



Providing National Statistics on Health and Social Welfare Programs in an Era of Change: Summary of a Workshop

Constance F. Citro, Charles F. Manski, and John Pepper, Editors; Committee on National Statistics, National Research Council

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Constance F. Citro, Charles F. Manski, and John Pepper, Editors

Committee on National Statistics
National Research Council

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NORMAN BRADBURN, CHAIR
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Overview

For decades the federal government administered or set standards for state administration of the major health and social welfare programs—Aid to Families with Dependent Children (AFDC), Supplemental Security Income (SSI), the Food Stamp Program, Medicaid, and Medicare. The federal government also invested in national household surveys and other data systems with which to monitor trends in health and social welfare program participation, assess the effects of programs on a broad range of indicators of societal well-being, and estimate the likely effects of proposed modifications on program costs, caseloads, and outcomes using microsimulation modeling techniques. Such surveys as the March Income Supplement to the Current Population Survey, the National Health Interview Survey, and the Survey of Income and Program Participation were developed and refined over many years to serve these purposes.

Now, major changes to health and social welfare programs raise concerns that existing national surveys are no longer adequate for monitoring trends and informing policy debate. In this area, perhaps the most important change is the transfer of substantial responsibility for many programs from federal agencies to state and local governments. Devolution of program responsibility is occurring through legislation—most notably, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), which replaced AFDC with a block grant to states, Temporary Assistance to Needy Families (TANF)—and also by encouragement of state experimentation through a process of granting waivers to federal program rules. Program devolution, which gives states considerable leeway in the kinds of benefits and kinds of people they can serve, poses substantial new challenges for data collection and analysis.

In addition, legislated changes in social welfare program goals will necessitate new kinds of data for program monitoring and assessment. Notably, while the old AFDC program existed primarily to provide income support, PRWORA sets goals for substantially reducing welfare dependency, including time limits on benefit receipt. Finally, sweeping changes in the health care industry, such as the spread of managed care, as well as other legislative and regulatory changes, are affecting the operation of Medicaid and Medicare in ways that raise questions about the adequacy of existing data for program analysis.

In this context the Committee on National Statistics held a workshop in December 1996 to evaluate existing national statistics on health and social welfare programs in light of major new legislation and other changes that are substantially altering the philosophy and operation of the

nation's safety net. The workshop was funded by the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services.

The workshop brought policy analysts together with statistical agency staff to consider the implications of major changes in health and social welfare programs for national household surveys. The workshop was intended to foster a cooperative effort among agencies to identify data needs for program monitoring and assessment in the new program environment and ways in which to adapt household surveys so that they can continue to provide useful data for program purposes.

Through a series of background papers, presentations, and discussions, the workshop participants addressed four broad topics. (The workshop agenda and list of attendees are in [Appendix A.](#)) This report summarizes the discussions in each area:

- What is changing in health and social welfare programs?
- What information is needed?
- What are the implications for data collectors?
- What statistical and research issues must be addressed?

A number of common themes emerged from the workshop and are highlighted in this report.

Improved coordination between federal program and statistical agencies is essential to ensure the relevance of national household surveys for monitoring and analysis of health and social welfare programs. To this end, Katherine Wallman, the chief statistician of the United States in the U.S. Office of Management and Budget (OMB), made a commitment to establish an interagency group under OMB to further examine the adequacy of existing surveys and begin to implement necessary changes. Shortly after the conference, OMB did set up a survey coordination mechanism.

The changes that are occurring in health and social welfare programs require new or modified survey questions on a wide range of topics. Information is needed to track program participation and benefits, estimate program eligibility, and assess program outcomes. In turn, content changes have implications for questionnaire design and testing, training of interviewers, data editing, and other survey procedures.

A comprehensive, regularly updated, accessible database that provides detailed information about program features for states (and localities, where applicable) is essential. Without accurate information on program rules, it will not be possible to use household survey data to accurately estimate program eligibility and participation rates, to develop questions that appropriately reflect program variations, or to assess the quality of survey reports of participation and benefits received.

Validating the accuracy of responses is critical to ensure the continued relevance of survey data. For programs established under PRWORA, even more so than for previous programs, participants may not know or understand what benefits they receive. It will be important to develop approaches for validating survey responses, not only to establish the quality of the survey data for program analysis purposes, but also to suggest ways to improve survey reporting.

Flexibility in developing surveys is also needed to ensure their continued relevance. Features of health and social welfare programs will likely differ across states, and even across localities within a state, much more than they have in the past. Also program features will likely change over

time as states experiment with different approaches. It will be important to develop ways for national household surveys to keep up to date with changes in programs.

Modifying the sampling schemes of existing surveys is important to meet data needs for program analysis and monitoring. The devolution of responsibility for social welfare programs from the federal to state governments implies a greater need for state-level estimates. Currently, none of the national surveys provides complete and reliable estimates at the state level. Similarly, since program eligibility criteria may differ for population groups (e.g., immigrants), the existing samples may need modification to provide reliable estimates for particular groups.

Even with improved survey data, researchers face methodological challenges in assessing the effects on program participation and other behaviors of major changes in programs. Altered survey content that affects the comparability of measurements is one problem that may be hard to avoid; there is also the problem of estimating how respondents would have behaved if the programs had not changed.

The workshop was organized to address two general issues—how to keep national household surveys relevant for program monitoring and analysis and how federal program and statistical agencies can work together more effectively to this end—but workshop participants also acknowledged that other agencies and other data sources are important in an era of program devolution. Thus, partnerships of federal and state agencies will be vitally important, as will communication channels among public agencies, academic researchers, and private organizations, to ensure adequate data collection and analysis of the nation's health and social welfare programs in an era of change.

The workshop participants recognized that providing adequate national data for health and social welfare programs in the new environment will involve tradeoffs. For example, data needs may suggest lengthening survey questionnaires, but longer questionnaires may impair public cooperation. Also, limited resources may force difficult choices between expenditures for validation of new questions and expenditures for increased sample sizes, or between expenditures for new questions on programs and expenditures for existing questions on other topics. These and other tradeoffs will require careful consideration by statistical and program agencies. The need to make choices and to develop innovative ways to maximize the use of scarce resources underscores the important role of the newly established interagency coordination mechanism for improving national surveys for health and social welfare programs.

What Is Changing In Health And Social Welfare Programs?

This section provides an overview of recent changes to health and social welfare systems in the United States, focusing on legislative provisions that affect data collection and statistical reporting. Legislative changes have direct implications for data that are needed to track programs. More broadly there are also needs for data to track and help assess the interaction of economic trends and changes in private-sector sources of income and benefits (e.g., employer health and pension benefits) with changes in government programs, although this was not considered explicitly at the workshop.

The most important new legislation is PRWORA, which not only gives states increased discretion in defining eligibility rules and benefits under the TANF block grant that replaces AFDC, but also affects SSI, food stamps, Medicaid, benefits for legal immigrants, child care, and the Child Support Enforcement Program. (For additional details on PRWORA, see [Appendix B](#).)

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK GRANT

By replacing AFDC with the TANF block grant to states, PRWORA eliminates the longstanding federal entitlement of families with dependent children to cash assistance, and it gives states broad powers to develop social service programs for specific population groups and not others.¹ For instance, states can refuse assistance to teenage parents, two-parent families, and noncitizen families, and limit assistance to families who have migrated from other states. States may also reduce or eliminate cash benefits, relying instead on such alternatives as in-kind transfers, services to families, or wage supplements for employers.

While PRWORA gives states broad powers to experiment with welfare programs, there are a number of strict limits imposed on the length of time adults can receive unconditional assistance from programs funded by the TANF grant. In particular, there is a 2-year limit, after which adult recipients are required to participate in work activities in order to receive assistance, and a 5-year limit, after which adult recipients are ineligible for assistance from programs funded by the TANF grant.

¹ States had until July 1, 1997, to submit a state plan and begin implementing the TANF block grant.

Thus, a single parent who has received TANF assistance for over 2 years must "work" for at least 20 hours per week (35 hours per week for a two-parent family) in one or more of the following activities: paid or unpaid employment, education (for teenage parents), on-the-job training, participating in or providing child care to individuals in community service activities, attending vocational training, or participating in job search assistance for up to 6 weeks. To avoid financial penalties, states are required to have at least 25 percent of single-parent recipients (with the exception of exempted families) participating in work activities in 1997. The proportion of adults who must be participating in work activities increases by 5 percent each year until it reaches 50 percent in 2002.²

After 5 cumulative years of receiving assistance under a state program funded by the TANF grant, adults are ineligible for TANF assistance. States may use their own funds to provide assistance after the 5-year limit and may exempt up to 20 percent of the adult caseload from the lifetime limit. Child-only cases are not subject to the 5-year limit.

Additional requirements are placed on teenage parents. To receive assistance, they must participate in educational activities directed toward receiving a high school diploma or general educational development (GED) certificate, and they must live with an adult or in an approved, adult-supervised setting.

SUPPLEMENTAL SECURITY INCOME

PRWORA establishes a more restrictive disability standard for children to receive SSI. (The SSI program provides benefits according to federal standards for poor elderly individuals and couples and for poor nonelderly blind and disabled people.) Under the new definition, which eliminates the individual functional assessment and all references to maladaptive behavior, a child is considered to be disabled only if she or he has a medically determinable physical or mental impairment that results in marked functional limitations.

FOOD STAMP PROGRAM

Although the federal Food Stamp Program retains its current structure as an uncapped, individual entitlement, there are a number of substantial changes to it. In addition to reducing benefits to all recipients and restricting benefits to legal immigrants (see [Appendix B](#)), PRWORA imposes strict work requirements on able-bodied adults without dependents. In particular, recipients aged 18-50 with no dependents may receive food stamp benefits for only 3 months in every 36-month period unless they are working or participating in work programs for at least 20 hours per week.³ If a recipient finds work and then loses his or her job, an additional 3 months of benefits are allowed. Local jurisdictions with unemployment rates exceeding 10 percent or "insufficient jobs" can receive waivers from these provisions.

In addition to the changes to the basic federal Food Stamp Program, a number of provisions in PRWORA enable state experimentation. States may operate a "simplified food stamp program,"

² A state must reduce assistance to a family pro rata (or more, at state option) for any period in which an adult member of the family refuses to engage in work as required under the TANF grant. A state will be penalized by a grant reduction of 5 percent the first year it fails to meet minimum federally established participation rates. For consecutive failures, penalties rise by 2 percent each year with a cap of a 21 percent reduction in the TANF block grant amount.

³ Qualifying work programs include programs under the Job Training Partnership Act, the Trade Adjustment Assistance Act, and workfare; job search programs do not qualify.

which allows for a single set of rules for the food stamp and TANF programs. While generally restricted to TANF recipients, states may apply for a waiver to expand this simplified program to include non-TANF households.

The new law also grants states expanded authority to apply for waivers from the federal food stamp regulations. The U.S. Department of Agriculture will now consider a broad range of waivers, including those that reduce benefits, require work, and institute consistent multiprogram rules. A number of changes will not be considered, including new projects to cash out food stamps and experiments with eligibility requirements that target behavior, such as a family cap that limits benefits for newborn children or time limits on benefit receipt. While new cash-out waivers will be denied, PRWORA allows certain states to cash out food stamp benefits for TANF recipients who are working in unsubsidized employment. This cash-out program is restricted to states in which at least 50 percent of the food stamp recipients received AFDC in 1993.

BENEFITS FOR IMMIGRANTS

PRWORA limits assistance to legal immigrants: legal immigrants are barred from receiving SSI and food stamps, while states have the option to determine the eligibility of current legal immigrants for assistance under TANF and Medicaid.⁴ Newly arriving legal immigrants are barred from all means-tested, federally funded public benefits for the first 5 years they are in the United States, after which states may provide services. Exceptions to these restrictions are made for refugees and asylees, who are eligible for their first 5 years in the United States; veterans; lawful permanent residents with 40 qualifying quarters of work; and Cuban-Haitian entrants.

MEDICAID PROGRAM AND HEALTH CARE

While comprehensive changes to the Medicaid program were not included in PRWORA, important modifications were made to the Medicaid eligibility requirements for welfare recipients and, as described above, immigrants. Under the previous law, people who were eligible for AFDC were automatically entitled to receive Medicaid. The TANF grant severs this automatic link, instead tying eligibility to the state's AFDC plan as it existed on July 16, 1996.⁵

Other recent changes to the Medicaid program and the broader U.S. health care system affect the ability of existing national surveys to measure costs, access, and quality of health care. The Medicaid program, for instance, continues to encourage state experimentation through the waiver process. Some key changes due to waivers include changes in the eligible population, in the copayments required of beneficiaries, and in the types of health care plans that are available.⁶

Overall, there has been an increase in the number of Medicaid beneficiaries in managed care programs, reflecting the changes in the broader health care industry that are transforming relation

⁴ No state may deny coverage of emergency medical services to either illegal or legal aliens. The Balanced Budget Act of 1997 eased the restrictions on immigrants' eligibility for SSI: eligibility for SSI and associated Medicaid benefits (but not food stamps) was restored for all elderly and disabled immigrants who received SSI at the time PRWORA was enacted in August 1996 and for all legal immigrants in the United States at that time who become disabled in the future. The Balanced Budget Act of 1997 also extended the number of years for which refugees are entitled to SSI and associated Medicaid benefits from 5 to 7 years and expanded the groups of immigrants who are treated as refugees (see Fix and Tumlin, 1997).

⁵ When applying these "frozen" rules, states can choose to index the income standards to the Consumer Price Index.

