

# ASPE RESEARCH BRIEF

OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

OFFICE OF HUMAN SERVICES POLICY - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

*The federal Supplemental Security Income (SSI) program, which includes children with disabilities from low-income households, has grown in recent years (1998–2013), with caseload growth varying by state. The Temporary Assistance for Needy Families (TANF) program, which provides cash benefits and various services to low-income households with children, has had caseload declines in every state during this period. Households with children who might qualify for both programs have incentives to prioritize SSI, because cash benefits are higher than for TANF. States have incentives to encourage TANF applicants and recipients who might qualify to apply for SSI benefits, because the costs of the SSI program are primarily federal while TANF requires substantial state funding. Yet site visits to four states revealed limited efforts in TANF agencies to facilitate SSI application for potentially eligible children or to coordinate the two programs. The decline in TANF caseloads and changes in TANF administrative processes might further limit program coordination. Better coordination and referral from TANF to SSI could increase income support for low-income households with a child with a disability and enable states to extend TANF resources to additional households in need. Doing so would likely increase income and reduce poverty for new child SSI recipients, but would increase federal expenditures for SSI benefits.*

## THE CHILD SSI PROGRAM AND THE CHANGING SAFETY NET: SSI AND TANF PROGRAM COORDINATION

Both the federal Supplemental Security Income (SSI) and the federal-state Temporary Assistance for Needy Families (TANF) programs provide cash benefits to low-income households with children who meet certain requirements. The child SSI program provides benefits to children in low-income households who meet certain disability, income, and resource criteria.<sup>1</sup> The TANF program provides cash benefits and various services to low-income households, some of which may have a child with a disability or health condition.

Given the more restrictive eligibility for SSI, nearly three times as many children receive TANF cash benefits as receive SSI benefits. However, 11 states now have more children receiving SSI than TANF, and total federal expenditures on child SSI benefits exceed federal and state expenditures on TANF cash benefits (Wittenburg et al. 2015; Tambornino et al. 2015).

One challenge in understanding the relationship of SSI and TANF target populations and program coordination is the substantial state variation in the size of the child SSI and

### ABOUT THIS RESEARCH BRIEF

*This brief examines coordination of child SSI and TANF programs. It was prepared by John Tambornino, Bonnie O'Day, Elizabeth Brown and Hannah Burak. The analysis was conducted by Mathematica Policy Research staff in collaboration with staff in HHS's Office of the Assistant Secretary for Planning and Evaluation.*

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TANF caseloads. Another challenge is that SSI is designed to be a federally uniform program, while TANF program rules and benefit levels vary substantially by state and often by county (Schott et al. 2015).

This brief, the third in a series under **ASPE's *The Child SSI Program and the Changing Safety Net project***, examines child SSI and TANF program coordination in four diverse states and localities.<sup>2</sup> It addresses the following research questions:

- How might declines in TANF cash benefit caseloads have implications for program coordination and pathways to SSI?
- How might TANF administrative processes affect referrals of children to the SSI program?
- To what extent do TANF agencies direct potentially eligible children to the SSI program and provide assistance in applying?

Findings are from site visits to selected counties in four states—Kentucky, Oregon, Pennsylvania, and Texas—and on descriptive analysis of child SSI and TANF caseloads and document review.

### ***Findings***

Regardless of the size of the child SSI and child TANF cash benefit caseloads, and state incentives to help potentially eligible children apply for SSI, we did not observe concerted efforts to refer children from TANF to the SSI program. Instead, in the four states visited we found that:

- As the TANF caseload declines, TANF agencies have a diminishing role in SSI referrals.
- TANF administrative processes are not well coordinated with SSI, and changes in processes may make it more difficult to identify children with a disability and refer them to the SSI program.
- TANF program efforts to assist adults in applying for SSI generally do not extend to potentially eligible children.

Given this, it does not appear that the substantial differences in child SSI caseloads in the states examined can be explained primarily by coordination efforts between the SSI and TANF programs, given that these efforts are limited, regardless of their exact character.

## **Overview of the Child SSI and TANF Programs**

### ***Child SSI Program***

The SSI program, administered by the Social Security Administration (SSA), provides cash benefits to persons with a disability (or their household or legal guardian) and limited income and resources, and to persons older than 65 with limited income and resources. Since it started in 1974, the SSI program has become an increasingly important source of income support to low-income households with children who have a disability. To meet the child disability criteria for SSI, a child must have “a medically determinable physical or mental impairment which results in marked and severe functional limitations, and which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months” (42 U.S. Code 1382c). The income eligibility requirements are complex; the rules include income “deeming” for both parental and child income in the calculation of the SSI benefit amount, and households generally must have limited resources to qualify for benefits.<sup>3</sup> Bailey and Hemmeter (2014) found that three-quarters of children who receive SSI have household incomes below 200 percent of the federal poverty level (in 2014, \$39,580 per year for a household of three), and approximately one-third live in households with incomes below the federal poverty level (which was \$19,790 per year for a household of three).<sup>4</sup>

