on application for public welfare benefits and the SSA's disability determination process.

Factors predicting application for public benefits

Previous studies have identified three categories of variables that predict application for welfare and disability benefits: individual characteristics, social support and institutional integration, and socio-economic conditions.

Individual factors	Salient individual characteristics include physical and mental health status, formal education, relevant knowledge and attitudes, and employability. Even among individuals who believe they have a qualifying, medically determinable impairment, educational and cognitive limitations can discourage application for disability benefits (Menefee et al., 1981). Also, potential applicants may be discouraged by their negative views of program benefits, eligibility criteria, the application process, and unsatisfactory experiences with the public welfare system generally. Since many among the physically and/or mentally impaired have limited coping skills and are intensely averse to stress (Levine et al., 1996), an application process anticipated to be stressful may well be avoided.
---------------------------	--

Financial need is an obviously important consideration in decisions to apply for public benefits. Econometric models

treat the decision to apply as a cost–benefit analysis of feasible alternative income sources, including employment, material support from family and friends, and other benefit programs (Parsons, 1980; Stapleton et al., 1998). Logically, the ability to work indicates the absence of disability for purposes of SSI eligibility. In practice, though, SSI eligibility criteria do not paint such a bright line. Inevitably, some people are both capable of some employment and eligible for SSI (see Campbell et al., this issue). For individuals who believe they have a qualifying impairment and are capable of work, economists view the decision to apply for benefits as a “matter of whether the rewards to working are sufficient to make work more attractive than . . . disability benefits” (Stapleton et al., 1998:76).

**Social support
and
institutional
integration**

Decisions to seek income assistance are made in context, and one critical factor is the receipt of alternative assistance from family and friends. Given the stigmatized nature of many public benefits, even people who believe they are eligible may forgo application given sufficient support by partners, spouses, and other family members and friends. At the same time, however, some people may apply for benefits because they feel a need to “pull their weight” in immediate or extended household relations (see Hunt and Baumohl, b, this issue; Soss, 2000). Very small differences have been reported between the total family incomes of those who apply for benefits and those who do not (Menefee, 1981; Levine et al., 1999), suggesting that application is related more closely to subjective need than to actual income.

Effective social support also can mediate the effects of cognitive and other functional limitations that might prevent application for benefits. The sources of such support can be especially important to the process of applying for benefits and the outcome of the disability determination process. However, while strong ties to family and friends might bolster an applicant’s resolve or help him or her keep appointments, they may contribute less to a correct understanding of

the application and determination process than even passing connections with social welfare functionaries. Of central importance in the present study is a beneficiary's contact with institutional representatives who could provide accurate information about the SSA and help negotiate its system.

Socio-economic context

The capacity for work does not in itself make employment a feasible income option. Studies consistently have revealed a significant inverse relationship between rates of unemployment and application for disability benefits. This relationship partially accounts for variation in application rates over time and across geopolitical jurisdictions (Stapleton et al., 1998; Stone, 1984). Although the years immediately following termination of the DA&A program were characterized by rapid economic growth and expanding labor markets, the distribution of employment opportunities was very uneven across the major urban centers of the United States, particularly for unskilled and poorly educated workers (U.S. Conference of Mayors, 1997).

The accessibility of state and local alternatives to federal income assistance programs is also an important consideration in decisions to apply for SSI. The simpler eligibility criteria and application procedures of most state and county General Assistance (GA) programs have very high exchange values in this respect. During interviews with administrators of various state and federal income assistance programs, Bound and his colleagues (1998) learned that although SSI cash benefits were almost twice those of Michigan GA, many GA recipients were unwilling to endure the more demanding application and continuing-eligibility review procedures of SSI. This reluctance was most prominent among applicants with mental health problems (Bound et al., 1998).