⁶ In addition, the Balanced Budget Act of 1997 includes several provisions that affect Medicaid, notably, new funding for states to expand Medicaid eligibility for children (see Weil, 1997).

ships between patients, health plans, and providers. Because of these changes, such classifications as Health Maintenance Organization, Independent Practice Association, Preferred Provider Organization, and fee-for-service no longer adequately distinguish among types of health care plans.

Finally, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandates several changes in the private health insurance market that may affect participation and costs for Medicaid and other social welfare programs. For example, HIPAA extends the portability of health insurance coverage for workers who change jobs, and it limits restrictions on pre-existing conditions for new coverage. (For a more detailed description of the changing public and private sector health care systems and the implications for the adequacy of existing data, see Harvey, 1996.)

What Information Is Needed?

Recent changes to social welfare programs have devolved substantial program responsibility to the states, ended an entitlement to cash assistance, and tied benefit receipt to work effort and other behaviors. Coupled with the on-going transformation of the health care system, the changes pose substantial new challenges to national household surveys to provide relevant data for program monitoring and assessment.

Much of the workshop discussion focused on the new or revised information needs that result from the changes. Participants agreed that current federal data are inadequate for tracking social welfare programs, but they did not agree about the scope and magnitude of the changes that are needed to surveys. Some participants anticipated that, under the new legislation, welfare programs will differ substantially across and even within states, in which case it may be difficult for national surveys to provide accurate data even for such basic measures as program participation and benefits. Other workshop participants predicted that there would be more convergence among programs as states adopt provisions that appear to work well from other states, so that it will be easier for existing surveys to provide needed data. Whatever the ultimate outcome in terms of program differences among states, national household surveys will clearly need to change to accommodate new information needs.

SURVEY MEASURES OF PROGRAM ELIGIBILITY, PARTICIPATION, AND BENEFITS

Several national surveys track and evaluate the effects of participation in health and social welfare programs. Three major surveys for which the current content and design will require modification to serve these purposes adequately in the future are the March Income Supplement of the Current Population Survey (CPS), the Survey of Income and Program Participation (SIPP), and the National Health Interview Survey (NHIS). A fourth survey, the Medical Expenditure Panel Survey (MEPS), may also require modification to provide adequate data for monitoring health care programs. (Descriptions of these surveys are provided in [Appendix C](#).)

Although participants differed in their views as to how extensively these major surveys should be revised, most of them stressed that changes to the existing surveys should "do no harm" (Carlson, 1996)—that is, to the extent possible, questionnaire content and other features should remain intact in order to facilitate time-series comparisons. Maintaining the consistency of the surveys is especially important because devolution will probably interrupt some administrative data time series.

Some changes to the existing surveys in order to track health and social welfare program participation are obvious. At the most basic level, questions that ask whether a respondent received AFDC are now obsolete. Other changes will be needed to obtain complete and accurate measures of program participation, benefits, and characteristics that pertain to program eligibility. Some of the kinds of information that will be required that are not covered sufficiently, if at all, in existing surveys are reviewed below (see also Adler, 1996; Carlson, 1996; Harvey, 1996; Zedlewski, 1996, especially Table 4).

Welfare Program Participation And Benefits

Such surveys as the March CPS income supplement and SIPP have for many years provided information about social welfare program participation and benefits. However, more extensive information will be required than in the past to provide a comprehensive picture of the more diverse programs and benefits that now exist. Information will be required on: (1) the type and amount of benefits provided, including not only regular cash payments, but also one-time cash payments, vouchers for such expenses as transportation to work and child care, wage subsidies, and other services (e.g., marriage counseling or pregnancy prevention counseling); (2) who in the household receives the benefits (e.g., only the children may receive some benefits); (3) current work activity, including unpaid jobs, education, and training; (4) duration of benefits, including duration of the current spell and other spells; and (5) whether a household's benefits are temporarily reduced because one or more adults fails to meet the legislated work requirements.

Workshop participants expressed concerns about obtaining accurate reports from recipients of program participation and benefits in the new environment. Recipients of benefits may not even be the best source of information when benefits are provided, not in cash, but in such forms as wage subsidies, vouchers, or services. Indeed, they may not even be aware that they are receiving "welfare" if, for example, their wages are subsidized by TANF funds, especially if they also receive other types of assistance. Also, given the likelihood of greater variation than in the past in program names, benefit types, and other features among and even within states, it may be more difficult to keep survey questionnaires up to date with respect to such variations, which, in turn, may make it more difficult for respondents to provide accurate reports.

Another concern is that survey respondents may not be able to indicate the source of funding for benefits, specifically, whether they are from a TANF block grant or from an independent state program. Since the federal government no longer provides matching funds yet does impose stringent new eligibility criteria, states may have incentives to develop independent programs. For instance, states may choose to assist adults beyond the 5-year time limit or to provide assistance under the TANF block grant to legal immigrants.⁷

Finally, the need to have information on the length of current and previous spells of program participation presents challenges for surveys. Accurate retrospective information on spell lengths may be difficult to obtain. A longitudinal survey, such as SIPP, can track spells that begin during the period of observation, but it faces the same problem as other surveys of obtaining accurate information on prior spells and spells already in progress when a household respondent is first interviewed.

⁷ To receive the entire TANF grant, a state must continue to spend at least 80 percent of its fiscal year 1994 AFDC budget. These state funds must be used either for programs associated with the block grant or to fund certain related state and local programs. How much freedom states will have to use these maintenance-of-effort funds to support programs not funded by the TANF grant is unclear.

Welfare Program Eligibility

In addition to information about current and past participation and benefits, household surveys need to collect data to enable analysts to estimate program eligibility. Measures of program eligibility are needed to calculate program participation rates, which are important to monitor to determine if, for example, an increase in the number of participants is more likely due to an expansion in the pool of people who are eligible for benefits or to increased applications due to such factors as increased outreach by program officials. Program eligibility measures are also needed to simulate the effects of proposed changes to programs (e.g., increases in benefits that might increase participation among currently eligible people or changes in eligibility provisions themselves that might increase or decrease caseloads and costs). Finally, program eligibility measures are needed to evaluate the accuracy of reported program participation (e.g., some people who report benefits may not appear to be eligible).

Even in the past, eligibility for such programs as AFDC was difficult to estimate with available survey data: for example, the data often did not clearly distinguish subsets of family members who were eligible for benefits within a household that was not eligible for benefits as a whole. In the new program environment, the data requirements for accurate estimation of eligibility are even greater. A range of information is needed, including: residency history (e.g., whether a person recently moved from another state); household living arrangements (e.g., whether a teenage parent lives at home); health and disability status; immigrant status; time spent receiving assistance; and detailed work experience, including the types of jobs and hours worked. Improved measures of health and disability status for both adults and children will be particularly important to collect for accurate simulation of eligibility for SSI and other assistance that is tied to work-based programs (see Adler, 1996). Data are also needed to permit accounting for the various exemptions to eligibility requirements, which may affect a substantial fraction of the caseload. For instance, 20 percent of the adult caseload and all child-only cases are not subject to the 5-year time limit on benefits under the TANF block grant, and some categories of immigrants are eligible for TANF assistance (e.g., refugees are eligible for assistance for at least 5 years, while lawful permanent residents are eligible with 40 qualifying quarters of work).⁸

Workshop participants expressed concern that devolution will complicate the measurement of program eligibility from national household surveys. Not only are there new federally mandated restrictions on program eligibility, but states may also impose added eligibility criteria, which may differ across programs and substate areas and may change over time.

Child Care

Because a prime goal of PRWORA is to move welfare recipients into the workforce, child care subsidies are likely to be a major component of state welfare programs. Although such surveys as SIPP have regularly collected information on child care arrangements and their costs to households, more information will be required under PRWORA. Specifically, information is needed on the sources of financing, including not only households' out-of-pocket costs, but also such sources as vouchers and direct state payments to providers. It would also be useful to have some indicators of quality of care (e.g., type of facility, family involvement, adult-child ratio).

⁸ The detailed information for immigrants, such as legal status or refugee status, that is necessary to determine program eligibility for TANF and other programs may be difficult to obtain in a household survey.

Unemployment Compensation

Unemployment benefits may emerge as an important safety net program for people who previously relied on social welfare program benefits (e.g., people who lose their jobs and are not eligible for TANF because they have already received benefits for the maximum allowed period or do not meet other eligibility requirements). Household surveys have regularly collected information on receipt of unemployment insurance benefits, but additional information will be needed with which to simulate eligibility for such benefits, including a person's work activity in the year prior to the survey and characteristics of the employer.

Medicaid

Evaluations of the Medicaid program in an era of devolution will require more information from household surveys than has been collected. Accurate data will be needed on eligibility criteria, the type of plan for Medicaid participants (some plans may be available to nonparticipants), and plan provisions that affect costs to the recipient (e.g., copayment requirements). Currently, states are experimenting with all of these features of Medicaid, but the existing surveys do not distinguish among the many payment and plan options that are offered by state Medicaid programs.

More generally, existing surveys do not provide information about the health care system in the United States, which is characterized by rapidly changing relationships between patients, providers, and insurance companies. The March CPS and SIPP have only very general questions about health insurance coverage. The NHIS asks more detailed questions about insurance plans using such traditional categories as fee-for-service, HMO, PPO, and IPA, but these categories no longer adequately describe how insurance risk is shared between provider and health plan, the degree of enrollee choice between and within plans, and other important features of health care systems. Obtaining detailed information about insurance coverage and payment plans will likely require obtaining responses from patients, providers, insurers, and employers. Such linkages are now carried out in MEPS, which draws its sample from NHIS, but MEPS has a relatively small sample size.

OUTCOME MEASURES IN SURVEYS

The need to develop a more comprehensive set of outcome and activity measures to evaluate the impact of recent changes to health and social welfare programs emerged as a common theme throughout the workshop. Not only is eligibility now linked to certain activities (e.g., work), but programs have much broader objectives than in the past. For instance, PRWORA specifically encourages states to reduce non-marital teenage pregnancies. Thus, in addition to standard indicators of income, poverty, and labor force attachment, a number of other outcome measures may be desired from national household surveys, such as measures of teenage out-of-wedlock births, detailed labor force participation and work activities, food and shelter insecurity, overall consumption levels, and mental and physical health status.⁹

Several workshop participants noted that existing surveys include many outcome measures, but others will need to be developed, particularly measures that indicate changes in the well-being of

⁹ Some measures may need to be obtained by analyzing other household surveys than the four discussed in this report. For example, the Consumer Expenditure Survey provides detailed measures of household consumption, although it currently has a small sample size (5,000 consumer units) that limits analysis for population groups and geographic areas.

children. The new legislation emphasizes desired changes in the behavior of adults, but a very important question is the effects on children. In that regard, one participant spoke of the need for "canaries," that is, outcome measures that can provide early warning signals of problems for children (e.g., children in very poor families in deep poverty), and "crocuses," that is, outcome measures that signal positive trends (e.g., children in families that are no longer very poor).

Workshop participants also noted the need to measure outcomes for both children and adults in families who would have been eligible for benefits under the old program rules but are no longer eligible. Issues of concern include whether previously eligible families will be able to maintain their own households and how they are affected when there is an economic recession. Finally, some participants stressed the importance of improved measures of health and disability status for a range of purposes, such as monitoring the effects of changes to SSI program eligibility, the transformation of public assistance into a work-based program, and, more generally, the aging of the population (see Adler, 1996).

PROGRAM RULES

Almost all participants noted the importance of collecting detailed and consistent information on program eligibility criteria and benefit provisions from the states. Given the devolution of responsibility for health and social welfare programs from the federal to state and local governments, program rules with regard to eligibility and benefits will almost certainly differ across states. Program rules may also differ within states, and they may change over time. In the absence of reliable and timely information on these rules, it will not be possible to use national household survey data to accurately simulate program eligibility, calculate participation rates among those who are eligible, or evaluate the accuracy of reporting of participation and benefits. Also, without regularly updated, reliable information about state (and local) program rules, it will not be possible to develop survey questionnaires that ask appropriate questions for respondents in different parts of the country. Thus, a comprehensive national database that provides detailed, consistent, and timely information about how state and county programs are intended to work needs to be developed (see Zedlewski, 1996).

A number of organizations, including the Congressional Research Service, the Urban Institute, and the American Public Welfare Association, are attempting to monitor changes to state welfare program rules; see [Table 1](#). However, these efforts are generally limited in coverage of states or programs (or both). Workshop participants stressed the need for a central source for collection and dissemination of information about program rules.

ADMINISTRATIVE DATA ON PROGRAM RECIPIENTS

In addition to discussing changes needed to national household surveys, workshop participants discussed the value of administrative data on current program beneficiaries. Historically, such data have been useful for tracking program participation, simulating the likely effects of program changes that decrease benefits or restrict eligibility, and validating survey-based reports of program participation and benefits. However, administrative data cannot be used to simulate program changes that increase benefits or expand eligibility because they contain no information on nonparticipants. Also, their use for behavioral research is limited because they do not cover people who stop receiving benefits, have limited information for current participants, and, as just noted, have no information for nonparticipants.

