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Technical paper

Estimation of National, State, and Substate Program Participation Rates for Adults 65 and Older

Participation Rates Among Older Adults for the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), and Medicare Savings Programs (MSP)

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County-Level Program Participation Rates for Adults 65 and Older

Many older Americans do not receive assistance from government programs for which they are eligible. Further, for several key programs, the program participation rates for this age group appear to be lower than the rates among younger people. Recent national estimates suggest that about 50 percent of adults ages 65 and older who were eligible for benefits from the Supplemental Security Income (SSI) program in 2020 received those benefits, compared with an estimated participation rate of 66 percent among adults younger than 65 who were eligible for the program.² Another analysis found that in 2017, among people eligible for Supplemental Nutrition Assistance Program (SNAP) benefits through standard eligibility criteria, 48 percent of those aged 60 and above participated, compared with 84 percent of all eligible individuals.³ An analysis of earlier data estimated that 46 percent of people aged 65 and above who were eligible for the Qualified Medicare Beneficiary (QMB) or Specified Low Income Medicare Beneficiary (SLMB) Medicare Savings Program (MSP) participated in 2009 and 2010, compared with 61 percent of those aged 18 to 64 (Caswell and Waidmann, 2017). These studies were all conducted with different data sources and methods, and at different points in time, but all provide evidence of large gaps between eligibility and enrollment among older Americans eligible for safety net assistance.

While national-level data on participation gaps can provide helpful context, individuals operating programs and attempting to increase participation rates require more localized data—at the state level and ideally at the substate level. By identifying areas with low participation in government programs, government agencies and community organizations could target outreach efforts to areas with the lowest participation rates or the highest numbers of eligible nonparticipants, or they could use the data to consider possible reasons for variations in participation rates.

To help meet this need, the Administration for Community Living funded the Urban Institute to develop program participation rates for three different programs: SSI, SNAP, and MSP. Key points about the participation rates include:

- The rates were computed for people 65 and older.
- The rates for all three programs were developed using the same source of data on the population of people 65 and older (the American Community Survey) and the same microsimulation model (Urban's Analysis of Transfers, Taxes, and Income Security model,

or ATTIS). While all data sources and approaches have some limitations, the use of the same survey data and model for all the estimates means that information can be compared across the programs.

- The use of the ACS data allowed us to estimate participation rates at the county level in many cases; when county-level estimates could not be computed, estimates were developed for groups of counties.
- The rates apply to people living in households (not including people living in institutions or other group quarters).
- The rates were developed using data for 2018. Participation rates for earlier years or for more recent years could differ.

The participation rates can be accessed and explored through the Benefits Participation Map, an online tool available on the NCOA website.⁴ Several caveats should be kept in mind when using the data:

- This analysis uses data from the ACS, which provides sufficient sample sizes to obtain substate results. Different surveys produce different eligibility estimates, even when methods are very similar, due to differences across surveys in sampling, questions, administration, and other factors.
- The eligibility figures underlying all of the data are estimates based on survey data. To the extent that the sampled population in a particular area is not perfectly representative of the true population, the estimated participation rates could differ from the true rates. Some uncertainty is also introduced by the imputation of noncitizens' legal status and the imputation of asset values.
- Some assumptions had to be made in developing the specific numbers of participants used in the participation rate calculations. Specific assumptions are detailed in the sections of this report describing the data and methods used to generate the participation rates for each of the three programs. The assumptions we made could have affected the results to some extent.
- In cases when participation rates are shown for a group of counties rather than a single county, those rates apply to the area as a whole; individual counties within the grouping could have higher or lower rates than the rate for the combined area.

This technical report documents the methodology and summarizes key results. We first provide an overview of the approach, with information on the ACS, the ATTIS microsimulation model, the general sources of caseload data, and the computation of participation rates for counties and groups of counties. The next three sections provide more information about the methods used to create the participation rate estimates for each of the three programs, including points related to the estimation of eligibility for each program and the sources of administrative caseload data. Following the discussion of methods, we review the results. We conclude with a summary and discussion of areas for future research. Appendix A provides additional tabulations, appendix B summarizes an imputation of asset values that was developed for this project, and appendix C provides the composition of the county groupings used in computing participation rates when rates could not be computed for individual counties. Appendix D discusses how the eligibility and participation rate estimates in this study compare to other estimates.

Overview of Concepts, Data, and Methods

For this project, we define the participation rates for a program as the number of people who are *participating* in the program (that is, receiving benefits from the program) as a percentage of the number of people who are *eligible* for the program. (Some other research may use the term “participation rate” in a different way, to refer to the percentage of people in a particular demographic group receiving a benefit, even if not all of the people are eligible for the program.)

The participation rate estimates for this project were developed as follows, for each program and for each substate area:

- Number of people ages 65 and older participating in the program
- divided by
- Number of people estimated to be eligible for the program

The numerators for these rates can be obtained from program administrative data (although with some complications, as discussed in later sections). However, there is no administrative data source that can provide the number of people who are *eligible* for a program. Instead, eligibility must be estimated by examining the detailed characteristics of individuals and families combined with the eligibility rules for each program. Below, we describe the data source we used to develop the eligibility estimates (the American Community Survey) and the tool that we applied to the data (Urban’s Analysis

of Transfers, Taxes, and Income Security, or ATTIS, microsimulation model). We also provide general comments regarding program caseload data. (The subsequent three sections of this report provide further details on the eligibility estimates and caseload data for each of the three programs.)

The American Community Survey

The data source used to support the estimates of program eligibility is the American Community Survey (ACS) data for 2018.⁵ The ACS is a nationally-representative household survey conducted by the US Bureau of the Census that is one of the primary sources of demographic and economic information about the US population. This survey was selected as the primary household data source for this project over other high-quality household surveys (e.g., the Current Population Survey's Annual Social and Economic Supplement, or CPS ASEC, which is used for the Census Bureau's annual assessments of income and poverty) because the ACS has a very large sample size sufficient to support not only state-level analysis but also substate analysis. The ACS is the nation's primary source of information about population characteristics and economic circumstances for states and localities. Thus, the ACS was best-suited to meet the specific goal of this project, which was to produce county-level participation rates.

We used the 2018 ACS because, at the time that work began on this project, 2018 was the most recent year of data that had been prepared for use within the ATTIS microsimulation model (discussed next). This year also represents the next-to-last year prior to the start of the COVID-19 pandemic; participation rates during the pandemic may not be representative of other years, in particular in the case of SNAP, in which benefits were temporarily expanded during COVID. Participation rates could vary across time due to issues related to COVID or due to many other types of variations, including changes in population characteristics, administrative practices, or economic context.

ACS Sample Size and Information Collected

The ACS surveys a different group of households in every month of the year, and twelve months of surveys conducted over a calendar year are combined to form each annual ACS data file. The annual files that are released for public use include information on over 1.2 million different households (not including individuals surveyed in group quarters). The full files used for Census Bureau tabulations (but not available for public use) are about twice as large.

The survey collects information on many topics, including (but not limited to) the following: the demographic characteristics of every person in the household; family inter-relationships; every adult's

employment status; every adult's income in the prior twelve months, with detail on several specific types of income (earnings, Social Security, pension income, and so on); whether each person faces various types of limitations (e.g., physical limitations, trouble remembering, etc.); whether each person has health insurance, and if so, what type; and each household's state of residence and substate area.⁶

Although the ACS captures a wealth of high-quality information, one area where the survey's information may not be as complete as some other surveys is in its information on income. Unlike the CPS ASEC, which asks dozens of questions about different types of income, the ACS asks individual questions about only seven types of income: wages and salaries, self-employment earnings, income derived from assets (interest, dividends, and rent), Social Security, SSI, cash public assistance, and a combined variable for retirement, survivor, and disability payments. An eighth question asks people to report any other type of income, such as veterans' payments or unemployment compensation. Some people may not think about certain types of income, and there is some indication that less retirement-related income is reported in the ACS than the CPS ASEC.⁷ Despite that possible difference between the surveys, the 2018 poverty rate for people aged 65 and over (using the official poverty definition) is very similar between the two surveys, at 9.7 percent in the CPS ASEC and 9.4 percent in the ACS.⁸ Nevertheless, incomplete reporting of income could have some impact on the eligibility estimates and therefore the estimates of participation rates.

ACS Geographic Information

The information about a household's geographic location includes, at minimum, the household's state of residence and the household's Public Use Microdata Area, or PUMA. Every state in the country is divided by the Census Bureau into a set of non-overlapping PUMAs. A PUMA may contain the entirety of a single county (and no other counties), a portion of a single county (and no other counties), or all or parts of multiple counties. When a household is in a PUMA that has the same borders as a single county, or that contains a part of one county (and no other county), then knowing the household's PUMA means we also know the household's county of residence. However, if a PUMA consists of all or parts of multiple counties, then the survey data do not identify the household's county of residence.

ATTIS Microsimulation Model

The Urban Institute's ATTIS microsimulation model is a comprehensive tool that simulates eligibility and benefits for over a dozen different benefit and tax programs, as well as the interactions across those programs.⁹ In general terms, a "microsimulation model" is a detailed computer program that is

applied to a representative sample of the population in order to mimic, or “simulate”, real-world processes.

In the case of ATTIS, the sample of the population is the ACS data, and the processes being simulated include the rules for whether families and individuals are eligible for key safety net programs. In other words, the lines of computer code apply, in as much detail as possible, the same rules that a caseworker would apply in determining whether an individual was eligible for SSI, SNAP, or MSP. This includes state-level variations in rules in programs that have such variations.

For each program, ATTIS estimates eligibility by looking at each household in the ACS data, one by one, and applying the rules of that program (including state variations, when applicable) to the information that household reported in the ACS survey. The total number of people eligible for a program is obtained by counting up the number of people identified as eligible, using the “sampling weight” assigned to each person by the Census Bureau. (For example, one person may represent 100 people in the total population, since the ACS is a survey rather than a census.)

Several technical and conceptual features of the ATTIS model are particularly relevant to this project, including: the modeling of benefit programs on a monthly basis; the imputation of certain data related to noncitizens that is not included in the survey; the imputation of asset values; the fact that adjustment for underreporting of cash aid can affect other estimates; and the fact that ATTIS focuses on individuals in households,

Modeling Benefits on a Monthly Basis

People’s incomes can vary across the year, meaning that in the world, a person or family could be eligible for a benefit in part of the year but not the entire year. Therefore, ATTIS models most benefit programs on a month-by-month basis. This allows estimation of eligibility on an “average monthly” basis. Specifically, average monthly eligibility equals the sum of the twelve individual monthly estimates of eligibility, divided by twelve.

Modeling eligibility on a monthly basis requires that the ACS income data—which are reported on an annual basis—be divided across the months of the year. Unearned income amounts are generally assumed to be received evenly across the year. However, annual amounts are allocated across the months based on the number of weeks that a person reports having worked during the year. For example, if a person reports having worked half the year, the reported earnings are divided across only six months, with no earnings in the other six months. This process is carried out in preparing the ACS

data for use within ATTIS. The monthly amounts are then used in modeling all the benefit programs that involve monthly concepts.

Imputation of Data for Noncitizens

While the ACS includes most of the key information needed to assess eligibility for safety-net programs, some information that is used in the real world in assessing eligibility is not included in the survey. One key item of information that is not included in the survey is a noncitizen's legal status—whether the person is a lawful permanent resident (LPR), refugee or asylee, temporary resident, or unauthorized immigrant. A noncitizen's legal status can affect the person's eligibility for all three of the programs for which participation rates are estimated in this project—SSI, SNAP, and MSP. For example, people who are unauthorized immigrants are ineligible for all of these programs; policies for legal immigrants vary across the programs.

To compensate for the lack of survey-reported information on legal status, procedures are applied prior to the program simulations to impute each noncitizen's legal status. The imputations build on well-established methods, are aligned to estimates developed by immigration demographers of the total numbers of non-citizens of different statuses in the US, and ensure that individuals reporting an occupation or benefit indicating that they are in the country legally are always assigned a status consistent with that information.¹⁰

Another item of information that affects whether noncitizens are eligible for certain benefit programs is whether or not they can be credited with forty calendar-quarters of work history—either from their own work or the work of a spouse or parent. We impute this information using probabilities developed from tabulation of data from the Survey of Income and Program Participation.

Imputation of Asset Values

The ACS also lacks information about the value of a person's assets (although it does ask about income received from interest, dividends, and rent). The lack of information on the value of assets creates a challenge for the modeling of assets tests: policies that place a limit on the value of assets in order to be eligible for a program. Assets include financial assets (e.g., money in a savings account or mutual fund) and the value of property that could be sold; however, the values of someone's home, household goods, and personal effects are excluded. The specific asset limits vary across the three programs studied, with the most stringent asset limits in the SSI program; the SSI asset limits are \$2,000 for an unmarried person and \$3,000 for a married couple. Assets tests can be especially relevant for determining eligibility for people aged 65 and older, because this group is more likely to

have assets than younger adults. Further, some people in retirement may have very low income but relatively high assets, which could make them incorrectly appear eligible for a benefit when that program includes an assets test.

For this study, we developed an imputation of asset values held by people ages 65 and older, based on data observed in the Survey of Income and Program Participation. The imputation takes into account the presence and amount of income reported from interest, dividends, and rent, but also recognizes that not all assets produce income (and that not all individuals with a certain type of income report it). The imputation also takes into account whether a person reported receiving SSI, since that indicates assets below the allowable limit. See appendix B for more information on this imputation. For people younger than age 65, we used a simpler approach that infers the level of assets from the amount of asset-based income.

Adjustments for Underreporting

ATTIS includes adjustments for underreporting of safety-net income in the ACS data. In the ACS, as in most surveys, the numbers of people reporting a benefit may be lower than the numbers actually receiving the benefit. This is particularly relevant to the modeling of SNAP eligibility because the SNAP program considers whether household members received SSI or other safety-net cash aid, and the amounts of those benefits, in determining SNAP eligibility. ATTIS's modeling of the cash aid programs includes adjustments to compensate for underreporting by selecting some individuals or families who are eligible for a program but who did not report it to represent the “missing” recipients; this is done so as to come very close to the real-world characteristics of a program's caseload, including its distribution by recipient characteristics and by state. Then, when non-cash aid programs like SNAP are being modeled, the augmented information on the cash aid programs is used; this likely improves the estimation of SNAP eligibility.

Eligibility Estimates Apply to the Household Population

Although the ACS surveys people living in group quarters (e.g., nursing homes, dormitories, military barracks, correctional facilities, and so on) in addition to surveying households, ATTIS operates only on the household population. The ACS public-use information about people in group quarters is not sufficient to accurately identify eligibility for those individuals. In particular, while people in some types of group quarters are eligible for certain benefits, people in other types of group quarters are not, and the ACS public-use data do not indicate the type of group quarters. Therefore, all participation rate estimates apply only to people living in households.

Program Caseload Data

The information on how many people ages 65 and over participated in each of these programs—overall, by state, and by county or group of counties—was obtained from administrative data from each program. We used data from a combination of sources, including:

- County-level counts of SSI and MSP recipients ages 65 and older
- County-level counts of SNAP recipients (of all ages), from federal and state sources
- State-level data on the distribution of SNAP recipients by age
- State-level information on the extent to which SSI recipients ages 65 and over are living in institutions
- National-level information on the extent to which MSP recipients ages 65 and over are living in institutions

We used the information to develop the following numbers for each program, and for each county: the number of people participating in the program in 2018 (in a specific month or the “average month”) who were age 65 or older and living in a household (not an institution or other group quarters). When the administrative data did not directly provide those numbers, we made assumptions in order to develop the needed information. For example, in the case of SNAP, county-level caseloads for people 65 and older were not available; to develop county-level data for people 65 and older, we assumed that the ratio of the participation rate for people 65 and older to the overall participation rate for people of all ages is the same for all counties in a state. In cases when the ACS was unable to provide a county-specific eligibility estimate, the county-level caseload numbers were summed up over a group of counties.

The resulting caseload counts are the numerators for our calculation of program participation rates. In other words, a program’s participation rate for a county (or group of counties) equals the caseload number divided by the eligibility estimate. The specific administrative data sources and any necessary assumptions to compensate for unavailable data are detailed in later sections of this report, which describe the estimation of participation rates for each program.

Computing Participation Rates for Counties and County Groups

A key goal of this project was to estimate program participation rates not only at the national and state levels, but also at the county level to the extent possible. However, the ACS only identifies a household's county of residence when the household is in a PUMA that includes only a single county. Particularly in less populated areas, a single PUMA may contain two or more counties, and it is not possible to know a household's county of residence from the public-use data.

In some research efforts, even when the data do not specifically identify a desired geography, probabilistic assignments are made to assign the desired geography. For example, if a PUMA consists of 2 counties, with approximately equal populations, one approach would be to randomly assign the households in the PUMA to one county or the other; more complex imputations could perform the assignments in a way to mimic known demographic variations between the two counties. However, such imputations would still leave uncertainty, particularly when the focus of the research is on a relatively narrow portion of the population—individuals ages 65 and older. Therefore, for this project we chose not to make such imputations in order to avoid creating further uncertainty regarding the county-level eligibility estimates, and therefore the participation rate estimates. Instead, we chose to rely closely on the information that was certain about each household's location. When we did not have sufficient information to compute county-level rates, we instead computed rates for groups of counties.

