

Statement of

Heather Hahn*

Senior Fellow

Labor, Human Services and Population Center, Urban Institute

before the

Subcommittee on Higher Education and Workforce Development

Committee on Education and the Workforce,

United States House of Representatives

Hearing on

“Strengthening Access and Accountability to Work in Welfare Programs”

Thursday, March 15, 2018

*The views expressed are my own and should not be attributed to the Urban Institute, its trustees, or its funders.

I thank Genevieve M. Kenney, Elaine Waxman, and Shayne Spaulding for helpful comments and Fiona Blackshaw for help in preparing this testimony.

Chairman Guthrie, Ranking Member Davis, Chairwoman Foxx, Ranking Member Scott, and members of the subcommittee:

Thank you for the opportunity to testify today and share insights from my research on access, accountability, and related issues in supports for low-income children and families. These supports include Temporary Assistance for Needy Families (or TANF) cash assistance, the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), Medicaid, and other federal programs. The views expressed in this testimony are my own and should not be attributed to the Urban Institute, its board, or its funders.

Summary

I have spent the past two decades researching how TANF and other supports for low-income families work in practice. I have listened to frontline caseworkers and the people who run TANF and other support programs at the state level. And I have listened to low-income parents across the country who are participating in TANF, SNAP, and Medicaid. I can tell you that there is a strong culture of work among people receiving these supports. I consistently and clearly hear parents say they want to work, to be self-sufficient, and to leave TANF. A mother in Michigan said, “I would give anything and trade all the TANF I could ever get for a stable job.” The other women in the discussion said, “Amen to that,” and “Absolutely.” Low-income parents have genuine incentives to find jobs without a work requirement; what they need is access to skill development, training, employment services, and other work supports.

I share these insights and evidence in the context of an expanding national and state interest in work requirements in Medicaid and SNAP, and interest in increasing alignment among Medicaid, SNAP, and TANF with workforce development programs. Work requirements, in theory, seek to ensure that people aren't avoiding employment, but the evidence shows that the red tape associated with work requirements can cause people to lose access to vital supports, even when they are working or should be exempt. Likewise, alignment of programs, in theory, seeks to improve program access and efficiency, but if alignment amounts to cutting funding and reducing services for low-income families, then it could in fact reduce program access and undermine the goal of self-sufficiency.

For example, Texas has more fully integrated TANF and SNAP with the Workforce Investment and Opportunity Act (WIOA) of 2014 than any other state, but this has meant that for every 100 Texas families in poverty, only 5 access TANF. And Texas focuses only on the WIOA outcome measures, not all the TANF work activities specified in federal law. Nationally, since TANF was implemented in 1996, the share of families in poverty accessing TANF has fallen from almost two-thirds to less than one-quarter.

The bipartisan framework that Congress developed in WIOA set the stage for people to better access valuable workforce development services that can help them find and keep jobs and increase their wages. WIOA made TANF a mandatory partner and revised the performance measures to reduce prior disincentives to serving people with employment challenges. Specifically, under WIOA, performance measures are statistically adjusted to account for participants' characteristics and to give credit for partial skill gains. Ironically, one of the greatest barriers to accessing WIOA opportunities for people receiving TANF cash assistance has been the TANF work requirements. The lessons from work

requirements in TANF raise serious questions and concerns about expanding work requirements in SNAP, Medicaid, and other programs.

The work requirements in TANF hold states accountable NOT for moving people into jobs but for ensuring that people are engaged in a specific set of work activities for a minimum number of hours. In practice, TANF work requirements are a counting exercise, not one that is focused on self-sufficiency through employment, education, or training. As a consequence, these requirements can get in the way of people seizing opportunities in the workforce development system.

In fact, if a TANF agency helps someone find a job and leave TANF, that does not help the state meet its work participation requirement unless no new families begin receiving assistance. TANF administrators across the country have often told me they feel they need to choose between helping clients and meeting the work participation requirement. One county TANF director: “Should my focus be meeting [the work participation rate] or preparing someone to be self-sufficient? I think it should be the latter, but I won’t get the funding if I don’t focus on [the work participation rate]. I look at cases, [and ask myself] did we meet their needs? Are we just being bean counters?”

Research has shown that TANF work requirements do not necessarily help people find jobs, and certainly not jobs that lift them out of poverty.

In Medicaid and SNAP, most nondisabled working-age adults are already working. And there is strong and consistent evidence that Medicaid and SNAP help people maintain health and well-being—for themselves and their children—when the jobs they can find don’t include health insurance and related benefits or pay enough to support themselves and their families. In fact, SNAP and Medicaid can help people keep their jobs.

TANF, SNAP, and Medicaid also support people who are between jobs. Research from Minnesota found that 80 percent of TANF applicants had worked in the recent past or immediately before applying for TANF; they turned to TANF because they lost a job or left a job. The national statistics for SNAP participants are similar. TANF is often a form of unemployment insurance for people in low-wage or part time jobs—in hotels, restaurants, retail, and health care—that are not eligible for the formal unemployment insurance program.

A couple in California who were working and going to school while receiving TANF for themselves and their children told me, “Right now we are struggling and having it hard. We are trying just as hard as you are. Don’t give up on us. We are utilizing this program to get us to the next step.”

Getting a job is not the end of the story. Low-wage work is increasingly unstable and unpredictable, meaning jobs are less likely to provide consistent full-time, year-round wages. Many workers are unable to support themselves and their children without SNAP and Medicaid filling the gap between their wages and their needs for food and health care.

Plus, work requirements create cumbersome administrative processes that affect both the people who are eligible for assistance and the government agencies providing it. Even without work requirements, [people eligible for Medicaid and SNAP lose access to benefits](#) for procedural reasons like not

completing paperwork on time, not receiving notices, or office errors. These problems would likely extend to documenting exemptions for and compliance with new work requirements.

But another group of people could find work requirements problematic. These are people who do not qualify for disability under the SSI or SSDI programs but who have significant mental and physical health challenges that limit the hours or types of work they can do. TANF administrators have told me they feel pressured by the work participation rate requirement to push people to work before they are ready rather than helping them access the supports that could help them achieve long-term self-sufficiency. One said, “We have to look at some of those folks needing time for treatment, physical therapy, surgeries, or mental health treatment.”

In SNAP and Medicaid, people in these situations could face substantial challenges both in complying with work requirements and in seeking exemptions. The same personal challenges that impede their ability to work also impede their ability to navigate cumbersome social service processes.

People with few employable skills could benefit from expanded access to workforce development programs, and low-wage workers could benefit from more efficient access to SNAP and Medicaid. But there is still a need for basic cash assistance when people are unable to work full-time, year-round earning living wages. And expanding work requirements for SNAP and Medicaid without new funding for workforce development or subsidized employment runs the risk of undermining the employment and skill-development goals of the workforce development system while denying basic health care and food to adults and children who need it.

My testimony will provide an overview of the lessons from implementing work requirements in TANF; the worrying implications for potential expansions of work requirements in Medicaid, the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), and other programs; and insights into alternative approaches to strengthening access and accountability to work in these programs.

What Is TANF?

Because TANF’s work requirements are often considered an example for other programs to follow, it is important to examine the program and its work requirements closely. TANF policies and practices provide useful context for understanding the incentives and consequences that come with a flexible and eroding block grant and without legal obligation for states to support families. Created as part of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, TANF provides time-limited cash assistance and other services to low-income families with children. Within federal guidelines, states have broad authority to define eligibility and program rules, although in nearly all states only people with incomes well below the federal poverty level can access cash assistance.