With PRWORA now in place, administrative data tracking the AFDC system will be eliminated and replaced with a system that tracks participation in state and local programs funded by the

TABLE 1 Ongoing Efforts to Monitor and Track State Welfare Program Rules

Group	Topic(s)	Methods/Notes
Congressional Research Service (CRS), U.S. Congress	TANF	Will conduct state (mail back) surveys to document a key set of program rules.
Center for Law and Social Policy (CLASP) and Center for Budget and Policy Priorities (CBPP), Washington, D.C.	TANF; Food stamps; Medicaid; Employment related to TANF	Set up a network of legal services groups to report program rules for all 50 states; verification of prepublished summaries by states. Funded by the Annie E. Casey Foundation.
Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services (ASPE/DHHS)	TANF	Current focus is summarization of state submitted TANF plans and waivers.
Health Systems Research, Washington, D.C.	Food stamp waivers	Telephone survey of states during the fall of 1997. Up to 15 states will be visited in person to understand implementation issues. Funded by the Food and Nutrition Service, U.S. Department of Agriculture (USDA).
Mathematica Policy Research, Inc., Princeton, N.J.	Simplified food stamp plans	Assessment of cost neutrality for states choosing this option. Funded by the Food and Nutrition Service, USDA.
Institute for Research on Poverty, University of Wisconsin	TANF, local area variants	Development of a prototype project to characterize local area variation in welfare programs that could be linked to SIPP at the primary sampling unit (PSU) level. Funded by the Census Bureau.
American Public Welfare Association (APWA), Washington, D.C.	TANF Simplified food stamp plans	Monthly surveys of states on different topics related to reforms.
Urban Institute, Washington, D.C.	TANF Food stamps Child care Workforce development Medicaid General Assistance	Understanding policies for 13 states in depth through site visits, local collaborators. Information for remaining states (in less detail) will be collected through available published documents from the states, APWA, CRS, and CLASP, and augmented through annual telephone surveys to document implementation and special issues. Some programs will be covered through biannual telephone surveys. Funded by Annie E. Casey, Kellogg, Kaiser, and other foundations.

SOURCE: Zedlewski (1996:Table 3); information as of December 1996. Used by permission of the author.

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TANF grant. Thus, time series of administrative data for AFDC will end. Still, administrative data may be useful to evaluate and track caseloads in each state. In fact, PRWORA requires states to file quarterly reports detailing demographic information, employment status, earnings, and forms of assistance provided for a sample of TANF recipients. However, given that current federal regulations provide no matching money for the development of the quarterly reports (the federal government previously shared in the costs of program administration and reporting) and the lack of a quality review process, workshop participants raised questions about how reliable those data will be.

Workshop participants noted that administrative and quality control data on the Food Stamp Program may prove useful for some kinds of analyses of welfare program trends and outcomes. For many food stamp recipients, a time series of administrative data will continue.

The usefulness of administrative data for evaluating health care services, costs, and quality has been affected by changes in the health care industry, particularly the rise in managed care. Traditionally, public health insurance programs have used fee-for-service payment plans that create a paper trail linking payments to services that can be analyzed, and claims data for the Medicaid and Medicare programs have been used to evaluate health care services funded by these programs. However, the growing use of managed care plans, which often charge a flat annual payment for services, means that there are no claims data documenting services and costs for increasing numbers of beneficiaries (see Harvey, 1996).

Implications For Data Collectors

The changes in data required from national household surveys to accurately monitor health and social welfare programs in the United States pose substantial challenges for data collectors. These challenges include improved coordination between the statistical agencies that collect data and the policy and research agencies that use the data; research to inform questionnaire design and administration; approaches to validating survey responses; means to build flexibility into surveys with respect to content changes; and modification of sampling schemes to provide reliable subnational estimates.

Workshop participants stressed that constraints on survey budgets will make it particularly difficult to meet these challenges, placing yet greater importance on coordination of effort and identification of priorities for data. Coordination has the potential to reduce duplicative work, fill gaps in knowledge, standardize concepts and definitions, and facilitate consistent approaches to questionnaire design, sampling strategies, and survey administration. Coordination is also essential for data collectors to properly evaluate tradeoffs and make the best possible choices among competing uses of limited resources for new and modified data collection, expanded samples, and research on data collection methods and data quality.

COORDINATION

The need for partnerships among agencies was a major theme of the workshop. In particular, better coordination is needed between the federal statistical agencies (e.g., the Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics) and the federal program planning and evaluation agencies (e.g., the Office of the Assistant Secretary for Planning and Evaluation, the Administration for Children and Families, the Agency for Health Care Policy and Research, and the Health Care Financing Administration in the U.S. Department of Health and Human Services; as well as the Social Security Administration). The statistical agencies played little role in the development of PRWORA; they must now work closely with the agencies that are involved in assessing the effects of changes in health and welfare programs if national household surveys are to be able to provide relevant information for analysis purposes.

Federal agencies that sponsor related research, such as the National Institute on Aging, the National Institute on Child Health and Human Development, and the National Science Foundation,

could also participate in cross-agency cooperative efforts to improve the available data for monitoring and evaluating health and social welfare programs. These agencies sponsor surveys (e.g., the Panel Study of Income Dynamics) that have provided useful information in the past and that could both contribute to and build on improvements in the major national household surveys.

Given that national surveys cannot carry the entire burden of providing needed data for program analysis, workshop participants stressed the importance of forming partnerships that could provide useful data for linking with national surveys, supplementing them, and evaluating the quality of their responses. Such partnerships would involve the collaboration of federal statistical and policy agencies with state agencies.

Workshop participants also noted that several private foundations and other organizations are involved in data collection to assess changes in health and welfare programs (see [Table 1](#)). While private organizations often have their own interests in terms of question content and may obtain only limited data, it could be mutually beneficial for them and government agencies to exchange information about questionnaire design and administration and survey results.

The utility of coordinating efforts between the states and the federal government was underscored at the workshop. Linking national survey data with state and local administrative data through exact matches of records for individuals and households is a way not only to validate the survey data, but also to add information from the administrative records that is not readily collected in a survey. States can also help to ensure the relevance and quality of national household surveys by reviewing questionnaire wording and other aspects of survey design from their knowledge of local program operations and policy concerns.

Workshop participants noted further that, under PRWORA, states have strong financial incentives to produce timely reports but few incentives or resources to design comparable, reliable and accessible data, while the federal government has a strong interest in ensuring the development of a consistent and reliable tracking system for the new state programs. By forming partnerships, the states and federal government could better assure consistency and reliability of measures, while the states could reduce the costs of implementing new administrative data systems.¹⁰

However, an unintended result of devolution may be that it places new barriers in the way of intergovernmental partnerships that are designed to improve the accuracy and availability of data on health and social welfare programs. PRWORA, along with the granting of administrative waivers, makes state and local governments increasingly responsible for welfare programs and their outcomes. To the extent that data provided by federal-state linkages can be used to critically examine welfare programs, states may be reluctant to reveal information and to enter into partnerships with the federal government.

The National Assessment of Educational Progress (NAEP) provides an example of a successful federal-state data collaboration effort on a highly politically charged issue. Originally, states did not want measures of educational achievement that could be compared across jurisdictions, and NAEP was designed so that only national-level estimates could be produced from the data. Subsequently, increasing public concern about educational issues led to a willingness on the part of the states to compare their performance, and NAEP was recently redesigned to provide state-level estimates.

Other types of data linkages that were discussed at the workshop concerned integration of survey responses from households with data from other sources, such as reports of employers and

¹⁰ Brady and Snow (1996) suggest that the development of data systems to track caseloads over time and across counties, as mandated by PRWORA, will pose substantial challenges for many states.

providers, or data on contextual characteristics of areas in which respondents reside (e.g., unemployment rates). Linking household survey responses to employer and provider-level data has always been important for analyses of health care programs, which require accurate measures of medical care expenditures and features of health insurance plans that households typically cannot provide. In order to have regularly updated measures for assessing health care programs, MEPS was initiated as a continuing survey of medical care expenditures in which household survey reports are augmented by reports from the households' employers, insurance carriers, and medical care providers. (Previously, such medical expenditure surveys were only conducted at long intervals.) In addition, MEPS is linked to other health-related surveys: the sample for MEPS is a subsample of NHIS, which provides a rich set of data on health status and conditions, and the MEPS employer questionnaire is the same as that used for the National Employer Health Insurance Survey (NEHIS), which is a large annual survey of employers about their health insurance plans.

Historically, there has not been a parallel need in the welfare context to link household survey responses with employer or provider data, which can be difficult and costly to obtain. However, this may change with the new emphasis on such third-party benefits as employer wage subsidies and day care services. Also, it may be possible through collaborative efforts of statistical and policy agencies to identify opportunities to link welfare-related surveys in ways that are similar to those for health-related surveys.¹¹ The Survey of Program Dynamics (SPD), which PRWORA mandated to help track the effects of welfare reform, particularly for children, represents a type of linkage. The SPD sample cases, who will be followed annually for 6 years beginning in 1997, are drawn from the 1992 and 1993 SIPP panels, making it possible to link the SIPP data already collected with information collected subsequently in the SPD.

Several participants noted that the Health Insurance Portability and Accountability Act provides important new opportunities for data standardization and integration in the health area. In particular, the administrative simplification provisions of HIPAA direct the secretary of the Department of Health and Human Services to develop a single set of national standards and identifiers for certain electronic transactions, including claims, enrollment, eligibility, payments, and coordination of benefits. Health care providers and health plans will be required to use these national standards for all electronic administrative and financial transactions. If properly implemented, HIPAA opens the door for the development of a core, standardized health benefits database that potentially could be readily linked to other data.

Workshop participants stressed the need to protect the confidentiality of individual information in considering data integration and linkage. It may not be easy to provide access to data sets that link survey responses with administrative records or with reports of employers or providers in ways that maintain the assurances of confidentiality protection that are embodied in law and statistical agency practice.¹² More generally, throughout the workshop participants stressed the need to carefully consider both the legal and ethical issues involved in collecting detailed survey data on program participants.

¹¹ Such linkages among federal surveys may be facilitated by new legislation. The administration recently proposed a bill that provides for sharing of microdata among federal statistical agencies to permit the development of more efficient sample designs and similar tasks. The bill was not acted on in the 104th Congress (1995-1996), but its provisions were incorporated into a bill that is being considered in the 105th Congress (1997-1998).

¹² U.S. Code Title 13, for example, prohibits the release of individually identifiable data for samples drawn directly or indirectly from the decennial census. See Duncan, Jabinc, and de Wolf (1993) for a review of confidentiality provisions and issues for government statistics.

QUESTIONNAIRE DESIGN AND ADMINISTRATION

Workshop participants underscored the need for federal statistical agencies to conduct methodological research on such issues as the appropriate design of questionnaires and wording of question content to elicit accurate survey reports of participation and benefits in an era of welfare program devolution and experimentation. Cognitive research and such techniques as focus group analysis will likely be needed to develop questionnaires that respondents can understand and respond to appropriately (e.g., indicate their participation in a welfare program when benefits take such forms as wage or day care subsidies and not cash).

Another topic for research is that of optimum questionnaire length, balancing data needs against survey costs and burden on respondents. The need for more information about children, both to accurately characterize program eligibility (especially for child-only cases) and to provide adequate outcome measures for children, raises issues of questionnaire length because most household surveys do not now obtain as much information about children as about adults. This need also raises issues of how to obtain accurate information for children who do not report for themselves.

Finally, research will be needed to develop appropriate training methods and materials for interviewers so that they are able to elicit accurate responses to the extent possible. Coordination among federal statistical agencies for all of these kinds of methodological research would be beneficial so that research can be conducted in a cost-effective manner and research findings can inform improvements in all of the major national household surveys.

DATA VALIDATION

Monitoring and assessment of health and social welfare programs in the new environment will require accurate measures of program participation and benefits, of characteristics that are needed to estimate program eligibility, and of outcome variables. Maintaining current levels of accuracy, let alone improving on them, will be difficult given the likelihood of increased variation in program provisions across states and localities and over time.¹³ Survey response rates may also fall if questionnaires are lengthened to accommodate new data needs.

Validation of survey responses will be essential, not only to establish the quality of the data collected, but also to suggest changes to questionnaires and survey procedures that could improve data quality. Workshop participants suggested a number of specific methods for validating survey questionnaires, including matches of survey and administrative data for cross-validation, cognitive research designed to ensure that respondents understand survey inquiries, and experiments embedded in surveys to test the sensitivity of results to different ways of asking questions about new program features. Workshop participants also suggested collecting information about programs from respondents, as a validation technique. Thus, inquiries about program names, eligibility criteria, and benefit levels may not only measure awareness, but also help to establish the accuracy of responses. Participants noted that proper training and informing of interviewers about the details of state and local programs may reduce respondent confusion and reporting errors.

¹³ Not only are program provisions likely to vary across jurisdictions, but caseworkers may have greater flexibility to tailor program provisions to the circumstances of individual participants (e.g., in determining what activities meet the work requirements).

FLEXIBILITY

Flexibility in designing and implementing survey questions emerged as an important issue in the workshop discussions. Since states may now experiment with different programs with different names, participants suggested that the need to make last-minute modifications to survey questionnaires may be common. Surveys that ask respondents whether they participated in program X will be useless if the program is now called Y. Although computer-aided surveying techniques, such as computer-assisted personal interviewing (CAPI) and computer-assisted telephone interviewing (CATI), have provided such benefits as reducing inconsistent responses (inconsistencies can be resolved at the time of the interview instead of in a subsequent editing process), statistical agencies have not found it easy to modify CAPI/CATI questionnaires in a timely manner. One suggested short-term solution is to supplement the computer-aided survey with a small sample that is interviewed with a paper questionnaire that can be modified as needed.

