

# Policy Brief

## The Importance of the AND Program to Coloradans *Helping People Meet Basic Needs, Including Housing*



*Ensure that AND benefits are high enough to enable program participants to meet basic needs, including housing.*



*Replicate strong benefits acquisition initiatives like the Coalition's BART program and Colorado's SOAR project.*



### What is AND?

The AND (Aid to Needy Disabled) program was established by the Colorado General Assembly in 1953 as an interim assistance program for people waiting for federal Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits. SSI and SSDI are need-based benefits provided through Title XVI of the Social Security Act administered by the Social Security Administration (SSA).

In 2011, 38 states, including Colorado, offered an interim assistance program to needy and disabled people awaiting disability benefits.<sup>1</sup>

AND, administered by the State of Colorado, provides cash stipends of up to \$175 per month to low-income Colorado residents, ages 18 to 59, who have a disability that precludes them from working.<sup>2</sup>

The AND program served 10,310 unduplicated recipients in Fiscal Year 2008-09; the average monthly caseload was 5,933 individuals; the actual monthly caseload in July of 2009 was 6,526.

Eighty-two percent of recipients resided in the 10 largest counties in Colorado (Denver, Jefferson, El Paso, Arapahoe, Adams, Boulder, Larimer, Weld, Douglas and Pueblo). In Colorado, wait times for decisions on SSI claims currently take 22 months, on average. Homeless individuals comprise 18 percent (1,837) of those who received AND benefits.

To be approved for AND, recipients must be medically determined to be disabled and unable to work for at least six months, must have applied for SSI or SSDI benefits, must be a resident of Colorado, have little to no income, and have cash and countable assets totaling no more than \$2,000 for individuals and \$3,000 for married couples.

**Once individuals receive federal benefits, the state is retroactively reimbursed for all previous AND expenditures for these cases.** This reimbursement is known as Interim Assistance Reimbursement.

### Information from the Field

Students and faculty from The Women's College of the University of Denver, participating in a Community Based Research Certificate Program, worked with staff from the Colorado Coalition for the Homeless to create and administer a survey to docu-

<sup>1</sup> Social Security Administration (2011, May). *2011 Annual Report of the SSI Program*. Retrieved from: <http://www.ssa.gov/oact/ssir/SSI11/ssi2011.pdf>

<sup>2</sup> In January 2011, the Colorado Department of Human Services reduced the AND benefit from \$200 to \$140 per month, however it was increased to \$175 in July, 2011.



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#### AND RECIPIENT IMPACT STATEMENTS



*“Without AND, I wouldn't be able to live. I would be on the streets, homeless.”*



*“Without AND, I would not have lived through last winter while waiting for SSI.”*



*“Not everyone is fortunate to have family. I have no one and really depend on getting this money each month.”*

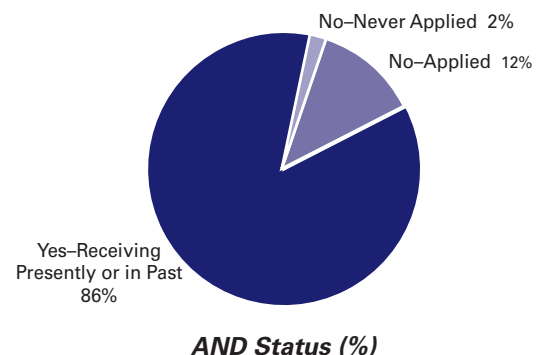
ment the use of funds provided through the AND program.<sup>3</sup> The AND survey was modeled after a Baltimore, Maryland study of the Temporary Disability Assistance Program (TDAP).<sup>4</sup> Surveys were voluntary and anonymous; clients were informed that their benefit status would not be affected by participating.

Qualitative and quantitative survey research methods were employed to assess the need for and usage of AND among homeless individuals. Researchers uncovered three critical themes: 1) Recipients of AND utilize funds for basic daily needs; 2) qualitative data analysis found several unanticipated, self-defined basic needs, which include children's items, clean underwear and shoes; and, 3) having dependents significantly affects the ways in which clients utilize AND funds.

