

“JUST THE FACTS”

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

December 2013

Summary

Total cases receiving Public Assistance in Illinois decreased by 5,501 (15,141 persons) in December 2013. Non Assistance SNAP cases were primarily responsible for the decrease. Aided cases numbered 1,661,745 (2,981,989 persons), down 3.6 percent from year-earlier totals.

Temporary Assistance to Needy Families (TANF)

Benefits

- *Total TANF Benefits:* A 421 case (1,261 person) increase left a total 50,252 families (131,714 persons) receiving TANF benefits in December. The caseload was 0.2 percent lower than the December 2012 total.
- *“0” Grant Cases:* There were 4,245 “0” grant cases (11,699 persons) included this month, up 249 cases and 588 persons from November 2013.
- *TANF–Basic:* TANF-Basic (primarily single-parent) families increased by 413 cases (1,220 persons) to 48,714 cases (125,088 persons).
- *Two-Parent Cases:* Two-parent cases rose by 8 to a 1,538 total in December 2013. The number of persons increased by 41 to 6,626.

TANF Program Detail

- *Applications:* The number of TANF applications received in December rose by 2,155 to a total of 11,274. Both new applications and re-applications increased. Receipts included: 9,704 applications for the Basic sector and 1,570 applications for the two-parent sector. There were 8,607 applications pending for the combined program this month, an increase of 1,082 from November levels.
- *Approvals:* There were 2,442 assistance approvals this month, including 1,675 new grants (up 304 from November 2013) and 767 reinstatements (up 168). A reinstatement is defined as approval of any case that was active within the previous 24 months.

Reasons for Case Openings

There were 2,564 December 2013 TANF openings for which reasons were available, up 175 from the November level. This total includes 2,427 cases from the Basic sector and 137 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	1.4
Living below agency standards	82.0
Loss of employment	0.3
Loss of other benefits	4.8
Parent leaving home	0.1
Increased medical needs	4.4
Loss of unemployment benefits	1.3
All other reasons	5.8

Reasons for Case Closings

Reasons were available for 2,755 December 2013 TANF case closings – up by 532 cases from November. This total includes 2,593 cases from the Basic sector and 162 cases from the two-parent sector. Reasons for closing cases included the following:

REASONS FOR CASE CLOSINGS	% OF TOTAL CASE CLOSINGS
Earned Income	31.9
Other Financial	4.6
Non-compliance*	32.6
Non-financial	30.8

* 35 cases canceled in November 2013 for non-compliance related reasons were reinstated by December 2013 after complying. These cases had no break in assistance.

Assistance to the Aged, Blind or Disabled (AABD)

The total number of December 2013 AABD cases was down 706 or 2.5 percent from the number of cases a year earlier. The decrease was largely attributable to Disability Assistance, where the number of cases fell 480 or 2.1 percent from December 2012 levels.

- *One-Person AABD Cases:* One-person cases receiving grants through AABD fell by 40 in December to a total of 27,783. This total includes 5,033 persons who qualified for Old Age Assistance; 105 persons who qualified for Blind Assistance; and 22,645 persons who qualified for Disability Assistance.
- *“0” Grant Status:* The number of persons in “0” grant status fell by 25 to 1,633.
- *State Supplemental Payments:* The number of individuals receiving State Supplemental Payments dropped by 15 to 26,150.

Medical Assistance – No Grant

Family Health Plan clients were largely responsible for an increase of 4,732 cases counted as receiving Medical Assistance in December 2013. Persons decreased by 5,559. This resulted in a program total of 1,270,716 cases (2,426,879 persons).

- *MANG:* MANG recipients represent 76 percent of total cases and 81 percent of total persons. MANG cases decreased 1.4 percent from their December 2012 levels, when they represented 75 percent of all cases.
- *Family Health Plans:* Families increased by 3,400 to 744,949 in December 2013.
- *AABD Clients:* AABD clients who were categorically qualified for Medical Only rose by 1,351 to 483,228 one-person cases. This total includes 151,649 cases for which Qualified Medical Beneficiary (QMB) payments were made, and 38,117 beneficiaries of Specified Low Income Beneficiary (SLIB) payments for Medicare coverage. AABD Group Care clients totaled 63,717.
- *Foster Care:* Foster Care Assistance aided 42,539 children during this time period.

Medical Assistance – No Grant

- *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 83 P3 cases were aided in December.

Applications – All Programs

- In December 2013, application receipts for all programs excluding SNAP increased by 21,788 to a total of 78,373. This count includes: 66,172 applications for Medical Assistance, 11,274 for TANF, and 927 for AABD grants. SNAP applications received through Intake and Income Maintenance increased by 21,788 to 138,565.

