

May 2010

## **WASHINGTON'S GENERAL ASSISTANCE–UNEMPLOYABLE PROGRAM: CASELOAD TRENDS**

General Assistance-Unemployable (GA-U) is a state-funded program that provides cash and medical assistance to adults with temporary incapacities (for example, an illness) that prevent them from working. The Washington State Institute for Public Policy (Institute) published a report in December 2009 that described Washington's program, compared other states' programs, and summarized the available research literature.<sup>1</sup>

This follow-up report compares growth in the GA-U caseload with broader state population trends.

### **BACKGROUND**

The GA-U program provides cash grants and medical assistance to low-income adults who are temporarily unable to work due to a physical or mental disability that lasts at least 90 days. GA-U is a program of last resort; to be eligible, individuals cannot qualify for most other forms of public assistance, including Temporary Assistance for Needy Families (TANF).<sup>2</sup>

The maximum GA-U cash grant is \$339 per month.<sup>3</sup> The average medical payment per GA-U client was \$590 per month in FY 2008.

**Recent Changes to the Program.** The GA-U program was renamed the "Disability Lifeline Program" in 2010 legislation.<sup>4</sup> The Disability Lifeline Program has the same benefits and eligibility criteria as GA-U, except that individuals cannot continue to receive benefits if they refuse to

### **Summary**

General Assistance-Unemployable (GA-U) is a Washington State-funded program that provides cash grants and medical benefits to adults who have temporary incapacities that prevent them from working. In 2010, the GA-U was renamed the "Disability Lifeline Program." The Disability Lifeline Program is similar to GA-U in most eligibility rules and benefits, except that the Disability Lifeline Program has a time limit during which individuals can receive benefits (up to 24 months within a five-year period).

The GA-U caseload has increased from about 10,000 individuals in 1998 to over 16,000 in 2009. As of April 2009, the caseload was forecast to continue growing to over 20,000 people by 2013.

Since about 2003, the GA-U caseload has risen faster than the state population, as well as poverty rates. The size of the caseload appears to correlate with growth in the number of adults in poverty and without health insurance.

<sup>1</sup> A. Pennucci, J. Mayfield, and C. Nunlist (2009). *General assistance programs for unemployable adults*. Olympia: Washington State Institute for Public Policy, Document No. 09-12-4101.

<sup>2</sup> General assistance clients remain eligible for food stamps.

<sup>3</sup> Actual grant amounts are adjusted to reflect cost of living.

<sup>4</sup> E2SHB 2782, Chapter 8, Laws of 2010.

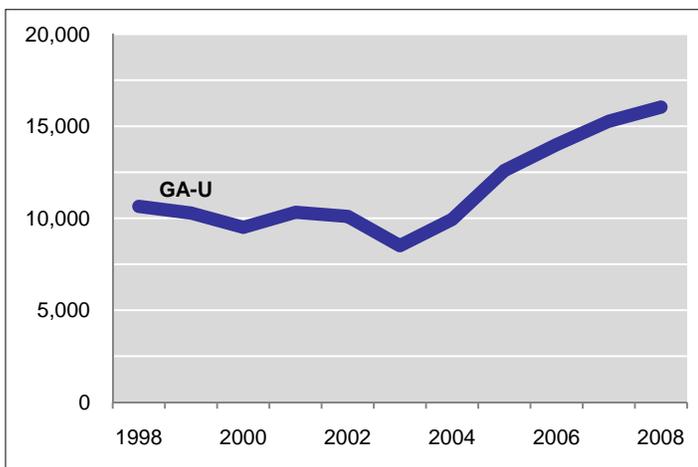
participate in drug, alcohol, or mental health treatment or vocational rehabilitation if they are assessed as needing those services. Additionally, individuals who are homeless and in need of mental health or chemical dependency treatment must agree to accept a housing voucher (or equivalent cash stipend if sufficient housing is not available).