SAMPLE DESIGN

The need for statistical agencies to carefully evaluate appropriate sampling schemes for the major national household surveys in light of increased data needs for program analysis was a recurring theme of the workshop. Participants discussed the possible benefits of expanding survey sample sizes to allow for subnational analyses and of developing new stratification schemes to overrepresent certain vulnerable populations. Taking account of attrition in longitudinal surveys and, if necessary, developing refreshment samples were also stressed as important sampling design considerations.

The existing federal household surveys are designed for national and sometimes regional level analyses, but they are generally unable to provide reliable statistics on specific subnational areas. Given program devolution, the ability to track and monitor outcomes by state—and even by county—may become increasingly important. Thus, one suggested modification to sampling schemes is to supplement the existing samples so that the surveys are representative of individual states. None of the major surveys can now be used to provide reliable estimates for each state, although the CPS sample design is representative of all states and is designed to provide reliable estimates for the largest states. (The NHIS sample design is also state representative.)¹⁴

Several workshop participants also suggested the value of modifying the existing sampling schemes to overrepresent vulnerable populations. PRWORA imposes strict new eligibility requirements that affect specific groups of people, including disabled children, legal immigrants, unemployed people, and teenage parents. Often, these groups are small segments of both the total population and most national samples of the population, so that the current national surveys are often unable to provide reliable estimates for them,¹⁵ yet such groups may be the ones that are most affected by the new legislation.

Redesigning national household survey samples to provide more reliable data for analysis of states or small population groups could be very costly. Workshop participants stressed the need to search for sampling schemes that balance costs and benefits. For example, one possibility is to supplement national samples each year with added sample for selected states, on a rotating basis.

¹⁴ See [Appendix C](#) for additional details on the sampling schemes used in CPS, SIPP, NHIS, and MEPS.

¹⁵ The existing surveys are not only unable to provide precise estimates for these groups, but they are also often unable to even identify some of these subgroups, such as immigrants and disabled children (see [Appendix C](#)).

Also, it may be possible to identify groups of states with sufficiently similar programs to permit pooling their samples, thereby reducing the added sample size that might otherwise be required.

Workshop participants expressed a wide variety of views in the extensive discussion about modifying the sampling schemes for the major national household surveys. Some participants argued that the sample designs should be completely revised, others argued to make no changes, and still others suggested some middle ground. Perhaps the most consistent theme was the need for a more careful examination of these issues in light of long-term data requirements and existing budget constraints. In addition, participants stressed the need to carefully consider the statistical issues involved in supplementing existing samples while maintaining a nationally representative design.

Research Issues for Behavioral Analyses

Even after reliable and useful data have been collected, there remain complex statistical and research issues that need to be addressed to properly evaluate the impact of the recent changes to health and social welfare programs in the United States. How will states respond to changes in the costs of providing services? How will states respond to changes in the costs of monitoring the caseload (see Brady and Snow, 1996)? How will time limits and work requirements affect investments in human capital? How will work requirements affect the low-wage labor market? How will the new legislation alter family structure decisions? How will the various state welfare programs affect the "welfare culture," poverty, and labor force participation? How will state programs affect the nonprofit sector? How will portability of health insurance affect the labor market? Answering these and other important questions will require analysts to carefully develop conceptual frameworks, define outcomes and treatments, and substantiate the results using different data and methodologies.

While there are many ongoing efforts to track caseloads and monitor changes in the status of low-income populations (see, for example, [Table 1](#)), workshop participants stressed the need for careful behavioral analyses. Time-series changes in the caseload, poverty rate, and other outcomes of interest may be difficult to interpret, as there are many other factors that can influence these outcomes (e.g., the economy). Disentangling the effects of the recent legislative changes from other factors is not possible without a carefully thought-out conceptual framework.

Thus, to evaluate the effects of PRWORA, participants expressed the need to define a baseline or frame of reference—what in program evaluation research is termed the "counterfactual," the situation that would have prevailed if a program had continued unchanged. Determining the appropriate baseline for evaluation of PRWORA poses a serious methodological problem. The survey data cannot reveal how respondents would have behaved if the welfare system had not changed. Defining this counterfactual is the fundamental methodological challenge for behavioral research expressed at the workshop.

A number of other difficult methodological issues must also be addressed. Interstate variation in program benefits and eligibility criteria, as well as variation in program administration, may make the task of defining treatments quite difficult. Even programs that provide similar primary benefits, such as cash assistance, may provide much different secondary services, such as child care or job placement services. Thus, a person receiving cash assistance in Vermont may receive a

much different treatment than a person receiving cash assistance in Virginia. Depending on the variety of state programs that emerge, researchers may want to focus on certain programs within a particular state or the same program in several states; examining a single program across all states may not be possible.

Valuing program benefits will also become increasingly complex as cash benefits are replaced by in-kind vouchers and subsidies. How is a value placed on such benefits as health insurance, child care, food, shelter, marriage counseling, or wage subsidies? This issue has been confronted in previous evaluations of the Food Stamp and Medicaid programs, as well as of subsidized housing; in general, there are no easy solutions for assigning appropriate cash values to such benefits. Under the new law, the accurate and consistent valuation of a range of non-cash benefits will become increasingly important.

For certain analyses, even defining the appropriate outcomes may be difficult. PRWORA both explicitly and implicitly sets a number of new objectives for welfare programs in the United States. The previous goals of reducing poverty and providing a safety net remain, but there are also new objectives, such as decreasing unwed pregnancies, increasing labor force participation and hours worked, and changing the culture of welfare dependency. Although some of these new objectives can be measured, others, such as changing a culture, will be difficult even to define. The challenges for researchers to conduct meaningful analyses in an era of such significant program change are great.

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Appendix A

Workshop Agenda And List Of Participants

Conference On National Statistics On Health And Social Welfare Programs
Committee on National Statistics
National Academy of Sciences
Lecture Room
2101 Constitution Ave., NW
Washington, D.C.
December 12-13, 1996
AGENDA

Thursday, December 12

9:00 Opening Remarks

Charles Manski, University of Wisconsin Committee on National Statistics

Katherine Wallman, Chief Statistician Office of Management and Budget

Jack Ebeler, Acting Assistant Secretary for Planning and Evaluation, Department of Health and Human Services

9:45 Session I: What Is Changing in Health and Social Welfare Programs?

Income Maintenance:

Anne Rosewater, Acting Deputy Assistant Secretary for Human Services Policy, ASPE/DHHS

Health Care:

Christy Schmidt, Acting Deputy Assistant Secretary for Planning and Evaluation, DHHS

Long-Term Care:

Mary Harahan, Acting Deputy Assistant Secretary, Office of Disability, Aging and Long-Term Care, DHHS

Nutrition Programs (e.g., food stamps, WIC):

Michael Fishman, Acting Director, Office of Analysis and Evaluation, Food and Nutrition Service, USDA

Comments:

Judith Gueron, Manpower Demonstration Research Corporation Robert Moffitt, Johns Hopkins University

12:00 noon Lunch, Refectory (basement level)

-
- 1:00 Session II: What Information Do We Need?
Income Maintenance:
Donald Oellerich, ASPE/DHHS
Health Care:
Holly Harvey, ASPE/DHHS
Disability and Long-Term Care:
Michele Adler, ASPE/DHHS
Nutrition Programs:
Steven Carlson, FNS/USDA
Multiple Program Impacts:
Sheila Zedlewski, The Urban Institute
Comments:
Thomas Corbett, University of Wisconsin Rert Reischauer, Brookings Institution
- 3:30 Coffee Break
- 3:45 Session III: Implications for Data Collectors
Panel Discussion
Ross Arnett, Agency for Health Care Policy and Research Nancy Gordon, Bureau of the Census Edward
Sondik, National Center for Health Statistics
Comments:
Greg Duncan, Northwestern University Nicholas Zill, Westat, Inc.
- 5:30 Adjourn
- Friday, December 13
- 9:00 Session IV: Statistical and Research Issues to Be Addressed
Panel Discussion
Steven Cohen, Agency for Health Care Policy and Research
John Czajka, Mathematica Policy Research, Inc.
Graham Kalton, Westat, Inc.
Elizabeth Martin, Bureau of the Census
Karl Scholz, University of Wisconsin
- 10:45 Coffee Break
- 11:00 Summing Up, Next Steps, Future Directions
David Betson, University of Notre Dame
Katherine Wallman, OMB
- 12:30 Adjourn
-

WORKSHOP PARTICIPANTS*

CHARLES MANSKI (*Chair*), Department of Economics, University of Wisconsin-Madison
MICHELE ADLER, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services
TED ANAGNOSON, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services
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LAURA BRICE, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services
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JOHN CZAJKA, Mathematica Policy Research, Inc., Washington, D.C.
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ROBERT DONNELLY, Health Financing Branch, U.S. Office of Management and Budget
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Appendix B

Comparison Of Prior Law And The Personal Responsibility And Work Opportunity Reconciliation Act

The following pages present material prepared by the U.S. Department of Health and Human Services, which was obtained electronically at <http://aspe.os.dhhs.gov/hsp/isp/reform.htm> (January 1997).

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Comparison of PRIOR LAW and the PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT OF 1996 (P.L. 104-193)

PROVISION	PRIOR LAW	P.L. 104 -193
Title I: Block Grants for AFDC, EA, and JOBS	Temporary Assistance for Needy Families AFDC provided income support to families with children deprived of parental support. JOBS was an employment and training program for AFDC recipients. Emergency Assistance (EA) provided short term emergency services and benefits to needy families. The federal government established eligibility criteria for AFDC and EA benefits and guidelines for the JOBS program. States determined benefit levels which were required to be applied uniformly to all families in similar circumstances.	The law block grants AFDC, Emergency Assistance (EA), and JOBS into a single capped entitlement to states -- Temporary Assistance to Needy Families (TANF). States are required to implement their block grants programs by 7/1/97. States have the option to submit plans immediately subsequent to the President's signing of the bill (8/22/96). The Department of Health and Human Services reviews the plan for completeness.
Funding	Open-ended funding was on a matching basis for AFDC benefits and administration and EA. JOBS was an entitlement requiring state match and was capped at \$1 billion in FY 1996.	The total cash assistance block grant is estimated to be \$16.4 billion for each year from FY 1996 to FY 2003. Each state receives a fixed amount -- based on historical expenditures for AFDC benefits and administration, EA, and JOBS -- equal to the greater of: (1) the average of federal payments for these programs in FYs 1992-1994; (2) federal payments in FY 1994, plus additional EA funding for some states; or (3) estimated federal payments in FY 1995. States can carry over unused grant funds to subsequent fiscal years.
AFDC Entitlement	AFDC was an entitlement to states. Recipients of SSI and Foster Care payments were not eligible for AFDC. Eligible individuals were guaranteed aid at state-established benefit levels. Certain individuals also received guaranteed child care benefits. States received federal matching dollars for expenditures, without a cap. Benefits were guaranteed to eligible individuals even in recessions and fiscal downturns.	No individual guarantee of benefits, but the state plan must have "objective criteria for delivery of benefits and determining eligibility" and provide an "explanation of how the state will provide opportunities for recipients who have been adversely affected to be heard in an appeal process."
Time Limits for Cash Assistance	Recipients remained eligible for benefits as long as they met program eligibility rules.	Families who have received federally-funded assistance for 5 cumulative years (or less at state option) would be ineligible for federally-funded cash aid. States are permitted to exempt up to 20% of the caseload from this time limit. Months spent living on Indian reservations with populations of at least 1,000 and unemployment rates of at least 50% do not count against the time limit. Block grant money transferred to Title XX can be used to provide non-cash assistance to families after the federal time limit. State funds that are used to count toward the maintenance of effort requirements may be used to provide assistance to families beyond the federal time limit.

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Work Requirements For FY 1994, 15% of non-exempt caseload was required to participate in JOBS activities for at least 20 hours per week. This increased to 20% in FY 1995. (There were no statutory single-parent standards after FY 1995). For FY 1994, 40% of two-parent families were required to participate in work activities for at least 16 hours per week. This was scheduled to increase to 75% by FY 1997. Matching rate on JOBS dollars could have been reduced for failing to meet general or AFDC-UP participation rates.

Individuals were exempt from JOBS if they were: ill, incapacitated, or aged; had a child under age 3 (or 1 at state option); were under age 16 or in school full time; were in 2nd or 3rd trimester of pregnancy; were needed in the home to care for ill or incapacitated family member; were employed 30 hours or more per week; resided in an area where the program was not available; or was providing care to a child under 6 and child care would not be guaranteed.

General Requirements: As part of their state plan, states must demonstrate that they will require families to work after two years on assistance.

Work Rates: A state's required work participation rate for all families is set at 25% in FY 1997, rising to 50% by FY 2002 (states will be penalized for not meeting these rates). The rate for two-parent families increases from 75% to 90% by FY 1999. The law provides pro rata reduction in the participation rate for reductions in caseload levels below FY 1995 that are not due to eligibility or federal law changes.

Work Hours: Single-parent recipients are required to participate 20 hours per week upon implementation of the law, increasing to at least 30 hours per week by FY 2000. Single parents with a child under age 6 are deemed to be meeting the work requirements if they work 20 hours per week. Two-parent families must work 35 hours per week.

Exemptions: Single parents of children under age 6 who cannot find child care cannot be penalized for failure to meet work requirements. States can exempt from the work requirement single parents with children under age 1 and disregard these individuals in the calculation of participation rates for up to 12 months.

Other: For two-parent families, the second spouse is required to participate 20 hours per week in work activities if they receive federally funded child care (and are not disabled or caring for a disabled child). Individuals who receive assistance for 2 months and are not working or exempt for the work requirements are required to participate in community service, with the hours and tasks to be determined by the state (states can opt-out of this provision).

