Estimation of National, State, and Substate Program Participation Rates for Adults 65 and Older, 2023

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

Ilham Dehry, Linda Giannarelli, Paul Johnson, and Lauren Simpson

Urban Institute

March 2026

national council on aging

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Acknowledgements

The work described in this report was funded by a grant from the US Department of Health and Human Services, Administration for Community Living.[1] The authors also acknowledge the National Council on Aging (NCOA) for their support of this work. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The authors greatly appreciate the contributions made to this work by numerous colleagues. Particular thanks are owed to Kerry Glova, our primary project officer at NCOA, for her guidance throughout the design and execution of this project. We also thank Kerry and Andy Stamp for their careful review of prior versions of this report, and we thank the staff in the Center for Economic Well-Being and the Research and Evaluation teams at NCOA for their input on the Benefits Participation Map. In addition, we thank Susan Silberman, the primary project officer on the 2018 Benefits Participation Map.

Turning to our Urban Institute colleagues, we owe thanks to Kyle Caswell for helpful discussion regarding eligibility for Medicare Savings Programs, and Katherine Hueston and Margaret Todd for research support. We also owe special thanks to Laura Wheaton and Katie Shantz for their work to estimate SNAP participation rates in the initial Benefits Participation Map.

The program eligibility estimates used in this analysis were developed using Urban's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model. We thank the funders who have supported the development of ATTIS, including the Robert Wood Johnson Foundation, the Annie E. Casey Foundation, and the MacArthur Foundation.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, the funders of this work, or any other funders.

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% of adults ages 65 and older who were eligible for benefits from the Supplemental Security Income (SSI) program in 2021 received those benefits, compared with an estimated participation rate of 62% among adults younger than 65 who were eligible for the program.[2]
- Another analysis found that in 2022, among people eligible for Supplemental Nutrition Assistance Program (SNAP) benefits through standard eligibility criteria, 55% of those age 60 and older participated, compared with 88% of all eligible individuals.[3]
- An analysis of earlier data estimated that 54% of people age 65 and older who were eligible for the Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLMB), or Qualifying Individual (QI) Medicare Savings Program (MSP) participated in 2013, compared with 83% of those age 18-64 (Niedzwiecki et al. 2025).

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 National Council on Aging (with support from the Administration for Community Living) funded the Urban Institute to develop program participation rates for three different programs: SSI, SNAP, and MSP. In earlier work (Giannarelli, Dehry, Shantz, Wheaton, and Johnson, 2024), rates were developed for 2018. This report focuses on the 2023 results but also provides some comparisons to the 2018 results.

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 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 participation rates estimated for 2018 used 2018 eligibility policies, and the 2023 rates use 2023 eligibility policies. More recent policies—in particular, changes in the SNAP program that were either established by the One Big Beautiful Bill Act or that could be an indirect consequence of that legislation—are not reflected in the estimates. (See Congressional Research Service, 2025, for an overview of the SNAP changes.)

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 American Community Survey (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 used in the analysis 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 eligibility figures, and therefore the estimated participation rates, could differ from the true rates.

- The ACS data are augmented to impute asset values (see Appendix B) and noncitizens' legal status. Each of these factors are necessary to determine eligibility for SSI, SNAP, and MSP. The imputations may introduce some uncertainty to the eligibility estimates.

- 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 where 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 and changes in program participation rates between 2018 and 2023. 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, state, and 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 limitations, 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.

In this section, 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. In most cases, the approaches used for the 2023 estimates are consistent with those used for the 2018 estimates; any deviations from the 2018 analysis are noted below. (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).[5] The ACS is a nationally representative household survey conducted by the U.S. Census Bureau that is one of the primary sources of demographic and economic information about the U.S. 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.

For purposes of the 2023 participation rate analysis, we enhanced our ability to produce high-quality substate estimates by combining the 2022 ACS data with the 2023 ACS data—doubling the sample size and reducing to some extent the uncertainty inherent in any set of estimates based on survey data. However, prior to combining the data, we made adjustments to three aspects of the 2022 data—the population weights, employment status, and income amounts—to better represent the conditions of 2023. For more information on these adjustments, see the technical appendix: "Are Young Adults Eligible for Safety Net Programs Receiving Benefits?" (Giannarelli et al. 2026). (For the 2018 participation rates analysis, we used only the 2018 ACS data.)

ACS Sample Size and Information Collected

The ACS surveys a different group of households in every month of the year, and 12 months of surveys conducted over a calendar year are combined to form each annual ACS data file. The 2022 and 2023 files released for public use each included information on over 1.3 million different households (not including individuals surveyed in group quarters); combined, the data we used for the analysis included almost 2.7 million households. (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 12 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, the information on income is not as detailed as in some other surveys. 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, with a single combined amount. Some people may not think about certain types of income if not asked specifically, or people may report dollars in the catch-all question that are not intended to be reported, such as withdrawals from savings.[7] Incomplete reporting of income could have some impact on the eligibility estimates and participation rates.

Due to the combined impact of the differences between the surveys, including reported income, the ACS and CPS ASEC may also differ in their poverty rate estimates. The difference in poverty rates was particularly pronounced for people age 65 and older in 2023. The Census Bureau's published poverty rates for people ages 65 and older were the same in 2018 and 2023 (9.7%) based on the CPS ASEC, compared with a 1.9 percentage point increase in the poverty rate for older adults in the ACS based estimates (11.3% in 2023 compared to 9.4% in 2018).[8] The higher poverty rate for older adults in the 2023 ACS data compared with the 2018 data may also translate to greater older adult eligibility in the 2023 ACS. Therefore, this difference should be kept in mind if comparing the new 2023 estimates with the prior 2018 estimates, or if comparing these ACS-based estimates with CPS-based estimates (see Appendix D for more on estimates using other models and survey data).

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. In those cases, we estimated eligibility and eligibility rates for groups of counties, as discussed in a later section of this report.

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 the 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.[10] (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 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 12 individual monthly estimates of eligibility, divided by 12.

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 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 noncitizens 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.[11]

Another item of information that affects whether noncitizens are eligible for certain benefit programs is whether they can be credited with 40 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 age 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.

As part of conducting the 2018 participation rate analysis (Giannarelli et al., 2024), 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 the imputation methods and the results for 2023. 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 2023 (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 are not generally 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 in those situations, 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 two 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.[12] 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% of their population in a single PUMA (with no other counties in the PUMA)*: If at least 85% of a county's population is in a PUMA that lies 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 we are using for that county's data do not represent all of the county population), we inflate the eligibility number in the PUMA to make up for the portion of the county's population outside the PUMA. For example, if a PUMA consists of 90% 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 eligibility estimate upward (dividing it by 90%) and then dividing the county's caseload number by the adjusted eligibility number for the PUMA.[13]

We also imposed a sample size restriction prior to computing county-specific rates, requiring 100 unweighted eligible people for SNAP and MSP, and 50 in the case of SSI. (The size requirements were determined in the 2018 analysis; requiring 100 unweighted eligible people in the case of SSI resulted in very few counties for which a rate could be calculated in the 2018 analysis.)[14] 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 people eligible for SSI. For example, consider contiguous PUMAs 100, 200, and 300. PUMA 100 includes 50% of County A and 50% 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 people eligible for SSI. In this case, we formed a single county group for counties A, B, and C containing 55 unweighted people eligible for SSI. 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 337 rates for specific counties and 483 rates for county groups, for a total of 820 substate estimates (in addition to the balance-of-state estimates).[15] In the case of the SNAP analysis, we were able to compute a somewhat larger number of substate rates—469 rates for individual counties and 473 for county groups, totaling 942—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, 929 substate rates were computed, including rates for 461 individual counties and 468 county groups. The precise county groupings in this analysis differ from the 2018 groupings due to changes in county and PUMA boundaries. 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 2023 population of people 65 and older in that place. This is referred to as "sampling variability."[16]

- 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 2023 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 or across different years of data may not represent true differences.

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 December 2023, 2.4 million people age 65 and over received federally administered SSI benefits. Of those, about 2% 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.[17] Participation rates were then computed for each county or county group by dividing the caseload figure by the eligibility estimate. The only substantial difference in our methods for estimating 2023 SSI participation rates, relative to the 2018 methods, is the fact that for 2023 we used two combined years of ACS data.[18]

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 age 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.[19]

- *Apply noncitizen requirements*: Eligibility for SSI is limited to U.S. citizens and certain lawfully present noncitizens. 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 2023 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. (See Appendix B for discussion of how we imputed asset values.)

- *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 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 age 66 is married to a person age 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 2023, the federal income guarantee was $914 for a one-person unit and $1,371 for a married couple in which both spouses qualify based on either age or disability. 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 age 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 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 age 65 and over. We obtained this information from the website for December 2023.

- *Percent of recipients age 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. About 2% of SSI recipients resided in Medicaid institutions in 2023.

Developing the caseload data needed for the analysis was straightforward. We started from the county-level counts of federally administered SSI recipients age 65 and over. The county level caseload data were nearly complete; in the few cases where the total number of SSI recipients was unavailable, we made minor adjustments to obtain the caseload data:

- In some states, data was missing for a single county. We estimated the caseload in that county by subtracting the sum of the county level caseloads from the state level caseload (published in a separate table).

- If data were missing for more than one county within a state, we used county population figures to redistribute the missing caseload proportionally across the counties with missing data.

We assumed the institutionalized recipients age 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 or people with disabilities; the program covers all ages and serves people with and without disabilities. Of the 39.8 million people eligible for and receiving SNAP benefits in the average month of 2023, the administrative data show that 5.5 million, or 14%, were age 65 or older.[20] 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 comprehensive 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.

Two aspects of the methods used for the 2023 SNAP participation rates vary from the methods we used for the 2018 estimates. First, we used two combined years of ACS data to support the eligibility estimates. Second, we used caseload data that had been adjusted (through Food and Nutrition Service procedures) to exclude people estimated to have received SNAP despite not being fully eligible.

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 2023 by applying the real-world rules of the program (in that year) to the information about people and families in the ACS data. 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). More recent policies—in particular, changes in the SNAP program that were either established by the One Big Beautiful Bill Act or that could be an indirect consequence of that legislation—are not reflected in the estimates (Congressional Research Service, 2025). 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 age 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 2023.

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 age 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 noncitizen requirements: Eligibility for SNAP is limited to US citizens and certain lawfully present noncitizens. 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 2023, the maximum permitted level of assets to be eligible for SNAP was $4,250 for units with at least one person who is age 60 or older or who has a disability, and $2,750 for other units. Some states used higher limits, and 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% 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 2023, the SNAP program's income limit of 100% of the poverty guidelines was equal to $1,133 per month for a one-person unit and $1,526 for a two-person unit, with increasing limits at larger unit sizes.[21] (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.[22] 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-one states and the District of Columbia had BBCE policies in effect at the beginning of fiscal year 2023 (United States Department of Agriculture, 2022). Most state BBCE programs had no asset test, and five had asset limits above the federal level. Some states require that households with a member age 60 or above or with a disability have gross income below 200% 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% of the unit's net monthly income from the maximum monthly allotment for the household size. The maximum monthly allotment in fiscal year 2023 was $281 for

a one-person household, $516 for a two-person household, and $740 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 one or two members were guaranteed a minimum benefit of $23. For assistance units with at least three people, 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 in eligible units. That includes some people who live alone, others who live with spouses, and others who live with (and apply for SNAP with) other individuals, such as adult children or unmarried partners. We count the average monthly numbers of people age 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 the following sources:

- *Caseload counts by state, for all ages and for those age 65 and over*: 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 total number of SNAP recipients in each state and recipients age 65 and older, making a small adjustment to the fiscal year 2023 SNAP QC estimates to reflect the calendar year. [23]

- *Caseload counts by county (all ages)*: County-level caseload data are obtained from multiple sources. We used these data to estimate the share of participants in each county and apply the county-level distributions to the state-level QC caseload estimates.

- *For states included in the FNS data*: County-level caseload figures are available for most counties from FNS, for specific months. We obtained these data for July 2023.[24] However, these data reflect all participants regardless of their age.

- *For states missing from FNS data*: Some states were not included in the county-level data available from FNS. We obtained county-level participation data for July 2023 from state websites or from state contacts for the following states: Alaska, Connecticut, Idaho, Illinois, Maine, Massachusetts, Minnesota, Missouri, Montana, Nebraska (for groups of ZIP codes), New York (for all of NYC as well as individual counties outside of NYC),

Utah, Vermont, Washington, and Wyoming. When data for 2023 were incomplete or unavailable, we used caseload data from a prior year to estimate the county-level participants in July 2023 in the following states: Hawaii, New Hampshire, Oregon, and Rhode Island. [25]

We then use these data to develop the 2023 county-level participant counts used for this analysis by: 1) computing the share of participants in each county according to the administrative data; and 2) multiplying the county-level distributions by the state-level QC caseload estimates. This additional step is necessary to ensure the total county-level recipients (all ages) sum to the actual estimated caseload in each state. The published SNAP QC estimates are modified to remove people receiving disaster assistance and to remove participants that received payments in error, and these adjustments result in some substantial differences between the QC data and the FNS administrative data. In the 50 states and D.C., the modified QC data estimate 40 million people participated in the SNAP program in the average month of FY 2023, compared to a total of 42.1 million recipients in the FNS administrative data. The 2.1 million difference in recipients is driven by several factors, including high payment error rates in certain states.[26] For example, in Alaska, 60% of payments in FY 2023 were made in error (nearly all errors were overpayments).[27] According to the state's administrative data, about 66,000 people received SNAP across Alaskan counties in July 2023, over double the 29,000 people estimated to be eligible for and participating in SNAP in the QC data. Our adjustments to align the county level data to the SNAP QC data allow the data to more accurately reflect the true eligible recipients in each state.

