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Welfare Leavers' Use of Medicaid Transitional Medical Assistance in California, 1993–1997

Using administrative and survey data, we estimate participation rates in Transitional Medical Assistance (TMA) for the period 1993–97 by California welfare leavers during their first six months post-welfare. We find that although many welfare leavers were eligible for TMA (35% to 47% of exiters), only 26% of eligible people were enrolled in the TMA program. Another 14% were covered by non-TMA Medicaid for the entire six months. Most TMA-eligible exiters had Medicaid coverage (all of it non-TMA) for less than six months (49%) or no Medicaid coverage at all (11%). Supplementary analyses using data from the National Survey of America's Families indicate that if fully implemented, TMA could have substantially reduced uninsurance among welfare leavers.

This paper analyzes Medicaid enrollment among people leaving the welfare program in four California counties, focusing on their eligibility for and participation in the Transitional Medical Assistance (TMA) program. The TMA program is intended to provide Medicaid coverage to families who leave welfare for work.

Since passage of the Personal Responsibility and Work Opportunity Act (PRWORA) in 1996, policymakers and researchers have suspected that low-income families who have left welfare because of new laws and the booming economy have lost health insurance coverage, even though many would have been eligible for Medicaid (Klein 1999; Greenberg 1998; Sloan and Conover 1998). From January 1997 to January 2000, welfare caseloads dropped by 54% na-

tionwide, and by even more—58%—in California. Meanwhile, some 40% of California's non-elderly people in working families with incomes below 100% of poverty were without health insurance in 1998, although many of them probably qualified for Medicaid (Schauffler and Brown 2000).

The standard TMA program, in theory, could have provided most of the families leaving welfare for work with up to a year of post-welfare Medicaid coverage. Exiting families qualify for TMA if they are supporting a minor child in their household, if they have been on welfare for at least three of the preceding six months, and if they have lost welfare eligibility as a result of increased earnings. All members of an eligible family can enroll. After their first six-month period on TMA, families may requalify

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for a second six-month period if their income, after disregarding child care expenses, is below 185% of poverty. In California, where TMA is known as Transitional Medi-Cal (TMC), and Medicaid is referred to as Medi-Cal, TMC enrollment for adults was extended to 24 months in October 1998.

We know of no systematic research into rates of eligibility and participation in the TMA program, either by welfare exiters as a group or by demographic subgroups. There is even less known about variation in enrollment in TMA across states or over time. However, there is a general consensus that nationwide the performance of the TMA program lags behind reasonable expectations. A central finding of Garrett and Holahan (2000), who analyzed the 1997 National Survey of America's Families (NSAF), was that families and children lost their health care coverage, including Medicaid, quickly after exiting programs that provided cash aid. Ellwood and Adams (1990) established that Medicaid and TMA enrollment levels among welfare exiters were low in California and Georgia, representing two extremes for coverage and benefits in the 48 contiguous states. Using the Health Care Financing Administration's State Medicaid Research Files (SMRF) for 1995, Ellwood and Lewis (1999) found that six months after exit from welfare only 6% and 9% of exiters in California and Florida, respectively, used TMA; the California Legislative Analyst's Office (1998) reported that less than 10% of welfare exiters enrolled in the initial six months of TMC in California in 1997. These studies computed the post-welfare Medicaid and TMA enrollment rate, but *not* the participation rate (that is, the proportion of eligibles enrolled in TMA), because they used the number of exiters as the denominator without regard to how many exiters were actually eligible for Medicaid or for the TMA program.

The TMA program was established to help welfare exiters transition to work and self-sufficiency. Given the questions about its success in enrolling eligible families, it is important to estimate how many families are eligible for TMA and to learn about the characteristics of those families that fail to enroll. The low enrollment during the 1990s in California can be explained plausibly by the policy prevailing in California: families leaving welfare were eval-

uated for continued coverage under Medi-Cal, including TMC, only if they submitted their monthly welfare eligibility determination (CW-7) forms to the welfare office for the month of exit. Because most exiting families did not return their final CW-7 forms, most were not assessed for post-welfare Medicaid under this process and thus were not enrolled in TMC.

In this paper, we estimate TMC eligibility and participation rates during the period 1993–97 in four California counties (Alameda, Los Angeles, San Bernardino, and San Joaquin). Together, these counties reflect California's ethnic, economic, and geographic diversity, and contain nearly half the state's welfare population. Using merged earnings and welfare-history administrative data in combination with a survey of former welfare recipients, we estimate rates of eligibility for TMC, rates of participation in TMC, and rates of enrollment in other Medi-Cal programs during the first six months after families left welfare. The large samples available from administrative data files permit separate estimates for race/ethnic and language groups, for one- and two-parent families, and for individual years and counties. We also estimate multivariate models of participation in TMC among eligible families to better distinguish differences among demographic groups.

Medicaid is a state-run program, and states differ in the eligibility criteria for, and periods of coverage provided by, their TMA programs;¹ presumably, they also differ in their implementation practices. Thus, it is reasonable to expect varying participation rates across states. However, lacking published studies from other states on TMC eligibility and participation rates, it is difficult to assess how California compares to other states. We have used the 1997 NSAF to examine the national context and to assess the potential generalizability of lessons from California to the rest of the country.

The paper addresses questions that have particular relevance for policy. First, how effectively did the TMC program reach eligible families, and did TMC-eligible families enroll in Medi-Cal through some route other than TMC? For these questions, we estimate the percentage of TMC-eligible welfare exiters who participated in TMC, and who participated in any Medi-Cal program, for a representative sample of wel-

fare exiters and for demographic and programmatic subgroups. Second, we combine these findings with new analyses of the NSAF to estimate an upper bound for the reduction in numbers of uninsured welfare leavers if all those eligible for TMC had enrolled in the TMC program. If many of the uninsured welfare exiters were TMC-eligible, then vigorous outreach and enrollment efforts for the TMC program might have made a noticeable reduction in California's numbers of uninsured.