- To be eligible to receive TANF, **a family of three applying for assistance may have monthly earnings of no more than about \$875**, on average. This amount varies by state, however, from \$269 in Alabama to \$2,243 in Minnesota. (The next-highest state is Hawaii, where a family of three with income up to \$1,740 may be eligible for TANF.)
- **The maximum cash assistance benefit a family of three may receive averages \$445 a month** nationally and ranges from \$170 a month in Mississippi to \$923 in Alaska.

- A family can receive federal cash assistance for a **lifetime total of no more than 60 months**, but states can extend this using state funds or impose shorter time limits. Thirteen states have time limits shorter than 60 months, including Arizona, which imposes a lifetime limit of 12 months of assistance, and Connecticut, where the lifetime limit is 21 months (Giannarelli et al. 2017).

TANF also includes work requirements. Federal law requires states to (1) ensure that cash assistance recipients are working within 24 months of receiving assistance, or sooner if the state deems them ready for work; and (2) achieve annual work participation rates, which I discuss in greater detail below.

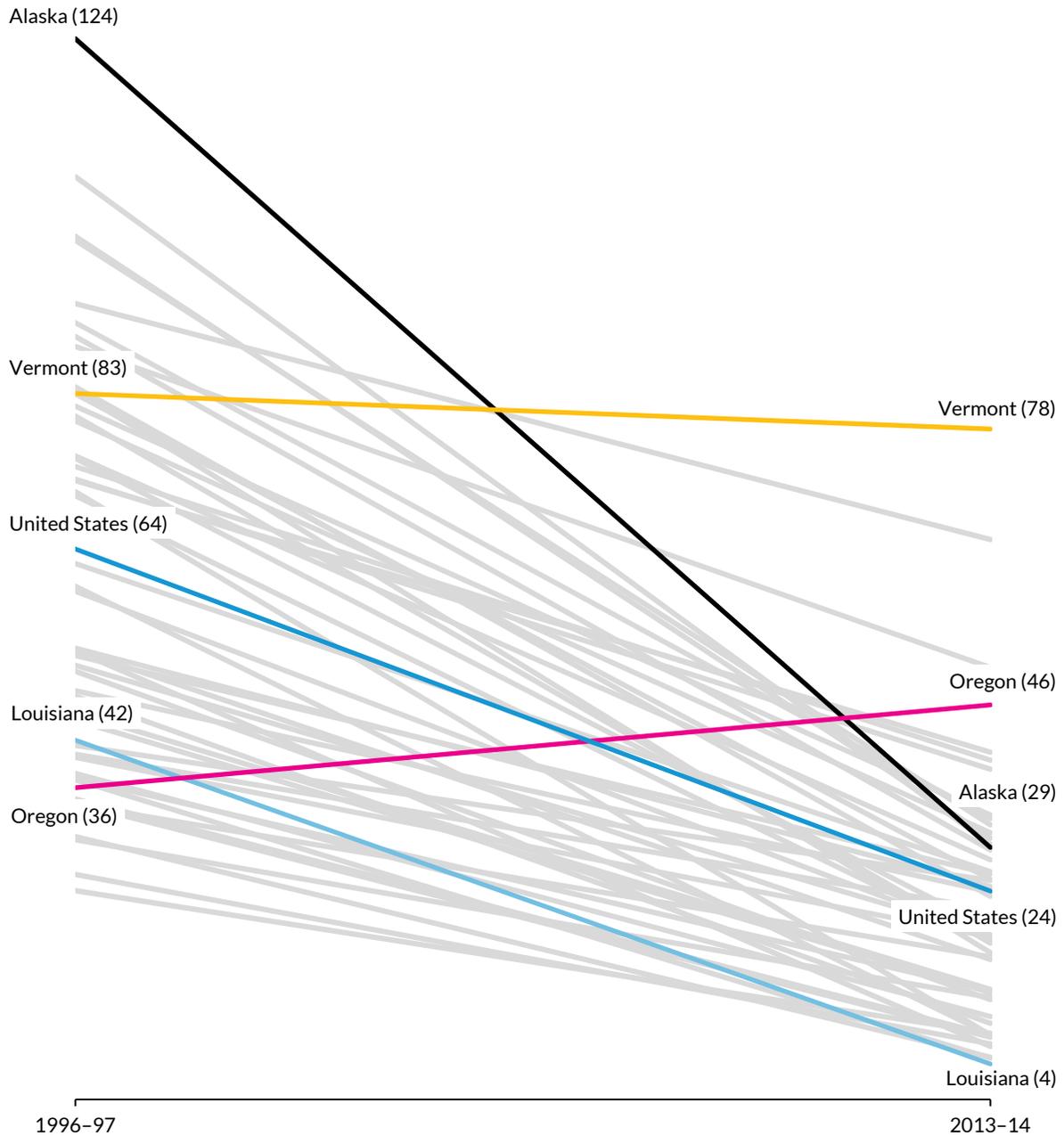
While TANF is best known for providing time-limited cash assistance to very low-income families and requiring those families to engage in work or work-related activities, several lesser-known details also provide useful context.

- **TANF cash assistance reaches only about one-quarter of families living in poverty**, down from about two-thirds when TANF began, as shown in figure 1. This statistic reflects both state eligibility rules that limit TANF to families with incomes far below the poverty level and low take-up rates among eligible families. In 2013, only 28 percent of families with one eligible parent and 12 percent of families with two eligible parents participated in TANF nationally (Hahn, Giannarelli, et al. 2016).
- **The 25 states with the lowest TANF-to-poverty ratios are home to most of the African American population** (56 percent) but less than half the non-Hispanic white population (46 percent; Hahn, Pratt, et al. 2017). See figure 2.
- States have considerable authority to use TANF block grant funds for broad program purposes, and in fiscal year 2016 they spent only about one-quarter of their federal and state TANF funds on cash assistance. **States spent about 9 percent of the funds on work, education, and training activities.** They spent 16.6 percent on child care, including funds transferred to the Child Care Development Fund).¹ More than half of federal and state TANF funds were used for other purposes, such as state earned income tax credits, child welfare services, and prekindergarten programs.
- **Cash assistance matters** for families because it is the only public assistance that allows families to purchase necessary items like shampoo, toilet paper, diapers, and laundry detergent.

