

“JUST THE FACTS”

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

February 2014

Summary

Total cases receiving Public Assistance in Illinois decreased by 5,784 (10,546 persons) in February 2014. Non Assistance SNAP cases were primarily responsible for the decrease. Aided cases numbered 1,645,953 (2,951,305 persons), down 4.3 percent from year-earlier totals.

Temporary Assistance to Needy Families (TANF)

Benefits

- *Total TANF Benefits:* A 421 case (357 person) increase left a total 50,184 families (130,998 persons) receiving TANF benefits in February. The caseload was 0.1 percent lower than the February 2013 total.
- *“0” Grant Cases:* There were 4,200 “0” grant cases (11,742 persons) included this month, down 104 cases and 175 persons from February 2013.
- *TANF-Basic:* TANF-Basic (primarily single-parent) families decreased by 348 cases (711 persons) to 47,874 cases (123,290 persons).
- *Two-Parent Cases:* Two-parent cases rose by 49 to a 1,590 total in February 2014. The number of persons increased by 180 to 6,820.

TANF Program Detail

- *Applications:* The number of TANF applications received in February dropped by 4,026 to a total of 10,239. Both new applications and re-applications decreased. Receipts included: 8,842 applications for the Basic sector and 1,397 applications for the two-parent sector. There were 11,189 applications pending for the combined program this month, an decrease of 3,281 from January levels.
- *Approvals:* There were 2,071 assistance approvals this month, including 1,517 new grants (up 3 from January 2014) and 554 reinstatements (same as last month). A reinstatement is defined as approval of any case that was active within the previous 24 months.

Reasons for Case Openings

There were 2,060 February 2014 TANF openings for which reasons were available, down 175 from the January level. This total includes 1,947 cases from the Basic sector and 113 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	2.0
Living below agency standards	82.0
Loss of employment	0.3
Loss of other benefits	3.6
Parent leaving home	0.2
Increased medical needs	4.8
Loss of unemployment benefits	0.1
All other reasons	6.7

Reasons for Case Closings

Reasons were available for 2,211 February 2014 TANF case closings – down by 53 cases from January. This total includes 2,111 cases from the Basic sector and 100 cases from the two-parent sector. Reasons for closing cases included the following:

REASONS FOR CASE CLOSINGS	% OF TOTAL CASE CLOSINGS
Earned Income	32.8
Other Financial	4.3
Non-compliance*	37.7
Non-financial	25.3

* 41 cases canceled in January 2014 for non-compliance related reasons were reinstated by February 2014 after complying. These cases had no break in assistance.

Assistance to the Aged, Blind or Disabled (AABD)

The total number of February 2014 AABD cases was down 631 or 2.2 percent from the number of cases a year earlier. The decrease was largely attributable to Disability Assistance, where the number of cases fell 424 or 1.8 percent from February 2013 levels.

- *One-Person AABD Cases:* One-person cases receiving grants through AABD fell by 97 in February to a total of 27,636. This total includes 4,993 persons who qualified for Old Age Assistance; 105 persons who qualified for Blind Assistance; and 22,538 persons who qualified for Disability Assistance.
- *“0” Grant Status:* The number of persons in “0” grant status fell by 5 to 1,588.
- *State Supplemental Payments:* The number of individuals receiving State Supplemental Payments dropped by 92 to 26,048.

Medical Assistance – No Grant

Family Health Plan clients were largely responsible for an increase of 4,775 cases counted as receiving Medical Assistance in February 2014. Persons increased by 2,586. This resulted in a program total of 1,276,340 cases (2,422,899 persons).

- *MANG:* MANG recipients represent 78 percent of total cases and 82 percent of total persons. MANG cases decreased 0.7 percent from their Feb 2013 levels, when they represented 75 percent of all cases.
- *Family Health Plans:* Families increased by 9,447 to 756,380 in February 2014.
- *AABD Clients:* AABD clients who were categorically qualified for Medical Only dropped by 4,595 to 477,593 one-person cases. This total includes 140,400 cases for which Qualified Medical Beneficiary (QMB) payments were made, and 37,692 beneficiaries of Specified Low Income Beneficiary (SLIB) payments for Medicare coverage. AABD Group Care clients totaled 63,203.
- *Foster Care:* Foster Care Assistance aided 42,367 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 48 P3 cases were aided in February.