The next section of the paper describes our data and methods. In the third section, we estimate Medi-Cal and TMC participation for TMC-eligible and TMC-ineligible welfare exiters, and eligibility for TMC among those not on Medi-Cal, with separate estimates provided for demographic and programmatic subgroups of exiters. We also estimate multivariate regression models for the probability of a TMC-eligible welfare leaver participating in TMC or in any Medi-Cal program. In conclusion, we discuss possible policy options to increase Medi-Cal enrollment among welfare exiters and offer suggestions for further research.

Data and Methods

The study used data from three sources: first, merged records of earnings and welfare history for a sample of welfare exiters in four study counties; second, the sample members' records of enrollment in TMC and other Medi-Cal programs from the Medi-Cal administrative files; and third, survey data collected from a subsample. From these data sources, we calculated bounded estimates for the TMC eligibility and participation rates for California's welfare exiters during the study period 1993–97.

Samples

The analyses are of welfare exiters in an experimental sample from the County Welfare Administrative Data (CWAD). This is a random sample of people who were on welfare and subject to welfare reform (the "experiment") in the California counties of Alameda, Los Angeles, San Bernardino, and San Joaquin in December 1992, and who left welfare by December 1997. In July 1996, these four counties—two in the state's northern half, two in the southern half, and two mainly rural, two urban—contained

41% of California's population and 47% of its welfare recipients.

Only individuals who exited welfare as members of a family unit (defined subsequently) were included in the analysis sample.² This restriction guarantees that everyone in the sample belonged to a household that met two TMC eligibility criteria: it included 1) a minor child, and 2) an adult whose employment could enable the family to leave welfare for work. In addition, all 18- and 19-year-olds were excluded from the sample because most exiters age 18 or 19 are "aging out" of welfare, and cannot be distinguished from the few who are already parents (who might be TMC eligible).³

Thus, the main sample for this study is composed of individual exits from welfare between January 1993 and December 1997 by people in the experimental CWAD database who left welfare as members of "family units" and were not age 18 or 19 at exit. This sample, referred to subsequently as the "CWAD family-exit sample," contains 21,844 exits from welfare.

A subsample of individuals in the full CWAD were interviewed for the California Work Pays Demonstration Project (CWDPDP) survey. From this survey, we used 452 interviews with adults who, according to the administrative data, exited welfare prior to the interview date as members of "family units," and were not age 18 or 19 at welfare exit.⁴ The survey data were used to estimate the proportion of "false negatives" among exiters, that is, the proportion of cases that showed earnings that were too low to qualify for the TMC program but actually received TMC. We use this estimated "false negative" rate to adjust the initial estimate of the TMC eligibility rate that was derived from the official earnings data.

Definition of an Exit from Welfare

Individuals are defined as having exited from Aid to Families with Dependent Children (AFDC) if, having received cash aid for at least one month, they then did not receive cash aid for three consecutive months. This definition has been found to distinguish effectively true welfare exits from mere interruptions in the administrative record of welfare participation (Brady and Luks 1995).⁵ Nearly half of the CWAD family-exit sample had more than one spell on welfare during the study period, and

Table 1. Rates of apparent TMC eligibility among welfare exiters: comparison of TMC recipients and nonrecipients

TMC eligibility criteria that were met by exiter	Whether individual received TMC during the six months after exiting from AFDC		All
	TMC recipient	Not TMC recipient	
Appeared TMC eligible: on aid in 3 of 6 months, and EDD/CWAD wages > AFDC eligibility (%)	74.9	29.5	35.1
Appeared TMC ineligible: not on aid in 3 out of the previous 6 months (%)	2.4	4.2	4.0
Appeared TMC ineligible: EDD/CWAD wages < AFDC eligibility (but received aid in 3 of 6 months) (%)	22.8	66.3	60.9
Sample (weighted)	139,293	988,034	1,127,327
Sample (unweighted)	3,569	18,275	21,844

Notes: CWAD family-exit sample. Percents are weighted to represent the welfare caseload in the four counties in December 1992.

they contribute multiple exits to the database, each of which is evaluated for TMC eligibility and participation.

Definition of a “Family Unit”

Lacking indicators of family relationships in the administrative data, we define a family unit as a group of exiters who include at least one adult and one child under 18, who are from the same case, and who exit in the same month (a “simultaneous exit”). The distribution of adults and children in these groups of exiters suggests that the groups are indeed real families leaving welfare: 78% of them have one adult present, 20% have two adults, and only 2% have three or more adults; 50% have one child present, 29% have two children, and 21% have three or more children.

Definitions of Categories of Medi-Cal Coverage after Welfare Exit

Individuals exiting welfare are classified into one of four categories of Medi-Cal coverage: 1) they received TMC for at least one month in the six months following exit; 2) they received coverage under any non-TMC Medi-Cal program(s) for the entire six months following exit; 3) they received coverage under any non-TMC Medi-Cal program(s) for only part of the six months following exit; or 4) they were not covered by Medi-Cal for any of the six months following exit. A very small percentage of the sample, less than 5%, returned to cash assistance and the

Medi-Cal coverage associated with AFDC within the six-month window studied here. Those people are counted in one of the “other Medi-Cal coverage” categories.

Identifying TMC-Eligible Individuals

The CWAD family-exit sample can be evaluated for TMC eligibility using the data on welfare history and earnings. In order to qualify for TMC, the head of the household has to have received cash aid for at least three of the previous six months—a criterion easily assessed with the monthly assistance history data. Also, the family must have exited cash aid due to a rise in its employment-related earnings. We used earnings data from two sources, the Employment Development Department (EDD) Base Wage File and the AFDC history in the CWAD, to replicate the calculations that welfare caseworkers make to assess ineligibility for welfare and eligibility for TMC. We identified individuals as TMC eligible if their families had sufficient income, based on these calculations, to disqualify them for AFDC and make them eligible for TMC.

