

PROFILE OF THE ACTIVE CASELOAD: LONG-TERM DISABLED CASEHEADS

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EXECUTIVE SUMMARY

Although the Temporary Cash Assistance (TCA) caseload increased across the board from October 2007 to October 2011, some portions of the caseload increased at an even faster pace. One such portion of the caseload is long-term disabled caseheads, who increased over 80% in that period, compared to 35% overall caseload growth.

While this rapid growth would be enough to garner attention, the long-term disabled caseload is solely state-funded, meaning that Maryland pays for these families out of general funds, rather than out of the federal block grant or state-level maintenance-of-effort (MOE) funds. Maryland can recoup the funds it spends on these families if they move to the federal Supplemental Security Income (SSI) program, however. This means that Maryland has a strong incentive to encourage caseheads to apply for SSI.

In this report, we profile this growing population, describing its demographics, cash assistance receipt history, and work history. We also examine whether long-term disabled caseheads are complying with the requirement to apply for SSI and explore differences between applicants and non-applicants.

Demographics

Compared to the rest of the active caseload, long-term disabled caseheads differ in significant ways: they are more likely to be Caucasian; more likely to be male; more likely to be divorced, separated, or widowed; older; and less likely to have finished high school. Long-term disabled caseheads' households are more likely to include two adults and less likely to be child-only. These households tend to include more children, and those children tend to be older than the children in other households.

The exact nature of the casehead's disability is unlikely to be recorded, although disabilities related to mental health appear

to be more common than disabilities related to physical health. Long-term disabled caseheads are also more likely to have a spouse or other case member with a disability than other caseheads in the active caseload.

Work and Welfare History

Whether examined over the previous two years, previous year, or the current quarter, long-term disabled caseheads are significantly less likely to be employed than other caseheads in the active caseload. When they do work, long-term disabled caseheads also earn less than other caseheads.

Furthermore, long-term disabled caseheads have significantly lengthier histories with TCA than other caseheads, and this is true whether the previous ten years, five years, or year are considered. Not surprisingly, long-term disabled caseheads also have more months of TCA receipt counted toward the federal 60-month time limit.

Despite their considerable histories with TCA, we found that over half of long-term disabled caseheads had only been designated as such for a year or less. Less than one in ten were designated as long-term disabled for over four of the previous five years.

SSI Applications

Three-quarters of long-term disabled caseheads have applied for SSI benefits at some point in the previous five years, and one in three who have not applied for themselves have a case member with an application.

It is not uncommon to apply more than once before receiving SSI, and long-term disabled caseheads have up to five applications in the previous five years. For the first or second application, the most

common reason for denial is that the casehead is capable of substantial gainful activity; in later applications, it appears that caseheads are not submitting required medical documentation.

In terms of differences between applicants and non-applicants, we find that non-applicants are more likely to be female; more likely to be African-American; more likely to be married; less likely to be divorced, separated, or widowed; younger; and less likely to have finished high school. Aside from marital status and education, they are more likely to fit the profile of a typical TCA recipient. While non-applicants do have fewer months of TCA receipt, on average, the difference is practically small.

Where applicants and non-applicants really differ is in how long they have been labeled as long-term disabled and in their work histories. Compared to non-applicants, applicants have been designated as long-term disabled for eight more months, and applicants are significantly less likely to have been employed in the previous two years, previous year, and current quarter. This indicates that non-applicants may simply have not applied yet.

With this report serving as a baseline, we intend to follow up on these long-term disabled caseheads. We are interested in how many caseheads are eventually approved for SSI and how long it takes

these caseheads to be approved, as well as how many long-term disabled caseheads remain on TCA.

Already, however, we can identify some areas for improvement. It is difficult to say how to better assist SSI applicants if we are unable to even state what their disabilities are, so accurately documenting long-term caseheads' disabilities is a necessary first step.

Furthermore, the reasons for denial for third and later applications suggest that caseheads may be having trouble with the SSI application process and requirements rather than simply being ineligible. Having some expert help in navigating the process may be crucial to getting SSI applications approved. Perhaps the Department of Human Resources could partner with volunteers familiar with the SSI process to assist clients with their applications.

With the empirical data we have gathered thus far—and with the data we plan to gather in the future—Maryland is well-equipped to determine the best way to manage its long-term disabled TCA caseload.

INTRODUCTION

As a result of the Great Recession, the Temporary Cash Assistance (TCA) caseload in Maryland has increased for the first time since the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in the mid-1990s. From March 2007, when caseloads were at their lowest point, to October 2011, the number of families receiving assistance grew over 40% (Maryland Department of Human Resources, 2012). Some subgroups of the TCA caseload increased more rapidly than others. For example, while the population of work-eligible single parents grew about as much as overall caseload growth, the long-term disabled proportion of the caseload grew much more quickly: between October 2007 and October 2011, it grew by over 80% (Nicoli, Passarella, & Born, 2012). Long-term disabled TCA recipients were the third-largest caseload designation in October 2011, behind work-eligible single parents and child-only cases.

Although growth of this magnitude alone would merit study of this population, that growth also coincided with certain programmatic changes that may have affected the long-term disabled population as well. In 2010, the contract for the Disability Entitlement Advocacy Program (DEAP), whose purpose was to help long-term disabled TCA recipients with their mandatory application for Supplemental Security Income (SSI), was ended. Long-term disabled TCA recipients are still required to apply for SSI as a condition of receiving assistance, but the state of Maryland no longer provides advocates to assist them with the process. While it is not

clear the extent to which DEAP was successful in assisting clients with SSI application approvals, we do know that Temporary Assistance for Needy Families (TANF) recipients have a higher denial rate for initial SSI applications than non-TANF SSI applicants (MDRC, 2011). TANF recipients who apply for SSI are more likely to be awarded on appeal than at the initial application stage (MDRC, 2011), meaning that support may be integral to the success of TCA recipients in applying for SSI.

In order to better understand this growing population, this report provides a snapshot of Maryland's long-term disabled TCA caseload in October 2011. We answer the following questions:

1. What are the demographic characteristics of the long-term disabled population? What are their disabilities?
2. What are their histories with TCA? How long have they been considered long-term disabled?
3. Are they complying with the requirement to apply for SSI? If yes, what are the reasons for denial?

This report is particularly important because the long-term disabled TCA caseload is solely state-funded, unlike typical single-parent or child-only cases. In this time of diminished revenues and budget cuts, policymakers and program administrators need solid empirical evidence about the people they serve, possibly more than ever before.

BACKGROUND

Nationally, evidence shows that people with disabilities are overrepresented in the TANF population. Examining 11 different measures of disability, Loprest and Maag (2009) found that adult TANF and Supplemental Nutrition Assistance (SNAP) recipients had higher rates of disability than all adults and low-income single mothers who did not receive assistance. About 10% of TANF recipients have “significant limitations in self-care or routine activities” and an additional 30% have “an emotional or mental health limitation, a sensory limitation (vision or hearing), a cognitive limitation, a social limitation, a work limitation, or [are] receiving disability benefits” (Loprest & Maag, 2009: 23). Using the latter measure, less than 20% of both low-income single mothers who do not receive assistance and the entire adult population have a disability. Reviewing several studies on the prevalence of disabilities in the TANF population, Nadel, Wamhoff, and Wiseman (2003/2004) found that 32-44% of adult TANF recipients have disabilities or health limitations. In studies that compared adult TANF recipients to other adults, researchers found that 12-16% of the general adult population has a disability and 20% of low-income single mothers who do not receive assistance have disabilities.

