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Courtney Scherer Petersen  
*University of Maryland, Baltimore County*

Eric R. Kingson  
*University of Maryland, Baltimore*

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# THE EFFECT OF CHANGES IN THE FEDERAL DISABILITY PROGRAMS ON STATE AND LOCAL GENERAL ASSISTANCE PROGRAMS

COURTNEY SCHERER PETERSEN

Maryland Institute for Policy Analysis and Research  
University of Maryland Baltimore County

ERIC R. KINGSON

The Gerontological Society of America, on leave  
from the School of Social Work and Community Planning  
University of Maryland at Baltimore

*Since early 1981, there has been a large-scale removal of persons from the SSI and Social Security disability programs as a result of the Social Security Disability Amendments of 1980. This article reports on the findings of a national survey designed to determine whether the removal of persons from the federal disability programs had an impact on state and local General Assistance programs and the extent to which older recipients of General Assistance are in need of long-term income assistance for health and other reasons.*

*Some states and jurisdictions have noticed an increase in applications as a result of federal cutoffs and tightened administrative policies which is an indicator that state and local programs are sensitive to changes in federal policies. Since General Assistance programs are serving persons terminated from federal disability programs and a significant number of older clients who are in need of long-term income assistance, this article suggests that consideration should be given to modifying the disability criteria for the SSI program, at least for older persons.*

## INTRODUCTION

General Assistance Programs, a disparate assortment of state and/or locally-funded income support programs, are the "safety net" of last resort for a small but significant number of persons who fall through the federal "safety net". This group is composed primarily of persons with health prob-

lems, limited skills and/or persons who are not employed and who do not meet the criteria for the Supplemental Security Income (SSI), Social Security Disability Insurance (DI) programs or other federally-supported income maintenance programs.

In spite of the fact that the latest available data indicate that approximately 1.3 billion persons received General Assistance benefits in September, 1983 (Social Security Bulletin, 1985) and that program costs exceeded 1.4 billion dollars in 1980 (Social Security Bulletin, 1984), relatively little is known about general assistance programs and their clients. There has been little federal interest in these in these programs as they receive no federal funds in most cases. States typically have very limited resources for research, and General Assistance budgets are smaller than those of other income transfer programs and consequently generate less attention.

The absence of literature on General Assistance programs reflects a lack of interest in this client population. In addition, the benefit levels in most locations are very low which suggests that these clients are of minimal interest and are held in low esteem.

However, since the Social Security Disability Amendments of 1980, more attention has been focused on these locally supported programs. Some governors and state officials, in condemning the termination of thousands of persons from the rolls of the SSI and Social Security DI programs, claimed that an additional burden was being transferred from the federal government to that of states and local jurisdictions. So, for example, in testimony before the House Select Committee on Aging, Michael V. Reagan, Commissioner of Iowa's Department of Social Services stated that while state welfare administrators support the concept of periodic review of beneficiaries in federal disability programs as implemented since March, 1981:

. . . this eminently reasonable practice has had perverse, unintended effects as many disabled persons have been wrongfully removed from the rolls . . . The impact of the problem on states has not been insignificant. State administrators report

increasing requests for general assistance and AFDC from individuals previously receiving SSDI . . . State funds and personnel are being diverted from other essential services to support special efforts to protect the disabled . . . (Reagan, 1983).

This paper provides information which 1. helps identify the impact of changes—mainly the implementation of Continuing Disability Reviews—in the administration of the SSI and Social Security disability programs on state and local General Assistance programs; 2. describes General Assistance caseloads—particularly with respect to the employability and health status of recipients of aid. The findings presented in this paper are based on a survey conducted from July through September, 1983 of administrators of state and local General Assistance programs. The data are based on a sample of convenience. Consequently, although the study provides interesting insights, the study should be considered exploratory since the findings are not generalizable to the universe of General Assistance programs and program participants.

This article first provides background on the changes that occurred since March, 1981 in the administration of the Social Security and SSI disability programs. Next the methodology is described. The main section of the paper presents findings from the study. The paper concludes with a discussion of the policy implications of these findings.

## BACKGROUND

As background, it is important to understand what Continuing Disability Reviews (CDRs) are and the controversy surrounding these reviews. The Social Security Disability Amendments of 1980 mandated that the disability status of non-permanently disabled persons receiving Social Security or Supplemental Security Income (SSI) disability benefits be reviewed periodically, at least every third year. Prior to the implementation of these amendments, disability reviews—termed “medical reviews” or “medical diary reviews”—were made less frequently.