Our procedure required first understanding the relationship between PUMA borders and county borders. We obtained that information in part from the “GeoCorr” system developed and made publicly available by the Missouri Census Data Center.¹¹ These data show the portion of each PUMA's population living in different counties, and the portion of each county located in different PUMAs.

Using the GeoCorr information and the geographic information in the ACS, we first identified counties for which individual rates could be computed:

- *Counties that can be fully identified:* If all of a county's population is located in one or more PUMAs, and those PUMAs contain no other counties (in other words, the county's borders are exactly the same as the borders of one PUMA or multiple contiguous PUMAs), then the ACS identifies the specific county of residence for the sampled households within that county. In those cases, county-specific rates could be computed (if there was also sufficient sample size).

- *Counties with at least 85 percent of their population in one or more PUMAs (with no other counties in the PUMAs):* If at least 85 percent of a county's population is in a PUMA or PUMAs that lie entirely within the county, then we were also generally able to compute county-specific rates, but with an adjustment. Specifically, to account for the fact that we are likely missing some of the eligible people in the county (because the PUMA(s) we are using for that county's data do not represent all of the county population) we adjust the county's caseload estimate by multiplying it by the portion of the county population that is completely within the county according to GeoCorr2018. For example, if a PUMA consists of 90 percent of the population of a particular county (and no portion of any other county), we derived the participation rate for that county by first adjusting the county caseload estimate downward (multiplying it by 90 percent) and then dividing that adjusted caseload number by the eligibility number for the PUMA.

We also imposed a sample size restriction prior to computing county-specific rates, requiring 100 unweighted eligible people for SNAP and MSP. Imposing this sample size restriction on SSI-eligibles resulted in very few counties for which a rate could be calculated. To estimate county-level rates for the greatest number of counties possible, we reduced the sample size restriction for the SSI program and calculated participation rates for counties or county groups with at least 50 unweighted eligibles.¹² To compute the county-specific rates, we divided the county caseload numbers by the estimated county eligibility figures.

Among the counties for which individual rates could not be computed, we identified county groups, as follows:

- *PUMAs consisting of the entirety of multiple counties:* When a PUMA consisted of multiple counties, with all counties falling completely within the PUMA, that PUMA was treated as a county group (given sufficient sample size).
- *More-complex cases:* We created more complex groupings for the SSI program to address the impact of the sample size restriction on the number of counties for which a rate could be calculated. In these more-complex cases, we formed county groups by examining the GeoCorr data, the geographic location of PUMAs, and the number of unweighted eligibles in each county. We created groupings of contiguous PUMAs to form more-complex county groups with at least 50 unweighted eligibles. For example, consider contiguous PUMAs 100, 200, and 300. PUMA 100 includes 50 percent of County A and 50 percent of County B and contains 13 unweighted eligibles. PUMA 200 contains the remainder of County A and contains 20

unweighted eligibles. PUMA 300 contains the remainder of County B plus all of County C and contains 22 unweighted eligibles. In this case, we formed a single county group for counties A, B, and C made up of 55 unweighted eligibles. We added up the program caseloads across the three counties and divided that figure by the sum of eligibility estimates across three PUMAs to derive the participation rates.

- *Counties unable to be combined into county groups:* When additional contiguous county groups could not be identified using the previously defined methods, we group all remaining counties into a single group. These counties make up the balance of the state.

These methods resulted in different numbers of county and county-group rates being computed for the three different programs. For the SSI analysis, we were able to compute 129 rates for specific counties and 267 rates for county groups, for a total of 396 substate estimates (in addition to the state-level estimates). In the case of the SNAP analysis, we were able to compute a much larger number of substate rates—447 rates for individual counties and 491 for county groups, totally 938—due to the fact that many more people are eligible for SNAP than for SSI, and also due to the fact that the first step in the SNAP process was to compute rates across people of all ages (not only people 65 and older). In the case of the MSP analysis, 682 substate rates were computed, including rates for 300 individual counties and 382 county groups. Details on the combinations of counties included in multi-county groups are provided in appendix C.

Considerations in Interpreting Results

The methods described here—including the detailed modeling of eligibility, use of administrative data to obtain caseload information, and sample size requirements for the computation of substate participation rates—are intended to produce the greatest possible accuracy in the results. Nevertheless, all of the eligibility numbers and participation rates presented here are estimates, and could differ from the true figures. Potential reasons include:

- The ACS sample of people 65 and older in a particular place could have characteristics that differ from the true 2018 population of people 65 and older in that place. This is referred to as “sampling variability.”¹³
- Some ACS respondents likely fail to report some of their income, due in part to the relatively short list of income questions in the survey. This could cause a person to appear to be eligible for a program when in fact the person’s income is over the eligibility limit for that program. to

the extent this occurs, our eligibility estimates would be too high, and our participation rates would be too low.

- The weighting of the 2018 ACS survey by the Census Bureau (which was based on the Census Bureau's best information on the size and characteristics of the population at that time) could have under-weighted or over-weighted the population of people 65 or older in a particular place.
- Our imputations of noncitizens' legal status and/or our imputation of asset values could have caused inaccuracies.
- Although the caseload figures used to estimate the participation rates are all derived from caseload data, some assumptions were needed. Any imprecision in the caseload number for a particular place and program would affect the participation rates.

Due to the multiple potential reasons that the estimated rates could vary somewhat from the true rates, relatively small differences in participation rates between two places may not represent true differences.

Another consideration is that we were unable to estimate participation rates for every county (either individually or as a group of counties). We conducted additional analyses to determine if there was a relationship between counties with missing data and the racial or ethnic compositions of counties. Overall, the counties without participation rates are those that are the most rural, because we are only able to calculate a participation rate if a county has sufficient population to be identified in the ACS data or if we are able to use contiguous PUMAs to group smaller counties together. We looked specifically at counties with a high percentage of American Indians and Alaska Natives (AIAN), because these individuals are more likely to live in rural areas than people of other racial or ethnic groups (29 percent, compared to 15 percent of the total US population in the 2010 Census) (US Department of Agriculture, 2014). Across the counties in which more than half of the population is AIAN, there were three places where participation rates could not be computed (in particular, very rural tribal reservation areas); however, participation rates could be computed for the majority of these places. We do not observe any additional relationships between counties with missing data and a high concentration of a particular racial or ethnic group.

Data and Methods to Estimate SSI Participation Rates for People 65 and Older

The SSI program provides cash aid to people with very low incomes who are age 65 or older or who are younger than age 65 and have serious disabilities. While most SSI recipients live in the community, the program also pays benefits to some individuals who are living in nursing homes and other care facilities. The program is primarily federal, providing the same “income guarantee” nationally. The program is an entitlement, and the federal government pays all benefits up to the federal income guarantee.

Some states choose to supplement the federal benefits, in effect providing a somewhat higher income guarantee. Some of these states administer their own supplements, and those supplements are not included in the federal administrative data. Specifically, people who do not receive any federal payment, and who only receive a state supplement in a state with state-administered supplements, are not counted as SSI recipients in the federal administrative data because the state does not report these types of benefits to the federal government. Therefore, the SSI estimates used for this project focus only on people eligible for and receiving federally-administered payments. Most of these people are eligible for or receiving federal payments, but a small number are eligible for or receiving state supplements in states in which those supplements are federally-administered.

In the average month of 2018, almost 2.3 million people aged 65 and over received federally-administered SSI benefits. Of those, about 2 percent were in institutions.

We used ATTIS to estimate the numbers of people ages 65 and older in the household population who were eligible for SSI. We were also able to obtain very complete caseload data at the county level. Participation rates were then computed for each county or county group by dividing the caseload figure by the eligibility estimate.

Estimating Eligibility

ATTIS estimates SSI eligibility by applying a series of steps in each month of the year, as follows:

- *Determining if the person meets the initial criteria of being age 65 or older or having a serious disability:* Although our group of interest for this analysis is only people ages 65 and over, the determination of potential eligibility based on disability is also relevant for the analysis because some people aged 65 and older may have spouses who are younger than 65, but who

are disabled. In those cases, the two spouses apply for benefits jointly. ATTIS infers whether an adult is disabled by the SSI definition by examining employment, reasons for not being employed, certain income types (e.g., reported Social Security income by a non-widow under age 62 indicates disability), and the ACS questions asking about certain types of limitations.¹⁴

- *Apply non-citizen requirements:* Eligibility for SSI is limited to US citizens and certain lawfully present non-citizens. Unauthorized immigrants and temporary noncitizens are always ineligible. The rules are applied using a combination of information reported in the survey (on whether someone is a citizen and how long they have been in the country) and imputed data (on legal status and number of calendar-quarters of work history).
- *Assets tests:* The maximum permitted level of assets to be eligible for SSI in 2018 was \$2,000 for unmarried individuals and \$3,000 for married couples. The assets test does not vary by state. We impose the test using the person's or couple's imputed level of assets.
- *Determine countable income:* Countable income includes most types of cash income for the individual (and spouse, if both are potentially eligible), minus certain deductions. The deductions include a small (\$20 per month) unrestricted income disregard (per month) that can be applied to either unearned or earned income, and additional disregards for earnings. ATTIS adds up income and applies the appropriate disregards.
- *Compute and add deemed income:* If a potentially-eligible person is married to an ineligible spouse (e.g., if a person aged 66 is married to a person aged 64 and the younger person is not disabled by the program's definition), a portion of the younger spouse's income is "deemed available" to the older spouse. ATTIS applies the formulas to compute the amount of income to be deemed and adds it to the countable income of the potentially-eligible spouse.
- *Comparison with income guarantee:* A person or couple is eligible for a benefit if the amount of countable income (including deemed income if applicable) is less than the income guarantee. The income guarantee generally equals the federal income guarantee plus any state supplement. In 2018, the federal income guarantee was \$750 for a one-person unit and \$1,125 for a married couple in which both spouses were eligible. In some cases, the federal income guarantee is reduced by one-third to reflect in-kind support received by individuals living in someone else's household. If a person or couple passes all of the eligibility rules and the countable income is less than the income guarantee, the person or couple is eligible for SSI in that month.

After eligibility has been assessed for each potentially-eligible person or couple, we count the numbers of *people 65 and older* who are eligible for any federally-administered benefit. That includes two groups: (1) those eligible for federal SSI payments (that is, their countable income is below the federal income guarantee); and (2) those who are not eligible for a federal SSI benefit, but who are eligible for a state supplement in a state with federally-administered supplements. (This can occur if countable income falls above the federal income guarantee but below the sum of the federal guarantee plus the state supplement.) We use this information to compute the average monthly numbers of people aged 65 and older eligible for federally-administered SSI at the national and state levels, as well as in individual counties (when those can be identified) or groups of counties.

Caseload Data and Computations

We were able to obtain all of the SSI caseload information we required from two sources:

- *County-level caseload for people 65 and over*: The Social Security Administration’s website makes county-level data on SSI recipients publicly available, including detail on the caseload aged 65 and over. We obtained this information from the website for December 2018.
- *Percent of recipients aged 65 and over who are institutionalized, by state*: The Statistics office at the Social Security Administration was able to provide us with a state-level tabulation indicating the portion of each state’s 65-and-older SSI recipients who live in institutions.

Developing the caseload data needed for the analysis was straightforward. We started from the county-level counts of federally-administered SSI recipients aged 65 and over. We assumed that the institutionalized recipients aged 65 and over in each state were distributed proportionally across the county-level caseloads. To the extent that is not true—that is, if some counties have many institutions and others have none, our county-level caseload figures will be somewhat misestimated.

Data and Methods to Estimate SNAP Participation Rates for People 65 and Older

The SNAP program provides resources that lower-income families and individuals can use to purchase food. The program is an entitlement, and benefits are funded by the federal government. SNAP is not geared specifically to older Americans; the program covers all ages. Of the 39.4 million people receiving SNAP benefits in the average month of 2018, the administrative data show that 3.8 million,

or 9.6 percent, were aged 65 or older. Some of these older recipients were living alone or with a spouse, while others were living with other family members and may have received SNAP as part of a larger “assistance unit.” SNAP does not cover people living in institutions, although it may cover individuals in types of group quarters that do not serve meals (Congressional Research Service, 2023).

We used ATTIS to estimate the numbers of people 65 and older eligible for SNAP—either alone, or together with family members. We obtained caseload data from various sources, but the available data did not include county-level caseload figures specific to people 65 and over. We estimated county-level participation rates for people 65 and over by making an assumption that, within a state, the relationship between the participation rate for older people and the participation rate for all people would be stable across counties.

Estimating Eligibility

We used ATTIS to estimate the numbers of people 65 and over eligible for federally-funded SNAP benefits in the average month of 2018 by applying the real-world rules of the program to the information about people and families in the 2018 ACS. The eligibility estimates do not include people who are ineligible for federally-funded SNAP but who might be eligible for state-funded benefits (such as California’s Food Assistance Program for legally-present noncitizens who are ineligible for SNAP solely due to restrictions related to their immigrant status).

We count a person as eligible for SNAP in a particular month if the person is eligible for a benefit through either the standard federal eligibility rules or through broad-based categorical eligibility (BBCE) policies. The modeling captures variations in eligibility policies based on demographic factors (e.g., certain policies differ for units that include at least one person aged 60 or older or who has a disability) and based on state of residence. The rules that are applied are those that were in effect in 2018.

ATTIS applies a series of steps to determine whether all or some members of an ACS household are eligible for SNAP, in each month of the year. The steps vary somewhat by the ages of family members, with some requirements not relevant for units with a person aged 60 or older. Focusing on the rules relevant to families with at least one older member, the key policies are:

- Determine the “assistance units”: The assistance unit is the group of people who together apply for benefits. In general, people apply for SNAP with the family members with whom they purchase and prepare food. Therefore, if a person 65 or older lives in a larger extended

family, they may all apply for SNAP as one unit. In other cases, household members might be able to file for benefits separately from the rest of the household, and it might be more advantageous for them to do so. ATTIS imposes the filing unit requirements and makes logical assumptions about filing unit choices.

- Apply non-citizen requirements: Eligibility for SNAP is limited to US citizens and certain lawfully present non-citizens. Unauthorized immigrants are always ineligible. The rules are applied using a combination of information reported in the survey (on whether someone is a citizen and how long they have been in the country) and imputed data (on legal status and number of calendar-quarters of work history). If some members of a potential assistance unit are ineligible due to their legal status, the rest of the unit may still qualify for SNAP benefits.
- Categorical eligibility: Assistance units in which all members receive cash aid from SSI, Temporary Assistance for Needy Families (TANF), or a state's general assistance program are "categorically eligible" for SNAP and are not required to pass additional financial tests. This federal policy applies in all states; it is distinct from BBCE policies, which vary across states. In applying this rule, we use the ATTIS model's data on SSI and TANF receipt, which augments the survey-reported information to adjust for under-reporting.
- Assets tests: Under standard federal eligibility rules for fiscal year 2018, the maximum permitted level of assets to be eligible for SNAP was \$3,500 for units with at least one person who is aged 60 or older or who has a disability, and \$2,250 for other units. The assets test may not be applied in some states and circumstances. However, when it is applied, we impose it using the unit's imputed level of assets, adding up assets across all members of the potential assistance unit.
- Income eligibility tests: Under federal eligibility rules, all assistance units must have net income (gross income minus allowable deductions) no higher than 100 percent of the federal poverty guidelines. The allowable deductions include an earned income deduction, standard deduction (based on number of people in the unit), dependent care deduction, medical expense deduction, deduction of child support payments, and an "excess shelter expense" deduction equal to the amount of shelter expenses exceeding half of income after all the other deductions. The model adds up the appropriate income amounts across the members of the assistance unit and subtracts the allowable deductions to determine the unit's net income, and then compares it to the net income limit. In fiscal year 2018, the limit of 100 percent of the poverty guidelines was equal to \$1,005 per month for a one-person unit and \$1,354 for a

two-person unit, with increasing limits at larger unit sizes. (Dollar amounts are higher in Alaska and Hawaii.)

- Broad-based categorical eligibility (BBCE): BBCE enables states to make various modifications to SNAP eligibility policies. The modifications most relevant to units with an older member include waiving or increasing the SNAP asset test.¹⁵ States can implement BBCE policies if they provide households with any service—such as an informational brochure—funded by TANF or Maintenance of Effort (MOE) funding (Congressional Research Service, 2022). Forty states and the District of Columbia had BBCE policies in effect in fiscal year 2018 level (United States Department of Agriculture, 2021). Most state BBCE programs had no asset test, and six had asset limits above the federal level. Some states require that households with a member aged 60 or above or with a disability have gross income below 200 percent of the poverty guideline to be exempt from the asset test through the state’s BBCE policy. The model imposes the BBCE policies in place in a unit’s state of residence in determining whether these policies make the unit eligible (even if the unit was not eligible under the standard policies).
- Benefit computation: For units that pass the eligibility tests, the benefit is calculated by subtracting 30 percent of the unit’s net monthly income from the maximum monthly allotment for the household size. The maximum monthly allotment in fiscal year 2018 is \$192 for a one-person household, \$352 for a two-person household, and \$504 for a three-person household, with maximum allotments continuing to rise with household size. (Dollar amounts are higher in Alaska and Hawaii.) Eligible households with 1 or 2 members are guaranteed a minimum benefit of \$15. For other unit sizes, if the computation produces a benefit below \$0, the unit is not eligible for a benefit.