Given the prevalence of people with disabilities in the TANF population, it is no surprise that many TANF recipients apply for SSI. Additionally, SSI benefits are more generous than TANF benefits. The 2011 federal SSI benefit is \$674 for an individual (Social Security Administration, 2011)¹, compared to \$574, the 2011 maximum cash benefit for a family of three in Maryland (Finch & Schott, 2011). According to one

analysis, 6-8% of TANF/SSP² recipients in any given month have an active SSI application, and over 20% of TANF/SSP recipients applied for SSI at some point in a 10-year period (MDRC, 2011). Slightly less than 20% of all TANF cases include an SSI recipient, but only 7% of SSI applicants received TANF/SSP (MDRC, 2011).

Despite the overlap in population served, the TANF and SSI programs have different requirements for receipt that can work against each other. On one hand, TANF requires recipients to participate in work or work preparation activities as a condition of receiving assistance, since the goal of TANF is to reduce dependence and encourage sustainable employment. On the other, SSI recipients *may* work, but they *must* show that they are unable to sustain “substantial gainful activity” in order to qualify for the program. State TANF programs also have to consider compliance with the Americans with Disabilities Act (ADA). Federal TANF regulations make no exemptions from work requirements for people with disabilities, but ADA rules may require accommodations like shorter work weeks.

Federally, policymakers have noted the issues that TANF recipients with disabilities face, and there is a project underway to facilitate movement from TANF to SSI (Office of Planning, Research & Evaluation, n.d.). The TANF/SSI Disability Transition Project, jointly administered by the Administration for Children and Families (which manages TANF) and the Social Security Administration, seeks to identify the amount of overlap between the programs as well as ascertain effective methods of working with TANF recipients who may be eligible for SSI. Currently, the project is

¹ Maryland supplements the federal SSI payment but only for individuals living in a care home, assisted living facility, or rehabilitative residence (Social Security Administration, 2010).

² Separate State Programs, or SSPs, are administered by state TANF agencies and funded solely by state dollars. In practice, they are quite similar to states' TANF programs.

examining the success of its pilot programs (MDRC, n.d.). This has the potential to be very useful to state TANF programs in helping bridge the TANF/SSI divide.

In Maryland, cash assistance to long-term disabled customers is offered through a solely state-funded program that excludes these customers from calculation in the work participation rate.³ This flexibility allows customers to avoid jeopardizing their SSI applications in order to receive cash assistance. While this is more expensive for the state in the short term, there are two benefits: first, there is a greater chance of meeting the required work participation rate by excluding people with disabilities and thus avoiding federal penalties. Second, it is in the state's best interest fiscally to increase SSI approval. These cases are much less expensive in the long-term, as the state pays the entire cost of assistance payments to long-term disabled TCA customers, but it does not contribute any funds toward SSI assistance payments. Furthermore, the federal government reimburses states that provide cash assistance to SSI applicants who are ultimately accepted into the program.

Previous research in Maryland has shown that the long-term disabled TCA population is somewhat different from the TCA population that was not part of an SSP (Ovwigbo, Born, and Saunders, 2006). A 2006 report found that long-term disabled TCA customers were less likely to be female (91.8% vs. 97.2%), less likely to be African-American (57.2% vs. 85.3%), more likely to be Caucasian (40.0% vs. 13.3%), older (mean age 37.5 vs. mean age 29.5), had slightly older children (average age of youngest child was 5.1 years compared to 4.6 years) and had longer current welfare spells (average 21 months vs. 13 months), all of which are similar to findings on a national scale (MDRC, 2011). The current demographic and participation profile is likely similar to what this research found.

The goal of this report is to determine how Maryland's long-term disabled TCA caseheads compare to the rest of the active caseload, as well as to inform how the state might better guide these recipients toward SSI approval.

³ The solely state-funded (SSF) program that currently aids the long-term disabled is different from the SSPs discussed earlier. SSFs are not counted in states' maintenance of effort spending while SSPs are.

METHODS

This section describes how we defined our sample, the sources that supplied data on those individuals, and the methods we used to analyze those data to answer our research questions, listed in the introduction section above.

Sample

Each year, the *Life on Welfare* report analyzes the characteristics and patterns of welfare receipt and work participation among the universe of active Temporary Cash Assistance (TCA) cases and caseheads in the month of October, or a representative sample of that universe. In October 2011, Maryland's TCA program served 27,285 active cases. Of these, 3,233 cases were designated as "long-term disabled."

The caseheads on these long-term disabled cases comprise the population of interest for this report. Not all of these caseheads are disabled themselves—sometimes another case member is disabled instead—but we refer to these caseheads as "long-term disabled" or "disabled" to simplify the discussion. We focus on the characteristics of these caseheads on long-term disabled cases and their SSI applications in this report.

Data Sources

Findings are based on analyses of administrative data retrieved from computerized management information systems maintained by the State of Maryland. Individual- and case-level demographic characteristics and program participation data come from the Client Automated Resources and Eligibility System (CARES) while employment and earnings data were obtained from the Maryland Automated Benefits System (MABS).

CARES

CARES became the statewide automated data system for certain DHR programs in March 1998. It provides individual and case level program participation data for cash assistance (TCA), Food Supplement (formerly Food Stamps), Medical Assistance, and Social Services. Demographic data are provided, as well as information about the type of program, application and disposition (denial or closure) date for each service episode, and codes indicating the relationship of each individual to the head of the assistance unit.

MABS

MABS includes data on quarterly employment and earnings from all employers covered by the state's Unemployment Insurance (UI) law (approximately 91% of Maryland jobs). Independent contractors, sales people on commission only, some farm workers, federal government employees (civilian and military), some student interns, most religious organization employees, and self-employed persons who do not employ any paid individuals are not covered. "Off the books" or "under the table" employment is not included, nor are jobs located in other states.

In Maryland, which shares borders with Delaware, Pennsylvania, Virginia, West Virginia and the District of Columbia, out-of-state employment is common. Overall, the rate of out-of-state employment by Maryland residents (17.5%) is over four times greater than the national average (3.8%)⁴. Out-of-state employment is particularly common among residents of two very populous jurisdictions (Montgomery County, 29.8%, and Prince George's County, 42.4%), which have the 5th and 3rd largest welfare

⁴Data obtained from U.S. Census Bureau website <http://www.factfinder.census.gov> using the 2008-2010 American Community Survey 3-Year Estimates for Sex of Workers by Place of Work—State and County Level (B08007).

caseloads in the state, and out-of-state employment is also common among residents of two smaller jurisdictions (Cecil, 31.1%, and Charles, 34.6%, counties). One consideration, however, is that we cannot be sure the extent to which these high rates of out-of-state employment also describe welfare recipients or leavers accurately.