### ***TANF Program***

The TANF program was created under the 1996 federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA, often referred to as “welfare reform”), and replaced the Aid to Families with Dependent Children (AFDC) program. The TANF program included work requirements and time limits for recipients of cash benefits; substituted a funding structure of capped federal block grants to states with a state maintenance-of-effort requirement, in place of federal matching funds for state expenditures, as in AFDC; and provided states with flexibility in many areas to design their own programs.<sup>5</sup> The TANF program is administered by states and/or counties, which provide cash benefits to low-income (usually poor) households and a range of employment and social services. In contrast to AFDC, the TANF funding structure limited the available federal funding for state provision of benefits and services, and changed incentives for states, as described below.<sup>6</sup> The Deficit Reduction Act of 2005, which reauthorized the TANF program, extended work requirements to adults served with maintenance-of-effort funds and excluded from the work requirement adults caring for a household member with a disability.<sup>7</sup>

### ***Program Coordination***

There is potential overlap between the child SSI and TANF cash benefit programs. Some households receive both SSI and TANF benefits, in which case the member with a disability would normally be excluded for administrative purposes from the TANF household unit, and the TANF cash benefit calculated according to the number of remaining household members.<sup>8</sup> For example, a household containing a mother with two children, one of whom has a qualifying

disability, could receive SSI for that child and an adjusted TANF cash benefit for herself and her other child.

Individuals who might be eligible for both programs have incentives to prioritize SSI. In 2014, the maximum SSI benefit was \$721 per month, and all but four states supplemented federal SSI benefits with an additional state benefit for certain recipients, averaging \$48 per month.<sup>9</sup> The SSI benefit level is higher than for TANF and other means-tested cash assistance programs. For example, Wiseman (2011) concluded that the national average monthly household TANF benefit was approximately \$200 lower than the average individual SSI benefit. In addition, unlike TANF, the SSI program has no time limits (with the exception of an eligibility redetermination at age 18) or work or activity requirements.

States have incentives to help households apply for the SSI program because core funding for the program is federal, with states providing a much smaller optional supplement. Because TANF is funded primarily by a federal block grant, any TANF funds not used to serve a particular recipient remain with the state to serve other households or to be used for other TANF purposes (Schott et al. 2015).<sup>10</sup> State TANF agencies also have an incentive to help low-income households with a child with a disability apply for SSI benefits, when agencies determine that this is the best way to serve a particular household and child.

### ***Existing Evidence***

Given these overlaps in the target populations, and individual and state incentives, coordinated efforts to help TANF households apply for SSI benefits might be expected. Yet research in this area has been limited, and has focused on adults rather than children. This research has shown minimal or modest levels of coordination. Wiseman (2011) found that some states had special administrative procedures and private contractors for supporting SSI application for potentially eligible adults and children. However, a more extensive study by Farrell and Walter (2013) in seven states found little coordination between the local TANF and SSA offices or the state Disability Determination Services (DDS), which determine eligibility for SSI. They found TANF program staff often knew little about the SSI application process and did not help adult TANF recipients file applications or direct TANF recipients toward applying for SSI benefits. Moreover, based on available administrative data only a small number of adult SSI applicants previously received TANF.<sup>11</sup>

In summary, while there appear to be reasons for coordination, given programmatic incentives and the potential for special administrative procedures, recent qualitative evidence, focused on adults, indicates limited program coordination.<sup>12</sup> This brief focuses on low-income children with a disability, through descriptive analysis of administrative data, document review, and qualitative data gathered during site visits to four diverse localities.