The TMC eligibility of this sample of exiters also can be assessed using the criterion of whether they actually received TMC. Table 1 shows exiters’ earnings and welfare history as recorded in the administrative data juxtaposed with whether they received TMC. Not all TMC recipients appear to have been eligible for the program: the table shows that only about 75%

Table 2. TMC participation among eligibles and noneligibles

	TMC eligibility		All in sample (%)
	Appeared TMC eligible (%)	Appeared TMC ineligible (%)	
Enrolled in TMC	26.4	4.8	12.4
Not enrolled in TMC	73.6	95.2	87.6

Note: CWAD family-exit sample. Percents weighted to represent the welfare caseload in the four counties in December 1992.

of exiters who received TMC were apparently eligible on the earnings and welfare history criteria. About 23% of the TMC recipients did not appear to have sufficient earnings in the CWAD or the EDD, and a further 2% appeared ineligible because they did not have sufficient welfare history. In short, some TMC recipients (about one-fourth) seem not to have earned enough to qualify. In addition, a larger fraction of those who did not get TMC (30%) were eligible and probably should have been enrolled.

The discrepancy in the first column of the table, between individuals' actual receipt of TMC and their lack of eligibility indicated by low or nonexistent earnings in the CWAD/EDD data, could arise because earnings were under-recorded in the administrative data or because TMC was awarded erroneously to ineligible exiters.⁶ The first type of error corresponds to a false-negative inference (an incorrect inference of TMC ineligibility based on apparently low or nonexistent earnings), while the second represents a false-positive determination of TMC eligibility by welfare workers.

If the discrepancies between TMC reciprocity and apparent eligibility based on the CWAD/EDD earnings data were due to overly generous eligibility determination processes for TMC, then families in the sample would have been *truly* eligible for TMC only if they showed sufficient earnings in the CWAD/EDD data. This assumption implies that only the recorded earnings data can be used to identify TMC eligibles, in which case 74.9% of TMC recipients and 29.5% of non-TMC recipients were eligible for TMC (top row of Table 1). Exchanging the rows and columns of Table 1 yields Table 2, which

shows only 26.4% of those apparently eligible for TMC enrolled in the program.

However, the CWAD data and the EDD data provide only incomplete and imperfect records of exiters' earnings. The CWAD data are flawed because most exiters did not report their earnings for their month of exit to the welfare office, and so they do not show any earnings in the CWAD data for that month. For its part, the EDD series systematically fails to record several types of earnings that could qualify families for TMC. Earnings from certain occupations and types of work, including federal government employment and self-employment, are by design excluded from the database; also, earnings from the informal economy (most gardening, house cleaning, baby sitting, etc.) virtually never appear in the EDD series. Finally, 10% to 15% of establishments fail to send in the required reports of employees' earnings, with small businesses disproportionately less likely to file reports. These problems suggest that many of the TMC recipients with low or zero earnings in the administrative data actually might have had earnings, in which case they would have been TMC eligible. In addition, some families (because of random errors in family identification codes) may not have had all their members identified and the omitted member(s) might have had earnings.

These lines of argument all imply that the TMC eligibility rate estimated from the CWAD/EDD earnings data (Table 1), showing 35% of the sample to be TMC eligible, is too low. The survey data suggest how to take account of the limitations of the EDD and CWAD files. Respondents in the survey subsample of family exiters who had left welfare were asked why they had left welfare. Those who left because they or their spouse got a job and who in addition had sufficient welfare history for TMC eligibility in the administrative data were flagged as TMC eligible according to the survey (their status according to the administrative data was not recorded).

Table 3 shows the proportion of surveyed welfare exiters enrolled in TMC among those identified as TMC eligible by the survey, those who had sufficient EDD/CWAD earnings to be eligible, and those eligible according to both data sources. The data in the table are for exiters in the entire CWAD survey sample (all years,

Table 3. TMC participation estimated from EDD/CWAD administrative data and from household survey data

	Eligible per survey	Eligible per EDD/CWAD	Eligible per both
% TMC participant	27.4	31.2	32.7
% not TMC participant	72.6	68.8	67.3
Sample (unweighted)	305	203	188

Note: Percents are weighted to represent the welfare caseload in the four counties in December 1992.

experimental and control groups) of adults (age ≥ 20) exiting with children (age ≤ 17) and children exiting with adults.

The estimated participation rate of TMC eligibles based on the survey responses, 27.4%, is very similar to that based on the EDD/CWAD earnings (31.2%), with 32.7% for both sources combined. The similarity in rates between these two data sources is remarkable given that they assess eligibility in completely different ways, one using reports of exits due to employment, the other using recorded earnings.

Table 4 shows eligibility and ineligibility for TMC inferred from survey responses and from EDD/CWAD earnings data among TMC enrollees and nonenrollees. According to the survey data, 92% of TMC enrollees said they had left welfare because they or their spouse got a job. (If there were no false positives in the TMC and if the survey were perfectly accurate, this figure should be 100%). In contrast, 30.6% (100% – 69.4%) of TMC enrollees did not have sufficient

earnings to qualify for TMC as recorded in the CWAD/EDD file, a higher level of mismatch than that shown in Table 1.

Among respondents who had not received TMC, 63.6% said they had left welfare for work, while 40.1% had recorded earnings sufficient to qualify for TMC.⁷ In addition, 29% of exiters who received TMC and said they had had a job-related exit showed insufficient earnings in the EDD/CWAD data (not shown). These discrepancies suggest that the systematic omissions in the EDD/CWAD data are a major, not a minor, problem; they lead to substantial underestimates of the proportion of exiters eligible for TMC.

Table 4 also suggests that at least some of the TMC participants might not have been eligible for the program, since 6.1% of recipients had neither left welfare for a job (according to the survey) nor earned enough to qualify for TMC (according to the administrative data). This “false positive” rate is much lower than the rate estimated using the EDD/CWAD earnings data (30.6%) or shown in Table 1 (25.1%), and is barely significantly different from zero ($p = .069$). Nevertheless, although this proportion is small, it does suggest that (as one would expect) some unqualified families participated in TMC.

Adjusting the Estimated Eligibility Rates to Account for Under-Reporting of Earnings

When individuals’ actual TMC enrollment is compared to their apparent eligibility (inferred from administratively recorded earnings and welfare history), we find a substantial propor-

Table 4. TMC eligibility estimated from EDD/CWAD administrative data and from household survey data

Apparent eligibility for TMC	TMC nonparticipants	TMC participants	All ^a
Per survey			
% eligible	63.6	91.8	69.2
% ineligible	36.4	8.2	30.8
Per EDD/CWAD			
% eligible	40.1	69.4	46.4
% ineligible	59.5	30.6	53.6
% eligible per neither data set	32.6	6.1	27.0
Sample (unweighted)	338	114	452

Note: Percents are weighted to represent the welfare caseload in the four counties in December 1992.

