

“JUST THE FACTS”

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

August 2014

Summary

Total cases receiving Public Assistance in Illinois rose by 39,617 (42,488 persons) in August 2014. Newly eligible and previously uncounted Family Health Plan and other MANG cases were responsible for the increase. Aided cases numbered 1,955,713 (3,375,417 persons), up 14.9 percent from year-earlier totals.

Temporary Assistance to Needy Families (TANF)

Benefits

- *Total TANF Benefits:* A 386 case (728 person) decrease resulted in a total 48,421 families (127,789 persons) receiving TANF benefits in August. The caseload was 4.0 percent lower than the August 2013 total.
- *“0” Grant Cases:* There were 4,430 “0” grant cases (12,437 persons) included this month, down 77 cases and 189 persons from July 2014.
- *TANF–Basic:* TANF-Basic (primarily single-parent) families fell by 397 (799 persons) in August to 46,761 cases (120,627 persons).
- *Two-Parent Cases:* Two-parent cases rose by 11 to a 1,660 total in August 2014. The number of persons increased by 71 to 7,162.

TANF Program Detail

- *Applications:* The number of TANF applications received in August fell by 813 to a total of 10,400. Both new applications and re-applications decreased. Receipts included 9,109 applications for the Basic sector and 1,291 applications for the two-parent sector. There were 5,314 applications pending for the combined program this month, a decrease of 209 from July levels.
- *Approvals:* There were 2,577 assistance approvals this month, including 1,787 new grants (down 175 from July 2014) and 790 reinstatements (down 112). A reinstatement is defined as approval of any case that was active within the previous 24 months.

Reasons for Case Openings

There were 2,582 August 2014 TANF openings for which reasons were available, down 284 from the July level. This total includes 2,457 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	2.6
Living below agency standards	82.8
Loss of employment	0.3
Loss of other benefits	4.9
Parent leaving home	0.1
Increased medical needs	3.7
Loss of unemployment benefits	0.1
All other reasons	5.5

Reasons for Case Closings

Reasons were available for 2,652 August 2014 TANF case closings – down by 170 cases from July. This total includes 2,530 cases from the Basic sector and 122 cases from the two-parent sector. Reasons for closing cases included the following:

REASONS FOR CASE CLOSINGS	% OF TOTAL CASE CLOSINGS
Earned Income	29.4
Other Financial	3.9
Non-compliance*	38.9
Non-financial	27.8

* 67 cases canceled in July 2014 for non-compliance related reasons were reinstated by August 2014 after complying. These cases had no break in assistance.

Assistance to the Aged, Blind or Disabled (AABD)

The total number of August 2014 AABD cases was down 741 or 2.7 percent from the number of cases a year earlier. The decrease was largely attributable to Disability Assistance, where the number of cases fell 554 or 2.0 percent from August 2013 levels.

- *One-Person AABD Cases:* One-person cases receiving grants through AABD fell by 92 in August to a total of 27,127. This total includes 4,882 persons who qualified for Old Age Assistance; 102 persons who qualified for Blind Assistance; and 22,143 persons who qualified for Disability Assistance.
- *“0” Grant Status:* The number of persons in “0” grant status rose by 17 to 1,559.
- *State Supplemental Payments:* The number of individuals receiving State Supplemental Payments fell by 109 to 25,568.

Medical Assistance – No Grant

Both AABD and Family Health Plan customers were responsible for a monthly increase of 48,119 cases receiving Medical Assistance in August 2014. Persons increased by 60,321. This resulted in a program total of 1,631,177 cases (2,906,077 persons). Of the total, 80,016 MANG cases and 119,523 MANG persons were in previously uncounted Kid Care, Disabled Worker, Breast and Cervical Cancer, and Department of Correction offices. AABD MANG cases in these offices totaled 12,954. Additional FHP cases totaled 67,062. Additional FHP persons totaled 106,669.

- *MANG:* MANG recipients represent 83 percent of total cases and 86 percent of total persons. MANG cases increased 29.0 percent from their August 2013 levels, when they represented 74 percent of all cases.
- *Family Health Plans:* Families increased by 47,024 to 1,115,036 from July to August 2014. Persons increased by 59,226 to 2,389,936. Two groups newly-eligible under the Affordable Care Act are responsible for much of the increase. The first group is Single Adults age 19 through 64, not otherwise eligible for other Medical Assistance with income at or below 138 percent of the Federal Poverty Level. Also added are Persons age 18 through 26 who were receiving Medicaid benefits when aged out of State Foster Care and who are not otherwise FHP or AABD clients.
- *AABD Clients:* AABD customers who were categorically qualified for Medical Only rose by 1,677 to 475,197 one-person cases. AABD Group Care clients totaled 61,695.
- *Foster Care:* Foster Care Assistance aided 40,944 children during this time period.

Applications – All Programs

- In August 2014, application receipts for all programs excluding SNAP decreased by 5,154 to a total of 107,344. This count includes: 96,559 applications for Medical Assistance, 10,400 for TANF, and 385 for AABD grants. SNAP applications received through Intake and Income Maintenance decreased by 8,715 to 137,600.

Supplemental Nutrition Assistance Program (SNAP)

- SNAP Assistance was given to 1,039,852 Illinois households (2,029,888 persons) in August 2014. This is an increase of 1.9 percent (19,067 households) from August 2013 levels.
- Of this total, 791,264 households (1,708,302 persons) also received cash or medical benefits through other public assistance programs. This is an increase of 19.9 percent (131,551 households) from August 2013 levels.
- A total of 248,588 households (321,586 persons) received Non-Assistance SNAP in August 2014. This is a 30.8 percent (110,939 household) decrease from August 2013 levels.