Finally, because UI earnings data are reported on an aggregated, quarterly basis, we do not know, for any given quarter, how much of that time period the individual was employed (i.e. how many months, weeks, or hours). Thus, it is not possible to compute or infer hourly wages or weekly or monthly salary from these data. It is also important to remember that the earnings figures reported do not necessarily equal total household income; we have no information on earnings of other household members, if

any, or data about any other income (e.g. Supplemental Security Income) available to the family.

Data Analysis

This report uses univariate statistics to describe the profile of those individuals receiving TCA in October 2011 who were identified as having a long-term disability. More specifically, we present the group's demographic profile, their histories with the TCA program, and their histories of SSI application. Where appropriate, we employ Chi-square and ANOVA tests to compare and contrast recipients with long-term disabilities and the remainder of the October 2011 TCA caseload. The following chapters summarize our findings.

FINDINGS: DEMOGRAPHICS

In this section, we provide a profile of the October 2011 cash assistance cases headed by family members with a disability. First, we present the demographic characteristics of disabled caseheads, such as gender, race, ethnicity, age, and marital status. Next, we present the case characteristics, such as place of residence, size of the assistance unit, and ages of children on those cases. Finally, we present a more detailed profile of the disabilities these caseheads face.

What are the demographic characteristics of the long-term disabled population?

Table 1, following this discussion, shows that, compared to the rest of the active caseload, long-term disabled caseheads differ in significant ways: they are more likely to be Caucasian, more likely to be male, more likely to have married, older, and less likely to have finished high school.

More specifically, whereas 5.1% of the active caseload is male, men comprise 9.0% of the long-term disabled population. Further, there are significantly more non-Hispanic Caucasian caseheads among long-term disabled caseheads (30.6%) compared to the rest of the active caseload (18.2%). Long-term disabled caseheads also include a slightly higher percentage of divorced, widowed, or separated (17.2%) caseheads compared to the active caseload (12.1%). Some of this is likely due to a difference in age, as the age categories show that a higher proportion of long-term disabled caseheads are over the age of 36 (45.8% vs. 37.2%) and a smaller proportion are under 26 (13.8% vs. 30.1%). Also, while a majority of both groups did finish high

school, the percentage of those with a high school diploma was smaller among long-term disabled caseheads (58.4%) than among other caseheads (62.2%).

Table 1 also shows that cases with long-term disabled caseheads are different from cases in the rest of the active caseload: cases with long-term disabled caseheads have more children, are more likely to include two adults, have older children, and are slightly more concentrated in Baltimore City and in non-metropolitan areas.

The distribution of household types is presented as well. As we might expect, there is only one child-only case designated as long-term disabled, compared to nearly one-third of cases in the active caseload (32.8%). Many adults with disabilities apply for and receive TCA benefits in the interim while they wait for SSI applications to be approved, which can be a lengthy process. It makes sense, then, that these adults would all be recipients on these cases, while caseheads on other types of cases are not automatically recipients. The proportion of two-parent families is also higher among long-term disabled cases (7.0% versus 2.8%). Additionally, long-term disabled caseheads have more children: more than one-quarter (26.5%) of cases with a disabled casehead have three or more children, compared to 20.8% in other cases. These children also tend to be older, on average, than children on other types of cases (7.38 years versus 5.67 years). Finally, slightly more long-term disabled caseheads and their families lived in Baltimore City (47.9% versus 43.4%) or in non-metropolitan areas (17.5% versus 13.8%).

Table 1. Casehead and Case Demographic Characteristics

	Long-Term Disabled (n=3,233)	Not Long-Term Disabled (n=24,052)	Total (n=27,285)
Gender***			
Female	91.0% (2,943)	94.9% (22,821)	94.4% (25,764)
Male	9.0% (290)	5.1% (1,231)	5.6% (1,521)
Race and Ethnicity***			
African American^	65.9% (2,107)	76.2% (17,210)	75.0% (19,317)
Caucasian^	30.6% (978)	18.2% (4,116)	19.8% (5,094)
Hispanic	2.1% (66)	4.5% (1,012)	4.2% (1,078)
Other^	1.4% (44)	1.1% (238)	1.1% (282)
Marital Status***			
Never married	75.0% (2,412)	79.4% (18,460)	78.8% (20,872)
Married	7.7% (248)	8.1% (1,891)	8.1% (2,139)
Divorced, separated, or widowed	17.3% (556)	12.5% (2,909)	13.1% (3,465)
Age***			
25 and younger	13.8% (447)	30.1% (7,243)	28.2% (7,690)
26 - 35 years	40.4% (1,306)	32.7% (7,858)	33.6% (9,164)
36 and older	45.8% (1,480)	37.2% (8,951)	38.2% (10,431)
Education Level***			
Did not finish grade 12	41.6% (1,333)	37.8% (8,370)	38.3% (9,703)
Finished grade 12	58.4% (1,872)	62.2% (13,784)	61.7% (15,656)
Household Type***			
Child-only case	0.0% (1)	32.8% (7,894)	28.9% (7,895)
Single adult, no children	3.2% (102)	2.7% (657)	2.8% (759)
Single adult, children	89.8% (2,903)	61.7% (14,830)	65.0% (17,733)
Two-adult family	7.0% (227)	2.8% (671)	3.3% (898)
Number of Children***			
0	3.3% (108)	2.8% (675)	2.9% (783)
1	41.7% (1,349)	49.2% (11,838)	48.3% (13,187)
2	28.5% (920)	27.2% (6,540)	27.3% (7,460)
3 or more	26.5% (856)	20.8% (4,999)	21.5% (5,855)
Age of Youngest Child			
Under 3***	25.6% (817)	42.3% (9,957)	40.3% (10,774)
Mean*** [median]	7.38 [6]	5.67 [4]	5.87 [4]
Place of Residence***			
Baltimore MSA	21.8% (705)	22.8% (5,490)	22.7% (6,195)
Washington, DC MSA	12.8% (413)	19.9% (4,785)	19.1% (5,198)
Non-MSA Counties	17.5% (566)	13.8% (3,325)	14.3% (3,891)
Baltimore City	47.9% (1,548)	43.4% (10,449)	44.0% (11,997)

Note: "MSA" refers to metropolitan statistical area. Counts may not sum to actual sample size because of missing data for some variables. Valid percentages are reported. *p<.05 **p<.01 ***p<.001 ^=non-Hispanic

What are their disabilities?

Table 2, following this discussion, presents detailed information about the disabilities that long-term disabled caseheads have. Unfortunately, more than one in ten (12.2%) cases did not have anything entered in this field, and an additional three in four (75.7%) described the casehead’s disabling

condition as “Other Disease.” Of the information that was categorized more specifically, the two most common disabilities involve mental health: 4.8% were categorized as “psychiatric” and another 3.3% of disabilities were categorized as “depression.” The most common physical disabilities are back pain (1.9%) and cancer (0.5%).