Low-income adults with dependent children may qualify for Colorado Works, Colorado's Temporary Assistance to Needy Families (TANF) program, which provides public assistance to families in need. However, TANF benefits carry a federal mandate that the applicant be required to participate in a work activity in order to qualify. AND recipients must prove temporary or permanent disability that precludes them from working and therefore, do not qualify for TANF. In addition, families with minor children can only receive TANF for a total of 60 months (five years) over a lifetime.<sup>5</sup> Adult TANF recipients are expected to become self-sufficient within those 60 months. In some cases, if a TANF recipient used their lifetime allotment of TANF benefits, they would become eligible for the AND program.

Four survey sites were selected in the Denver metro area to capture a representative sample of clients who utilize homeless services and are currently receiving or have received AND in the past. There were a total of 173 survey respondents. Survey sites included the Colorado Coalition for the Homeless' Champa Street Offices, the Colorado Coalition for the Homeless' Stout Street Clinic, The Gathering Place<sup>6</sup> and St. Francis Center<sup>7</sup>.

Eighty-six percent of survey respondents (149 people) reported that they are receiving or had received AND in the past; 12 percent (20 people) reported that they were not or had not received AND but had applied; and two percent (four people) had never received AND because they had not applied.



Of those who had received or are currently receiving AND, 50 percent (45 people)

<sup>3</sup> Hammond, T., Hernandez, T., Levesque, A. & Odem, D. (2010). *Vulnerable Voices: Acknowledging the Critical Basic Needs of Colorado's Homeless and the Impact of the AND Program*. Unpublished Paper, The Women's College of the University of Denver, Denver, CO.

<sup>4</sup> Health Care for the Homeless, Inc. (2009). *Client Utilization of Temporary Disability Assistance Program* [PDF document]. Retrieved from: <https://www.nhchc.org/2010conference/Thursday%20June%203/145%20to%20245/Advocacy%20Strategies%20to%20Protect%20State%20Disability%20Programs/Final%20TDAP%20report%202009%20DiPietro.pdf>

<sup>5</sup> <http://www.tanf.us/colorado.html>

<sup>6</sup> <http://www.tgpdenver.org/>

<sup>7</sup> <http://www.sfcdenver.org/>



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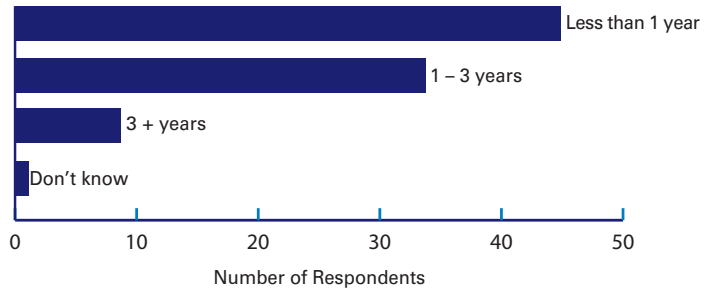
**AND RECIPIENT IMPACT STATEMENTS**



“If I lose my AND, I won’t get my medications. I would lose my phone and ability to communicate with anyone. I won’t be able to buy a bus pass, toothpaste or a toothbrush. Taking away AND will hurt the people that are hurt the most to begin with.”



“I wouldn’t have the \$30 a month I pay to stay in housing. It would be really scary.”