**All Kids
(KidCare)**

- All Kids, 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, 2014 a total of 85,173 TANF-Medical Only persons were enrolled in All Kids Phase I due to this expansion of eligibility. Included in this total are 5,432 in the Moms and Babies program and 79,741 in the Assist program.
- Cases ineligible for Medicaid due to excess income may be eligible for All Kids Phase II. October 1998 was the first month of enrollment. Phase II also requires co-pays and sometimes premiums. All Kids Share and All Kids Premium provide essentially the same benefits as Medical Assistance. A total of 25,655 Share and 32,256 Premium persons had enrolled by August 1. All Kids Rebate, which reimbursed a portion of health insurance premiums paid for eligible children, was eliminated as of December 31, 2013.

**FISCAL YEAR 2014
SUMMARY OF CASES AND PERSONS
AS OF AUGUST 2014**

<u>Program</u>	<u>Cases</u>	<u>Persons</u>
TANF (PAYMENT CASES)	44,391	108,190
AABD CASH (ST SUPP PAYMENTS)	25,568	25,568
ZERO GRANTS:		
TANF	4,430	12,437
AABD	1,559	1,559
FAMILY HEALTH PLANS	1,115,036	2,389,936
AABD MANG	475,197	475,197
NON-ASSISTANCE SNAP	248,588	321,586
FOSTER CARE	40,944	40,944
REFUGEES		
CASH & MEDICAL	602	614
MEDICAL ONLY	129	133
TOTAL	<u>1,956,444</u>	<u>3,376,164</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 2014, an estimated 162,887 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 2014, an estimated 7,072 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 5,488 households in shelters during April-June 2014. Of those 1,085 were households with children.
- **The Emergency Food Program** served 981,500 households from April-June 2014.
- **The Homeless Prevention Program** helps families in existing homes and helps others secure affordable housing. During April-June 2014, 1,061 households were served. Of those, 654 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 2014, 548,459 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 October-December 2013, 1,833 clients had received instruction and 1,219 were assisted with their citizenship applications.
- **Of the refugees served**, 420 entered employment, and 239 retained jobs 90 days. The average wage earned was \$11.18 an hour. 281 refugees received health benefits in the February-May 2014 period.
- **The Outreach and Interpretation project** assures access to IDHS benefits. In the April-June 2014 quarter, 17,451 clients received case management, 3,231 received interpreter service, and 6,272 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 550 customers during the April-June 2014 quarter.
- **The Estimated Donated Funds Initiative** aided 13,683 customers with 65,520 rides provided for Seniors during the April-June 2014 quarter.

Early Intervention (EI)

The Illinois Early Intervention (EI) program serves infants and toddlers birth to 3 years old with developmental delays or disabilities and their family in or more of the following areas of development: adaptive; cognitive, communication/speech, physical and social emotional. EI is part of the Individuals with Disabilities Education Act (IDEA), Part C for Infants and Toddlers with Disabilities. Annually, the EI program serves approximately 20,000 children throughout the state and maintains 25 regional intake entities called Child and Family Connections (CFC) offices. CFCs handle referrals, intake and service coordination for infants and toddlers with Individualized Family Service Plans (IFSPs).

Early Intervention services include, but are not limited to: developmental evaluations and assessments, communication/speech therapy, developmental therapy, occupational therapy, physical therapy, service coordination, psychological and assistive technology. Evaluations, assessments, service plan development and service coordination are provided to families as no cost. Ongoing EI services are paid for by public insurance (Medicaid/All Kids), a family's private health insurance, when appropriate, state general revenue and other program funds. Families are assessed a family participation fee based on a sliding scale which considers their ability to pay.

Program Statistics

Indicator	June 2014	SFY 2014 Average	SFY 2013 Average	SFY 2012 Average
Referrals	2,852	2,839	2,612	2,592
Active IFSP's	21,055	20,342	19,999	19,662
0-3 Participation Rate	4.13%	3.99%	3.71%	3.96%
Under 1 Participation Rate	1.30%	1.24%	1.19%	1.07%
% With Medicaid	60.6%	61.1%	63.70%	48.90%
% With Insurance	35.4%	34.5%	34.40%	36.70%
% With Fees	27.9%	27.7%	27.70%	27.40%

What's New in EI

As part of the Part C (Early Intervention) Annual Performance Report (APR) submission for February 2015, a new Indicator calls for states to develop a State Systemic Improvement Plan (SSIP). The SSIP is a comprehensive, multi-year plan based upon detailed data and infrastructure analysis. The plan will identify a focus for improvement and describe improvement strategies that will lead to a measurable child-based result. Strategies will support CFC offices and early intervention providers in implementing, scaling-up, and sustaining evidence-based practices that will result in improved outcomes for infants and toddlers with disabilities and their families.

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 June 2014
Pregnant Women	29,852
Breastfeeding Women	16,783
Postpartum Women	16,695
Infants	70,667
Children	133,136

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 June 2014			
Location	Category	Medicaid	Non-Medicaid
Cook County	Children	6,759	1,154
	Infants	22,397	2,868
	Pregnant	11,069	1,887
Downstate	Children	9,324	986
	Infants	34,831	3,977
	Pregnant	17,232	2,541
Statewide	Children	16,583	2,140
	Infants	57,228	6,845
	Pregnant	28,301	4,428

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