Factors affecting disability determination outcomes

Previous studies have found that several factors predict outcomes of the disability determination process. Of course, disposition is strongly related to an applicant's age and the number and severity of his or her physical and mental health problems (Stapleton et al., 1998; Tobin, 1998). All other things being equal, professional advocacy and support may increase the likelihood of approval (Bound et al., 1998), and in some jurisdictions a history of drug abuse may decrease it (Okpaku et al., 1994).⁴ Although eligibility criteria are intended to enable objective, reliable evaluation of the medical evidence and an unequivocal conclusion as to whether the cumulative impairments amount to a work disability, there is often significant variation in disability examiners' interpretations of eligibility criteria. In a reliability study of claims dispositions in the Pennsylvania DDS, Okpaku and colleagues (1994) found surprisingly low rates of concordance among members of their independent panel and between panel members and the DDS staff. Hunt and Baumohl (a, this issue) concluded that the medical eligibility criteria for drug addiction and alcoholism were sufficiently vague that consistent judgment was impossible to ensure. There may also be systematic bias in the application of eligibility criteria from one jurisdiction to the next (Derthick, 1990). Menefee et al. (1981) argued that the prevailing political atmosphere, as well as state and local welfare policies, may affect DDS decisions.

Method

Sample description	The SSI Study selected 1,764 DA&A beneficiaries from nine local sampling frames in five states: Seattle, Portland (OR), Chicago, Detroit and, in California, Stockton, San Francisco, Oakland, San Jose, and Los Angeles. ⁵ Baseline interviews were conducted between November 1996 and March 1997. Four follow-up surveys were conducted—one every six
--------------------	---

months for the following two years. Site variations in sampling frames and procedures yielded different levels of sampling non-coverage and non-response. To correct for the resulting biases, we estimated a single weight for each study subject. The weighting variable had two components. The first adjusted for cross-site variation in sampling rates. The second adjusted for non-sampling error within sites (see Choudhry and Helba, this issue). Using the full sample weight, a jackknife procedure was used to estimate 60 sample replicates for use in estimating variances and testing statistical relationships. When applied to the data, these weights enable valid cross-site comparisons of descriptive data and statistical relationships.

Measurement

Outcome indicators *Appeal submission:* We used responses to the question “Did you or someone for you officially ask the Social Security Administration to give you SSI benefits after the January 1st cutoff?” Respondents were included in the “appealed” group if they reported at any one of the first three interviews that they had submitted an appeal. Of the 1,764 study respondents, 1,564 (88.7%) did so. Note, however, that we use “request for reconsideration” and “appeal” interchangeably in this paper to refer to beneficiaries’ actions to secure continuing SSI benefits. Our goal was to delineate with the “appeal” variable only those respondents who submitted a formal request for reconsideration prior to benefit termination. However, our indicator almost certainly includes cases in which a new application was submitted following termination of benefits. We were unable to operationalize the distinction more effectively because of respondents’ understandably poor grasp of the complex language and procedures of the SSA and because we had no access to SSA administrative data. However, even with SSA data, this distinction cannot be made reliably (Lewin and Westat, 1998:65).

Appeal disposition: Our indicator of appeal disposition is based on responses to the question: “What have you heard (about your appeal)?” Of the 1,564 respondents who submitted an appeal, 67 were excluded from our analyses because we had no data on the appeal disposition, and 80 were excluded because their appeal was still pending at the final, 24-month follow-up interview. Of the valid cases, 49% of the appeals were approved.

Covariates We summarize in Table 1 a list of covariates and independent variables used in the analyses. We used a continuous age variable and a dichotomous gender variable. The race/ethnicity variable had six categories: Native American, African-American, caucasian, Hispanic, multicultural, and other. We used a categorical indicator of educational achievement: less than ninth grade, between ninth and eleventh grade, high school graduate or general equivalency degree-holder, and more than high school. The study site variable included all nine sites.

