

## **“JUST THE FACTS”**

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

December 2014

### **Summary**

Total cases receiving Public Assistance in Illinois rose by 23,122 (25,860 persons) in December 2014. Family Health Plan cases were responsible for the increase. Aided cases numbered 2,060,557 (3,485,085 persons), up 24.0 percent from year-earlier totals.

### **Temporary Assistance to Needy Families (TANF)**

#### Benefits

- *Total TANF Benefits:* A 1,392 case (4,440 person) increase resulted in a total 49,028 families (130,681 persons) receiving TANF benefits in December. The caseload was 2.4 percent lower than the December 2013 total.
- *“0” Grant Cases:* There were 4,259 “0” grant cases (11,928 persons) included this month, down 115 cases and 309 persons from November 2014.
- *TANF–Basic:* TANF-Basic (primarily single-parent) families rose by 1,280 (3,940 persons) in December to 47,168 cases (122,648 persons).
- *Two-Parent Cases:* Two-parent cases rose by 112 to a 1,860 total in December 2014. The number of persons increased by 500 to 8,033.

#### TANF Program Detail

- *Applications:* The number of TANF applications received in December fell by 1,571 to a total of 9,755. Both new applications and re-applications increased. Receipts included 8,372 applications for the Basic sector and 1,383 applications for the two-parent sector. There were 2,491 applications pending for the combined program this month, a decrease of 574 from November levels.
- *Approvals:* There were 2,849 assistance approvals this month, including 1,940 new grants (up 494 from November 2014) and 909 reinstatements (up 204). A reinstatement is defined as approval of any case that was active within the previous 24 months.

Reasons for Case Openings

There were 2,934 December 2014 TANF openings for which reasons were available, up 143 from the November level. This total includes 2,777 cases from the Basic sector and 157 cases from the two-parent sector. Reasons for opening cases included the following:

<b>REASONS FOR CASE OPENINGS</b>	<b>% OF TOTAL CASE OPENINGS</b>
Reinstatement after remedying Previous non-cooperation	1.7
Living below agency standards	79.2
Loss of employment	0.5
Loss of other benefits	6.2
Parent leaving home	0.0
Increased medical needs	5.0
Loss of unemployment benefits	0.0
All other reasons	7.4

Reasons for Case Closings

Reasons were available for 2,902 December 2014 TANF case closings – down by 50 cases from November. This total includes 2,748 cases from the Basic sector and 154 cases from the two-parent sector. Reasons for closing cases included the following:

<b>REASONS FOR CASE CLOSINGS</b>	<b>% OF TOTAL CASE CLOSINGS</b>
Earned Income	35.3
Other Financial	3.5
Non-compliance*	33.8
Non-financial	27.5

\* 49 cases canceled in November 2014 for non-compliance related reasons were reinstated by December 2014 after complying. These cases had no break in assistance.

## **Assistance to the Aged, Blind or Disabled (AABD)**

The total number of December 2014 AABD cases was down 787 or 2.8 percent from the number of cases a year earlier. The decrease was largely attributable to Disability Assistance, where the number of cases fell 609 or 2.7 percent from December 2013 levels.

- *One-Person AABD Cases:* One-person cases receiving grants through AABD rose by 48 in December to a total of 26,996. This total includes 4,857 persons who qualified for Old Age Assistance; 103 persons who qualified for Blind Assistance; and 22,036 persons who qualified for Disability Assistance.
- *“0” Grant Status:* The number of persons in “0” grant status fell by 7 to 1,543.
- *State Supplemental Payments:* The number of individuals receiving State Supplemental Payments rose by 55 to 25,453.

## **Medical Assistance – No Grant**

Family Health Plan customers were responsible for a monthly increase of 21,329 cases receiving Medical Assistance in December 2014. Persons increased by 20,443. This resulted in a program total of 1,752,052 cases (3,024,334 persons). Of the total, 73,060 MANG cases and 109,624 MANG persons were in Kid Care, Disabled Worker, Breast and Cervical Cancer, and Department of Correction offices first included in July 2014. AABD MANG cases in these offices totaled 12,718. Additional FHP cases totaled 60,342. Additional FHP persons totaled 96,906.

- *MANG:* MANG recipients represent 85 percent of total cases and 87 percent of total persons. MANG cases increased 37.9 percent from their December 2013 levels, when they represented 75 percent of all cases.
- *Family Health Plans:* Families increased by 22,302 to 1,239,741 from November to December 2014. Persons increased by 21,416 to 2,512,023. 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 fell by 870 to 471,561 one-person cases. AABD Group Care clients totaled 62,325.
- *Foster Care:* Foster Care Assistance aided 40,750 children during this time period.

