

“JUST THE FACTS”

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

October 2013

Summary

Total cases receiving Public Assistance in Illinois decreased by 8,178 (26,061 persons) in October 2013. Family Health Plan and Non Assistance SNAP cases were primarily responsible for the decrease. Aided cases numbered 1,685,536 (3,028,492 persons), down 1.4 percent from year-earlier totals.

Temporary Assistance to Needy Families (TANF)

Benefits

- *Total TANF Benefits:* A 420 case (1,263 person) increase left a total 50,604 families (132,261 persons) receiving TANF benefits in October. The caseload was 0.4 percent lower than the October 2012 total.
- *“0” Grant Cases:* There were 4,130 “0” grant cases (11,508 persons) included this month, down 70 cases and 234 persons from September 2013.
- *TANF-Basic:* TANF-Basic (primarily single-parent) families rose by 380 cases (1,111 persons) to 49,026 cases (125,491 persons).
- *Two-Parent Cases:* Two-parent cases rose by 40 to a 1,578 total in October 2013. The number of persons increased by 52 to 6,670.

TANF Program Detail

- *Applications:* The number of TANF applications received in October rose by 329 to a total of 8,300. Both new applications and re-applications increased. Receipts included: 7,304 applications for the Basic sector and 996 applications for the two-parent sector. There were 5,142 applications pending for the combined program this month, a increase of 2,505 from September levels.
- *Approvals:* There were 2,726 assistance approvals this month, including 1,916 new grants (up 29 from September 2013) and 810 reinstatements (up 19). A reinstatement is defined as approval of any case that was active within the previous 24 months.

Reasons for Case Openings

There were 2,752 October 2013 TANF openings for which reasons were available, up 394 from the September level. This total includes 2,605 cases from the Basic sector and 147 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	82.3
Loss of employment	0.5
Loss of other benefits	1.7
Parent leaving home	0.0
Increased medical needs	5.3
Loss of unemployment benefits	4.8
All other reasons	4.2

Reasons for Case Closings

Reasons were available for 2,599 October 2013 TANF case closings – up by 108 cases from September. This total includes 2,453 cases from the Basic sector and 146 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	3.7
Non-compliance*	31.6
Non-financial	32.7

* 33 cases canceled in September 2013 for non-compliance related reasons were reinstated by October 2013 after complying. These cases had no break in assistance.

Assistance to the Aged, Blind or Disabled (AABD)

The total number of October 2013 AABD cases was down 717 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 472 or 2.0 percent from October 2012 levels.

- *One-Person AABD Cases:* One-person cases receiving grants through AABD fell by 11 in October to a total of 27,888. This total includes 5,047 persons who qualified for Old Age Assistance; 103 persons who qualified for Blind Assistance; and 22,738 persons who qualified for Disability Assistance.
- *“0” Grant Status:* The number of persons in “0” grant status fell by 16 to 1,697.
- *State Supplemental Payments:* The number of individuals receiving State Supplemental Payments rose by 5 to 26,191.

Medical Assistance – No Grant

Family Health Plan clients were responsible for a decrease of 2,017 cases counted as receiving Medical Assistance in October 2013. Persons decreased by 13,816. This resulted in a program total of 1,257,807 cases (2,433,919 persons).

- *MANG:* MANG recipients represent 74 percent of total cases and 80 percent of total persons. MANG cases decreased 2.6 percent from their October 2012 levels, when they represented 76 percent of all cases.
- *Family Health Plans:* Families decreased by 1,849 to 734,083 in October 2013.
- *AABD Clients:* AABD clients who were categorically qualified for Medical Only fell by 83 to 481,306 one-person cases. This total includes 151,599 cases for which Qualified Medical Beneficiary (QMB) payments were made, and 37,953 beneficiaries of Specified Low Income Beneficiary (SLIB) payments for Medicare coverage. AABD Group Care clients totaled 63,733.
- *Foster Care:* Foster Care Assistance aided 42,418 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 September.

Applications – All Programs

- In October 2013, application receipts for all programs excluding SNAP decreased by 1,080 to a total of 68,615. This count includes: 58,965 applications for Medical Assistance, 8,300 for TANF, and 1,350 for AABD grants. SNAP applications received through Intake and Income Maintenance decreased by 8,138 to 125,182.

Supplemental Nutrition Assistance Program (SNAP)

- SNAP Assistance was given to 1,018,933 Illinois households in October 2013. Of this total, 669,779 households also received cash or medical assistance through other public assistance programs.
- There were 349,154 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 October 1, 2013 a total of 110,780 TANF-Medical Only persons were enrolled in KidCare Phase I due to this expansion of eligibility. Included in this total are 5,086 in the Moms and Babies program and 105,694 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 31,412 Share and 33,004 Premium persons had enrolled by September 1. KidCare Rebate reimburses for a portion of health insurance premiums paid for eligible children. Rebate persons totaled 288.

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

<u>Program</u>	<u>Cases</u>	<u>Persons</u>
TANF (PAYMENT CASES)	46,474	120,753
AABD CASH (ST SUPP PAYMENTS)	26,191	26,191
P3	83	83
ZERO GRANTS:		
TANF	4,130	11,508
AABD	1,697	1,697
FAMILY HEALTH PLANS	734,083	1,910,195
AABD MANG	481,306	481,306
NON-ASSISTANCE SNAP	349,154	434,341
FOSTER CARE	42,418	42,418
REFUGEES		
CASH & MEDICAL	458	460
MEDICAL ONLY	131	135
TOTAL	<u>1,686,125</u>	<u>3,029,087</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 October 2013, an estimated 129,219 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 October 2013 an estimated 6,648 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 7,466 households in shelters during April-June 2013. Of those, 1,474 were households with children.
- **The Emergency Food Program** served 526,876 households from April-June 2013.
- **The Homeless Prevention Program** helps families in existing homes and helps others secure affordable housing. During April-June 2013, 759 households were served. Of those, 181 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 2013, 513,517 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 2013, 1,735 clients had received instruction and 560 were assisted with their citizenship applications.
- **Of the refugees served**, 415 entered employment, and 247 retained jobs 90 days. The average wage earned was \$9.32 an hour. 309 received health benefits terminated in the February-May 2013 period.
- **The Outreach and Interpretation project** assures access to IDHS benefits. In the April-June 2013 quarter, 5,547 clients received case management, 3,112 received interpreter service, and 8,397 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 708 customers during the April-June 2013 quarter.
- **The Estimated Donated Funds Initiative** aided 11,028 customers with 75,831 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	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