

“JUST THE FACTS”

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

May 2012

Summary

Total cases receiving Public Assistance in Illinois increased by 5,427 in May 2012. Persons increased by 7,935. MANG and SNAP cases were primarily responsible for the increase. Aided cases numbered 1,669,482 (3,008,582 persons), up 3.7 percent from year-earlier totals.

Temporary Assistance to Needy Families (TANF)

Benefits

- *Total TANF Benefits:* A 803 case (2,271 person) increase left a total 49,916 families (127,958 persons) receiving TANF benefits in May. The caseload was 14.4 percent higher than the May 2011 total.
- *“0” Grant Cases:* There were 3,707 “0” grant cases (10,296 persons) included this month, down 76 cases and 338 persons from April 2012.
- *TANF–Basic:* TANF-Basic (primarily single-parent) families rose by 748 cases (2,045 persons) to 48,506 cases (122,022 persons).
- *Two-Parent Cases:* Two-parent cases rose by 55 (226 persons) to a total of 1,410 cases (5,936 persons) in May 2012.

TANF Program Detail

- *Applications:* The number of TANF applications received in May rose by 766 to a total of 8,917. Both new applications and re-applications increased. Receipts included: 7,874 applications for the Basic sector and 1,043 applications for the two-parent sector. There were 2,025 applications pending for the combined program this month, a decrease of 65 from April levels.
- *Approvals:* There were 3,393 assistance approvals this month, including 2,286 new grants (up 407 from April 2012) and 1,107 reinstatements (up 160). A reinstatement is defined as approval of any case that was active within the previous 24 months.

Reasons for Case Openings

There were 2,971 May 2012 TANF openings for which reasons were available, up 241 from the April level. This total includes 2,846 cases from the Basic sector and 125 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	2.0
Living below agency standards	81.1
Loss of employment	0.5
Loss of other benefits	2.0
Parent leaving home	0.1
Increased medical needs	5.9
Loss of unemployment benefits	3.1
All other reasons	5.3

Reasons for Case Closings

Reasons were available for 2,690 May 2012 TANF case closings – down by 486 cases from April. This total includes 2,556 cases from the Basic sector and 134 cases from the two-parent sector. Reasons for closing cases included the following:

REASONS FOR CASE CLOSINGS	% OF TOTAL CASE CLOSINGS
Earned Income	28.6
Other Financial	4.3
Non-compliance*	36.9
Non-financial	30.2

* 60 cases canceled in April 2012 for non-compliance related reasons were reinstated by May 2012 after complying. These cases had no break in assistance.

Assistance to the Aged, Blind or Disabled (AABD)

The total number of May 2012 AABD cases was down 363 or 0.8 percent from the number of cases a year earlier. The decrease was largely attributable to Disability Assistance, where the number of cases fell 184 or 1.2 percent from May 2011 levels.

- *One-Person AABD Cases:* One-person cases receiving grants through AABD dropped by 130 in May to a total of 29,024. This total includes 5,445 persons who qualified for Old Age Assistance; 106 persons who qualified for Blind Assistance; and 23,473 persons who qualified for Disability Assistance.
- *“0” Grant Status:* Persons in “0” grant status dropped by 27 to 1,950.
- *State Supplemental Payments:* Individuals receiving State Supplemental Payments were down 64 to 27,074.

Medical Assistance – No Grant

Family Health Plan and AABD clients were responsible for an increase of 2,094 cases counted as receiving Medical Assistance in May 2012. The number of persons rose by 2,985. This resulted in a program total of 1,304,784 cases (2,490,485 persons).

- *MANG:* MANG recipients represent 78 percent of total cases and 83 percent of total persons. MANG cases increased 3.7 percent from their May 2011 levels, when they represented 78 percent of all cases.
- *Family Health Plans:* Families increased by 826 to 781,954 in May 2012.
- *AABD Clients:* AABD clients who were categorically qualified for Medical Only dropped by 1,565 to 467,759 one-person cases. This total includes 148,598 cases for which Qualified Medical Beneficiary (QMB) payments were made, and 36,256 beneficiaries of Specified Low Income Beneficiary (SLIB) payments for Medicare coverage. AABD Group Care clients totaled 67,593.
- *Foster Care:* Foster Care Assistance aided 45,662 children during this time period.

