

“JUST THE FACTS”

*A Monthly Public Assistance Update from the
Illinois Department of Human Services*

August 2012

Summary

Total cases receiving Public Assistance in Illinois increased by 13,416 (23,017 persons) in August 2012. SNAP cases were primarily responsible for the increase. Aided cases numbered 1,693,409 (3,038,446 persons), up 3.9 percent from year-earlier totals.

Temporary Assistance to Needy Families (TANF)

Benefits

- *Total TANF Benefits:* A 385 case (1,307 person) increase left a total 50,222 families (129,719 persons) receiving TANF benefits in August. The caseload was 7.6 percent higher than the August 2011 total.
- *“0” Grant Cases:* There were 4,221 “0” grant cases (11,519 persons) included this month, up 166 cases and 257 persons from July 2012.
- *TANF-Basic:* TANF-Basic (primarily single-parent) families rose by 366 cases (225 persons) to 48,791 cases (123,699 persons).
- *Two-Parent Cases:* Two-parent cases rose by 19(67 persons) to a total of 1,431 cases (6,020 persons) in August 2012.

TANF Program Detail

- *Applications:* The number of TANF applications received in August rose by 180 to a total of 10,659. Both new applications and re-applications increased. Receipts included: 9,310 applications for the Basic sector and 1,349 applications for the two-parent sector. There were 2,938 applications pending for the combined program this month, a increase of 105 from July levels.
- *Approvals:* There were 3,426 assistance approvals this month, including 2,396 new grants (up 949 from July 2012) and 1,030 reinstatements (up 301). A reinstatement is defined as approval of any case that was active within the previous 24 months.

Reasons for Case Openings

There were 2,365 August 2012 TANF openings for which reasons were available, down 714 from the July level. This total includes 2,253 cases from the Basic sector and 112 cases from the two-parent sector. Reasons for opening cases included the following:

REASONS FOR CASE OPENINGS	% OF TOTAL CASE OPENINGS
Reinstatement after remedying Previous non-cooperation	2.5
Living below agency standards	80.6
Loss of employment	0.7
Loss of other benefits	2.3
Parent leaving home	0.2
Increased medical needs	3.7
Loss of unemployment benefits	6.1
All other reasons	3.9

Reasons for Case Closings

Reasons were available for 3,015 August 2012 TANF case closings – up by 277 cases from July. This total includes 2,864 cases from the Basic sector and 151 cases from the two-parent sector. Reasons for closing cases included the following:

REASONS FOR CASE CLOSINGS	% OF TOTAL CASE CLOSINGS
Earned Income	29.9
Other Financial	4.9
Non-compliance*	35.8
Non-financial	29.5

* 58 cases canceled in July 2012 for non-compliance related reasons were reinstated by August 2012 after complying. These cases had no break in assistance.

Assistance to the Aged, Blind or Disabled (AABD)

The total number of August 2012 AABD cases was down 641 or 2.2 percent from the number of cases a year earlier. The decrease was largely attributable to Disability Assistance, where the number of cases fell 379 or 1.6 percent from August 2011 levels.

- *One-Person AABD Cases:* One-person cases receiving grants through AABD rose by 40 in August to a total of 28,847. This total includes 5,359 persons who qualified for Old Age Assistance; 108 persons who qualified for Blind Assistance; and 23,380 persons who qualified for Disability Assistance.
- *“0” Grant Status:* Persons in “0” grant status fell by 11 to 1,911.
- *State Supplemental Payments:* Individuals receiving State Supplemental Payments were up 51 to 26,936.

Medical Assistance – No Grant

Family Health Plan clients were responsible for a decrease of 1,647 cases counted as receiving Medical Assistance in August 2012. Persons increased by 4,013. This resulted in a program total of 1,295,330 cases (2,478,797 persons).