Table 2. Caseheads’ Disabilities

	Long-Term Disabled (n=3,233)
Unknown, not applicable	12.2% (394)
Other Disease	75.7% (2,446)
Psychiatric	4.8% (154)
Depression	3.3% (107)
Back Pain	1.9% (61)
Cancer	0.5% (17)
Diabetes	0.3% (11)
AIDS	0.2% (7)
Bone Fracture	0.2% (6)
Heart Disease	0.2% (5)
Drug Abuse	0.2% (5)
Visual Impairment	0.1% (4)
Not Disabled - Case Denied	0.1% (4)
Organ Malfunction	0.1% (3)
Visual and Hearing	0.1% (3)
Alcoholism	0.1% (2)
Arthritis	0.1% (2)
Hearing Impaired	0.0% (1)
Mentally Incompetent	0.0% (1)
Incapacitated	0.0% (0)
Black Lung	0.0% (0)

Note: Counts may not sum to actual sample size due to missing data. Valid percentages are reported.

*p<.05 **p<.01 ***p<.001

The final table in this findings chapter, Table 3, presents information on whether additional case or family members have a disability. Compared to the rest of the active caseload, long-term disabled caseheads are far more likely to have either a spouse (41.9% versus 2.2%) or another case member such as a child (17.0% versus 7.6%) with a disability. While this could be

the result of the long-term disabled caseload designation referring to a child or a spouse rather than the casehead, it also suggests that some long-term disabled caseheads may need a range of supportive services, as they may have to manage the disabilities of other family members in addition to their own disabilities.

Table 3. Disabilities among other Casemembers

	Long-Term Disabled (n=3,233)	Not Long-Term Disabled (n=24,052)	Total (n=27,285)
Does the Casehead's Spouse Have a Disability?***			
Yes	41.9% (95)	2.2% (15)	12.2% (110)
No	58.1% (132)	97.8% (656)	87.8% (788)
Valid N	(227)	(671)	(898)
Does Another Casemember Have a Disability?***			
Yes	17.0% (551)	7.6% (1,827)	8.7% (2,378)
No	83.0% (2,682)	92.4% (22,225)	91.3% (24,907)

Note: Counts may not sum to actual sample size because of missing data for some variables. Valid percentages are reported. *p<.05 **p<.01 ***p<.001

FINDINGS: WORK AND WELFARE HISTORIES

In this second findings chapter, we examine long-term disabled caseheads' histories with Maryland UI-covered employment and cash assistance receipt. A common reason for denial of SSI benefits is that the individual is capable of substantial gainful activity, so we compare long-term disabled caseheads with the rest of the active caseload to see if long-term disabled caseheads are less likely to be employed and if they earn less than other caseheads. We also explore long-term disabled caseheads' past experiences with TCA, again comparing them with the remaining portion of the active caseload. Because the SSI application process is so involved, we expect that long-term disabled caseheads spend more time on TCA than other recipients. Finally, we assess how long caseheads have been labeled as long-term disabled.

What are recipients' histories with Maryland UI-covered employment?

Table 4, below, presents the recent work and earnings histories of caseheads on long-term disabled cases, comparing them to caseheads whose cases are not designated as long-term disabled. As we might expect, being disabled or having a disabled family member has severely limited long-term disabled caseheads' labor-force participation. In every measuring period, these caseheads are less likely to be working, work in fewer quarters, and earn less money when they are working. For example, in the two years before October 2011, about one-third (34.0%) of long-term disabled caseheads worked in at least one quarter, compared to half (51.6%) of other caseheads. Of those who did work in this period, long-term disabled caseheads worked in fewer quarters (3.08 versus 4.18)

and earned less (\$8,356 versus \$16,351 in total earnings).

Similar comparisons can be made in the year prior to October 2011: 19.4% long-term disabled caseheads worked in at least one quarter, compared to 39.7% of other caseheads; long-term disabled caseheads worked an average of 2.00 quarters while other caseheads worked 2.56 quarters, on average; and long-term disabled caseheads earned about half of what other caseheads earned (average total earnings of \$4,647 versus \$9,437). In the quarter containing October 2011, the same patterns are again present. A quarter (27.6%) of other caseheads were employed, earning 3,522, on average, compared to an average of \$2,305 among the 9.1% of long-term disabled caseheads who were employed in that quarter.

What are recipients' histories with TCA?

In Table 5, below, we explore the extent to which caseheads labeled as long-term disabled have received cash assistance in the last ten years, the last five years, the last year, and how close these caseheads are to reaching the lifetime maximum number of months of receipt in the state of Maryland (which is the same as the federal limit, 60 months).

We find that caseheads who are long-term disabled used more months of assistance in each period we examine. In the last ten years, long-term disabled caseheads received assistance for an average of 42.65 months (out of a possible 120 months), compared to an average of 34.59 months of receipt among all other active caseheads in

Table 4. Employment and Earnings Histories

	Long-Term Disabled (n=3,232)	Not Long-Term Disabled (n=23,472)	Total (n=26,704)
Previous Two Years (10/09 - 09/11)			
Worked***	34.0% (1,098)	51.6% (12,106)	49.4% (13,204)
Mean quarters worked***	3.08 [2]	4.18 [4]	4.09 [4]
Mean [median] quarterly earnings***	\$2,025 [\$1,368]	\$2,845 [\$1,781]	\$2,777 [\$1,741]
Mean [median] total earnings***	\$8,356 [\$3,375]	\$16,351 [\$6,272]	\$15,686 [\$5,990]
Previous Year (10/10 - 09/11)			
Worked***	19.4% (628)	39.7% (9,311)	37.2% (9,939)
Mean quarters worked***	2.00 [2]	2.56 [3]	2.52 [2]
Mean [median] quarterly earnings***	\$1,841 [\$1,200]	\$2,888 [\$1,684]	\$2,822 [\$1,651]
Mean [median] total earnings***	\$4,647 [\$2,100]	\$9,437 [\$3,947]	\$9,135 [\$3,786]
Fourth Quarter of 2011 (10/11 - 12/11)			
Worked***	9.1% (293)	27.6% (6,481)	25.4% (6,774)
Mean [median] total earnings***	\$2,305 [\$1,452]	\$3,522 [\$2,406]	\$3,468 [\$2,370]

Note: Employment analyses exclude 581 individuals for whom we have no unique identifier. Figures on quarters worked and earnings are only for caseheads with employment. We do not know how many hours per week or number of weeks that individuals worked in each quarter and cannot calculate hourly or weekly wages. Counts may not sum to actual sample size because of missing data for some variables. Valid percentages are reported. Valid earnings are reported in 2011 dollars. *p<.05 **p<.01 ***p<.001

our sample. They are also more likely to have more than five years of cash assistance receipt (26.8% vs. 20.4%) and less likely to have one year or less of receipt (21.9% vs. 33.6%). In the last five years, a similar picture emerges: long-term disabled caseheads received TCA for 28.37 months, while caseheads who are not long-term disabled received TCA for 24.06 months. In the most recent year, too, long-term disabled caseheads received benefits in slightly more months (9.23 vs. 8.42).

