

**LEADERSHIP COUNCIL OF AGING ORGANIZATIONS
SOLUTIONS FORUM
MAY 17, 2005**

Resolution on Long Term Care

- The U.S. should institute a national long term care system based primarily on a social insurance model. The system should provide comprehensive services, including home and community based and institutional services to people with serious physical and cognitive impairments to enable them to carry out activities of daily living and function at an optimum level.
- Any long term care system, including the current Medicaid program that provides long term home and community based services for low income frail older people and people with disabilities, should include a comprehensive and flexible range of benefits in the least restrictive setting possible. Services provided should respect the rights and preferences of the client. The client/consumer should be given maximum choice and control over the delivery of the services, wherever possible and appropriate.
- The current and future long term care system should appropriately recognize the role of the unpaid family caregiver. The system should provide training, counseling, respite, social support services and financial assistance to enable them to carry out their caregiving responsibilities.
- The current and future long term care system should deliver comprehensive services across the lifespan during which people need long term care, including end-of-life care which respects the rights and dignity of the consumer during all phases of illness or disability.
- The long term care system should ensure that adequate and affordable housing along with supportive services is a viable alternative to institutional care.

**LEADERSHIP COUNCIL OF AGING ORGANIZATIONS
SOLUTIONS FORUM
MAY 17, 2005**

Resolution on Medicaid

- Medicaid should be reformed to end the institutional bias which forces older people who need long term care out of their homes.
- Current home and community based service programs should be expanded in Medicaid.
- The Medicaid program and other home and community based long term care service programs should be devoid of any barriers that inhibit consumer choice, control, autonomy and independence.
- The federal and state governments should devote adequate financial resources to the Medicaid program.

**LEADERSHIP COUNCIL OF AGING ORGANIZATIONS
SOLUTIONS FORUM
MAY 17, 2005**

Resolution on the Older Americans Act

- The Older Americans Act network should be the nation's premier advocacy and service delivery system for older people, providing comprehensive services to all eligible older people in need of home and community based services that allow them to remain in their homes and obtain appropriate assistance with activities of daily living.
- The aging network should serve as the one-stop center for the states' long term care service and support system to assist older people to assess their needs and make informed choices about long term care.
- The Older Americans Act should be federally financed with adequate resources to ensure that all eligible older people in the targeted populations (low-income, limited English speaking, etc.) are served. This is crucial in light of the generation of baby boomers that will become eligible for services over the next 10 years.
- The Older Americans Act should be reauthorized in a timely manner and should reaffirm the principles of the OAA in all current and future titles of the Act.

**LEADERSHIP COUNCIL OF AGING ORGANIZATIONS
SOLUTIONS FORUM
MAY 17, 2005**

Resolution on Civil Engagement

- Preserve and enhance the older adult population's integral position in and connection to the community by developing strategies for changing attitudes towards aging and increasing opportunities for volunteerism and other forms of civic engagement.
- Develop federal policies to enable the Corporation for National and Community Service to engage greater participation of older people in community service through recruitment and enrollment in new and existing volunteer programs, including the Foster Grandparent, Senior Companion, and RSVP Programs.
- Seek opportunities to develop federal, state, local and private sector partnerships that provide resources to support older volunteers in the community.

**LEADERSHIP COUNCIL OF AGING ORGANIZATIONS
SOLUTIONS FORUM
MAY 17, 2005**

**Resolution on Ensuring Access to Comprehensive, Affordable and Quality Health,
Mental Health, and Substance Abuse Coverage in Medicare**

WHEREAS, Medicare provides health insurance to very hard-to-insure or uninsurable individuals at a reasonable cost and can be a model program to help those approaching age 65 and who are uninsured and need to obtain coverage;

WHEREAS, in 2006, the Centers for Medicare and Medicaid Services estimate that the Medicare premiums, deductibles and co-pays of the average beneficiary will consume 37.2 percent of the average Social Security check making further cost shifting a hardship for millions;

WHEREAS, prescription drugs play a crucial role in the health care of older Americans and the Medicare Modernization Act (MMA) of 2003 must be continually assessed and improved when needed to ensure affordable access to pharmaceutical therapies;

WHEREAS, Medicare beneficiaries need help to make informed decisions regarding options and choices, managed care plans, Medigap policies, prescription drug plans, and other options;