These data allowed estimation of national and state-level SNAP participation rates for all people combined, and for people 65 and over. With the adjustments described above, 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 age 65 and over in all states, either through unpublished data from FNS, or by direct requests to each state.

To enable estimation of county-specific SNAP participation rates for people age 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%, and the overall SNAP participation rate in county B was 70%, we estimated the participation rates for people age 65 and over to be 40% in county A and 35% in county B. This approach assumes that, across the different areas of a given state, 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.

Two additional points are important for interpreting the SNAP participation rates. First, we did not make any adjustments to exclude people not living in households from the SNAP caseload (such an adjustment, if made, would have been for consistency with the eligibility estimates, which include only people 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 accurately count these individuals.[28] 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. Second, unlike the administrative data used to compute the 2018 participation rates, the 2023 caseload data exclude people estimated to have received SNAP despite not being fully eligible. To the extent that states have a large share of ineligible recipients in 2023, the state and sub-state participation rates may appear substantially lower when compared to 2018. While this creates an inconsistency with the 2018 estimates, the adjustment to the 2023 caseload aligns with FNS's methods for computing participation rates and more accurately estimates the share of eligible older adults that receive SNAP.

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. Specific MSP programs include the Qualified Medicare Beneficiary (QMB) program, the Specified Low-Income Medicare Beneficiary (SLMB) program, and the Qualifying Individual (QI) program.[29] Income limits are lowest for the QMB program (100% of the poverty guidelines in most states), somewhat higher for the SLMB program (120% of poverty in most states), and highest for the QI program (135% of poverty in most states). Benefits vary by program, with the QMB program supporting the broadest range of Medicare-related costs.

We used ATTIS to estimate the numbers of people ages 65 and over eligible for QMB, SLMB, and QI. 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 MSP participants living in institutions.[30]

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 for enrolling in Medicare:* We based this criterion on the data on type of 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 simulated SSI status (because SSI receipt, and sometimes SSI eligibility, confers Medicaid eligibility) and other state Medicaid eligibility policies.[31]

- *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.

- *Obtain state-specific income limits*: The income limits vary by program and by state. Six states used income limits higher than the standard federal limits. Within these states, the highest limit ranged from 165% of the poverty guideline in Massachusetts to 300% in the District of Columbia.

- *Apply the income limits:* 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[32]). The data reflects the caseload as of December 2023. 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% of MSP recipients age 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. The same estimate of the share of institutionalized MSP participants was used to adjust the caseload data for the 2018 Benefits Participation Map.

Estimated Eligibility and Participation Rates, 2023

We computed and reviewed 2023 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 (This section focuses on the 2023 results; the next section compares the 2023 results with the estimates previously developed for 2018).

At the national level, the analysis shows that the rate of participation among people ages 65 and older is 39.5% for the SSI program, 37.7% for the SNAP program (including people eligible through broad-based categorical eligibility), and 49.1% among people eligible for an MSP benefit. Participation rates vary widely across states, and across substate areas 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 Benefits Participation Map, available on the NCOA website.

Supplemental Security Income (SSI) Estimates

National SSI Participation Rate

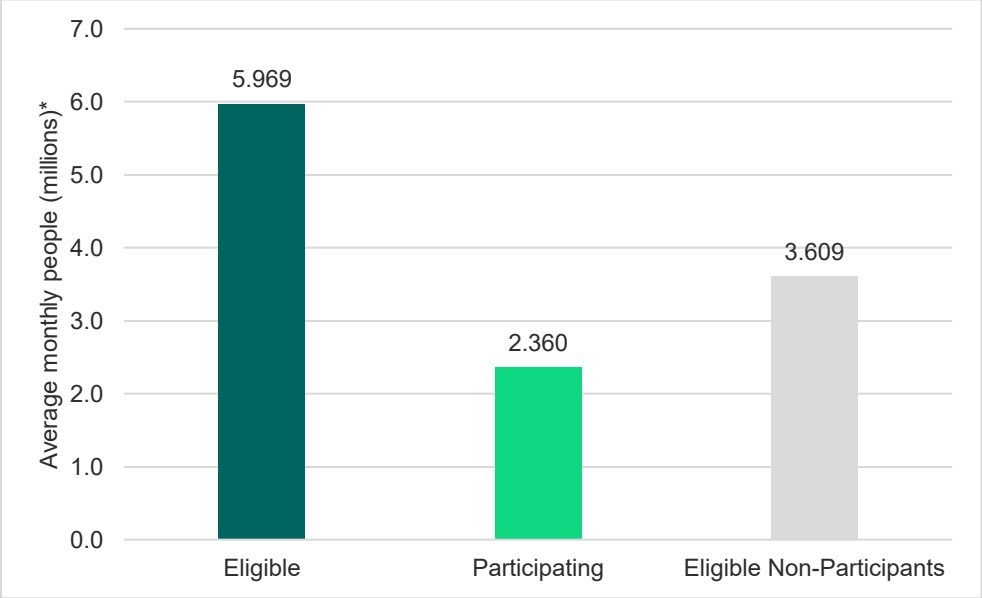
At the national level, the ACS data for 2023 show 5.969 million people in the household population age 65 and older who are eligible for federally administered SSI payments in the average month of the year (Figure 1). That number is 10.4% of the people 65 and older in the household population in 2023 according to the 2023 ACS.

We compare the estimated number of people eligible for SSI with the 2.36 million non-institutionalized people 65 and older receiving federally administered payments in December 2023 according to the program's administrative data, resulting in an estimated SSI participation rate for people 65 and older of 39.5%. Comparing the estimated number who are eligible with the actual caseload suggests that in 2023, 3.609 million people age 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 recent estimates published by the Department of Health and Human Services.)

Figure 1

SSI Eligibility and Enrollment, People Ages 65 and Older, 2023

Numbers are in millions



Sources: Eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using combined 2023 American Community Survey (ACS) data, and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, www.ipums.org. Caseload data were obtained 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 2023, 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, from 5,000 in Alaska to 1.177 million in California (Table 1), due to the large differences in state population. The numbers can be better understood in terms of the eligibility rates: the percentage of people age 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 5% in New Hampshire to highs of 14% in DC and New York and 19% in California (appendix Table A1). Eligibility rates may vary due to the incomes of a state's older residents—with lower eligibility rates in higher-income states—and 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 living in his or her own home by $221 per month in 2023, 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. New York also provides a relatively high state supplement of $87 for a single recipient in his or her own home. In contrast, DC does not provide a state supplement to SSI recipients in the

household population; DC's higher-than-average eligibility rate appears to be due to lower income levels among its older residents.

Comparing the eligibility figures with the state-level SSI caseload figures produces widely varying SSI participation rates, with three states having a state-level participation rate below 20% (New Hampshire, North Dakota, and Wyoming, with participation rates ranging from 16-19%), while two states show rates above 55%. Those states are Alaska (61%) and DC (58%) (Table 1 and Figure 2).

Table 1

SSI Eligibility and Enrollment by State for Ages 65 and Older, 2023

Numbers of persons are in thousands

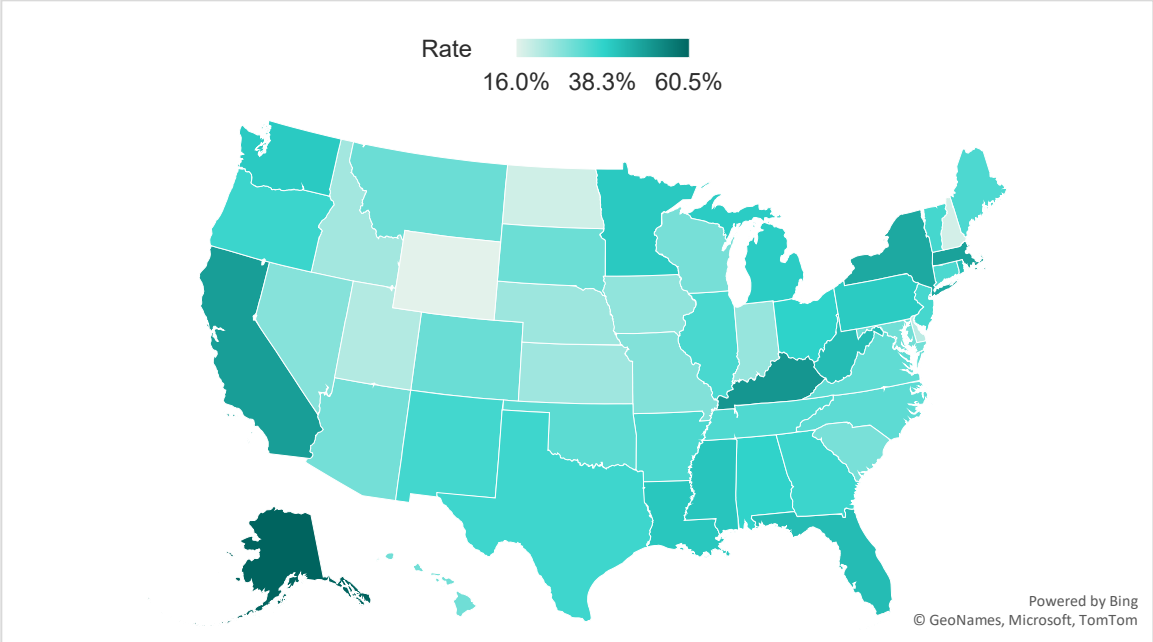
	Average monthly people 65 and older eligible for SSI	Average monthly people 65 and older participating in SSI	SSI participation rate (participating / eligible)	Average monthly number of eligible non-participants
Total 65+	5,969	2,360	39.5%	3,609
Alabama	80	31	38.0%	50
Alaska	5	3	60.5%	2
Arizona	118	35	29.7%	83
Arkansas	46	16	34.6%	30
California	1,177	574	48.8%	603
Colorado	67	21	30.9%	47
Connecticut	53	19	34.6%	35
Delaware	17	4	20.8%	13
D.C.	12	7	57.7%	5
Florida	533	229	42.8%	305
Georgia	174	64	36.6%	111
Hawaii	30	9	30.1%	21
Idaho	21	5	23.9%	16
Illinois	202	70	34.9%	131
Indiana	80	20	25.4%	59
Iowa	32	8	26.1%	24
Kansas	33	8	24.4%	25
Kentucky	66	33	50.4%	33
Louisiana	88	36	40.7%	52
Maine	19	6	34.5%	12
Maryland	103	31	29.9%	72
Massachusetts	119	57	48.1%	62
Michigan	151	60	39.6%	91
Minnesota	65	26	40.2%	39
Mississippi	58	24	41.1%	34
Missouri	84	23	27.9%	61

Montana	13	4	30.8%	9
Nebraska	23	6	24.6%	17
Nevada	62	17	27.4%	45
New Hampshire	14	3	18.0%	11
New Jersey	169	60	35.4%	109
New Mexico	47	17	35.6%	30
New York	485	226	46.7%	258
North Carolina	149	48	32.5%	100
North Dakota	9	2	18.5%	7
Ohio	161	61	38.2%	99
Oklahoma	53	17	32.6%	36
Oregon	61	22	36.6%	39
Pennsylvania	205	82	39.8%	123
Rhode Island	20	8	42.6%	11
South Carolina	85	25	29.1%	61
South Dakota	11	3	30.7%	8
Tennessee	101	35	34.2%	67
Texas	501	182	36.3%	319
Utah	28	6	21.9%	22
Vermont	8	3	35.4%	5
Virginia	116	37	32.2%	79
Washington	104	42	40.0%	62
West Virginia	31	13	42.8%	17
Wisconsin	72	21	29.3%	51
Wyoming	7	1	16.0%	6

Sources: Eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using combined 2023 American Community Survey (ACS) data, and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, **www.ipums.org**. Caseload data were obtained 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 2023, 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.

Figure 2

SSI Participation Rates by State, People Ages 65 and Older, 2023



Sources: Participation rates are computed with eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model, using combined 2023 American Community Survey (ACS) data, and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, **www.ipums.org**. Caseload data used in the calculations were obtained 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 in institutions and people who are eligible only for state-administered state supplements are not included.

In some regions of the country, most or all states have rates relatively close to the national average. For example, New Mexico, Texas, and Oklahoma all have rates ranging from 33-36%; and the adjacent states of Louisiana, Mississippi, Alabama, and Georgia all have rates ranging from 37-41%.

However, there are also some substantial differences in the SSI participation rates of neighboring states. For example, Kentucky has a higher-than-average participation rate (50%), while neighboring Tennessee's rate is close to the national average, at 34%. Montana and neighboring Wyoming both show below-average rates, but Montana's rate (31%) is substantially higher than Wyoming's (16%).

SSI Estimates for County and Country Groups

Using the methods described earlier in this report, we computed substate SSI participation rates for 837 substate areas—including 337 counties that could be individually identified in the data and that also provided sufficient sample for a reliable estimate, 17 balance of state groups, and 483 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 was one state—Alaska—for which it was

not possible to compute any substate rates (Also, DC had no substate rates because it has no county subdivisions). Across the 49 states for which we were able to compute *multiple* substate SSI participation rates, the number of unique substate rates per state varied from two (in New Hampshire and Wyoming) to 66 (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 41 counties and county groups for which SSI participation rates were computed in California, the estimates ranged from 17% in Nevada and Sierra Counties to 70% in San Francisco County, showing a very wide range relative to the statewide participation rate estimate of 49%.