To date, the periodic reviews have only been made on

the DI cases and those DI cases in which there is a joint entitlement for SSI. Medical reviews had been conducted on DI, SSI and joint entitlement cases for many years before the 1980 Disability Amendments. Both of these reviews are commonly lumped together under the term "Continuing Disability Reviews".

From March, 1981 until the reviews were suspended in 1984, approximately 1.2 million Social Security and SSI disability cases were reviewed as a result of the periodic reviews mandated by the 1980 Disability Amendments and the medical reviews which had previously been conducted for many years (Congressional Quarterly, 1984). As of November, 1983, recommendations were made to terminate approximately 475,000 of these cases. According to Social Security Administration estimates, as of that date about 193,000 of these cases had been terminated. About 160,000 had been reinstated after appeal and another 120,000 were still in the appeals process. By September, 1984, when almost all the administrative appeals were completed, about 260,000 of the cases reviewed from March, 1981 through November, 1983 had been terminated (Kingson, Larson, Petersen, Riveolois, forthcoming).

The CDRs have been very controversial. The 1980 Disability Amendments, passed with the support of the Carter Administration, mandated these reviews:

to clean up an estimated \$2 billion in program waste. But disability groups and their allies in Congress have said the reviews were undertaken with unnecessary zeal and charged the administration with attempting to trim the \$18-billion-a-year program as part of its overall effort to reduce the size of Government (Congressional Quarterly, 1984).

States, through their disability determination agencies, are responsible for administering the CDRs. By mid-1984 the CDR process had practically collapsed. Because of the actions of federal courts and state legislatures, over one-half of the states stopped doing these reviews. In March, the House of

Representatives passed (419-1) a bill designed to reform the CDR process. Two weeks later, the Social Security Administration placed a moratorium on all CDRs. In May, the Senate passed (99-0) its version of the bill (Congressional Quarterly, 1984).

The final version of the bill which was signed into law in October, 1984 as the Disability Benefits Reform Act of 1984: 1. clarifies the circumstances under which beneficiaries can be terminated from the program—generally requiring the government to produce evidence of medical improvement; 2. allows individuals to collect benefits throughout most of the appeals process, though pay-back to the government may be necessary if the appeal is lost; 3. requires publication of new standards for evaluating mental disabilities; 4. established a procedure whereby an estimated 175,000 persons whose benefits had previously been terminated as a result of CDRs will be notified of their right to appeal under the new procedures mandated by the new law.

Given these changes, it would seem that the controversy surrounding the SSI and Social Security Disability programs would dissipate. However, it has not. There continues to be controversy over the Social Security Administration's formal policy of limited non-acquiescence. Under this policy, the Social Security Administration will ignore court rulings at the first administrative appeal level and will not apply the court's findings to others at the first appeal level. Only those who appeal to the administrative law judge level will have circuit court findings applied to their cases. A U.S. district judge in New York barred the Social Security Administration from following this policy in New York. It remains to be seen how the agency will respond to this challenge to its non-acquiescence policy (New York Times, 1985).

The Social Security Administration has not yet issued final regulations governing the 1984 amendments. It is not clear yet how the regulations will guide the administration of the "medical improvement" criterion. There are misgivings in some quarters that the agency might require a de-novo de-

termination of eligibility prior to evaluation of medical improvement. If this is the case, the controversy will certainly continue.

The continuation of this controversy makes the data we are presenting particularly interesting because these data suggest that changes in the SSI and Social Security disability programs affect the cost of state and local programs. These data serve as an indicator of the sensitivity of state programs to changes in federal policies. Moreover, the findings on the health status and employability of General Assistance clients suggest that perhaps SSI disability standards might appropriately be loosened rather than tightened, at least for older persons.

#### DESIGN OF THE STUDY

By surveying administrators of General Assistance programs, we wished to answer several questions. First, we wanted to learn if administrators thought that the terminations from the Social Security and SSI disability programs had increased the rolls of General Assistance programs. Second, we wanted to get an indication of the health status and employability of general assistance recipients. These data would suggest the extent to which General Assistance programs are a long-term disability program.

We sent a survey questionnaire requesting both statistical and impressionistic data to each state department of public welfare, to the District of Columbia, and to the welfare department of the largest jurisdiction in each state. While some states do not administer General Assistance programs, the researchers included all states in case some of those states collected information on local General Assistance programs. We also requested that respondents forward any reports that had been conducted on the General Assistance program in their jurisdiction.