Although we capture the SNAP eligibility policies in detail, one policy we do not capture is that people who receive benefits from the Food Distribution Program on Indian Reservations (FDPIR) are not eligible for SNAP. We do not model that policy because we do not know which individuals might be receiving those benefits; because of that, we could be somewhat overestimating eligibility, and therefore underestimating SNAP participation rate estimates, in areas with high participation in FDPIR.

After eligibility has been assessed for each potential *assistance unit*, we count the numbers of people 65 and older who are eligible for benefits within those units. That includes some people who live alone, others who live with spouses, and others who are eligible for SNAP as part of larger

assistance units. We use this information to compute the average monthly numbers of people aged 65 and older eligible for SNAP at the national and state levels, as well as in individual counties (when those can be identified) or groups of counties.

Caseload Data and Computations

There was no single data source that could provide the precise SNAP information needed for this analysis: the average monthly number of people ages 65 and over receiving SNAP, in each county. Instead, we obtained SNAP caseload information from multiple sources:

- *Caseload counts by state, for all ages:* We obtained the total number of people receiving SNAP in the average month of 2018, by state, using monthly participation counts published on the Food and Nutrition Service (FNS) website, adjusting the count to remove people receiving disaster assistance.¹⁶
- *Portion of the caseload that is age 65 and over, by state:* The SNAP Quality Control (QC) file provides household-level data on a sample of the actual SNAP caseload, with details on the characteristics of individual members of each assistance unit. We used these data to count the number of SNAP recipients in each state aged 65 and older, making a small adjustment to the fiscal year 2018 SNAP QC estimates to reach the average monthly calendar year total.
- *Caseload counts by county (all ages):* County-level caseload figures are available for most counties from FNS, for specific months. We obtained these data for July 2018.¹⁷ However, these data reflect all participants regardless of their age.
- *County-level caseloads (all ages) for states missing from FNS data:* Some states were not included in the county-level data available from FNS. We obtained county-level participation rate data for July 2018 from state websites or from state contacts for the following states: Alaska (for counts of households receiving SNAP)¹⁸, Connecticut, Idaho, Maine, Massachusetts, Missouri, Nebraska (for groups of zip codes), New York (for all of NYC as well as individual counties outside of NYC), North Carolina, Oregon, Rhode Island, South Dakota, Utah, and Washington (for June 2018).

These data allowed estimation of national and state-level SNAP participation rates for all people combined, and for people 65 and over; they also allowed direct computation of SNAP participation rates for all people (regardless of age) at the county level. However, these data did not allow direct computation of SNAP participation rates for *people 65 and over* at the county level. That type of

computation would require obtaining county-level caseload numbers for people aged 65 and over, either through unpublished data from FNS, or by direct requests to each state. That effort was outside the scope of this project.

To enable estimation of county-specific SNAP participation rates for people aged 65 and over, we relied on an assumption: that, within a state, the ratio of the participation rate for people 65 and older to the overall participation rate would be the same across all counties and county groups. For example, assume that in a particular state, the SNAP participation rate for people 65 and older is half of the SNAP participation rate for all people combined. If the overall SNAP participation rate in county A was 80 percent, and the overall SNAP participation rate in county B was 70 percent, we estimated the participation rates for people aged 65 and over to be 40 percent in county A and 35 percent in county B. This approach assumes that, across the different areas of a given states, the relative participation rates of people 65 and older mirror the relative participation rates of all people—i.e., a county with the lowest estimated participation rate in a state will also be estimated to have the lowest estimated participation rate for people 65 and older. To the extent that assumption does not always hold true, the estimated SNAP participation rates for people 65 and older will deviate from the true participation rates.

One other point regarding the SNAP caseload data is that we did not make any adjustments to the to exclude people not living in households. Although SNAP does serve people who are experiencing homelessness or living in certain types of non-institutional group quarters, the publicly available administrative data do not allow us to count these individuals.¹⁹ To the extent that there are people ages 65 and older who receive SNAP who are not living in households, our caseload estimates will be somewhat too high relative to the eligibility data.

Data and Methods to Estimate MSP Participation Rates for People 65 and Older

Medicare Savings Programs (MSP) are run by the *Medicaid* program. They help cover Medicare premiums and other Medicare expenses for Medicare beneficiaries with low incomes. There are three main variations—the Qualified Medicare Beneficiary (QMB) program, the Specified Low-Income Medicare Beneficiary (SLMB) program, and the Qualifying Individual (QI) program. Income limits are lowest for the QMB program (100 percent of the poverty guidelines in most states), somewhat higher for the SLMB program (120 percent of poverty in most states), and highest for the QI program (135

percent of poverty in most states). The QMB program also supports the broadest range of Medicare-related costs.

We estimated MSP eligibility among people ages 65 and over using ATTIS. We were also able to obtain very complete county-level caseload data for people 65 and older, although we were not able to obtain either county-level or state-level data on the portion of recipients living in institutions.

Estimating Eligibility

ATTIS estimates MSP eligibility by applying a series of steps in each month of the year, as follows:

- *Determining if the person meets the initial criteria of being enrolled in Medicare:* We based this criterion on the data on health insurance reported in the ACS.
- *Additional criterion for QI eligibility:* People eligible for Medicaid are not eligible under the QI program. (They may be eligible under other MSP programs.) We applied this restriction based on each person's SSI status (because SSI receipt, and sometimes SSI eligibility, confers Medicaid eligibility) and other state Medicaid eligibility policies.²⁰
- *Assets tests:* The maximum possible level of assets to be eligible for an MSP program varies by state. Some states do not apply an assets test. We imposed the appropriate test depending on the state of residence, using a person's or couple's imputed level of assets.
- *Apply income limits:* The income limits vary by program and by state. ATTIS computes each person's or couple's income, converts it to a percentage of the poverty guideline, and compares it to the income limits in the applicable state (also reflecting the additional requirement for QI eligibility mentioned above).

We count a person as eligible for an MSP program if the person is eligible for any benefit. In effect, this means that either the person is eligible under the QI program (with the highest income limit), or is ineligible for QI due to Medicaid eligibility but has income under the SLMB limit.

Caseload Data and Computations

We obtained the key information needed for the analysis—the county-level caseloads of MSP recipients ages 65 and older—from staff at the Center for Medicare and Medicaid Services (CMS). (The information—tabulated using the Chronic Conditions Data Warehouse—has since been made publicly

available.) We were not able to obtain information at either the state or county levels on the portion of MSP recipients in institutions. Instead, we relied on a national-level estimate that 8.1 percent of MSP recipients aged 65 and older are in institutions. The information was provided by NCOA staff based on prior unpublished analysis of data from the Medicare Current Beneficiary Survey, using weights.

Estimated Eligibility and Participation Rates

We computed and reviewed participation rates for each program at the national, state, and substate levels. We also compared rates across the three programs at the state level and for the ten counties in the US with the largest populations.

At the national level, the analysis shows that the rate of participation among people ages 65 and older is 49.0 percent for the SSI program, 29.8 percent for the SNAP program (including people eligible through broad-based categorical eligibility), and 46.4 percent among people eligible for a MSP benefit. Participation rates vary widely across states, and also within states. Further, there are some states with participation rates either higher than the national average for all three programs or lower than the national average for all three programs; however, there are also many states with rates substantially above or below the national average rates for one program but not others.

In this section, we summarize the results at the national, state, and substate levels for each program, and then provide some comparisons across the programs. The data can be explored further using the online webtool, the Benefits Participation Map, available on the NCOA website.

Supplemental Security Income (SSI) Estimates

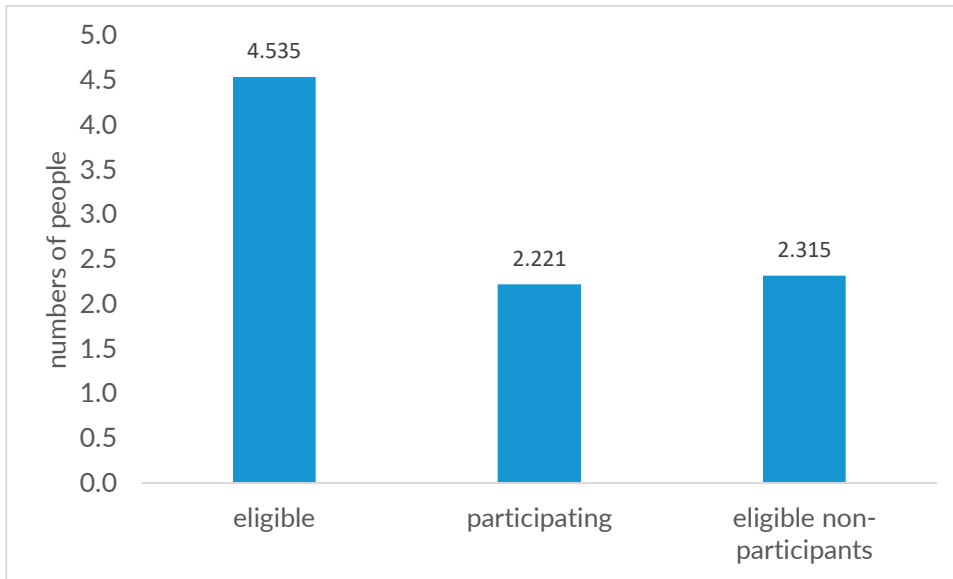
National SSI Participation Rate

At the national level, the ACS data for 2018 show 4.535 million people in the household population aged 65 and older who are eligible for federally-administered SSI payments in the average month of the year (figure 1). That number is 9 percent of all of the people 65 and older in the household population in 2018 according to the 2018 ACS.

We compare the estimated number of people eligible for SSI with the 2.221 million non-institutionalized people receiving federally-administered payments in December 2018 according to the program's administrative data, resulting in an estimated SSI participation rate for people 65 and

older of 49.0 percent. Comparing the estimated number who are eligible with the actual caseload suggests that in 2018, 2.315 million people aged 65 and over were eligible for some amount of federally-administered SSI but did not receive it. (See appendix D for a comparison of the national SSI participation rate estimated for this project with an estimate published by the Department of Health and Human Services.)

Figure 1
SSI Eligibility and Enrollment, People Ages 65 and Older, 2018
Numbers are in millions



Sources: Eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using data from the 2018 American Community Survey and caseload data from the Social Security Administration.

Notes: The eligibility estimates refer to the average month of the year and exclude people living in institutions and other group quarters. The participation data refer to December 2018, excluding people in institutions. The data apply to people eligible for or receiving federally-administered payments; people who are eligible only for state-administered state supplements are not included.

SSI Estimates at the State Level

The state-level numbers of people estimated to be eligible for SSI vary greatly due to the large differences in state population, from 4,000 in Alaska and Wyoming to 976,000 in California (table 1). The numbers can be better understood in terms of the eligibility rates: the percentage of people aged 65 and over who are eligible for SSI in each state. Across the states, the SSI eligibility rate for people 65 and older ranged from a low of 4 percent in both Nevada and Wyoming to highs of 15 percent in DC and 18 percent in California (appendix table A1). Eligibility rates may vary due to income levels—with lower eligibility rates in higher-income states—but may also vary due to policy choices. For example, California provides a relatively generous state supplement, which augmented the federal income guarantee for a single recipient by \$162 per month in 2018, and which was federally

administered; this effectively increases the income limit and therefore the number eligible, relative to what the eligibility estimate would have been if California did not provide that federally-administered supplement.

Comparing the eligibility figures with the state-level SSI caseload figures produces widely-varying SSI participation rates, with 2 states having a state-level participation rate below 25 percent (New Hampshire and North Dakota, which both have rates of approximately 21 percent), while 3 states show rates above 60 percent. Those states are Massachusetts (63 percent), New York (65 percent), and Alaska (82 percent) (table 1 and figure 2).

TABLE 1

SSI Eligibility and Enrollment by State for Ages 65 and Older, 2018

Numbers of persons are in thousands

	Average monthly people 65 and older eligible for SSI	Average monthly people 65 and older participating in SSI	SSI participation rate (participating / eligible)	Average monthly number of eligible non-participants
Total 65+	4,535	2,221	49.0%	2,315
Alabama	63	28	44.5%	35
Alaska	4	3	82.0%	1
Arizona	80	32	40.2%	48
Arkansas	35	14	41.6%	20
California	976	573	58.7%	403
Colorado	51	19	37.2%	32
Connecticut	39	16	41.1%	23
Delaware	10	3	30.6%	7
D.C.	12	5	44.0%	7
Florida	431	210	48.6%	222
Georgia	124	56	45.3%	68
Hawaii	19	9	47.5%	10
Idaho	18	5	25.4%	13
Illinois	155	65	42.2%	90
Indiana	58	16	27.3%	42
Iowa	28	8	27.3%	20
Kansas	22	7	32.9%	15
Kentucky	54	32	59.3%	22
Louisiana	75	32	43.1%	43
Maine	16	6	36.3%	10
Maryland	64	27	42.7%	37
Massachusetts	84	53	62.9%	31
Michigan	113	50	44.4%	63
Minnesota	48	23	47.3%	26

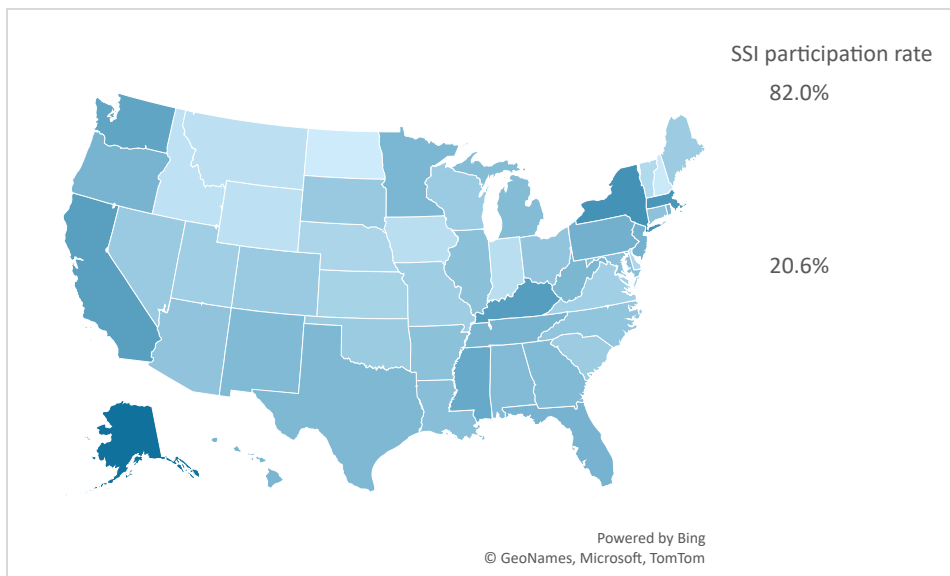
Mississippi	42	23	53.7%	20
Missouri	57	20	35.5%	37
Montana	13	3	26.3%	10
Nebraska	16	5	31.4%	11
Nevada	42	15	37.2%	26
New Hampshire	10	2	21.4%	8
New Jersey	119	59	49.6%	60
New Mexico	39	18	45.1%	21
New York	347	226	65.2%	121
North Carolina	110	44	40.1%	66
North Dakota	7	2	20.6%	6
Ohio	124	50	39.8%	75
Oklahoma	41	15	36.9%	26
Oregon	41	20	48.3%	21
Pennsylvania	139	70	50.2%	69
Rhode Island	16	8	47.7%	8
South Carolina	61	22	36.3%	39
South Dakota	8	3	37.8%	5
Tennessee	67	32	48.2%	35
Texas	388	180	46.3%	209
Utah	16	6	35.4%	10
Vermont	9	3	29.4%	6
Virginia	99	34	34.8%	64
Washington	67	37	56.0%	29
West Virginia	26	12	46.9%	14
Wisconsin	50	18	36.7%	32
Wyoming	4	1	25.8%	3

Sources: Eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using data from the 2018 American Community Survey and participation estimates from the Social Security Administration.

Note: The data exclude people living in institutions. The data apply to people eligible for or receiving federally-administered payments; people who are eligible only for state-administered state supplements are not included.

Figure 2

SSI Participation Rates by State, People Ages 65 and Older, 2018



Sources: Participation rates are computed with eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model, using data from the 2018 American Community Survey, and caseload information from the Social Security Administration.

Notes: The estimates apply to people living in households who are eligible for or receiving federally-administered SSI payments; people who are eligible only for state-administered state supplements are not included.

There are some geographic clusters of states with similar rates. For example, the three northern Mountain states—Montana, Idaho, and Wyoming—all have rates below 30 percent. The contiguous states of Nevada, Utah, and Colorado all have rates between 35 and 37 percent.

However, there are also some substantial differences within regions. For example, in New England, the rate ranges from 25 percent in New Hampshire to 63 percent in neighboring Massachusetts. As another example, across the eight states generally defined as the Southeast—Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, and Florida—the rate ranges from 36 percent in South Carolina (well below the national average rate of 49 percent) to 59 percent in Kentucky (well above the national average).