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Work Activities

States were required to provide basic and secondary education, ESL, job skills training, job development and placement and job readiness. States were required to offer 2 of the following work activities: job search, on-the-job-training, work supplementation, or the community work experience program. Post-secondary education was optional. Two-parent families were required to participate in work activities.

To count toward the work requirement, single-parent families are required to participate at least 20 hours per week and two-parent families 30 hours per week in unsubsidized or subsidized employment, on-the-job training, work experience, community service, up to 12 months of vocational training, or provide child care services to individuals who are participating in community service. Up to 6 weeks of job search (no more than 4 consecutive weeks) counts toward the requirement, except that states with unemployment rates at least 50% above the national average may count up to 12 weeks of job search. Beyond 20 hours per week for single-parent families (or 30 hours per week for two-parent families), participation may also include job skills training related to employment, education directly related to employment (for someone without high school or GED) or GED (for someone without high school or GED). This includes household (up to age 19) in secondary school) also count toward the requirement. However, no more than 20% of the caseload can receive vocational training toward meeting the work requirement (including teen parents in secondary school). Individuals who had been sanctioned (for not more than 3 of 12 months) are not included in the denominator of the rate.

Supplemental Funds For AFDC and EA, open-ended funds were available as needed. No provision for JOBS.

Establishes a \$2 billion contingency fund. For eligible states, state TANF spending in excess of FY 1994 levels of AFDC-related spending is matched to draw down contingency fund dollars. If a state draws down matching child care funds (for which it must exceed its FY 1994 level of child care spending), its child care spending under TANF would not be eligible for a contingency fund match and AFDC-related child care would be subtracted from the FY 1994 base. States can meet one of two triggers to access the contingency fund: (1) an unemployment rate for a 3-month period that was at least 6.5% and equal to 110% of the rate for the corresponding period in either of the two preceding calendar years; or (2) a trigger based on food stamps. Under the second trigger, a state is eligible for the contingency fund if its food stamp caseload increased by 10% over the FY 1994 or 1995 level (adjusted for the impact of the law's immigrant and food stamp provisions on the food stamp caseload). Payments from the fund for any fiscal year are limited to 20% of the state's base grant for that year. A state can draw down no more than 1/12 of its maximum annual contingency fund amount in a given month. The match rate for the contingency fund is the state's Medicaid match rate, times the number of months the state received contingency funds in a fiscal year, divided by 12. The law also includes: (1) an \$800 million grant fund for states with exceptionally high population growth, benefits lower than 35% of the national average, or above average growth and below average AFDC benefits (no state match); and (2) a \$1.7 billion loan fund.

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Maintenance of Effort	<p>States were required to match the federal dollars provided for AFDC, EA, and JOBS. There was no maintenance of effort requirement in AFDC and EA. For JOBS, states were required to spend no less than total state and local expenditures for FY 1986 for training, employment, and education programs whose purpose was preventing welfare dependency.</p>
Transfers	<p>No provision.</p>
Persons Convicted of Drug-Related Crimes	<p>No provision.</p>
Penalties	<p>Penalties could have been imposed for JOBS and AFDC.</p> <p>If a state failed to achieve general and two-parent participation rates, the federal matching rate for JOBS spending (which generally ranges from 60% to 75% among states) was to be reduced to 50%. In addition, states faced a reduced federal match unless 55% of JOBS funds were spent on long-term recipients, those under age 24 with no high school diploma, or those who were within two years of becoming eligible for aid because of the age of their child.</p> <p>A state could also have been penalized if its AFDC payment error rate (based on Quality Control) exceeded national standards.</p>
	<p>Each state is required to maintain 80% of FY 1994 state spending on AFDC and related programs, including JOBS, EA, and child care. For states who meet the work participation requirements, the maintenance of effort provision may be reduced to 75%. States must maintain 100% MGE for access to the contingency fund.</p>
	<p>A state is permitted to transfer up to 30% of the cash assistance block grant to the child care block grant and/or the Title XX block grant. No more than one-third of transferred amounts can be transferred to Title XX, and all such funds transferred must be spent on children and their families whose income is less than 200% of the poverty line.</p>
	<p>Individuals who after the date of enactment are convicted of drug-related felonies are prohibited for life from receiving benefits under the TANF and Food Stamp programs. States may opt out of this provision or limit the length of the sanction.</p>
	<p>Federal benefits specifically exempted: emergency medical services; short-term, noncash disaster; public health for immunizations and communicable diseases; prenatal care; job training programs; and drug treatment programs.</p>
	<p>The following penalties can be imposed on states: (1) for failure to meet the work participation rate, a penalty of 5% of the state's block grant in the first year increasing by 2 percentage points per year for each consecutive failure (with a cap of 21%); (2) a 4% reduction for failure to submit required reports; (3) up to a 2% reduction for failure to participate in the Income and Eligibility Verification System; (4) for the misuse of funds, the amount of funds misused (if the Secretary of HHS was able to prove that the misuse was intentional, an additional penalty equal to 5% of the block grant will be imposed); (5) up to a 5% penalty for failure, by the agency administering the cash assistance program, to impose penalties requested by the child support enforcement agency; (6) escalating penalties of 1% to 5% of block grant payments for poor performance with respect to child support enforcement; (7) a 5% penalty for failing to comply with the 5-year limit on federally-funded assistance; (8) a 5% penalty for failing to maintain assistance to a parent who cannot obtain child care for a child under age 6; and (9) penalties for failure to meet conditions for loan and contingency funds received. States that are penalized must expend additional state funds to replace federal grant penalty reductions.</p>

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Individual Responsibility Plans	An employability plan was required in JOBS.	States are required to make an initial assessment of recipients' skills. At state option, Individual Responsibility Plans can be required.
Teen Parent Provisions	AFDC benefits were available to each eligible dependent child and parent, regardless of whether the mother was under age 18. States were given the option to require minor parents to reside in their parents' household, with a legal guardian, or in another supervised living arrangement, with certain exceptions. Teens over 16 who were not in school were required to participate in educational activities. No provision to locate adult-supervised homes.	Unmarried minor parents are required to live with an adult or in an adult-supervised setting and participate in educational and training activities in order to receive Federal assistance.
Performance Bonus to Reward Work	No provision.	States are responsible for locating or assisting in locating adult-supervised setting for teens. The Secretary of HHS is required to establish and implement a strategy to: (1) prevent non-marital teen pregnancies; and (2) assure that at least 25% of communities have teen pregnancy prevention programs. The Department will report to Congress annually on progress in these areas. No later than January 1, 1997, the Secretary, GAO, shall establish and implement a program that provides research, education, and training on the prevention and prosecution of statutory rape.
Family Cap	Families on welfare received additional AFDC benefits whenever they had another child.	States are responsible for locating or assisting in locating adult-supervised setting for teens.
Illegitimacy Bonus	No provision for Illegitimacy Bonus, however states were required to provide family planning services (to prevent/reduce the incidence of births out of wedlock) to any AFDC recipient who requested the services. The law required a reduction of 1% in AFDC matching funds if a state failed to offer and provide family planning.	The Secretary of HHS, in consultation with NGA and APWA, is required to develop a formula measuring state performance relative to block grant goals. States will receive a bonus based on their score on the measure(s) in the previous year, but the bonus can not exceed 5% of the family assistance grant. \$200 million per year is available for performance bonuses (in addition to the block grant), for a total of \$1 billion between FYs 1999 and 2003. No provision, so state option.
Waivers	The Secretary of HHS had the authority under Section 1115 of the Social Security Act to waive specified provisions of the Act in the case of demonstration projects that were likely to promote the objectives of the Act. Such demonstration projects were required to be cost-neutral to the federal government and rigorously evaluated.	The law establishes a bonus for states who demonstrate that the number of out-of-wedlock births and abortions that occurred in the state in the most recent two-year period decreased compared to the number of such births in the previous period. The top five states will receive a bonus of up to \$20 million each. If less than five states qualify, the grant will be up to \$25 million each. Bonuses are authorized in FYs 1999-2002. Under the new law, states which receive approval for waivers under the law's opt-out provisions before July 1, 1997 have the option to operate their state's assistance program under some or all of these waivers. For states that do not receive this option, provisions of the new law which are inconsistent with the applicable waivers will not take effect until the expiration of the applicable waivers in the geographical areas covered by the waivers.

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Medicaid Guarantee	<i>These policies remain in effect in P.L. 104-183.</i>	Federal Medicaid law mandates that state Medicaid programs cover specified categories of individuals, including members of families receiving AFDC; other low-income families, children and pregnant women; low-income Medicare beneficiaries; and, in general, recipients of SSI. Federal law also specifies numerous groups whom states could, at their option, have made eligible for Medicaid. These groups include those whose medical costs impoverish them ("medically needy"), as well as persons who are in nursing facilities or other institutions, or who required institutional care if they are not receiving care in the community.	Regardless of a state's TANF eligibility requirements, for purposes of Medicaid eligibility the new law requires states to provide medical assistance to individuals based on AFDC income and resource eligibility requirements they had in place on 7/16/96; however, states may terminate Medicaid eligibility for adults who are terminated from TANF for failure to work. (The new law does not change other Medicaid eligibility categories).
Transitional Medicaid	<i>These policies remain in effect in P.L. 104-183.</i>	AFDC recipients are entitled to one year of transitional Medicaid when they lose welfare due to increased earnings from work. This provision sunsets 9/30/98. Families who lose welfare due to collection of child or spousal support are entitled to 4 months of transitional Medicaid.	States have the option of using more liberal income and resource standards or methodologies for Medicaid eligibility. States are not permitted to reduce income standards below those in place in 5/1/88. States are not permitted to increase the income standard above that of 7/16/96 by more than the percentage increase in the consumer price index for all urban consumers over the same period.
Reductions in Federal Government	No provision.	Families losing Medicaid benefits due to increased earnings from work, child support, or spousal support will receive transitional Medicaid benefits as under prior law.	The Secretary of HHS is required to reduce the number of positions at HHS related to the conversion of AFDC, JOBS, and EA to the TANF block grant by 75% or by 245 full-time equivalent program positions and 60 managerial positions.
SSI for Children	Title II: Supplemental Security Income	Children with disabilities who did not meet or equal the Listing of Medical Impairments were determined to be disabled (thereby eligible for cash benefits if all other criteria were satisfied) if they suffered from any medically determinable physical or mental impairment of comparable severity to an adult. Comparable severity was found if the child was not functioning at an age appropriate level as measured by the Individual Functional Assessment (IFA) and evaluated by SSA.	Provides a new definition of disability for children. Under this new definition, a child will be considered to be disabled if he or she has a medically determinable physical or mental impairment which results in marked and severe functional limitations, which can be expected to result in death or which has lasted or can be expected to last for at least 12 months. In addition, this law instructs SSA to remove references to maladaptive behavior as a medical criteria in its listing of impairments used for evaluating mental disabilities in children. All of these provisions will apply to new claims filed on or after enactment and to all claims that have not been finally adjudicated (including cases pending in the courts) prior to enactment. SSA is also required to redetermine the cases of children currently receiving SSI to determine whether they meet the new definition of disability.

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Redeterminations of current recipients must be completed during the year following the enactment. The earliest that a child currently receiving SSI can lose benefits is July 1, 1997. If the redetermination is made after that date, then benefits will end the month following the month in which the redetermination is made. SSA is required to notify all children potentially affected by the change in the definition by January 1, 1997. An additional \$150 million for FY 1997, and \$100 million for FY 1998 is authorized for continuing disability reviews and redeterminations.

For privately insured, institutionalized children, cash benefits will be limited to \$30 per month. The law requires that large retroactive SSI payments due to child recipients be deposited into dedicated savings accounts, to be used only for certain specified needs appropriate to the child's condition.

The law provides that large retroactive benefit amounts will be paid in installments (applies to children and adults).

Requires CDRs once every 3 years for recipients under age 18 with non-permanent impairments and not later than 12 months after birth for low-birth weight babies.

Requires that the representative payee of a recipient whose continuing eligibility is being reviewed to present evidence, at the time of the review, that the recipient is receiving medical treatment, unless the Commissioner of SSA determines that such treatment would be inappropriate or unnecessary. The Commissioner may change the payee if he/she refuses to cooperate. Applies to benefits for months beginning on or after enactment.

Requires eligibility determinations, using adult initial eligibility criteria, during the one-year period beginning on a recipient's 18th birthday.

No provision for reports to Congress regarding these reviews.

SSI Continuing Disability Reviews (CDRs) Required the Social Security Administration (SSA) to conduct a specified number of CDRs on SSI cases (including both adults and children) in each of FYs 1996-1998.

SSI Redetermination Upon Attainment of Age 18 Required redeterminations, using the adult initial eligibility criteria, of the eligibility of one-third of the recipients who attain age 18 in or after May 1995 in each of the FYs 1996 through 1998.

Required SSA to submit a report regarding these reviews to Congress not later than 10/1/98.

Title III: Child Support

Child Support

The state was required to establish paternity and establish and enforce child support orders for AFDC, Medicaid, IV-E recipients, and for all others upon request.

States were required to disregard the first \$50 a month in child support payments collected by the state and pass that amount through to the family.

States must operate a child support enforcement program: meeting federal requirements in order to be eligible for the Family Assistance Program. Recipients must assign rights to child support and cooperate with paternity establishment efforts. Distribution rules are changed so that families no longer on assistance have priority in receipt of child support arrears. Current law \$50 pass-through is not required. Individuals who fail to cooperate with paternity establishment will have their monthly cash assistance reduced by at least 25%.