The response was sufficiently large to give a reasonable picture of the kinds of data available from governments on general assistance programs and their clients, and of administrators' perceptions of the impact on their programs of SSI

and DI cutoffs and tightened eligibility criteria. Nineteen states, including the District of Columbia, sent fully completed questionnaires, and seven sent answers to some of the questions. An additional fifteen states responded that either there was no state General Assistance program or that G.A. programs were locally administered and that they were thus unable to furnish any data. Twenty-one local jurisdictions returned completed questionnaires with one additional county responding but only able to answer one question. Additionally, some states and local jurisdictions submitted reports and statistics on their programs. There are only 12 states from which we have no state or local data: Massachusetts, Alaska, Arkansas, Georgia, Idaho, Montana, Missouri, Tennessee, Wisconsin, Alabama, West Virginia.

It is worth noting that in response to most survey questions, the local jurisdictions had a lower percentage of "don't know" responses and were generally more likely to answer the various questions. Perhaps this is because it is the local jurisdictions which actually administer most General Assistance programs and see the clients.

Despite the good response, it is important to note that the findings are based on a sample of convenience. For this reason and because general assistance programs are so varied, it is difficult to generalize from these data to the universe of General Assistance programs. Also, it should be mentioned that the survey instrument was designed to ascertain general, rather than detailed, programmatic information and that General Assistance programs are constantly subject to revision due to political and financial pressures.

In spite of these limitations, the data provide a useful source of information about General Assistance programs at a point in time in which the eligibility criteria of SSI and Social Security were being tightened.

## FINDINGS

In discussing the findings, we first discuss the perceptions of administrators regarding the effect that tightened eligibility standards for SSI and Social Security Disability

programs had on General Assistance rolls in their locales. Then we present data on the characteristics, particularly age, health, and employability characteristics, of General Assistance recipients, and the difference between the older and younger General Assistance clients.

Our concern for the characteristics of General Assistance recipients, particularly their health and employability, was related to our hypothesis that to some extent, and perhaps to a very significant extent for clients aged 50 and older, General Assistance programs provide long-term support to a significant number of disabled and partially disabled persons who are not eligible for SSI or DI. Consequently, one would expect these local programs to be affected by tightened standards of the federal disability programs.

#### Effect of Tightened Disability Administration

The data indicate that many states and local administrators of General Assistance programs believe there has been some increase in the G.A. caseload as a result of terminations of disability beneficiaries since March, 1981. For example, respondents in 11 out of 18 local jurisdictions and 5 out of 12 states that answered "yes" or "no" to this question reported that there had been a noticeable increase in applications from persons recently terminated from the SSI or Social Security disability programs (see Table 1).

Information on the magnitude of this effect is fairly scarce. Los Angeles County estimated that 1 percent of their caseload are terminees from SSI or Social Security disability programs. Preliminary analysis of data from another part of our study shows that approximately 4 percent of a sample ( $n=1043$ ) of applicants (including both new applicants and continuing clients who must reapply) to Baltimore City's General Assistance Program during October, 1983 report that they were recently dropped from either the Social Security or SSI disability programs (Kingson, Laron, Petersen and Riveolis, forthcoming). A New York City Department of

TABLE 1

DISTRIBUTION OF WHETHER JURISDICTIONS NOTICED AN  
INCREASE IN APPLICATIONS FROM PERSONS RECENTLY  
DETERMINED INELIGIBLE TO CONTINUE  
RECEIVING SSI OR SOCIAL SECURITY  
DISABILITY INSURANCE

Increased Applications from Terminated Recipients	Jurisdictions	
	State	Local
Yes	5	11
No	7	7
Don't Know	4	4
TOTAL	17	22

Human Resources internal report entitled "Analysis of 1982 Home Relief Caseload Increase" analyzed the increase in its General Assistance population (Home Relief Program) between December, 1981 and December, 1982. During that period, the case openings caused by "end of other assistance" (excluding AFDC and AFDC-U) rose by 155 percent to 7,565, a jump of 4,592 cases, that they report almost exclusively represented persons who had lost SSI.

Fewer General Assistance program administrators perceived an impact on their caseload because of other Social Security administrative changes such as tightened administration of initial eligibility criteria. Three out of the eleven states and eight out of the fifteen localities that answered "yes" or "no" to our question reported that there had been an impact on their program (see Table 2).