SSI Estimates for Counties and County Groups

Following the methods described earlier in this report, we computed substate SSI participation rates for 396 substate areas—including 129 counties that could be individually identified in the data and that also provided sufficient sample for a reliable estimate and 267 county groups, each composed of multiple counties. (For example, if a single PUMA included all of three counties and no

other counties, those three counties were treated as a county group.) Due to insufficient numbers of people in the data, there were two states—Alaska and Wyoming—for which it was not possible to compute any substate rates, and three other states--New Hampshire, North Dakota, and South Dakota, where a rate could be computed for only one substate area within the state, in addition to the overall state rate. (Also, DC had no substate rates because it has no county subdivisions.) Across the 45 states for which we were able to compute *multiple* substate SSI participation rates, the number of unique substate rates per state varied from 2 (in Delaware, Hawaii, Maine, Montana, Nevada, Rhode Island, Utah, and Vermont) to 34 (in Texas) (table 2).

The data show that there can be large differences in estimated participation rates across different areas of a state. For example, across the 29 counties and county groups for which SSI participation rates were computed in California, the estimates ranged from 30 percent in Placer County to 86 percent in Nevada County, showing a very wide range relative to the statewide participation rate estimate of 59 percent.

TABLE 2

SSI Substate Participation Rates for People 65 and Older, 2018

	State-level SSI participation rate	Number of substate rates	Number of counties or county groups with an estimated participation rate in each range									
			< 10%	10% to < 20%	20% to < 30%	30% to < 40%	40% to < 50%	50% to < 60%	60% to < 70%	70% to < 80%	80% to < 90%	90% or higher
Total US	49.0%	392	0	8	74	116	97	55	23	9	5	5
Alabama	44.5%	8	0	0	0	1	5	1	1	0	0	0
Alaska	82.0%	--	--	--	--	--	--	--	--	--	--	--
Arizona	40.2%	7	0	1	1	2	1	0	0	2	0	0
Arkansas	41.6%	4	0	0	0	1	3	0	0	0	0	0
California	58.7%	29	0	0	0	5	4	10	7	2	1	0
Colorado	37.2%	3	0	1	0	1	1	0	0	0	0	0
Connecticut	41.1%	4	0	0	1	1	1	1	0	0	0	0
Delaware	30.6%	2	0	0	1	0	1	0	0	0	0	0
D.C.	44.0%	--	--	--	--	--	--	--	--	--	--	--
Florida	48.6%	23	0	4	6	9	2	1	0	0	0	1
Georgia	45.3%	19	0	0	2	3	7	6	1	0	0	0
Hawaii	47.5%	2	0	0	0	0	2	0	0	0	0	0
Idaho	25.4%	3	0	0	2	1	0	0	0	0	0	0
Illinois	42.2%	13	0	0	6	5	1	1	0	0	0	0
Indiana	27.3%	10	0	0	8	2	0	0	0	0	0	0
Iowa	27.3%	4	0	1	2	1	0	0	0	0	0	0
Kansas	32.9%	3	0	0	1	1	1	0	0	0	0	0
Kentucky	59.3%	9	0	0	0	1	2	3	1	0	1	1
Louisiana	43.1%	12	0	0	1	2	8	1	0	0	0	0
Maine	36.3%	2	0	0	0	2	0	0	0	0	0	0
Maryland	42.7%	7	0	0	2	3	0	1	0	1	0	0
Massachusetts	62.9%	5	0	0	0	0	2	1	0	0	1	1
Michigan	44.4%	14	0	0	2	8	2	2	0	0	0	0

Minnesota	47.3%	7	0	0	2	3	0	1	1	0	0	0
Mississippi	53.7%	7	0	0	0	1	3	1	1	0	0	1
Missouri	35.5%	10	0	0	4	3	3	0	0	0	0	0
Montana	26.3%	2	0	0	1	1	0	0	0	0	0	0
Nebraska	31.4%	3	0	0	1	2	0	0	0	0	0	0
Nevada	37.2%	2	0	0	0	2	0	0	0	0	0	0
New Hampshire	21.4%	--	--	--	--	--	--	--	--	--	--	--
New Jersey	49.6%	12	0	0	0	3	3	5	1	0	0	0
New Mexico	45.1%	6	0	0	1	2	2	1	0	0	0	0
New York	65.2%	14	0	0	0	3	6	4	0	1	0	0
North Carolina	40.1%	13	0	0	2	4	5	2	0	0	0	0
North Dakota	20.6%	--	--	--	--	--	--	--	--	--	--	--
Ohio	39.8%	15	0	0	5	4	3	2	1	0	0	0
Oklahoma	36.9%	6	0	0	1	2	3	0	0	0	0	0
Oregon	48.3%	6	0	0	0	3	2	0	0	0	0	1
Pennsylvania	50.2%	15	0	0	2	7	2	2	1	0	1	0
Rhode Island	47.7%	2	0	0	1	0	0	1	0	0	0	0
South Carolina	36.3%	6	0	0	2	3	0	1	0	0	0	0
South Dakota	37.8%	--	--	--	--	--	--	--	--	--	--	--
Tennessee	48.2%	11	0	0	0	2	6	1	1	1	0	0
Texas	46.3%	34	0	1	2	13	10	1	5	1	1	0
Utah	35.4%	2	0	0	1	0	1	0	0	0	0	0
Vermont	29.4%	2	0	0	1	1	0	0	0	0	0	0
Virginia	34.8%	11	0	0	6	3	2	0	0	0	0	0
Washington	56.0%	9	0	0	1	1	2	2	2	1	0	0
West Virginia	46.9%	4	0	0	0	1	1	2	0	0	0	0
Wisconsin	36.7%	10	0	0	6	3	0	1	0	0	0	0
Wyoming	25.8%	--	--	--	--	--	--	--	--	--	--	--

Sources: Eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using data from the 2018 American Community Survey and participation estimates from the Social Security Administration.

Note: The data exclude people living in institutions. The data apply to people eligible for or receiving federally-administered payments; people who are eligible only for state-administered state supplements are not included.

Across all counties and county groups in the 48 states where *any* substate SSI participation rates could be computed, the estimated participation rates range from 15 percent to 99 percent. Considering only the counties for which county-specific rates could be computed (because the county is individually identified in the ACS, and because there was sufficient sample size), the five showing the lowest estimated SSI participation rates were:

- Archuleta County, Colorado (19%)
- Hernando County, Florida (15%)
- Manatee County, Florida (18%)
- Sarasota County, Florida (19%)
- Montgomery County, Texas (17%)

The five counties with the highest estimated rates were:

- Miami-Dade County, Florida (90%)
- Hampden County, Massachusetts (90%)
- Suffolk County, Massachusetts (86%)
- Multnomah County, Oregon (99%)
- Philadelphia County, Pennsylvania (84%)

The lists illustrate the presence of within-state variation. In particular, Florida, with a state-level SSI participation rate almost identical to the national average rate, includes three of the counties in the list of the five lowest county rates; but also includes one of the counties in the list of the five highest county rates. Pennsylvania and Oregon, which both have a statewide rate very close to the national average, each include a county in the highest five. Massachusetts is the only state with a county in the top 5 that has a statewide rate well above the national average.

Supplemental Nutrition Assistance Program (SNAP) Estimates

National SNAP Participation Rate

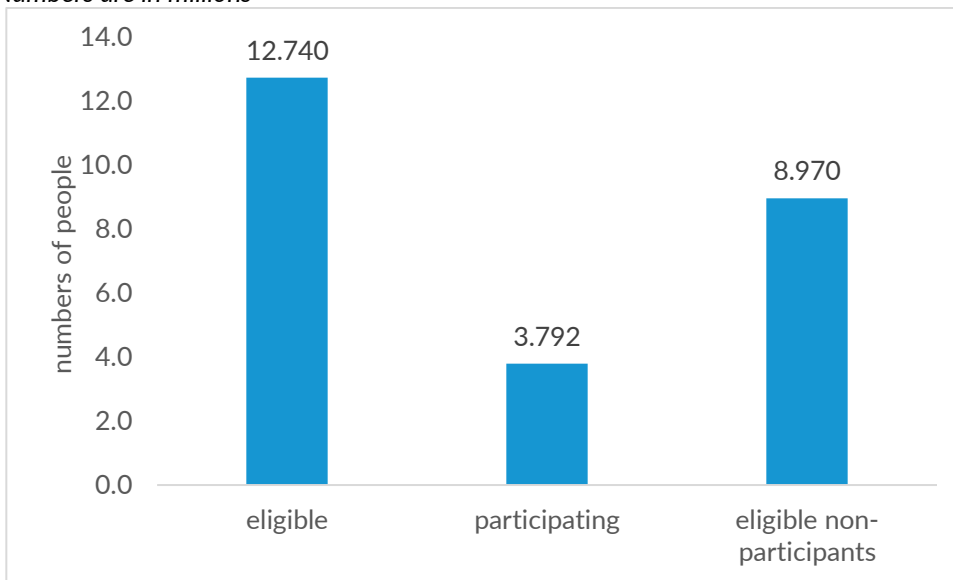
Our eligibility methods applied to the 2018 ACS data suggest that there were 12.740 million people 65 or older eligible for SNAP in the average month of the year—a number which is 25 percent of all people ages 65 and over in the household population in the 2018 ACS. This eligibility estimate includes people who would not qualify for the program under standard rules, but who do qualify under broad-based categorical eligibility (BBCE) policies in their state.

We compare the estimated number of people eligible for SNAP with the 3.792 million people ages 65 and over receiving SNAP in the average month of 2018 according to FNS data. This produces a national level participation rate of 29.8 percent—a substantially lower overall rate than the estimated SSI participation rate. Comparing the estimated number who are eligible with the actual caseload suggests that in the average month of 2018, 8.948 million people aged 65 and over were eligible for some amount of SNAP but did not receive it (figure 3). (See appendix D for a comparison of this estimate with estimates published by the Food and Nutrition Service.)

Figure 3

SNAP Eligibility and Enrollment, People Ages 65 and Older, 2018

Numbers are in millions



Sources: Eligibility estimates from the Urban Institute’s Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using data from the 2018 American Community Survey and caseload data from the Food and Nutrition Service and state sources.

Notes: The eligibility estimates refer to the average month of the year, and exclude people living in institutions and other group quarters. The participation data refer to July 2018. People eligible for SNAP solely through broad-based categorical eligibility policies are included in both the eligibility data and the caseload data.

SNAP Estimates at the State Level

The state-level numbers of people estimated to be eligible for SNAP vary from 10,000 in Alaska and Wyoming to 1.4 million in Florida (table 3). The SNAP eligibility rate (the percentage of all people aged 65 and over who appear to have been eligible in the average month of 2018) ranges from a low of 10 percent in both Utah and Wyoming to highs of between 34 and 35 percent in Kentucky and West Virginia (appendix table A1). Eligibility rates may vary due to income levels—with lower eligibility

rates in higher-income states, if policies are similar—but may also vary due to policy choices. For example, two states with similar income distributions could have different eligibility rates if one has implemented BBCE policies while the other has not.

Comparing the eligibility figures with the state-level SNAP caseload figures shows that, as with the SSI program, the participation rates vary widely across the states (table 3 and figure 4). The lowest estimated participation rates stand at 17 percent, in both California and Iowa.²¹ The highest estimated SNAP participation rates for people 65 and older are in Massachusetts (48 percent) and Rhode Island (51 percent).

TABLE 3
SNAP Eligibility and Enrollment by State for Ages 65 and Older, 2018
Numbers of persons are in thousands

	Average monthly people 65 and older eligible for SNAP	Average monthly people 65 and older participating in SNAP	SNAP participation rate (participating / eligible)	Average monthly number of eligible non-participants
Total 65+	12,740	3,792	29.8%	8,948
Alabama	152	54	35.5%	98
Alaska	10	5	47.2%	5
Arizona	313	55	17.5%	258
Arkansas	74	20	27.3%	54
California	1261	211	16.7%	1,050
Colorado	207	38	18.5%	168
Connecticut	135	52	39.0%	82
Delaware	38	9	24.6%	28
D.C.	25	9	36.6%	16
Florida	1379	521	37.8%	858
Georgia	461	117	25.5%	343
Hawaii	74	21	28.7%	53
Idaho	35	12	33.3%	23
Illinois	566	171	30.2%	395
Indiana	125	37	29.5%	88
Iowa	109	19	17.0%	91
Kansas	50	14	28.9%	36
Kentucky	244	45	18.5%	199
Louisiana	138	47	34.1%	91
Maine	79	23	28.7%	56
Maryland	204	69	34.1%	134
Massachusetts	232	111	48.0%	121
Michigan	373	96	25.8%	277
Minnesota	193	36	18.6%	157

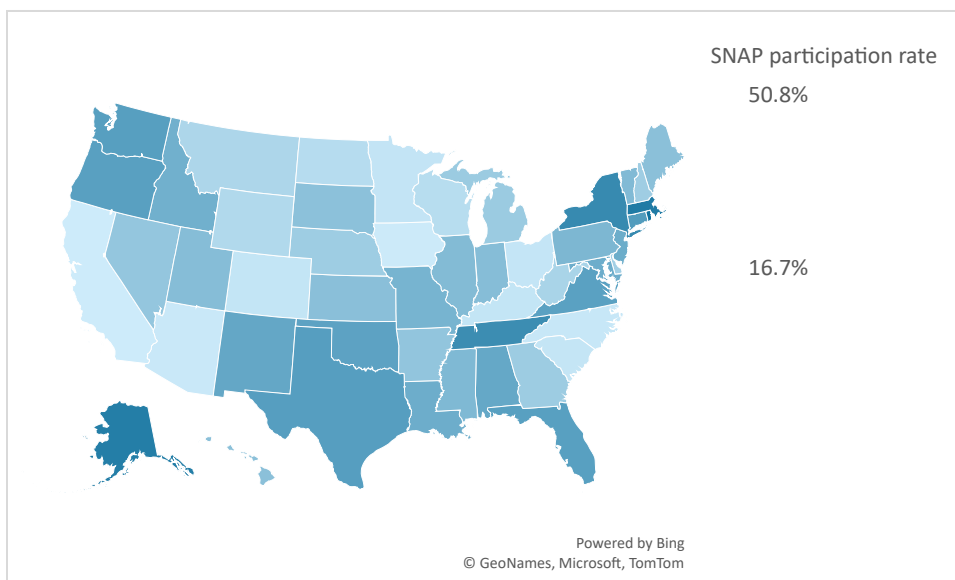
Mississippi	98	30	30.8%	68
Missouri	132	43	32.2%	90
Montana	37	8	22.5%	29
Nebraska	43	11	25.2%	32
Nevada	132	36	27.1%	96
New Hampshire	27	7	25.1%	20
New Jersey	342	117	34.2%	225
New Mexico	105	38	35.7%	68
New York	1033	453	43.9%	579
North Carolina	527	94	17.9%	432
North Dakota	20	4	20.9%	16
Ohio	572	105	18.3%	467
Oklahoma	102	38	37.0%	65
Oregon	181	68	37.6%	113
Pennsylvania	671	210	31.3%	461
Rhode Island	55	28	50.8%	27
South Carolina	282	52	18.4%	230
South Dakota	19	5	28.5%	14
Tennessee	154	66	43.0%	88
Texas	810	309	38.2%	500
Utah	33	10	29.5%	23
Vermont	35	11	30.4%	24
Virginia	175	65	37.4%	110
Washington	268	102	38.0%	166
West Virginia	122	28	23.2%	94
Wisconsin	281	58	20.8%	222
Wyoming	10	2	21.8%	8

Sources: Eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using data from the 2018 American Community Survey and participation estimates from the Food and Nutrition Service and state sources.

Note: The data exclude people living in institutions. SNAP eligibility includes people eligible through standard federal policies or broad-based categorical eligibility.

Figure 4

SNAP Participation Rates by State, People Ages 65 and Older, 2018



Sources: Participation rates are computed with eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model, using data from the 2018 American Community Survey, and caseload information from the Food and Nutrition Service and state sources.

Notes: People eligible for SNAP solely through broad-based categorical eligibility policies are included in both the eligibility data and the caseload data.

As was also the case with SSI, there are some cases of neighboring states having similar participation rates. For example, Washington and Oregon are both estimated to have a SNAP participation rate of 38 percent; and New Mexico, Texas, and Oklahoma all have rates between 36 and 38 percent. However, there are also numerous examples of neighboring states with quite-different rates. For example, Kentucky has one of the lowest rates, at 17 percent, while in neighboring Tennessee the SNAP participation rate among people 65 and older appears to be 43 percent.

SNAP Estimates for Counties and County Groups

In the case of the SNAP program, we computed substate participation rates for 938 areas—including 447 individual counties and 491 county groups, each composed of multiple counties. (These numbers are much larger than for SSI due to methodological differences as discussed earlier, and because the SNAP program is larger.) It was possible to compute substate rates for the SNAP program for every state; DC had no substate rates because it has no county subdivisions. Across the states, the number of unique SNAP participation rates per state varied from 3 (in Delaware and Hawaii) to 71 (in Texas) (table 4).

As was also the case with SSI, the data show that there can be large differences in estimated SNAP participation rates across different areas of a state. For example, in Texas, where the overall SNAP participation rate for people 65 and over is estimated at 38 percent, the substate rates range from 22 percent in Williamson County to 46 percent in Nueces County.