TABLE 1
Covariates and independent variables

<i>Covariates</i>	<i>Mental Health</i>
Age	# of mental health problems, July – Dec. 1996
Sex	
Race/ethnicity	<i>Functional Limitations</i>
Education	# of activities of daily living requiring assistance, July – Dec. 1996
Study site	
<i>Social Support</i>	<i>Alcohol and Other Drug Use, July – Dec. 1996</i>
Received assistance in the appeal process	Use of heroin or cocaine once/week
	Daily use of alcohol
Needed help in appeal but couldn't get it	Daily use of any drug
Family or friend as rep. payee	
<i>Institutional Integration</i>	<i>Financial Status in December 1996</i>
Type of representative payee	Other household income
Who helped with the appeal	Ran out of money for housing
In substance abuse Tx, July – Dec. 1996	<i>Employment Status</i>
<i>Physical Health</i>	Had a job, July – Dec. 1996
# of physical health problems, July – Dec. 1996	Number of days paid for work, Dec. 1996
	<i>Employment Opportunities</i>
# of doctor's visits, Dec. 1996	Ratio: unskilled workers to unskilled jobs opportunities

Independent variables

Social support: We included one indicator of social support in analyses of appeal submission: designation of a family member or friend as the beneficiary's representative payee. The indicator comprises two categories of the representative payee variable, which is also used as an indicator of institutional support, as described below. In analyses of appeal disposition, we used two dichotomous indicators of social support. The first indicates whether respondents who appealed benefit termination received assistance in doing so. The second indicates whether those who appealed required assistance in the appeal process but could find none. Because we asked respondents for information about assistance in the appeal process only during the first two interviews, these data were not available for the 60 respondents who first reported submission of an appeal in the third interview.

Institutional integration: We used three indicators of institutional integration: type of representative payee, participation in substance abuse treatment, and source of assistance in appealing benefit termination. Type of representative payee was a nominal variable with four categories: friend, family, an agency, and no payee. Substance abuse treatment service utilization was a dichotomous variable indicating whether respondents said "yes" when asked if they had been in treatment any time between July and December 1996. Source of assistance had six categories: the SSA; family member or friend; representative payee;⁶ referral and monitoring agency or substance abuse treatment provider; a social worker or case manager; and legal, court or health professional. Finally, we included an indicator of the length of time DA&A beneficiaries had been receiving SSI benefits in December 1996.

Health status and functional limitations: For all of the indicators in this category, we collapsed the frequency of health and functional problems into several categories, using cutpoints to illuminate the structure of the multivariate relationships and to ensure valid parametric estimation. To evaluate mental and physical health status, we asked respondents which of

eight categories of psychological/mental health problems and which of 13 physical health problems they had experienced during the six months beginning in July 1996. The mental health indicator was trichotomized: 0, 1–6, and 7 or 8 problems. The physical health indicator also was trichotomized: 0, 1–4, and 5–12 problems. We also asked beneficiaries how many times they had visited a doctor's office in the past six months. We categorized the variable: 0, 1–4, 5–8, and 9 or more. To estimate functional limitations, we counted how many of 12 activities of daily living respondents reported needing assistance within the six months prior to baseline. The count was collapsed into six categories: 0; 1 or 2; 3 or 4; 5 or 6; 7 or 8; and 9–12 activities.

The most serious limitation of our model of appeal disposition is the absence of health measures corresponding to SSA impairment criteria. The SSI Study was not designed to permit diagnosis of specific physical and mental health problems or to assess their severity with respect to SSA categories.

Alcohol and other drug use: We used a categorical indicator of the frequency of alcohol consumption during the six months prior to baseline and two dichotomous measures of drug use: *daily use of any drug*, and use of heroin and/or cocaine *at least once weekly* during the six months prior to baseline.

Financial status: We used the continuous indicator of other household income in December 1996 to estimate financial status. To estimate material hardship, we used an indicator of whether respondents had run out of money for housing during December 1996.

Employment status: We asked respondents at baseline whether they were working at the time of the baseline interview and used the responses as a dichotomous indicator of employment status.

Employment opportunities: We estimated the availability of employment using the U.S. Conference of Mayors' (1997) estimates of the ratio of unemployed, unskilled workers to unfilled, unskilled jobs in American metropolitan areas.⁷ These data were not available for Stockton, so analyses using this variable exclude observations from that site. The ratios for the other eight sites are listed below.