TABLE 2

DISTRIBUTION OF PERCEIVED IMPACT ON CASELOAD  
BY ADMINISTRATIVE CHANGES (OTHER THAN  
CDI TERMINATIONS) IN THE SSI OR  
SOCIAL SECURITY DISABILITY INSURANCES

Presence of Impact on Caseload	Jurisdictions	
	State	Local
Yes	3	8
No	8	7
Don't Know	6	4
TOTAL	17	19

Although states may not have precise figures on the impact of administrative changes, recent actions indicate that states believe there has been a substantial impact with a cost to the clients of the federal disability programs in their states. As of June, 1985 at least twenty-one states had refused to administer the disability review process as prescribed by the Department of Health and Human Services.

#### General Assistance Programs and Client Employability

To complement the data on the impact of changes in the federal disability programs, we sought to determine the extent to which General Assistance programs are disability programs. An important distinction between General Assistance programs is whether they serve only the disabled. Some General Assistance programs serve only those with a medically proven disability; others also serve persons who are unemployed and have a financial need for assistance but have no disability. Table 4 shows the percentage of the General Assistance caseload administrators in the jurisdictions re-

sponding to this questionnaire consider employable. In some cases this is an estimate; in other, it is based on the official designations of the clients.

The data suggest that there is considerable variation among the states in the percentage of General Assistance clients perceived to be employable. Eight of the eighteen states and four of the eighteen local jurisdictions responding to this question report that no one in their caseload is employable. Six of the states and ten of the local jurisdictions report that half or more of their caseloads are employable (see Table 3).

TABLE 3  
DISTRIBUTION OF PERCENTAGE OF  
GENERAL ASSISTANCE CASELOAD THAT IS EMPLOYABLE

Percentage of caseload that Is Employable	Jurisdictions	
	State	Local
0	8	4
1 - 24	3	2
25 - 49	1	2 <sup>1</sup>
50 - 74	4	6
75 +	2	4
Don't Know	2	1
Other	-	1 <sup>2</sup>
TOTAL	20	20

<sup>1</sup> New York City noted that 21% of clients aged 50 and over are employable (New York, 1982).

<sup>2</sup> Clark County, Nevada, stated that 50% of those over 50 are employable.

A substantial portion of administrators of General Assistance programs believe that General Assistance rolls are sensitive to levels of unemployment. Eleven out of the 17 local jurisdictions and eight out of the fifteen states that answered "yes" or "no" to this question report that there is a relationship between General Assistance rolls and high unemploy-

ment. Those answering in the affirmative included agencies whose programs serve employable persons such as New York City and Los Angeles, as well as jurisdictions which exclude "employable" persons such as the District of Columbia. Cuyahoga County (Cleveland, Ohio) stated that two investigations showed a definite correlation between unemployment and the size of the General Relief caseload. Los Angeles County Department of Public Social Services (1982) reported that their General Assistance caseload nearly doubled between May, 1980 and May, 1983 during which time the county's level of unemployment increased from 6 percent to 10 percent. The bulk of the Los Angeles client increase was the result of adding employable persons to the General Assistance program which increased their employable segment from 20 percent to 35 percent of their General Assistance population.

Since our study focussed primarily on older General Assistance recipients, those aged 50 and over, we asked states several questions regarding the employability of their older clients. A large proportion of those states and localities who made an estimate of the number of older General Assistance clients unable to work because of their health stated that 50 percent or more of their older recipients are unable to work (see Table 4). This varying assessment of employability occurs, in part, because the eligibility criteria for General Assistance programs are not uniform.

Exploring the employability of General Assistance clients a little further, we asked what percentage of the older clients were unlikely to work because of a combination of factors such as age, skill level, health and local unemployment. Nine out of the ten states and eleven out of the thirteen local jurisdictions which provided estimates reported that over 50 percent of their older clients are unlikely to find employment for such reasons (see Table 5).

Older clients constitute a significant proportion of the General Assistance population in some locales. Percentages ranged from one and one-half percent in Wyoming and two percent in Concord, New Hampshire to 75 percent in Utah

TABLE 4

DISTRIBUTION OF THE PERCENTAGE OF GENERAL ASSISTANCE  
CLIENTS AGED 50 AND OVER WHO ARE UNLIKELY TO  
WORK BECAUSE OF THEIR HEALTH

Percentage of Older Clients Unlikely To Work	Jurisdictions	
	State	Local
1 - 24	1	1
25 - 49	—	—
50 - 74	3	6
75 +	5	6
Don't Know	7	5
TOTAL	16	18

and 70 percent in Norfolk, Virginia. Older clients comprise more than 20 percent of the caseload in 50 percent of the local jurisdictions and in 65 percent of the states (see Table 6). Based on the data, we estimate that roughly 20 to 35 percent of General Assistance recipients nationwide are age 50 and over.