Applications – All Programs

- In February 2014, application receipts for all programs excluding SNAP decreased by 3,426 to a total of 106,410. This count includes: 95,462 applications for Medical Assistance, 10,239 for TANF, and 709 for AABD grants. SNAP applications received through Intake and Income Maintenance decreased by 16,666 to 135,503.

Supplemental Nutrition Assistance Program (SNAP)

- SNAP Assistance was given to 996,277 Illinois households (1,975,705 persons) in February 2014. This is a decrease of 1.5 percent (15,025 households) from February 2013 levels.
- Of this total, 703,812 households (1,616,218 persons) also received cash or medical benefits through other public assistance programs. This is an increase of 7.4 percent (48,656 households) from February 2013 levels.
- A total of 292,465 households (383,109 persons) received Non-Assistance SNAP in February 2013. This is a 17.9 percent (63,681 household) decrease from February 2013 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 January 1, 2014 a total of 109,433 TANF-Medical Only persons were enrolled in KidCare Phase I due to this expansion of eligibility. Included in this total are 5,108 in the Moms and Babies program and 104,325 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 32,082 Share and 34,494 Premium persons had enrolled by February 1. KidCare Rebate reimburses for a portion of health insurance premiums paid for eligible children. Rebate persons totaled 3.

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

<u>Program</u>		<u>Cases</u>	<u>Persons</u>
TANF (PAYMENT CASES)		45,003	117,717
AABD CASH (ST SUPP PAYMENTS)		26,048	26,048
P3		48	48
ZERO GRANTS:			
	TANF	4,461	12,393
	AABD	1,588	1,588
FAMILY HEALTH PLANS		756,380	1,902,939
AABD MANG		477,593	477,593
NON-ASSISTANCE SNAP		292,465	370,612
FOSTER CARE		42,367	42,367
REFUGEES			
	CASH & MEDICAL	564	564
	MEDICAL ONLY	150	154
TOTAL		<u>1,646,667</u>	<u>2,952,023</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 February 2014, an estimated 169,194 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 February 2014 an estimated 6,042 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 6,078 households in shelters during October-December 2013. Of those 1,015 were households with children.
- **The Emergency Food Program** served 1,147,468 households from October-December 2013.
- **The Homeless Prevention Program** helps families in existing homes and helps others secure affordable housing. During October-December 2013, 1,298 households were served. Of those, 822 were families (Households with children under age 18).
- **The Supportive Housing Program** funds governments and agencies which serve families and transitional facility residents. In October-December 2013, 574,490 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**, 290 entered employment, and 295 retained jobs 90 days. The average wage earned was \$8.97 an hour. 222 received health benefits terminated in the October-December 2014 period.
- **The Outreach and Interpretation project** assures access to IDHS benefits. In the October-December 2013 quarter, 18,164 clients received case management, 3,036 received interpreter service, and 5,037 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 547 customers during the October-December 2013 quarter.
- **The Estimated Donated Funds Initiative** aided 13,135 customers with 67,001 rides provided for Seniors during the October-December 2013 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	January 2014	SFY 2013 Average	SFY 2012 Average	SFY 2011 Average
Referrals	3,040	2,612	2,592	2,763
Active IFSP's	19,967	19,999	19,662	18,723
0-3 Participation Rate	3.91%	3.71%	3.96%	3.42%
Under 1 Participation Rate	1.17%	1.19%	1.07%	1.10%
% With Medicaid	60.90%	63.70%	48.90%	49.60%
% With Insurance	34.50%	34.40%	36.70%	36.90%
% With Fees	27.80%	27.70%	27.40%	27.70%

What's New in EI?

Currently, the EI program is updating, reviewing and implementing new federal regulations that were released in September 2011. All final required revisions will be in place by July 1, 2014.

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 January 2014
Pregnant Women	27,697
Breastfeeding Women	16,647
Postpartum Women	17,078
Infants	70,343
Children	129,311

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 January 2014			
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