Table 2

SSI Substate Participation Rates for People 65 and Older, 2023

	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	39.5%	837	3	102	266	270	122	45	23	1	4	1
Alabama	38.0%	22	0	1	4	8	7	2	0	0	0	0
Alaska	60.5%	--	--	--	--	--	--	--	--	--	--	--
Arizona	29.7%	10	0	2	3	3	1	0	1	0	0	0
Arkansas	34.6%	15	0	1	4	5	4	0	1	0	0	0
California	48.8%	41	0	1	5	11	11	9	4	0	0	0
Colorado	30.9%	9	0	1	5	2	1	0	0	0	0	0
Connecticut	34.6%	8	0	1	2	3	2	0	0	0	0	0
Delaware	20.8%	3	0	2	1	0	0	0	0	0	0	0
D.C.	57.7%	--	--	--	--	--	--	--	--	--	--	--
Florida	42.8%	37	0	9	13	12	2	0	0	0	1	0
Georgia	36.6%	40	0	1	9	18	8	3	1	0	0	0
Hawaii	30.1%	3	0	0	2	1	0	0	0	0	0	0
Idaho	23.9%	5	0	2	3	0	0	0	0	0	0	0
Illinois	34.9%	27	0	9	7	10	1	0	0	0	0	0
Indiana	25.4%	22	0	7	9	6	0	0	0	0	0	0
Iowa	26.1%	11	0	4	5	1	1	0	0	0	0	0
Kansas	24.4%	8	0	3	3	2	0	0	0	0	0	0
Kentucky	50.4%	21	0	0	3	4	4	6	2	0	1	1
Louisiana	40.7%	21	0	0	2	7	7	4	1	0	0	0
Maine	34.5%	6	0	0	1	5	0	0	0	0	0	0
Maryland	29.9%	14	0	5	5	2	2	0	0	0	0	0
Massachusetts	48.1%	10	0	1	0	1	5	1	1	1	0	0

Michigan	39.6%	29	0	3	8	14	3	0	1	0	0	0
Minnesota	40.2%	16	0	3	8	2	1	1	0	0	1	0
Mississippi	41.1%	17	0	0	3	6	4	3	1	0	0	0
Missouri	27.9%	23	1	4	9	7	2	0	0	0	0	0
Montana	30.8%	4	0	0	1	3	0	0	0	0	0	0
Nebraska	24.6%	6	0	1	5	0	0	0	0	0	0	0
Nevada	27.4%	4	0	2	2	0	0	0	0	0	0	0
New Hampshire	18.0%	2	0	2	0	0	0	0	0	0	0	0
New Jersey	35.4%	17	0	2	5	5	5	0	0	0	0	0
New Mexico	35.6%	9	0	0	3	4	1	0	1	0	0	0
New York	46.7%	31	0	0	8	14	8	1	0	0	0	0
North Carolina	32.5%	37	0	2	13	14	4	4	0	0	0	0
North Dakota	18.5%	3	0	1	2	0	0	0	0	0	0	0
Ohio	38.2%	34	0	3	13	10	4	2	2	0	0	0
Oklahoma	32.6%	15	0	0	7	4	4	0	0	0	0	0
Oregon	36.6%	14	0	2	1	9	1	1	0	0	0	0
Pennsylvania	39.8%	35	0	3	12	12	4	1	3	0	0	0
Rhode Island	42.6%	3	0	0	2	0	0	1	0	0	0	0
South Carolina	29.1%	21	0	2	10	7	1	1	0	0	0	0
South Dakota	30.7%	4	0	1	1	1	1	0	0	0	0	0
Tennessee	34.2%	28	0	1	9	14	2	1	1	0	0	0
Texas	36.3%	66	1	4	29	19	9	2	2	0	0	0
Utah	21.9%	7	0	5	1	1	0	0	0	0	0	0
Vermont	35.4%	3	0	0	1	1	1	0	0	0	0	0
Virginia	32.2%	27	0	4	9	11	2	1	0	0	0	0
Washington	40.0%	18	0	1	5	7	5	0	0	0	0	0
West Virginia	42.8%	10	0	1	1	3	2	1	1	0	1	0
Wisconsin	29.3%	19	0	5	11	1	2	0	0	0	0	0
Wyoming	16.0%	2	1	0	1	0	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 combined 2023 American Community Survey (ACS) data, and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, www.ipums.org. Caseload data were obtained from the Social Security Administration.
Note: The estimates apply to people living in households who are eligible for or receiving federally administered SSI payments; people in institutions and people who are eligible only for state-administered state supplements are not included.

Across all counties and county groups in the 49 states where substate SSI participation rates could be computed, the estimated participation rates range from 10% to 96%. 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 for people age 65 and older were:

- Parker County, Texas (10%)
- Jefferson County, Missouri (10%)
- Martin County, Florida (12%)
- Sumter County, Florida (12%)
- Kent County, Delaware (13%)

The five counties with the highest estimated rates were:

- Miami-Dade County, Florida (88%)
- Ramsey County, Minnesota (83%)
- Hampden County, Massachusetts (70%)
- San Francisco County, California (70%)
- Suffolk County, Massachusetts (66%)

The lists illustrate the presence of within-state variation. In particular, Florida, with a state-level SSI participation rate close to the national average rate, includes two 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. Minnesota, which has a statewide rate very close to the national average, has one county participation rate in the highest five. Among the states with a county in the top five, California has the highest statewide rate relative to the national average.

Supplemental Nutrition Assistance Program (SNAP) Estimates

National SNAP Participation Rate

Our eligibility methods applied to the 2023 ACS data suggest that there were 14.637 million people 65 or older eligible for SNAP in the average month of the year—a number which is 25% of all people ages 65 and over in the household population in the 2023 ACS. This estimate includes

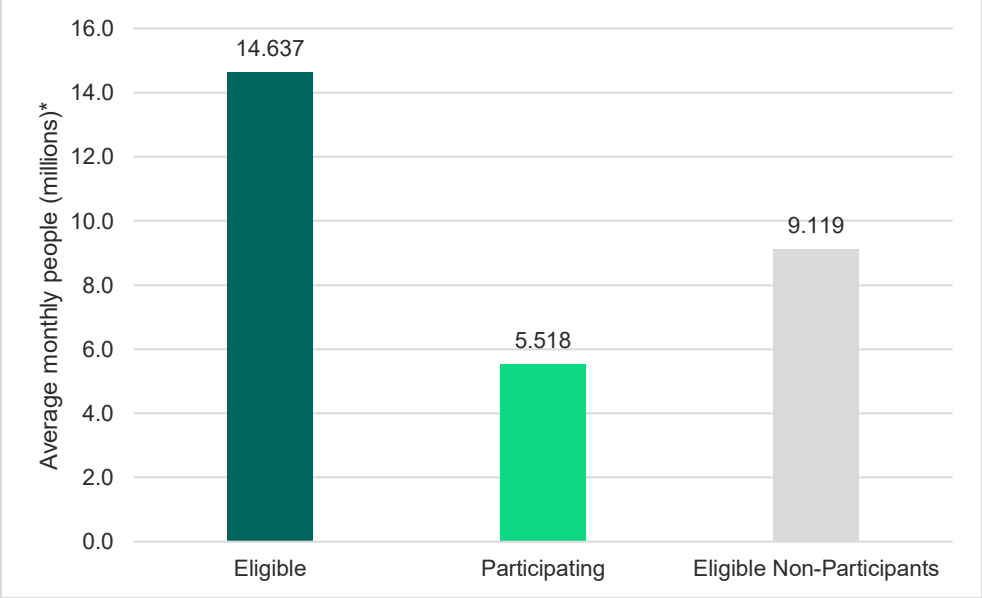
people who would not qualify for the program under standard rules, but who do qualify under broad-based categorical eligibility (BBCE) policies in their state.

We compare the estimated number of people eligible for SNAP with the 5.518 million people ages 65 and over receiving SNAP in the average month of 2023 according to the SNAP caseload data. This produces a national level participation rate of 37.7%—a slightly 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 2023, 9.119 million people age 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, 2023

Numbers are in millions



Sources: Eligibility estimates used to compute participation rates obtained from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using combined 2023 American Community Survey (ACS) data and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, **www.ipums.org**.Caseload data used in the calculations were obtained 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 the average month of the year. 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 11,000 in Alaska and Wyoming to 1.9 million in California (Table 3). The SNAP eligibility rate (the percentage of all people age 65 and over who appear to have been eligible in the average month of 2023) ranges from a low of 10% in both Utah and Wyoming to a high of 34% in 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 rate is 13% in Wyoming.[33] The highest estimated SNAP participation rates for people 65 and older are in Massachusetts (60%) and DC (66%).

Table 3

SNAP Eligibility and Enrollment by State for Ages 65 and Older, 2023

Numbers of people 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+	14,637	5,518	37.7%	9,119
Alabama	180	73	40.3%	107
Alaska	11	3	29.5%	8
Arizona	343	92	26.7%	251
Arkansas	81	19	23.6%	62
California	1,888	1,033	54.7%	855
Colorado	222	62	27.7%	160
Connecticut	163	67	41.3%	96
Delaware	45	12	27.5%	33
D.C.	26	17	65.9%	9
Florida	1,454	523	36.0%	931
Georgia	510	149	29.3%	360
Hawaii	83	25	29.6%	58
Idaho	38	12	30.8%	27
Illinois	590	264	44.6%	327
Indiana	138	38	27.3%	101
Iowa	109	21	19.0%	88
Kansas	54	15	28.3%	38
Kentucky	152	50	33.1%	102
Louisiana	174	71	40.7%	103
Maine	88	26	29.9%	62
Maryland	247	84	33.9%	163
Massachusetts	274	164	59.7%	110
Michigan	512	150	29.3%	362
Minnesota	239	49	20.5%	190
Mississippi	94	29	30.8%	65

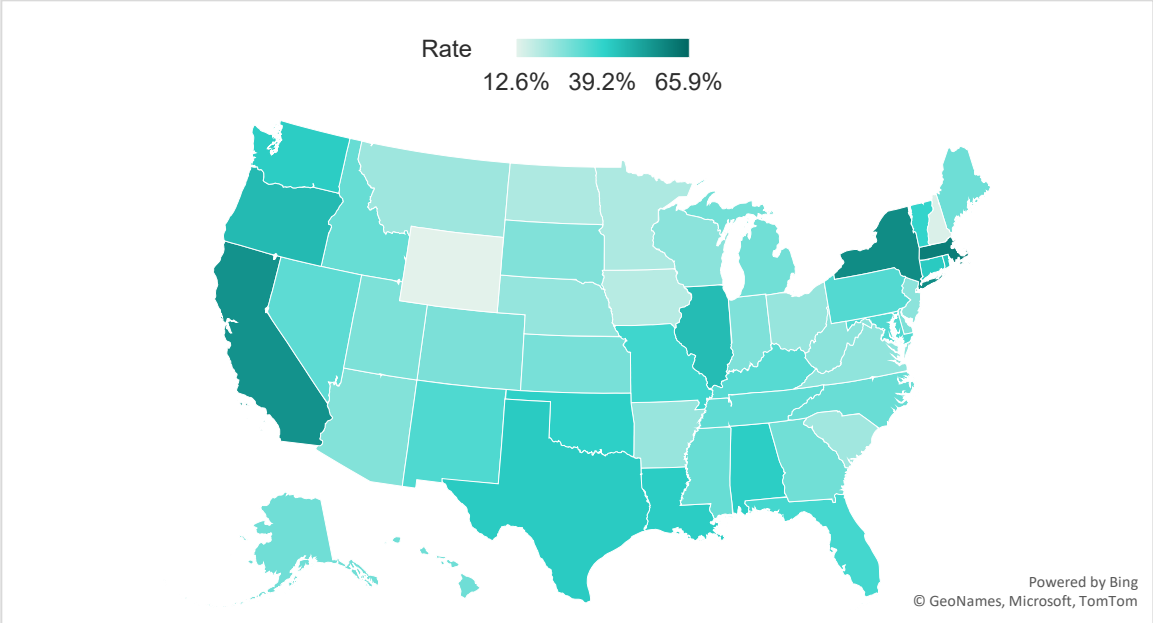
Missouri	144	53	36.7%	91
Montana	41	9	22.8%	31
Nebraska	50	12	24.0%	38
Nevada	156	50	32.3%	106
New Hampshire	62	9	13.9%	53
New Jersey	385	98	25.4%	287
New Mexico	112	39	34.3%	74
New York	1,110	625	56.3%	484
North Carolina	564	172	30.6%	391
North Dakota	21	4	20.4%	17
Ohio	601	143	23.7%	459
Oklahoma	117	47	39.9%	70
Oregon	213	97	45.2%	117
Pennsylvania	720	244	33.8%	476
Rhode Island	59	25	42.9%	34
South Carolina	298	66	22.2%	231
South Dakota	21	6	27.0%	15
Tennessee	175	56	32.0%	119
Texas	894	369	41.2%	525
Utah	41	11	27.6%	30
Vermont	34	13	38.5%	21
Virginia	366	91	24.8%	275
Washington	311	126	40.6%	185
West Virginia	127	32	25.4%	95
Wisconsin	289	74	25.5%	216
Wyoming	11	1	12.6%	10

Sources: Eligibility estimates used to compute participation rates obtained from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using combined 2023 American Community Survey (ACS) data and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, **www.ipums.org**. Participation estimates used in the calculations were obtained from the Food and Nutrition Service and state sources.