### Comparison of Older and Younger Clients

Finally, we wanted to know if there was a difference between younger persons who receive General Assistance and the older client. We expected states and localities to report that, at minimum, the client aged 50 and over would, on average, have poorer health and a resultant need for a longer period of assistance.

Indeed, the data strongly suggest that some differences do exist between the older and younger clients (see Table 7). Local jurisdictions in particular noted that differences are present especially in the areas of health, sex, employability

TABLE 5

DISTRIBUTION OF THE PERCENTAGE OF CLIENTS,  
AGED 50 AND OVER, UNLIKELY TO FIND WORK BECAUSE  
OF A COMBINATION OF FACTORS SUCH AS AGE, SKILL  
LEVEL, HEALTH, LOCAL UNEMPLOYMENT

Percentage of Older Clients Unlikely to Find Work	Jurisdiction	
	State	Local
1 - 24	1	1
25 - 49	—	1
50 - 74	1	2
75 +	8	8
Not applicable	1	1
Other*	—	1*
Unknown	8	6
TOTAL	19	20

\* Other = "great majority"

and length of stay on the rolls, with state administrators having a higher frequency of "don't know" responses.

Unfortunately, as a result of the survey design, the nature of the differences are not always clarified. However, a sufficient number of jurisdictions sent reports with information that indicate the probable direction of the differences—mainly that the older clients have poorer health, are less employable, and receive assistance for longer periods of time.

Perhaps most surprising is the reported sex differential in the different age cohorts. Ten of the local jurisdictions and four of the states reported that there were differences in the proportions of men and women in the older and younger groups. Two local jurisdictions and one state replied the

TABLE 6  
 DISTRIBUTION OF THE PERCENTAGE OF  
 GENERAL ASSISTANCE CASELOAD AGED  
 50 AND OVER

Percentage of Caseload Age 50 +	Jurisdiction	
	State	Local
1 - 20	6	10
21 - 40	10	7
41 - 60	—	1
61 - 100	1	2
TOTAL	17	20

younger group had more women but three states and four local jurisdictions, including the large cities, reported that their older caseloads had a larger percentage of women. Data from other aspects of our study suggest that this relative increase in women among the older General Assistance is due partly to the larger number of widows at the older ages and especially to the "graduation" of some women (perhaps the least healthy) from AFDC to General Assistance when their children lose their dependent status (Kingson, Petersen, Downey, Joyce, Kasner, and Sowers, 1983).

Eleven of the local jurisdictions and five of the states noted a difference in the employability of the older client. Those making comments all stated that the older clients were less employable. The data for Chicago, for example, showed that of General Assistance clients aged 16-49, 6 percent are unemployable while 20 percent of the clients aged 50 and over are unemployable (Illinois Department of Public Aid, 1983). While data were not provided to link the unemployability to health problems, each of the nine jurisdictions

TABLE 7

DISTRIBUTION OF DIFFERENCES BETWEEN CLIENTS AGED 50 AND OVER AND YOUNGER CLIENT POPULATION-SELECTED CHARACTERISTICS

Presence of a Difference between Older & Younger Clients	Characteristics					Length of Stay on Rolls
	Race	Sex	Health	Employability		
<b>STATES:</b>						
Yes	2	4	5	5	5	2
No	5	3	2	4	4	2
Don't Know	11	11	11	9	9	14
<b>TOTAL</b>	<b>18</b>	<b>18</b>	<b>18</b>	<b>18</b>	<b>18</b>	<b>18</b>
<b>LOCAL JURISDICTIONS:</b>						
Yes	5	10	8	11	11	11
No	7	5	5	3	3	2
Don't Know	10	7	9	6	6	7
<b>TOTAL</b>	<b>22</b>	<b>22</b>	<b>22</b>	<b>20</b>	<b>20</b>	<b>20</b>

which stated the older clients had more health problems, suggesting that for a percentage of General Assistance clients health stands in the way of employment.