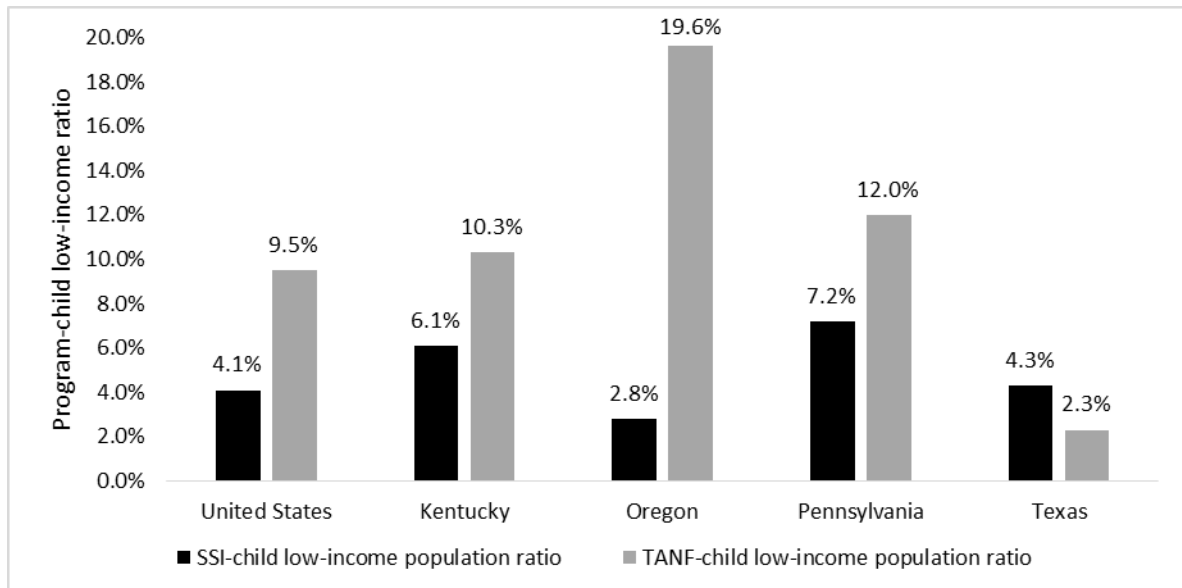
## Study Approach

To study the coordination between the child SSI and TANF programs and pathways into SSI, ASPE chose to compare four diverse states—Kentucky, Oregon, Pennsylvania, and Texas. These states represent different geographic regions and, more importantly, vary substantially in their child SSI and TANF caseloads. They also vary in other dimensions, such as advocacy efforts within the state and/or special programs to identify or assist SSI recipients.<sup>13</sup> The large differences in program caseloads in these states direct attention to potential state variations in administrative processes that might influence SSI and TANF program coordination and affect pathways into SSI. Within these states, the study focused on state, local, and private efforts to identify child TANF applicants and recipients and refer them to the SSI program.

### *Examination of State Caseload Sizes*

**Exhibit 1** summarizes the child SSI and TANF caseload sizes using ratios that adjust for the size of the child low-income population in the four states. Ratios illustrate the size of program caseloads relative to the number of low-income children in the state who might meet the income eligibility requirements. Specifically, we present child SSI caseloads relative to the number of children from low-income households (defined as below 200 percent of the federal poverty level) (**SSI-child low-income population ratio**). We also present child TANF cash benefits caseloads relative to the number of children from low-income households (**TANF-child low-income population ratio**).<sup>14</sup>

**Exhibit 1. National and state SSI-child and TANF-child low-income population ratios in 2013**



Sources: Wittenburg et al. (2015).

Note: Child ratios in each program are calculated by dividing total program participants by number of children from low-income households (below 200 percent of federal poverty level). TANF figures are for recipients of cash benefits.

Exhibit 1 shows substantial variation in the SSI-child low-income population ratios in the four states. In 2013, the national average was 4.1 percent, meaning 4.1 per 100 children from low-income households in the United States received SSI. Oregon has an SSI-child low-income population ratio below the national average (2.8 percent), Texas has a ratio near the average (4.3 percent), and Kentucky and Pennsylvania have ratios above the national average (6.1 and 7.2 percent, respectively). Although this brief is limited to the four states examined in depth, this variation is consistent with large variations in the child-SSI low-income population ratios across the United States, as shown in the second brief in this series (Wittenburg et al. 2015). That brief also showed higher ratios heavily concentrated in northeastern and southern states, which informed our site selection.

There is also substantial variation in the relative sizes of child SSI and TANF cash benefit caseloads across the four states, which is a function of the SSI differences noted above and the sizes of the TANF caseloads. Nationally, and in three of the four study states (Kentucky, Pennsylvania, and Oregon), the TANF-child low-income population ratios are higher than the corresponding SSI-child low-income population ratios. This is to be expected, given that the TANF program does not require that recipients demonstrate a disability.

In Oregon, there appear to be large caseload differences, given the higher number of child TANF cash benefit recipients relative to child SSI recipients. However, the TANF cash benefit caseload in Oregon in 2013 included a substantial number of working households receiving a minimal cash benefit (e.g. \$10 per month). If such households are excluded, the caseload appears much smaller and the ratio of TANF cash benefit recipients to SSI recipients diminishes and becomes closer to the other states examined.<sup>15</sup> Conversely, one state (Texas) has more child SSI recipients than child TANF cash benefit recipients.<sup>16</sup> In Texas, the SSI-child low-income population ratio is near the national average, but the TANF-child low-income population ratio is one-third of the national average. In summary, the four states represent different SSI and TANF caseload combinations, presenting an opportunity to explore factors that might influence these differences.

### ***Stakeholder Consultations***

Within each state, we consulted stakeholders who were likely to be most familiar with SSI program coordination, including state and local officials from income, food, and medical assistance programs; SSA field offices; legal aid organizations; and hospitals and schools. We asked these representatives about the ways in which households that have children with a disability learn about and apply for SSI benefits. **Appendix A** summarizes the specific counties visited and **Appendix B** summarizes the organizations and stakeholders consulted.

An important caveat to these findings is that they represent the views of select stakeholders from one or two counties in each state. As in many states, significant county-level variation exists in SSI-child low-income population ratios within some of the states examined, particularly in Texas and Pennsylvania (Wittenburg et al. 2015). Hence, the findings presented below

represent perspectives and experiences of select stakeholders in particular areas. They are not presented as representative of the entire state or of the United States.