The GA-U program did not have time limits; temporarily unemployable adults could receive benefits as long as they met the eligibility criteria. In contrast, the Disability Lifeline Program has a time limit: individuals can receive benefits for up to 24 months in a five-year period.<sup>5</sup>

### CASELOAD TRENDS

The number of people who receive GA-U benefits in Washington is increasing. Exhibit 1 illustrates this trend over the past decade. Between 1998 and 2002, the GA-U caseload hovered around 10,000, and decreased to about 8,500 in 2003. This decrease resulted from efforts to identify GA-U recipients likely eligible for Supplemental Security Income (SSI) and thus transferred to the General Assistance-Expedited program (GA-X).<sup>6</sup> The GA-U caseload has nearly doubled since, increasing by 89 percent between 2003 and 2008. In FY 2008, the average monthly Washington State GA-U caseload was 16,042 people.

**Exhibit 1**  
GA-U Average Monthly Caseload,  
Washington State



WSIPP, 2010  
Source: DSHS ESA Briefing Book, State Fiscal Year 2008

<sup>5</sup> This time limit is retroactive and applies to individuals who had been receiving GA-U benefits. The time limit provision expires June 30, 2013.

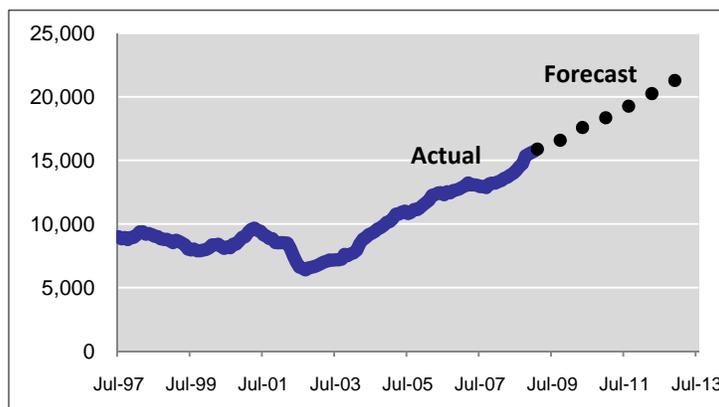
<sup>6</sup> According to interviews with administrative and legislative staff.

According to the Washington State Caseload Forecast Council (CFC) staff, changes in the general assistance caseload are correlated with the following factors:

- the rate of change in the unemployment rate;<sup>7</sup>
- policy decisions (e.g., changing eligibility requirements or the degree of emphasis on shifting clients from “U” to “X”); and
- increasing entries to, and decreasing exits from, the caseload.<sup>8</sup>

The CFC provides a forecast of the GA-U medical assistance caseload. The November 2009 forecast predicted a caseload increase of 37 percent between July 2009 and July 2013 (see Exhibit 2). This forecast will likely change due to the modifications to the Disability Lifeline Program in 2010 legislation.

**Exhibit 2**  
Actual and Forecasted GA-U Medical  
Monthly Caseload



WSIPP, 2010  
Source: Caseload Forecast Council November 2009 forecast

<sup>7</sup> X. Zhang (2009). *Examination of the unemployment rate and the General Assistance (GA) caseload*. Olympia: Washington State Caseload Forecast Council.

<sup>8</sup> For more information about the CFC forecast, select “Model Description” at: <http://www.cfc.wa.gov/humanServices/generalAssistance.htm>

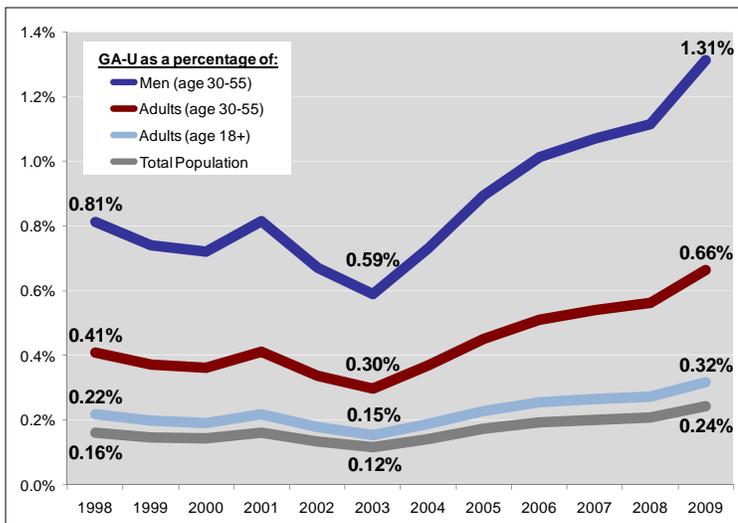
## COMPARISON WITH STATE POPULATION TRENDS

Since about 2003, the GA-U caseload has risen faster than the state population as well as poverty rates. The size of the caseload relative to the state population appears to correlate with growth in the number of adults in poverty without health insurance.