As one would expect, if older clients are less healthy and less employable, eleven of the local jurisdictions and two of the states noted a differential in the length of stay on the General Assistance rolls. With the exception of Concord, N.H., all comments stated that the older client needed assistance longer. Los Angeles reported that clients over age 50 average a benefit period of 21 months while clients under 50 have an average benefit period of 10 months. Wayne County, Michigan (Detroit) reported that with the exception of those who go on to the rolls of a federal disability program, older clients are generally on longer. Norfolk, Virginia reported

the younger persons helped are usually expected to regain their health and return to work, while the older population has been found to have more long-term illnesses or disability and do not usually return to work.

Length of time on assistance in Michigan generally increases with age, with clients aged 21-30 receiving assistance for an average of 9.7 months; clients aged 51-60, 20.8 months; clients aged 61-65, 18.9 months (Michigan Department of Social Services, 1982).

In our study, eight of the local jurisdictions and four of the states estimated that over 25 percent of the clients aged 50 and over needed long-term assistance. However, it should be noted that eleven of the sixteen states and six of the local jurisdictions that provide long-term assistance report that they could not make such an estimate.

The majority of respondents to the questionnaire, and a very high percentage of those responding from local jurisdictions stated that they believe the long-term General Assistance client would be best served by SSI or another type of income maintenance program for a number of reasons. Of course, it should be noted that this response is not too surprising since that arrangement would be to the financial advantage of states and localities. Even so, their points are well

taken. Many wrote that their programs were not designed to support long-term clients and that their funding is insufficient to maintain such clients. Some jurisdictions limit benefit periods to only a few months. Several jurisdictions point out that their General Assistance policy requires administrative procedures such as periodic reviews or reapplication which are inappropriate for persons with chronic disabilities (see Table 8).

### SUMMARY AND CONCLUSIONS

The survey of state and local jurisdictions during 1983 reported here was based on a sample of convenience and, as such, primarily points to the need for further research. However, the response by General Assistance administrators was such as to suggest that:

1. General Assistance rolls were increased by persons terminated from the Social Security and SSI Disability Pro-

TABLE 8

DISTRIBUTION OF THE PERCENTAGE RESPONDING THAT  
LONG-TERM GENERAL ASSISTANCE CLIENTS WOULD BE  
BEST SERVED BY SSI OR ANOTHER  
INCOME MAINTENANCE PROGRAM

Whether Long-term Clients Should Be on Another Program	Jurisdiction	
	State	Local
Yes	9	16
No	0	1
Don't Know	5	4
TOTAL	14	21

- grams as a result of medical and periodic disability reviews;
2. A sizable percentage of General Assistance clients are not employable for health and other reasons;
  3. On average, the older General Assistance participant is less healthy, less employable, more likely to be female and more likely to have received benefits longer than the younger participant.

The data reported in this study appear to support the contentions of some state welfare leaders that changes in the administration of the Social Security and SSI disability programs linked to Continuing Disability Reviews have resulted in increased state and local welfare costs. While it is not possible to estimate with any accuracy the cost of these changes to state and local General Assistance programs from the findings reported in the study, these costs would appear to be neither so great as to represent a substantial portion of program costs, nor so small as to be inconsequential to the state and local jurisdictions involved. The pressure that some states have exerted on the Social Security administration to change procedures used in the periodic and medical reviews of continuing disability cases may result in savings to state and local General Assistance programs.

Continued concern on the part of state and local General Assistance administrators seems appropriate in light of these findings, and in light of the fact that the DCRs will begin again. Under new regulations, the CDRs may continue to be controversial and to have negative effects on disability clients and applicants, and, concurrently, on the budgets of state and local governments which administer General Assistance programs.

Related to the issue of the CDRs and federal standards for disability, are the findings of this study which suggest that a substantial portion of state and local General Assistance participants, especially those aged 50 and over, may need long-term assistance. At issue then is whether the federal government, and some state and local governments as well, are ignoring a sizeable population of persons who are

in need of long-term income assistance and are not adequately served, or are not served at all.

While many locales provide General Assistance benefits, there are inequities between states, and even between localities in the same state, in terms of the extent to which General Assistance programs serve as a safety net for persons who are not eligible for federally assisted cash income maintenance benefits. In many locations there appears to be no governmental safety net at all for these persons; in others, the benefit level, and/or duration of benefits, are severely limited.

If it can be further documented by other studies that a significant percentage of older General Assistance clients are indeed unemployable for health and other reasons, then it would be appropriate to give serious consideration to a liberalization of SSI disability criteria applied to older applicants.

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