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 the average month of the year. People eligible for SNAP solely through broad-based categorical eligibility policies are included in both the eligibility data and the caseload data

Figure 4

SNAP Participation Rates by State, People Ages 65 and Older, 2023



Sources: Participation rates are computed with eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model, using combined 2023 American Community Survey (ACS) data, and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, **www.ipums.org**. Caseload data used in the calculations were obtained 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; people in institutions are not included.

As was also the case with SSI, there are some cases of neighboring states having similar participation rates. For example, Nevada and Idaho are both estimated to have a SNAP participation rate between 31% and 32%; and Louisiana, Texas, and Oklahoma all have rates between 40% and 41%. However, there are also numerous examples of neighboring states with quite different rates. For example, New Hampshire has one of the lowest rates, at 14%, while in neighboring Massachusetts the SNAP participation rate among people 65 and older appears to be 60%.

SNAP Estimates for Counties and County Groups

In the case of the SNAP program, we computed substate participation rates for 974 areas—including 469 individual counties, 32 balance of state groups, and 473 county groups, each composed of multiple counties (These numbers are 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 two (in New Hampshire) 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 41%, the substate rates range from 6% in Williamson County to 58% in Cameron County.

Table 4

SNAP Substate Participation Rates for People 65 and Older, 2023

	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	37.7%	974	9	121	339	290	145	52	13	5	0	0
Alabama	40.3%	23	0	0	3	9	9	2	0	0	0	0
Alaska	29.5%	4	0	2	1	0	0	1	0	0	0	0
Arizona	26.7%	10	0	1	7	2	0	0	0	0	0	0
Arkansas	23.6%	17	0	3	13	1	0	0	0	0	0	0
California	54.7%	41	0	0	0	3	12	15	8	3	0	0
Colorado	27.7%	11	0	2	7	1	1	0	0	0	0	0
Connecticut	41.3%	9	0	0	1	5	2	1	0	0	0	0
Delaware	27.5%	3	0	1	0	2	0	0	0	0	0	0
D.C.	65.9%	--	--	--	--	--	--	--	--	--	--	--
Florida	36.0%	41	0	3	14	19	4	1	0	0	0	0
Georgia	29.3%	48	0	4	22	21	1	0	0	0	0	0
Hawaii	29.6%	3	0	0	2	1	0	0	0	0	0	0
Idaho	30.8%	6	0	0	4	1	1	0	0	0	0	0
Illinois	44.6%	29	0	0	0	10	15	4	0	0	0	0
Indiana	27.3%	36	0	6	23	7	0	0	0	0	0	0
Iowa	19.0%	21	0	16	5	0	0	0	0	0	0	0
Kansas	28.3%	11	0	1	7	3	0	0	0	0	0	0
Kentucky	33.1%	28	0	1	10	14	3	0	0	0	0	0
Louisiana	40.7%	23	0	0	1	8	11	3	0	0	0	0
Maine	29.9%	6	0	0	3	3	0	0	0	0	0	0
Maryland	33.9%	16	0	1	4	8	2	0	1	0	0	0
Massachusetts	59.7%	10	0	0	0	0	1	4	3	2	0	0
Michigan	29.3%	33	0	3	22	8	0	0	0	0	0	0

Minnesota	20.5%	21	0	12	9	0	0	0	0	0	0	0
Mississippi	30.8%	19	0	0	9	10	0	0	0	0	0	0
Missouri	36.7%	28	0	0	7	16	3	2	0	0	0	0
Montana	22.8%	7	1	1	4	1	0	0	0	0	0	0
Nebraska	24.0%	10	0	4	5	1	0	0	0	0	0	0
Nevada	32.3%	4	0	0	3	1	0	0	0	0	0	0
New Hampshire	13.9%	2	0	2	0	0	0	0	0	0	0	0
New Jersey	25.4%	19	0	8	4	7	0	0	0	0	0	0
New Mexico	34.3%	9	0	0	2	7	0	0	0	0	0	0
New York	56.3%	30	0	0	1	5	16	7	1	0	0	0
North Carolina	30.6%	40	0	1	17	18	4	0	0	0	0	0
North Dakota	20.4%	6	0	4	2	0	0	0	0	0	0	0
Ohio	23.7%	43	0	12	29	2	0	0	0	0	0	0
Oklahoma	39.9%	21	0	0	3	10	8	0	0	0	0	0
Oregon	45.2%	14	0	0	0	5	5	4	0	0	0	0
Pennsylvania	33.8%	32	0	1	11	17	3	0	0	0	0	0
Rhode Island	42.9%	4	0	0	0	3	1	0	0	0	0	0
South Carolina	22.2%	17	0	2	14	1	0	0	0	0	0	0
South Dakota	27.0%	5	0	0	4	1	0	0	0	0	0	0
Tennessee	32.0%	35	2	4	11	14	4	0	0	0	0	0
Texas	41.2%	71	5	4	6	22	26	8	0	0	0	0
Utah	27.6%	9	0	3	4	2	0	0	0	0	0	0
Vermont	38.5%	4	0	0	0	3	1	0	0	0	0	0
Virginia	24.8%	30	0	8	16	6	0	0	0	0	0	0
Washington	40.6%	20	0	0	1	8	11	0	0	0	0	0
West Virginia	25.4%	12	0	0	10	2	0	0	0	0	0	0
Wisconsin	25.5%	28	0	7	18	2	1	0	0	0	0	0
Wyoming	12.6%	5	1	4	0	0	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 combined 2023 American Community Survey (ACS) data, and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, **www.ipums.org**. Participation estimates used in the calculations were obtained from the Food and Nutrition Service and state sources.
Note: People eligible for SNAP solely through broad-based categorical eligibility policies are included in both the eligibility data and the caseload data; people in institutions are not included.

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 6% to 75%. 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 places showing the lowest estimated SNAP participation rates for people age 65 and older were:

- Williamson County, Texas (6%)
- Tom Green County, Texas (6%)
- Gallatin County, Montana (8%)
- Travis County, Texas (8%)
- Maury County, Tennessee (8%)

The five counties with the highest estimated rates were:

- Imperial County, California (75%)
- Hampden County, Massachusetts (74%)
- Tulare County, California (72%)
- Berkshire County, Massachusetts (71%)
- Humboldt County, California (70%)

As with SSI, these results indicate variation within some states. For example, Texas, with a state-level SNAP participation rate just above the national average rate, includes four of the counties in the list of the five lowest county rates. Some other states have consistently average or high participation rates across the state: Massachusetts and California are the only two states represented in top five list of county-specific rates, and the two states have some of the highest statewide participation rates (DC has the highest SNAP participation rate but does not have any substate areas). All counties in Massachusetts have participation rates substantially higher than the national average, and California contains only three unique counties with below average participation rates.

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 estimated caseload of people 65 and older).

Medicare Savings Programs (MSP) Estimates

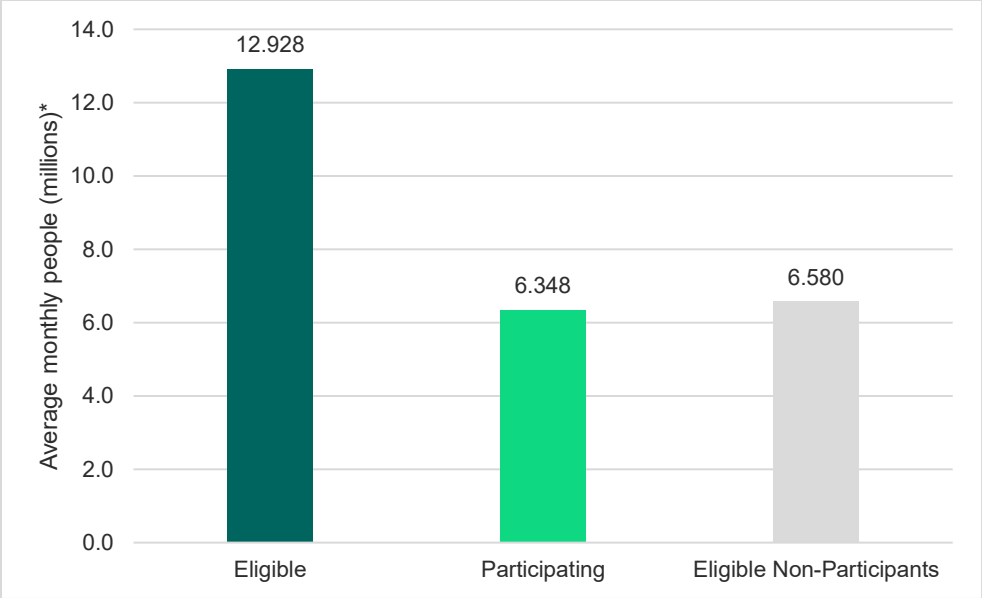
National MSP Participation Rate

At the national level, the ACS data for 2023 show 12.928 million people in the household population age 65 and older who are eligible for a Medicare Savings Program, or MSP (figure 5). That number is 23% of all of the people 65 and older in the household population in 2023 according to the 2023 ACS—lower than the 25% eligibility rate for SNAP, but much higher than the 10% of people age 65 and older who are eligible for SSI.

We compare the estimated number of people eligible for MSP with the 6.348 million non-institutionalized people age 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 49.1%. Comparing the estimated number who are eligible with the actual caseload suggests that in 2023, 6.58 million people age 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, 2023
Numbers are in millions



Sources: Eligibility estimates used to compute participation rates obtained from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using combined 2023 American Community Survey (ACS) data and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, **www.ipums.org**. Caseload data used in the calculations were obtained from the Centers 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 2023 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 16,000 in Alaska to 1.7 million in California (Table 5). Comparing these numbers to the states' populations of people 65 and older shows MSP eligibility rates ranging from 12% in New Hampshire to 50% 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 2023 was set at 300% of the poverty guidelines, which was a higher limit than in any other place.

The state-level MSP participation rates for people age 65 and older vary widely across the country. Wyoming has the lowest estimated participation rate (17%). At the opposite extreme, an estimated 68% of eligible older adults participated in MSP in California (Table 5 and Figure 6).

Table 5

MSP Eligibility and Enrollment by State for Ages 65 and Older, 2023
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

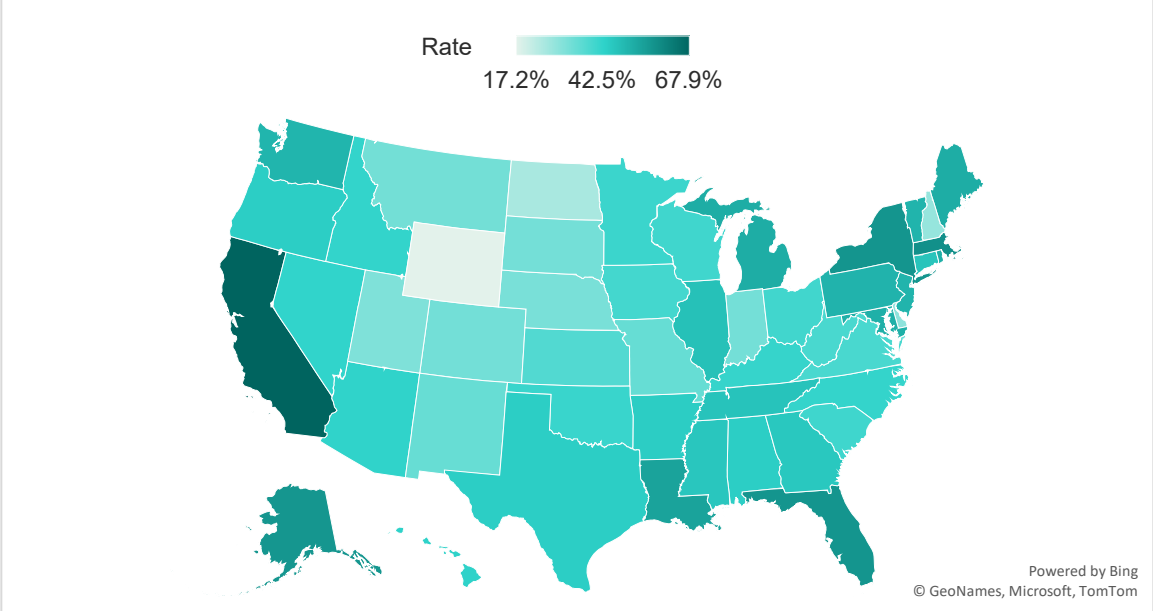
Total 65+	12,928	6,348	49.1%	6,580
Alabama	252	110	43.7%	142
Alaska	16	9	56.6%	7
Arizona	335	142	42.2%	194
Arkansas	127	56	43.9%	71
California	1,674	1,136	67.9%	538
Colorado	152	50	32.8%	102
Connecticut	284	131	46.0%	153
Delaware	41	12	29.1%	29
D.C.	43	17	38.9%	26
Florida	1,082	613	56.6%	469
Georgia	385	174	45.1%	212
Hawaii	69	30	42.7%	40
Idaho	55	23	41.8%	32
Illinois	386	180	46.7%	205
Indiana	316	103	32.7%	212
Iowa	82	32	39.5%	50
Kansas	72	27	37.4%	45
Kentucky	174	72	41.5%	102
Louisiana	238	127	53.6%	110
Maine	98	50	51.3%	48
Maryland	190	96	50.6%	94
Massachusetts	298	172	57.8%	126
Michigan	300	154	51.2%	146
Minnesota	134	54	40.7%	79
Mississippi	166	75	45.4%	91
Missouri	210	73	34.8%	137
Montana	33	11	32.9%	22
Nebraska	48	15	32.0%	33
Nevada	121	51	42.1%	70
New Hampshire	34	10	27.9%	25
New Jersey	305	151	49.6%	154
New Mexico	120	41	34.5%	78
New York	1,126	639	56.7%	487
North Carolina	385	161	41.7%	225
North Dakota	20	5	25.4%	15
Ohio	389	155	39.8%	234
Oklahoma	137	56	41.0%	81
Oregon	189	83	43.7%	107
Pennsylvania	465	231	49.7%	234
Rhode Island	39	20	50.8%	19
South Carolina	209	84	40.2%	125
South Dakota	29	9	32.7%	19
Tennessee	263	121	46.2%	141
Texas	988	431	43.7%	556

Utah	51	16	31.2%	35
Vermont	27	13	49.7%	13
Virginia	262	101	38.7%	160
Washington	265	131	49.5%	134
West Virginia	69	27	38.7%	42
Wisconsin	157	63	40.0%	94
Wyoming	17	3	17.2%	14

Sources: Eligibility estimates used to compute participation rates obtained from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using combined 2023 American Community Survey (ACS) data and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, **www.ipums.org**. Participation estimates used in the calculations were obtained 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 2023 and were adjusted to exclude people in institutions.