## **Findings**

Although we observed differences across the four states, the site visits and supporting analysis produced the following general findings:

### **Declining TANF caseloads have contributed to the TANF program's diminishing role in SSI referrals**

Since 1998, a major factor that has limited referrals to the SSI program is the reduced number of TANF recipients, as smaller caseloads entail fewer potential referrals. Additionally, interviewees in Kentucky, Pennsylvania, and Texas stated that applications for TANF had decreased during the past five years, despite the increased need for cash assistance during the economic recession.<sup>17</sup> They attributed the reduced numbers of TANF applicants to difficulties in meeting work requirements, timely completion of paperwork, and restrictive income eligibility requirements (**Appendix C** specifies TANF program characteristics in the four states).

Low benefit levels, work requirements and, in some cases, a difficult and less personal application process might discourage TANF applications, according to local program administrators and service providers in the four states. Additionally, many states have diversion programs to discourage households whose needs might be met through other means from entering the TANF program (Huber et al., 2014). Continuation of these trends, along with the higher benefit levels in the SSI program, would make it less likely that low-income individuals with disabilities or health conditions will seek or receive TANF cash benefits.

### **There is limited coordination of TANF administrative processes with SSI**

A second factor that reduces TANF program opportunities for referral to the SSI program is that TANF and SSI application processes are separate. Although all of the four states have streamlined their TANF application processes to enable persons to apply for multiple assistance programs in one application, the state programs are not linked to the SSI program (**Appendix D** describes the application procedures in the four states.) TANF staff in the four states had limited access to SSA data but could determine whether TANF applicants had applied for SSI. However, the applications for SSI and TANF are not integrated, and information from an application for TANF cash benefits cannot be used automatically to apply for SSI benefits. One major barrier in linking applications is that SSI applications cannot be completed online, but rather must be completed in an SSA field office.

Another factor that might reduce referrals to the SSI program is a centralized telephone TANF application process through a toll-free number, as it limits the personal interaction between staff and the applicant. Applicants might be put on hold for a long time, and both the applicant

and the caseworker might feel pressure to complete the application quickly. These constraints might make applicants less likely to disclose disability and interviewers less likely to probe thoroughly, thereby missing pertinent information about an applicant or household member's disability. Further observation is necessary to determine the extent to which this is the case.

### **TANF agency efforts to identify children with disabilities in TANF households and refer them to SSI also are limited**

To varying degrees, TANF applications in the four states include questions regarding a health condition or disability in the household, though these questions were not used to identify children for SSI eligibility (see **Appendix E**). Rather, these questions were designed to help the interviewer determine whether to request additional documentation and potentially exempt the applicant from work requirements.<sup>18</sup>

In two states, there were efforts to identify adult TANF applicants with disabilities or health conditions and help them apply for SSI, but these programs typically do not assist households in applying for child SSI benefits. Pennsylvania's Disability Assistance Program helps TANF applicants apply for SSI benefits if they appear eligible. However, the program rarely receives referrals of children with health conditions or disabilities. The state also has a contract with Community Legal Services, a Legal Aid organization, to assist TANF applicants and recipients with the appeals process if their initial SSI applications are denied.

In Oregon, the State Family Pre-SSI-SSDI Program helps TANF applicants apply for SSI or Social Security Disability Insurance if they appear to be eligible, yet due to limited resources the focus is on adults rather than children. Texas and Kentucky do not have special programs to help TANF applicants or recipients apply for SSI.<sup>19</sup> This limited coordination is consistent with Farrell and Walter's (2013) observation of minimal coordination between the local TANF and SSA offices (and also the state DDS) in assisting adults in applying for SSI benefits.

## **Discussion**

Large differences exist in the relative sizes of child SSI and TANF caseloads across the four study states, as is the case across the country. Kentucky, Oregon, and Pennsylvania have more child TANF cash benefits recipients than child SSI recipients relative to the population of low-income children, whereas Texas has more child SSI recipients than child TANF cash benefit recipients. State variation in TANF caseloads are well known and generally are expected, given state differences in program benefit levels, rules, and administration. State variation in child SSI caseloads is less expected, given that SSI is administered according to federally uniform program rules.<sup>20</sup>

Given the limited SSI and TANF program coordination efforts observed across the four states, it is unlikely that they are a major factor in producing the significant variation in child SSI caseloads. To the extent that geographic variation in child SSI caseloads is the result of state and local administrative factors, TANF agencies and programs do not appear to be the principal



administrative factors.<sup>21</sup> In addition, our findings suggest that states, despite incentives to facilitate SSI application for children who may be eligible, do not necessarily have concerted efforts to do so.<sup>22</sup>

Policies and programs that facilitate enrollment in SSI for children who are eligible could increase income support to these households and allow states to direct limited TANF resources to other households in need.<sup>23</sup> Given state flexibility under the TANF block grant, states have discretion regarding these issues. Enrollment of children in the SSI program would likely increase income and reduce poverty, but also would increase federal expenditures for SSI benefits (and potentially increase state expenditures for state supplemental SSI benefits).<sup>24</sup>

## Acknowledgements

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<sup>1</sup> This brief uses the term "child SSI program" for ease of reference; technically, there is no separate SSI program for children, but rather a single program with differing eligibility requirements for persons younger than 18, ages 18–64, and age 65 or older. The child SSI benefit does not necessarily go directly to the household, but rather to a child recipient's "representative payee," who may or may not be a member of the household, to be spent by the child or the child's parent or legal guardian.