^a Indicates sum of TMC participants and nonparticipants.

tion of TMC recipients apparently ineligible for TMC (25.1%, according to the weighted estimates in Table 1). This “false negative” rate provides the adjustment to the estimated rates of TMC eligibility for the CWAD family-exit sample that are shown in the top row of Table 1. We inflate the proportion in the sample that appears to be TMC eligible based on recorded earnings (35.1%) by the ratio of the number of actual TMC recipients in the sample to the number that appears eligible based on recorded earnings (both numbers weighted). The sample shows 139,293 TMC recipients, and 74.9% (104,331) apparently are eligible. The ratio of 139,293 to 104,331 is 1.335. Since the number of TMC recipients in the sample is 33.5% greater than the number found by our TMC eligibility-determination algorithm, it is reasonable to assume that the total number of TMC-eligible exiters is also 33.5% higher than the proportion found by the algorithm. The TMC eligibility rate therefore is adjusted by $1.335 * 35.1%$, or 46.9%.

This adjustment increases the eligibility rates estimated for the entire sample and for nonparticipants. All TMC enrollees are assumed to be eligible for the program and appear in the top row of the first column of Table 1, which is increased in size by 33.5% to a total of 100%. The proportion of nonrecipients who are eligible is also increased by 33.5%, to 39.4%. This proportionate increase may seem large, but it is smaller than the increase that is suggested by the survey data shown in Table 4, where the number of nonparticipants eligible according to the survey is more than 50% greater than the number eligible according to the EDD/CWAD data.

This method assumes no “false positives,” implying that no TMC participants are registered in error. Estimates of the TMC participation rate (the proportion of eligibles enrolled in TMC) are the same under both estimation approaches since both the numerator (number of participants) and the denominator (number of eligibles) are increased by the same proportion. An unchanged participation estimate is a desirable result, given that the estimated participation rate is largely invariant to whether eligibility is measured using the survey or the EDD/CWAD (see Table 4).

The Eligibility Algorithm Summarized

Our study sample is restricted to individuals who exit as members of “family units,” defined as groups of simultaneous exiters that include a person 17 or younger and a person age 20 or older. Exiters age 18 or 19 are excluded from the sample. Thus, all exiters in the sample meet the TMC eligibility requirements that a minor child and an adult are both present in the household. Eligibility for TMC is calculated for all individuals in the study sample based on two criteria: whether the family was on AFDC for three of the six months preceding exit, and whether the family exited cash aid because their earnings from employment were high enough to make them ineligible for welfare. The last of these criteria involves adding together the earnings of all individuals in the family unit and determining whether these earnings meet the eligibility thresholds for TMC.

However, this method of determining TMC eligibility leaves a substantial fraction of TMC participants erroneously classified as ineligible for TMC. This misclassification probably arises because the EDD/CWAD earnings records exclude several types of earnings common among low-income workers, such as income from casual labor. Unadjusted estimates of eligibility for different groups provide lower bounds on rates of TMC eligibility among welfare leavers since they assume that all exiters who appear ineligible in the administrative data were, in fact, ineligible. The adjusted estimates assume that all exiters who received TMC were eligible for the program, and use that information to estimate the extent to which the EDD/CWAD fails to reflect the earnings of exiters. These adjustments may provide upper bounds for the true TMC eligibility rates for groups.

Findings

Medi-Cal Coverage among Exiters in the CWAD and the Statewide LDB Samples

We use the Statewide Longitudinal Data Base: Persons, 10% (hereafter LDB) sample to estimate TMC enrollment statewide and enrollment in other Medi-Cal programs for individuals who left welfare between January 1993 and December 1997. The LDB data do not have the variables necessary to infer whether individual exiters were eligible for TMC and

Table 5. Post-welfare Medi-Cal enrollment in the CWAD sample and in the statewide LDB sample

Medi-Cal coverage during the six months following welfare exit	CWAD sample:			Statewide LDB sample: all exiters
	Eligible for TMC (adjusted)	Not eligible for TMC	All exiters	
Enrolled in TMC for at least one month (%)	26	0	12	10
Enrolled in non-TMC Medi-Cal for all six months (%)	14	25	21	23
Enrolled in Medi-Cal for fewer than six months (%)	49	52	49	46
Not enrolled in Medi-Cal for any of the six months (%)	11	23	18	21
Sample (unweighted)	8,104	13,740	21,844	397,875

Notes: Samples: CWAD family-exit sample and LDB sample. The non-TMC Medi-Cal enrollments include Edwards coverage. Estimates for participation rates in TMC and other Medi-Cal programs for the entire sample and for TMC eligibles are the same whether unadjusted or adjusted estimates of eligibility are used. Participation rates for TMC ineligible are calculated using adjusted estimates of eligibility (which requires 0% enrolled in TMC). Weighted to represent the welfare caseload in the four counties in December 1992.

as such are not useful to estimate eligibility rates. These estimates of statewide TMC enrollment are provided as context for the eligibility and participation rates estimated for the four-county sample.

Table 5 shows, in the first three columns, Medi-Cal enrollment for exiters in the CWAD sample and, in the last column, for exiters in the statewide LDB sample. As the final two columns of the table demonstrate, the distribution among Medi-Cal coverage categories of our CWAD sample of exiters (restricted to individuals who exited welfare with families, and weighted to represent the welfare caseload of the four counties) resembles the Medi-Cal coverage of the LDB sample. Specifically, 12% of the CWAD sample enrolled in TMC, while 10% of exiters in the statewide LDB data did so; 21% of the CWAD sample and 23% of the statewide sample were enrolled in non-TMC Medi-Cal for all six months after exit; 49% of the CWAD sample and 46% of the statewide sample were in non-TMC Medi-Cal for one to five months post-welfare; and about one-fifth of each sample (18% of the CWAD sample and 21% of the statewide sample) had no Medi-Cal coverage for all six post-welfare months. On average, the CWAD sample was enrolled in Medi-Cal for 3.1 months after exit, and the statewide sample was enrolled for 3.2 months.