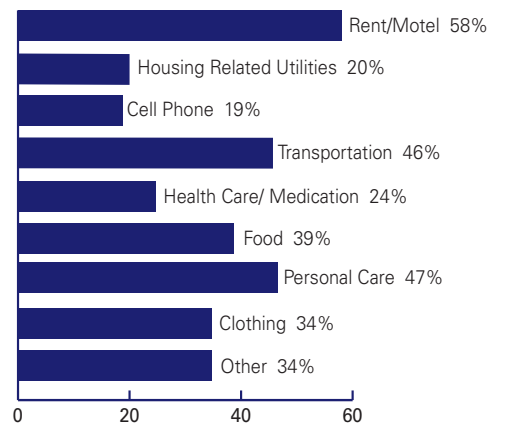


***Length of Time Receiving AND Benefits***

reported receiving AND for less than one year; 38 percent (34 people) received or had been receiving AND for one to three years; 10 percent (nine people) had received AND for three years or more; and two percent (two people) did not know the length of time in which they had been receiving AND.

Sixty-six percent (52 people) of the survey respondents who answered the “length of time” question reported their reason for no longer receiving AND was due to the approval of their federal SSI/SSDI benefits. Nineteen percent (15 people) reported that their AND had been eliminated; 11 percent (nine people) were uncertain as to why they were no longer receiving AND; three percent (two people) reported that they had become employed; and, one percent (one person) reported they were no longer disabled.

Fifty-eight percent (101 people) of the individuals surveyed reported using a portion of their AND for some form of housing, shelter, rent, and/or a motel. Forty-seven percent (82 people) used AND for personal care items which included toothpaste, toothbrushes, deodorant, paper towels, diapers, razors, cosmetics, and other various toiletries, with emphasis on the need to keep themselves clean and to take care of their personal hygiene. Forty-six percent (79 people) used their AND for public transportation, while only one respondent noted using AND to supplement vehicle expenses. Thirty-nine percent (67 people) of the respondents used their AND for food. Thirty-four percent (59 people) used their AND for clothing due to lack of accessibility to underwear, socks, and shoes. Twenty-four percent (42 people) of the survey respondents responded that they used their AND for health care and medication needs such as: doctor visits, co-payments, prescriptions, over the counter medications, and



***Use of AND (%)***





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#### AND RECIPIENT IMPACT STATEMENTS



*“I would have to hustle, fly signs (stand on a corner with a sign), collect cans, and find other ways to try to get some money to pay for food.”*



*“Without that little bit of money, I won't have no chance at all of getting an apartment. I'll freeze to death on the streets.”*

diabetic needs. Twenty percent (35 people) used their AND for housing related utilities, while 19 percent (33 people) used their AND for cell phone service. Thirty-four percent (59 people) of the respondents used their AND for uses other than shelter, utilities, transportation, health care, medication, food, personal care, and clothing. They stated that this benefit helped them provide for their children by way of child support or personal needs; it gave them the ability to do laundry, purchase pet food, buy books, and secure storage for their personal belongings.

### **Disability and Homelessness**

Disability causes and prolongs homelessness. Nearly 16 percent of the non-institutionalized U.S. population is disabled, yet people with disabilities constitute over 40 percent of people who are homeless in America. Diminishing affordable housing, depressed wages, higher unemployment, and decreased access to health insurance coverage over the past two decades has placed an increasing number of individuals and families with disabilities at risk of homelessness, and makes leaving homelessness more difficult.<sup>8</sup> Ideally, disability benefits should be indexed to local costs of living (e.g., U.S. Housing and Urban Development (HUD) Fair Market Rent calculations) to allow beneficiaries to access adequate housing using no more than 30 percent of their annual median income.

### **Policy Recommendations**

#### **1. Ensure that AND benefits are high enough to enable program participants to meet basic needs, including housing.**

Currently, the stipend in most states, including Colorado, is far below that required to meet basic needs. An overwhelming 99.5 percent of survey respondents reported using their AND for shelter, clothing, transportation, health care, and food.

It is vital to increase Colorado's AND payments so that people can better meet these basic needs while they wait for federal SSI/SSDI benefits. Without this assistance, individuals with disabilities and no income source are more likely to sleep on the streets, further complicating complex health conditions and shifting costs to other areas of the community (shelters, jails, police, emergency rooms.)