Figure 6

MSP Participation Rates by State, People Ages 65 and Older, 2023



Sources: Participation rates are computed with eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model, using combined 2023 American Community Survey (ACS) data, and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, **www.ipums.org**. Caseload data used in the calculations were obtained from the Centers for Medicare and Medicaid Services.
Note: People living in institutions are not included.

Although the state with the highest MSP participation rate is on the west coast, states in all regions of the country had rates substantially above the national average, including Massachusetts (58%) and Alaska, Florida, and New York (all 57%).

MSP Estimates for Counties and County Groups

Following the methods described earlier in this report, we computed substate participation rates for 962 substate areas—including 461 counties that could be individually identified in the data and that also provided sufficient sample for a reliable estimate, 33 balance of state groups, and 468 county groups, each composed of multiple counties. It was possible to compute substate rates for the MSP program for every state; DC had no substate rates because it has no county subdivisions. Across the states, the number of unique rates per state varied from 2 (in New Hampshire) to 71 (in Texas) (Table 6).

The data show there can be large differences in estimated participation rates across different areas of a state. For example, across the 41 counties and substate areas for which MSP participation rates were computed in Florida, the estimates ranged from 26% in Sumter County to 91% in Miami-Dade County, showing a very wide range relative to the statewide participation rate estimate of 57% (Table 6).

Table 6

MSP Substate Participation Rates for People 65 and Older, 2023

	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	49.1%	962	8	100	292	340	151	51	15	3	2	0
Alabama	43.7%	23	0	1	6	10	5	1	0	0	0	0
Alaska	56.6%	4	0	0	0	1	2	0	1	0	0	0
Arizona	42.2%	10	0	0	4	3	1	1	1	0	0	0
Arkansas	43.9%	17	0	0	6	8	3	0	0	0	0	0
California	67.9%	41	0	0	1	4	11	14	7	3	1	0
Colorado	32.8%	11	1	1	7	2	0	0	0	0	0	0
Connecticut	46.0%	9	0	0	2	4	3	0	0	0	0	0
Delaware	29.1%	3	0	3	0	0	0	0	0	0	0	0
D.C.	38.9%	--	--	--	--	--	--	--	--	--	--	--
Florida	56.6%	41	0	3	10	14	9	3	1	0	1	0
Georgia	45.1%	48	0	4	8	16	17	3	0	0	0	0
Hawaii	42.7%	3	0	0	0	3	0	0	0	0	0	0
Idaho	41.8%	6	0	0	3	2	1	0	0	0	0	0
Illinois	46.7%	28	0	0	10	9	7	2	0	0	0	0
Indiana	32.7%	36	0	15	16	5	0	0	0	0	0	0
Iowa	39.5%	19	0	2	10	6	1	0	0	0	0	0
Kansas	37.4%	9	0	3	2	4	0	0	0	0	0	0
Kentucky	41.5%	28	0	3	11	9	4	1	0	0	0	0
Louisiana	53.6%	23	0	0	1	8	8	5	1	0	0	0
Maine	51.3%	6	0	0	0	2	2	2	0	0	0	0
Maryland	50.6%	16	0	0	3	7	2	4	0	0	0	0
Massachusetts	57.8%	10	0	0	0	2	6	1	1	0	0	0
Michigan	51.2%	33	0	2	5	15	9	2	0	0	0	0

Minnesota	40.7%	17	0	1	11	4	1	0	0	0	0	0
Mississippi	45.4%	19	0	1	3	12	1	2	0	0	0	0
Missouri	34.8%	28	1	6	14	7	0	0	0	0	0	0
Montana	32.9%	6	0	2	3	1	0	0	0	0	0	0
Nebraska	32.0%	10	0	5	5	0	0	0	0	0	0	0
Nevada	42.1%	4	0	0	3	1	0	0	0	0	0	0
New Hampshire	27.9%	2	0	2	0	0	0	0	0	0	0	0
New Jersey	49.6%	19	0	0	1	11	7	0	0	0	0	0
New Mexico	34.5%	9	0	1	6	2	0	0	0	0	0	0
New York	56.7%	30	0	0	3	15	9	3	0	0	0	0
North Carolina	41.7%	40	0	1	15	17	7	0	0	0	0	0
North Dakota	25.4%	5	0	5	0	0	0	0	0	0	0	0
Ohio	39.8%	43	0	6	23	12	2	0	0	0	0	0
Oklahoma	41.0%	21	0	1	9	10	1	0	0	0	0	0
Oregon	43.7%	14	0	0	5	5	4	0	0	0	0	0
Pennsylvania	49.7%	32	0	1	7	17	4	2	1	0	0	0
Rhode Island	50.8%	4	0	1	1	1	1	0	0	0	0	0
South Carolina	40.2%	17	0	1	6	8	2	0	0	0	0	0
South Dakota	32.7%	5	0	2	2	1	0	0	0	0	0	0
Tennessee	46.2%	35	0	1	6	22	6	0	0	0	0	0
Texas	43.7%	71	1	8	31	24	1	4	2	0	0	0
Utah	31.2%	9	0	4	4	1	0	0	0	0	0	0
Vermont	49.7%	4	0	0	0	1	3	0	0	0	0	0
Virginia	38.7%	30	0	5	14	9	2	0	0	0	0	0
Washington	49.5%	20	0	1	2	10	6	1	0	0	0	0
West Virginia	38.7%	12	0	0	7	3	2	0	0	0	0	0
Wisconsin	40.0%	27	1	7	6	12	1	0	0	0	0	0
Wyoming	17.2%	5	4	1	0	0	0	0	0	0	0	0

Sources: Eligibility estimates used to compute participation rates obtained from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using combined 2023 American Community Survey (ACS) data and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, www.ipums.org. Participation estimates used in the calculations were obtained from the Centers for Medicare and Medicaid Services (CMS).
Note: The data exclude people living in institutions.

Across all counties and county groups in the states where MSP participation rates could be computed, the estimated participation rates range from 13% to 100%.[34] 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 counties showing the lowest estimated MSP participation rates (estimated at no higher than 21%) were:

- Platte County, Missouri (13%)
- Laramie County, Wyoming (17%)
- Randall County, Texas (20%)
- Davis County, Utah (20%)
- Brunswick County, North Carolina (21%)
- St. Charles County, Missouri (21%)

The five counties with the highest estimated rates were:

- Imperial County, California (100%)
- Miami-Dade County, Florida (91%)
- San Francisco County, California (86%)
- Tulare County, California (86%)
- Fresno County, California (82%)

The two states with counties in the top five list are also the states with some of the highest state-level MSP participation rates for people age 65 and older. Four of the five counties with top five rates are in California, which has the highest statewide MSP participation rate. The states with counties on the low-end list all have below-average statewide rates, but there is considerable variability even across these states. Participation rates for these states range from 17% in Wyoming (substantially below the national average) to 44% in Texas.

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 California, 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 median (red), low relative to the median (blue), or close to the median (white), with darker colors indicating a larger difference from the median. There are also several states that have consistently lower-than-median participation rates. In North Dakota, New Hampshire, and Wyoming, all three rates are quite far below the median. In Colorado, Georgia, North Carolina, Tennessee, and Virginia, all three rates are at least somewhat below the median. All of the other states show different relationships to the median for different programs. For example, DC has relatively high SSI and SNAP participation rates but a rate below the median for MSP; and Missouri has an average SNAP participation rate but relatively low rates for SSI and MSP. As another example, Alaska has a very low SNAP participation rate for this population, but high SSI and MSP participation rates.

Table 7

State-Level Participation Rates for Ages 65 and Older, 2023, for SSI, SNAP, and MSP

Note regarding shading: Within each column, red indicates above-median, blue indicates below median, and white indicates median. Darker reds and blues indicate greater deviations from the median.

	SSI participation rate	SNAP participation rate	MSP participation rate
Total 65+	**39.5%**	**37.7%**	**49.1%**
Alabama	38.0%	40.3%	43.7%
Alaska	60.5%	29.5%	56.6%
Arizona	29.7%	26.7%	42.2%
Arkansas	34.6%	23.6%	43.9%
California	48.8%	54.7%	67.9%
Colorado	30.9%	27.7%	32.8%
Connecticut	34.6%	41.3%	46.0%
Delaware	20.8%	27.5%	29.1%
D.C.	57.7%	65.9%	38.9%
Florida	42.8%	36.0%	56.6%
Georgia	36.6%	29.3%	45.1%
Hawaii	30.1%	29.6%	42.7%
Idaho	23.9%	30.8%	41.8%
Illinois	34.9%	44.6%	46.7%
Indiana	25.4%	27.3%	32.7%
Iowa	26.1%	19.0%	39.5%
Kansas	24.4%	28.3%	37.4%
Kentucky	50.4%	33.1%	41.5%
Louisiana	40.7%	40.7%	53.6%
Maine	34.5%	29.9%	51.3%
Maryland	29.9%	33.9%	50.6%
Massachusetts	48.1%	59.7%	57.8%

Michigan	39.6%	29.3%	51.2%
Minnesota	40.2%	20.5%	40.7%
Mississippi	41.1%	30.8%	45.4%
Missouri	27.9%	36.7%	34.8%
Montana	30.8%	22.8%	32.9%
Nebraska	24.6%	24.0%	32.0%
Nevada	27.4%	32.3%	42.1%
New Hampshire	18.0%	13.9%	27.9%
New Jersey	35.4%	25.4%	49.6%
New Mexico	35.6%	34.3%	34.5%
New York	46.7%	56.3%	56.7%
North Carolina	32.5%	30.6%	41.7%
North Dakota	18.5%	20.4%	25.4%
Ohio	38.2%	23.7%	39.8%
Oklahoma	32.6%	39.9%	41.0%
Oregon	36.6%	45.2%	43.7%
Pennsylvania	39.8%	33.8%	49.7%
Rhode Island	42.6%	42.9%	50.8%
South Carolina	29.1%	22.2%	40.2%
South Dakota	30.7%	27.0%	32.7%
Tennessee	34.2%	32.0%	46.2%
Texas	36.3%	41.2%	43.7%
Utah	21.9%	27.6%	31.2%
Vermont	35.4%	38.5%	49.7%
Virginia	32.2%	24.8%	38.7%
Washington	40.0%	40.6%	49.5%
West Virginia	42.8%	25.4%	38.7%
Wisconsin	29.3%	25.5%	40.0%
Wyoming	16.0%	12.6%	17.2%

Sources: Eligibility estimates used to compute participation rates obtained from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using combined 2023 American Community Survey (ACS) data and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, **www.ipums.org**. Participation estimates used in the calculations were obtained 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 10 counties with the largest populations (Table 8). Considering the rates only within this group of 10 places, Miami-Dade County, Florida, has the highest rate for each of the three programs. New York City and Los Angeles County are also above-median for this group for all three programs, although the SSI and MSP rates are not as high as in Miami-Dade. In contrast, in Maricopa County, Arizona, the participation rates are substantially lower than the median for this group of places for each of the three programs. Other counties show a mix of results—higher than the median for this group of very-large places for some programs, and lower for others. For example, Orange County, California has a SNAP participation rate lower than most of these large places, but the SSI rate is near the median and the MSP rate is higher than in many of the other listed counties.