It is not surprising, then, that long-term disabled caseheads have significantly more months of TCA receipt counted toward the federal 60-month lifetime limit. On average, long-term disabled caseheads have accumulated 29.93 months toward the lifetime limit, compared to the 22.29 months that caseheads with other designations have accumulated.

Table 5. Historical TCA Receipt

	Long-Term Disabled (n=3,233)	Not Long-Term Disabled (n=24,052)	Total (n=27,285)
Receipt in Last 10 Years***			
1 year or less	21.9% (707)	33.6% (8,085)	32.2% (8,792)
2-3 years	31.3% (1,012)	31.2% (7,511)	31.2% (8,523)
4-5 years	20.0% (646)	14.7% (3,536)	15.3% (4,182)
More than 5 years	26.8% (868)	20.4% (4,917)	21.2% (5,785)
Mean [median]***	42.65 [34]	34.59 [23]	35.55 [24]
Receipt in Last 5 Years			
Mean*** [median]	28.37 [25]	24.06 [18]	24.57 [19]
Receipt in Last Year			
Mean*** [median]	9.23 [12]	8.42 [11]	8.51 [11]
Receipt Counted Toward Federal Lifetime Limit			
Mean*** [median]	29.93 [20]	22.29 [12]	23.20 [13]

Note: Means are in months, not years. Counts may not sum to actual sample size because of missing data for some variables. Valid percentages are reported. *p<.05 **p<.01 ***p<.001

How long have recipients been considered long-term disabled?

Despite their more extensive histories of TCA receipt, recipients designated as long-term disabled in October 2011 have not carried that label for much of the time they have received TCA. Figure 1 shows the number of months, starting in October 2006, between the first month that the casehead was designated as long-term disabled and October 2011.⁵ It is important to note that caseheads did not necessarily receive TCA in all of these months; they could have received TCA continuously from the time they were designated as long-term disabled to October 2011, or they could have exited TCA after being categorized as long-term disabled and then returned before October 2011.

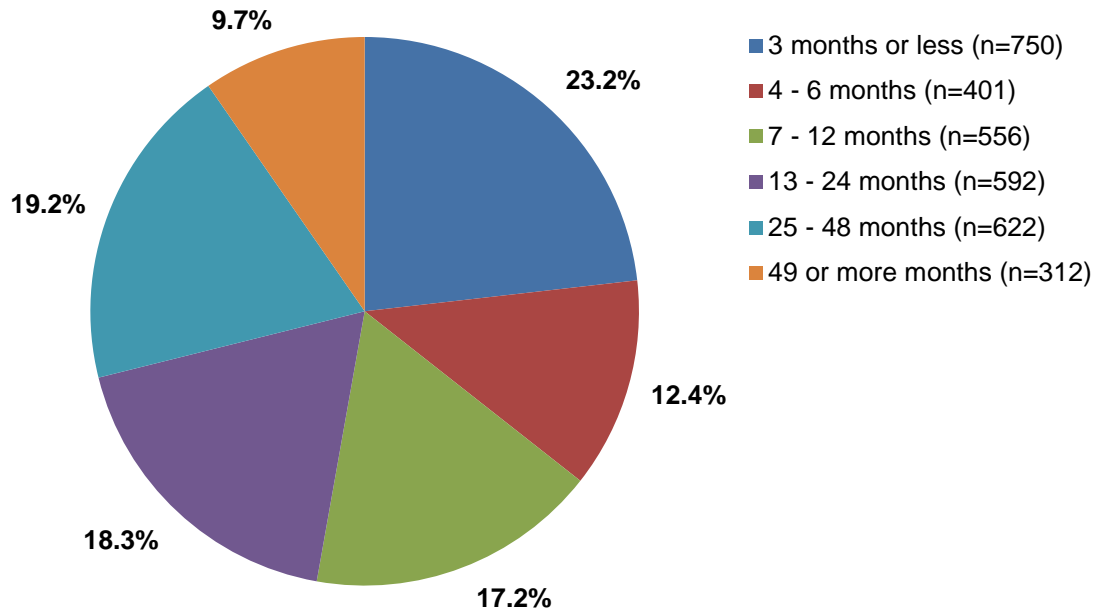
Figure 1 shows that slightly more than half (52.8%) of long-term disabled caseheads have had that designation for one year or less, including almost one quarter (23.2%) who have been designated as long-term disabled for three or fewer months. About one in ten (9.7%) caseheads has been labeled long-term disabled for more than four years. In contrast, Table 5 indicates that half of long-term disabled caseheads have received TCA for two years or less (median receipt in last 5 years=25 months) in the previous five years, so this suggests that many caseheads receive TCA for some time before being designated as long-term disabled.

⁵Caseheads who were designated as long-term disabled before October 2006 and were not receiving TCA in October 2006 will have the next month they received TCA listed as their first month of being labeled long-term disabled.

Further investigation, which is not displayed in a table or figure, revealed that only 349, or 10.8%, of the long-term disabled cases in the October 2011 active caseload were designated as long-term disabled in the first month that the casehead ever received TCA. Of these 349 cases, 178 (51.0%) had

already applied for SSI before receiving TCA, so it was clear that disability was an issue for them. Again, this indicates that many of those designated as long-term disabled received TCA for not insignificant periods of time before being labeled long-term disabled.

Figure 1. Number of Months Labeled as Long-Term Disabled



Note: Caseheads may not have received TCA in all months since designated as long-term disabled. Valid percentages are reported.

FINDINGS: SSI APPLICATION COMPLIANCE

In this findings section, we explore the extent to which caseheads on long-term disabled cases are complying with the requirement to apply for SSI while receiving cash assistance. Because the state is refunded its TANF dollars once SSI applications are approved, encouraging caseheads to apply for SSI is critically important for state budgets.

Are long-term disabled caseheads complying with the requirement to apply for SSI?

Table 6 shows the number and percent of long-term disabled caseheads who applied for SSI from October 2006 to October 2011. While the vast majority (73.2%) have submitted at least one application, roughly one-quarter (26.8%) of these caseheads have not applied yet for SSI benefits.⁶ About half (48.0%) of all long-term disabled caseheads have applied once, and a quarter (25.2%) have applied more than once. At the upper limit, seven caseheads have applied five times.

⁶ Of the 867 caseheads who have not applied for SSI, 259 (29.9%) have a case member who has submitted an SSI application.

Table 6 also provides information on the timing of long-term disabled caseheads' SSI applications. About one in eight (13.1%) of these caseheads applied to SSI before they ever received TCA, and over three in five (63.9%) applied to SSI before they were labeled as long-term disabled. This suggests that many long-term disabled caseheads began the process of complying with the requirement to apply for SSI before they were designated as long-term disabled.