From the similarities between the two samples, it is reasonable to infer that findings generated from the CWAD sample about TMC eligibility and the TMC participation rate are like-

ly also to apply to the statewide caseload, given the similarities in Medi-Cal coverage between the CWAD sample and the random sample of exits statewide.

During the period under study, California (like other states) operated a program to provide temporary Medi-Cal coverage for families exiting welfare while their Medi-Cal eligibility, including TMC eligibility, was being determined. In California, this program was known as Edwards-hold. Families who were placed in Edwards-hold, returned the necessary paperwork and were deemed eligible for TMC or one of the other Medi-Cal programs would be enrolled. If a family were put into TMC, the adults could be reassessed later for a second six-month period of TMC participation. Edwards coverage typically would last two or three months before families who did not return the application paperwork, or who were deemed Medi-Cal ineligible, were discontinued from Medi-Cal. For those who did not subsequently enroll in TMC, the Edwards program provided more than half of the Medi-Cal coverage they received.

The key finding from these analyses is that less than half of TMC eligibles were enrolled in Medi-Cal for the entire six months after leaving welfare, although most exiters were in Medi-Cal for at least one month (thanks to the Edwards program). As Table 5 shows, approximately one-quarter (26%) of TMC eligibles enrolled in TMC for at least one month (and if they enrolled, then typically they were in

Table 6. Estimates of TMC eligibility among welfare exiters by program type, demographics, and year of exit

	Sample (unweighted)	% enrolled in TMC	TMC participation rate (% of TMC eligibles enrolled)	% TMC eligible	
				Lower estimate	Higher estimate
All	21,844	12	26	35	47
Adults (age ≥20)	8,659	13	27	37	48
Children (age <18)	13,185	12	26	34	47
Case type					
AFDC-FG ^a	12,662	9	20	31	45
AFDC-U ^b	9,182	22	38	47	58
Race-language group					
White, English speaker	5,575	13	31	31	43
White, language not reported	1,438	14	32	34	42
Latino, English speaker	3,651	11	21	35	54
Latino, language not reported	1,533	16	36	43	46
Latino, Spanish speaker	2,640	12	24	36	50
African-American	4,365	9	19	37	51
Other race	944	16	34	37	48
Other language	1,698	18	49	30	36
County					
Los Angeles	5,961	9	22	35	44
Alameda	4,393	12	22	34	56
San Bernardino	6,517	14	32	37	45
San Joaquin	4,973	23	46	31	50
Year of AFDC exit					
1993	3,897	13	25	30	53
1994	4,613	8	18	32	47
1995	4,526	11	28	34	41
1996	4,524	11	23	40	49
1997	4,284	17	35	36	49

Notes: CWAD family-exit sample. Weighted to represent the welfare caseload in the four counties in December 1992.

^a AFDC-FG refers to “single-parent” cases.

^b AFDC-U refers to “two-parent” cases.

TMC for all six post-welfare months). Another 14% enrolled in some other Medi-Cal program for a full six months, for a total of 40% of TMC eligibles enjoying coverage for all, or nearly all, of the six months after leaving welfare. About half (49%) of TMC-eligible exiters received non-TMC Medi-Cal for less than six months, and typically for only about three months, while 11% of TMC-eligible exiters were not covered for any of the months after exiting.

The TMC eligibility of those without Medi-Cal coverage also can be inferred from the table: of those who lacked coverage during some or all of the six-month post-welfare period, between 31% (based on the unadjusted calculation of TMC eligibility) and 42% (from the adjusted calculation of TMC eligibility) were TMC eli-

gible and not enrolled in the program. Among exiters without Medi-Cal for all six months (18% of the sample), between 21% and 28% (adjusted calculation of TMC eligibility) were TMC eligible.

Welfare exiters ineligible for TMC were less likely than TMC eligibles to be covered by Medi-Cal. Only 26% had a full six months of Medi-Cal coverage after welfare exit, chiefly through the Edwards program, and 24% were not enrolled in Medi-Cal at all in the six months after exiting.

TMC Enrollment among Specific Categories of Exiters

Table 6 reports TMC enrollment and estimated TMC eligibility for the entire CWAD experimental sample and for subsamples defined by

Table 7. Regression models estimating TMC participation and months on Medi-Cal among TMC-eligible welfare exiters by program type, demographics, and year of exit

	Enrolled in TMC any time during 6 months post-welfare			Number of months enrolled in TMC during 6 months post-welfare	
	Logistic coefficient	Odds ratio (Exp (beta))	p-value	OLS regression coefficient	p-value
Adults, age ≥20 (excluded)	—	—		—	
Children, age <18	.019	1.019	.738	.161**	.002
AFDC-FG ^a (excluded)	—	—		—	
AFDC-U ^b	.751***	2.119***	.000	.654***	.000
White, English speaker (excluded)	—	—		—	
White, language not reported	-.209	.812	.089	.295*	.014
Latino, English speaker	-.132***	.876	.222	-.289**	.001
Latino, language not reported	-.429***	.651***	.000	.308**	.004
Latino, Spanish speaker	-.400***	.670***	.000	-.467***	.000
African-American					
Other race, English speaker or language not reported	-.554***	.575***	.000	.008	.326
Other language, any race/ethnicity	-.140	.870	.333	-.000	.990
Los Angeles (excluded)	.692***	1.997***	.000	.002	.920
Alameda	—	—		—	
San Bernardino	.154	1.167	.076	.509***	.000
San Joaquin	.474***	1.606***	.000	-.008	.260
1993 (excluded)	1.066***	2.904***	.000	.769***	.000
1994	—	—	.000	—	
1995	-.482***	.617***	.000	-.275***	.000
1996	.015	1.015	.879	-.499***	.102
1997	-.219*	.803*	.024	-.631***	.000
Intercept	.440***	1.553***	.000	-.004	.801
Chi-square/degrees of freedom	-.560***	.571***	.000	4.215***	.000
Nagelkerke R ² /OLS R ²	630.94/16			—	
Sample (unweighted)	.119			.058	
	7,863			7,863	

Notes: CWAD family-exit sample. Weighted to represent the welfare caseload in the four counties in December 1992.