Chicago	4.7	Seattle	1.1
Portland	1.6	Santa Clara	3.4
Detroit	23.6	Los Angeles	2.2
Alameda	1.4	San Francisco	0.2

Data analysis

As noted above, sample replicates were computed to enable variance estimates that correct biases resulting from the complex structure of the study sample. In all our analyses we used statistical tests that exploit the corrected variance estimates. The Rao-Scott χ^2 statistic was used to test the significance of relationships between pairs of categorical variables. We used ANOVA to test relationships between a categorical variable and a continuous variable.

The processes of appeal submission and appeal disposition do interact in some important ways, but the fundamental dynamics of the two processes are independent. As such, we have analyzed two statistical models independently, using logistic regression equations to test multivariate models of appeal submission and appeal disposition; we have sought to capture the elements of the appeal process that are relevant to the disposition process with our indicators of social and institutional support. We included in the multivariate models only predictors with bivariate relationships with the outcome indicators

significant at the $p < .01$ level. We estimated all statistics with the WesVar statistical package.

Results

Appeal submission The results of the multivariate analyses of appeal submission are summarized in Table 2. We found no relationship between appeal submission and financial status or local employment opportunities. Although age was significantly related to appeal, the positive association between age and physical and mental health status accounted for the effects of age in the model. Controlling for the other effects in the model, beneficiaries who visited the doctor five or more times between July and December 1996 were approximately three times as likely to appeal as those who made fewer than five visits. Beneficiaries with one to six mental health symptoms at baseline had an adjusted odds ratio of 1.99, and those with more than six symptoms had an adjusted odds ratio of 3.49. Beneficiaries in Chicago were almost three times less likely to appeal than beneficiaries residing in San Francisco (the reference site).⁸ Beneficiaries with a job were more than four times less likely to appeal than were those without one.

The two indicators of institutional integration were particularly strong predictors of appeal. Beneficiaries with institutional representative payees had an adjusted odds ratio of 3.39 with respect to beneficiaries with no payee, and the adjusted odds ratio for those participating in substance abuse treatment was 2.48. Interestingly, while the likelihood of submitting an appeal was related to the beneficiaries' level of institutional contact, the reasons for failing to appeal were not. We asked respondents who did not appeal why they had not done so. Their reasons are summarized in Figure 1.

The reason respondents gave most frequently for not appealing was that they didn't know they could or they didn't know they needed to. Many of the respondents who didn't know

TABLE 2

Logistic regression model of appeal submission, $R^2=0.18$

Indicator	Coefficient Estimate	SE of Estimate	t	Odds Ratio
Intercept	0.71	0.67	1.07	
<i>Covariates</i>				
Site (0 = San Francisco)				
Chicago	-0.95	0.45	-2.14*	0.39
Portland	-0.42	0.50	-0.84	0.66
Detroit	0.10	0.51	0.20	1.11
Seattle	-0.18	0.53	-0.34	0.84
San Jose	-0.33	0.56	-0.59	0.72
Los Angeles	-0.29	0.48	-0.60	0.75
Stockton	0.01	0.51	0.02	1.01
Oakland	-0.07	0.52	-0.13	0.93
<i>Social Support</i>				
Type of Representative Payee (0 = None)				
Friend	0.44	0.53	0.83	1.55
Relative	0.11	0.50	0.22	1.12
Agency	1.22	0.52	2.34*	3.39
Other	0.82	1.16	0.71	2.27
<i>Mental Health Status</i>				
Number of Mental Health Symptoms (0 = None)				
1 to 6	0.69	0.30	2.30*	1.99
7 to 8	1.25	0.64	1.97*	3.49
<i>Health Status</i>				
Number of Doctor's Office Visits, July Through December 1996 (0 = None)				
1 to 4	0.34	0.27	1.24	1.40
5 to 8	1.24	0.41	3.04**	3.46
9 or more	1.28	0.46	2.78**	3.60
<i>Institutional Integration</i>				
Substance Abuse Treatment (0 = No)	0.91	0.21	4.38**	2.48
<i>Financial Status and Need</i>				
Employment Status (0 = Not employed)	-1.57	0.38	-4.14**	0.21
*p<.05 **p<.01				