WHEREAS the quality of life of older Americans can be improved through preventive care and screening and morbidities and mortalities delayed through better use of expanded preventive services under Medicare and Medicaid;

WHEREAS mental health is a leading threat to the independence of and quality of life of older persons and almost 20% of persons over age 55 experience specific mental and cognitive disorders that are not part of the normal aging process and are treatable;

WHEREAS, Medicare faces the same quality improvement problems as exist throughout our health care system, but Medicare has a unique capacity to encourage improvements in quality using technology innovation, performance measures, and practice guidelines;

WHEREAS, there is a documented shortage of geriatric health and mental health workers at all levels, and many direct care workers in the health care field, on whom many elderly Americans rely for their health-related services, leave their jobs within the first year of employment due to poor wages, minimal training, and few opportunities for advancement;

THEREFORE, BE IT RESOLVED by the 2005 White House Conference on Aging to support policies to **ENSURE ACCESS TO COMPREHENSIVE, AFFORDABLE AND QUALITY HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE COVERAGE BY:**

·Ensuring that Medicare meets the full medical needs of all enrollees (which are defined as physical, mental health, substance abuse, health promotion and disease prevention, and long-term care services), that coverage decisions keep pace with the best practices of modern medicine, and do not result in further cost shifting to beneficiaries.

·Ensuring that Medicare payments keep pace with the increase in the cost of benefits and not be tied to budgetary targets, and that expansions in coverage for services should not come in exchange for privatization or greater beneficiary cost sharing through new co-payments, higher premiums or deductibles.

·Ensuring access to an affordable and comprehensive range of mental health and substance abuse services, including outreach, home and community-based care, prevention, and intervention.

·Ensuring that Medicare benefits continue to include more health promotion and preventive care for all beneficiaries, including those with chronic illness.

·Ensuring that Medicare reforms do not reduce access to care by raising the age of eligibility or by basing eligibility on income.

·Monitoring and extending the scope of service and treatment options for minorities and women and by addressing the special needs of these populations.

·Improving the Medicare prescription drug program by ensuring effective cost containment through fair drug prices negotiated by the Secretary, by improving the program's coverage, and by ensuring that consumers have balanced and accurate information in making drug-related decisions.

·Ensuring the enrollment of all those eligible for the excellent low-income benefits of the MMA, particularly the Dual Eligibles.

·Defining comprehensive health insurance coverage to include mental health services, substance abuse services, health promotion and disease prevention, and long-term care services.

·Recognizing the importance of all direct care workers in the health and mental health care field and assuring adequate recognition; fair wages; education and training, including geriatric traineeships; reasonable working conditions; and benefits, including health coverage; to ensure high quality and standards of care.

·Assisting beneficiaries in understanding and navigating the many new choices and options in Medicare by immediately increasing the level of funding for the State Health Insurance Assistance Programs' counseling services to \$1 per beneficiary and providing dependable, adequate funding for this program in the future.

·Studying the option of "buying into" Medicare for those who are approaching retirement (ages 55-64) and who do not have adequate, affordable insurance.

**LEADERSHIP COUNCIL OF AGING ORGANIZATIONS
SOLUTIONS FORUM
MAY 17, 2005**

**Resolution on Ensuring Coverage of Affordable Long-Term Care Services that are
of the highest quality**

WHEREAS, long-term care services are needed by more than 6 million elderly Americans and close to 4 million disabled Americans;¹

WHEREAS, a bias has historically existed within programs that provide coverage for institutional placement for long-term care services despite the fact that elderly Americans want the option to receive long-term care services in their homes or other community settings;

WHEREAS, long-term care services are extremely expensive, with 36% of older people's out-of-pocket expenses going toward long-term care;²

WHEREAS, the Medicaid program provides coverage for approximately 70 percent of nursing home residents and pays almost half of the nation's long-term care costs (or nearly \$60 billion), but is also an essential source of health care for millions of American families, covering the birth of approximately one in three grandchildren and providing continuing health insurance to one in four grandchildren;

WHEREAS, the Medicare program pays for 17%, or nearly \$23 billion, of all long-term care costs annually incurred by Americans;³

WHEREAS, private insurance for long-term care is financially out of reach for many elderly Americans, is not available to many with pre-existing conditions, and may not provide sufficient consumer protections for those purchasing the insurance;

WHEREAS, despite federal legislation such as the Nursing Home Reform Act, some residents are still subjected to abuse or poor treatment in spite of legal protections;

WHEREAS, it is increasingly difficult to recruit and retain a sufficient number of long-term care workers willing to engage in the physically and emotionally difficult work for little pay and few benefits, and the increasing shortage of long-term care workers

¹*Medicaid and Long-Term Care* (Kaiser Commission on Medicaid and the Uninsured, July 2004).