Streamlines the process for establishing paternity and expands the in-hospital voluntary paternity establishment program.

The law requires states to establish central registries of child support orders and centralized collection and disbursement units. Requires states to have expedited procedures for child support enforcement.

Establishes a Federal Case Registry and National Directory of New Hires to track delinquent parents across states lines. Requires that employers report all new hires to state agencies and new hire information to be transmitted to the National Directory of New Hires. Expands and streamlines procedures for direct withholding of child support from wages.

Provides for uniform rules, procedures, and forms for interstate cases.

Requires states to have numerous new enforcement techniques, including the revoking of drivers' and professional licenses for delinquent obligors, expanding wage garnishment, and allowing states to seize assets.

Provides grants to states for access and visitation programs.

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Title IV: Restricting Welfare and Public Benefits for Aliens

Immigrants

Aliens permanently residing under color of law (PRUCOL) were eligible for SSI benefits (subject to deeming); aliens who were not PRUCOL were not eligible.

Aliens who were PRUCOL were eligible for AFDC, Medicaid, Food Stamp, and Social Services benefits (subject to deeming in AFDC and Food Stamps); aliens who were not PRUCOL were not eligible, except for emergency Medicaid services. The Social Services block grant did not take immigration status into account.

A portion of a sponsor's income and resources was "deemed" available to a sponsored immigrant for 3 years after the individual's entry into the U.S. under AFDC, Food Stamps, and SSI (although deeming was temporarily extended from 3 to 5 years in SSI (from 1/1/84 to 10/1/96)).

Some immigrants were required to satisfy State Department or INS that they were not likely to become a public charge by obtaining an affidavit of support from a sponsor. Courts ruled affidavits of support (which were used by AFDC, SSI, and Food Stamps to determine when sponsor deeming was applied) to be morally, rather than legally, binding.

Most legal immigrants (both current and future, and including current recipients) will be ineligible for SSI until citizenship. Exemptions are made for refugees for first 5 years in country; asylees and persons whose deportation has been withheld under section 243(h) of the INA until 5 years after granting of status; Active Armed Forces personnel, veterans, and their spouses and unmarried dependent children; and legal permanent residents with 40 qualifying quarters of work. Eliminates eligibility of legal immigrants for SSI and Food Stamps immediately at the time of recertification (no later than one year after enactment).

Medicaid, TANF block grants, Title XX Social Services State-funded Assistance: States have the option to make most current legal immigrants already in the U.S. Ineligible for Medicaid, TANF, Title XX Social Services, and state-funded assistance until citizenship (with same refugee/asylees and other exemptions as described above). Current recipients are eligible to continue receiving benefits until January 1, 1997.

Qualified aliens entering on or after enactment will be ineligible for 5 years for certain federal means-tested programs, including Medicaid (except emergency Medicaid), with most of the same refugee/asylee and other exemptions as described above.

Applicants for federal public benefit programs would be subject to new verification requirements (with certain exceptions) to determine if they are qualified and eligible for benefits. Not later than 18 months after enactment, the Attorney General in consultation with the Secretary of Health and Human Services, shall issue regulations requiring verification for certain Federal public benefit programs. States that administer a program that provides a federal public benefit have 24 months after such regulations are issued to implement a verification system that complies with the regulations. Nonprofit charitable organizations are exempt from verification requirements.

Future sponsors/immigrants will be required to sign new, legally binding affidavits of support (which will be available sometime mid-1997). For immigrants who have executed these new legally binding affidavits of support, the law extends deeming to citizenship or 40 qualifying work quarters; 100% of a sponsor's and the sponsor's spouse's income and resources are deemed; deeming is required for Federal means-tested public benefit programs, including Medicaid (except emergency Medicaid). Certain battered and indigent immigrants are exempt from these new deeming rules.

States were generally determined to be constitutionally prohibited from denying benefits to legal immigrants, due primarily to the equal protection clauses of the 14th Amendment to the Constitution.

Aliens who were not permanently residing under color of law were ineligible for major means-tested entitlement benefits (except emergency Medicaid). Immigration status was required to be verified. Eligibility criteria for many discretionary-funded programs (e.g., Head Start, public health clinics) did not take into consideration immigration status.

Health and welfare workers were generally prohibited from reporting illegal immigrants to law enforcement agencies.

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Child Protection and Adoption

States received entitlement funds under several programs for a variety of purposes. Most funds were reimbursements to states for a portion of their costs incurred in maintaining eligible children in foster care or assisted adoptions, as well as related administrative and child placement services. States also received funds from formula grants for the provision of child welfare services, family preservation and support services, independent living services, and child abuse prevention and treatment services. Some of these programs were capped entitlements while others were appropriated funds. Several demonstration authorities were aimed at providing funds for innovative programs through which new knowledge may be developed.

The states were required to have in place approved plans with regard to funds provided under IV-B (Child Welfare Services and Family Preservation and Support Services), and IV-E (Foster Care and Adoption Assistance). Eligibility for CAPTA state grant program was tied principally to the existence of laws and procedures regarding child abuse and neglect reports and investigations.

States were required to comply with a series of protections designed to assure children were not removed from their parents unnecessarily and that efforts were made to assure that children in the state's care were quickly placed in a permanent home, either through reunification or adoption. Every child was required to have a case plan, the child's status to be reviewed periodically, and reasonable efforts must have been made to reunify the family.

Title V: Child Protection

Provisions include: (1) authority for states to make foster care maintenance payments using IV-E funds on behalf of children in for-profit child care institutions; (2) extension of the enhanced federal match for statewide automated child welfare information systems through 1997; (3) appropriation of \$5 million per year in each of FYs 1996-2002 for a national random sample study of abused and neglected children or children at risk of abuse and neglect; and (4) a requirement that states consider giving preference for kinship placements, provided that the relative meets state standards for child protection.

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Child Care	Title VI: Child Care	There is a separate allocation specifically for child care. The law authorizes \$13.9 billion in mandatory funding for FYs 1997-2002. States receive approximately \$1.2 billion of the mandatory funds each year. The remainder is available subject to state match (at the 1995 Medicaid rate). Also, states must maintain 100% of FY 1994 or FY 1995 child care expenditures (whichever is greater) to draw down the matching funds. Also authorizes \$7 billion in discretionary funding for FYs 1996-2002.
Child Care	There are two child care funding types:	
* Title IV-A welfare-related child care entitlement -- AFDC/JOB, Transitional (TCC), and At-Risk Child Care.		
* Discretionary Child Care and Development Block Grant (CCDBG).		
Open-ended entitlement funding for AFDC & TCC in FY 1995 equated approximately \$93 million. At-Risk was capped at \$300 million per year. \$935 million was authorized in FY 1995 for CCDBG.		The law provides no child care guarantee, but single parents with children under 6 who cannot find child care may not be penalized for failure to engage in work activities.
Child care was guaranteed for working AFDC recipients, those participating in JOBS or state-approved training or education programs, as well as for up to one year during transition off welfare due to employment. Provided good cause exception from participation in JOBS to parents who did not have child care.		
Child Care -- Health and Safety/Quality and Supply		Extends current law requirement that all states establish health and safety standards for prevention and control of infectious diseases, including immunizations, building and physical premises safety, and minimum health and safety training. Extends health and safety protections to all federally funded child care (including mandatory funding).
Child care providers receiving federal child care subsidy were required to meet health and safety standards set by the states. Under CCDBG, states were required to protect health and safety of children in child care by setting standards in three areas: (1) building and physical premises safety; (2) control of infectious disease; (3) health and safety training for providers. Required states to use 25% of CCDBG funds to improve the quality of child care and to increase the availability of early childhood development and before- and after-school programs. Appropriate quality expenses included: (1) resource and referral; (2) grants or loans to assist in meeting state standards; (3) monitoring of compliance with licensing and regulatory requirements; (4) training; and (5) compensation.		Requires states to use not less than 4% of total federal (mandatory and discretionary) child care funds to provide consumer education to parents and the public, to increase parental choice, and to improve the quality and availability of child care (such as resource and referral services).

Title VII: Child Nutrition Programs

Child Nutrition	Eligibility criteria did not take into account immigration/citizenship status.	The law makes individuals who are eligible for free public education benefits under state or local law not ineligible for school meal benefits under the National School Lunch Act and the Child Nutrition Act of 1966, regardless of citizenship or immigrant status. States have the option to determine whether to provide WIC and other child nutrition benefits to illegal aliens and certain other noncitizens.
	<p>Prior law rates were \$2.235 for each lunch/support, \$1.245 for each breakfast, and \$.5875 for each snack. Rates were rounded to the nearest quarter cent.</p>	<p>Effective for the summer of 1997, reduces maximum reimbursement rates for institutions participating in the Summer Food Service Program to \$1.97 for each lunch/supper, \$1.13 for each breakfast, and 46 cents for each snack/supplement. Rates are adjusted each January and rounded to the nearest lower cent.</p>
	<p>All meals served in family or group day care homes received the same reimbursement rates of \$1.625 for each lunch/supper, \$.8875 for each breakfast, and \$.485 for each snack.</p>	<p>Resstructures reimbursements for family or group day care homes under the Child Care Food Program to better target benefits to homes serving low-income children and reduces reimbursement rates for higher income children to 95 cents for lunches/suppers, 27 cents for breakfasts, and 13 cents for supplements.</p>
	<p>Reimbursement rates for full price meals rounded down to the nearest quarter cent.</p>	<p>Rounds down to the nearest cent when indexed the reimbursement rates for full price meals in the school breakfast and school lunch programs and in child care centers.</p>
		<p>Eliminates School Breakfast start-up and expansion grants. Makes funding for the Nutrition Education and Training (NET) Program discretionary.</p>

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Title VIII: Food Stamps and Commodity Distribution

Food Stamps

Six categories of legal aliens were allowed to receive food stamp benefits if they met eligibility criteria.

Most legal immigrants (both current and future, and including current recipients) will be ineligible for Food Stamps until citizenship (exemptions for: refugees/asylees, but only for the first five years in the U.S.; veterans; and people with 40 qualifying quarters of work). Eliminates eligibility of legal immigrants at the time of redetermination. (Implementation of this provision was delayed until April 1, 1997 by the subsequently passed immigration provisions in the 1997 appropriations law.) Redeterminations must take place by August 22, 1997. Future immigrants entering after enactment will be ineligible for five years (same exemptions as noted earlier). For sponsors/immigrants signing new legally binding affidavits of support: extends deeming until citizenship and changes deeming to count 100% of sponsor's income and resources.

The income and resources of an alien's sponsor and the sponsor's spouse, less a pro-rated share for the sponsor and spouse, were attributed to aliens for 3 years.

Maximum benefit levels were based on 103% of the cost of the Thrifty Food Plan and were indexed annually.

The shelter deduction cap was \$247; it would have increased October 1, 1996 and each October 1 thereafter. The standard deduction was \$134; it would have increased October 1, 1996 and each October 1 thereafter. All governmental energy assistance was excluded as income. Earnings of elementary and high school students under 22 were excluded as income. Individuals under 22 who lived with their parents could be certified as separate households if they also lived with their spouses and/or children.

Food Stamps, continued

Able-bodied adults between 16 and 60 were expected to register for and accept jobs or participate in the Employment and Training Program unless they were already working, subject to the requirements of other work programs, students, or responsible for dependents under age 6 or incapacitated people.

Establishes a new work requirement under which non-exempt 18-50 year olds without dependent children or not responsible for dependent children will be ineligible to continue to receive food stamps after 3 months in 36 unless they are working or participating in a workfare, work, or employment and training program. Individuals may qualify for three additional months in the same 36-month period if they have worked or participated in a work or workfare program for 30 days and lose that placement. Permits states with waiver requests denied by August 1, 1996 to lower the age at which a child exempts a parent/caretaker from food stamp work rules from 6 years to 1 year old for up to 3 years.