- *MANG:* MANG recipients represent 76 percent of total cases and 82 percent of total persons. MANG cases increased 1.2 percent from their August 2011 levels, when they represented 79 percent of all cases.
- *Family Health Plans:* Families decreased by 1,605 to 777,640 in August 2012.
- *AABD Clients:* AABD clients who were categorically qualified for Medical Only rose by 1,237 to 467,114 one-person cases. This total includes 147,381 cases for which Qualified Medical Beneficiary (QMB) payments were made, and 36,272 beneficiaries of Specified Low Income Beneficiary (SLIB) payments for Medicare coverage. AABD Group Care clients totaled 66,696.
- *Foster Care:* Foster Care Assistance aided 44,471 children during this time period.

Medical Assistance – No Grant

- *GA:* State funding for new General Assistance (GA) cases was eliminated July 1, 2012. Adults no longer receive Medical Assistance. They are in Zero Grant status until their next SNAP recertification. Children still receive medical assistance until their transfer to a TANF case. In August 2012, a total 5,658 one-person cases received medical assistance through Transitional Assistance (TA). The number of families receiving medical assistance through Family and Children’s Assistance (F&CA) totaled 447 (559 persons).
- *P3 Cases:* Cash Assistance for Chicago PE cases was also eliminated July 1, 2011. These are disabled one-person cases with SSI applications or appeals pending. A total of 164 P3 cases were aided in August.

Applications – All Programs

- In August 2012, application receipts for all programs excluding SNAP increased by 7,856 to a total of 70,659. This count includes: 54,946 applications for Medical Assistance, 10,659 for TANF, and 5,054 for AABD grants. SNAP applications received through Intake and Income Maintenance increased by 7,822 to 147,830.

Supplemental Nutrition Assistance Program (SNAP)

- SNAP Assistance was given to 964,544 Illinois households in August 2012. Of this total, 645,534 households also received cash or medical assistance through other public assistance programs.
- There were 319,010 additional households not receiving other Public Assistance, which receive Non-Assistance SNAP administered by the Department of Human Services.

AllKids (KidCare)

- KidCare, which began in January 1998, extends Medical coverage by expanding income eligibility standards (based upon the Federal Poverty Level) for pregnant women, infants born to Medical-eligible pregnant women, and certain other children under the age of 19.
- Between January 5, 1998 and August 1, 2012 a total of 116,508 TANF-Medical Only persons were enrolled in KidCare Phase I due to this expansion of eligibility. Included in this total are 6,800 in the Moms and Babies program and 109,708 in the Assist program.
- Cases ineligible for Medicaid due to excess income may be eligible for KidCare Phase II. October 1998 was the first month of enrollment. Phase II also requires co-pays and sometimes premiums. KidCare Share and KidCare Premium provide essentially the same benefits as Medical Assistance. A total of 30,362 Share and 29,375 Premium persons had enrolled by July 1. KidCare Rebate reimburses for a portion of health insurance premiums paid for eligible children. Rebate persons totaled 448.

**FISCAL YEAR 2013
SUMMARY OF CASES AND PERSONS
AS OF AUGUST 2012**

<u>Program</u>		<u>Cases</u>	<u>Persons</u>
TANF (PAYMENT CASES)		46,001	118,200
AABD CASH (ST SUPP PAYMENTS)		26,936	26,936
TRANSITIONAL ASSISTANCE: (Medical Only)	CHICAGO	5,658	5,658
FAMILY AND CHILDREN'S ASSISTANCE: (Medical Only)	CHICAGO	447	559
P3		164	164
ZERO GRANTS:			
	TANF	4,221	11,519
	AABD	1,911	1,911
FAMILY HEALTH PLANS		777,640	1,960,995
AABD MANG		467,114	467,114
NON-ASSISTANCE SNAP		319,010	401,083
FOSTER CARE		44,471	44,471
REFUGEES			
	CASH & MEDICAL	427	429
	MEDICAL ONLY	174	178
TOTAL		<u>1,694,010</u>	<u>3,039,053</u>

Note: Temporary Assistance to Needy Families (TANF) replaced Aid to Families with Dependent Children effective July 1, 1997. Programs terminated in this change comprised AFDC-MAG, AFDC “0” grants, AFDC MANG, and Medical Extensions (AFDC).