^a AFDC-FG refers to “single-parent” cases.

^b AFDC-U refers to “two-parent” cases.

demographic and program characteristics. The third column of the table reports the proportion of all exiters enrolled in TMC for at least one of the six months following welfare exit, while the fourth reports the rate of TMC enrollment by TMC-eligible exiters (the participation rate). The final two columns report unadjusted and adjusted estimates of the proportion eligible for TMC.

Table 7 reports a logistic regression model of TMC participation among TMC eligibles and an ordinary least squares (OLS) model estimating time that eligibles spent on Medi-Cal. The sample for both regression models consists of exiters who were estimated to be TMC eligible based on their EDD/CWAD earnings and welfare history. The logistic regression model estimates the probability that an eligible exiter en-

rolled in TMC for at least one month; it is the multivariate equivalent of the estimates of TMC participation reported in the middle column of Table 6. The OLS regression estimates the number of months of Medi-Cal enrollment by TMC eligibles in the first six months after exiting welfare.

As shown in Table 6, from 35% to 47% of the entire sample were eligible for TMC but only about 12% of the entire sample enrolled. The participation rate among eligibles was 26% (as also reported in Tables 2 and 5); this estimate applies whether one accepts the higher (47%) or the lower (35%) estimate for the proportion eligible.⁸

In both the bivariate and multivariate tables, TMC participation and eligibility rates were virtually identical for children and adults, a pre-

dictable finding given that entire families are assessed for TMC eligibility and enrolled in the program. Children did have slightly more (about five days more) Medi-Cal coverage than adults after they left welfare.

Large differences in eligibility, TMC participation, and overall Medi-Cal enrollment were found between family types. Two-parent families (the AFDC-U group) were more than twice as likely to enroll in TMC and also were more likely to be eligible for TMC than one-parent (AFDC-FG) families. TMC participation was also twice as high for two-parent as for one-parent families in both the bivariate and multivariate models, and two-parent families had three weeks more Medi-Cal coverage overall.

TMC eligibility and participation rates varied substantially across race, ethnic and language groups, and so did overall Medi-Cal enrollment. African Americans had the lowest TMC enrollment and participation rates of all groups, although they had among the highest eligibility rates. Latinos (except for those with "Language not reported") also had low TMC enrollment and participation rates but relatively high eligibility rates. Spanish-speaking and English-speaking Latinos had significantly less time on Medi-Cal overall than did whites, although curiously, Latinos with no language reported (the largest Latino group) had above-average time on Medi-Cal. High TMC participation rates were found among exiters who were of "other language" groups, whatever their ethnicity.

Enrollment differences among the four study counties were very striking. These were driven in part by demographic differences among counties, but surely also by variations in practices, because the differences persisted in the multivariate models with demographic differences controlled. Enrollment was highest in the small, rural county of San Joaquin, where 23% of exiters enrolled in TMC, and lowest in the very large county of Los Angeles, where 9% of exiters enrolled. Between one-third and one-half of eligibles participated in TMC in the Central Valley counties of San Bernardino and San Joaquin. In contrast, fewer than one-fourth of eligibles in the urban counties, Los Angeles and Alameda, participated in TMC.

Differences among counties in the length of time spent on Medi-Cal seem to have been strongly associated with the counties' use of the

Edwards program. Exiters remained on Edwards longest in Alameda, and for the least time in San Bernardino and San Joaquin. Thus, although enrollment in TMC was higher in San Bernardino than in Los Angeles, overall time spent on Medi-Cal was no different in the two counties. Similarly, although there was no difference between Alameda and Los Angeles in TMC enrollment rates, exiters stayed on Medi-Cal significantly longer in Alameda thanks to the Edwards program.

Finally, enrollment and participation in TMC did not show any strong trend over the time period studied, except that in 1997 both the enrollment and participation rates increased markedly. Overall, time spent on Medi-Cal also fluctuated. It was lower in 1994, 1995, and 1996 than in either 1993 or 1997.

Enrollment in Edwards and Other Medi-Cal Programs

During the months following departure from welfare, the proportion of exiters without Medi-Cal steadily increased, whether they were eligible for TMC or not. In the first month after exit, 86% of people eligible for TMC and about 73% of those ineligible for TMC were on some type of Medi-Cal. The Edwards program, which provides temporary coverage only, accounted for the majority of this coverage for both groups. This indicates that before exiting welfare most exiters did not provide the paperwork necessary for continued Medi-Cal coverage. Nor did most of them subsequently submit applications for Medi-Cal eligibility re-evaluation. Of those who sent in Medi-Cal eligibility applications, some were found not eligible for Medi-Cal and some were enrolled in a variety of post-welfare Medi-Cal programs (including TMC). Edwards coverage typically lasted only two or three months. Consequently, by the time exiters were entering their fourth month without welfare, half of the TMC-eligible exiters and more than half of the TMC-ineligible exiters were no longer enrolled in Medi-Cal.

Enrollment in TMC was important for the Medi-Cal coverage of exiters not only immediately after they left welfare, but also subsequently. If families did not enroll in TMC or some other Medi-Cal program during the first six months after leaving welfare, they rarely had any Medi-Cal coverage during the second six-

Table 8. Percentage of TMC-eligible exiters who had no Medi-Cal or had Edwards coverage only

	% TMC eligible among those not on Medi-Cal		Sample (unweighted)	% TMC eligible among those receiving Edwards Medi-Cal		Sample (unweighted)
	Unadjusted estimate	Adjusted estimate		Unadjusted estimate	Adjusted estimate	
Month 1 after welfare exit	21	28	4,714	33	43	12,735
Month 4 after welfare exit	31	40	10,096	31	40	3,542
Month 6 after welfare exit	33	43	11,470	33	43	2,595
Month 8 after welfare exit	34	44	11,655	54	64	1,328
Month 11 after welfare exit	37	48	11,623	37	48	1,250

Notes: CWAD family-exit sample. Weighted to represent the welfare caseload in the four counties in December 1992.

month period following exit, although many probably were still eligible for TMC. In contrast, many of the exiters who had six months of Medi-Cal coverage initially from TMC or some other program continued to be covered in subsequent months. Nearly half (43%) of those who were covered fully during the first six months after exit also had Medi-Cal coverage for all six months of the second period; 39% had coverage for part of the time, and only 18% had no coverage at all.