### **Applications – All Programs**

- In December 2014, application receipts for all programs excluding SNAP increased by 33,790 to a total of 125,654. This count includes: 115,298 applications for Medical Assistance, 9,755 for TANF, and 601 for AABD grants. SNAP applications received through Intake and Income Maintenance increased by 30,859 to 148,430.

### **Supplemental Nutrition Assistance Program (SNAP)**

- SNAP Assistance was given to 1,073,279 Illinois households (2,076,871 persons) in December 2014. This is an increase of 5.9 percent (59,662 households) from December 2013 levels.
- Of this total, 841,537 households (1,774,554 persons) also received cash or medical benefits through other public assistance programs. This is an increase of 20.1 percent (140,831 households) from December 2013 levels.
- A total of 231,742 households (302,317 persons) received Non-Assistance SNAP in December 2014. This is a 25.9 percent (81,169 household) decrease from December 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 December 1, 2014 a total of 95,376 TANF-Medical Only persons were enrolled in All Kids Phase I due to this expansion of eligibility. Included in this total are 6,119 in the Moms and Babies program and 89,257 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 20,458 Share and 32,330 Premium persons had enrolled by December 1.

**FISCAL YEAR 2015  
SUMMARY OF CASES AND PERSONS  
AS OF DECEMBER 2014**

<u>Program</u>	<u>Cases</u>	<u>Persons</u>
TANF (PAYMENT CASES)	44,769	118,753
AABD CASH (ST SUPP PAYMENTS)	25,453	25,453
ZERO GRANTS:		
TANF	4,259	11,928
AABD	1,543	1,543
FAMILY HEALTH PLANS	1,239,741	2,512,023
AABD MANG	471,561	471,561
NON-ASSISTANCE SNAP	231,742	302,317
FOSTER CARE	40,750	40,750
REFUGEES		
CASH & MEDICAL	618	636
MEDICAL ONLY	124	124
<b>TOTAL</b>	<b><u>2,060,557</u></b>	<b><u>3,485,085</u></b>

## **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 2014, an estimated 192,949 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 2014, an estimated 7,185 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 8,796 households in shelters during July-September 2014. Of those 2,087 were households with children.
- **The Emergency Food Program** served 1,053,846 households from July-September 2014.
- **The Homeless Prevention Program** helps families in existing homes and helps others secure affordable housing. During July-September 2014, 544 households were served. Of those, 336 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 2014, 569,771 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 2014, 1,461 clients had received instruction and 1,753 were assisted with their citizenship applications.
- **Of the refugees served**, 433 entered employment, and 302 retained jobs 90 days. The average wage earned was \$9.69 an hour. 70 refugees received health benefits in the June-September 2014 period.
- **The Outreach and Interpretation project** assures access to IDHS benefits. In the July-September 2014 quarter, 18,033 clients received case management, 2,855 received interpreter service, and 10,556 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 725 customers during the July-September 2014 quarter.
- **The Estimated Donated Funds Initiative** aided 15,021 customers with 66,505 rides provided for Seniors during the July-September 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	September 2014	SFY 2015 Average	SFY 2014 Average	SFY 2013 Average
Referrals	3,054	2,858	2,839	2,592
Active IFSP's	20,668	20,731	20,342	19,662
0-3 Participation Rate	4.05%	4.06%	3.99%	3.96%
Under 1 Participation Rate	1.24%	1.25%	1.24%	1.07%
% With Medicaid	60.4%	60.2%	61.1%	48.90%
% With Insurance	35.3%	35.4%	34.5%	36.70%
% With Fees	28.2%	28.2%	27.7%	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. In February 2016, the EI Program will report on Phase II of the SSIP, which will identify changes to infrastructure, resources needed, expected outcomes, timeliness for completing improvement activities, and an evaluation plan.



**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**

<b>Eligibility Category</b>	<b>Clients in August 2014</b>
Pregnant Women	30,371
Breastfeeding Women	17,036
Postpartum Women	16,933
Infants	71,221
Children	132,650

**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**

<b>FCM Active Participant Counts for September 2014</b>			
<b>Location</b>	<b>Category</b>	<b>Medicaid</b>	<b>Non-Medicaid</b>
<b>Cook County</b>	Children	7,498	987
	Infants	21,841	3,013
	Pregnant	11,180	1,540
<b>Downstate</b>	Children	9,114	950
	Infants	34,732	4,120
	Pregnant	17,937	1,976
<b>Statewide</b>	Children	16,612	1,937
	Infants	56,573	7,133
	Pregnant	29,117	3,516

**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