²*Medicare Spending and Financing* (Kaiser Family Foundation, April 2005)

³*Id.*

threatens the quality of care in both institutional and home and community-based settings;

WHEREAS, the Office of Inspector General of HHS has found that virtually all nursing home residents have at least one psychosocial service need, yet more than half do not receive planned services;

THEREFORE, BE IT RESOLVED by the 2005 White House Conference on Aging to support policies to **ENSURE THAT LONG-TERM CARE SERVICES ARE AFFORDABLE AND OF THE HIGHEST QUALITY BY:**

·Maintaining the essential social safety net by ensuring guaranteed, affordable, comprehensive coverage to those who are low income and eligible, without further shifting of costs to state and local governments through caps, block grants, vouchers, or other mechanisms, and by addressing soaring health care costs through other mechanisms rather than spending reductions first in Medicaid services to vulnerable and elderly populations.

·Maintaining the Medicaid and Medicare programs' role in ensuring that elderly Americans have coverage for long-term care services.

·Expanding options for people who need long-term care services, including psychosocial and other services, which allow individuals to remain integrated in the community rather than in institutional settings, and by recognizing the need for consumer direction in choosing services.

·Attaining a sufficient long-term care workforce through, among other things, recognizing the importance of all long-term care workers and assuring fair wages, education and training, and the right of all long-term care workers to representation by a union of their choosing.

·Preventing and reducing elder abuse by increasing the monitoring of long-term care workers and by increasing the availability of respite care services for family and other caregivers.

·Supporting the Caregiver Tax Credit proposal to establish a tax credit of up to \$5,000 for family caregivers for the costs of providing care for individuals with long-term care or chronic care needs.

·Developing culturally sensitive long-term care insurance regulations that standardize private policies to encompass, in addition to institutional care, home and community-based services such as personal assistance services, adult day services, assisted living, mental health services, and respite care. Such insurance should be affordable, accessible, and dependable for purchasers through regulation that provides basic consumer protections.

LEADERSHIP COUNCIL OF AGING ORGANIZATIONS

**SOLUTIONS FORUM
MAY 17, 2005**

OLDER WORKERS

Whereas in 2008, the first “baby boomers” will be eligible for early retirement benefits under Social Security:

Whereas in 2000, workers aged 55 and over accounted for 13 percent of the workforce. By 2012 they will account for 19 percent of the workforce. Over the same time period, workers 25 to 54 are expected to decline as a percentage of the workforce, from 71 percent in 2000 to 66 percent in 2012;

Whereas many “baby boomers” say that they want or need to work in retirement and employers are likely to need them in light of slow labor force growth;

Whereas workers of all ages must have the skills employers need to remain competitive in the global economy;

Whereas no one should be denied a job, laid-off or passed over for opportunities because of their age and individual workers should be judged on the basis of their individual competency, ability and physical condition in relation to the requirements of the job;

Whereas by 2008 there will be 6.7 million persons aged 55 and over below poverty, a 22 percent increase from 2000;

Whereas low-income older Americans, particularly those in rural areas, face multiple barriers to employment, including limited job options, limited training options, isolation and scarce transportation;

Therefore, Be It Resolved by the 2005 White House Conference on Aging to support policies that:

- Expand job opportunities and incentives to foster longer work lives for mature workers who wish or need to remain in the workforce;
- Remove barriers older workers face when seeking and retaining employment. Such barriers can include employer attitudes about older workers’ productivity; job modification and workplace redesign;
- Strengthen Federal and state age discrimination laws and increase workers’ awareness of their employment rights;