TABLE 4

SNAP Substate Participation Rates for People 65 and Older, 2018

	State-level SNAP participation rate	Number of substate rates	Number of counties or county groups with a participation rate in each range									
			< 10%	10 to < 20%	20% to < 30%	30% to < 40%	40% to < 50%	50% to < 60%	60% to < 70%	70% to < 80%	80% to < 90%	90% or higher
Total US	29.8%	937	3	258	316	270	80	9	1	0	0	0
Alabama	35.5%	20	0	0	6	12	2	0	0	0	0	0
Alaska	47.2%	4	0	0	0	1	2	1	0	0	0	0
Arizona	17.5%	10	1	7	2	0	0	0	0	0	0	0
Arkansas	27.3%	16	0	4	12	0	0	0	0	0	0	0
California	16.7%	41	2	29	10	0	0	0	0	0	0	0
Colorado	18.5%	7	0	5	2	0	0	0	0	0	0	0
Connecticut	39.0%	8	0	0	2	3	3	0	0	0	0	0
Delaware	24.6%	3	0	1	1	1	0	0	0	0	0	0
D.C.	36.6%	--	--	--	--	--	--	--	--	--	--	--
Florida	37.8%	37	0	2	8	19	7	1	0	0	0	0
Georgia	25.5%	48	0	11	31	6	0	0	0	0	0	0
Hawaii	28.7%	3	0	0	2	1	0	0	0	0	0	0
Idaho	33.3%	6	0	0	4	1	1	0	0	0	0	0
Illinois	30.2%	34	0	0	11	23	0	0	0	0	0	0
Indiana	29.5%	36	0	7	23	6	0	0	0	0	0	0
Iowa	17.0%	19	0	16	3	0	0	0	0	0	0	0
Kansas	28.9%	11	0	5	3	3	0	0	0	0	0	0
Kentucky	18.5%	24	0	18	6	0	0	0	0	0	0	0
Louisiana	34.1%	22	0	0	9	11	2	0	0	0	0	0
Maine	28.7%	7	0	0	4	3	0	0	0	0	0	0
Maryland	34.1%	16	0	0	6	7	3	0	0	0	0	0
Massachusetts	48.0%	5	0	0	0	0	2	2	1	0	0	0
Michigan	25.8%	33	0	14	16	3	0	0	0	0	0	0

Minnesota	18.6%	20	0	16	4	0	0	0	0	0	0	0
Mississippi	30.8%	18	0	0	11	7	0	0	0	0	0	0
Missouri	32.2%	29	0	1	20	7	1	0	0	0	0	0
Montana	22.5%	6	0	1	5	0	0	0	0	0	0	0
Nebraska	25.2%	10	0	4	4	2	0	0	0	0	0	0
Nevada	27.1%	4	0	0	4	0	0	0	0	0	0	0
New Hampshire	25.1%	4	0	0	4	0	0	0	0	0	0	0
New Jersey	34.2%	19	0	3	6	7	2	1	0	0	0	0
New Mexico	35.7%	10	0	0	1	9	0	0	0	0	0	0
New York	43.9%	31	0	1	3	16	9	2	0	0	0	0
North Carolina	17.9%	38	0	32	6	0	0	0	0	0	0	0
North Dakota	20.9%	5	0	4	0	1	0	0	0	0	0	0
Ohio	18.3%	43	0	35	8	0	0	0	0	0	0	0
Oklahoma	37.0%	9	0	0	0	7	2	0	0	0	0	0
Oregon	37.6%	15	0	0	1	9	5	0	0	0	0	0
Pennsylvania	31.3%	33	0	3	17	11	2	0	0	0	0	0
Rhode Island	50.8%	4	0	0	0	2	1	1	0	0	0	0
South Carolina	18.4%	15	0	10	5	0	0	0	0	0	0	0
South Dakota	28.5%	5	0	1	4	0	0	0	0	0	0	0
Tennessee	43.0%	31	0	1	2	15	13	0	0	0	0	0
Texas	38.2%	71	0	0	19	39	13	0	0	0	0	0
Utah	29.5%	9	0	3	1	5	0	0	0	0	0	0
Vermont	30.4%	4	0	0	2	2	0	0	0	0	0	0
Virginia	37.4%	31	0	1	9	15	5	1	0	0	0	0
Washington	38.0%	19	0	0	0	13	6	0	0	0	0	0
West Virginia	23.2%	13	0	2	10	1	0	0	0	0	0	0
Wisconsin	20.8%	27	0	19	7	1	0	0	0	0	0	0
Wyoming	21.8%	4	0	2	1	1	0	0	0	0	0	0

Sources: Eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using data from the 2018 American Community Survey and participation estimates from the Food and Nutrition Service and state sources.

Note: The data exclude people living in institutions. The estimates include people eligible through standard federal policies or broad-based categorical eligibility.

Across all counties and county groups in the states where substate SNAP participation rates could be computed, the estimated participation rates for the counties and county groups ranged from 9 percent to 62 percent. Considering only the counties for which county-specific rates could be computed (because the county is individually identified in the ACS, and because there was sufficient sample size), the places showing the lowest estimated SNAP participation rates for people aged 65 and older (estimated at no higher than 11.0 percent) were:

- Yavapai County, Arizona (10 percent)
- Napa County, California (11 percent)
- Placer County, California (9 percent)
- San Mateo County, California (9 percent)
- Johnson County, Iowa (11 percent)
- Warren County, Ohio (11 percent)
- Waukesha County, Wisconsin (11 percent)

The five counties with the highest estimated rates were:

- Berkshire County, Massachusetts (53 percent)
- Hampden County, Massachusetts (62 percent)
- Passaic County, New Jersey (55 percent)
- Schenectady County, New York (55 percent)
- Providence County, Rhode Island (55 percent)

Massachusetts and Rhode Island—the two states with the highest estimated state-level SNAP participation rates for people aged 65 and older (48 and 51 percent, respectively, compared to the 30 percent national estimate)—are both represented in the top-5 list of county-specific rates. New York, which also has a county in the top 5, also has a state rate (44 percent) that is substantially higher than the national average. However, New Jersey has a county in the top-5 list despite having an overall state-level rate (34 percent) that is very near the national average.

One caveat that is specific to the substate participation rate estimates for SNAP is that, as described earlier, we were unable to obtain county-specific SNAP caseload numbers for people 65 and older. Because of that, we could not compute county-level rates using the same method used for SSI and MSP (namely, dividing the caseload for a county or county group by the eligibility estimate for that county or county group). Instead, we computed county-specific SNAP participation rates for people of all ages. We then adjusted those rates by assuming that, in every state, the ratio of the participation rate for people 65 and older to the participation rate for all ages was the same. To the

extent that some places within a state are more or less successful at enrolling people 65 and older, relative to their level of success in enrolling people of all ages, the *substate* estimates of SNAP participation rates for people 65 and older could be misestimated. (This does not affect the *state-level* SNAP participation rates, which used each state's actual caseload of people 65 and older.)

Medicare Savings Programs (MSP) Estimates

National MSP Participation Rate

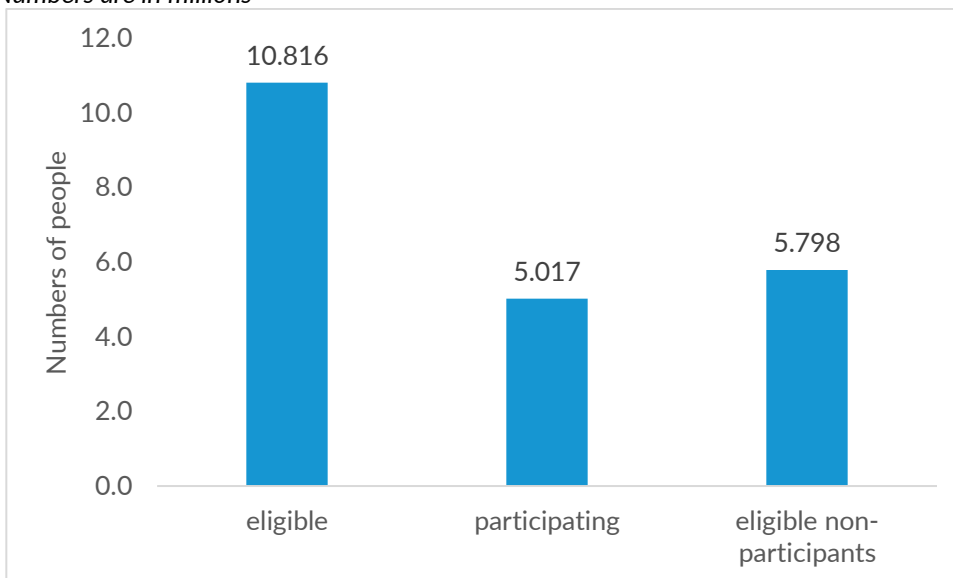
At the national level, the ACS data for 2018 show 10.816 million people in the household population aged 65 and older who are eligible for a Medicare Savings Program, or MSP (figure 5). That number is 21 percent of all of the people 65 and older in the household population in 2018 according to the 2018 ACS—lower than the 25 percent eligibility rate for SNAP, but much higher than the 9 percent of people aged 65 and older who are eligible for SSI.

We compare the estimated number of people eligible for MSP with the 5.017 million non-institutionalized people aged 65 and older receiving MSP benefits according to the program's administrative data, resulting in an estimated MSP participation rate for people 65 and older of 46.4 percent. Comparing the estimated number who are eligible with the actual caseload suggests that in 2018, 5.798 million people aged 65 and over were eligible for some type of MSP but did not receive the benefit. (See appendix D for a comparison of these estimates with other estimates of MSP participation rates.)

Figure 5

MSP Eligibility and Enrollment, People Ages 65 and Older, 2018

Numbers are in millions



Sources: Eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using data from the 2018 American Community Survey and caseload data from the Center for Medicare and Medicaid Services.

Notes: The eligibility estimates refer to the average month of the year and exclude people living in institutions and other group quarters. The participation data refer to December 2018 and were adjusted to exclude people in institutions.

MSP Estimates at the State Level

The state-level numbers of people estimated to be eligible for MSP range from 14,000 in Alaska to 1.4 million in California (table 5). Comparing these numbers to the states' populations of people 65 and older shows MSP eligibility rates ranging from 11 percent in Utah to 52 percent in DC (appendix table A1). Eligibility rates may vary due to income levels—with lower eligibility rates in higher-income states, assuming policies are similar—but may also vary due to policy choices. For example, DC's maximum income limit for MSP eligibility in 2018 was set at 300 percent of the poverty guidelines, which was a higher limit than in any other place.

The state-level MSP participation rates for people aged 65 and older vary widely across the country. The 2 states with the lowest estimated rates are North Dakota (21 percent) and Wyoming (22 percent). At the opposite extreme, two states have rates above 65 percent: California (65 percent) and Washington (67 percent) (table 5 and figure 6).

TABLE 5

MSP Eligibility and Enrollment by State for Ages 65 and Older, 2018

Numbers of persons are in thousands

	Average monthly people 65 and older eligible for MSP	Average monthly people 65 and older participating in MSP	MSP participation rate (participating / eligible)	Average monthly number of eligible non-participants
Total 65+	10,816	5,017	46.4%	5,798
Alabama	226	95	41.8%	132
Alaska	14	7	48.9%	7
Arizona	288	109	38.0%	178
Arkansas	111	33	29.6%	78
California	1398	913	65.3%	485
Colorado	133	43	32.5%	90
Connecticut	265	107	40.5%	157
Delaware	30	12	38.7%	19
D.C.	43	17	40.7%	25
Florida	987	483	48.9%	505
Georgia	325	126	38.8%	199
Hawaii	55	24	42.8%	32
Idaho	51	19	36.9%	32
Illinois	320	137	42.8%	183
Indiana	279	78	28.1%	201
Iowa	82	27	33.5%	54
Kansas	63	23	36.6%	40
Kentucky	156	65	41.5%	91
Louisiana	184	104	56.8%	79
Maine	85	41	47.8%	45
Maryland	141	71	50.5%	70
Massachusetts	190	120	63.5%	69
Michigan	252	137	54.4%	115
Minnesota	119	49	41.4%	69
Mississippi	144	65	44.9%	79
Missouri	183	58	31.7%	125
Montana	34	11	32.1%	23
Nebraska	41	12	28.0%	30
Nevada	97	39	40.2%	58
New Hampshire	29	8	28.9%	21
New Jersey	247	121	49.0%	126
New Mexico	89	29	32.4%	60
New York	788	426	54.0%	363
North Carolina	344	138	40.2%	206
North Dakota	17	3	20.6%	13
Ohio	338	112	33.2%	226
Oklahoma	120	47	39.1%	73

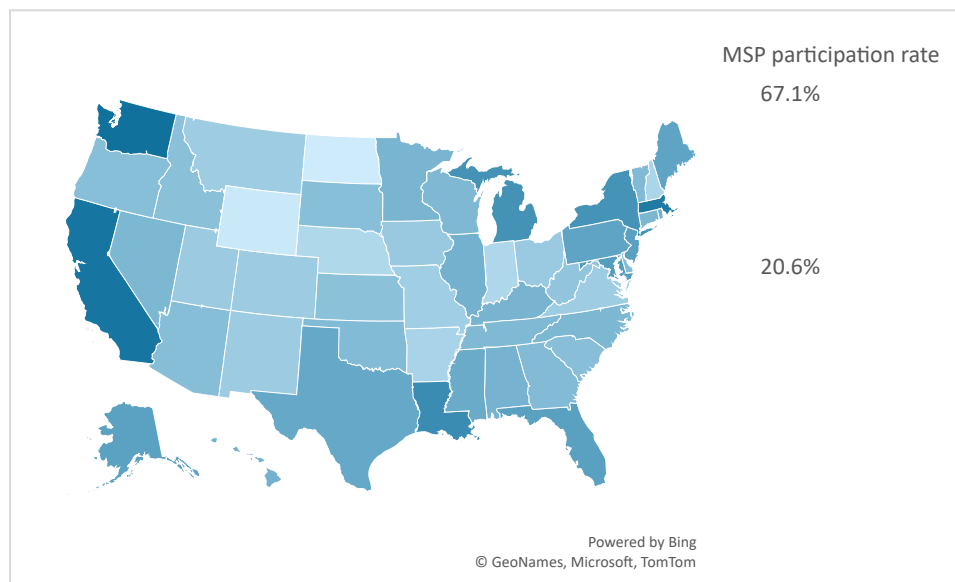
Oregon	164	62	37.8%	102
Pennsylvania	396	189	47.7%	207
Rhode Island	38	16	43.0%	22
South Carolina	190	72	37.7%	119
South Dakota	24	9	37.8%	15
Tennessee	226	89	39.5%	136
Texas	847	390	46.1%	457
Utah	37	12	33.0%	25
Vermont	30	12	39.3%	18
Virginia	242	78	32.4%	163
Washington	150	101	67.1%	49
West Virginia	61	22	35.2%	40
Wisconsin	127	51	40.2%	76
Wyoming	15	3	21.6%	12

Sources: Eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using data from the 2018 American Community Survey and participation estimates from the Centers for Medicare and Medicaid Services (CMS).

Note: The eligibility estimates refer to the average month of the year and exclude people living in institutions and other group quarters. The participation data refer to December 2018 and were adjusted to exclude people in institutions.

Figure 6

MSP Participation Rates by State, People Ages 65 and Older, 2018



Sources: Participation rates are computed with eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model, using data from the 2018 American Community Survey, and caseload data from the Center for Medicare and Medicaid Services.

Notes: The eligibility estimates refer to the average month of the year, and exclude people living in institutions and other group quarters. The participation data refer to December 2018, and were adjusted to exclude people in institutions.

Although the two states with the highest MSP participation rates are both on the west coast, other states with rates substantially above the national average are in different areas of the country, including Louisiana (57 percent), Massachusetts (just below California’s rate, at 64 percent), Michigan (54 percent), and New York (54 percent).

MSP Estimates for Counties and County Groups

Following the methods described earlier in this report, we computed substate participation rates for 682 substate areas—including 300 counties that could be individually identified in the data and that also provided sufficient sample for a reliable estimate and 382 county groups, each composed of multiple counties. It was not possible to compute any substate rates for Wyoming due to the limited sample of people eligible for MSP; DC had no substate rates because it has no county subdivisions. Across the 49 states for which we were able to compute substate rates, the number of unique rates per state varied from 2 (in Alaska and Utah) to 51 (in Texas) (table 6).

The data show that there can be large differences in estimated participation rates across different areas of a state. For example, across the 35 counties and county groups for which MSP participation rates were computed in Florida, the estimates ranged from 19 percent in Martin County to 79 percent in Miami-Dade county, showing a very wide range relative to the statewide participation rate estimate of 49 percent (table 6).