FIGURE 1

State-by-State Changes in the TANF-to-Poverty Ratio, 1996–2014

Ratio of state TANF cases to families in poverty in the state

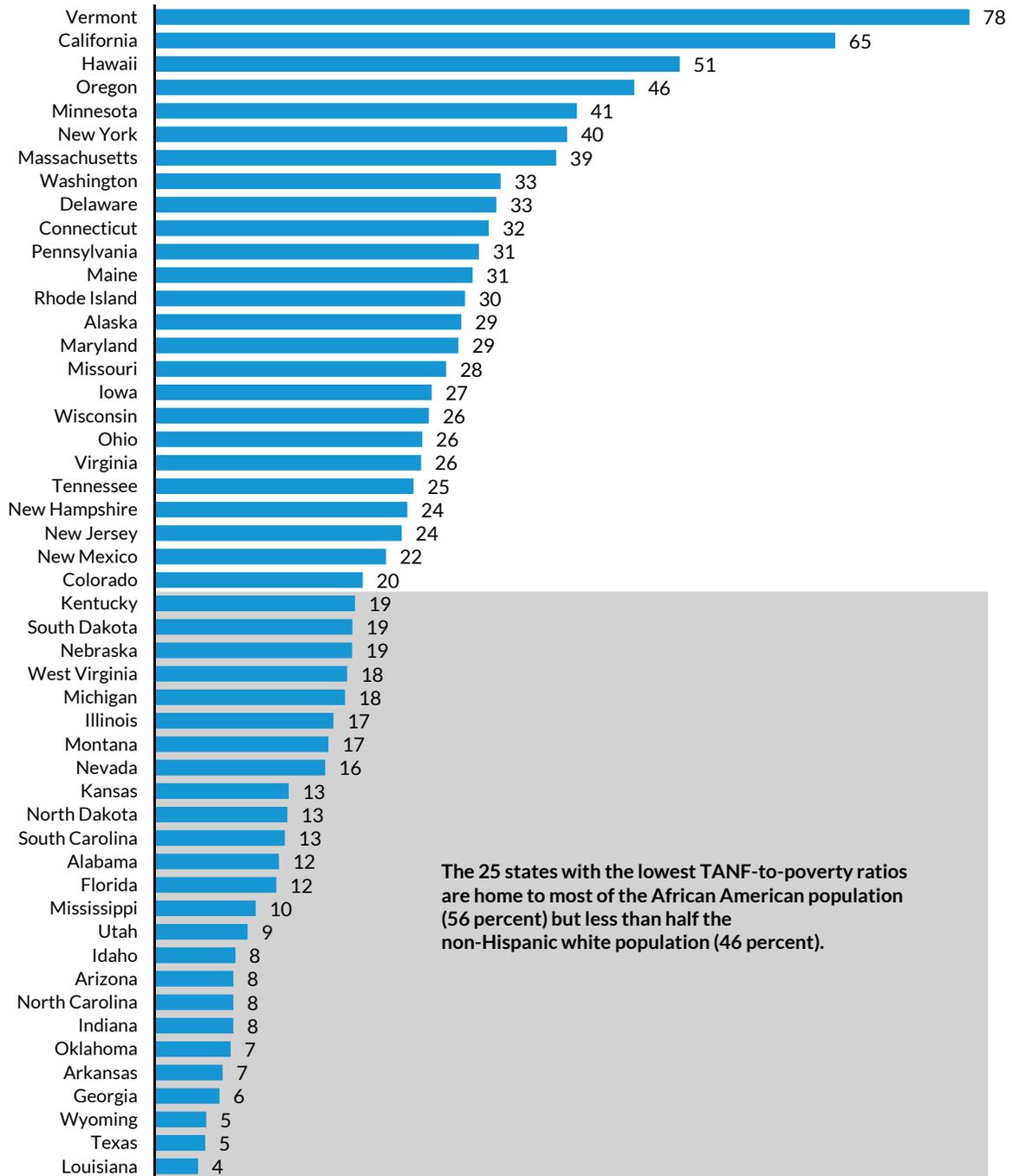


Source: Heather Hahn, Laudan Aron, Cary Lou, Eleanor Pratt, and Adaeze Okoli, *Why Does Cash Welfare Depend on Where You Live? How and Why State TANF Programs Vary* (Washington, DC: Urban Institute, 2017). Original data from the Center on Budget and Policy Priorities, “[National and State TANF to Poverty Data: 1979 to 2016.](#)”

Notes: The TANF-to-poverty ratio is conceptually the same as the share of families living in poverty and receiving TANF cash assistance, but technically they are different. Some families with income above the federal poverty level for part of the year receive TANF during other parts of the year. In addition, some families include people with incomes above the poverty level who are not included in the TANF assistance unit. For these reasons, it is possible for a state to have more families receiving cash assistance than families living in poverty.

FIGURE 3

State TANF-to-Poverty Ratios, 2014



Source: Heather Hahn, Laudan Aron, Cary Lou, Eleanor Pratt, and Adaeze Okoli, *Why Does Cash Welfare Depend on Where You Live? How and Why State TANF Programs Vary* (Washington, DC: Urban Institute, 2017). Original data from Center on Budget and Policy Priorities, *Chart Book: TANF at 20* (Washington, DC: Center on Budget and Policy Priorities, 2016).

What Are the TANF Work Requirements?

Despite the emphasis on employment, the convoluted rules in the TANF work requirements have unintentionally created disincentives for states to help the most disadvantaged families prepare for work.

Although adults receiving TANF cash assistance, with some exceptions, are required to engage in work or work-related activities, TANF work requirements are driven by a federal work participation rate requirement imposed on *states*. States face potential financial penalties unless they engage at least 50 percent of all cash assistance families with a work-eligible adult and 90 percent of two-parent families with two work-eligible adults in specified work or work-related activities for a minimum number of weekly hours on average each month. However, states can reduce those percentages if they reduce their TANF cash assistance caseloads or increase their state spending.

The work requirements in TANF hold states accountable for ensuring that people are engaged in a specific set of work activities for a minimum number of hours—NOT for moving people into jobs. The types of activities allowed are strictly limited. Basic skills education and longer-term education and training generally do not count toward the federal work requirement.

The federal calculation of a state's work participation rate includes only TANF families that meet the minimum hours requirement and participate in one or more work activities specified in federal statute (Hahn, Kassabian, and Zedlewski 2012). To count toward the federal calculation of the state's work participation rate, single parents must engage in work activities for at least 30 hours on average a week each month, or 20 hours if they have a child under age 6. Adults in two-parent families must collectively engage in work activities for at least 35 hours a week, or 55 hours if they receive federally subsidized child care assistance. The work activities specified in federal law generally include employment, job searches, and community service programs. TANF recipients engaged in these core work activities may spend additional hours in training and education directly related to employment.

Some of these activities may only be counted for a limited time. For example, job search activities are limited to the hourly equivalent of six weeks a year. States may allow TANF recipients to engage in other work activities, but only the federally specified activities count toward a state's work participation rate. In 2016, for example, 43 states treated postsecondary education as a work-related activity for some people, even though it cannot count toward the state's work participation rate (Giannarelli et al. 2017). Among TANF recipients engaged in countable work activities in fiscal year 2016, the largest group (78 percent) was working in unsubsidized jobs; the next-largest category (12 percent) was engaged in job search.²

In practice, TANF work requirements are a counting exercise, not one that is focused on self-sufficiency through employment. In fact, if a TANF agency helps someone find a job and leave TANF, that does not help the state achieve its work participation rate unless no new families begin receiving assistance and the overall caseload declines. TANF administrators throughout the country have said they feel they need to choose between helping clients and meeting the work participation requirement

(Hahn, Giannarelli, et al. 2016; Hahn, Golden and Stanczyk 2012; Hahn and Loprest 2011). One county TANF director asked,

Should my focus be meeting [the work participation rate] or preparing someone to be self-sufficient? I think it should be the latter, but I won't get the funding if I don't focus on [the work participation rate]. I look at cases [and ask myself] did we meet their needs? Are we just being bean counters?

The narrow definition of work activities and convoluted TANF work requirement rules in federal law create perverse incentives for states that can get in the way of people seizing opportunities in the workforce development system.

TANF Work Requirements Are Not a Path to Employment and Self-Sufficiency

The bottom line is that work requirements do not necessarily help people find jobs, and certainly not jobs that lift them out of poverty.

Research on the initial implementation of TANF work requirements found modest employment increases that decreased with time and did not increase stable employment in most cases; most people who found jobs remained poor (Pavetti 2016). A study of the long-term effects of mandatory welfare-to-work programs during the 1990s found that few programs increased job-finding rates for participants above the already high job-finding rates of peers not participating in the programs. Although program participants worked more quarters and earned more than the control groups, family net income remained largely unaltered, with most families still living in poverty (Hamilton et al. 2001). Evidence on the effectiveness of work requirements in TANF comes largely from the late 1990s through the early 2000s, when the economy was strong and TANF rules gave states greater flexibility to define work activities; such research also comes from welfare-to-work experiments that predated TANF.