<sup>2</sup> For the first two briefs in this series, see Tambornino et al. 2015 and Wittenberg et al. 2015.

<sup>3</sup> For more details on the income eligibility requirements for SSI, see <http://www.ssa.gov/ssi/text-child-ussi.htm>.

<sup>4</sup> For federal poverty thresholds, see <http://www.census.gov/hhes/www/poverty/data/threshld/index.html>.

<sup>5</sup> Before PRWORA legislation and the TANF program, a number of states began to integrate work and other requirements and new services into their state AFDC program through waivers from federal AFDC program rules authorized under section 1115 of the Social Security Act (see U.S. House of Representatives 2000).

<sup>6</sup> For a recent analysis of the wide range of purposes for which states use TANF funds and of the availability of services and cash benefits, see Schott et al. 2015.

<sup>7</sup> Under the Deficit Reduction Act, households in which a single parent cares for a household member with a disability (even if that household member does not qualify for SSI) would not be subject to the

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work requirement because there are no “work-eligible” adults in the household. An adult TANF recipient must be exempted from the work requirement, whereas SSI has no work requirements.

<sup>8</sup> In July 2013, six states did include an SSI recipient in the TANF assistance unit, and five of those states counted at least some of the SSI recipient’s income or assets when determining the TANF unit’s income or assets. See Welfare Rules Databook: <http://anfdata.urban.org/wrd/databook.cfm>.

<sup>9</sup> Each state determines its state supplement amount (see <http://www.socialsecurity.gov/ssi/text-benefits-ussi.htm>, accessed November 2, 2014). For average state supplements for child SSI benefits in 2014, see Table 7 of [https://www.socialsecurity.gov/policy/docs/statcomps/ssi\\_monthly/2014/](https://www.socialsecurity.gov/policy/docs/statcomps/ssi_monthly/2014/), accessed November 2, 2014.

<sup>10</sup> Because states might face penalties for not meeting federal TANF work requirements for their caseloads, there is an incentive to assist adult TANF recipients who cannot meet the work requirements to transition from TANF to the SSI program (Wamhoff and Wiseman 2005).

<sup>11</sup> Based on merged TANF and SSI administrative data for 26 states, the overlap between TANF and SSI recipients is fairly small; less than 6 percent of SSI applicants had received TANF in the several months before applying for SSI (Skemer and Bayes 2013). Some applicants appeared to apply for SSI first and then apply for TANF—presumably to provide immediate cash assistance—given the greater time needed to qualify for disability benefits.

<sup>12</sup> There is quantitative evidence on program interactions and population overlaps in the child SSI and AFDC/TANF cash benefit programs; see Garrett and Glied (2000), Burkhauser and Daly (2011), Schmitt (2012), Wamhoff and Wiseman (2005). However, there is limited qualitative evidence regarding these overlaps, particularly in recent years, which is especially important given the large changes in the SSI and TANF caseloads.

<sup>13</sup> ASPE selected these four states based on a number of quantitative and qualitative factors (including caseload sizes, geographic diversity, urban/rural status, nature of TANF program and broader safety net, special programs serving transition-age youth, and advocacy activity) and after consulting a range of independent experts.

<sup>14</sup> Both measures are *ratios* rather than program participation *rates*, given that not all children from low-income households are eligible for TANF or SSI, and some SSI recipients (less so for TANF) are above the low-income threshold. Ratios indicate program size relative to the population of low-income households, which helps control for the differences in the percentage of children in low-income households across states (see Wittenburg et al. 2015). All ratios are presented as percentages for ease of exposition and to facilitate comparisons between the two ratios.

<sup>15</sup> Communication with Office of Family Assistance, Administration for Children and Families, May 12, 2015. For further information on Oregon’s TANF program see: <http://www.dhs.state.or.us/caf/ss/tanf/>.

<sup>16</sup> In addition to Texas, 10 other states (Arkansas, Florida, Georgia, Illinois, Indiana, Louisiana, Mississippi, North Carolina, Oklahoma, and Wyoming) had more child SSI recipients than child TANF cash benefit recipients in 2013 (see Wittenburg et al. 2015).

<sup>17</sup> A recent study of 30 state TANF programs observed widespread difficulty in responding to the recession despite growing need, given limited federal TANF funding, competing state priorities, and diminishing state and local budgets (Brown and Derr, 2015). For a broader analysis of the consequences of state decisions in allocating federal TANF funding and in accounting for required state funding, see Schott et al. 2015.

<sup>18</sup> As required by law, all four study states exempted adult TANF applicants with a disability and caregivers of children with a disability from TANF work requirements. In these states, if the TANF applicant seeks such an exemption, he or she must provide a physician’s documentation, but the

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applicant or household members are not necessarily referred to SSI or to other services or assistance programs.