Supplemental Nutrition Assistance Program (SNAP)

- SNAP Assistance was given to 1,013,617 Illinois households (2,016,940 persons) in December 2013. This is a decrease of 0.6 percent (6,358 households) from December 2012 levels.
- Of this total, 700,706 households (1,621,410 persons) also received cash or medical benefits through other public assistance programs. This is an increase of 5.5 percent (36,247 households) from December 2012 levels.
- A total of 312,911 households (395,530 persons) received Non-Assistance SNAP in December 2013. This is a 12.0 percent (42,605 household) decrease from December 2012 levels.

**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 December 1, 2013 a total of 109,158 TANF-Medical Only persons were enrolled in KidCare Phase I due to this expansion of eligibility. Included in this total are 5,042 in the Moms and Babies program and 104,116 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 31,434 Share and 35,006 Premium persons had enrolled by December 1. KidCare Rebate reimburses for a portion of health insurance premiums paid for eligible children. Rebate persons totaled 266.

**FISCAL YEAR 2014
SUMMARY OF CASES AND PERSONS
AS OF DECEMBER 2013**

<u>Program</u>	<u>Cases</u>	<u>Persons</u>
TANF (PAYMENT CASES)	46,007	120,015
AABD CASH (ST SUPP PAYMENTS)	26,150	26,150
P3	83	83
ZERO GRANTS:		
TANF	4,245	11,699
AABD	1,633	1,633
FAMILY HEALTH PLANS	744,949	1,901,112
AABD MANG	483,228	483,228
NON-ASSISTANCE SNAP	312,911	395,530
FOSTER CARE	42,539	42,539
REFUGEES		
CASH & MEDICAL	509	509
MEDICAL ONLY	142	146
TOTAL	<u>1,661,745</u>	<u>2,981,989</u>

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 December 2013, an estimated 163,622 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 December 2013 an estimated 6,450 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 8,772 households in shelters during July-September 2013. Of those, 2,067 were households with children.
- **The Emergency Food Program** served 1,053,846 households from July-September 2013.
- **The Homeless Prevention Program** helps families in existing homes and helps others secure affordable housing. During July-September 2013, 5,160 households were served. Of those, 1,192 were families (Households with children under age 18).
- **The Supportive Housing Program** funds governments and agencies which serve families and transitional facility residents. In July-September 2013, 570,006 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 July-September 2013, 1,087 clients had received instruction and 722 were assisted with their citizenship applications.
- **Of the refugees served**, 343 entered employment, and 250 retained jobs 90 days. The average wage earned was \$8.92 an hour. 275 received health benefits terminated in the June-September 2013 period.
- **The Outreach and Interpretation project** assures access to IDHS benefits. In the July-September 2013 quarter, 6,359 clients received case management, 3,600 received interpreter service, and 10,271 received translation service.

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 675 customers during the July-September 2013 quarter.
- **The Estimated Donated Funds Initiative** aided 12,496 customers with 68,231 rides provided for Seniors during the July-September 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	September 2013	SFY 2013 Average	SFY 2012 Average	SFY 2011 Average
Referrals	2,751	2,612	2,592	2,763
Active IFSP's	20,019	19,999	19,662	18,723
0-3 Participation Rate	3.92%	3.71%	3.96%	3.42%
Under 1 Participation Rate	1.23%	1.19%	1.07%	1.10%
% With Medicaid	62.00%	63.70%	48.90%	49.60%
% With Insurance	33.70%	34.40%	36.70%	36.90%
% With Fees	27.40%	27.70%	27.40%	27.70%

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 nutrition education and counseling, breastfeeding promotion and support, nutritious food and referrals to services for eligible pregnant, breastfeeding and postpartum women, infants and children to age five. The program has been housed under the Department of Human Services for the last 16 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 have a nutrition risk.

Program Statistics

Eligibility Category	Clients in September 2013
Pregnant Women	30,527
Breastfeeding Women	16,786
Postpartum Women	17,334
Infants	72,661
Children	137,943

What’s New in WIC

Participant Centered Services (PCS) are being cultivated throughout the Illinois WIC Program. PCS 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. PCS is a comprehensive systems change model for participant interaction that touches upon all aspects of WIC functions and service delivery. PCS 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. PCS focuses on a person’s capacities, strengths and developmental needs, rather than solely on problems, risks or negative behaviors.

Within the PCS 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 September 2013			
Location	Category	Medicaid	Non-Medicaid
Cook County	Children	7,181	1,190
	Infants	22,569	2,505
	Pregnant	11,379	1,255
Downstate	Children	11,294	1,398
	Infants	36,649	3,304
	Pregnant	18,820	1,669
Statewide	Children	18,475	2,588
	Infants	59,218	5,809
	Pregnant	30,199	2,924

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