Recent research on the experiences of families in Kansas leaving TANF between 2011 and 2015 found results similar to the long-term evaluations (Mitchell, Pavetti, and Huang 2018). Although most families worked at some point both while they received TANF and after they left, their employment was unsteady and did not lift them out of poverty. Families who left TANF because of time limits or work sanctions had the worst outcomes: four years after leaving, 70 percent had incomes below half the poverty level, if they had earnings at all. The median annual earnings were just \$2,175 for families who left TANF because of work sanctions. The work requirement thus contributed to their leaving TANF but did not help them achieve self-sufficiency.

People Receiving Public Assistance Want to Work and Support Their Families

Nonetheless, there is a culture of work among families receiving TANF, SNAP, and other supports. In my research listening to low-income parents across the country, I consistently and clearly hear parents say they want to work, to be self-sufficient, and to no longer need public assistance (Hahn, Giannarelli, et al. 2016; Hahn, Katz, and Isaacs 2017).

I don't think it's anybody's goal to stay on Medicaid or food stamps. I think ... everybody ... wants to be productive and get a job and be able to ... support themselves. —Person receiving work supports in Idaho

A mother in Michigan said, “I would give anything and trade all the TANF I could ever get for a stable job.” The other women in the discussion said, “Amen to that,” and “Absolutely.” Low-income parents have genuine incentives to find jobs without a work requirement; what they need is access to skill development, training, employment services and other work supports.

Most Working-Age, Nondisabled People Receiving Medicaid and SNAP Are Already Working or between Jobs

Most nondisabled, working-age adults receiving SNAP and Medicaid are already working, and most parents receiving TANF worked shortly before they applied for assistance. Data from the Survey of Income and Program Participation show that more than half (58 percent) of working-age, nondisabled SNAP households are employed while receiving benefits; the figure rises to 62 percent for households with children.³ Estimates from the March 2017 Current Population Survey found that 8 of 10 nondisabled, nonelderly Medicaid beneficiaries lived in working families (with 64 percent living in a family with a full-time worker), and a majority (60 percent) were working themselves (Garfield, Rudowitz, and Damico 2017).

SNAP, Medicaid, and TANF also support people who are between jobs. Although more than half of nondisabled, nonelderly SNAP households were employed while receiving SNAP, even more—greater than 80 percent—were employed within the year before or after receiving SNAP, indicating that they used SNAP while they were between jobs.⁴ Research from Minnesota found that 80 percent of TANF applicants had worked in the recent past or immediately before applying for benefits; they turned to TANF because they lost a job or left a job. The Minnesota research revealed that a significant majority of the people who turn to TANF work in one of four industries: accommodations (hotels and restaurants), administrative services (temporary hiring agencies), health care/social services, and retail. TANF and SNAP both serve as a form of unemployment insurance for people in low-wage jobs that are not eligible for the formal unemployment insurance program.

Making ends meet is increasingly difficult for American workers, who may need support when they are underemployed or unemployed. Almost one of every eight is in an occupation whose median wages barely lift their families out of poverty. These include such jobs as retail salespeople, cashiers, food service workers, wait staff, stock clerks, and personal care aides (Keith-Jennings and Palacios 2017). Many low-wage jobs in the current economy are also temporary or involve unpredictable, fluctuating schedules and few benefits, making it difficult even for people wanting to work full time to support themselves and their families (Ben-Ishai 2015; Gehr 2017).

Right now we are struggling and having it hard. We are trying just as hard as you are. Don't give up on us. We are utilizing this program to get us to the next step. —Married couple receiving TANF and other supports for their family while he works as a hotel banquet chef and she is completing an associate's degree.

These facts about the current nature of work have important implications for work requirements in Medicaid, such as those recently approved in Kentucky.⁵ Using data from the US Census Bureau's 2016 American Community Survey on Kentucky Medicaid enrollees, Gangopadhyaya and Kenney (2018) show that more than one-third of enrollees who are potentially nonexempt and working at the time of the survey were not working at least 50 weeks a year and 20 hours a week, and so would not fulfill Kentucky's requirement for year-round work. However, these enrollees average high work output (36 hours) in the weeks they do have work. The lack of consistent work hours may reflect high rates of turnover or a high prevalence of seasonal work among this population. Currently, Kentucky's Medicaid work requirement indicates that if enrollees work more than 80 hours a month, the surplus hours cannot be applied to the following month. While nonexempt enrollees can make up missed hours in the following month, complete a state-approved health or financial literacy course, or apply for a "good-cause" exemption, working enrollees who have problems finding consistent work throughout the year could be at risk of falling in and out of compliance with waiver's work requirements and of experiencing starts and stops in Medicaid coverage and attendant gaps in access to health care (Gangopadhyaya and Kenney 2018).

SNAP and Medicaid Help People Keep Their Jobs

Evidence shows that Medicaid and SNAP help workers maintain health and well-being—for themselves and their children—when the jobs they can find don't include health insurance and related benefits or pay enough to support themselves and their families.

Improved access and use of health care is critical for the health of children and their parents and for current parental employment and the future employment of children.

- **Access to affordable health care helps people maintain their health so they can look for and keep jobs.** Illness or disability is the single most common reason that working-age adults living in poverty are not working (Rachidi 2016). According to a recent comprehensive report from the Ohio Department of Medicaid, more than half of people who enrolled after the state expanded eligibility reported that Medicaid made it easier to secure and maintain employment (Caswell and Waidmann 2017; Gehr and Wikle 2017; Ohio Department of Medicaid 2017).
- Medicaid coverage also improves families' financial circumstances, allowing them to pay for other basic needs, such as food and housing. The resulting reduction in financial stress further helps them focus on finding and keeping jobs (Gehr and Wikle 2017; Ohio Department of Medicaid 2017).
- Expanded Medicaid and CHIP eligibility not only improves children's health insurance coverage, access to care and services, and health outcomes (Howell and Kenney 2012) but also yields long-term life improvements for those children. Children who gained access to Medicaid and the state Children's Health Insurance Program (now known as CHIP) in the 1980s and 1990s paid more in cumulative taxes, collected less in EITC payments, and had higher wages by age 28 (Brown, Kowalski, and Lurie 2015).
- Expanded Medicaid coverage for parents leads to improvements in their coverage rates, access to care, health care affordability, and psychological stress (McMorrow et al. 2016; McMorrow et al. 2017). Furthermore, expansions to parents have impacts that extend to children: the

implementation of the coverage provisions of the ACA led to a spillover effect where Medicaid and Marketplace coverage expansions to parents translated into improvements in coverage and access to care for children (Aker and Pham 2017; Burak 2016 Hudson and Moriya 2017; Kenney et al. 2016; Kenney et al. 2017; Lukanen, Schwehr, and Fried 2016; Venkataramani, Pollack, and Roberts 2017).

Participating in SNAP boosts income, rewards earnings, and can significantly improve children's short- and long-term outcomes.