Medical Assistance – No Grant

- *GA:* State funding for the cash portion of the General Assistance (GA) program was eliminated July 1, 2011. All Downstate assistance was discontinued. Chicago clients will continue to receive Medical and SNAP benefits. In May 2012, a total 8,733 one-person cases received medical assistance only through Transitional Assistance (TA). The Number of families receiving medical assistance only through Family and Children’s Assistance (F&CA) totaled 676 (852 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 185 P3 cases were aided in May.

Applications – All Programs

- In May 2012, application receipts for all programs excluding SNAP increased by 3,033 to a total of 62,948. This count includes: 47,716 applications for Medical Assistance, 8,917 for TANF, 4,370 for AABD grants, and 1,945 for TA/F&CA in Chicago. SNAP applications received through Intake and Income Maintenance dropped by 4,968 to 173,558.

Supplemental Nutrition Assistance Program (SNAP)

- SNAP Assistance was given to 907,408 Illinois households in May 2012. Of this total, 621,735 households also received cash or medical assistance through other public assistance programs.
- There were 285,673 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 May 1, 2012 a total of 115,658 TANF-Medical Only persons were enrolled in KidCare Phase I due to this expansion of eligibility. Included in this total are 6,748 in the Moms and Babies program and 108,910 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 33,449 Share and 30,965 Premium persons had enrolled by May 1. KidCare Rebate reimburses for a portion of health insurance premiums paid for eligible children. Rebate persons totaled 491.

**FISCAL YEAR 2012
SUMMARY OF CASES AND PERSONS
AS OF MAY 2012**

<u>Program</u>	<u>Cases</u>	<u>Persons</u>
TANF (PAYMENT CASES)	46,109	117,662
AABD CASH (ST SUPP PAYMENTS)	27,074	27,074
TRANSITIONAL ASSISTANCE: (Medical Only) CHICAGO	8,733	8,733
FAMILY AND CHILDREN'S ASSISTANCE: (Medical Only) CHICAGO	676	852
P3	185	185
ZERO GRANTS:		
TANF	3,707	10,296
AABD	1,950	1,950
FAMILY HEALTH PLANS	781,954	1,967,479
AABD MANG	467,759	467,759
NON-ASSISTANCE SNAP	285,673	360,930
FOSTER CARE	45,662	45,662
REFUGEES		
CASH & MEDICAL	308	312
MEDICAL ONLY	171	175
TOTAL	<u>1,669,961</u>	<u>3,009,069</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 May 2012, an estimated 155,234 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 May 2012 an estimated 9,227 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 5,942 households in shelters during January-March 2012. Of those, 1,133 were households with children.
- **The Emergency Food Program** served 709,198 households from January-March 2012.
- **The Homeless Prevention Program** helps families in existing homes and helps others secure affordable housing. During January-March 2012, 507 households were served. Of those, 118 were families (Households with children under age 18).
- **The Supportive Housing Program** funds governments and agencies which serve families and transitional facility residents. In January-March 2012, 655,051 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 January-March 2012, 2,361 clients had received instruction and 770 were assisted with their citizenship applications.
- **Of the refugees served**, 315 entered employment, and 202 retained jobs 90 days. The average wage earned was \$8.83 an hour. 207 received health benefits and 176 had their cash assistance terminated in the October 2011-January 2012 period.
- **The Outreach and Interpretation project** assures access to IDHS benefits. In the January-March 2012 period, 15,800 clients received case management, 2,665 received interpreter service, and 9,835 received translation service.
- During the April – June 2011 quarter, 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 417 customers during the January –March 2012 quarter.
- **The Estimated Donated Funds Initiative** aided 11,255 customers with 68,278 rides provided for Seniors during the January-March 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