they could appeal said they believed they were disqualified for future benefits because of their histories of alcohol and other drug use. Others seemed to be aware that their benefits were ending but unaware of the appeals provision of the legislation. Lack of knowledge about the need or opportunity to appeal was unrelated to type of representative payee. A sig-

nificant percentage failed to appeal because they were weary of the “hassles” of SSI receipt.

FIGURE 1
Reasons for not appealing benefit termination (n=411)

Appeal disposition

The multivariate model of appeal disposition is summarized in Table 3. Controlling for the effects of other variables in the model, appeals from daily alcohol users were about 2.5 times less likely to be approved than were appeals from abstainers. Appeals from beneficiaries who reported seven or eight mental health symptoms at baseline were three times more likely to be approved than those from beneficiaries who reported no symptoms. Appeals from beneficiaries who ran out of money for housing in December 1996 had an adjusted odds ratio for approval of 0.43. That is, beneficiaries who did not run out of money for housing were almost 2.5 times more likely to have their appeals approved. Appeals with which the SSA or the beneficiary’s representative payee provided assistance were no more likely to be approved than those for which no assistance was received. Interestingly, appellars who reported having no payee, about 10% of the sample, were almost three times as likely to have their appeal approved as were those

TABLE 3

Logistic regression model of appeal submission, $R^2=0.15$

Indicator	Coefficient Estimate	SE of Estimate	t	Odds Ratio
Intercept	0.83	0.554	1.50	
<i>Covariates</i>				
Site (0 = San Francisco)				
Chicago	- 1.29	0.324	-3.98**	0.28
Portland	- 1.84	0.345	-5.34**	0.16
Detroit	- 0.45	0.314	-1.45	0.64
Seattle	-0.45	0.261	-1.71	0.64
San Jose	- 0.46	0.456	-1.00	0.63
Los Angeles	- 0.93	0.308	-3.03**	0.39
Stockton	- 1.90	0.338	-5.61**	0.15
Oakland	-0.84	0.397	-2.12*	0.43
<i>Institutional Integration</i>				
Who Helped with the Appeal (0 = Nobody)				
Representative payee	1.26	0.328	3.85**	3.52
RMA/treatment staff	0.53	0.493	1.08	1.70
Legal/court and other health professionals	0.75	0.289	2.58**	2.17
Family member or friend	1.06	0.284	3.73**	2.89
Social worker/case manager	0.79	0.354	2.24*	2.20
SSA	-0.62	0.337	-1.84	0.54
<i>Social Support</i>				
Type of Representative Payee (0 = None)				
Friend	-0.93	0.453	-2.06*	0.39
Relative	-0.95	0.449	-2.11*	0.39
Agency	-1.23	0.435	-2.83**	0.29
Other	-0.92	0.895	-1.02	0.40
<i>Mental Health Status</i>				
Number of Mental Health Symptoms (0 = None)				
1 to 6	0.17	0.329	0.51	1.19
7 or 8	1.10	0.403	2.72**	3.00
<i>Alcohol and Other Drug Use</i>				
Alcohol Use (0 = Not at all)				
Less than once a week	-0.31	0.292	-1.08	0.73
Once a week	-0.34	0.305	-1.12	0.71
More than once a week	-0.34	0.242	-1.40	0.71
Daily	-0.95	0.273	-3.47**	0.39
<i>Financial Status and Need</i>				
Ran out of money for housing, Dec. 1996 (0 = No)	-0.83	0.199	-4.16**	0.43
Employment Status (0 = Not employed)	-1.04	0.509	-2.04*	0.35
*p<.05 **p<.01				

who had a payee. Controlling for the other variables in the model, appeals assisted by a representative payee, family members, friends, legal and court personnel and other health professionals were 2.2–3.5 times more likely to be approved than those for which no assistance was received. Controlling for the effects of the other variables, rates of approval were dramatically lower in Chicago, Portland, Los Angeles and Stockton than in San Francisco. Appeals submitted by beneficiaries who were working during the six months prior to baseline were three times less likely to be approved than appeals by those who were unemployed.