- SNAP benefits are designed to minimize disincentives to work by not reducing SNAP benefits for every dollar earned and by allowing households to own cars they need for getting to work (Oliveira et al. 2018).
- In the short term, SNAP lifts millions of families out of poverty and reduces food insecurity (defined as a lack of access at times to enough food for an active, healthy life). In 2015, SNAP lifted 8.4 million people from poverty, reducing the overall poverty rate 17 percent and the number of children in poverty 28 percent (Wheaton and Tran 2018).
- Using SNAP benefits to purchase food also allows low-income families to use their earnings for other necessities and reduces their need to choose among food, health care, housing, heat, and electricity (Carlson, Rosenbaum, and Keith-Jennings 2016).
- When children have adequate nutrition, they are healthier, are more emotionally stable, do better in school, and are more likely to graduate from high school (Carlson, Rosenbaum, and Keith-Jennings 2016; Cook and Frank 2008; Frongillo, Jyoti, and Jones 2006).
- These immediate improvements to children's lives contribute to enormous gains in their futures. Research shows that children who grew up in areas of the country with access to nutrition assistance have lower incidences of obesity, high blood pressure, heart disease, and diabetes as adults than children who grew up at the same time in areas without access to nutrition assistance. Further, girls in that study had improved employment, income, poverty status, high school graduation, and program participation as adults (Hoynes, Schanzenbach, and Almond 2016).

By helping low-income individuals and families purchase food and access health care, **SNAP and Medicaid also boost local economies and support jobs for farmers, distributors, food retailers, health care providers, and others** (Ayanian et al. 2017; Oliveira et al. 2018).

Work Requirements Create Burdensome Administrative Procedures

For the majority of people receiving assistance from TANF, SNAP, and Medicaid, who either are currently working or are temporarily out of work, work requirements create burdensome administrative procedures that affect both the people who are eligible for assistance and the government agencies providing it. **We have seen in Medicaid and SNAP that even without work requirements, eligible people lose access to basic health care and food for administrative reasons like not completing paperwork on time, not receiving notices, or office errors.** Churn—the temporary loss of benefits by eligible families, who must then reapply for services—can destabilize low-income families and add to agency workload, as it is typically more time-consuming to process what would be a new

application than to renew an existing case. In recent years, some states have changed policies, practices, and technology to reduce churn, promote continuity of benefits, and improve government efficiency (Hahn 2016).

Introducing or enhancing work requirements in Medicaid and SNAP could increase churn and compound these burdensome processes. The process of applying for and recertifying eligibility for Medicaid, SNAP, TANF, and other work supports is often complex, cumbersome, and confusing. Families seeking assistance are often in crisis, and visiting overcrowded social service offices, navigating administrative procedures, and waiting for an eligibility decision add to the challenges and stress. Surveys of SNAP applicants in Colorado and Illinois found that among SNAP applicants who were working, 15 percent lost pay because they missed work to visit the social service office (Isaacs, Katz, and Amin 2016). To get through all the steps of applying for assistance, over half of Illinois and Colorado applicants surveyed had three or more contacts with a social service office, including in-person visits and phone calls. In South Carolina, 40 percent of applicants had three or more contacts with the office (Hahn, Katz, and Isaacs 2017). Among SNAP applicants facing emergencies or problems such as job loss, lack of sufficient food, loss of housing or care, and emergency medical needs, 60 percent reported that these situations could have been avoided or mitigated if they had received benefits faster (Isaacs, Katz, and Amin 2016).

Administering work requirements in TANF requires caseworkers to spend a considerable amount of time tracking and verifying clients' work activities and hours, in turn limiting caseworkers' time for connecting families with needed work and other support services. **Caseworkers must track every hour that TANF recipients spend in each type of work activity, and people receiving assistance typically must document their time and activities in writing each month** (Hahn and Loprest 2011; Schott and Pavetti 2013; Zedlewski and Golden 2010). The TANF caseload is far smaller (3.5 million recipients)⁶ than those of SNAP (42 million)⁷ or Medicaid (68 million people).⁸ **Documenting compliance with (or exemption from) new or enhanced work requirements in Medicaid and SNAP would introduce immense administrative challenges** (Hahn et al. 2018; Hahn, Pratt, et al. 2017).

TANF agencies are motivated to invest time and resources in documenting compliance with work requirements because states are held accountable for the work participation rate. In Medicaid and SNAP, however, if only people participating in the programs are held accountable for meeting work requirements, states will have less incentive to ensure that work effort and exemptions are recognized. For example, SNAP and Medicaid participants with temporary employment and fluctuating work schedules may face difficulty documenting their work hours each week and face the danger that they will lose benefits if their hours fall in any given month (Hahn et al. 2018; Phillips 2016).

State and federal policymakers may assume that technology would ease the implementation and monitoring of work requirements, but states' lessons from implementing new technology prove otherwise (Hahn 2016; Loprest, Gearing, and Kassabian 2016). State social service agencies updating or implementing new technologies to comply with Affordable Care Act requirements encountered extensive challenges. Problems arose with incomplete or limited functionality, delays in development leading to limited time or less-than-ideal conditions for training staff, and technology glitches. In some

cases, these resulted in significant backlogs in processing applications and occasional reports of lost applications or paperwork.

States mitigated these challenges by implementing larger or more complex system changes in phases, even delaying additional phases until initial issues were addressed. States also used planned workarounds—procedures staff could use when intended procedures did not work or were not yet available. Planned workarounds prevented workers from creating their own workarounds, which could lead to additional errors and inconsistencies. (Hahn 2016; Loprest, Gearing and Kassabian 2016). Any technology changes needed for implementing new or enhanced work requirements will require ample investment of time and funding, and can be expected to require a lengthy process.

Work Requirements Are Problematic for People with Physical and Mental Health Challenges

Navigating complex social service administrative procedures and work requirements could be especially daunting and damaging both for people who are disabled and those who have significant mental and physical health challenges that limit the hours or types of work they can do but who do not qualify for disability under the SSI or SSDI programs. TANF administrators have told me they feel pressured by the work participation rate requirement to push some people to work before they are ready, rather than directly addressing issues that impede or limit their employment.

We have to look at some of those folks needing time for treatment, physical therapy, surgeries, or mental health treatment.
--local TANF manager responsible for eligibility and jobs program

Even if new or enhanced work requirements in Medicaid and SNAP exempt people with disabilities, they would still need to document that they qualify for an exemption. Estimates from the March 2017 Current Population Survey found that among Medicaid beneficiaries who were not working in 2016, 36 percent had an illness or disability (Garfield, Rudowitz, and Damico 2017). Similarly, a study examining health and employment status of Medicaid expansion populations using data from the 2015 National Health Interview Survey found that almost half (48 percent) of expansion enrollees had a disability, a serious physical or mental health condition, or poor health.⁹ Among households receiving SNAP, 20 percent include adults with disabilities (Farson Gray, Fisher, and Lauffer 2016).

In Kentucky, which received approval in January 2018 to require some Medicaid enrollees to participate in work or community engagement activities, an estimated 188,000 enrollees are potentially nonexempt and not working, and thus at highest risk of losing Medicaid coverage. Using data from the US Census Bureau's 2016 American Community Survey on Kentucky Medicaid enrollees, Gangopadhyaya and Kenney (2018) show that for enrollees who will not qualify for an exemption, finding and retaining work may be challenging. Nearly half of these enrollees indicate they have no access to a vehicle, no access to the internet, or are less than high-school educated, which could limit their job prospects and make it more difficult for them to report on community engagement activities that they do fulfill. Moreover, 61 percent report either having a serious health limitation or living with someone who does, potentially limiting the scope of activities they can fulfill outside the household.

These considerations raise the risks that some enrollees will lose Medicaid despite qualifying for an exemption or satisfying the waiver’s work requirements, and this loss could adversely affect their health and ability to work and participate in other activities.

People with these characteristics could face substantial challenges complying with work requirements, documenting compliance, and seeking and documenting exemptions. **The same personal challenges that impede their ability to work also impede their ability to navigate the social service administrative processes.**

What Works for Promoting Employment?