**State Population Growth.** The GA-U caseload—about 16,100 individuals in April 2009—makes up less than one-fourth of 1 percent of the state population. Since 2004 the GA-U caseload has risen a bit more quickly than the state population.

Exhibit 3 shows the GA-U caseload as a percentage of the state population as a whole and by subgroups (all adults, adults age 30 to 55, and men age 30 to 55). In April 2009, GA-U recipients made up a slightly higher percentage of the state population (0.24 percent) than in 2003 (0.12 percent). Across all of the subgroups, the GA-U caseload, as a percentage of the population, doubled between 2003 and 2009. (The GA-U caseload in raw numbers also doubled during this time.)

**Exhibit 3**  
GA-U Caseload as a Proportion of the State Population

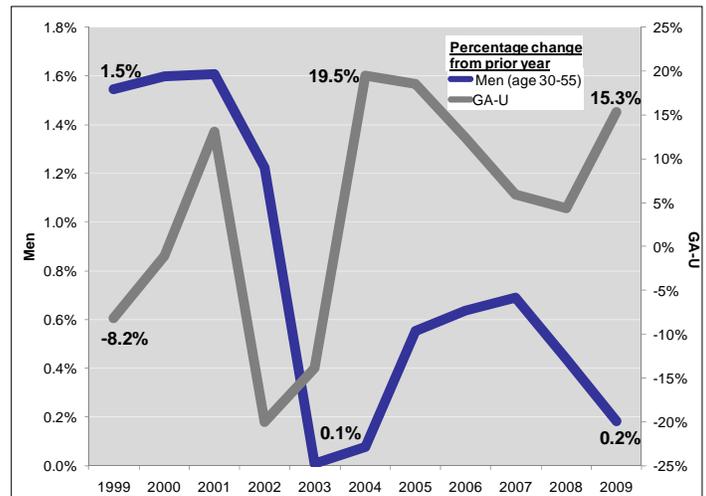


WSIPP, 2010

Sources: Washington State Caseload Forecast Council; GA-U Medical Unofficial Forecast (April headcounts), November 2009; and Office of Financial Management, State Population Estimates (April 1), 2009

**Changes in the Number of Adult Men.** Most GA-U recipients are single white men between age 30 and 55, so the GA-U caseload makes up a higher proportion of that subgroup (1.31 percent in 2009). Over the past decade, change in the size of the GA-U caseload loosely followed the pattern of change in the number of men age 30 to 55 in the state population (see Exhibit 4). The GA-U caseload has had proportionately larger increases since 2004.