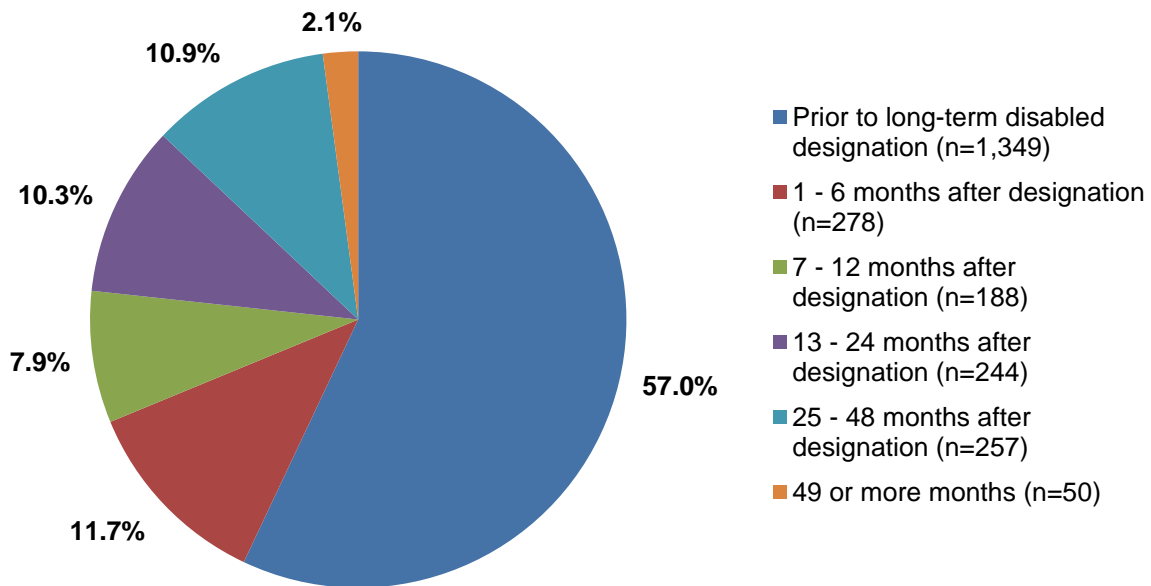
Because so many long-term disabled caseheads first applied to SSI before they had that designation, Figure 2 presents the number of months between being labeled long-term disabled and the most recent SSI application. Again, over half of caseheads (57.0%) most recently applied to SSI before they were designated as long-term disabled. An additional fifth (19.6%) most recently applied within a year of being categorized as long-term disabled. For less than a quarter (23.3%) of caseheads who have applied for SSI, the most recent application is over a year after being designated as long-term disabled. Combined with Table 6, this suggests that most long-term disabled caseheads are, in fact, applying for SSI.

Table 6. Long-Term Disabled Caseheads with SSI Applications

	Long-Term Disabled (n=3,233)
Number of Applications	
Has Not Applied	26.8% (867)
Has Applied	73.2% (2,366)
Once	48.0% (1,551)
Twice	19.0% (615)
Three times	4.9% (159)
Four times	1.1% (34)
Five times	0.2% (7)
Time of First Application (n=2,366)	
Before TCA Receipt	13.1% (310)
Before Designation	63.9% (1,513)

Note: Valid percentages are reported.

Figure 2. Number of Months between Being Designated Long-Term Disabled and Most Recent SSI Application



For those who have applied, what are the reasons for denial?

None of the long-term disabled caseheads in our sample have an approved application for SSI—if they had been approved, they would no longer be recipients on Maryland’s TCA rolls. Additionally, applications to the SSI program take some time to be processed, particularly those that are a casehead’s third, fourth, or fifth application, so it makes sense that many of the caseheads in our sample currently have pending SSI applications.

Of those applications that have been processed and subsequently denied, Table 7, below, describes the reasons those applications were denied. In every column, the most common reason for denial is “substantial gainful activity is possible.” More than half of first applications (56.5%) and second applications (51.9%) are denied for this reason. For the first two applications, other common denial reasons are “Felony

or violating a condition of probation or parole” (11.4% and 11.9%, respectively) and “impairment severity does not meet criteria” (6.9% and 4.8%, respectively). For third applications, insufficient impairment severity remained a common reason for denial (5.0%), but “insufficient or no medical data furnished” emerged as a common denial reason (13.0%) and remained common in fourth applications (19.5%). Another denial code emerged among fourth applications: “failed to submit to examination” (12.2%).

Taken together, these findings suggest that SSI applicants often take care in initial applications to submit all the required paperwork, but SSI eligibility workers deny those applications because applicants have not been disabled long enough or their disability is not yet severe enough to preclude work. In later applications, however, that disability may be severe enough but applicants often fail to provide the necessary medical documentation.

Table 7. Reasons for SSI Denial by Application Number

	First Application (n=2,366)	Second Application (n=815)	Third Application (n=200)	Fourth Application (n=41)	Fifth Application (n=7)
Application still pending	11.7% (277)	18.7% (152)	29.5% (59)	26.8% (11)	85.7% (6)
Substantial gainful activity possible	56.5% (1,336)	51.9% (423)	43.0% (86)	31.7% (13)	14.3% (1)
Does not meet citizenship or residency criteria	0.3% (8)	0.2% (2)	0.0% (0)	0.0% (0)	0.0% (0)
Impairment severity does not meet criteria	6.9% (164)	4.8% (39)	5.0% (10)	0.0% (0)	0.0% (0)
Withdrew or failed to pursue claim	0.3% (7)	0.4% (3)	0.0% (0)	0.0% (0)	0.0% (0)
Disability less than 12 months	1.9% (44)	1.0% (8)	1.5% (3)	0.0% (0)	0.0% (0)
Countable income exceeds Title XVI & State payment	1.7% (40)	1.5% (12)	0.5% (1)	0.0% (0)	0.0% (0)
Non-excludable resources exceed Title XVI limitations	0.6% (15)	0.2% (2)	0.0% (0)	2.4% (1)	0.0% (0)
Failed to cooperate	3.6% (84)	3.9% (32)	2.0% (4)	7.3% (3)	0.0% (0)
Felony or violating a condition of probation or parole	11.4% (269)	11.9% (97)	0.5% (1)	0.0% (0)	0.0% (0)
Insufficient or no medical data furnished	0.0% (0)	0.0% (0)	13.0% (26)	19.5% (8)	0.0% (0)
Failed or refused to submit to examination	5.0% (118)	5.4% (44)	5.0% (10)	12.2% (5)	0.0% (0)
Willfully failed to follow prescribed treatment	0.2% (4)	0.1% (1)	0.0% (0)	0.0% (0)	0.0% (0)

Note: Valid percentages are reported.

Are there differences between those who have applied and those who have not?

In an effort to determine why some caseheads have not yet applied for SSI, we examine differences between those who have applied for SSI and those who have not applied. Table 8 reveals a number of statistically significant demographic differences between these two groups. Caseheads who have not applied for SSI

are more likely to be women (92.7% vs. 90.4%), they are younger (35.4% vs. 49.6% age 36 or older), more likely to be either Hispanic (2.7% vs. 1.8%) or African American (71.7% vs. 63.9%), more likely to be married (10.3% vs. 6.8%), less likely to have finished 12th grade (43.9% vs. 40.8%), more likely to live in Baltimore City (58.2% vs. 44.1%), and more likely to live in a two-adult family (11.1% vs. 5.5%) compared to caseheads who have applied to SSI.