Discussion

Our results are fairly consistent with those of previous studies of benefit application, suggesting that decisions to appeal SSI termination were driven by factors similar to those that drive initial decisions to apply for public benefits. We found that the likelihood of appeal submission increased with the severity of physical and mental health problems. In our model the increases in the rate of appeal with age were accounted for by increases with age in the severity of such problems. Note also that although functional capacity had a significant bivariate relationship with appeal submission, it accounted for no additional variance when we controlled for the number and severity of mental and physical health problems.

We also found that institutional integration was correlated with appeal submission. Beneficiaries with formal links to health and human service agencies were significantly more likely to submit an appeal than those without these connections. This was likely the result of client advocacy by health and human service agencies.⁹ Interestingly, we found that participation in substance abuse treatment was more strongly related to appeal than was representation by a professional or institutional payee. This suggests that quite apart from their

concern for clients, substance-abuse treatment providers with large numbers of SSI beneficiaries may have been mobilized by the threat of lost Medicaid revenues.

A majority of respondents who did not appeal were unaware of the need to do so or did not believe they were eligible (data not shown). One respondent who failed to appeal “. . . thought it was an automatic stop because of my drug record. They will not give me any more [benefits].” Another said, “I understand they are cutting all drug addicts off. By my being an addict, the only way I can qualify is if I was crazy.” Clearly, some beneficiaries misunderstood the change in SSI eligibility, failing to distinguish between termination of the DA&A program and disqualification of former DA&A beneficiaries. Beneficiaries with institutional representative payees were no less likely to be ill-informed than were those with family and friends as payees.

Consistent with the results of studies of initial application for public assistance, we found that household income had no effect on appeal submission. This may reflect the overriding importance of the subjective or contextual need for additional income or the lack of large variation in family and household incomes in our sample. That is, it may be that income and material hardship were unrelated to appeal submission because of the pervasiveness of material hardship in this population noted by Norris et al. (this issue).

Several factors improved the likelihood of appeal approval. Social support was important to the success of appeals. Appeals assisted by representative payees, family members and friends were more successful than those supported by social workers, case managers and SSA staff, or legal and other health professionals. Perhaps the persistence of well-informed family members and friends was more effective than routine professional attention. The same persistence and level of concern may account for the unexpected observation that applications from beneficiaries who had no representa-

tive payee were more likely to be approved. These beneficiaries may have been more accustomed to the bureaucratic procedures of the SSA and may have understood more clearly the ways in which they could support the disposition process by helping to gather information and so forth.

Applications from daily drinkers were less likely to be approved than were applications from abstainers and moderate users. This may reflect an administrative bias among disability examiners or a tendency among applicants with alcohol problems to participate less consistently and aggressively in the application process. Most likely, though, it means that disability examiners ruled ineligible a large percentage of the beneficiaries whom Congress asked them to disqualify: those with disabilities based mainly on substance abuse. Interestingly, our analysis does not show that disability examiners were more likely to disqualify heavy illicit-drug users, other things being equal. Perhaps the use of those substances was less obvious in the file review or in face-to-face meetings.¹⁰

Notes

1. The DA&A program required that its beneficiaries appoint representative payees to receive their monthly checks and assist in budgeting and money management. In general, SSA correspondence to DA&A beneficiaries was delivered through representative payees. For beneficiaries' views of their relations with payees, see Hunt and Baumohl, b, this issue.
2. SSA staff could extend this 60-day appeal deadline when beneficiaries could show good cause for a late submission.
3. Normally only a paper review by a disability examiner and a medical or psychiatric professional is allowed at the initial phase of application. SSI DA&A beneficiaries could request a face-to-face hearing with the DDS hearing examiner, or they could have another review of their record by a different team. Recipients needed to request their desired option at the time they applied for a redetermination. For a detailed review of this and other application and appeals procedures, see Hunt and Baumohl, a, this issue.
4. See Hunt and Baumohl, a, this issue, for a detailed discussion of such geopolitical differences over time.