During the first six months following departure from welfare, at least 40% of the exiters who were not covered by a standard Medi-Cal program were eligible for TMC.⁹ In the first or second month following exit, most of this group was enrolled through the Edwards program; however, when Edwards was discontinued they did not receive the TMC coverage to which they were entitled. If these families were low income, they probably would have been eligible for a second six months of coverage, but during this later period more than 40% of the eligible group also lacked Medi-Cal coverage. Even the unadjusted estimates, which certainly underestimate the number of TMC eligibles, suggest that between 30% and 37% of recent exiters who were not covered by Medi-Cal were eligible for TMC.

While it is useful to know what fraction of exiters without Medi-Cal were TMC eligible, it would be even more useful to know what fraction of *uninsured* welfare leavers—people with neither private nor public coverage—were TMC eligible. To provide insight into this question, we analyzed data from the 1997 National Survey of America's Families. This nationally rep-

resentative survey gathered information both on welfare receipt and health insurance status. Among mothers of minor children who had exited welfare within the previous year, 49% reported that they were currently enrolled in Medicaid or a state health insurance program and 51% reported they were not. That 51% was composed of three groups: 18% had employer or private insurance, 1% had Medicare or other insurance, and 31% were uninsured (2% had missing data).

Thus, about three-fifths of welfare-exiting mothers who were not receiving Medicaid were uninsured. Yet nearly half (43%) of these uninsured welfare exiters were employed and living with a minor child, and were quite likely to have been eligible for TMC. By extension, it is likely that at least half the California sample of welfare leavers discussed in Table 8—that is, leavers who were not on Medicaid—were uninsured, and that a substantial fraction of the uninsured were employed and TMC eligible.¹⁰ Thus, it is reasonable to believe that a vigorous TMC enrollment effort could reduce significantly the problem of uninsurance among recent welfare exiters.

The NSAF is also useful in assessing whether our findings for California are likely to apply in other states. The NSAF survey provides state-specific samples as well as a nationally representative sample. A comparison of the California data with national data shows that the proportion of recent welfare exiters who were employed (and, by implication, possibly TMC eligible) was the same in California as in the rest of the nation: 61% nationwide and 60% in California. The proportion of welfare exiters on

Medicaid also was similar: 49% in California and in the nation as a whole. (It is true that the sample sizes of welfare exiters in each state were very small; there were 23 welfare exiters in California, for example.) While it is not possible to examine patterns of similarity and divergence between California and other states, the lessons from California—the most populous state and one of the most diverse—should be of interest to policymakers across the country.

Conclusion

TMC is woefully underutilized as a source of health coverage for families who have left welfare for work, at least during the period under study. Our findings show that about 40% (35% to 47%) of exiting families were eligible for TMC, which implies that only about one-quarter (26%) of *eligible* families enrolled in the TMC program. We also confirmed the findings of earlier studies that showed a small fraction (6% to 10%) of all welfare leavers enrolling in TMA (our data show 12%).

When they first exited from welfare, most TMC eligibles received coverage under the temporary Edwards program. However, by four months following exit, families were no more likely to be covered by Medi-Cal if they were eligible for TMC than if they were not eligible. At least half of TMC eligibles were without any Medi-Cal coverage at this point. Participation in TMC varied across demographic groups, but in every group was below 50%. It was particularly low among single-parent families, and among Latinos and African Americans.

If every TMC eligible family actually had enrolled in the program, the number of families exiting welfare that lacked Medi-Cal coverage for at least part of their first six months off welfare would have been approximately 36% lower than what we found in this study.¹¹ Our analysis of the 1997 NSAF suggests that the proportion uninsured would have been similarly reduced had TMC been fully implemented.

Furthermore, our findings show that TMC-eligible families who were enrolled in the first six months in TMC or in other standard Medicaid programs tended to remain covered by Medicaid during the second six months following exit from welfare.

The variation across counties in TMC participation rates illustrates the importance of local

implementation practices for the program's effectiveness. Comparisons of TMA eligibility and participation rates across states may reveal larger disparities because states vary not just in implementation, but also in eligibility rules and periods of coverage (U. S. GAO 1999). Barriers to TMC enrollment are similar to those for Medicaid enrollment in general and include the following: clients' lack of information or misinformation; caseworkers' inadequate information, resources, and motivation; and the complexity of Medicaid categories and eligibility rules. The TMC participation rate in particular suffers from clients' failure to file CW-7 monthly report forms when leaving welfare for work. Our findings support recommendations to identify and share "best practices" in program design and implementation among counties and states, increasing simplicity and uniformity of program rules and implementation.

Because a significant number of eligible welfare exiters were not enrolled in the TMC program, our findings might support a policy to replace temporary post-welfare Medicaid programs with a standard Medicaid program into which most welfare exiters (all those exiting with children, for example) would be enrolled automatically for at least six months. If properly implemented, this would ensure post-welfare Medicaid coverage for low-income working families.

California enacted such legislation, Senate Bill 87 (SB 87), in September 2000. This new law requires counties to continue families' enrollment in Medi-Cal after they exit welfare. Counties are required to send out information to clients who have left welfare indicating that their eligibility for Medi-Cal will continue, and explaining the new reporting rules. Instead of a quarterly reporting requirement, clients must submit only an annual reaffirmation of their eligibility for Medicaid and report to the county important changes in their circumstances, such as changes in their income, or the arrival or departure of a minor child. If SB 87 is implemented as intended, it should address problems documented in this study having to do with TMC eligibility determination and enrollment in the program.

The experience with the TMC program documented in this study suggests that an early evaluation of SB 87 would be useful. A process

study would indicate whether the new policy has overcome past barriers to enrolling welfare exiters into Medi-Cal—barriers that led to the low participation rates documented in this report. A quantitative analysis of enrollment data could indicate whether the rate of Medi-Cal enrollment among welfare leavers rose following implementation of SB 87. These studies could inform agencies responsible for the implementation of SB 87 and suggest complementary legislation to further increase Medi-Cal coverage among low-income working families who leave welfare.