Table 8. Demographic Characteristics of SSI Applicants and Non-Applicants

	Caseheads who have not Applied for SSI (n=867)	Caseheads who have Applied for SSI (n=2,366)
Gender*		
Female	92.7% (804)	90.4% (2,139)
Male	7.3% (63)	9.6% (227)
Race and Ethnicity***		
Caucasian^	24.1% (206)	33.0% (772)
African American^	71.7% (612)	63.9% (1,495)
Hispanic	2.7% (23)	1.8% (43)
Other^	1.5% (13)	1.3% (31)
Marital Status***		
Married	10.3% (89)	6.8% (159)
Never married	75.7% (655)	74.3% (1,757)
Divorced, separated, widowed	13.6% (118)	18.5% (438)
Age***		
25 and younger	19.3% (167)	11.8% (280)
26 - 35 years	45.3% (393)	38.6% (913)
36 and older	35.4% (307)	49.6% (1,173)
Education*		
Did not finish grade 12	43.9% (374)	40.8% (959)
Finished grade 12	56.1% (478)	59.2% (1,394)
Household Type***		
Single adult, no children	2.1% (18)	3.6% (84)
Single adult with children	86.9% (753)	90.9% (2,150)
Two adult family	11.1% (96)	5.5% (131)
Place of Residence***		
Baltimore MSA	16.5% (143)	23.8% (562)
Washington, DC MSA	12.2% (106)	13.0% (307)
Non-MSA Counties	13.0% (113)	19.1% (453)
Baltimore City	58.2% (504)	44.1% (1,044)

Note: Counts may not sum to actual sample size because of missing data for some variables. Valid percentages are reported. *p<.05 **p<.01 ***p<.001 ^=non-Hispanic

Table 9, below, displays differences in cash assistance histories between SSI applicants and non-applicants. While non-applicants have shorter histories with cash assistance than those who have applied for SSI (mean 26.70 versus 29.35 months in the last 60 months), the differences are practically small (but statistically significant). Much larger differences emerge when we examine how long applicants and non-applicants have been labeled as long-term disabled. Caseheads who have applied for SSI have been designated as long-term disabled for over a year and a half (20.27 months), but those who have not applied for SSI have been designated as long-term disabled for just under a year (11.69 months). One possible explanation for non-application that these results suggest is that these caseheads have simply not yet applied—perhaps they are still in the process of preparing their application by obtaining medical or other documentation, and plan to apply in the future.

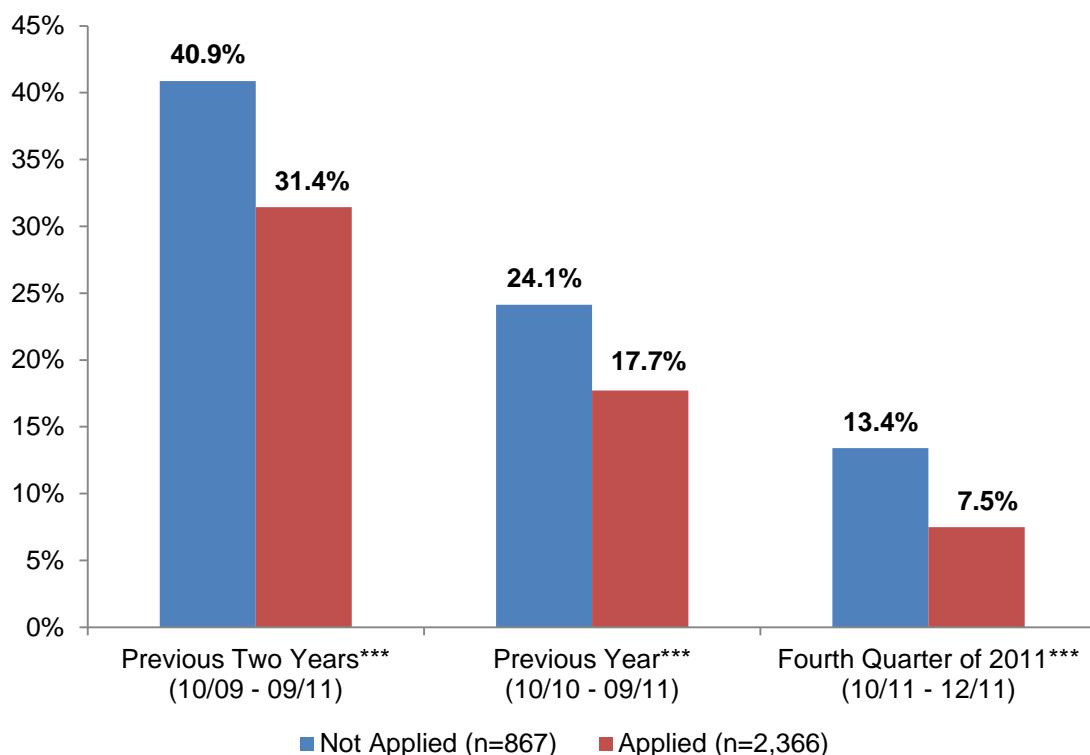
Finally, Figure 3 shows the percentage of SSI applicants and non-applicants engaged in Maryland UI-covered employment in the two years and one year prior to October 2011 as well as in that quarter. In each period, we find that non-applicants are significantly more likely to be employed. In the previous two years, two in five (40.9%) non-applicants worked while three in ten (31.4%) applicants were employed. Comparing these figures to Table 4, we find that non-applicants are still 10 percentage points less likely to be employed in the two years prior to October 2011 than caseheads who are not designated as long-term disabled (51.6%). These differences persist through the quarter containing October 2011, when 7.5% of SSI applicants, 13.4% of non-applicants, and 27.6% of caseheads who are not long-term disabled had some Maryland UI-covered employment.

Table 9. TCA Histories of SSI Applicants and Non-Applicants

	Caseheads Who Have Not Applied for SSI (n=867)	Caseheads Who Have Applied for SSI (n=2,366)
TCA Receipt in the Last 5 Years Mean** [Median]	26.70 [23]	29.35 [27]
TCA Receipt in the Last Year Mean* [Median]	8.97 [11]	9.35 [12]
Months between Long-Term Disabled Designation and October 2011 Mean*** [Median]	11.69 [6]	20.27 [14]

Note: Counts may not sum to actual sample size because of missing data for some variables. Valid percentages are reported. *p<.05 **p<.01 ***p<.001

Figure 3. Percent Employed for SSI Applicants and Non-Applicants



Note: Valid percentages are reported. *p<.05 **p<.01 ***p<.001

It seems, then, that long-term disabled caseheads who have not applied for SSI became disabled more recently than long-term disabled caseheads who have applied for SSI. Non-applicant caseheads are younger, have spent less time with the long-term disabled caseload designation, and are more likely to have been employed. In some respects, they resemble the rest of the active caseload: they are more likely to be female, more likely to be African-American, and more likely to live in Baltimore City than applicant caseheads. However, they are also more likely to be married, more likely to

be part of a two-adult case, and less likely to have finished 12th grade than the remainder of the active caseload. Most likely, the demographic differences between SSI applicants and non-applicants are dwarfed by the differences in how long each group has been designated as long-term disabled and in how much each group participated in paid employment in the recent past. These differences indicate that what separates SSI applicants and non-applicants is simply the amount of time they have been disabled.