Table 8

County-Level Participation Rates for Ages 65 and Older, 2023, for SSI, SNAP, and MSP

Results for 10 counties with largest populations

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

	SSI participation rate	SNAP participation rate	MSP participation rate
Average across 10 places	**46.9%**	**49.1%**	**58.8%**
Cook County, Illinois	**41.4%**	**47.1%**	**49.0%**
Dallas County, Texas	**35.2%**	**45.5%**	**42.1%**
Harris County, Texas	**36.9%**	**46.8%**	**42.2%**
Los Angeles County, California	**52.4%**	**58.8%**	**72.1%**
Maricopa County, Arizona	**27.6%**	**26.2%**	**38.6%**
Miami-Dade County, Florida	**88.0%**	**55.1%**	**91.3%**
New York City, New York (all boroughs)	**52.8%**	**66.0%**	**65.3%**
Orange County, California	**47.9%**	**44.8%**	**64.9%**
Riverside County, California	**38.4%**	**48.7%**	**55.4%**
San Diego County, California	**48.2%**	**51.7%**	**66.8%**

Sources: Eligibility estimates used to compute participation rates obtained from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using combined 2023 American Community Survey (ACS) data and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, **www.ipums.org**. Participation estimates used in the calculations were obtained 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.

Participation Rates in 2023 Compared With 2018

In addition to comparing participation rates across the three programs, we can examine changes to SSI, SNAP, and MSP participation rates over time. Here, we present an overview of national and state-level differences in program participation rates between 2018 and 2023 and discuss potential sources of variability in our estimates.

SSI is the only one of the three programs in which the national participation rate declined between 2018 and 2023; about 40% of eligible people age 65 and older received SSI benefits in 2023, compared to 49% of all eligible older adults in 2018 (Table 9). Participation rates also decreased in nearly every state between 2018 and 2023, and by at least 10 percentage points in 13 of these states. Differences in the SSI participation rates are largely due to increased eligibility among older adults rather than changes in state caseloads. We estimate 1.4 million additional adults age 65 and older were eligible for SSI in 2023 (an increase of 32% compared with the 2018 eligibility estimate of 4.5 million). However, in many states—including New York and Massachusetts, two states with some of the largest changes in participation rates—the overall numbers of recipients age 65 and older were nearly unchanged between 2018 and 2023. While the population age 65 and over also increased substantially (by 13% in the data used for this analysis), the main reason for the increase in the estimate was an increase in the eligibility rate—from 8.9% in the 2018 analysis to 10.4% in this analysis. As mentioned earlier, the Census Bureau's published 2023 poverty rates for people ages 65 and older were 11.3% based on the 2023 ACS, compared with 9.4% from the 2018 ACS; according to the ACS data, a higher percentage of adults age 65 and older also had incomes below the SSI eligibility thresholds (The SSI income limit for one person equals about 75% of the one-person poverty threshold[35]).

Table 9

SSI, SNAP, and MSP Participation Rates by State for Ages 65 and Older, 2018 and 2023

	SSI Participation Rate			SNAP Participation Rate			MSP Participation Rate		
	2018	2023	Pct. point difference	2018	2023	Pct. point difference	2018	2023	Pct. point difference
Total 65+	49.0%	39.5%	-10	29.8%	37.7%	8	46.4%	49.1%	3
Alabama	44.5%	38.0%	-7	35.5%	40.3%	5	41.8%	43.7%	2
Alaska	82.0%	60.5%	-22	47.2%	29.5%	-18	48.9%	56.6%	8
Arizona	40.2%	29.7%	-11	17.5%	26.7%	9	38.0%	42.2%	4
Arkansas	41.6%	34.6%	-7	27.3%	23.6%	-4	29.6%	43.9%	14
California	58.7%	48.8%	-10	16.7%	54.7%	38	65.3%	67.9%	3
Colorado	37.2%	30.9%	-6	18.5%	27.7%	9	32.5%	32.8%	0
Connecticut	41.1%	34.6%	-7	39.0%	41.3%	2	40.5%	46.0%	6
Delaware	30.6%	20.8%	-10	24.6%	27.5%	3	38.7%	29.1%	-10
District of Columbia	44.0%	57.7%	14	36.6%	65.9%	29	40.7%	38.9%	-2
Florida	48.6%	42.8%	-6	37.8%	36.0%	-2	48.9%	56.6%	8
Georgia	45.3%	36.6%	-9	25.5%	29.3%	4	38.8%	45.1%	6
Hawaii	47.5%	30.1%	-17	28.7%	29.6%	1	42.8%	42.7%	0
Idaho	25.4%	23.9%	-2	33.3%	30.8%	-3	36.9%	41.8%	5
Illinois	42.2%	34.9%	-7	30.2%	44.6%	14	42.8%	46.7%	4
Indiana	27.3%	25.4%	-2	29.5%	27.3%	-2	28.1%	32.7%	5
Iowa	27.3%	26.1%	-1	17.0%	19.0%	2	33.5%	39.5%	6
Kansas	32.9%	24.4%	-9	28.9%	28.3%	-1	36.6%	37.4%	1
Kentucky	59.3%	50.4%	-9	18.5%	33.1%	15	41.5%	41.5%	0
Louisiana	43.1%	40.7%	-2	34.1%	40.7%	7	56.8%	53.6%	-3
Maine	36.3%	34.5%	-2	28.7%	29.9%	1	47.8%	51.3%	4
Maryland	42.7%	29.9%	-13	34.1%	33.9%	0	50.5%	50.6%	0
Massachusetts	62.9%	48.1%	-15	48.0%	59.7%	12	63.5%	57.8%	-6
Michigan	44.4%	39.6%	-5	25.8%	29.3%	4	54.4%	51.2%	-3

Minnesota	47.3%	40.2%	-7	18.6%	20.5%	2	41.4%	40.7%	-1
Mississippi	53.7%	41.1%	-13	30.8%	30.8%	0	44.9%	45.4%	1
Missouri	35.5%	27.9%	-8	32.2%	36.7%	5	31.7%	34.8%	3
Montana	26.3%	30.8%	5	22.5%	22.8%	0	32.1%	32.9%	1
Nebraska	31.4%	24.6%	-7	25.2%	24.0%	-1	28.0%	32.0%	4
Nevada	37.2%	27.4%	-10	27.1%	32.3%	5	40.2%	42.1%	2
New Hampshire	21.4%	18.0%	-3	25.1%	13.9%	-11	28.9%	27.9%	-1
New Jersey	49.6%	35.4%	-14	34.2%	25.4%	-9	49.0%	49.6%	1
New Mexico	45.1%	35.6%	-10	35.7%	34.3%	-1	32.4%	34.5%	2
New York	65.2%	46.7%	-19	43.9%	56.3%	12	54.0%	56.7%	3
North Carolina	40.1%	32.5%	-8	17.9%	30.6%	13	40.2%	41.7%	2
North Dakota	20.6%	18.5%	-2	20.9%	20.4%	-1	20.6%	25.4%	5
Ohio	39.8%	38.2%	-2	18.3%	23.7%	5	33.2%	39.8%	7
Oklahoma	36.9%	32.6%	-4	37.0%	39.9%	3	39.1%	41.0%	2
Oregon	48.3%	36.6%	-12	37.6%	45.2%	8	37.8%	43.7%	6
Pennsylvania	50.2%	39.8%	-10	31.3%	33.8%	3	47.7%	49.7%	2
Rhode Island	47.7%	42.6%	-5	50.8%	42.9%	-8	43.0%	50.8%	8
South Carolina	36.3%	29.1%	-7	18.4%	22.2%	4	37.7%	40.2%	3
South Dakota	37.8%	30.7%	-7	28.5%	27.0%	-2	37.8%	32.7%	-5
Tennessee	48.2%	34.2%	-14	43.0%	32.0%	-11	39.5%	46.2%	7
Texas	46.3%	36.3%	-10	38.2%	41.2%	3	46.1%	43.7%	-2
Utah	35.4%	21.9%	-14	29.5%	27.6%	-2	33.0%	31.2%	-2
Vermont	29.4%	35.4%	6	30.4%	38.5%	8	39.3%	49.7%	10
Virginia	34.8%	32.2%	-3	37.4%	24.8%	-13	32.4%	38.7%	6
Washington	56.0%	40.0%	-16	38.0%	40.6%	3	67.1%	49.5%	-18
West Virginia	46.9%	42.8%	-4	23.2%	25.4%	2	35.2%	38.7%	4
Wisconsin	36.7%	29.3%	-7	20.8%	25.5%	5	40.2%	40.0%	0
Wyoming	25.8%	16.0%	-10	21.8%	12.6%	-9	21.6%	17.2%	-4

Sources: Eligibility estimates for 2018 from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using data from the 2018 American Community Survey (ACS). Eligibility estimates used to compute participation rates for 2023 are obtained from the ATTIS microsimulation model using combined 2023 ACS data and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, **www.ipums.org**. Participation estimates used in the calculations were obtained from federal and state sources.

Notes: 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.

Unlike SSI, the overall SNAP participation rate among older adults increased when compared to 2018, from 30% to 38%. The estimates show that SNAP participation rates changed by at least 10 percentage points between 2018 and 2023 in 10 states and D.C. In one state, California, the SNAP participation rate estimated for this age group increased from 17% in 2018 to 55% in 2023, largely due to a very large increase in the 65 and older caseload.[36] That increase is likely due in part to a 2019 California policy change, ending the "cash out" policy that previously provided a large SSI state supplement in lieu of SNAP eligibility for SSI recipients; the number of people 65 and older eligible for SNAP in California increased from 1.261 million in 2018 to 1.888 million in 2023, an increase of 50%. However, the increase in the California caseload for people 65 and older was even larger—from 211,000 in 2018 to 1.033 million in 2023.

In states with more modest increases in the participation rate, the percentage increase in caseload was also larger than the percentage increase in eligibility, but to a lesser extent. For example, in Louisiana, eligibility for people 65 and older was 26% higher in 2023 than in 2018, while the caseload increased by 50%, leading to a 7 percentage point increase in the SNAP participation rate. In other states, like Virginia, the 65+ participation rate *decreased* (13 percentage points). Virginia had an overpayment rate of about 8% in both in FY 2018 and FY 2023, but the caseload data used to compute participation rates in the 2023 analysis newly excludes people that were ineligible but received benefits. The differences between 2018 and 2023 are therefore partially attributable to changes in methodology rather than true changes in participation in the state. The state also had a substantial percentage increase in eligibility relative to the increase in participation.

Compared to SNAP and SSI, we observe relatively small changes in most state MSP participation rates between 2018 and 2023. Participation rates changed by at least 10 percentage points in only three states—Arkansas, Vermont, and Washington. In both Arkansas and Vermont, a larger share of eligible older adults participated in MSP in 2023 than in 2018, but the changes in each state are driven by opposing factors. The number of participating adults age 65 and older nearly doubled in Arkansas, while the increased participation rate in Vermont is primarily due to a reduction in the estimated number of adults that are eligible for MSP relative to 2018. In Washington state, the MSP participation rate decreased by 18 percentage points—more than in any other state. However, the data show that Washington increased participation among adults 65 and older between 2018 and 2023, but the number of eligible adults increased by a greater magnitude than the caseload.

While this section describes differences in program participation rates between 2018 and 2023, the changes must be analyzed with several caveats in mind. First, we focus on comparison across states, rather than substate areas, due to the larger sample size of states and consistency across geographic areas. The geographic boundaries of PUMAs and counties may change over time, thereby rendering multicounty groups incomparable between 2018 and 2023. The eligibility estimates underlying this analysis and the source of the SNAP caseload data are based on population samples. Computing confidence intervals around the eligibility and SNAP caseload estimates can provide additional certainty around the participation rates. Finally, for each

program, additional statistical testing is also necessary to determine whether the changes in eligibility and participation rates between 2018 and 2023 are statistically significant or due to random chance.

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, as of 2023. The estimates are computed in a conceptually straightforward manner—by comparing, for each program and place, the numbers of recipients ages 65 and over 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 rules of each program to the people 65 and older to determine if they appear to be eligible for each program. The ACS 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 multi-county areas using other ACS defined geographies. The analysis updates a set of estimates produced with similar methods for 2018.

Consistent with earlier analysis, these estimates show that many eligible older Americans who are eligible for safety-net assistance are not receiving the assistance, and these gaps are present across places and programs. At the national level, 49.1% of people 65 and older who were eligible for an MSP benefit (QMB, SLMB, or QI) participated in the program in 2023; 39.5% of those eligible for SSI participated; and 37.7% of people 65 and older who were eligible for SNAP participated (including people eligible through broad-based categorical eligibility). The absolute numbers of eligible non-participants range from 3.6 million for SSI, to 6.6 million for MSP, and 9.1 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 Minnesota, with a state-level SSI participation rate of 40.2% (just slightly above the national average rate of 39.5%), three of the identified substate areas have a participation rate below 20%, while one has a rate above 80%.

Compared to the 2018 findings, the new estimates suggest different factors may have influenced the participation rates across the three programs. The MSP participation rate for people 65 and older slightly improved between 2018 (46.4%) and 2023 (49.1%), while the SNAP participation rate for people 65 and older shows a much larger increase, from the 2018 level of 29.8% to a 2023 national estimate of 37.7%. However, the SSI participation rate for people 65 and older appears to have declined just as substantially, from 49% in 2018 to 39.5% in 2023. The changes

between the years could be due to a combination of factors, including population and economic changes (which could have changed the demographic characteristics or economic circumstances of the people eligible for benefits in ways that might have affected overall eligibility or individual participation choices), policy changes (for example, California's decision to end their "cash out" policy, which added a large number of SSI recipients to the group of people eligible for SNAP), and state or local outreach efforts.