While most AND recipients are eligible for “Food Stamps,” or the Supplemental Nutrition Assistance Program (SNAP), the federal government places numerous restrictions on their use, disqualifying items such as paper products (toilet paper) and toiletries (toothpaste, soap, etc.). And, at a time when the demand for emergency food assistance is increasing, Colorado has been cited as the worst performer in the nation in timely SNAP processing, according to the U.S. Department of Agriculture.

<sup>8</sup> National Health Care for the Homeless, Inc. (2011). *Disability, Employment & Homelessness* [PDF document]. Retrieved from: [http://www.nhchc.org/Advocacy/PolicyPapers/2011/disability2011\\_%20final.pdf](http://www.nhchc.org/Advocacy/PolicyPapers/2011/disability2011_%20final.pdf)



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“AND paid for medicine that saved my life.”



“Without AND assistance, we would be back on the street.

We have just a small studio apartment, but for us it’s great! At least we have a roof over our heads.”



“If I didn’t have AND, I would be forced to prostitute for money.”

**2. Replicate strong benefits acquisition initiatives like the Coalition’s BART program and Colorado’s SOAR project.**

Helping people with physical and/or mental disabilities gain access to SSA benefit programs (SSI/SSDI) is a financially sound investment in people, in programs, and in communities. By expediting the SSA determination process and fostering better collaboration between federal, state and local agencies, the state could significantly reduce the cost of administering and implementing the AND program. The sooner a person receives benefits, the sooner he or she receives income, accesses health insurance, and obtains housing. When people who are homeless receive SSI or SSDI, state or local governments may be able to recover costs for general assistance, interim health insurance provided, or previously uncompensated health care costs.<sup>10</sup> If the state were to increase the number of people who receive federal disability benefits by 10 percent of the monthly caseload for AND (about 650 people), Colorado would realize approximately \$5 million in new economic activity each year.

One benefits acquisition program well suited for expansion is administered by the Colorado Coalition for the Homeless. In 2010, the **Coalition’s Benefits Acquisition and Retention Team (BART) Program** assisted 78 homeless persons with benefits acquisition with an average wait time of 56 days (versus up to two years). Sixty-two percent were awarded SSI/SSDI upon initial submission, compared to 10–15 percent of people who are homeless who do not utilize the BART program. For those applicants where an appeal was necessary, over 90 percent of applications were approved. The BART program was cited in a recent HUD report as “one of the most successful teams for getting homeless people Aid to the Needy Disabled, SSI, and SSDI.”<sup>11</sup>

**The Colorado SOAR Project** is another model suitable for replication. SOAR (SSI/SSDI Outreach, Access and Recovery) is a best-practice approach that helps states increase access to federal disability benefits. The Colorado SOAR Project is a collaboration between the Colorado Behavioral Healthcare Council, the Colorado Health Foundation, the Office of Governor Hickenlooper, the Colorado Coalition for the Homeless, the National SOAR Training and Technical Assistance Center and the Social Security Administration. It is implemented in 26 counties across the state.

**For more information contact the Colorado Coalition for the Homeless  
Meg Costello at (303) 285-5220 or BJ Iacino (303) 285-5223  
[www.coloradocoalition.org](http://www.coloradocoalition.org)**



<sup>9</sup> United States Interagency Council on Homelessness. (2010). *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* [PDF document]. Retrieved from: [http://usich.gov/opening\\_doors/](http://usich.gov/opening_doors/)

<sup>10</sup> Dennis, D., Perret, Y. & Seaman, A. (n.d.). *Expediting Access to SSA Disability Benefits: Promising Practices for People Who Are Homeless* [Report]. Retrieved from: <http://www.nhchc.org/Advocacy/PolicyPapers/PromisingPractices110706.pdf>

<sup>11</sup> United States Department of Housing and Urban Development, Office of Policy Development and Research (2010, March). *Strategies for Improving Homeless People’s Access to Mainstream Benefits and Services* [Report]. Retrieved from: <http://www.huduser.org/publications/pdf/StrategiesAccessBenefitsServices.pdf>