<sup>19</sup> In Texas, TANF applicants who might be eligible receive an application and instructions on how to apply for SSI; the state requires that all TANF applicants believed to be eligible for SSI must apply to this program in order to receive TANF cash assistance (if found eligible, the SSI benefit would either replace TANF cash benefits or support members of the household who are not eligible for SSI). Kentucky has no formal process for referring TANF beneficiaries to SSI. Interviewees said that referrals are not necessary, as most applicants already know about the SSI program, given the number of households in the community that receive SSI benefits.

<sup>20</sup> Berkowitz and DeWitt (2013) provide an historical account of the SSI program that emphasizes the continuing state role in administration, despite the intent of Congress in 1972 to create a federally uniform and administered program to replace the variety of federal-state programs providing cash assistance to blind, disabled and elderly persons. State involvement includes operating state Disability Determination Services (DDS) offices, determining eligibility and benefit levels for state supplemental benefits and, in some states, administering supplemental benefits.

<sup>21</sup> An important state administrative factor may involve state DDSs, given the large variation in child SSI allowance (or applicant approval) rates across states. For example, in 2013, 38 percent of initial applicants to the child SSI program nationally were approved ultimately, but allowance rates for child SSI applications ranged from 27 percent in Louisiana to 66 percent in Wyoming (see Wittenburg et al., 2015). Another potentially important factor, beyond the scope of this analysis, is state and county variation in TANF cash benefit levels; for an analysis of the effect of state AFDC benefit levels on SSI caseload variation see Garrett and Glied (2000).

<sup>22</sup> Burkhauser and Daly (2013) conclude that increases in child SSI caseloads appear to be “primarily policy-driven,” and emphasize in particular the theoretical importance of state incentives under TANF to facilitate SSI applications.

<sup>23</sup> An Institute of Medicine report on mental disabilities and disorders among low-income children (Boat and Wu, 2015) concludes that it is “likely that a sizeable number of families that include a child with a disabling mental disorder are not supported by SSI benefits.” The report regards the state variation in child SSI program participation as “as a significant and concerning observation.”

<sup>24</sup> Duggan and Kearney (2007) estimate that participation in the child SSI program increases total household income by an average of approximately \$316 (or 20 percent) per month and that for every \$100 in child SSI benefits, total household income increases by at least \$72. They also estimate that participation in child SSI reduces the probability that a child lives in poverty by approximately 11 percent. A separate question regards the long-term effect of child SSI participation on recipient outcomes as young adults, such as poverty and employment. Better understanding of long-term effects would be valuable, recognizing the substantial legal, ethical and logistical challenges in answering this question through a rigorous experiment. For discussion of the available evidence regarding long-term outcomes of child SSI recipients see Wittenburg (2011).

## Appendix A. Summary of states and counties visited

Site characteristics	
State (county)	Characteristics
Kentucky (Breathitt County)	Rural county with some of the highest unemployment and poverty rates in the United States <ul style="list-style-type: none"> <li>• Relatively high SSI-child low-income population ratio (6.1 percent)</li> <li>• Relatively high TANF-child low-income population ratio (10.3 percent)</li> </ul>
Oregon (Morrow and Polk Counties)	Populated counties that include Salem (the state capital) and Portland (the largest city in the state) <ul style="list-style-type: none"> <li>• Low SSI-child low-income population ratio (2.8 percent)</li> <li>• Relatively high TANF-child low-income population ratio (19.6 percent)</li> </ul>
Pennsylvania (Philadelphia County)	Urban area with a high concentration of children receiving SSI (22 percent of the population, including children, adults, and elderly adults, receive SSI) <ul style="list-style-type: none"> <li>• Relatively high SSI-child low-income population ratio (7.2 percent)</li> <li>• Relatively high TANF-child low-income population ratio (12.0 percent)</li> </ul>
Texas (Harris County)	Urban area (that includes Houston) with a high concentration of SSI recipients <ul style="list-style-type: none"> <li>• Close to national average SSI-child low-income population ratio (4.3 percent)</li> <li>• Low TANF-child low-income population ratio (2.3 percent)</li> </ul>

Notes: *High, low, and average* qualifiers are derived by comparing the state SSI-child low-income population and state TANF-child low-income population ratios to the national average for these programs. All ratios are shown in Exhibit 1.

SSI = Supplemental Security Income; TANF = Temporary Assistance for Needy Families.

## Appendix B. Organizations and stakeholders consulted during site visits

	Stakeholders consulted
<b>All states</b>	<b>Description</b>
SSA	Staff at the local SSA field office explained the SSI application process, referral sources for applicants, and relationships with other local agencies
State TANF, SNAP, and Medicaid/CHIP administrators	Administrators of safety net programs provided an overview of the state's public assistance environment, helped identify local offices to visit, and identified programs to link children with health conditions to the SSI program
Local TANF and other program administrators	Staff at local TANF offices explained the TANF application process, work and other requirements for adult applicants, and how they identify and refer TANF applicants or household members with disabilities to the SSI program
Legal Aid staff	Legal Aid staff explained how they refer households to SSI, how they assist households with the application and appeals processes, and the barriers households face in applying for SSI for children
<b>State-specific topical discussion guides</b>	<b>Description</b>
Health services providers	In Oregon, Pennsylvania, and Texas, health care providers, including staff of a clinic affiliated with a children's hospital, a visiting nurse, and a team administering special services for children with disabilities funded through Medicaid, described their referral processes to the SSI program and how they assist with appeals of eligibility denials
School teachers and personnel	In Oregon and Texas, school staff, including a school social worker and special education teachers, described their referral processes and the barriers households face in applying for child SSI

Note: Mathematica researchers conducted interviews using a common set of interview protocols to allow for comparison across sites: one protocol for state program administrators, one for SSA field office officials, one for local TANF office staff, and one for staff of health care organizations and other service providers.