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<p>Disqualified recipients for 6 months for first intentional violations; 1 year for second violations or first drug violations; and permanently for third violations, second drug violations, or first violations involving firearms. States were required to collect claims resulting from overissuances to households but could not require households whose claims were due to state errors to repay claims through allotment reductions; states could retain 50% of amounts recovered from fraud claims and 25% of nonfraud recoveries.</p>	<p>Program Integrity and Additional Retailer Management Controls: Doubles recipient penalties for fraud violations to one year for first offense and two years for second offense; permanently disqualifies individuals convicted of trafficking in food stamp benefits of \$500 or more; disqualifies for 10 years those convicted of fraudulently receiving multiple benefits; mandates that states collect claims by various means including the Federal Tax Refund Offset Program (FTROP); allows retention of 35% of collections for fraud claims and 20% for other client error claims; and allows allotment reductions for claims arising from state agency errors.</p>
<p>USDA had limited tools for insuring that only qualified stores were authorized to accept and redeem food stamps, monitoring their participation, and deterring violations.</p>	<p>The law also requires a waiting period for retailers denied approval; permits disqualification of retailers disqualified under WIC; expands criminal forfeiture; disqualifies up to permanently retailers who intentionally submit falsified applications; and improves USDA's ability to monitor authorized stores.</p>
<p>Food Stamps, continued</p> <p>The Food Stamp Act contained many prescriptive requirements related to states' administration of the FSP, particularly in the areas of client services, but also related to verification methods and training of states' employees. Demonstration project waiver authority prohibited approving projects that would lower or further restrict FSP income or resource standards or benefit levels. A few demonstration projects cashed out food stamp benefits to specific populations (SSI, elderly) to provided benefits in the form of wages, or provided cash benefits as part of welfare reform.</p>	<p>Simplifies program administration by expanding states' flexibility. Allows states to submit standard cost allowances to use in calculating self-employment income; deletes detailed federal requirements over application form; deletes detailed federal customer service requirements over areas such as toll-free telephone numbers; extends expedited service processing period to seven days and eliminates requirement to provide expedited service to homeless persons; makes use of the income and eligibility verification system (IEVS) and the immigration status verification system (SAVE) optional; permits states to determine their own training needs; and authorizes the Simplified Food Stamp Program, through which states can employ a single set of rules for their state cash assistance programs and the Food Stamp Program. Expands Food Stamp waiver authority to permit projects that reduce, within set parameters, benefits to families. New demonstration projects testing cash-out of benefits are prohibited under the new waiver authority.</p>
<p>The Fair Market Value of most licensed vehicles was counted toward household's resource limit to the extent that the value exceeded \$4600. This amount would have increased to \$5000 October 1, 1996 and was indexed thereafter.</p>	<p>Sets and freezes the Fair Market Value for the vehicle allowance at \$4650.</p>
<p>USDA has been moving expeditiously to implement electronic benefit issuance.</p>	<p>Requires EBT implementation by all states by October 1, 2002, unless waived by USDA. Exempts Food Stamp EBT from the requirements of Regulation E.</p>
	<p>Consolidates the Emergency Food Assistance Program and the Soup Kitchen/Food Bank Program; provides for \$100 million in mandatory spending in the Food Stamp Act to purchase commodities. Provides for state option to restrict benefits to illegal aliens.</p>

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Title IX: Miscellaneous

Title XX -- Social Services Block Grant

Title XX social services block grant program provided assistance to states to enable them to furnish services directed at: (1) achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency; (2) achieving or maintaining self-sufficiency, including reduction or prevention of dependency; (3) preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving rehabilitating or reuniting families; (4) preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and (5) securing referral or admission for institutional care when other forms of care were not appropriate, or providing services to individuals in institutions. Funding for the Social Services Block Grant was capped at \$2.8 billion a year. Funds were allocated among states according to the state's share of its total population.

Annual funding for the Social Services Block Grant is \$2.88 billion in FYs 1996-2002, and \$2.8 billion in FY 2003 and each succeeding fiscal year. (The omnibus spending bill changed the FY 1987 spending level for SSBG and appropriated \$2.5 billion for that year.) Non-cash vouchers for families that become ineligible for cash assistance under family caps or Title IV-A time limits are authorized as an allowable use of Title XX funds.

Drug Testing

No provision.

Nothing in federal law prohibits states from performing drug tests on recipients or from sanctioning recipients who test positive for controlled substances.

Abstinence Education

No provision.

Starting in FY 1998, \$50 million a year in mandatory funds will be added to the appropriations of the Maternal and Child Health (MCH) Block Grant. The funds will be allocated to states using the same formula used for Title V MCH block grant funds. Funds will enable states to provide abstinence education with the option of targeting the funds to high risk groups (i.e., groups most likely to bear children out-of-wedlock). Education activities are explicitly defined.

Appendix C

Major Survey Sources, Health And Social Welfare Programs

The content and design of four major surveys may need to be modified to permit them to track eligibility, participation, and outcomes of changes in health and social welfare programs:

Current Population Survey (CPS) March Income Supplement;

Survey of Income and Program Participation (SIPP);

National Health Interview Survey (NHIS); and

Medical Expenditure Panel Survey (MEPS).

This appendix briefly describes key features of the design and content of these surveys that are relevant to program eligibility and participation.

THE CPS MARCH INCOME SUPPLEMENT

Design

The CPS is a monthly survey of 50,000 households, of which about 47,000 are successfully interviewed. The core questionnaire asks about current employment status and is the basis of the monthly unemployment rate statistics. The sample represents the civilian, noninstitutionalized population in the 50 states and District of Columbia and is designed to be state-representative. There is a rotation group design, in which one-eighth of the households are new to the survey each month. Household addresses are retained in the sample for 4 months, dropped for 8 months, and returned to the sample for another 4 months, so that there is 50 percent overlap in the sample of addresses from year to year. (The survey interviews people who currently live at each sample address; it does not follow individuals who move.)

The March income supplement obtains detailed information for sample members aged 15 and older on income and work experience for the previous calendar year. The sample for March includes an additional 2,500 housing units, interviewed the previous November, that contained at least one person of Hispanic origin. The sample also includes people in the Armed Forces living off post or with their families on post. Some respondents to the core questionnaire do not respond to the March income supplement.

Content (March 1996 Survey)

Demographic Characteristics

- Age
- Sex
- Race
- Origin or descent
- Relationship to reference person
- Marital status
- Parent (if in household)
- Veteran status
- Level of education; school enrollment
- Place of residence (including country if abroad) 1 year ago
- Citizenship

Current Labor Force Status

- Work status last week
- Reason for temporary absence from job last week
- Hours worked, total and overtime, last week
- Weeks looking for work
- When last worked
- Reasons not looking for work
- Usual work hours per week
- Usual hourly wage or usual gross earnings per week
- [Note: There are no questions on volunteer work or participation in work training programs.]

Work Experience Last Year

- Whether worked last year
- Whether looked for work; how many weeks working or on layoff
- Reason did not work; did not look for work
- Weeks worked
- Hours usually worked per week
- Number of weeks worked less than 35 hours per week; reason

Income and Program Participation Last Year

Earnings

- Total gross earnings from longest job held
- Tips, bonuses, overtime pay or commissions from longest job held
- Net earnings from business or farm for the year and each quarter
- Earnings from all other jobs
- Tips, bonuses, etc. from all other jobs

Program cash payments (generally includes basis of payment—whether weekly, monthly, quarterly, etc.; number of payments; who in household received; reasons for receipt)

State or federal unemployment compensation

Supplemental unemployment benefits

Union unemployment or strike benefits

Worker's compensation payments

Social Security payments last year and month

Social Security received for children last year and month

Supplemental Security Income

SSI received for children

Public assistance or welfare payments from state or local welfare office; type of assistance (AFDC, other, both)

Veterans' payments by type

Survivors' benefits by type (e.g., private or public widows' pensions, estates, trusts, annuities; excluding Social Security or VA)

Disability benefits by type (excluding Social Security or VA)

Pension or retirement benefits by type (excluding Social Security or VA)

Asset income (generally includes who owns, basis of payment, number of payments)

Interest income

Dividend income

Property income (including rent, royalties, income from estates or trusts)

Other Income

Child support payments

Alimony payments

Regular financial assistance from friends or relatives

Income from hobbies, home businesses, or farms not already covered

Income from unemployment compensation, severance pay, welfare, foster child payments, or other money income not already covered

Educational assistance from Pell Grants; from other sources

In-Kind Program Participation

Number of children who ate lunch at school; number who qualified for free or reduced price lunch

Whether live in public housing project or have subsidized rent

Whether household received food stamps; who covered; monthly amount; number of months

Receipt of heating assistance; amount

[Note: There are no questions on welfare program participation prior to the previous year.]

Health and Health Insurance Coverage

Health problem that prevents or limits work

Ever retired or left a job for health reasons

Self-assessment of health status (poor to excellent)

Health insurance coverage from current or former employer or union; policyholders; who covered; whether current or former employer or union paid all, part, or none of premium

Health insurance coverage purchased directly; policyholders; who covered

Health insurance coverage from non-household member; who covered Medicare coverage; who covered

Medicaid coverage; who covered; number of months covered

CHAMPUS or CHAMPVA coverage; who covered

Coverage by any other state health insurance plan or any other coverage (plans in 26 states listed as possibilities); who covered

[Note: Above questions are for coverage any time during previous year; type of coverage last week also ascertained. There are no questions on reasons for lack of coverage.]

THE SURVEY OF INCOME AND PROGRAM PARTICIPATION

Design

The Survey of Income and Program Participation (SIPP) is a rotating panel survey of samples of household members interviewed at 4-month intervals. Beginning in 1983, the survey followed adult members of initially-sampled households (sample sizes ranged from 12,500 to 23,600 households) for 32 months; a new panel was introduced each February. Data were also obtained for children living with adult sample members and for adults and children who joined the household of an adult sample member. Under a redesign introduced in 1996, the survey is following samples of adults and children in about 37,000 initially-sampled households for 48 months; a new panel will be introduced every 4 years. About 8-9 percent of eligible households did not respond in Wave 1 of SIPP for the most recent three panels (1992, 1993, and 1996), and another 5-6 percent did not respond at Wave 2; by Wave 4, cumulative sample loss was 18-20 percent for these three panels. The SIPP sample is not designed for state representation. The sample for the 1996 panel overrepresents household addresses identified as low income in the 1990 decennial census. The design of SIPP may change if the survey is made the source of official poverty statistics, as recommended by a National Research Council panel.

The SIPP core questionnaire covers demographic characteristics; work experience, earnings, program participation, and transfer income by month for the 4 months preceding the interview; and asset income for the 4-month period. In addition, each interview wave includes one or more topical modules, which cover a variety of topics. (Some modules are repeated in each panel; others are modified to respond to current policy needs.)

Content Changes

Some changes were recently made to the content of the 1996 SIPP panel to respond to legislated changes in social welfare programs. Beginning in Wave 4 (administered in summer 1997), references to AFDC were changed to cash assistance. Also, the variable topical module in Wave 8 (to be administered in fall 1998) will be devoted exclusively to measuring participation and benefits under welfare reform, recognizing the potential for an increase in the amount and type of in-kind benefits.

Content (Core, 1996 Panel)

Demographic Characteristics

- Age
- Sex
- Race
- Origin or descent
- Relationship to reference person
- For children, whether biological, step, foster, or adopted
- Marital status
- Parent (if in household)
- Veteran status and when served
- Educational attainment; school enrollment

[Note: There are no questions on citizenship.]

Labor Force Participation in Past 4 Months¹

- Whether had at least one paid job or did any work for money in past 4 months
- Whether worked for employer, self-employed, both, something else (e.g., odd job)
- Whether did any unpaid work in family business or farm
- Reason did not work
- Which weeks worked; which weeks with a job but not paid and why
- Any time on layoff in past 4 months; whether had date to return to work
- Any time looking for work in past 4 months; which weeks
- If could have started a job (or returned to one), reason why didn't
- How many employers in past 4 months
- Start and end dates (if applicable) for each employer for which worked during past 4 months
- Reason stopped working for an employer
- Number businesses (including farm or professional practice) had alone or jointly in past 4 months; whether active in business or own as investment only
- Start and end dates (if applicable) for each business; reason gave up a business
- Usual hours per week per employer
- Regular pay rate at end of month 4 (or when left job); how often paid
- Usual hours involved in each business; whether received regular salary or other income
- Reason worked less than 35 hours per week
- Current labor force status (as of date of interview)
- [Note: There are no questions on volunteer work or participation in work training programs.]

Previous Work Experience (Wave 1 Topical Module)

- Before started current job (if applicable), what year last worked at a paid job or business and when started that job
- How old when first worked 6 straight months at some job or business
- Main reason never worked 6 straight months
- Whether worked at least 6 straight months in each year since first job
- How many years did not work 6 straight months
- Whether has generally worked 35 hours or more per week
- Whether any periods of 6 or more months when did not work because taking care of a child, elderly person, or disabled person; when most recent such period and how long; how many such periods; when first such period

Income and Program Participation (for each person)²

- Earnings (for each of 4 months)
- Gross earnings from each employer (how paid)
- Tips, bonuses, overtime pay, or commissions

¹ For the 1996 panel, the reference period for labor force questions was expanded to include the period in the interview month prior to the interview date together with the four preceding months.

² Reciprocity of income and benefits in the 1996 panel is ascertained for the period in the interview month preceding the interview date in addition to the preceding four months.

Any other pay

How much received from business

Net profit or loss from business

Income from freelancing, consulting, moonlighting

Program cash payments (for each of 4 months; reason for receipt for some income types—retired, disabled, widowed or surviving child, spouse or dependent child, other reason; composition of the recipient unit for some income types; age when began receiving disability income; reason why and when applied for and reason why stopped receiving AFDC, SSI, and some other income types; reciprocity history for AFDC and SSI in Wave 1)

Social Security

Supplemental Security Income; whether ever applied; whether ever received; when first received and for how long

SSI on behalf of children

Separate SSI payment from state or local welfare office

Unemployment compensation

Workers' compensation

Veterans' compensation by type

Payments from own sickness, accident, or disability insurance policy

Employer disability payments

Employer or union pension

Federal civilian pension

State government pension

Local government pension

U.S. military pension

National Guard or Reserve Forces retirement

Railroad Retirement

Black lung payments

Other disability payments

Other pension payments

Regular retirement income from paid-up insurance policy or annuity

Payments from estate or trust

AFDC; whether ever applied; whether ever received; when first received and for how long; number of times received

General Assistance

Other welfare

Child support as bonus or pass-through from AFDC

Asset holdings and asset income (whether owned separately or jointly; value; 4-month income amounts where applicable)

U.S. Government savings bonds (E or EE)

IRA or Keogh account; whether received lump sum or regular payments in last 4 months

401(k) or thrift plan

Interest earning checking account

Savings account

Money market deposit account

Certificate of deposit (CD)
Mutual funds
Stocks
Municipal or corporate bonds
U.S. government securities
Mortgages from which payments are received
Rental property
Royalties
Any other financial investments not already mentioned
Rental property (gross and net income)
Mortgages
Royalties

Other Income

Severance pay when left job during past 4 months; amount
Lump sum payments from pension when left job during past 4 months; type; amount; whether and how much rolled over into an IRA or other retirement account
Foster child care payments
Child support payments
Alimony payments
Any other income
Educational assistance by type
In-kind program participation (reciprocity history for food stamps in Wave 1)
Whether live in public housing project
Whether rent subsidized by federal, state, or local government
When first applied and moved into public or subsidized housing; whether on waiting list
Amount of monthly rent (excluding subsidy); whether pay for utilities
Whether authorized to receive food stamps; whether ever applied; when first received and how long; how many times received; amounts in last 4 months; composition of the recipient unit
Whether on WIC, the Women, Infants, and Children nutrition program and composition of the recipient unit
Energy Assistance; 4-month amount
Which children ate lunch and/or breakfast at school; whether free or reduced price

Health and Health Care Use

Whether health prevents working at a job or business or limits kind of work can do
Whether ever retired from a job or business
[Note: Wave 2 includes a topical module on work disability history; Wave 4 includes a topical module on disability; Waves 6 and 11 include a topical module on functional limitations and disability for adults and children.] [Note: Waves 3, 6, 9, and 12 include a topical module on medical expenses and utilization of health care for adults and children.]