Child Care

Child Care Services are available to families with income below 50 percent of the state median. Families must be working or enrolled in approved education or training activities. Families cost-share with co-payments based on income, family size and number of children in care. Services are delivered through a certificate program and a site-administered contract system.

- **The Certificate Program** eligibility is determined by resource and referral agencies. Parents choose subsidized full or part-time care from any legal care provider that meets their needs. Providers include child-care centers, family homes, group child-care home and in-home and relative care. In August 2012, an estimated 153,524 children were served by certificate.
- **The Site-Administered Contract Program** serves families through a statewide network of contracted licensed centers and family homes. Families apply for care directly with the contracted providers and eligibility is determined on-site by the provider. In August 2012 an estimated 9,300 children were served by contract.
- **The Migrant Head Start Program** provides child care and health and social services for preschool children of migrant and seasonal farm workers. Services are provided by local community based agencies. The program is federally funded and serves approximately 450 children during the harvest season.

Emergency Food, Shelter and Support

Homeless families and individuals receive food, shelter and support services through local not-for-profit organizations. A “continuum of care” includes emergency and transitional housing and assistance in gaining self-sufficiency and permanent housing.

- **The Emergency and Transitional Housing Program** served 5,609 households in shelters during April-June 2012. Of those, 1,392 were households with children.
- **The Emergency Food Program** served 753,336 households from April-June 2012.
- **The Homeless Prevention Program** helps families in existing homes and helps others secure affordable housing. During April-June 2012, 946 households were served. Of those, 568 were families (Households with children under age 18).
- **The Supportive Housing Program** funds governments and agencies which serve families and transitional facility residents. In April-June 2012, 883,080 nights of Supportive Housing were provided.

Emergency Food, Shelter and Support

- **The Refugee and Immigrant Citizenship Initiative** funds the provision of English language, civics and U.S. history instruction as well as application services. During April-June 2012, 1,727 clients had received instruction and 1,037 were assisted with their citizenship applications.
- **Of the refugees served**, 350 entered employment, and 214 retained jobs 90 days. The average wage earned was \$9.01 an hour. 212 received health benefits and 154 had their cash assistance terminated in the February-May 2012 period.
- **The Outreach and Interpretation project** assures access to IDHS benefits. In the April-June 2012 quarter, 14,997 clients received case management, 2,363 received interpreter service, and 8,352 received translation service.
- During the May – June 2011 period, the five **suburban health clinics** served 7,585 uninsured immigrants.

Social Service Block Grants

Service funding is provided through the Federal Title XX Social Services Block Grant to manage and monitor contracts which help customers achieve economic self-support and prevent or remedy abuse and neglect.

- **Crisis Nurseries** served an estimated 509 customers during the April –June 2012 quarter.
- **The Estimated Donated Funds Initiative** aided 13,093 customers with 71,592 rides provided for Seniors during the April-June 2012 quarter.

Early Intervention (EI)

The Illinois Early Intervention program serves Children under three years of age who are experiencing developmental delays in one or more of the following areas: cognitive development; physical development; language and speech development; psychosocial development; and self-help skills. Early Intervention is part of the Individuals with Disabilities Education Act (IDEA Part C) which covers both Part C infants and toddlers as well as Part B Special Education. Annually Early intervention serves approximately 20,000 children across the state and maintains 25 Child and Family Connections (CFC) Offices throughout the state to handle referrals, program intake, and service coordination for children with Individual Family Service Plans (IFSP's).

Early Intervention services include, but are not limited to: developmental evaluations and assessments, physical therapy, occupational therapy, speech/language therapy, developmental therapy, service coordination, psychological services and social work services. The cost of some services are paid by the program and provided to families at no cost. These include evaluation, assessment, development of a service plan, and service coordination. Ongoing Early Intervention services are paid for by the family's health insurance, when appropriate, government insurance (Kid Care), and program funds. Families contribute to the cost of services by paying fees based on a sliding scale.