- Create and expand incentives to help workers who choose to postpone retirement or return to the workforce. Such incentives could include more attractive and flexible work options; phased retirement; job sharing; flex-place, part-year and other non-traditional work schedules; retiree rehire programs and support for older workers who want to become self-employed;
- Repeal state laws that reduce Unemployment Insurance benefits for displaced older workers who receive Social Security or pension benefits and that discriminate against people working part-time or seeking part-time work;
- Expand and adequately fund training, retraining and life-long learning programs.
- Expand funding for Title V of the OAA to serve older Americans who are economically disadvantaged, have significant barriers to employment and need intensive services and continue its focus on providing community service, as well as employment and training opportunities for low-income older persons;
- Re-establish targeted funding through the larger workforce system (currently WIA) to serve older Americans through a mainstreamed approach and to focus on increasing their skills to meet the demands of the labor market and be more competitive in the workforce;
- Ensure that older individuals are served by local, state and Federal employment and training programs at least in proportion to their numbers in the population;

**LEADERSHIP COUNCIL OF AGING ORGANIZATIONS
SOLUTIONS FORUM
MAY 17,2005**

Resolution on Pensions and Retirement Savings Plans

Whereas Americans need pensions and retirement savings on top of Social Security in order to maintain a decent standard of living in retirement; and

Whereas only one-third (34 percent) of people 65 and older receive any kind of pension from a past job and fewer than three-in-five (56 percent) have any income from savings (Social Security Administration 2005); and

Whereas half (50 percent) of today's private-sector workers do not participate in a retirement plan at work (Bureau of Labor Statistics); and

Whereas current federal policies provide upside down retirement savings incentives, with the smallest tax benefits going to those with the lowest incomes and the largest tax benefits going to those with the highest incomes; and

Whereas workers are less likely to participate in a retirement plan at work the lower their incomes—fewer than three-in-10 (28.4 percent) workers in the bottom quarter of wage earners participate in a plan compared to nearly three-fourths (72.5 percent) of workers in the top quarter (Purcell 2004); and

Whereas fewer than three percent of taxpayers contribute to traditional Individual Retirement Accounts (IRAs) and fewer than three percent contribute to Roth IRAs each year (Burman 2004); and

Whereas more than one-third (36.4 percent) of households approaching retirement age (those headed by someone 55-59) have no retirement savings in a defined contribution plan or an IRA (Orszag 2004); and

Whereas the typical household approaching retirement age that owns a retirement savings account had saved only \$50,000 in 2001, enough to provide a single-life annuity of only several hundred dollars per month (Orszag 2004); and

Whereas any cuts in future Social Security benefits will mean that today's workers will have to accumulate even more through pensions, 401(k)s and IRAs just to make up the difference and replace an adequate share of earnings in retirement; and

Whereas the shifting onto workers of investment and longevity risk that accompanies the replacement of defined benefit pensions with defined contribution retirement savings

accounts requires workers to save even more in order to achieve a reasonable level of retirement income security; and

Whereas many employers are terminating or freezing their traditional defined benefit pension plans; and

Whereas many employers have converted their traditional defined benefit plans to cash balance plans and similar hybrids, depriving older, long-service workers of expected benefits; and

Whereas many workers have been hurt badly by investment of their retirement savings in employer stock, such as workers at Enron and Worldcom.

Therefore, Be It Resolved by the 2005 White House Conference on Aging to support policies that:

Expand retirement plan access and participation to more workers and workplaces, specifically by

- Making the SAVER tax credit permanent, transforming it into a refundable tax credit to provide savings incentives for low-wage, non-taxed workers, and increasing its income limits to cover more middle class Americans
- Establishing universal retirement savings accounts—separate from and on top of Social Security—with automatic government contributions for low- and moderate-income savers
- Adopting policies that will lead to greater participation in job-based retirement plans and larger retirement savings accumulations among low- and middle-income workers, such as auto-enrollment in 401(k) plans, commitment of future pay increases to retirement plan contributions, and expanded participation rights for part-time and contingent workers
- Encouraging the creation of hybrid retirement plans that combine the best features of defined benefit and defined contribution plans in workplaces that currently offer no retirement plan to workers
- Establishing a national education campaign for employers that explains the importance of starting pensions and retirement savings plans for workers; and

Improve the security, adequacy and fairness of job-based retirement plan benefits, specifically by

- Maintaining and improving worker and retiree benefit guarantees provided in the private sector by the Pension Benefit Guaranty Corporation
- Extending to retirement plans that cover state and local government employees fiduciary standards and participant protections similar to those that govern private-sector plans covered under the Employee Retirement Income Security Act
- Encouraging the preservation of benefits when workers change jobs
- Promoting the distribution of some or all benefits as lifetime monthly annuity payouts at retirement