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Health Insurance Coverage (for each person; which months covered)

Medicare

Medicaid (when coverage started; whether person's children were covered; which children covered and which months)

Any other assistance program that pays for medical care (whether person's children were covered)

Whether covered under health insurance plan in own name or as family member on another person's plan

Type of coverage (current or former employer, union, CHAMPUS, CHAMPVA, military/VA, privately purchased, obtained in some other way)

Whether current or former employer union paid all, part, or none of premium

Who else covered by plan

Whether plan covers anyone not living in household

Reason for not being covered

If now covered, when ever not covered

If not now covered, when covered previously

Schedule of Topical Modules for the 1996 Panel of the Survey of Income and Program Participation

Wave and Time Period	Topical Modules	Last Time Asked and Question Source
1: April 1996-July 1996	Reciency History	1993 Wave 1
	Employment History	1993 Wave 1
2: Aug. 1996-Nov. 1996	Work Disability History	1993 Wave 2
	Education and Training History	1993 Wave 2
	Marital History	1993 Wave 2
	Migration History	1993 Wave 2
	Fertility History	1993 Wave 2
	Household Relationships	1993 Wave 2
	3: Dec. 1996-March 1997	Assets, Liabilities, and Eligibility
Medical Expenses/Utilization of Health Care, Adults and Children		1993 Wave 7/New
Work Related Expenses		New
Child Support Paid		New
4: April 1997-July 1997	Annual Income and Retirement Accounts	1993 Wave 8
	Taxes	1993 Wave 8
	Work Schedule	1993 Wave 9
	Child Care	1993 Wave 9
	Disability Questions	New
5: Aug. 1997-Nov. 1997	School Enrollment and Financing	1993 Wave 8
	Child Support Agreements	1993 Wave 9
	Support for Non-Household Members	1993 Wave 9
	Disability:	
	Functional Limitations and Disability, Adults	1993 Wave 6
	Functional Limitations and Disability, Children	1993 Wave 6
	Employer Provided Health Benefits	New
6: Dec. 1997-March 1998	Children's Well-being	1993 Wave 6
	Assets, Liabilities, and Eligibility	1996 Wave 3
	Medical Expenses/Utilization of Health Care, Adults and Children	1996 Waves 3 and 6
	Work Related Expenses	1996 Wave 3
	Child Support Paid	1993 Wave 3

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Schedule of Topical Modules for the 1996 Panel of the Survey of Income and Program Participation (continued)

Wave and Time Period	Topical Modules	Last Time Asked and Question Source
7: April 1998-July 1998	Annual Income and Retirement Accounts	1996 Wave 4
	Taxes	1996 Wave 4
	Retirement and Pension Plan Coverage	New
	Home Health Care	New
8: Aug. 1998-Nov. 1998	Adult Well-being	1993 Wave 9
	Welfare Reform	New
9: Dec. 1998-March 1999	Assets, Liabilities, and Eligibility	1996 Wave 6
	Medical Expenses/Utilization of Health Care, Adults and Children	1996 Wave 6
	Work Related Expenses	1996 Wave 6
	Child Support Paid	1996 Wave 6
10: April 1999-July 1999	Annual Income and Retirement Accounts	1996 Wave 7
	Taxes	1996 Wave 7
	Work Schedule	1996 Wave 4
	Child Care	1996 Wave 4
11: Aug. 1999-Nov. 1999	Child Support Agreements	1996 Wave 5
	Support for Non-Household Members	1996 Wave 5
	Disability:	
	Functional Limitations and Disability, Adults	1996 Wave 5
	Functional Limitations and Disability, Children	1996 Wave 5
	Variable topical modules to be determined ^a	NA
12: Dec. 1999-March 2000	Assets, Liabilities, and Eligibility	1996 Wave 9
	Medical Expenses/Utilization of Health Care, Adults and Children	1996 Wave 9
	Work Related Expenses	1996 Wave 9
	Child Support Paid	1996 Wave 9
	Variable topical modules to be determined ^a	NA

NOTE: Information current as of October 31, 1997.

^a Children's well-being will be included in Wave 11 or 12.

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THE NATIONAL HEALTH INTERVIEW SURVEY

Design

The National Health Interview Survey (NHIS) is a continuing cross-sectional survey that is the principal source of information on the health of the civilian noninstitutionalized population of the United States. The NHIS data are collected through personal interviews that are conducted each week of the year. (Each household is interviewed once, and each week's sample is representative of the universe.) The current annual sample size is about 49,000 households and is designed to oversample black people. The sample is designed to be state-representative. The annual response rate is about 95 percent. The questionnaire consists of two basic parts: (1) a set of basic health and demographic items, and (2) one or more sets of questions on current health topics. The basic or core items are repeated each year and constitute about one-third of the questionnaire.

Content (1996 Core)

Demographic Characteristics

- Age
- Sex
- Race
- Ethnic origin
- Relationship to reference person (including whether biological, adoptive, step, or foster relationship)
- Marital status; whether ever married
- Educational attainment
- Whether attending or ever attended Head Start (for children under 6)
- Place of birth (state or country)
- [Note: There are no questions on citizenship.]

Labor Force Status Last Week and Year

- Work status last week
- Hours worked last week
- Whether usually work 35 hours or more
- Reason for not working last week
- Ever worked previous calendar year
- Months worked
- [Note: There are no questions on volunteer work or participation in work training programs.]

Income and Program Participation Last Year

- Earnings from all jobs and businesses last year for each adult (aged 18 or older or married)
- Whether anyone in family and who received:
 - Wages and salaries
 - Self-employment income including business and farm income

Social Security or Railroad Retirement
Pensions from other sources
Supplemental Security Income; whether because of disability; ever applied
Social Security Disability Insurance; whether because of disability; ever applied
Welfare, AFDC, or General Assistance; number of months received
Interest income
Dividend or property income
Child support
Any other source
Total combined family income from all sources
Who authorized to receive food stamps; months authorized (amounts not ascertained)
[Note: There are no questions on welfare program participation prior to the previous year.]

Health And Health Care Use

As reported by family respondent, information about family members on:
Health status and limitation of activities
Injuries in past 3 months
Access to health care (whether family member didn't get care or delayed in seeking care because couldn't afford it)
Hospital utilization in past 12 months
Health care contacts in 2-week period
Whether any family member received care 10 or more times in past 12 months
For adults, extensive questions on:
Health conditions (long list, some ever reported, some last 12 months, some last 3 months)
Emotional feelings in last 30 days (e.g., hopeless, nervous)
Health indicators (e.g., days lost from work, days bedridden, health better or worse)
Limitation of activities (e.g., walking, bending) and related health conditions
Health behaviors (tobacco use, exercise, alcohol use)
Access to health care
Dental care
Health care provider contacts in past 12 months
Immunizations (flu shots and pneumonia vaccinations)
For children, questions on:
Conditions, limitation of activity, health status
Mental health
Access to health care
Dental care
Health care provider contacts in last 12 months
Immunizations

Health Insurance Coverage

Whether health insurance offered through workplace
Who in family has coverage; type
Type of Medicare coverage; whether signed up with an HMO
For Medicaid, whether can see any doctor; whether need referrals
For private coverage, whether obtained through employer or union; who pays premiums; how much

family spent for premiums including payroll deductions; whether HMO, IPA, PPO, or other type of plan

If no coverage, when last was covered; reasons for no longer having coverage

Whether ever lacked coverage in previous 12 months; number of months

Total family expenditures for medical care (excluding premiums, non-prescription drugs, costs for which expect to be reimbursed)

MEDICAL EXPENDITURE PANEL SURVEY

Design

The Medical Expenditure Panel Survey (MEPS) is a redesign of the 1987 National Medical Expenditure Survey (NMES). Predecessor surveys to NMES were the 1981 National Medical Care Utilization and Expenditure Survey (NMCUES) and the 1977 National Medical Care Expenditure Survey (NMCES).

The 1987 NMES consisted of five rounds of data collection between February 1987 and July 1988 for a sample of 14,000 households, including oversamples of blacks, Hispanics, people aged 65 and older, low-income people, and people with functional limitations. Surveys were also conducted of physicians and health care facilities providing care to members of the household sample during 1987 and of employers and insurance companies responsible for their insurance coverage. The NMES also included an institutional survey of 13,000 residents of nursing and personal care homes, psychiatric hospitals, and facilities for the mentally retarded.

MEPS is a continuing panel survey, begun in 1996. It follows samples of households in 5 personal interviews and 1 telephone interview over almost 30 months, with a new panel introduced every year. The 1996 sample is 10,500 households. The sample was drawn from the 1995 National Health Interview Survey sample, making it possible to integrate the NHIS data with MEPS data for MEPS sample households. MEPS also includes surveys of providers, employers, and insurance companies of household sample members, as well as a nursing home survey.

The MEPS provider survey includes hospitals, physicians, and home health care providers and obtains information to supplement responses to the MEPS household survey, including information to help estimate medical care expenses of people enrolled in health maintenance organizations and other types of managed care plans. The MEPS health insurance provider survey includes employers, unions, and private insurance companies and obtains detailed information on the health insurance plans of MEPS respondents and other health plans available to, but not chosen by, respondents. The employer component uses the same questionnaire as that used for the National Employer Health Interview Survey, which is a large annual survey of employers about their health insurance plans, beginning in 1997. (NEHIS was first conducted in 1994.)

The MEPS national nursing home expenditure survey gathers information from a sample of 800 nursing homes and more than 5,000 residents on the characteristics of the facilities and services offered, expenditures and sources of payment on an individual resident level, and resident characteristics, including functional limitation, cognitive impairment, age, income, and insurance coverage. The survey also collects data on the availability and use of community-based care prior to admission to nursing homes.

Content (1996 MEPS Household Survey; Summary Description)

Family Demographic Characteristics

- Age
- Sex
- Race/ethnicity
- Family relationship
- Marital status
- Military status
- Education

Employment

Information on jobs held or retired from for household members aged 16 and older, including:

Hours worked

How long worked at job

Wages

Whether health insurance offered

Whether self-employed

Type of business/industry

Job title/main duties

Periods of unpaid leave (for people currently working)

Whether ever worked and reasons for not working (for adults not currently working)

Household Income and Assets

Value of major common assets

Information on annual income from a number of potential sources asked once each year of participation in the survey; sources include:

Wages

Social Security

AFDC

SSI

Interest income

Rental income

Royalties

Health Status (asked once a year for each family member)

Overall physical and mental health status

Activity and functional limitations

Mental health assessment

For children, special health and education services they receive

Health Conditions

Medical conditions for each family member (provided by household respondent)

Pregnancy status for women ages 15 to 45

Health Care Use

Hospital stays

Emergency room visits

Outpatient department visits

Medical provider visits

Dental care

Home health care

Prescription medicines

Over-the-counter medications

Other medical expenses

[Information collected includes when and where the use occurred, what happened during the encounter, the reason for it, and other characteristics, depending on the type of care received.]

Charge And Payment (for each medical care use reported by household)

Whether a bill/statement received for the care and, if not, why not (e.g., Medicaid, HMO)

The charge, if any, for medical care

Which sources paid (family, insurance) for the care

How much each source paid for the care

Whether there was a discrepancy between the charge and the total payments, and why (discount, professional courtesy)

Access To Care (asked once a year)

Each family member's usual source of health care (or that they do not have one)

Reason for not having a usual source of health care

Confidence and satisfaction with the quality of care received from a usual source of care

Barriers to receiving health care, including experiencing difficulty, delaying, or not receiving health care due to cost, insurance problems, time constraints, or other reasons

Health Insurance Coverage

Public insurance coverage

Medicare

Medicaid (including Medicaid waiver programs)

CHAMPUS/CHAMPVA

Other government programs

Private insurance coverage (including policyholder, covered individuals, and covered months)

Employer-sponsored coverage

Directly purchased insurance (e.g., through a group, association, school, etc.)

If not insured, length of uninsured spell

If privately or publicly insured, whether covered under a managed care plan

Satisfaction with health plan, including satisfaction with choice of providers, difficulty in seeing specialists, plan coverage, plan costs, overall satisfaction