5. See Swartz, Tonkin and Baumohl, this issue, for a detailed discussion of sampling, interviewing, and data management. We limit our discussion here to the points necessary to an accurate reading of our results and their implications.
6. Our data lacked the detail needed to construct independently the source of support, which is included in the disposition model only, and representative payee variables; thus they overlap. However, in our analyses we were careful to consider the implications of this overlap. As we discuss below, the overlapping groups in the two variables behave consistently in the disposition model, supporting the conclusion that family and friends were equally effective in their support, whether or not they were representative payees.
7. See Campbell et al., this issue, for a detailed description of these estimates.
8. When the odds ratio is less than 1, the risk for that group with respect to the reference group is the multiplicative complement of the odds ratio.
9. Soss and Keiser (2001:6) found that the aggregate demand for Social Security Disability Insurance was positively related to the number of "reporting public charities per 10,000 residents in each state," but that the aggregate demand for SSI was not. Given our findings, we think that a more specific indicator of the density of welfare advocacy organizations would produce a very different result.
10. The attentive reader will notice an apparent discrepancy in results between this study and two others in this issue (Swartz, Martinovich and Goldstein; Spiegelman et al.), which find that heavy illicit-drug users were less likely than others to retain SSI. In our study we were interested in the dynamics of the appeal and determination processes, and we operationalized our outcome variable using the respondents' perceptions of the appeal process. In the other studies, the criteria used to construct the SSI Status variable required that respondents complete at least two follow-up interviews; they were classified as On SSI at each follow-up if they reported having received an SSI check during at least half of the months since the last interview. They were classified as On SSI for the entire follow-up period if they were classified as On SSI for at least half the interviews they completed.

Logically, the two indicators should result in very similar distributions of respondents into the Appealed and Approved categories used in our study and the On SSI category used in the other studies. This is largely true. Only about 15% of the respondents classified as Approved in our study were classified as Off SSI in the other studies, and fewer than 9% of those classified as Appeal Denied in our study were classified as On SSI in the others. These relatively small differ-

ences in the distributions of these two variables resulted in small differences in their statistical relationships to illicit drug use. In our study the relationship was marginally insignificant; in the others it was marginally significant. This suggests that SSI Status or requalification may have been related to illicit drug use, but only weakly.

References

- Bound, John, Sherrie Kossoudji, Gema Ricart-Moes (1998). "The ending of General Assistance and SSI Disability growth in Michigan," in Rupp, Kalman & David C. Stapleton, eds., *Growth in Disability Benefits: Explanations and Policy Implications*. Kalamazoo, MI: W.E. Upjohn Institute for Employment Research.
- Campbell, Kevin, Jim Baumohl, and Sharon R. Hunt (2003). The bottom line: Employment and barriers to work among former SSI DA&A beneficiaries. *Contemporary Drug Problems*, 30, 195-240.
- Choudhry, G. Hussain and Cynthia Helba (2003). Rationale and procedures for weighting the SSI study data. *Contemporary Drug Problems*, 30, 137-146.
- Congressional Budget Office [of the United States] (1995). *Estimate of HR4, The Family Self-Sufficiency Act of 1995*. Washington, DC: Author.
- Derthick, Martha (1990). *Agency Under Stress: The Social Security Administration in American Government*. Washington, DC: The Brookings Institution.
- Hunt, Sharon R. and Jim Baumohl (2003a). Drink, drugs and disability: An introduction to the controversy. *Contemporary Drug Problems*, 30, 9-76.
- Hunt, Sharon R. and Jim Baumohl (2003b). Now invited to testify: Former beneficiaries appraise the SSI drug addiction and alcoholism program. *Contemporary Drug Problems*, 30, 455-499.
- Levine, Helen J., Della Faulkner & Evan S. Schechter (1999). *Evaluation of findings from the survey of disability applicants and non-applicants*. Institute for Health Policy, Brandeis University.
- Levine, Helen J., G. Strickler, K. Watson, M. Drainoni & D. Beatrice (1996). *A consumer survey of adult SSI and SSDI beneficiaries with disabilities*. Institute for Health Policy, Brandeis University.
- The Lewin Group, Inc., and Westat, Inc. (1998, July 21). *Policy Evaluation of the Effect of Legislation Prohibiting the Payment of Disability Benefits to Individuals Whose Disability Is Based on Drug Addiction*