- Improving the meaningfulness and adequacy of disclosures about the funding status of pension plans
- Protecting workers' reasonable benefit expectations when employers convert traditional defined benefit plans to cash balance plans or similar hybrids
- Protecting the benefit interests of divorced spouses and widows of workers and retirees
- Encouraging the provision of and improving the quality of conflict-free investment education and advice to workers participating in 401(k)-type defined contribution plans
- Prohibiting employers from concentrating and encouraging workers to invest too much of their retirement savings in company stock
- Giving workers greater rights to diversify the investment of their retirement savings, particularly by selling company stock held in defined contribution plans
- Establishing a federal advocacy office for retirement plan participants, similar to the IRS Taxpayer Advocate Office, that would function as an ombudsman for retirement plan participants
- Giving workers and retirees the right to select their own representatives to participate in key decisions about how their retirement plans are invested.

References

Bureau of Labor Statistics, U.S. Department of Labor, *National Compensation Survey: Employee Benefits in Private Industry in the United States, March 2004* (Nov. 2004), p. 6, t. 2.

Burman, Leonard E., et. al, "Distributional Effects of Defined Contribution Plans and Individual Retirement Arrangements," Tax Policy Center Discussion Paper No. 16 (2004 revised), p. 44, t. 6.

Orszag, Peter R., "Balances in Defined Contribution Plans and IRAs," *Tax Notes* (Feb. 2, 2004), p. 655.

Purcell, Patrick J., Congressional Research Service, "Pension Sponsorship and Participation: Summary of Recent Trends," (updated Sept. 10, 2004), p. 16, t. 8.

Social Security Administration, *Income of the Population 55 or Older, 2002* (Mar. 2005), p. 28, t. 1.7.

LEADERSHIP COUNCIL OF AGING ORGANIZATIONS
SOLUTIONS FORUM
MAY 17, 2005

SOCIAL SECURITY RESOLUTION

Whereas Social Security provides retirement, disability and life insurance protection for nearly all American workers and their families; and

Whereas Social Security benefits – received by over 47 million Americans -- are backed by the full faith and credit of the federal government, are fully indexed for inflation and are payable as long as the beneficiary lives; and

Whereas these benefits provide a dependable retirement income base for all beneficiaries and are the primary source of income for over two-thirds of senior citizens; and

Whereas Social Security provides benefits to disabled as well as retired workers; the spouses and surviving spouses of these workers; their dependent children and the dependent children of deceased workers – fulfilling not only the income needs of these individuals, but also the basic economic and social needs of our society; and

Whereas the system's weighted benefit formula – which replaces a higher percentage of previous earnings for lower-income workers -- has helped make Social Security the nation's top poverty fighter, cutting senior citizen poverty from over 35% in 1959 to under 11% today; and

Whereas Social Security has been an unqualified success in meeting its primary goals of income protection and poverty prevention, paying benefits every month, on time, for over 65 years; and

Whereas Social Security benefits are directly linked to a worker's past earnings and the contributions each worker and their employer paid into the system; and

Whereas Social Security pools these contributions so that Americans can share the risk of catastrophic income loss – thereby providing a cost-effective system with annual administrative outlays of less than 1% of benefits paid, as well as a sense of national community in which Americans protect each other against some of the potential hazards of life; and

Whereas Social Security's official trustees say the system will be able to pay 100% of promised benefits until 2041, when a projected shortfall will reduce benefits by approximately a quarter if nothing is done by then to correct it; and

Whereas this is a long range problem rather than an immediate crisis, and can be corrected in a fair and bi-partisan manner; and

Whereas Social Security is a flexible system that has incorporated several mid-course corrections since its enactment in 1935 – continuing to pay benefits without interruption and requiring no dramatic structural changes in order to carry out its important mission; and

Whereas the system has often been updated over the years for the purpose of becoming more fair and equitable, to cover new groups of beneficiaries, and to provide beneficiaries with an adequate standard of living that better reflects that of the greater society.