CHIP = Children's Health Insurance Program; LIHEAP = Low-Income Home Energy Assistance Program; SNAP = Supplemental Nutrition Assistance Program; SSA = Social Security Administration; SSDI = Social Security Disability Insurance; SSI = Supplemental Security Income; TANF = Temporary Assistance for Needy Families.

## Appendix C. TANF program characteristics in site visit states

Program characteristics	Kentucky	Oregon	Pennsylvania	Texas
Mandatory job search at application	No	No	Yes	No
Inclusion of SSI recipients in the assistance unit	No	No	No	No
Income eligibility test	Gross income <sup>a</sup>	Gross income <sup>b</sup>	Net income <sup>c</sup>	Net income <sup>d</sup>
Maximum monthly income for initial eligibility for a household (of three) with no income	\$908	\$616	\$681	\$401 <sup>e</sup>
Maximum monthly benefit for a household (of three) with no income	\$262	\$506	\$403 <sup>f</sup>	\$271
State lifetime time limit policies	60 months	60 months <sup>g</sup>	60 months	60 months
State time limit exemption policies for an individual caring for an ill or incapacitated person	No	Yes	No	No <sup>h</sup>
Has a solely state funded program <sup>i</sup>	No	Yes	Yes	No
Program operated by county	No	No	No	No

Source: Welfare Rules Databook (WRD), Urban Institute, available at <http://anfdata.urban.org/wrd/databook.cfm>.

Note: State lifetime time limit policies apply to entire TANF household unit unless otherwise noted.

<sup>a</sup> 185 percent of standard of need.

<sup>b</sup> 100 percent of countable income.

<sup>c</sup> 100 percent of standard of need. The TANF standard of need, sometimes called the budgetary needs standard, is a dollar amount the state defines and uses for calculating TANF eligibility. How the need is defined varies by state, as does the dollar amount. The calculation typically is based on household size and might include the cost of basic needs, such as shelter, food, clothing, personal needs, household supplies, and fuel and utilities, among other expenditures.

<sup>d</sup> 100 percent of budgetary needs standard.

<sup>e</sup> The dollar amount to calculate benefit varies within the state, either by county or region. Calculations are based on the dollar amount that applies to the majority of the state. See WRD for more information.

<sup>f</sup> The dollar amount to calculate benefit varies within the state, either by county or region. Calculations are based on the dollar amount that applies to the majority of the state. See WRD for more information.

<sup>g</sup> Limit applies only to adults. Oregon's 60-month lifetime limit retroactively affects recipients; all months of benefit receipt since July 2003 are counted against a unit's 60-month limit.

<sup>h</sup> This group is exempt from the benefit waiting period but not the lifetime limit.

<sup>i</sup> Solely State Funded programs are operated by some states in which state funds are used to provide non-TANF cash assistance to low-income households that are not counted when determining whether the state has achieved the federal work participation rate.

SSI = Supplemental Security Income; TANF = Temporary Assistance for Needy Families.

## **Appendix D. Application processes in the four study states**

### **Kentucky**

Kentucky recently converted its Temporary Assistance for Needy Families (TANF) application system to a hotline service accessed through a statewide toll-free number, which applicants are encouraged to use. The hotline handles 23,000 calls each day, including inquiries about TANF, the recently expanded Medicaid program, and other benefits. Callers do not necessarily reach a nearby office. Although initiating the application by telephone might be convenient, hold times are reportedly lengthy, and the personal attention that occurs in a face-to-face meeting might be lacking. In Breathitt County, the local TANF office we visited serves a relatively small geographic area and accepts walk-in applications. However, only one staff member is assigned to process TANF applications, as more experienced staff members now cover the telephone line and newer employees are assigned front office duties.

In-person applicants complete a screening form and generally wait 15 minutes to 1 hour to be seen. The caseworker uses the information on the screening form to complete applications online. Most applicants apply for all programs for which they could be eligible, including the Supplemental Nutrition Assistance Program (SNAP), TANF, Medicaid/Children's Health Insurance Program (CHIP), and Low-Income Home Energy Assistance Program (LIHEAP). At the conclusion of the telephone call or in-person interview, the caseworker makes an appointment with the local TANF office to complete the application and submit required paperwork. TANF recipients must work 20 to 30 hours each week as volunteers or competitive employment to maintain eligibility for benefits, unless they are ill or incapacitated, care for someone who is or for a child younger than 12 months old, or if they are 60 years or older.