If work requirements alone do not help people access employment, what does? To answer this question, we again need to recognize that the people who turn to SNAP and Medicaid fall into at least two groups: those who are already working but not earning enough to support their families, and those who have personal challenges that impede employment.

For the first group, as I have already discussed, SNAP and Medicaid support the health and well-being of workers so they can stay in their jobs. **Agencies administering these supports could simplify and streamline their application and renewal processes—such as improving online access, extending certification periods, and reducing the need for in-person office visits—so workers can maintain coverage without interruption and without missing a day of work** (Hahn 2016). These families also may need help accessing and affording child care, transportation, or other supportive services that make employment possible.

For the second group, the TANF work requirements offer lessons. Staff in every state I have visited report feeling that work participation rate requirements and funding limitations mean they cannot fully meet families’ needs. **Parents with incomes low enough to qualify for TANF tend to have, in addition to low education levels and limited work histories, challenges such as physical or mental health issues, chronically ill children, caregiving responsibilities for special needs children, experiences of domestic violence, or criminal records, which make it difficult for them to complete their education or maintain steady employment** (Zedlewski 2012). Many TANF administrators talk about the need for more activity options for the clients, smaller caseloads, and special training so they can provide families with more intensive case management, recognize barriers, and refer families to specialized assistance as well as life-skills training, financial literacy classes, and basic education. One worker expressed frustration that her role was narrowly focused on helping clients enter jobs rather than also counseling families to help them become self-sufficient for the long term. “Just getting someone a job, sure,” she said, “but can they maintain the job, keep the job? The revolving door, you have to stop that.”

We have a lot of families that are illiterate. That’s not considered a core activity until you’ve met other work requirements. That becomes difficult for families, especially when they have kids. ...You’re doing that when kids are in school. Now you need to get your GED or something else and that conflicts because you need to concentrate on your kids. That’s a big barrier.—TANF caseworker

Research supports the on-the-ground observations of these TANF administrators. A 2014 joint paper by the US Departments of Labor, Commerce, Education, and Health and Human Services noted the evidence for helping low-skilled workers in the labor market suggests the need for “comprehensive and integrated strategies to concurrently address employment, training and education,” including “soft skills” training, as well as the need for child care, transportation, and other supports (US DOL et al. 2014). The report also notes that such comprehensive strategies “inevitably requires coordination and collaboration across systems that provide specialized services or training, including workforce development agencies, schools and community colleges, and public and non-profit human services and employment services agencies” (US DOL et al 2014).

To this end, **states and localities could increase communication, collaboration, and data sharing across their TANF, workforce development, and child care subsidy systems.** These systems are each highly devolved, giving states and localities tremendous flexibility and responsibility for designing and implementing policies and programs, and for creating opportunities for innovation. But seizing these opportunities requires overcoming a critical lack of communication and data within and across systems. **Limited funding in each system further contributes to the challenge of cross-system collaboration that meets the complex—and often costly—needs of disadvantaged families** (Hahn, Adams, et al. 2016).

Although increased collaboration across TANF, workforce development, child care subsidies, and other work support programs is important, it is equally important to recognize that each system serves a somewhat different population for somewhat different purposes. For example, WIOA serves a population that, on average, has higher skills and fewer employment challenges than the general TANF population. In addition, WIOA focuses on job seekers and employers, whereas TANF focuses on parents and children with myriad needs. **Families who interact with multiple programs could benefit from seamless access to the services each offers, but none of the programs could subsume or replace the others.**

TANF families and staff also discuss the need for more transitional assistance to help families stay off assistance once they find employment. As one county TANF director put it: “[The] county looks good, in terms of employment services, if the client gets a part-time job and [moves off assistance]. But that doesn’t meet the underlying need. Employment services looks great even if people are living in poverty.”

In other words, people who find employment still need Medicaid and SNAP to make ends meet.

Options for Measuring Employment Outcomes

One way to know whether programs are helping people access employment is to measure employment outcomes. TANF once again offers a cautionary tale. Because state TANF agencies are accountable only for counting hours in work activities, most do not collect the data that would help us better understand true employment outcomes. In addition, TANF programs rarely collect employment information on people who have left the program, so there is no way to know whether people who have left are employed or simply disconnected.

In contrast, many view the new WIOA performance metrics as a model of performance measurement for employment-related programs. Although the goals of the SNAP Employment and Training (SNAP E&T) program differ somewhat from those of WIOA, SNAP E&T now uses similar outcome measures and both programs measure employment outcomes for former program participants. As you know, WIOA measures employment, earnings, credential attainment, and skill gains. Each state negotiates expected performance levels with the US Department of Labor, in consultation with the Department of Education, and actual performance levels are adjusted to account for economic conditions and participants' characteristics.

Nonetheless, **applying WIOA performance metrics to other programs is not always straightforward or appropriate.** For example, extensive alignment of national TANF and WIOA employment outcome measures would require increasing state TANF programs' access to unemployment insurance wage and new hire data as well as federal changes to TANF rules and incentives. Current TANF performance measurement through the work participation rate focuses on hours spent in specific work activities and discourages participation in basic education and workforce development programs. Aligning TANF performance measures with WIOA employment outcome measures would require that TANF rules and incentives focus more on participant outcomes and improvement. In addition, the diversity of state approaches currently permitted under the TANF block grant makes it nearly impossible to develop consistent national TANF employment outcome measures that adhere to the principles of good performance measurement. Applying WIOA employment outcome measures to Medicaid programs could also be problematic if Medicaid programs are permitted to impose work requirements but not permitted to use Medicaid funds for employment services.

Although a handful of state TANF programs have voluntarily developed performance metrics that include employment outcomes, **only Texas uses the same performance measures for both TANF and WIOA;** it uses them for SNAP E&T as well. The Texas Workforce Commission administers and has integrated performance measures across TANF, SNAP E&T, the Child Care Development Fund, and all six core WIOA programs.¹⁰ **Texas is unique in having both integrated measures and features that make integration possible.** Unlike almost all other states, Texas has (1) combined program administration within a single state agency, (2) access to state unemployment insurance wage and new hire data, and (3) extensive data analysis capacity. Integration may also be facilitated by the restrictive TANF eligibility rules in Texas that have produced extremely low TANF participation among families living in poverty. For every 100 Texas families with children living in poverty, fewer than 5 have received TANF in recent years,¹¹ and nearly three-quarters of TANF cases include only children, not their parents.¹² As a result, among the approximately 1 million people served by the Texas Workforce Commission in the average month in 2016, only about 7,500 were receiving TANF cash assistance. Even so, to integrate performance measures across WIOA and TANF, Texas had to modify its tracking for the federal TANF work participation rate. Texas tracks hours only for those activities relevant for the integrated measures. This simplification eliminates the additional tracking and data entry that would be required if program administrators counted all work activities allowed for the federal TANF work participation rate. Although these features make performance measure integration possible in Texas, they hint at the challenges for integration in other states.

Despite the impossibility of developing consistent national TANF employment outcome measures, states could be encouraged, within federal TANF rules, to track the types of employment outcomes measured by WIOA. Because each state's TANF program is unique, the specific measures would vary by state and, in some cases, would measure outcomes for current TANF participants instead of (or in addition to) TANF leavers. **To promote employment and gather evidence of effective practices, Congress could allow federal TANF administrators to authorize state demonstrations of new employment outcome performance measures that align, at least in spirit, with WIOA measures.** For example, rather than measuring hours spent in job search activities, states could measure employment entry. Rather than measuring school attendance, state TANF programs could measure progress in basic education and skill attainment. A federal focus on employment outcomes could encourage state TANF programs to help families seize immediate employment opportunities while still allowing them to access the full range of workforce development opportunities that can help them maintain employment and achieve greater self-sufficiency in the long run. And for TANF families whose personal challenges limit their ability to maintain employment or succeed in workforce development and career pathway programs, the revised incentives to demonstrate progress toward self-sufficiency would encourage states to help families address barriers to employment and obtain the basic skills needed for stable employment (Hahn, Adams, et al. 2016). **Outcome measures should also include measurement of any negative unintended consequences, such as any declines in program access resulting from families unable to navigate program processes** (Hahn, Pratt, et al. 2017).