Therefore, be it resolved by the 2005 White House Conference on Aging to support policies that

- enable Social Security to continue providing guaranteed, risk-free, lifelong benefits that workers can depend on in the event of lost income due to death, disability or retirement;
- maintain benefits as an *earned* right, directly linked to previous earnings and contribution levels and guaranteed to all contributors and their dependents who meet the eligibility criteria;
- sustain Social Security's ability to protect people of all ages from poverty, just as it keeps almost 1.5 million children and nearly 40% of the elderly from poverty today;
- keep Social Security's benefit structure progressive and fair to all, ensuring that lower-wage earners receive benefits that provide them with a higher replacement rate on past earnings, while higher-income earners receive higher benefit amounts that reflect their larger contributions to the system;
- continue to protect all benefits against inflation (not only Social Security benefits, but also federal civilian and military retirement benefits), so that beneficiaries don't lose buying power as they age and don't slip into poverty if they live to be very old;
- preserve Social Security's ability to meet family income needs by continuing to provide benefits to dependent family members *in addition* to benefits for disabled and retired workers;
- protect workers who must retire early because they are unable to keep working or cannot find a job; as early as age 62, these workers must be able to collect retirement benefits that provide them with a solid income base;
- permit Social Security to devote its full resources to providing economic security to Americans by maintaining all participants in the same public system in order to keep administrative costs as low as possible;

- continue to build on the current system in order to provide greater protections for low-income beneficiaries and for those – particularly women – who live alone into advanced old age;
- do not transfer revenues needed for current or future benefits into individual investment accounts, which would worsen the system's solvency, add trillions to the national debt and weaken retirement security;
- allow for time to consider the best solutions to Social Security's eventual shortfall and ensure that these solutions not rely on benefit cuts or major structural changes to the system, which could endanger retirement incomes for generations and leave millions of Americans in poverty. Many policy options remain, including raising the cap on taxable wages so that the payroll tax is applied to a higher percentage of Americans' aggregate earned income.

**LEADERSHIP COUNCIL OF AGING ORGANIZATIONS
SOLUTIONS FORUM
MAY 17, 2005**

Resolution on Supplemental Security Income

Whereas the Supplemental Security Income (SSI) program provides basic safety net protection for 7 million low-income aged, blind, and disabled adults and children with few resources (Social Security Administration, 2005); and

Whereas the eligibility requirements have not been updated for several years, making it less effective in alleviating poverty; and

Whereas the federal benefit rate for an individual in 2005 is \$579, which is 27.4 percent below the official poverty level (Federal Register); and

Whereas the general income exclusion of \$20 per month and the earned income exclusion of \$65 per month have not increased since 1972 and the resource limits have not been updated since 1989; and

Whereas approximately 54 percent of SSI beneficiaries have no other source of income besides their SSI benefits (Catholic University); and

Whereas only 1.4 percent of SSI recipients aged 65 and older earn any other income (Social Security Bulletin, 2004); and

Whereas approximately 850,000 persons age 65 and older receive SSI only and no Social Security benefits (Social Security Administration, 2005); and

Whereas many legal immigrants eligible for SSI have been harmed by the 1996 welfare reform law (Catholic University); and

Whereas administration of the program is complex and needs simplification and increased outreach (Catholic University); and

Whereas only 6 in 10 of all seniors eligible for SSI are currently receiving benefits (Catholic University); and

Whereas a panel of experts in 1992 recommended important improvements to the program but little action has been taken to implement those suggested improvements (SSA/SSI Modernization Project, 1992);

Therefore, Be It Resolved by the 2005 White House Conference on Aging to support policies that:

Modernize the Supplemental Security Income (SSI) program by implementing the following recommendations:

- Increase the federal benefit standard to at least 120 percent of the poverty level;
- Discontinue counting in-kind support and maintenance as income;
- Increase the general income and earned income exclusions;
- Increase the assets/resources limits and index increases to inflation;
- Restore SSI benefits to all immigrants whose status would have entitled them to benefits prior to the 1996 welfare reform law;
- Develop and fund an effective outreach program; and
- Increase Social Security Administration staffing to administer the current program more effectively and to make the proposed improvements.

References

Catholic University of America. International Center on Global Aging. Discussion Paper on the Supplemental Security Income Program. December 1, 2004.

Federal Register. 69 Fed. Reg. 62497 (Oct. 26, 2004).

Social Security Administration. Supplemental Security Income Modernization Project: Final Report by the Experts. August 1992.

Social Security Administration. Supplemental Security Income recipients, March 2005. Monthly Statistical Snapshot.

Social Security Bulletin. Annual Statistical Supplement, 2004. Table 7.D1.