

“JUST THE FACTS”

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

July 2013

Summary

Total cases receiving Public Assistance in Illinois decreased by 37,874 (116,654 persons) in July 2013. Non-Assistance SNAP cases and Family Health Plan cases were primarily responsible for the decrease. Aided cases - numbered 1,708,019 (3,078,534 persons), up 1.7 percent from year-earlier totals.

Temporary Assistance to Needy Families (TANF)

Benefits

- *Total TANF Benefits:* A 628 case (1,826 person) decrease left a total 50,231 families (130,677 persons) receiving TANF benefits in July. The caseload was 0.8 percent higher than the July 2012 total.
- *“0” Grant Cases:* There were 4,236 “0” grant cases (11,869 persons) included this month, down 37 cases and 128 persons from June 2013.
- *TANF-Basic:* TANF-Basic (primarily single-parent) families rose by 577 cases (1,573 persons) to 48,650 cases (123,912 persons).
- *Two-Parent Cases:* Two-parent cases rose by 51 (253 persons) to a total of 1,581 cases (6,765 persons) in July 2013.

TANF Program Detail

- *Applications:* The number of TANF applications received in July rose by 1,624 to a total of 9,457. Both new applications and re-applications increased. Receipts included: 8,292 applications for the Basic sector and 1,165 applications for the two-parent sector. There were 2,713 applications pending for the combined program this month, a increase of 491 from June levels.
- *Approvals:* There were 2,746 assistance approvals this month, including 1,932 new grants (up 195 from June 2013) and 814 reinstatements (up 56). A reinstatement is defined as approval of any case that was active within the previous 24 months.

Reasons for Case Openings

There were 1,754 June 2013 TANF openings for which reasons were available, down 1,024 from the June level. This total includes 1,681 cases from the Basic sector and 73 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	1.2
Living below agency standards	82.0
Loss of employment	0.5
Loss of other benefits	2.6
Parent leaving home	0.1
Increased medical needs	5.0
Loss of unemployment benefits	5.2
All other reasons	3.4

Reasons for Case Closings

Reasons were available for 1,896 June 2013 TANF case closings – down by 846 cases from June. This total includes 1,797 cases from the Basic sector and 99 cases from the two-parent sector. Reasons for closing cases included the following:

REASONS FOR CASE CLOSINGS	% OF TOTAL CASE CLOSINGS
Earned Income	27.8
Other Financial	3.8
Non-compliance*	43.0
Non-financial	25.3

* 21 cases canceled in June 2013 for non-compliance related reasons were reinstated by July 2013 after complying. These cases had no break in assistance.

Assistance to the Aged, Blind or Disabled (AABD)

The total number of July 2013 AABD cases was down 878 or 3.0 percent from the number of cases a year earlier. The decrease was largely attributable to Disability Assistance, where the number of cases fell 585 or 2.5 percent from July 2012 levels.

- *One-Person AABD Cases:* One-person cases receiving grants through AABD dropped by 51 in July to a total of 27,929. This total includes 5,090 persons who qualified for Old Age Assistance; 102 persons who qualified for Blind Assistance; and 22,737 persons who qualified for Disability Assistance.
- *“0” Grant Status:* Persons in “0” grant status fell by 11 to 1,724.
- *State Supplemental Payments:* The number of individuals receiving State Supplemental Payments fell by 40 to 26,205.

Medical Assistance – No Grant

Family Health Plan clients were responsible for a decrease of 7,351 cases counted as receiving Medical Assistance in July 2013. Persons decreased by 15,803. This resulted in a program total of 1,270,219 cases (2,471,843 persons).

- *MANG:* MANG recipients represent 74 percent of total cases and 80 percent of total persons. MANG cases decreased 2.1 percent from their July 2012 levels, when they represented 78 percent of all cases.
- *Family Health Plans:* Families decreased by 8,927 to 746,800 in July 2013.
- *AABD Clients:* AABD clients who were categorically qualified for Medical Only rose by 1,857 to 480,169 one-person cases. This total includes 151,209 cases for which Qualified Medical Beneficiary (QMB) payments were made, and 37,535 beneficiaries of Specified Low Income Beneficiary (SLIB) payments for Medicare coverage. AABD Group Care clients totaled 64,065.
- *Foster Care:* Foster Care Assistance aided 43,250 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 97 P3 cases were aided in July.

Applications – All Programs

- In July 2013, application receipts for all programs excluding SNAP decreased by 9,608 to a total of 74,437. This count includes: 61,466 applications for Medical Assistance, 9,457 for TANF, and 3,514 for AABD grants. SNAP applications received through Intake and Income Maintenance increased by 7,348 to 166,754.

Supplemental Nutrition Assistance Program (SNAP)

- SNAP Assistance was given to 1,019,234 Illinois households in July 2013. Of this total, 659,691 households also received cash or medical assistance through other public assistance programs.
- There were 359,543 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 July 1, 2013 a total of 113,306 TANF-Medical Only persons were enrolled in KidCare Phase I due to this expansion of eligibility. Included in this total are 6,243 in the Moms and Babies program and 107,063 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 27,847 Share and 29,595 Premium persons had enrolled by July 1. KidCare Rebate reimburses for a portion of health insurance premiums paid for eligible children. Rebate persons totaled 311.

**FISCAL YEAR 2013
SUMMARY OF CASES AND PERSONS
AS OF JUNE 2013**

<u>Program</u>	<u>Cases</u>	<u>Persons</u>
TANF (PAYMENT CASES)	45,995	118,808
AABD CASH (ST SUPP PAYMENTS)	26,205	26,205
P3	97	97
ZERO GRANTS:		
TANF	4,236	11,869
AABD	1,724	1,724
FAMILY HEALTH PLANS	746,800	1,948,424
AABD MANG	480,169	480,169
NON-ASSISTANCE SNAP	359,543	447,988
FOSTER CARE	43,250	43,250
REFUGEES		
CASH & MEDICAL	481	484
MEDICAL ONLY	139	145
TOTAL	<u>1,708,639</u>	<u>3,079,163</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 July 2013, an estimated 158,272 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 July 2013 an estimated 6,569 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 5,482 households in shelters during January-March 2013. Of those, 1,070 were households with children.
- **The Emergency Food Program** served 678,318 households from January-March 2013.
- **The Homeless Prevention Program** helps families in existing homes and helps others secure affordable housing. During January-March 2013, 483 households were served. Of those, 355 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 2013, 625,555 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 2013, 1,632 clients had received instruction and 673 were assisted with their citizenship applications.
- **Of the refugees served**, 238 entered employment, and 204 retained jobs 90 days. The average wage earned was \$8.59 an hour. 118 received health benefits terminated in the October-January 2013 period.
- **The Outreach and Interpretation project** assures access to IDHS benefits. In the January-March 2013 quarter, 5,802 clients received case management, 3,459 received interpreter service, and 9,355 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 684 customers during the January-March 2013 quarter.
- **The Estimated Donated Funds Initiative** aided 13,143 customers with 63,726 rides provided for Seniors during the October-December 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