



## **Proposed Amendments to TANF to Assist Adults and Children with Mental Disorders:**

### **Flexibility of Time Limits**

April, 2002

- Amend TANF so as to stop the clock for parents of children aged 0-6 with a mental or physical disability if appropriate child care is not available;
- Amend TANF so as to stop the clock, while services are provided to help individuals move off the program in the future for:
  - adults with mental disorders who cannot meet work requirements due to their illness;
  - those caring for a child with a mental or physical disability over age six, in this case the clock should be stopped for periods of two-year increments.

### **RATIONALE**

Greater flexibility in the imposition of time limits is needed for those who have significant barriers to work. Changes to federal law are necessary, because few states are protecting these individuals under current law.

- The Personal Responsibility Work Opportunity and Reconciliation Act of 1996 sets a time limit of five cumulative years for families to receive aid. Seven states set shorter time periods:
  - two at 48 months
  - one at 36 months
  - four at 24 months or less
- At the end of 1999, less than half the states (22) offered time limit exemptions for families who care for a member or members with a disability.
- Even fewer (18) states reported extending the time limits to families who have reached the limit if they care for a member of their family who has a disability.
- Studies have shown that even when exemptions do exist in state law, some local offices do not identify people who fit the exemption category. In Massachusetts, state exempts families where a parent cares for a child with a disability from time limits. However, local Department of Transitional Assistance offices were found to be failing to identify people

who fit this profile as exempt from time limits.

- Over half (31) states are not planning on providing any exemptions to the lifetime limit on benefits above and beyond the 20% of cases which are allowed under federal law.

## **EXAMPLES OF GOOD PRACTICE**

- The state of Arkansas immediately defers clients after they have indicated they have a disability. The clients are on deferred status until after their assessment is conducted. Any time a client is on deferred status, that time is not counted against his/her time limit. Numerous supports, including transportation and childcare, are provided to assist the client in completing assessment. After the assessment, if an individual chooses to enter a training program, the time clock resumes. If an individual is deemed too impaired, the time clock remains on deferred status and it is not counted against his/her limit.
- Although Massachusetts has one of the shortest rule regarding TANF time limits (24 months), a good number of TANF recipients are not subject to the 24-month limit. Only around 30 percent of the cases are subject to the rule. Exemptions from the time limit rule consist of those who have a disability or care for a family member with a disability, and parents whose youngest child is under the age of two.

## **FURTHER DETAILS OF THE RECOMMENDATIONS**

To implement these recommendations, states will need to act during the time that the clock has been stopped:

- During these extensions, the family can work toward independence. For example, the individual can be given training to enable them to provide child care to other children as well as their own, and thus to enter the workforce while still caring for their child with a disability.
- Individuals with significant mental illness may be able to work following the provision of necessary treatment. Such services may then allow them to pursue the goals of the law. These individuals should be given access to the services they need along with a time-limited exemption to cover the time necessary for them to receive sufficient services to make it possible for them to work, at least part time.

The recommendation includes a provision for time-limited, but renewable extensions.

- It is important to recognize the shortage of available mental health services in many communities and the wait lists that may exist for Medicaid-covered services. Thus, many individuals will not be able to access such treatment quickly or easily and hence extensions (in two year increments) are necessary to take this into account.