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 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, 2023

Note regarding shading: Within each column, red indicates above median, blue indicates below median, and white indicates median. Darker reds and blues indicate greater deviations from the median.

	SSI Eligibility Rate	SNAP Eligibility Rate	MSP Eligibility Rate
Total US	10.4%	25.4%	22.5%
Alabama	8.9%	19.9%	27.9%
Alaska	5.5%	10.9%	15.7%
Arizona	8.4%	24.4%	23.8%
Arkansas	8.6%	15.2%	23.9%
California	19.2%	30.8%	27.3%
Colorado	7.3%	24.1%	16.5%
Connecticut	8.0%	24.4%	42.6%
Delaware	7.8%	20.8%	19.1%
D.C.	13.7%	30.1%	50.0%
Florida	11.1%	30.4%	22.6%
Georgia	10.5%	30.7%	23.2%
Hawaii	10.2%	28.1%	23.5%
Idaho	6.4%	11.6%	16.6%
Illinois	9.4%	27.6%	18.0%
Indiana	7.0%	12.2%	27.8%
Iowa	5.6%	19.1%	14.4%
Kansas	6.7%	10.8%	14.6%
Kentucky	8.5%	19.7%	22.5%
Louisiana	11.4%	22.6%	30.9%
Maine	6.0%	28.6%	31.9%
Maryland	9.9%	23.8%	18.3%
Massachusetts	9.5%	22.0%	23.9%
Michigan	8.1%	27.3%	16.0%
Minnesota	6.6%	24.3%	13.6%
Mississippi	11.7%	18.9%	33.5%
Missouri	7.7%	13.1%	19.1%
Montana	5.8%	18.0%	14.8%
Nebraska	7.0%	15.2%	14.5%
Nevada	11.3%	28.5%	22.0%
New Hampshire	5.0%	22.2%	12.3%
New Jersey	10.5%	23.9%	19.0%
New Mexico	11.4%	27.0%	28.7%

New York	13.8%	31.6%	32.1%
North Carolina	7.9%	30.1%	20.6%
North Dakota	6.7%	16.6%	15.4%
Ohio	7.6%	28.3%	18.3%
Oklahoma	8.2%	17.9%	21.0%
Oregon	7.6%	26.5%	23.5%
Pennsylvania	8.2%	28.8%	18.6%
Rhode Island	9.7%	29.0%	19.0%
South Carolina	8.4%	29.4%	20.7%
South Dakota	6.8%	13.2%	17.8%
Tennessee	8.3%	14.4%	21.6%
Texas	12.3%	21.9%	24.1%
Utah	6.8%	10.0%	12.6%
Vermont	5.9%	24.6%	19.3%
Virginia	7.9%	25.0%	17.9%
Washington	8.0%	23.8%	20.3%
West Virginia	8.2%	34.2%	18.7%
Wisconsin	6.6%	26.5%	14.4%
Wyoming	6.5%	10.1%	16.1%

Sources: Participation rates are computed with eligibility estimates from the Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model, using combined 2023 American Community Survey (ACS) data, and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, **www.ipums.org**.

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 2023 (the year of the data for this analysis), about two-thirds of the states generally used an asset limit of $9,090 for individuals and $13,630 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 $4,250 in the case of families applying for benefits with at least one family member age 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 2023 ACS equals only 51% of the comparable number in the Current Population Survey Annual Social and Economic Supplement data covering 2023. 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 2023 Survey of Income and Program Participation (2023 SIPP).[37] SIPP is a nationally representative longitudinal survey conducted by the U.S. Census Bureau, 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% of the poverty guideline, from 75 to under 200%, from 200% to under 400%, and income at or above 400% 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 54% for non-homeowners with income below 75% of poverty who were either Hispanic or a race other than white to 99% for white non-Hispanic homeowners 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: 4.1% for those with income under 75% of the poverty guideline; 4.3% for the range from 75% to under 200% of poverty; 4.8% for the range from 200% to under 400% of poverty; and 10% for people and couples with income at or above 400% 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% to under 200% of the applicable poverty guideline who reported $200 in asset-based income, we divided $200 by 0.043 to estimate an asset value of $4,651. 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: 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% of a particular subgroup had assets in the SIPP data, but only 40% of the subgroup reported asset-based income, we selected half of those who did not report asset-based income (50% of the remaining 60% 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, 2023 SIPP and 2023 ACS Imputation

	SIPP	ATTIS imputed
SSI recipients	77%	77%
Not SSI recipients, by income relative to poverty		
<75%	76%	77%
75%-<200%	91%	91%
200%-<400%	97%	97%
400%+	99%	98%
Total	94%	93%

Sources: Authors' tabulations of the 2023 SIPP and asset variable imputed onto 2023 ACS for the ATTIS modeling for this project

Table B2

Distribution of People Ages 65 and Older With Any Assets by Range of Assets, 2023 SIPP and 2023 ACS Imputation

2023 SIPP

	<$100	$100-<$500	$500-<$1000	$1000-<$5000	$5000-<$10,000	$10,000-<$20,000	$20,000-<$100,000	$100,000 or more
SSI recipients	31%	28%	9%	14%	5%	3%	4%	8%
Not SSI recipients, by income relative to poverty								
<75%	16%	19%	8%	18%	6%	6%	11%	16%
75%-<200%	12%	16%	7%	21%	7%	8%	17%	12%
200%-<400%	3%	6%	4%	16%	9%	10%	26%	27%
>=400%	1%	2%	1%	7%	6%	8%	25%	51%
Total	6%	9%	4%	14%	7%	8%	21%	29%

Data imputed to the ACS for this project

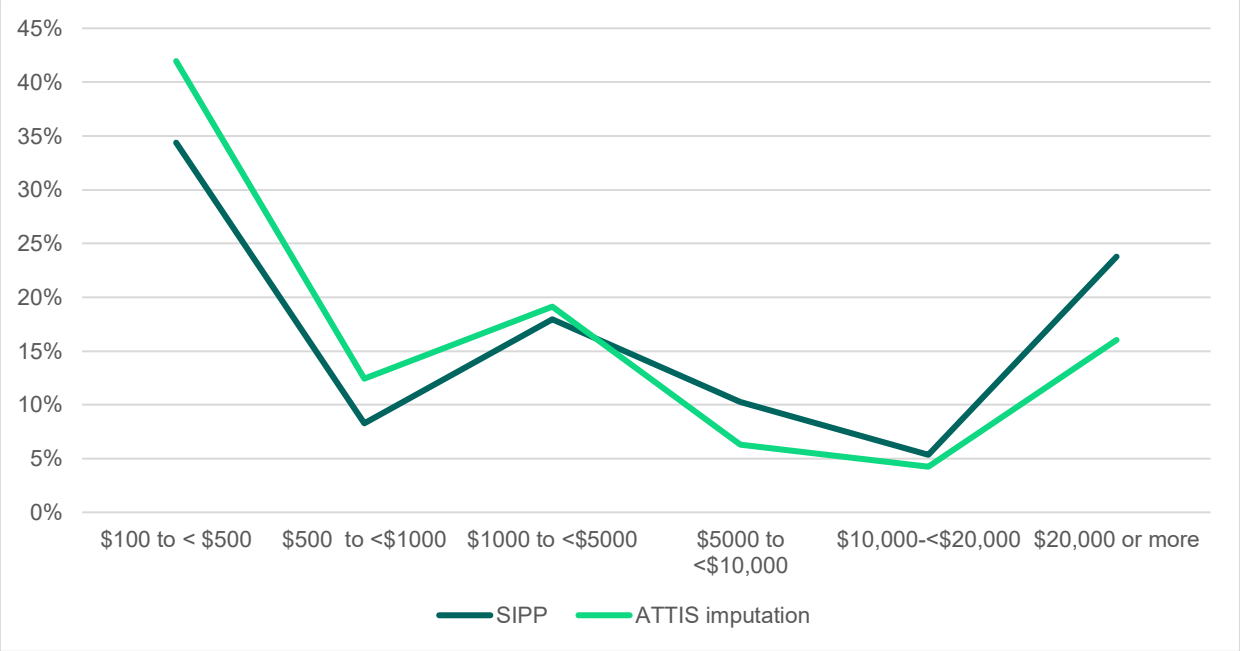
	<$100	$100-<$500	$500-<$1000	$1000-<$5000	$5000-<$10,000	$10,000-<$20,000	$20,000-<$100,000	$100,000 or more
SSI recipients	33%	32%	10%	25%	0%	0%	0%	0%
Not SSI recipients, by income relative to poverty								
<75%	16%	27%	13%	25%	5%	5%	7%	4%
75%-<200%	14%	24%	11%	25%	6%	7%	7%	5%
200%-<400%	5%	11%	6%	25%	10%	11%	16%	15%
>=400%	3%	6%	5%	19%	7%	12%	22%	27%
Total	8%	15%	7%	23%	7%	9%	15%	15%

Sources: Authors' tabulations of the 2023 SIPP and asset variable imputed onto 2023 ACS for the ATTIS modeling for this project

- For the lowest-income group of asset-holders ages 65 and older, with income below 75% 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% of the Poverty Guideline (Excluding SSI Recipients), by Range of Assets, 2023 SIPP and 2023 ACS Imputation

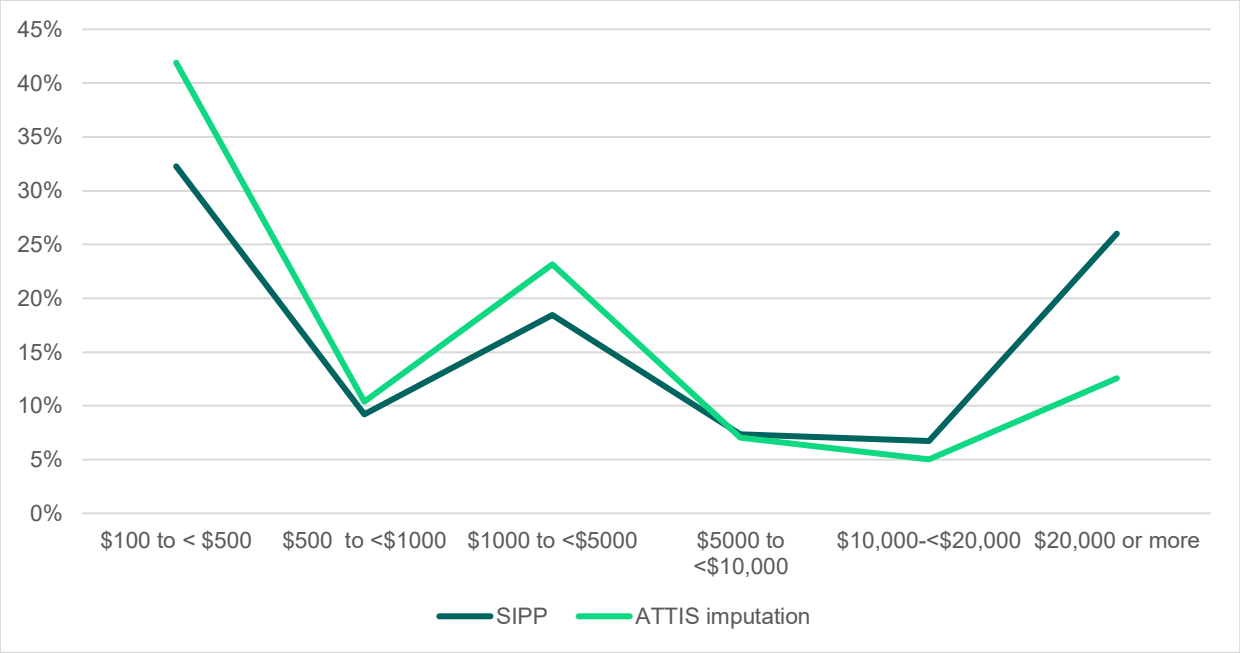


Sources: Authors' tabulations of the 2023 SIPP and asset variable imputed onto 2023 ACS for the ATTIS modeling for this project

- 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% 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% of the Poverty Guideline (Excluding SSI Recipients), by Range of Assets, 2023 SIPP and 2023 ACS Imputation



Sources: Authors' tabulations of the 2023 SIPP and asset variable imputed onto 2023 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.[38] 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 15.3%, relative to an initial figure produced without the new imputation. The impact on SNAP is the smallest—a reduction in the eligibility estimate of 1.7%—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 4.5% 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	7.051	5.969	-15.3%
SNAP	14.894	14.637	-1.7%
MSP	13.532	12.928	-4.5%

Source: Urban Institute's Analysis of Transfers, Taxes, and Income Security (ATTIS) microsimulation model using combined 2023 American Community Survey (ACS) data and 2022 ACS data reweighted to reflect 2023 population and income characteristics. ACS data were obtained from IPUMS USA, University of Minnesota, **www.ipums.org**.

Appendix C. County Groups

An addendum 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 addendum 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. 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 Estimates from Other Models and Data

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 most recent participation rate estimates from a series of rates regularly published by HHS (US Department of Health and Human Services, 2025).[39] Our SSI participation rate estimate of 39.5% for people ages 65 and over in 2023 is noticeably lower than the most recent rate published by HHS for older adults, which is 49.9% (for 2022). 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).