TABLE 6

MSP Substate Participation Rates for People 65 and Older, 2018

	State-level MSP participation rate	Number of substate rates	Number of counties or county groups with a participation rate in each range									
			< 10%	10 to < 20%	20% to < 30%	30% to < 40%	40% to < 50%	50% to < 60%	60% to < 70%	70% to < 80%	80% to < 90%	90% or higher
Total US	46.4%	681	0	7	104	231	181	88	51	14	2	3
Alabama	41.8%	17	0	0	0	6	11	0	0	0	0	0
Alaska	48.9%	2	0	0	1	0	0	0	0	1	0	0
Arizona	38.0%	10	0	0	3	2	1	3	1	0	0	0
Arkansas	29.6%	13	0	0	6	6	1	0	0	0	0	0
California	65.3%	35	0	0	1	1	4	7	18	1	2	1
Colorado	32.5%	5	0	0	2	2	1	0	0	0	0	0
Connecticut	40.5%	8	0	0	0	5	2	1	0	0	0	0
Delaware	38.7%	3	0	0	0	2	1	0	0	0	0	0
D.C.	40.7%	--	--	--	--	--	--	--	--	--	--	--
Florida	48.9%	35	0	1	8	12	6	6	1	1	0	0
Georgia	38.8%	33	0	1	1	13	12	6	0	0	0	0
Hawaii	42.8%	3	0	0	0	0	3	0	0	0	0	0
Idaho	36.9%	3	0	0	2	1	0	0	0	0	0	0
Illinois	42.8%	19	0	0	2	9	7	0	0	1	0	0
Indiana	28.1%	29	0	1	18	10	0	0	0	0	0	0
Iowa	33.5%	8	0	0	5	2	1	0	0	0	0	0
Kansas	36.6%	4	0	0	1	2	1	0	0	0	0	0
Kentucky	41.5%	18	0	0	1	7	5	4	1	0	0	0
Louisiana	56.8%	17	0	0	0	0	2	8	4	3	0	0
Maine	47.8%	6	0	0	0	0	3	2	1	0	0	0
Maryland	50.5%	10	0	0	1	1	4	1	3	0	0	0
Massachusetts	63.5%	5	0	0	0	0	2	0	1	2	0	0
Michigan	54.4%	20	0	0	0	2	3	12	2	1	0	0

Minnesota	41.4%	13	0	0	2	4	5	2	0	0	0	0
Mississippi	44.9%	18	0	0	1	4	9	1	3	0	0	0
Missouri	31.7%	21	0	0	8	10	2	1	0	0	0	0
Montana	32.1%	4	0	0	2	1	1	0	0	0	0	0
Nebraska	28.0%	6	0	0	6	0	0	0	0	0	0	0
Nevada	40.2%	4	0	0	1	0	3	0	0	0	0	0
New Hampshire	28.9%	3	0	0	1	2	0	0	0	0	0	0
New Jersey	49.0%	16	0	0	0	1	6	9	0	0	0	0
New Mexico	32.4%	7	0	0	1	5	1	0	0	0	0	0
New York	54.0%	27	0	0	0	8	11	4	4	0	0	0
North Carolina	40.2%	31	0	1	2	12	14	2	0	0	0	0
North Dakota	20.6%	3	0	1	1	1	0	0	0	0	0	0
Ohio	33.2%	23	0	1	7	14	1	0	0	0	0	0
Oklahoma	39.1%	4	0	0	0	2	2	0	0	0	0	0
Oregon	37.8%	15	0	0	2	8	3	2	0	0	0	0
Pennsylvania	47.7%	30	0	0	1	11	14	1	2	1	0	0
Rhode Island	43.0%	3	0	0	2	0	0	1	0	0	0	0
South Carolina	37.7%	14	0	0	0	9	3	2	0	0	0	0
South Dakota	37.8%	5	0	0	0	3	2	0	0	0	0	0
Tennessee	39.5%	25	0	0	1	13	8	3	0	0	0	0
Texas	46.1%	51	0	0	3	23	14	5	4	1	0	1
Utah	33.0%	2	0	0	1	0	1	0	0	0	0	0
Vermont	39.3%	4	0	0	0	3	1	0	0	0	0	0
Virginia	32.4%	18	0	1	7	6	4	0	0	0	0	0
Washington	67.1%	13	0	0	0	1	1	2	6	2	0	1
West Virginia	35.2%	9	0	0	3	3	3	0	0	0	0	0
Wisconsin	40.2%	9	0	0	0	4	2	3	0	0	0	0
Wyoming	21.6%	--	--	--	--	--	--	--	--	--	--	--

Sources: Eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using data from the 2018 American Community Survey and participation estimates from the Centers for Medicare and Medicaid Services (CMS).

Note: The eligibility estimates refer to the average month of the year and exclude people living in institutions and other group quarters. The participation data refer to December 2018 and were adjusted to exclude people in institutions.

Across all counties and county groups in the states where MSP participation rates could be computed, the estimated participation rates range from 14 percent to 100 percent.²² Considering only the counties for which county-specific rates could be computed (because the county is individually identified in the ACS, and because there was sufficient sample size), the five showing the lowest estimated MSP participation rates were:

- Martin County, Florida (19 percent)
- Cherokee County, Georgia (17 percent)
- St. Charles County, Missouri (20 percent)
- Brunswick County, North Carolina (20 percent)
- Lake County, Ohio (18 percent)

The five counties with the highest estimated rates were:

- Imperial County, California (100 percent)
- San Francisco County, California (88 percent)
- Tulare County, California (82 percent)
- Hampden County, Massachusetts (80 percent)
- Clark County, Washington (92 percent)

The states with counties in the top-5 list are also the states with the three highest state-level MSP participation rates for people aged 65 and older. In contrast, the states with counties in the lowest-5 list include states with a range of state-level rates, from Missouri (below the national average, at 32 percent), to Florida (above the national average, at 49 percent).

Comparisons Across the Three Programs

For a particular program, the data show wide variation in participation rates across states and localities. However, we can also consider variations across the programs, at the level of states or specific counties.

The estimates show that only a small number of states have either consistently-high participation rates across all three programs or consistently-low rates. The states with consistently-high rates are Alaska, Massachusetts, New York, and Washington. This is illustrated in table 7, which uses a “heat map” approach to color-code the rates for each program by whether a state’s rate is high relative to the average (green), low relative to the average (red), or close to the average (yellow), with darker colors indicating a larger difference from the average. There are also several states that have

consistently lower-than-average participation rates. In North Dakota and Wyoming, all three rates are quite far below the average. In Colorado, Iowa, Montana, Nebraska, and New Hampshire, all three rates are at least somewhat below the average. All of the other states show different relationships to the average for different programs. For example, Rhode Island has a very high SNAP participation rate but average rates for SSI and MSP; and North Carolina has a very low SNAP participation rate but relatively-average rates for SSI and MSP. As another example, California has a very low SNAP participation rate for this population, but a very high MSP participation rate.

TABLE 7

State-Level Participation Rates for Ages 65 and Older, 2018, for SSI, SNAP, and MSP

Note regarding shading: Within each column, green indicates above-average, red indicates below average, and yellow indicates average. Darker greens and reds indicate greater deviations from the average.

	SSI participation rate	SNAP participation rate	MSP participation rate
Total 65+	49.0%	29.8%	46.4%
Alabama	44.5%	35.5%	41.8%
Alaska	82.0%	47.2%	48.9%
Arizona	40.2%	17.5%	38.0%
Arkansas	41.6%	27.3%	29.6%
California	58.7%	16.7%	65.3%
Colorado	37.2%	18.5%	32.5%
Connecticut	41.1%	39.0%	40.5%
Delaware	30.6%	24.6%	38.7%
D.C.	44.0%	36.6%	40.7%
Florida	48.6%	37.8%	48.9%
Georgia	45.3%	25.5%	38.8%
Hawaii	47.5%	28.7%	42.8%
Idaho	25.4%	33.3%	36.9%
Illinois	42.2%	30.2%	42.8%
Indiana	27.3%	29.5%	28.1%
Iowa	27.3%	17.0%	33.5%
Kansas	32.9%	28.9%	36.6%
Kentucky	59.3%	18.5%	41.5%
Louisiana	43.1%	34.1%	56.8%
Maine	36.3%	28.7%	47.8%
Maryland	42.7%	34.1%	50.5%
Massachusetts	62.9%	48.0%	63.5%
Michigan	44.4%	25.8%	54.4%
Minnesota	47.3%	18.6%	41.4%
Mississippi	53.7%	30.8%	44.9%

Missouri	35.5%	32.2%	31.7%
Montana	26.3%	22.5%	32.1%
Nebraska	31.4%	25.2%	28.0%
Nevada	37.2%	27.1%	40.2%
New Hampshire	21.4%	25.1%	28.9%
New Jersey	49.6%	34.2%	49.0%
New Mexico	45.1%	35.7%	32.4%
New York	65.2%	43.9%	54.0%
North Carolina	40.1%	17.9%	40.2%
North Dakota	20.6%	20.9%	20.6%
Ohio	39.8%	18.3%	33.2%
Oklahoma	36.9%	37.0%	39.1%
Oregon	48.3%	37.6%	37.8%
Pennsylvania	50.2%	31.3%	47.7%
Rhode Island	47.7%	50.8%	43.0%
South Carolina	36.3%	18.4%	37.7%
South Dakota	37.8%	28.5%	37.8%
Tennessee	48.2%	43.0%	39.5%
Texas	46.3%	38.2%	46.1%
Utah	35.4%	29.5%	33.0%
Vermont	29.4%	30.4%	39.3%
Virginia	34.8%	37.4%	32.4%
Washington	56.0%	38.0%	67.1%
West Virginia	46.9%	23.2%	35.2%
Wisconsin	36.7%	20.8%	40.2%
Wyoming	25.8%	21.8%	21.6%

Sources: Eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using data from the 2018 American Community Survey and participation estimates from federal and state sources.

Note: These data exclude people living in institutions. SSI estimates apply to people eligible for or receiving federally-administered payments; people who are eligible only for state-administered state supplements are not included. SNAP estimates include people eligible through standard federal policies or broad-based categorical eligibility.

The same can be seen at the county level, for the ten counties with the largest populations (table 8). Considering the rates only within this group of ten places, Miami-Dade County, Florida, has the highest rate for each of the three programs. New York City is also above-average for this group for all three programs, although the SSI and MSP rates are not as high as in Miami-Dade. In contrast, in Riverside County, California, the participation rates are lower than the average for this group of places for each of the three programs. Other counties show a mix of results – higher than the average for this group of very-large places for some programs, and lower for others. For example, San Diego County, California has a SNAP participation rate lower than most of these large places, but the SSI and MSP rates are near the average.

TABLE 8

County-Level Participation Rates for Ages 65 and Older, 2018, for SSI, SNAP, and MSP

Results for 10 counties with largest populations

Note regarding shading: Within each column, green indicates a rate above the average for these 10 places, red indicates a below-average rate, and yellow indicates a rate similar to the average for this group. Darker greens and reds indicate greater deviations from the average.

	SSI participation rate	SNAP participation rate	MSP participation rate
Average across 10 places	56.2%	28.1%	55.7%
Cook County, Illinois	50.7%	33.2%	48.2%
Dallas County, Texas	39.5%	37.3%	42.7%
Harris County, Texas	45.8%	34.9%	44.5%
Los Angeles County, California	63.1%	16.1%	68.9%
Maricopa County, Arizona	39.8%	16.8%	35.6%
Miami-Dade County, Florida	90.2%	50.1%	79.0%
New York City, New York (all boroughs)	75.7%	49.7%	62.6%
Orange County, California	58.8%	13.5%	68.4%
Riverside County, California	41.9%	15.2%	47.8%
San Diego County, California	56.0%	14.0%	59.7%

Sources: Eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using data from the 2018 American Community Survey and participation estimates from federal and state sources.

Note: These data exclude people living in institutions. SSI estimates apply to people eligible for or receiving federally-administered payments; people who are eligible only for state-administered state supplements are not included. SNAP estimates include people eligible through standard federal policies or broad-based categorical eligibility.

Discussion

This project has developed national, state, and substate participation rates for each of three programs—SSI, SNAP, and MSP—specifically for the population of people ages 65 and older. The estimates are computed in a conceptually straightforward manner--by comparing, for each program and place, the numbers of recipients ages 65 and over (according to administrative data) with the estimated numbers of people ages 65 and over eligible for the program. The eligibility estimates are developed by examining the households in each place that were surveyed by the ACS, and applying the specific rules of each program to the people 65 and older to determine, yes or no, if they appear to be eligible for each program. The ACS specifically identifies many counties; we computed participation rates for those counties, and in places where the ACS does not identify the specific

counties (due to sample size limitations), we computed rates for the multi-county areas that are identified in the survey.

The analysis shows that, across programs and places, large portions of the older Americans who are eligible for safety-net assistance are not receiving the assistance. At the national level, the rate of participation among people ages 65 and older is 49.0 percent for the SSI program, 46.4 percent among people eligible for a MSP benefit, and 29.8 percent for the SNAP program (including people eligible through broad-based categorical eligibility). The absolute numbers of eligible non-participants range from 2.3 million for SSI, to 5.8 million for MSP, and 8.9 million for SNAP.

There appears to be wide variation in participation rates across places. At the state level, there are some states with participation rates either higher than the national average for all three programs or lower than the national average for all three programs. However, there are also many states with rates substantially above or below the national average rates for one program but not others. Within states, there is also wide variation. For example, in Florida, with a state-level SSI participation rate of 48.6 percent (almost identical to the national average rate), 4 of the identified counties have a participation rate below 20 percent, while 1 has a rate above 90 percent.

Future work could improve or extend some aspects of the methods. First, it would be ideal to obtain precise SNAP caseload estimates for people 65 and older at the county level. That information was not available from federal sources; obtaining it from states could be explored. Second, our comparisons of these ACS-based estimates with other estimates suggest that, even with the same estimation approaches, different surveys can produce different eligibility estimates. Estimation of eligibility using different surveys, but with constant methods, would aid in interpretation when considering results from different sources.

Although there is some uncertainty in any estimation, these findings do clearly show that in many places, there are large gaps between the number of people 65 and older who are eligible for SSI, SNAP, or MSP, and the number who are receiving benefits from those programs. The use of the same data source for eligibility estimates of all three programs means that the results can be compared directly. State and local administrators and other stakeholders can consider reasons for variations in participation rates across places and across programs, with the ultimate goal that people who are eligible for safety-net benefits receive that help.

Appendix A. Additional Tabulations

Table A1

Percentage of People 65 and Older Eligible for Each of Three Programs, By State, 2018

Note regarding shading: Within each column, green indicates above-average, red indicates below average, and yellow indicates average. Darker greens and reds indicate greater deviations from the average.

	SSI Eligibility Rate	SNAP Eligibility Rate	MSP Eligibility Rate
Total US	8.9%	25.0%	21.3%
Alabama	7.7%	18.8%	28.0%
Alaska	4.8%	12.3%	16.9%
Arizona	6.4%	25.2%	23.2%
Arkansas	7.1%	15.1%	22.8%
California	17.7%	22.8%	25.3%
Colorado	6.4%	26.1%	16.9%
Connecticut	6.7%	23.0%	45.2%
Delaware	5.4%	21.1%	17.1%
D.C.	14.6%	30.4%	52.0%
Florida	10.1%	32.3%	23.1%
Georgia	8.7%	32.4%	22.8%
Hawaii	7.4%	29.1%	21.7%
Idaho	6.5%	12.6%	18.3%
Illinois	8.1%	29.5%	16.7%
Indiana	5.8%	12.3%	27.7%
Iowa	5.4%	21.2%	15.8%
Kansas	5.0%	11.4%	14.3%
Kentucky	7.6%	34.4%	22.0%
Louisiana	10.7%	19.8%	26.3%
Maine	5.9%	29.7%	32.0%
Maryland	7.1%	22.6%	15.7%
Massachusetts	7.6%	21.1%	17.3%
Michigan	6.8%	22.4%	15.1%
Minnesota	5.7%	22.7%	13.9%
Mississippi	9.2%	21.4%	31.6%
Missouri	5.7%	13.3%	18.4%
Montana	6.6%	18.8%	17.1%
Nebraska	5.4%	14.6%	14.1%

Nevada	8.8%	28.0%	20.5%
New Hampshire	4.4%	11.5%	12.3%
New Jersey	8.5%	24.4%	17.7%
New Mexico	10.8%	29.1%	24.7%
New York	11.2%	33.4%	25.5%
North Carolina	6.7%	32.0%	20.9%
North Dakota	6.7%	18.1%	15.6%
Ohio	6.5%	29.8%	17.6%
Oklahoma	6.9%	17.2%	20.1%
Oregon	5.7%	25.1%	22.8%
Pennsylvania	6.2%	29.9%	17.6%
Rhode Island	9.3%	31.5%	21.8%
South Carolina	7.0%	32.1%	21.6%
South Dakota	5.9%	13.9%	17.0%
Tennessee	6.2%	14.4%	21.0%
Texas	11.1%	23.1%	24.2%
Utah	4.6%	9.6%	10.8%
Vermont	7.6%	29.6%	25.2%
Virginia	7.7%	13.6%	18.7%
Washington	5.9%	23.6%	13.2%
West Virginia	7.3%	0.0%	17.4%
Wisconsin	5.2%	29.6%	13.4%
Wyoming	4.1%	10.1%	15.9%

Sources: Eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using data from the 2018 American Community Survey.

Note: The eligibility rate is the percentage of all people ages 65 and older who appear to be eligible for the program in the average month of the year. The data exclude people living in institutions. SSI estimates apply to people eligible for or receiving federally-administered payments; people who are eligible only for state-administered state supplements are not included. SNAP estimates include people eligible through standard federal policies or broad-based categorical eligibility.

Appendix B. Asset Imputation

Whether a person or a married couple is eligible for a safety-net benefit can be affected not only by their income—the amount of money they receive from earnings, Social Security, pensions, or other sources—but also by the level of their *assets*—money or property that they already possess. Examples of assets include money in bank accounts, the value of stocks or bonds, funds in retirement accounts, and real property. When programs include an “assets test,” applicants with assets worth over a certain amount are not eligible for the program, even if their income is below the program’s income limit.