or Alcoholism: Interim Report Submitted to the Social Security Administration. Fairfax, VA: Author.

- Menefee, John A., Bea Edwards, and Sylvester J. Schieber (1981). Analysis of nonparticipation in the SSI program, *Social Security Bulletin*, 44:6, 3-21.
- Norris, Jean, Richard Scott, Richard Speigman, and Rex Green (2003). Homelessness, hunger and material hardship among those who lost SSI. *Contemporary Drug Problems*, 30, 241-273.
- Okpaku, Samuel O., Amy E. Sibulkin & Christoph Schenzler (1994). Disability determination for adults with mental disorders: Social Security Administration vs. independent judgments," *American Journal of Public Health*, 84:11, 1791-1795.
- Parsons, D.O. (1980). The decline of male labor force participation, *Journal of Political Economy*, 88, 117-134.
- Social Security Administration, Office of Policy (1996a, September). *Program Operations Manual System, Part 05—Supplemental Security Income, Chapter 023—Posteligibility Events, Subchapter 01—Posteligibility Changes* (Transmittal No. 16, SSA Pub. 68-0502301). Baltimore: Author.
- Social Security Administration, Office of Policy (1996b, October). *Program Operations Manual System, Part 04—Disability, Chapter 900—Drug Addiction and Alcoholism* (Transmittal No. 3, SSA Pub. No. 68-0490000). Baltimore: Author.
- Soss, Joe (2000). *Unwanted Claims*. Ann Arbor, MI: The University of Michigan Press.
- Soss, Joe and Lael Keiser (2001). *The political roots of disability claims: How state environments and policy shape citizen demands*. Paper presented at the 2001 Midwest Political Science Association Meeting, Chicago, April 19-22.
- Speigman, Richard, Jean Norris, Shanthi Kappagoda, Rex Green, and Zoran Martinovich (2003). SSI receipt and alcohol and other drug use among former SSI DA&A beneficiaries. *Contemporary Drug Problems*, 30, 291-333.
- Stapleton, David, Kevin Coleman, Kimberly Dietrich & Gina Livermore (1998). "Empirical analyses of DI and SSI application and award growth," in Rupp, Kalman & David C. Stapleton, eds., *Growth in Disability Benefits: Explanations and Policy Implications*. Kalamazoo, MI: W.E. Upjohn Institute for Employment Research.
- Stone, Deborah A. (1984). *The Disabled State*. Philadelphia: Temple University Press.

- Swartz, James A., Zoran Martinovich, and Paul Goldstein (2003). An analysis of the criminogenic effects of terminating the Supplemental Security Income impairment category for drug addiction and alcoholism. *Contemporary Drug Problems*, 30, 391-424.
- Swartz, James A., Peggy Tonkin, and Jim Baumohl (2003). The methodology of the multi-site study of the termination of Supplemental Security Income benefits for drug addicts and alcoholics. *Contemporary Drug Problems*, 30, 77-121.
- Tobin, James (1998). "Poverty in relation to macroeconomic trends, cycles, and policies," in Rupp, Kalman & David C. Stapleton, eds., *Growth in Disability Benefits: Explanations and Policy Implications*. Kalamazoo, MI: W.E. Upjohn Institute for Employment Research.
- United States Conference of Mayors (1997). *The Welfare Challenge Facing America's Cities: A 125-City Survey*. Washington, DC: Author.