The primary reason for the difference in the participation rates is likely the fact that the 2023 ACS data is showing a higher portion of older adults with low incomes than the data used for the 2022 HHS estimate, which results in a higher eligibility estimate and therefore a lower participation rate. Census Bureau publications show that the 2023 poverty rate for people 65 and older was 11.3% based on 2023 ACS data, compared with 10.2% in the CPS ASEC data for 2022 and 9.7% in the CPS ASEC data for 2023.[40] There are similar differences in the portions of older adults with incomes below SSI income limits according to the two surveys' data. In contrast, the 2018 poverty rates for people 65 and older were very similar between the ACS (9.4%) and CPS ASEC (9.7%), and this project's 2018 SSI participation rate for people 65 and older (49%) was very similar to the published HHS estimate for that year (52.2%). We do not know the reason why the two surveys produced similar poverty rates for people 65 and over for 2018 but quite different rates for 2023; the ACS collects less-detailed information about income and therefore may miss some income that is collected in the CPS ASEC, but we are not aware of major changes in either survey's approach to collecting income data between the two years.

SNAP

The estimated 2023 SNAP participation rate of 37.7% for people ages 65 and over is substantially lower than the most recent (2022) estimate for people ages 60 and over (the standard definition of older age for the SNAP program) produced by Mathematica for the Food and Nutrition Service. That estimate was 55.3% (Vigil and Rahimi 2024). 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 age 60 and above from 45% to 25 %. The modified estimate was similar to, although somewhat below, the ATTIS-based estimate for 2016 of 32%.[41]

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. However, the fact that the 2023 ACS shows a higher poverty rate than the CPS ASEC used for the 2022 FNS participation rate estimate does not likely have as much impact as is the case in comparing ACS-based and CPS ASEC-based SSI estimates, due to the SNAP program's substantially higher maximum income limits (up to 200% of poverty in states with BBCE, and 130% of poverty in states without BBCE).

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. Two points of comparison are studies conducted with matched survey and administrative data—one over a period from 2009 through 2010 and one over a period from 2006 through 2013 (Caswell and Waidmann 2017; Niedzewiecki et al. 2025).

Caswell and Waidmann 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. Likewise, Niedzewiecki et al. estimated program eligibility using the SIPP and linked this to MSIS enrollment data and Medicare Enrollment Database (EDB) for the period of 2006 to 2013. Caswell and Waidmann identified 5.9 million people age 65 and older as being eligible for some type of MSP benefits in 2009-2010, and Niedzewiecki et al. estimated 7.3 million people age 65 and older were eligible in December 2013, both much lower numbers than the 12.9 million 2023 estimate for this study. The difference in years complicates the comparison, because the population age 65 and older increased by 37% over the study periods (from 38.6 million in 2009 to 59.2 million in 2023) (DeNavas-Walt, Proctor, and Smith, 2010, and Shrider, 2024). However, our 2023 estimate of 12.9 million exceeds the other studies' estimates by more than could be explained by population change alone.

We believe the remaining differences between our MSP eligibility estimates for 2023 and the estimates using SIPP data 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 age 65 and older, and the Medicare Current Beneficiary Survey to assess enrollment (Popham et al., 2020). This study estimated 7.1 million people age 65 and older eligible for MSP benefits in 2014, an eligibility rate of 16.5% (lower than the 22.5% in our analysis), and an estimated participation rate of 63.4% (higher than our estimate of 49.1%). 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.[42] This produced an eligibility estimate for 2023 very similar to our ACS-based estimate, at 12.8 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), which is a benefit for programs like MSPs in which eligibility policies vary across states. 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 is sensitive to the data source used to assess the income of the population age 65 and older—perhaps more so than SNAP (with a substantially higher income limit in most places due to BBCE). Nevertheless, the similarity with the estimate produced from CPS ASEC (the only comparison for the same year, 2023) gives confidence in the general level of the ACS-based estimate used here.

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About the Authors

Ilham Dehry is a senior research associate in the Income, Benefits, and Poverty practice area within the Urban Institute's Tax and Income Supports division. She works on projects using the TRIM3 and ATTIS microsimulation models and co-directs the Welfare Rules Database, documenting Temporary Assistance for Needy Families across time for the 50 states and District of Columbia. Her microsimulation work includes a focus on understanding TANF policies and eligibility and estimating the impact of safety net program changes on poverty. She also co-leads work to develop and maintain two true cost of economic security measures that are used to evaluate families' financial well-being.

Linda Giannarelli is the practice area lead for Income, Benefits, and Poverty research within the Urban Institute's Tax and Income Supports division. Her research explores the programs that make up the US social safety net, including their interactions and their impacts on families' economic well-being. She leads the development of the ATTIS model and has used the model to study topics including program participation rates, the impact of government policy choices during COVID on families' economic well-being, and the potential anti-poverty impact of changes in safety-net policies.

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).

Lauren Simpson is a research analyst the Income, Benefits, and Poverty practice area within the Urban Institute's Tax and Income Supports division. She works on the Welfare Rules Database and assists with safety net program microsimulation modeling.

Footnotes

[1] This publication was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totalling $14,707,650.00 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS or the U.S. Government.

[2] See Table 12 in Welfare Indicators and Risk Factors, 23rd Report to Congress. **https://aspe.hhs.gov/sites/default/files/documents/fac848bddb2cade460ee9be368bd197b/23rd-welfare-indicators-rtc.pdf**

[3] Trends in Supplemental Nutrition Assistance Program Participation Rates: Fiscal Year 2020 and Fiscal Year 2022. **https://fns-prod.azureedge.us/sites/default/files/resource-files/ops-snap-trendsfy20-fy22-report.pdf**

[4] The Benefits Participation Map is available here: https://www.ncoa.org/benefits-participation-map.

[5] We obtained the ACS data from the IPUMS USA Database. Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia A. Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari C.W. Williams. IPUMS USA: Version 16.0 [dataset]. Minneapolis, MN: IPUMS, 2025. **https://doi.org/10.18128/D010.V16.0**

[6] The ACS survey instruments are available here: **https://www.census.gov/programs-surveys/acs/about/forms-and-instructions.html**

[7] The authors' unpublished tabulations show that the 2018 CPS ASEC captured $714 billion in retirement related income (the sum of retirement annuities, retirement distributions, government pensions, private pensions, employer-related disability income, and employer-related survivor income), while the 2018 ACS amount was $636 billion, from the single question asking about retirement, survivor, and disability income. However, in the 2023 data, the relationship is reversed, with the CPS ASEC showing $863 billion in retirement income, compared with $1.002 trillion collected in the ACS . (All these figures include all ages; our ACS dollar figures incorporate a factor that adjusts ACS values to better reflect the calendar year and exclude people in group quarters.)

[8] For the CPS ASEC-based poverty rates, see Semega et al., 2019 for the 2018 rate and Shrider, 2024 for the 2023 rate. For the ACS-based poverty rates, see Table S1701, Poverty Status in the Past 12 Months, from the 2018 and 2023 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] In the data for this analysis, combining 2022 and 2023 ACS data, we made slight adjustments to the 2022 sampling weights to come very close to population counts in the 2023 ACS by state, age group, race and ethnicity, sex, and presence of noncitizens. The Census Bureau's sampling weights for the 2023 data and the adjusted 2022 weights were all reduced by half, so that the combined 2-year data could be tabulated as representing the single year of 2023.

[11] 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.

[12] The GeoCorr tool is available at this web address: **https://mcdc.missouri.edu/applications/geocorr.html**

[13] For the 2018 analysis, we made the opposite adjustment—adjusting the caseload figure downward rather than adjusting the eligibility estimate upward. The modified adjustment ensures that all county and state numbers are internally consistent.

[14] Alaska does not have any contiguous PUMAs with at least 50 unweighted people eligible for SSI; therefore we are unable to calculate county or substate SSI participation rates for Alaska.

[15] Some counties could not be grouped into contiguous multi-county groups. Within each state, we grouped these counties together and calculated a "balance of state" rate for these additional areas. A balance-of state rate is calculated in 17 states for the SSI analysis, 32 states for the SNAP analysis, and 33 states the MSP analysis.

[16] 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.

[17] SSA suppresses some county-level caseload data to avoid disclosing information about particular recipients. In these cases, we redistribute the remaining caseload across the counties with suppressed data based on the proportion of the total population residing in each county.

[18] The 2023 analysis makes additional adjustments to the caseload data in counties that are identified through the "85 percent method" (see the "Caseload Data and Computations" section). To account for the fact that we are likely missing some of the eligible people in the county (because the PUMA we are using for that county's data do not represent all of the county population), we inflate the eligibility number in the PUMA to make up for the portion of the county's population outside the PUMA. This adjustment had a minor impact on a small number of counties.

[19] 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 age 65 or older.

[20] The estimated numbers of SNAP recipients include only those estimated to be fully eligible for the program, excluding individuals assessed as ineligible according to the SNAP quality control (QC) process. The total number of recipients and the portion of recipients age 65 and older are from our tabulations of the SNAP QC data.

[21] The SNAP program changes to a new set of poverty guidelines at the start of each federal fiscal year. In fiscal year 2023 (October 2022 through September 2023), the program's net income limits were based on the 2022 poverty guidelines; the poverty guidelines were updated to the 2023 values in October 2023.

[22] States can also eliminate the net income test through BBCE policies, potentially affecting all households, including those with a member age 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.

[23] The SNAP QC data are publicly available from this webpage: **https://snapqcdata.net/datafiles.**

[24] The county-level caseload data for SNAP are publicly available from this webpage: **https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap.**

[25] We were unable to obtain complete 2023 county-level caseload data for four states: Hawaii, New Hampshire, Oregon, and Rhode Island. For these states, we use FNS data on the number of individuals participating in each state in July 2023 and multiplied that by the share of participants by county in July 2018. This assumes the distribution of participants across counties was the same in 2018 and 2023.

[26] The error rate considers both overpayments and underpayments. "Overpayments" includes units that were eligible for a benefit but received a higher amount than their allotment *and* units that should have been deemed ineligible but received a SNAP benefit in error. The SNAP QC estimates are adjusted to exclude units that were ineligible but received a positive benefit amount in error.

[27] US Department of Agriculture, Food and Nutrition Service, "Supplemental Nutrition Assistance Program: Payment Error Rates Fiscal Year 2023," dataset for fiscal year 2023, accessed November 24, 2025, **https://fns-prod.azureedge.us/sites/default/files/resource-files/snap-fy23-qc-payment-error-rate.pdf.**

[28] The SNAP QC data file identifies people who are "homeless" by the program's definition; however, homelessness 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. In future work, we could explore the possibility of adjusting the caseload data to remove people not included in the data used for the eligibility estimates.

[29] A fourth MSP program, Qualified Disabled and Working Individuals (QDWI), helps pay for Medicare Part A premiums (Medicare Learning Network 2024). QDWI beneficiaries are not included in the caseload data and are not modeled in ATTIS. The exclusion of QDWI may have a negligible impact on our estimates, as the total number

of QDWI beneficiaries is relatively low and includes few people age 65 and older (Medicare-Medicaid Coordination Office 2020).

[30] County-level data is unavailable for counties with small caseloads. CMS suppresses data when there are 10 or fewer recipients in a county.

[31] We also estimated Medicaid eligibility based on "medically needy" criteria in some states.

[32] "County Level Medicare Savings Program Enrollees Aged 65 and Over, 2018-2023", MMCO Statistical & Analytic Reports, Centers for Medicare and Medicaid Services, last updated August 19, 2025, **https://www.cms.gov/data-research/research/statistical-resources-dually-eligible-beneficiaries/mmco-statistical-analytic-reports.**

[33] Giannarelli et al. (2024) produced SNAP participation rates for adults age 65 and older in 2018. Those estimates showed a wide range in rates across states. About 17% of eligible adults age 65 and older in California and Iowa participated in the SNAP program, compared to 51% in Rhode Island. The 2018 estimates did not exclude people who received SNAP payments in error. Similarly, Mathematica produced state participation rate estimates for people 60 and older in 2010 through 2012, and those estimates also showed wide variation. In 2012, participation rates for people age 60 and older ranged from a low of 18% in California to a high of 63% 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.

[34] 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 country group met our minimum size standards for the computation of a rate; in these cases, we show a rate of 100%. 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 age 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).

[35] The SSI income guarantee for one person age 65 and over was $914, which is 75% of the 2023 monthly poverty threshold for one person age 65 or older living alone ($1218).

[36] Published data from the Food and Nutrition Service validate the magnitude of the increase. Focusing on people 60 and older (60 is the age considered "elderly" for purposes of SNAP rules), California's caseload included 353,000 people 60 and over in the average month of fiscal year 2018, and 1,331,000 in the average month of fiscal year 2023. (See Appendix Table B.14 in Cronquist, 2019, and Monkovic and Ward, 2025.)

[37] The 2023 SIPP data include Wave 2 of the 2022 Panel, Wave 3 of the 2021 Panel, and Wave 4 of the 2020 Panel, but is collectively referred to as "2023 SIPP". Detailed documentation of the 2023 SIPP is available on the Census Bureau's webpage "2023 SIPP Data."

[38] 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).

[39] See Figure 9 in DHHS, 2025. The participation rate labelled "older adults (65 & 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 age 65 and over, including those eligible for SSI together with an eligible spouse.

[40] For the CPS ASEC-based poverty rates, see Semega et al., 2019 for the 2018 rate and Shrider, 2024 for the 2023 rate. For the ACS-based poverty rates, see Table S1701, Poverty Status in the Past 12 Months, from the 2018 and 2023 single-year ACS data, available through the data.census.gov website

[41] 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.

[42] 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 ACS, 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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