Program Statistics

Indicator	January 2012	SFY 12 Average to Date	SFY 2011 Average
Referrals	3,255	2,708	2,763
Active IFSP's	18,775	18,855	18,723
0-3 Participation Rate	3.43%	3.45%	3.42%
Under 1 Participation Rate	1.02%	1.06%	1.10%
% With Medicaid	50.8%	50.7%	49.6%
% With Insurance	36.3%	36.6%	36.9%
% With Fees	27.9%	27.8%	27.7%

What's New in Early Intervention

Currently the Early Intervention program is reviewing and implementing new federal regulations that were released late 2011. This review will also involve a complete review and updating of the CFC Policies and Procedures Manual to ensure compliance with all new or modified regulations. All required revisions must be in place by July 1, 2012.

Women Infants and Children (WIC)

The purpose of WIC is to provide supplemental foods, nutrition education and breastfeeding promotion and support, and referral/access to health services for income eligible pregnant, postpartum, breastfeeding women, infants and children. The program has been housed under the Department of Human Services for the last 14 years. In order to be eligible, participants must be at 185% of the federal poverty level; be a resident of the State of Illinois; and must be categorically eligible (pregnant, breastfeeding postpartum, non breastfeeding postpartum, Infants (0-1), Children (1-5).

Program Statistics

Eligibility Category	Clients in January
Pregnant Women	32,429
Breastfeeding Women	16,690
Postpartum Women	18,972
Infants	76,982
Children	147,321

What’s New in WIC

PCS/PCE is in McLean, St. Clair, Kane, Lake Counties and the Roseland WIC Clinic in Chicago. Participant-Centered Nutrition Education (PCE) is a comprehensive, outcome-based model developed by Altarum Institute to promote the adoption of positive nutrition- and health-related behaviors by Women, Infants, and Children (WIC) families. PCE is a comprehensive systems change model for participant interaction that touches upon all aspects of WIC functions and service delivery. PCE puts the participant at the core of WIC service delivery and targets the most important determinants of behavior change: self-efficacy, skill building, and readiness to change. PCE focuses on a person’s capacities, strengths and developmental needs, rather than solely on problems, risks or negative behaviors.

Within the PCE framework, the participant and the WIC staff form a partnership to engage in interactive discussions based on the particular needs and circumstances of the participant. This approach contrasts with the traditional, didactic WIC assessment and education model, which places the nutrition educator in an authoritative position, providing information and direction to the participant. Although the didactic approach is somewhat successful in delivering information and increasing nutrition knowledge, it is less effective at promoting real behavior change.

Family Case Management

The program target population is low income families (below 200% of the federal poverty level) with a pregnant woman, an infant or a child with a high-risk condition. The goals of the program are to help women have healthy babies and to reduce the rates of infant mortality and very low birth weight. To achieve these goals the program conducts outreach activities to inform expectant women and new mothers of available services and then assists them with obtaining prenatal and well-child care. The program works with community agencies to address barriers to accessing medical services, such as child care, transportation, housing, food, mental health needs and substance abuse services. Services are provided statewide through local health departments, federally qualified health centers and community-based organizations. Home visits by a public health nurse are provided to the families of infants with medical problems.

Program Statistics

FCM Active Participant Counts for January, 2012			
Location	Category	Medicaid	Non-Medicaid
Cook County	Children	10,920	2,573
	Infants	23,257	2,655
	Pregnant	12,052	1,342
Downstate	Children	18,343	2,581
	Infants	39,600	3,256
	Pregnant	20,747	1,509
Statewide	Children	29,263	5,154
	Infants	62,857	5,911
	Pregnant	32,799	2,851

Program Accomplishments

Family Case Management has contributed to the overall reduction in the state's infant mortality and has reduced expenditures for medical assistance during the first year of life. Program outcomes are more effective in the integrated system of Family Case Management and WIC. Recent statistics show:

- The infant mortality rate is 50 to 70% lower
- The rate of premature birth is 60 to 70% lower
- Medicaid expenditures for health care in the first year of life are up to 50% lower
- Participation in WIC and FCM saves Illinois an average of \$200 million each year in Medicaid expenses