The TMA program was scheduled for a sunset review in September 2002. Rising unem-

ployment rates and rising health care costs were likely to increase the number of uninsured low-income families. Extending TMA and expanding eligibility for TMA, together with state measures to improve enrollment in the program, will help protect welfare exiters against uninsurance and poverty (Mann 2002). As time limits take effect across the country, the number of welfare leavers may increase for awhile, making a well-functioning TMA program more important to them. In the long run, however, declining welfare rolls will lead to a drop in the number of leavers, so other programs will be needed as well to meet the needs of low-income working families.

Notes

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- 1 According to information provided by the Health Care Financing Administration (HCFA) on October 22, 1996, six states (Colorado, Florida, Illinois, Minnesota, Pennsylvania, Utah) provided TMA under “Costs Not Otherwise Matchable” authority (section 1115(a)(2)) to individuals who did not meet all of the eligibility requirements in section 1925 of the Social Security Act (e.g., those who have not received AFDC in two out of six months prior to exit from cash aid). Potential period of coverage also varied: one state, Vermont offered 36 months of TMA; Arizona, Connecticut, Delaware, Illinois, Nebraska, New Jersey, South Carolina, and Utah, provided 24 months of TMA; Tennessee and Texas offered 18 months of TMA. We have no information about variation of implementation except from our own study of California.
- 2 Ideally, the sample would include individual exiters as well as people who exited in families. The CWAD sample of individuals consists of the members of a sample of welfare cases. However, an implausibly large fraction of the CWAD sample appears to have exited welfare alone (i.e., the individuals did not share a welfare “case ID” with another simultaneous exiter), probably because of random errors in the data field for an individual’s case ID number. Any such data errors would make it impossible to link an exiter to other family members in the data set who exited with him/her. In addition, except for Los Angeles County cases, the CWAD records do not provide any indicators of the relationships among members of a case. Individuals who cannot be linked to their families cannot be evaluated for TMC eligibility. Consequently, we excluded solo exiters from the analysis sample.
- 3 The validity of this decision is confirmed by the fact that in the full sample of single exiters, only 2% of all 18-year-old exiters in the sample enrolled in TMC after leaving welfare, compared to about 12% of children not yet 18.
- 4 In order to increase sample size, we include people who exited before 1993, so the sample includes some respondents who are not in the CWAD family-exit sample.
- 5 Brady and Luks (1995) used the CWAD data set and CWPDP survey to develop a regression technique to estimate the minimum length of a break in welfare participation that would be likely to constitute an actual exit from AFDC as opposed to administrative churning. Using a “mixing model,” in which one definition of a welfare spell is correct for a certain fraction of the population and another definition is correct for the remaining fraction, they found that a one-month break in administrative records is not generally sufficient to define an actual exit from cash aid as supported by participants’ recall (recorded in the survey), controlling for problems such as telescoping and social desirability factors associated with surveys. On the other hand, they found that two-month or three-month breaks in welfare spells actually accords with survey respondents’ recall of exit from AFDC.
- 6 The second explanation implies errors in the process of eligibility determination. Caseworkers

who determine eligibility need to walk a fine line between too-stringent eligibility determination policies that might exclude eligible individuals because they cannot, for example, produce a printed pay stub, and too-lax policies that might include ineligible individuals who provide only minimal (and, sometimes, false) evidence of their earnings and employment. There are wide and statistically significant variations between counties and across years in the proportion of TMC enrollees who appear ineligible (potential false-positives), even when other factors (race, language, program type) are controlled for. Such wide variations might be due to cross-county and cross-year variations in the fraction of welfare exiters' employment that is reported to the EDD. However, these differences also might be due to administrative differences between counties that could generate higher "false-positive" rates in some counties than in others.

- 7 The EDD/CWAD data for the sample in Table 1 shows a substantially lower rate of 29.5% with sufficient earnings to qualify. The difference between the EDD/CWAD eligibility rates in the two tables suggests that the survey sample (Tables 3 and 4) may not be representative of the entire pool of exiters (Tables 1 and 2). Although the sampling frame for the survey was designed to yield a random sample of the CWAD, employed welfare exiters might have been easier to locate and interview than exiters who were unemployed, so the surveyed sample might provide an overestimate of the employment (and eligibility) rate of exiters.
- 8 If the lower-bound estimate of number eligible is used to calculate the participation rate, then individuals who appeared to be TMC-ineligible are excluded from the estimated number of enrollees

(the numerator for the calculation). If the higher-bound estimate of number eligible is used, then all TMC-enrolled individuals are included in the numerator. Under both approaches, the ratio of TMC enrollees to the number who are TMC eligible is identical.

- 9 The "40%" figure is calculated as a weighted average of the adjusted percentage uninsured during months 1, 4 and 6 after exit, among "those not on Medi-Cal" and "those receiving Edwards Medi-Cal" (which is not a standard Medi-Cal program).
- 10 This argument depends on several assumptions: first, that being employed is an adequate proxy for TMC eligibility; second, that national data is a useful guide to California's experience; and third, that the rate of TMC eligibility among all uninsured welfare exiters can be generalized from estimates for uninsured mothers exiting welfare. This last assumption seems justified given that TMC eligibility is determined on a family basis, and most welfare-exiting families have an adult woman (indeed, most have female heads).
- 11 Calculated as follows: from Table 5, 67% of all exiters lacked Medi-Cal or TMC coverage during some or all of their first six post-welfare months (this is the sum of 18% and 49% of 'CWAD sample: all exiters'). Between 35% and 47% of exiters were TMC eligible; assume that 40% were. Of the 40% TMC eligible, 60% lacked Medi-Cal or TMC coverage for some or all months (the sum of 49% and 11%; see Table 5). This amounts to 24% of all exiters ($60\% \times 40\%$). If TMC had been fully utilized, the 67% who lacked full six months coverage under TMC or another Medi-Cal eligibility category would have fallen to 43% ($67\% - 24\%$), or a 36% reduction in the proportion of all exiters uncovered for part or all of their first six post-welfare months.

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