Conclusions

People generally want to work and support their families. Federal programs can support them in that goal by expanding access to workforce development programs and by improving efficient access to SNAP and Medicaid. But **expanding work requirements for SNAP and Medicaid runs the risk of undermining the employment and skill-development goals of the workforce development system while denying basic health care and food to adults and children who need it.**

References

- Alker, Joan, and Olivia Pham. 2017. *Nation's Uninsured Rate for Children Drops to Another Historic Low in 2016*. Washington, DC: Georgetown University Health Policy Institute, Center for Children and Families.
- Ayanian, John Z. M.D., M.P.P., Gabriel M. Ehrlich, Ph.D., Donald R. Grimes, M.A., and Helen Levy, Ph.D. 2017. "Economic Effects of Medicaid Expansion in Michigan." *New England Journal of Medicine* 376:407–10.
- Ben-Ishai, Liz. 2015. "Volatile Job Schedules and Access to Public Benefits." Washington, DC: Center for Law and Social Policy.
- Brown, David W., Amanda E. Kowalski, and Ithai Z. Lurie. 2015. "Medicaid as an Investment in Children: What is the Long-Term Impact on Tax Receipts?" Working paper 20835. Cambridge, MA: National Bureau of Economic Research.
- Burak, Elisabeth Wright. 2016. "Healthy Parents and Caregivers Are Essential to Children's Healthy Development." Washington, DC: Georgetown University Health Policy Institute, Center for Children and Families.
- Carlson, Steven, Dorothy Rosenbaum, and Brynne Keith-Jennings. 2016. "Who Are the Low-Income Childless Adults Facing the Loss of SNAP in 2016?" Washington, DC: Center on Budget and Policy Priorities. <https://www.cbpp.org/research/food-assistance/who-are-the-low-income-childless-adults-facing-the-loss-ofsnap-in-2016>.
- Caswell, Kyle J., and Timothy A. Waidmann. 2017. "The Affordable Care Act Medicaid Expansions and Personal Finance." *Medical Care and Research Review*. <http://urn.is/2FzeHb2>.
- Cook, John T., and Deborah A. Frank. 2008. "Food Security, Poverty, and Human Development in the United States," *Annals of the New York Academy of Sciences* 1136: 193–209
- Farson Gray, Kelsey, Sarah Fisher, and Sarah Lauffer. 2016. "Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2015." Prepared by Mathematica Policy Research for the USDA Food and Nutrition Service. (available online at www.fns.usda.gov/research-andanalysis)
- Frongillo, Edward, Diana F. Jyoti, and Sonya J. Jones. 2006. "Food Stamp Program Participation Is Associated with Better Academic Learning among School Children." *Journal of Nutrition* 136 (4): 1077–80.
- Gangopadhyaya, Anuj and Genevieve M. Kenney. 2018. "Who Could Be Affected by Kentucky's Medicaid Work Requirements, and What Do We Know about Them?" Washington, DC: Urban Institute.
- Garfield, Rachel, Robin Rudowitz, and Anthony Damico. 2017. "Understanding the Intersection of Medicaid and Work." Menlo Park, CA: Kaiser Family Foundation.
- Gehr, Jessica. 2017. "Doubling Down: How Work Requirements in Public Benefit Programs Hurt Low-Wage Workers." Washington, DC: Center for Law and Social Policy.
- Gehr, Jessica, and Suzanne Wikle. 2017. "The Evidence Builds: Access to Medicaid Helps People Work." Washington, DC: Center for Law and Social Policy. <http://www.clasp.org/resources-and-publications/publication-1/The-Evidence-Builds-Access-to-Medicaid-Helps-People-Work.pdf>.
- Giannarelli, Linda, Christine Heffernan, Sarah Minton, Megan Thompson, and Kathryn Stevens. 2017. *The Welfare Rules Databook: State TANF Policies as of July 2016*. Washington, DC: Urban Institute. <https://www.urban.org/research/publication/welfare-rules-databook-state-tanf-policies-july-2016>.
- Hahn, Heather. 2016. "Findings from the Work Support Strategies Evaluation Streamlining Access, Strengthening Families." Washington, DC: Urban Institute. <http://www.urban.org/research/publication/findings-work-support-strategies-evaluation-streamlining-access-strengthening-familieshttp://urn.is/2FCUPzJ>.
- Hahn, Heather, Gina Adams, Shayne Spaulding, and Caroline Heller. 2016. "Supporting the Child Care and Workforce Development Needs of TANF Families." Washington, DC: Urban Institute.
- Hahn, Heather, Laudan Aron, Cary Lou, Eleanor Pratt, and Adaeze Okoli. 2017. *Why Does Cash Welfare Depend on Where You Live? How and Why State TANF Programs Vary*. Washington, DC: Urban Institute.

- Hahn, Heather, Linda Giannarelli, David Kassabian, and Eleanor Pratt. 2016. "Assisting Two-Parent Families through TANF." Washington, DC: Urban Institute. <http://www.urban.org/research/publication/assisting-two-parent-families-through-tanf>.
- Hahn, Heather, David Kassabian, and Sheila R. Zedlewski. 2012. "TANF Work Requirements and State Strategies to Fulfill Them." Washington, DC: Urban Institute. <https://www.urban.org/research/publication/tanf-work-requirements-and-state-strategies-fulfill-them>
- Hahn, Heather, Michael Katz, and Julia B. Isaacs. 2017. "What Is It Like to Apply for SNAP and Other Work Supports? Findings from the Work Support Strategies Evaluation." Washington, DC: Urban Institute.
- Hahn, Heather, Genevieve M. Kenney, Eva H. Allen, Rachel A. Burton, and Elaine Waxman. 2018. "Guidance on Medicaid Work and Community Engagement Requirements Raises Many Important Questions." Washington, DC: Urban Institute.
- Hahn, Heather, and Pamela Loprest. 2011. "Improving State TANF Performance Measures." Washington, DC: Urban Institute.
- Hahn, Heather, Eleanor Pratt, Eva H. Allen, Genevieve M. Kenney, Diane K. Levy, Elaine Waxman. 2017. *Work Requirements in Social Safety Net Programs: A Status Report of Work Requirements in TANF, SNAP, Housing Assistance, and Medicaid*. Washington, DC: Urban Institute.
- Hamilton, Gayle, Stephen Freedman, Lisa Gennetian, Charles Michalopoulos, Johanna Walter, Diana Adams Ciardullo, Anna Gassman-Pines, et al. 2001. *National Evaluation of Welfare-to-Work Strategies: How Effective Are Different Welfare-to-Work Approaches. Five-Year Adult and Child Impacts for Eleven Programs*. Washington, DC: US Department of Health and Human Services, Administration for Children and Families and Office of the Assistant Secretary for Planning and Evaluation; and US Department of Education. Howell, Embry M., and Genevieve M. Kenney. 2012. "The Impact of the Medicaid/CHIP Expansions on Children: A Synthesis of the Evidence." *Medical Care Research and Review* 69 (4) 372–96.
- Hoynes, Hilary, Diane Whitmore Schanzenbach, and Douglas Almond. 2016. "Long-Run Impacts of Childhood Access to the Safety Net." *American Economic Review* 106 (4): 903–34.
- Hudson, Julie L., and Asako S. Moriya. 2017. "Medicaid Expansion for Adults Had Measurable 'Welcome Mat' Effects on Their Children." *Health Affairs* 36 (9): 1643–51. doi:10.1377/hlthaff.2017.0347.
- Isaacs, Julia, Michael Katz, and Ria Amin. 2016. "Improving the Efficiency of Benefit Delivery: Outcomes from the Work Support Strategies Evaluation." Washington, DC: Urban Institute.
- Keith-Jennings, Brynne, and Vincent Palacios. 2017. "SNAP Helps Millions of Low-Wage Workers: Crucial Financial Support Assists Workers in Jobs with Low Wages, Volatile Income, and Few Benefits." Washington, DC: Center on Budget and Policy Priorities.
- Kenney, Genevieve M., Jennifer Haley, Clare Pan, Victoria Lynch, and Matthew Buettgens. 2016. *Children's Coverage Climb Continues: Uninsurance and Medicaid/CHIP Eligibility and Participation under the ACA*. Washington, DC: Urban Institute.
- . 2017. "Medicaid/CHIP Participation Rates Rose among Children and Parents in 2015." Washington, DC: Urban Institute.
- Loprest, Pamela, Maeve E. Gearing, and David Kassabian. 2016. *States' Use of Technology to Improve Delivery of Benefits: Findings from the Work Support Strategies Evaluation*. Washington, DC: Urban Institute. <http://urban.is/215AmHD>.
- Lukanen, Elizabeth, Natalie Schwehr, and Brett Fried. 2016. *State-Level Trends in Children's Health Insurance Coverage, 2016*. Minneapolis, MN: State Health Access Data Assistance Center.
- McMorrow, Stacey, Jason A. Gates, Sharon K. Long, and Genevieve M. Kenney. 2017. "Medicaid Expansion Increased Coverage, Improved Affordability, and Reduced Psychological Distress for Low-Income Parents." *Health Affairs* 36 (5): 808–18.