All three of the programs studied in this analysis include an assets test in at least some circumstances. The SSI program has the most stringent assets test of the three programs, allowing no more than \$2,000 in assets for an unmarried person to be eligible, and no more than \$3,000 for a married couple. The asset limits for MSP vary across states; in 2018 (the year of the data for this analysis), about two-thirds of the states generally used an asset limit of \$7,560 for individuals and \$11,340 for couples, while some used higher limits, and others did not impose an asset limit for at least one type of MSP eligibility. In the case of the SNAP program, national-level eligibility rules generally require assets to be under \$3,500 in the case of families applying for benefits with at least one family member aged 60 or older (with a lower limit for families without any older members). However, many states do not apply any assets limits for families with an older member as part of their broad-based categorical eligibility policies.

Because a person or family that appears eligible for a program based on their income may in fact be ineligible due to their assets, it is important to consider the value of assets when simulating eligibility for each of these programs. However, the survey used for this project—the American Community Survey—does not ask any questions about household assets. The only information that is reported in the survey related to assets is the amount of *income* each person received from their savings or investments. Specifically, the survey asks for the amount of annual income from “interest, dividends, net rental income, royalty income, or income from estates or trusts.”

The standard version of the ATTIS model infers a person’s level of assets from the level of asset-based income, using a single assumed rate of return. People who do not report any asset income are assumed to have no assets. In the working-age population, relatively few people with very low incomes (low enough to be eligible for benefit programs) have high asset values. However, that is less true for the population at older ages, some of whom may have higher levels of assets despite having

relatively low incomes during retirement. Also, the reported incidence of asset-based income is substantially lower in the ACS than in some other surveys. For example, considering only truly-reported assets (not Census Bureau imputations) the number of people 65 and older with asset-based income in the 2018 ACS equals only 61 percent of the comparable number in the Current Population Survey Annual Social and Economic Supplement data covering 2018. Therefore, relying solely on the survey-reported asset income in the ACS to infer asset values would likely understate the number of people 65 and over who are ineligible for programs due to their assets.

To improve the eligibility estimates, and in particular to help avoid overestimating eligibility by underestimating the extent to which people are ineligible due solely to their assets, we developed a more nuanced imputation of asset values for people ages 65 and older in the ACS data. (The standard method was used for younger people.) The imputed asset values were used in simulating eligibility for SSI, SNAP, and MSP. The imputation is based on data from the Survey of Income and Program Participation (SIPP), which collects very detailed data on income and also asks people about their assets. This appendix briefly describes the methods used for the imputation, compares the imputed data to the SIPP data, and shows the impact of the imputation on the eligibility estimates.

Asset Imputation Method

The asset imputation used for this project differs from the standard ATTIS asset imputation in two key ways. First, for those who report asset-based income, assets are assigned based on rates of return that vary by income level. Second, and more importantly, the new imputation assigns assets to many people 65 and over who do not report asset-based income.

The imputation is based on public-use data from the 2018 Survey of Income and Program Participation (2018 SIPP).²³ SIPP is a nationally-representative longitudinal survey conducted by the Bureau of the Census, with very detailed information about individuals' personal characteristics, family relationships, incomes, and assets. Separate questions are asked about numerous types of assets. For this project, we used the variables capturing amounts of assets at financial institutions, amounts in other interest-earning assets, the value of rental properties, and the value of stocks and mutual funds. (Note that assets tests may also consider some other types of property that can be sold for cash; however, our imputation considered only financial assets and the value of rental property. Note also that assets tests exclude the value of a family's primary residence and household goods.)

The imputation approach takes into account the following key factors:

- The presence and amount of assets varies with income, and, even when controlling for income, varies with other factors. For purposes of this project, we focused on capturing variations by three key factors: (1) relative income level (family income below 75 percent of the poverty guideline, from 75 to under 200 percent, from 200 to under 400 percent, and income at or above 400 percent of the poverty guideline); (2) homeownership status (yes or no), and (3) race and ethnicity (whether white and non-Hispanic; or whether either Hispanic or a race other than white). These three characteristics together defined 16 subgroups. We considered people who reported receiving SSI as a separate group, because for this group, we could be confident that their assets did not exceed the maximum level allowed by the program.
- In many cases, the level of assets is related to the level of asset-based income. Therefore, the approach generally assigns higher asset values to people who reported higher levels of asset-based incomes in the ACS.
- Although levels of assets and levels of asset-based incomes are correlated, the SIPP data show that not all individuals with assets have asset-based income. For example, if a stock does not produce dividends, it provides income only at the point that it is sold. Therefore, the approach imputes some of the people in the ACS who do not report any asset-based incomes as nevertheless having assets.

The methodology is based on a set of “look up tables,” developed from the SIPP data. The specific assignments involve a combination of assumptions (e.g., a relationship between value of assets and amount of asset-based income, for people who report asset-based income) and probabilistic assignments, in order to create a set of asset data in the ACS for people ages 65 and older that comes close to reproducing key information observed in SIPP data. (More-complex multivariate approaches were outside the scope of the project resources, but could be explored for future work.)

The first step of the imputation process was to tabulate the SIPP data to obtain, for each subgroup of people ages 65 and older, the information needed for the imputation:

- *Percentage of people 65 and older with any assets:* This result varied from a low of 47 percent for non-homeowners with income below 75 percent of poverty who were either Hispanic or a

race other than white to 99 percent for white non-Hispanics with income at or above four times the poverty guideline.

- *Among those 65 and older with any assets, the percentage distribution by ranges of assets:* The ranges used for this tabulation were: assets under \$100, \$100 to under \$500, \$500 to under \$1,000, \$1,000 to under \$5,000, \$5,000 to under \$10,000, \$10,000 to under \$20,000, \$20,000 to under \$100,000, and \$100,000 or more. We also tabulated the average value of assets within each range.
- *Among people 65 and older with assets but without asset-based income, the average values of assets:* We tabulated this by the 17 subgroups and within each range of asset values.
- *For people ages 65 and over in the SIPP with both asset-based income and assets, the value of the reported asset-based income as a percentage of the reported asset value:* These percentages (which can be considered estimated rates of return) were: 6.0 percent for those with income under 75 percent of the poverty guideline; 6.6 percent for the range from 75 to under 200 percent of poverty; 7.7 percent for the range from 200 to under 400 percent of poverty; and 12.6 percent for people and couples with income at or above 400 percent of poverty. Of course, the relationship between asset-based income and underlying asset value almost certainly varies by type of asset-based income (e.g., interest vs. rental income). However, because the ACS only provides a single dollar amount for all types of asset-based income, we computed these values for all SIPP respondents with any types of asset-based income and assets.

The imputation of asset values in the ACS data was then conducted, for all people 65 or older and for couples in which at least one spouse was age 65 or older. The steps were:

- *For people who reported asset-based income in the ACS:* For this group, we assigned an asset value based on the amount of asset-based income, using the rates of return computed from the SIPP. For example, for a person with income from 75 percent to under 200 percent of the applicable poverty guideline who reported \$200 in asset-based income, we divided \$200 by 0.066 to estimate an asset value of \$3,030. However, for people with truly-reported SSI in the ACS data, asset values were constrained to not exceed the maximum allowable level of assets for SSI eligibility.

- For people who did not report asset-based income in the ACS:
 - For this group, and for each of the 17 subgroups (16 defined by income, homeownership status, and race/ethnicity, and a 17th for true reporters of SSI income) a portion are randomly selected to have assets, with the percentage determined in order to come close to the targeted percentage of the group with any assets. For example, if 70 percent of a particular subgroup had assets in the SIPP data, but only 40 percent of the subgroup reported asset-based income, we selected half of those who did *not* report asset-based income (50 percent of the remaining 60 percent of the subgroup) to have assets.
 - For those selected to have assets, we assign the range within which a person's assets fall. This is based on the distribution of asset holders without asset-based income in the SIPP, with separate distributions for each of the 17 subgroups.
 - Last, we assign specific asset values within the ranges. This is done in a way that comes close to the average asset values shown in the SIPP for asset-holders without asset-based income, for each subgroup and range of assets. However, for ACS respondents who truly reported SSI, their value is constrained to be no greater than either \$2,000 or \$3,000 depending on their marital status.

Results of the Imputation

The imputation produces a set of assets data in the ACS for people ages 65 and over that comes close to key information in the SIPP, particularly for the population of lower-income people ages 65 and over who are the focus of this analysis. Key results include:

- The percentage of people 65 and older with any assets is aligned almost exactly with what is observed in the SIPP data (table B1).

For those with assets, the distribution within ranges is similar to the distribution in the SIPP data (table B2). Deviations are due in part to the fact that, for those who reported asset-based income, assets were imputed based on the estimated rates of return. Also, for SSI recipients, all of the imputed amounts are at levels below the SSI asset maximums, which is not true of the reported amounts in the

SIPP data. The imputation is least successful at capturing very-high asset values (well above the maximum allowable assets for the three programs being studied).

Table B1

People Ages 65 and Older With Any Assets, 2018 SIPP and 2018 ACS Imputation

Category	SIPP	ATTIS imputed
SSI recipients	68%	68%
Not SSI recipients, by income relative to poverty		
<75%	69%	69%
75%-<200%	88%	88%
200%-<400%	96%	95%
400%+	99%	98%
Total	92%	91%

Sources: Authors' tabulations of wave #1 of the 2018 panel of SIPP and asset variable imputed onto 2018 ACS for the ATTIS modeling for this project.

Table B2

Distribution of People Ages 65 and Older With Any Assets by Range of Assets, 2018 SIPP and 2018 ACS Imputation

SIPP, 2018 panel

	<\$100	\$100- <\$500	\$500- <\$1000	\$1000- <\$5000	\$5000- <\$10,000	\$10,000- <\$20,000	\$20,000- <\$100,000	\$100,000 or more
SSI recipients	32%	28%	15%	11%	3%	2%	5%	4%
Not SSI recipients, by income relative to poverty								
<75%	17%	17%	8%	18%	10%	5%	13%	10%
75%-<200%	16%	16%	9%	18%	7%	7%	14%	12%
200%-<400%	5%	8%	5%	16%	10%	8%	22%	26%
>=400%	1%	2%	2%	9%	6%	6%	21%	52%
Total	8%	9%	6%	14%	8%	7%	19%	30%

Data imputed to ACS for this project

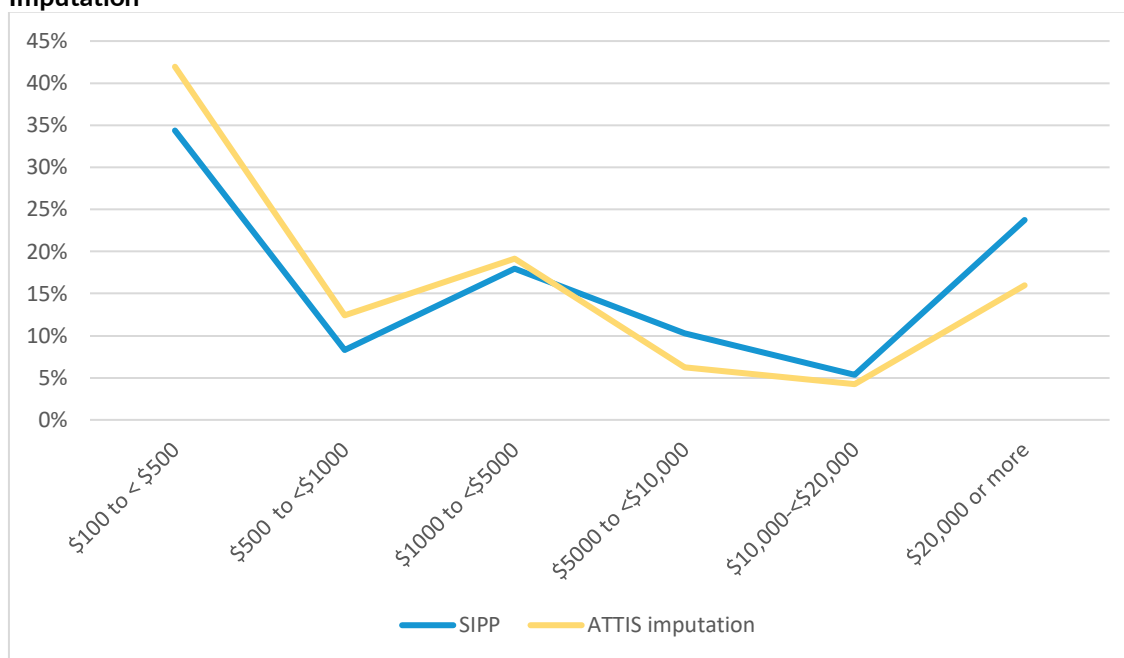
	<\$100	\$100- <\$500	\$500- <\$1000	\$1000- <\$5000	\$5000- <\$10,000	\$10,000- <\$20,000	\$20,000- <\$100,000	\$100,000 or more
SSI recipients	39%	32%	19%	10%	0%	0%	0%	0%
Not SSI recipients, by income relative to poverty								
<75%	16%	26%	12%	19%	6%	4%	9%	7%
75%-<200%	19%	23%	10%	23%	7%	5%	9%	4%
200%-<400%	8%	17%	9%	23%	9%	8%	15%	12%
>=400%	2%	6%	5%	23%	7%	6%	19%	32%
Total	10%	16%	8%	23%	8%	6%	14%	16%

Sources: Authors' tabulations of wave #1 of the 2018 panel of SIPP and asset variable imputed onto 2018 ACS for the ATTIS modeling for this project.

- For the lowest-income group of asset-holders ages 65 and older, with income below 75 percent of poverty (excluding the people reporting SSI, whose imputed assets were capped at the SSI asset maximums) the distribution of imputed asset amounts comes very close to the distribution of reported amounts in the SIPP (figure B1). This group is particularly important, because individuals and couples in this income group would generally be found eligible for all three of the programs based solely on their income.

FIGURE B1

Distribution of People Ages 65 and Older With Any Assets, and With Income Under 75 Percent of the Poverty Guideline (Excluding SSI Recipients), by Range of Assets, 2018 SIPP and 2018 ACS Imputation

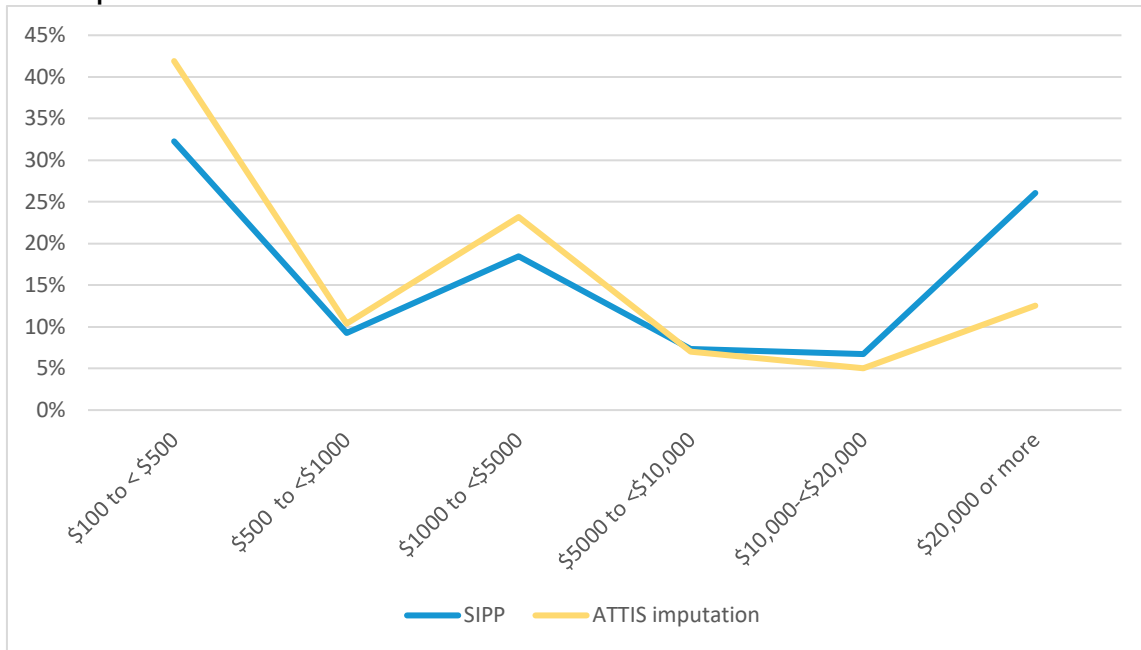


Sources: Authors' tabulations of wave #1 of the 2018 panel of SIPP and asset variable imputed onto 2018 ACS for the ATTIS modeling for this project.

- The distribution of imputed assets is also very similar to the distribution of SIPP-reported assets for the next-lowest group of people 65 and older—with incomes from 75 to under 200 percent of the poverty guidelines (figure B2). This group may have income above the limits for SSI, but many would be income-eligible for SNAP and/or MSP.

Figure B2

Distribution of People Ages 65 and Older With Any Assets, and With Income at 75 to Under 200 Percent of the Poverty Guideline (Excluding SSI Recipients), by Range of Assets, 2018 SIPP and 2018 ACS Imputation



Sources: Authors' tabulations of wave #1 of the 2018 panel of SIPP and asset variable imputed onto 2018 ACS for the ATTIS modeling for this project.