CONCLUSIONS

In this report, we examine the portion of the October 2011 active Temporary Cash Assistance (TCA) caseload that has been designated as long-term disabled, comparing this population's demographics and welfare and work histories with the rest of the October 2011 active caseload. Additionally, we investigate whether long-term disabled caseheads are complying with the requirement to apply for Supplemental Security Income (SSI) and explore differences between those who have applied for SSI and who have not.

We find that long-term disabled caseheads differ in many significant ways from other caseheads, and their assistance cases differ as well. Compared to other caseheads, long-term disabled caseheads are, on average, older; more likely to be non-Hispanic Caucasian; more likely to be divorced, widowed, or separated; and less likely to have finished high school. Their households, on average, have more children, and these children are likely to be older than other caseheads' children. Furthermore, long-term disabled caseheads' households are more likely to include two adults and are more often located in Baltimore City or in non-metropolitan areas.

Long-term disabled caseheads also have histories with work and welfare that differ significantly from other caseheads in the active caseload. Long-term disabled caseheads have significantly longer histories with cash welfare, having received more months of assistance in both recent months and in the last ten years; they are also nearly halfway, on average, to meeting the lifetime limit for cash assistance participation. These disabled caseheads are far less likely to have worked in the two years leading up to our study, and when they were working, they earned less, on average, than other caseheads.

Finally, we found that most caseheads with long-term disabilities are, in fact, complying

with the requirement to apply for SSI: Nearly three-quarters of caseheads have applied for SSI at least once. For caseheads who have applied and been denied, the reason is usually because they are identified as being able to work in some gainful capacity, which is common for most first-time SSI applicants. As the number of applications increases, however, other denial reasons emerged. Many caseheads who were on their third or fourth application did not provide the required medical documentation, suggesting that they may need assistance in completing their applications.

For the one in four long-term disabled caseheads who have not applied for SSI, our findings suggest that they have only not yet applied for SSI. Non-applicant caseheads have spent much less time being designated as long-term disabled than applicant caseheads have, and they are significantly more likely to have worked in the previous two years and during the current quarter. While there are a number of significant differences between those who have applied for SSI and those who have not—non-applicants are more likely to be younger women living in Baltimore City who are part of a two-adult family and have shorter TCA histories—these differences do not suggest strong reasons for not applying, other than simply being more recently disabled.

Together these findings show that long-term disabled caseheads are significantly different from the rest of the TCA caseload in Maryland, again proving that the state is wise to recognize that its diversity requires rejecting a one-size-fits-all approach to case management. Long-term disabled caseheads have larger families (and, as a result, likely higher grant amounts), earn less money from work, and have been on assistance for longer. Moving these families toward approval for SSI benefits is of great importance, then, for both the families, who

will receive more generous and consistent benefits through SSI, and for Maryland, which will be reimbursed for these more substantial cash assistance costs incurred over the years while caseheads apply for SSI.

Unfortunately, our findings suggest that caseheads' disabilities are not being consistently and efficiently identified and classified in the CARES system. Although caseheads with long-term disabilities have long histories with TCA, many were not classified as disabled until recently, and instead were counted among the work-mandatory population of recipients. Some caseheads may have taken longer to disclose disabilities to caseworkers or may have become more impaired over time, but this also may be an indicator that disabilities are not being initially identified.

Additionally, the disabilities that caseheads face are not often specified in CARES. Three-quarters of those with disabilities are identified as having some "Other Disease," and another one in ten have no information coded in the system. This means that almost nine in ten long-term disabled caseheads have nothing recorded in CARES about the nature of their disabilities. For those whose disabilities are identified, it is interesting to note that the most common are psychiatric problems and depression. This is consistent with research we have done that has identified mental health issues as potentially affecting a significant proportion of cash assistance caseheads (Williamson, Saunders, & Born, 2011).

These findings have a number of broader implications for Maryland and for TANF nationally. First, the substantially—and statistically significantly—lower rates of participation in Maryland UI-covered employment for long-term disabled caseheads validate Maryland's decision to serve this population through a solely state-funded program. Even the long-term disabled caseheads who have not applied for SSI have considerably lower rates of

employment than the rest of the active caseload. Long-term disabled caseheads who were employed also earned significantly less than other employed caseheads. This indicates that removing long-term disabled caseheads from work participation calculations is likely helping Maryland's work participation rate. At the federal level, it would be helpful if states like Maryland could exempt disabled persons from inclusion in work participation calculations while using state maintenance-of-effort (MOE) funds or the federal block grant to cover their assistance payments. The evidence indicates that disabled caseheads are not able to care for themselves and their children and maintain a job that will lead to self-sufficiency.

Second, Maryland could do more to integrate TCA and SSI, just as more could be done nationally to coordinate TANF and SSI. Prior research has shown that TANF recipients are more likely to have disabilities than the general population, so it is particularly important to ensure that the program is adequately serving TANF recipients with disabilities. In Maryland, the first step toward this goal could be doing a better job of identifying the disabilities that TCA customers have. It could be the case that the list of disabilities is not fine-grained enough to capture what is actually going on with long-term disabled caseheads. Regardless of the source of the problem, it is difficult to say how Maryland can help long-term disabled caseheads when basic information about the nature of their disabilities is missing.

Further, more could be done to assist long-term disabled caseheads with their SSI applications. For example, having a designated caseworker in each jurisdiction serve as a resource for caseheads applying for SSI may help long-term disabled caseheads move onto SSI. This caseworker could also ensure that all long-term disabled caseheads in that jurisdiction have their disabilities accurately coded in CARES. Since most caseworkers do not have

expertise in SSI applications, giving long-term disabled applicants who need some assistance with their applications a place to go for additional advice may increase the percentage of applications that are approved.

Additional research here in Maryland is also necessary. We plan to follow up on the long-term disabled caseheads we describe here, examining who is approved for SSI, who continues to apply, and who remains on the TCA caseload. Critical questions, such as how long SSI approval takes, remain. Through gathering empirical information about the experiences of long-term disabled caseheads, Maryland can structure a fiscally sound approach to meeting the needs of all TCA customers.

Due to the Great Recession, Maryland's TCA caseload has grown considerably in the last five years. At the same time, the number of customers with the long-term disabled caseload designation has increased even faster than caseload growth. With the data we present in this report, policymakers and program managers can better understand this population and strategize how to serve it better. Because there are fiscal consequences to how Maryland manages its long-term disabled caseload, these data are integral to operating a program that serves needy Marylanders—and Maryland taxpayers—well.

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