### **Oregon**

TANF applicants must fill out a paper application and submit it to a local Department of Human Services (DHS) office. The applicant can visit a DHS office to obtain an application or download it from the Internet. It is not possible to complete the TANF application online, although DHS is planning to convert to an online system. The application is available in a variety of languages, and the accompanying information describes the application process, including what to bring to the interview at the DHS office. Oregon has a combined application that enables households to apply for TANF, child care assistance, assistance with addressing domestic violence, and SNAP. Applicants also can apply for SNAP separately online, and applications for Medicaid/CHIP must be submitted separately.

After a TANF applicant is deemed eligible, the applicant meets with a caseworker to discuss his or her employment potential. The TANF application includes several questions that enable an applicant to identify whether the applicant's household includes children or adults with a disability, including whether the applicant receives or has applied for Supplemental Security Income (SSI). Although caseworkers are not experts in identifying disabilities, they have basic training from Oregon's State Family Pre-SSI-SSDI Program.

## **Pennsylvania**

In Pennsylvania, low-income individuals can submit TANF applications online, by mail or fax, in person at a local DHS County Assistance Office (CAO), or through nonprofit community partners. They can apply for a variety of programs, including TANF, SNAP, Medicaid/CHIP, and LIHEAP. Applicants usually apply to more than one of these programs through COMPASS, a web-based application, which processes approximately one-third of all applications.

Anyone can enter a CAO office and complete an application without an appointment. Applications are available in several languages. CAO walk-ins often must wait several hours or return the next day to be seen. An in-person appointment is required after an application is completed. CAO workers are not assigned a caseload of applicants; rather, each worker processes applications for a specific program. An interviewer reviews the completed form with the applicant to help enter missing or incomplete information. Interviewers also inform the applicants about required supporting documentation which must be submitted within 30 days of application. The applicant's interviewer remains the same throughout the process.

The number of TANF applications that are approved has decreased substantially, with roughly 75 percent of applicants rejected for reasons such as failing to submit required paperwork within 30 days or for not proving they are looking for work by submitting three job applications per week during the application process.

## **Texas**

Applicants to Texas public assistance programs are strongly encouraged to apply online; the TANF program receives more than two-thirds of its applications this way. Supporting documents can be uploaded online, and the online application is available in English and Spanish. The same application can be used to apply for TANF, SNAP, and Medicaid/CHIP; most households apply for multiple programs at the same time. Clerical staff help walk-in applicants with the application. Applicants are encouraged to apply online while visiting the office by using computers provided in the lobby, but paper applications also are accepted. Local office staff reported that they may make referrals to other programs, such as SSI or housing assistance.

After an application is submitted, a caseworker screens it to flag any need for emergency services, ensure that it is complete, and schedule an interview with the applicant. The majority of TANF interviews take place by telephone. After all information in the application is verified, applicants are required to attend a Workforce Solutions class, which teaches resume-building and job-seeking skills, before they are determined to be eligible. After becoming eligible, recipients must meet job-seeking benchmarks, and exceptions to this requirement are made only if the applicant has a disability or cares for a child with a disability. Recertification of TANF eligibility is required every six months.

The local office we visited in Houston handles 2,000 to 3,000 applications per month for all programs. Staff reported a decrease in TANF applications and an increase in Medicaid/CHIP and SNAP applications over the past five years.



## Appendix E. Information regarding disability and SSI participation on TANF applications

	Kentucky	Oregon	Pennsylvania	Texas
<b>Can the application be completed online?</b>	No, not by applicants, but staff can complete the application online	No, but an online application is being developed	Yes	Yes
<b>Programs included on TANF application</b>	Medicaid/CHIP	Child care, SNAP	Medicaid/CHIP, SNAP; applicants can also express interest in SSI and a variety of nonprofit, state, and federal programs	SNAP, Medicaid/CHIP
<b>Disability questions</b>	None	Includes the questions "Does this person have a disability?" for each member of the household and "Does anyone you are applying for have a disability that will last more than 12 months?"	Includes the question "Is anyone disabled, seriously ill, or in need of medical attention?"	Includes the question "Does anyone have a disability?"
<b>Application for SSI questions</b>	None	Includes the questions "Has anyone in your home applied or considered applying for disability benefits through the Social Security Administration?" and "If yes, was the application: approved, denied, or pending?"	Includes the question "Has anyone applied for any of these benefits?" (SSI is an option)	Includes the question "Is anyone waiting for an answer on an application for one of the programs listed below?" (includes SSI)
<b>Household income and SSI</b>	In follow-up to the online application, staff ask applicant to list all household members who receive income from any source, including SSI	Includes the question "Does anyone in your home get money from places other than work?" (SSI is listed as an option)	Includes a question about the income, including SSI, of any child or adult and the question "Has anyone received SSI in the past?"	Includes the question "Does anyone get, or expect to get, any of the types of money listed below?" (SSI is listed as an option)

CHIP = Children's Health Insurance Program; SNAP = Supplemental Nutrition Assistance Program; SSI = Supplemental Security Income; TANF = Temporary Assistance for Needy Families.

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