**Exhibit 4**  
Change in the GA-U Caseload and the Number of Men Age 30-55 in Washington State

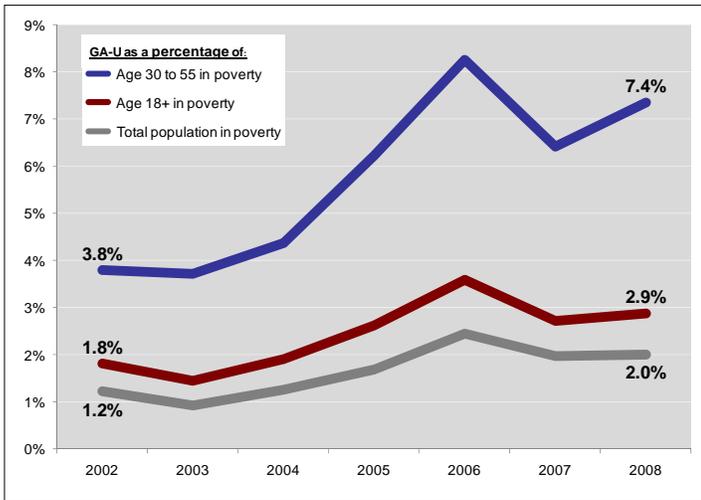


WSIPP, 2010

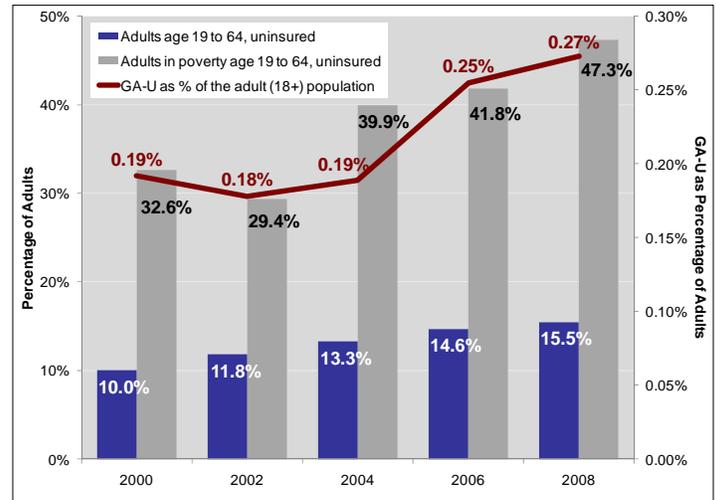
Sources: Washington State Caseload Forecast Council; GA-U Medical Unofficial Forecast (April headcounts), November 2009; and Office of Financial Management, State Population Estimates (April 1), 2009

**Poverty Rates.** The U.S. Census Bureau Current Population Survey provides estimates of poverty rates. In 2008, 10.4 percent of the state population was estimated to be in poverty. Because more children live in poverty than adults, this figure is lower (7.6 percent) for adults age 30 to 55. The GA-U caseload makes up about 2 percent of the state population in poverty, and over 7 percent of adults age 30 to 55 in poverty. The caseload has increased faster than the number of adults in poverty since 2003 (see Exhibit 5).

**Exhibit 5**  
**GA-U Caseload as a Proportion of the State Population in Poverty**



**Exhibit 6**  
**Washington Adults Without Health Insurance and the GA-U Caseload**



WSIPP, 2010

Sources: Washington State Caseload Forecast Council; GA-U Medical Unofficial Forecast, November 2009; and Office of Financial Management, State Population Estimates (April 1), 2009

WSIPP, 2010

Sources: Washington State Caseload Forecast Council, November 2009 Forecast, and Office of Financial Management, State Population Survey

**Health Insurance Coverage.** The Washington State Population Survey provides estimates of the number of adults who do not have health insurance. Exhibit 6 displays this percentage for even-numbered years over the past decade. The percentage of Washington adults in poverty who do not have health insurance was about one-third in 2000, decreased to 29 percent in 2002, and then increased to nearly one-half in 2008. The GA-U caseload, measured as a percentage of the adult population, followed a similar growth pattern during this time; it was 0.19 percent in 2000, decreased in 2002, and increased to 0.27 percent in 2008.

**Other States.** For the December 2009 report on general assistance in other states, Institute staff interviewed individuals involved with the administration of state general assistance programs. The number of people receiving general assistance in other states varies widely, from approximately 1,500 (in Utah) to nearly 140,000 (in New York, where eligibility requirements are based primarily on income). In most cases, general assistance caseloads are decreasing or remain flat, in part due to budget constraints that have led states to tighten eligibility requirements or impose time limits.

**FUTURE RESEARCH**

In the 2010 legislation that created the Disability Lifeline Program, the Institute was directed to “analyze the experiences of persons who have been terminated from disability lifeline benefits” due to time limits or other reasons. The Institute will track the number of former benefit recipients who transitioned to SSI benefits or became employed, in addition to other outcomes. The study is due December 1, 2012.

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Document No. 10-05-4101



The Washington State Legislature created the Washington State Institute for Public Policy in 1983. A Board of Directors—representing the legislature, the governor, and public universities—governs the Institute and guides the development of all activities. The Institute’s mission is to carry out practical research, at legislative direction, on issues of importance to Washington State.