Impact on Eligibility Results

The imputation of asset values for people ages 65 and older in the ACS reduced the eligibility estimates for all three of the analyzed programs, relative to the estimates produced with the simpler approach that infers asset values only for those with asset-based incomes.²⁴ The degree of impact varied by program, based on the degree to which the program applies assets tests. The asset imputation has the greatest impact on SSI, due to the program's stringent assets test. The imputation developed for this project lowered the estimated eligibility figure by 14 percent, relative to an initial figure produced without the new imputation. The impact on SNAP is the smallest—a reduction in the eligibility estimate of 2 percent—because many states do not use an assets test for older applicants under their broad-based categorical eligibility rules. In the case of MSP, the imputation developed for this project lowers estimated eligibility for people ages 65 and older by 5 percent relative to the estimate produced with the simpler method.

Table B3

Average Monthly Numbers of People 65 and Older Eligible for Each Program, Before and After Imposition of New Asset Imputation

Numbers are in millions

	ATTIS, prior to new imputation	ATTIS, with new imputation	Percent impact of new imputation on the estimate
SSI	5.293	4.535	-14%
SNAP	13.005	12.740	-2%
MSP	11.416	10.816	-5%

Source: Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model, using data from the 2018 American Community Survey.

Appendix C. County Groups

An attachment to this report—Multicounty Group Identifiers and Participation Rates for SSI, SNAP, and MSP, by County—identifies the participation rates and multicounty groupings for each state and program. The attachment is provided in Excel format. Within each state, the identifiers for SSI, SNAP, and MSP indicate which counties were combined to form multicounty groups for each program.

Counties with individually calculated participation rates were not combined into a multicounty group and do not have a group identifier.

Counties with the same numerical identifier are part of a single multicounty group and will have the same participation rate. Identifiers may be duplicative across states; however, multicounty groups are determined for each program by combining only counties within a state. For example, Apache and Navajo counties in Arizona are part of multicounty group “0300” for the SSI program. In Arkansas, the group identifier “0300” indicates a separate multicounty group made up of seven counties (Baxter, Boone, Carroll, Madison, Marion, Newton, and Searcy counties).

Additional information on the process of identifying multicounty groups can be found in the report section titled “Computing Participation Rates for Counties and County Groups.”

Appendix D. Comparison with Other Estimates

For each program, we validated our estimates by comparing them with other published estimates.

SSI

To validate the national estimate for SSI, we compare it with the 2018 participation rate estimate from a series of rates regularly published by HHS (US Department of Health and Human Services, 2021).²⁵ Our SSI participation rate estimate of 49.0 percent for people ages 65 and over in 2018 is very similar to the rate published by HHS, which is 52.2 percent. The eligibility estimate underlying the HHS estimate is produced by researchers at the Urban Institute under contract with HHS, using similar microsimulation methods to those used for this project, but using a different model (the Transfer Income Model, version 3, or TRIM3) and a different data source: the Current Population Survey's Annual Social and Economic Supplement (CPS ASEC). In general, the ACS data used for this analysis produce higher eligibility estimates (and therefore lower participation rates) than the CPS ASEC, due to the fact that the ACS collects less-detailed information about income and therefore may miss some income that is collected in the CPS ASEC. However, another difference between the CPS-based and ACS-based estimates is that the CPS estimates supporting the HHS estimate for 2018 use a simpler approach to imposing the SSI assets test; the impact of the asset imputation used for this analysis works in the direction of lowering the eligibility estimate (and therefore raising the participation rates). These two key differences between the national estimates therefore work in opposite directions and approximately balance out, producing very similar national SSI participation rates for people 65 and older.

SNAP

The estimated 2018 SNAP participation rate of 29.8 percent for people ages 65 and over is substantially lower than the 2018 estimate for people ages 60 and over (the standard definition of older age for the SNAP program) produced by Mathematica Policy Research for the Food and Nutrition Service. That estimate was 48 percent (Lauffer and Vigil, 2021). However, the key reason for

the difference is that the two numbers are intended to capture different concepts. For this project, we are considering all people who are eligible for any positive amount of SNAP, including people who are eligible solely through BBCE rules. In contrast, the FNS estimates are restricted to eligibility and participation under federal rules. People and families who are eligible for SNAP under BBCE rules but not under federal rules tend to have more income than other SNAP recipients. In general, the share of eligible households who choose to participate in SNAP falls as income rises, and so participation estimates that include people made eligible through BBCE are lower than participation rates that only include people who are eligible under federal rules. Both sets of estimates rely on SNAP administrative data for counts of participants. However, for purposes of the published FNS participation rates, the Mathematica team adjusts the caseload numbers to remove people receiving SNAP due to state BBCE policies.

Wheaton, Wemmerus, and Godfrey (2021) discuss differences in SNAP participation rate definitions, methodology, and estimates, considering the FNS/Mathematica estimates, estimates based on ATTIS, and estimates produced by the TRIM3 model (which, like the FNS/Mathematica estimates, also uses CPS ASEC data). They find that including BBCE in participation rate estimates substantially lowers estimated participation rates. For example, in response to a request from the study authors, Mathematica created an alternative 2016 participation rate estimate for people 60 and older, this time including all eligible and participating people, including those made eligible by BBCE. This reduced the estimated participation rate for individuals aged 60 and above from 45 percent to 25 percent. The modified estimate was similar to, although somewhat below, the ATTIS-based estimate for 2016 of 32 percent.²⁶

Another difference between the SNAP participation rates produced for this analysis and the FNS/Mathematica estimates is that the two efforts use different data. Our estimates for this project use ACS data, while the FNS/Mathematica estimates are based on the CPS ASEC. The different data sources, as well as other methodological differences between the ATTIS model and the Mathematica eligibility model, could also result in some differences in the estimates.

MSP

To validate the national-level MSP estimate, we compared the MSP estimates with SSI estimates from this project and with MSP estimates from three other sources. First, because both SSI and MSP eligibility are based on a combination of income limits and asset limits, and because both consider the income and resources of individuals and couples (as opposed to SNAP, which may involve a broader

assistance unit), we compared the eligibility estimates produced for MSP to the estimates produced for SSI. Considering both the national and state-level estimates, the relationship between the estimates for the two programs could be explained by a combination of differences in income limits and differences in asset limits. For example, in states with no asset limit for MSP, there was a larger difference between the SSI and MSP eligibility estimates.

Second, we compared the MSP eligibility estimates with other published estimates. One comparison point is work conducted with matched survey and administrative data covering calendar over a period from 2009 through 2010 (Caswell and Waidmann, 2017). This very rigorous analysis used data from the 2008 panel of the Survey of Income and Program Participation (SIPP), which provided information on income, assets, and other individual and family characteristics, linked with data from the Medicaid Statistical Information System (MSIS) to identify whether SIPP respondents were also MSP beneficiaries. This study identified 5.9 million people aged 65 and older as being eligible for some type of MSP benefits in 2009-2010, which is a much lower number than the 10.8 million 2018 estimate for this study. The difference in years complicates the comparison, because the population aged 65 and older increased by 37 percent between the years (from 38.6 million in 2009 to 52.8 million in 2018) (DeNavas-Walt, Proctor, and Smith, 2010, and Semega et al., 2019). However, our 2018 estimate of 10.8 million exceeds the Caswell and Waidmann estimate by more than could be explained by population change alone.

We believe that the remaining differences between our MSP eligibility estimates for 2018 and the Caswell and Waidmann estimates for 2009-2010 are due primarily to differences between the SIPP and the ACS as the underlying data sources. As discussed earlier, the ACS may not identify as much retirement-related income as surveys that ask more-detailed questions, which could lead to identifying as eligible some people who are not eligible. It is also possible that particular ranges of the income distribution would be more affected by this issue. For example, the income limit for SSI is much lower than for MSP benefits; if individuals failing to identify certain retirement income generally have other income exceeding the SSI limits, but not necessarily exceeding the MSP limits, any weakness in the ACS data on retirement income would affect MSP eligibility more so than SSI eligibility. Differences in methodology could also play some role. For example, our study assessed eligibility on a monthly basis, which may identify some people as eligible in part of the year who would have appeared ineligible based on their annual income.

Third, we compared our estimate of the MSP participation rate with estimates developed by researchers at NCOA using a different combination of data sources: the Health and Retirement Survey (HRS) for information on the population aged 65 and older and the Medicare Current Beneficiary

Survey to assess enrollment (Popham et al., 2020). This study estimated 7.1 million people aged 65 and older eligible for MSP benefits in 2014, an eligibility rate of 16.5 percent (lower than the 21 percent in our analysis), and an estimated participation rate of 63.4 percent (higher than our estimate of 46.4 percent). The NCOA team chose the HRS due to having high-quality wealth and income data for the older population; however, the work required reweighting the data to align to characteristics of the population according to Census Bureau data; and the data were not representative at the state level, which could have affected whether the correct portions of the 65-and-older population were subject to different MSP income limits or asset rules.

Fourth, we estimated MSP eligibility using the same methods we applied to the ACS, but with a different data source: the CPS ASEC.²⁷ This produced an eligibility estimate for 2018 very similar to our ACS-based estimate, at 10.7 million. The CPS ASEC, although much smaller than the ACS, is intended to be representative at the state level (unlike either SIPP or the HRS). It is also recognized as having high-quality income data.

The difference in MSP eligibility estimates across the different studies suggests that eligibility estimate for this program may be particularly sensitive to the data source used to assess the income of the population aged 65 and older—perhaps more so than either SNAP (with a substantially higher income limit in most places due to BBCE) or SSI (with a substantially lower income limit in all places). Nevertheless, the similarity with the estimate produced from CPS ASEC (the only comparison for the same year, 2018), gives confidence in the general level of the ACS-based estimate used here.

Notes

- ² See Table 12 in Welfare Indicators and Risk Factors, 22nd Report to Congress.
<https://aspe.hhs.gov/reports/22nd-welfare-indicators-risk-factors-report-congress>
- ³ Trends in Supplemental Nutrition Assistance Program Participation Rates: Fiscal Year 2010 to Fiscal Year 2017.
<https://fns-prod.azureedge.net/sites/default/files/resource-files/Trends2010-2017.pdf>
- ⁴ The Benefits Participation Map is available here: <https://www.ncoa.org/benefits-participation-map>.
- ⁵ For ATTIS purposes, we obtained the 2018 ACS data from the IPUMS USA Database. Ruggles, Steven, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas, and Matthew Sobek. 2020. *IPUMS USA: Version 10.0 [dataset]*. Minneapolis, MN: IPUMS.
- ⁶ The survey instrument for the 2018 ACS is available here: <https://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2018/quest18.pdf>
- ⁷ The authors' unpublished tabulations show a total of \$714 billion in retirement related income in the 2018 CPS ASEC, compared with \$636 billion in the 2018 ACS. The CPS ASEC figure is from the sum of retirement annuities, retirement distributions, government pensions, private pensions, employer-related disability income, and employer-related survivor income. The ACS amount is from the single question asking about retirement, survivor, and disability income. Neither figure should include Social Security or SSI. It is also possible that some retirement-related income in the ACS is reported in the "other" income category, which would mean that the difference in aggregate amounts of pension-related income is not as large as indicated by these figures.
- ⁸ For the CPS ASEC-based poverty rate for 2018, see Semega et al., 2019. For the ACS-based poverty rate, see Table S1701, Poverty Status in the Past 12 Months, from the 2018 single-year ACS data, available through the data.census.gov website.
- ⁹ For more information about ATTIS, see the ATTIS webpage on the Urban Institute's website, here: <https://www.urban.org/research-methods/attis-microsimulation-model>
- ¹⁰ The methods generally follow approaches initially developed by Dr. Jeffrey Passel and Dr. Rebecca Clark at the Urban Institute, and subsequently refined by Dr. Passel. See Appendix A, Methodology, in Passel and Cohn, 2008, for discussion.
- ¹¹ The GeoCorr tool is available at this web address: <https://mcdc.missouri.edu/applications/geocorr.html>.
- ¹² Alaska and Wyoming have fewer than 50 unweighted SSI-eligibles in the underlying data, therefore we are unable to calculate county or substate participation rates for either place. There are 48 unweighted SSI-eligibles in Alaska and 42 unweighted SSI-eligibles in Wyoming. In order to produce state level estimates, we reduced the sample size limit for these two states prior to calculating the participation rates for SSI.
- ¹³ Census Bureau formulas could be applied to estimate the "confidence interval" surrounding the eligibility estimates. These would reflect the potential impact of sampling variability, but not of the other potential reasons that the estimates could differ from the true numbers.
- ¹⁴ In couples eligible for SSI with one spouse 65 or older and one spouse under 65 with disabilities, we only count the spouse 65 or older when determining the number of eligible people aged 65 or older.
- ¹⁵ States can also eliminate the net income test through BBCE policies, potentially affecting all households, including those with a member aged 60 or older or with a disability. Because benefits phase out as net income increases, households made eligible through the elimination of the net income test may qualify for little or no benefit.

- ¹⁶ The state-level caseload data for SNAP are publicly available from this webpage: <https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>.
- ¹⁷ The county-level caseload data for SNAP are publicly available from this webpage: <https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>.
- ¹⁸ For Alaska, we use FNS data on the number of individuals participating in SNAP in the state and multiply that by the distribution of households by county in order to estimate the number of individuals participating by county. This assumes that the distribution of households by county matches the distribution of participants by county.
- ¹⁹ The SNAP QC data file identifies people using the “homeless shelter deduction”; however, for this purpose, “homeless” is defined broadly, and could include people temporarily residing in someone else’s home. In the ACS, those individuals would be captured as part of a household.
- ²⁰ For example, in some states, people eligible for but not receiving SSI may also be eligible for Medicaid. We also estimated Medicaid eligibility based on “medically needy” criteria in some states.
- ²¹ Mathematica produced state participation rate estimates for people aged 60 and older in 2010 through 2012, and those estimates also showed wide variation. In 2012, participation rates for people aged 60 and older ranged from a low of 18 percent in California to a high of 63 percent in Vermont (Eslami, 2015). As with the national estimates, the state-level estimates produced by Mathematica for FNS reflect participation rates among people eligible for SNAP under federal eligibility rules and exclude eligible and participating people who are ineligible under the federal rules but are eligible for SNAP through state BBCE policies.
- ²² In a very small number of counties or county groups, the number of recipients according to the administrative data exceeded the number found eligible in the data, even when the county or county group met our minimum size standards for the computation of a rate; in these cases, we show a rate of 100 percent. This could occur due to issues related to sampling or weighting (if the weighted sample does not fully reflect the size or characteristics of the population aged 65 and older in an area, leading to eligibility being underestimated), or if there is some inaccuracy in the caseload data (for example, if the portion of the caseload in a particular place that lives in institutions is higher than the national-average figure, which would mean that our adjustment to remove institutionalized recipients from the caseload data was insufficient for that place).
- ²³ The 2018 SIPP includes Wave 1 of SIPP’s 2018 Panel. Detailed documentation of the 2018 SIPP panel is available on the Census Bureau’s webpage “2018 SIPP Data.”
- ²⁴ For people under age 65 not married to someone age 65 or older, the standard approach was used. Income and assets of people in this group could affect the eligibility estimates for people ages 65 and older in the case of the SNAP program, where the filing unit may include an entire family (rather than only on individual or couple, as is the case for SSI and MSP).
- ²⁵ See Figure 13 in DHHS, 2021. The participation rate labelled “adults aged 65 and up” in this publication applies to people 65 and over who are unmarried or married to a spouse ineligible for SSI. In contrast, the estimates for our analysis include all people aged 65 and over, including those eligible for SSI together with an eligible spouse.
- ²⁶ The 2016 ATTIS participation rate estimate for SNAP cannot be compared directly to the 2018 estimate. It did not include the imputation of asset values incorporated for this project. The current estimates also allow SNAP households with multiple families to form SNAP assistance units in a way that maximizes the household’s overall SNAP benefit, subject to SNAP rules that married couples must file for SNAP together and children must file with their parents. This refinement, which was not included in the 2016 ATTIS-based estimate, increases the number of people eligible for SNAP, leading to a lower participation rate estimate.
- ²⁷ The methods were not identical. The CPS ASEC estimate used a simpler approach to assessing asset values, inferring asset values from the level of asset-based incomes. This is less problematic for the CPS ASEC than

with the ASEC, because interest, dividends, and rental income are reported more completely in the CPS ASEC than is the case in the ACS.

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Paul Johnson is a senior research associate in the Income and Benefits Policy Center, with four decades of experience in the development and use of microsimulation models and in other quantitative analyses. While his policy focus has been on public health insurance, he has also studied cash and in-kind benefit programs for the low-income population (including SSI and others). Mr. Johnson also has extensive experience analyzing both government survey data (including the CPS, SIPP, ACS, and NHIS), and administrative data systems (such as SNAP QC and Medicare and Medicaid claims data).

STATEMENT OF INDEPENDENCE

The Urban Institute strives to meet the highest standards of integrity and quality in its research and analyses and in the evidence-based policy recommendations offered by its researchers and experts. We believe that operating consistent with the values of independence, rigor, and transparency is essential to maintaining those standards. As an organization, the Urban Institute does not take positions on issues, but it does empower and support its experts in sharing their own evidence-based views and policy recommendations that have been shaped by scholarship. Funders do not determine our research findings or the insights and recommendations of our experts. Urban scholars and experts are expected to be objective and follow the evidence wherever it may lead.



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