- McMorrow, Stacey, Genevieve M. Kenney, Sharon K. Long, and Dana E. Goin. 2016. "Medicaid Expansions from 1997 to 2009 Increased Coverage and Improved Access and Mental Health Outcomes for Low-Income Parents." *Health Services Research* 51 (4): 1347–67. doi:10.1111/1475-6773.12432.
- Mitchell, Tazra, LaDonna Pavetti, and Yixuan Huang. 2018. "Life After TANF in Kansas: For Most, Unsteady Work and Earnings Below Half the Poverty Line." Washington, DC: Center on Budget and Policy Priorities. <https://www.cbpp.org/research/family-income-support/life-after-tanf-in-kansas-for-most-unsteady-work-and-earnings-below>
- Ohio Department of Medicaid. 2017. "Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly." Columbus: Ohio Department of Medicaid. <http://medicaid.ohio.gov/portals/0/resources/reports/annual/group-viii-assessment.pdf>
- Oliveira, Victor, Mark Prell, Laura Tiehen, and David Smallwood. 2018. "Design Issues in USDA's Supplemental Nutrition Assistance Program: Looking Ahead by Looking Back." Washington, DC: US Department of Agriculture, Economic Research Service. <https://www.ers.usda.gov/webdocs/publications/86924/err-243.pdf?v=43124>
- Pavetti, LaDonna. 2016. "Work Requirements Don't Cut Poverty, Evidence Shows." Washington, DC: Center on Budget and Policy Priorities.
- Phillips, Nune. 2016. "How States Can Protect Workers with Irregular Schedules from Losing SNAP Benefits." Washington, DC: Center for Law and Social Policy.
- Rachidi, Angela. 2016. "America's Work Problem: How Addressing the Reasons People Don't Work Can Reduce Poverty." Washington, DC: American Enterprise Institute. <https://www.aei.org/wp-content/uploads/2016/07/Americas-Work-Problem.pdf>.
- Schott, Liz, and LaDonna Pavetti. 2013. "Changes in TANF Work Requirements Could Make Them More Effective in Promoting Employment." Washington, DC: Center on Budget and Policy Priorities.
- US Departments of Labor (DOL), Commerce, Education, and Health and Human Services. 2014. "What Works in Job Training: A Synthesis of the Evidence." Washington, DC: Authors.
- Venkataramani, Maya, Craig Evan Pollack, and Eric T. Roberts. 2017. "Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services." *Pediatrics* 140(6): e20170953. doi:10.1542/peds.2017-0953.
- Wheaton, Laura, and Victoria Tran. 2018. "The Antipoverty Effects of the Supplemental Nutrition Assistance Program." Washington, DC: Urban Institute.
- Zedlewski, Sheila R. 2012. "Welfare Reform: What Have We Learned in Fifteen Years?" Washington, DC: Urban Institute. <http://urbn.is/2FwqAP3>.
- Zedlewski, Sheila R., and Olivia Golden. 2010. "Next Steps for Temporary Assistance for Needy Families." Washington, DC: Urban Institute. <http://urbn.is/2FCd08u>.

Notes

¹ <https://www.acf.hhs.gov/ofa/resource/tanf-and-moe-spending-and-transfers-by-activity-fy-2016-contains-national-state-pie-charts>

² <https://www.acf.hhs.gov/sites/default/files/ofa/wpr2016table06b.pdf>

³ Center on Budget and Policy Priorities, “Policy Basics: The Supplemental Nutrition Assistance Program (SNAP),” Updated February 13, 2018. <https://www.cbpp.org/research/policy-basics-the-supplemental-nutrition-assistance-program-snap>

⁴ Center on Budget and Policy Priorities, “Policy Basics: The Supplemental Nutrition Assistance Program (SNAP),” Updated February 13, 2018. <https://www.cbpp.org/research/policy-basics-the-supplemental-nutrition-assistance-program-snap>

⁵ In January 2018, the Centers for Medicare & Medicaid Services approved Kentucky’s Section 1115 demonstration waiver, which allows the state to require some enrollees to participate in work or community engagement activities to retain their Medicaid coverage. See Gangopadhyaya and Kenney (2018).

⁶ “TANF & SSP: Total Number of Recipients, Fiscal Year 2017,” Office of Family Assistance, accessed March 9, 2018, https://www.acf.hhs.gov/sites/default/files/ofa/2017_recipient_tanssp.pdf

⁷ See <https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>, accessed March 9, 2018.

⁸ “October 2017 Medicaid and CHIP Enrollment Data Highlights,” Medicaid.gov, accessed December 20, 2017, <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/reporthighlights/index.html>

⁹ Leighton Ku and Erin Brantley, “Myths about the Medicaid Expansion and the ‘Able-Bodied,’” *Health Affairs* blog, March 12, 2017, <http://www.healthaffairs.org/doi/10.1377/hblog20170306.059021/full/>.

¹⁰ The six core Workforce Innovation and Opportunity Act programs are adult, dislocated worker, and youth programs; adult education and family literacy programs; Wagner-Peyser Act services; and vocational rehabilitation services. Texas is one of only three states that administer all six core WIOA programs.

¹¹ For information on the TANF-to-poverty ratio, see “TANF Cases,” Center on Budget and Policy Priorities, last modified February 13, 2017, <https://www.cbpp.org/sites/default/files/atoms/files/10-27-15tanf.xlsx>.

¹² See “TANF Caseload Data 2016,” US Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance, last modified May 4, 2017, <https://www.acf.hhs.gov/ofa/resource/tanf-caseload-data-2016>.