

“JUST THE FACTS”

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

January 2014

Summary

Total cases receiving Public Assistance in Illinois decreased by 10,008 (20,138 persons) in January 2014. Non Assistance SNAP cases were primarily responsible for the decrease. Aided cases numbered 1,651,737 (2,961,851 persons), down 4.0 percent from year-earlier totals.

Temporary Assistance to Needy Families (TANF)

Benefits

- *Total TANF Benefits:* A 489 case (1,073 person) decrease left a total 49,763 families (130,641 persons) receiving TANF benefits in January. The caseload was 0.3 percent lower than the January 2013 total.
- *“0” Grant Cases:* There were 4,304 “0” grant cases (11,917 persons) included this month, up 59 cases and 218 persons from December 2013.
- *TANF-Basic:* TANF-Basic (primarily single-parent) families decreased by 492 cases (1,087 persons) to 48,222 cases (124,001 persons).
- *Two-Parent Cases:* Two-parent cases rose by 3 to a 1,541 total in January 2013. The number of persons increased by 14 to 6,640.

TANF Program Detail

- *Applications:* The number of TANF applications received in January rose by 2,991 to a total of 14,265. Both new applications and re-applications increased. Receipts included: 12,260 applications for the Basic sector and 2,005 applications for the two-parent sector. There were 12,123 applications pending for the combined program this month, an increase of 3,516 from December levels.
- *Approvals:* There were 2,068 assistance approvals this month, including 1,514 new grants (down 161 from December 2013) and 554 reinstatements (down 213). A reinstatement is defined as approval of any case that was active within the previous 24 months.

Reasons for Case Openings

There were 2,235 January 2014 TANF openings for which reasons were available, down 329 from the December level. This total includes 2,141 cases from the Basic sector and 94 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	2.2
Living below agency standards	80.3
Loss of employment	0.3
Loss of other benefits	5.8
Parent leaving home	0.1
Increased medical needs	5.0
Loss of unemployment benefits	0.1
All other reasons	6.3

Reasons for Case Closings

Reasons were available for 2,264 January 2014 TANF case closings – down by 491 cases from December. This total includes 2,160 cases from the Basic sector and 104 cases from the two-parent sector. Reasons for closing cases included the following:

REASONS FOR CASE CLOSINGS	% OF TOTAL CASE CLOSINGS
Earned Income	33.1
Other Financial	4.1
Non-compliance*	35.1
Non-financial	27.8

* 49 cases canceled in December 2013 for non-compliance related reasons were reinstated by January 2014 after complying. These cases had no break in assistance.

Assistance to the Aged, Blind or Disabled (AABD)

The total number of January 2014 AABD cases was down 695 or 2.4 percent from the number of cases a year earlier. The decrease was largely attributable to Disability Assistance, where the number of cases fell 468 or 2.0 percent from January 2013 levels.

- *One-Person AABD Cases:* One-person cases receiving grants through AABD fell by 50 in January to a total of 27,733. This total includes 5,011 persons who qualified for Old Age Assistance; 105 persons who qualified for Blind Assistance; and 22,617 persons who qualified for Disability Assistance.
- *“0” Grant Status:* The number of persons in “0” grant status fell by 40 to 1,593.
- *State Supplemental Payments:* The number of individuals receiving State Supplemental Payments dropped by 10 to 26,140.

Medical Assistance – No Grant

Family Health Plan clients were largely responsible for an increase of 849 cases counted as receiving Medical Assistance in January 2014. Persons decreased by 6,566. This resulted in a program total of 1,271,565 cases (2,420,313 persons).

- *MANG:* MANG recipients represent 77 percent of total cases and 82 percent of total persons. MANG cases decreased 1.1 percent from their January 2013 levels, when they represented 75 percent of all cases.
- *Family Health Plans:* Families increased by 1,984 to 746,933 in January 2014.
- *AABD Clients:* AABD clients who were categorically qualified for Medical Only dropped by 1,040 to 482,188 one-person cases. This total includes 151,483 cases for which Qualified Medical Beneficiary (QMB) payments were made, and 37,921 beneficiaries of Specified Low Income Beneficiary (SLIB) payments for Medicare coverage. AABD Group Care clients totaled 63,407.
- *Foster Care:* Foster Care Assistance aided 42,444 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 55 P3 cases were aided in January.

Applications – All Programs

- In January 2014, application receipts for all programs excluding SNAP increased by 31,463 to a total of 109,836. This count includes: 94,644 applications for Medical Assistance, 14,265 for TANF, and 1,054 for AABD grants. SNAP applications received through Intake and Income Maintenance increased by 13,604 to 152,169.

Supplemental Nutrition Assistance Program (SNAP)

- SNAP Assistance was given to 1,006,420 Illinois households (1,999,327 persons) in January 2014. This is a decrease of 0.6 percent (5,823 households) from January 2013 levels.
- Of this total, 703,799 households (1,616,218 persons) also received cash or medical benefits through other public assistance programs. This is an increase of 2.0 percent (31,464 households) from January 2013 levels.
- A total of 302,621 households (383,109 persons) received Non-Assistance SNAP in January 2013. This is a 14.9 percent (52,949 household) decrease from January 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, 2013 a total of 108,897 TANF-Medical Only persons were enrolled in KidCare Phase I due to this expansion of eligibility. Included in this total are 5,100 in the Moms and Babies program and 103,797 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 32,212 Share and 35,393 Premium persons had enrolled by January 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 JANUARY 2014**

<u>Program</u>	<u>Cases</u>	<u>Persons</u>
TANF (PAYMENT CASES)	45,459	118,724
AABD CASH (ST SUPP PAYMENTS)	26,140	26,140
P3	55	55
ZERO GRANTS:		
TANF	4,304	11,917
AABD	1,593	1,593
FAMILY HEALTH PLANS	746,933	1,895,681
AABD MANG	482,188	482,188
NON-ASSISTANCE SNAP	302,621	383,109
FOSTER CARE	42,444	42,444
REFUGEES		
CASH & MEDICAL	527	527
MEDICAL ONLY	146	150
TOTAL	<u>1,652,410</u>	<u>2,962,528</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 December 2013, an estimated 163,622 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 2013 an estimated 6,450 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 8,772 households in shelters during July-September 2013. Of those, 2,067 were households with children.
- **The Emergency Food Program** served 1,053,846 households from July-September 2013.
- **The Homeless Prevention Program** helps families in existing homes and helps others secure affordable housing. During July-September 2013, 5,160 households were served. Of those, 1,192 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 2013, 570,006 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 2013, 1,087 clients had received instruction and 722 were assisted with their citizenship applications.
- **Of the refugees served**, 343 entered employment, and 250 retained jobs 90 days. The average wage earned was \$8.92 an hour. 275 received health benefits terminated in the June-September 2013 period.
- **The Outreach and Interpretation project** assures access to IDHS benefits. In the July-September 2013 quarter, 6,359 clients received case management, 3,600 received interpreter service, and 10,271 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 675 customers during the July-September 2013 quarter.
- **The Estimated Donated Funds Initiative** aided 12,496 customers with 68,231 rides provided for Seniors during the July-September 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