

## **“JUST THE FACTS”**

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

March 2014

### **Summary**

Total cases receiving Public Assistance in Illinois rose by 19,916 (26,307 persons) in March 2014. Family Health Plan cases were primarily responsible for the increase. Aided cases numbered 1,665,869 (2,977,612 persons), down 3.5 percent from year-earlier totals.

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

#### Benefits

- *Total TANF Benefits:* A 106 case (335 person) decrease left a total 49,358 families (129,775 persons) receiving TANF benefits in March. The caseload was 2.1 percent lower than the March 2013 total.
- *“0” Grant Cases:* There were 4,743 “0” grant cases (13,219 persons) included this month, up 282 cases and 826 persons from February 2014.
- *TANF-Basic:* TANF-Basic (primarily single-parent) families decreased by 159 cases (535 persons) to 47,715 cases (122,755 persons).
- *Two-Parent Cases:* Two-parent cases rose by 53 to a 1,643 total in March 2014. The number of persons increased by 200 to 7,020.

#### TANF Program Detail

- *Applications:* The number of TANF applications received in March rose by 2,005 to a total of 12,244. Both new applications and re-applications increased. Receipts included: 10,694 applications for the Basic sector and 1,550 applications for the two-parent sector. There were 10,547 applications pending for the combined program this month, a decrease of 642 from February levels.
- *Approvals:* There were 2,365 assistance approvals this month, including 1,682 new grants (up 165 from February 2014) and 683 reinstatements (up 129). A reinstatement is defined as approval of any case that was active within the previous 24 months.

Reasons for Case Openings

There were 2,163 March 2014 TANF openings for which reasons were available, up 103 from the February level. This total includes 2,047 cases from the Basic sector and 116 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	2.0
Living below agency standards	79.8
Loss of employment	0.6
Loss of other benefits	5.9
Parent leaving home	0.1
Increased medical needs	6.1
Loss of unemployment benefits	0.2
All other reasons	5.3

Reasons for Case Closings

Reasons were available for 2,675 March 2014 TANF case closings – up by 464 cases from February. This total includes 2,556 cases from the Basic sector and 119 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	28.0
Other Financial	4.9
Non-compliance*	39.7
Non-financial	27.4

\* 44 cases canceled in February 2014 for non-compliance related reasons were reinstated by March 2014 after complying. These cases had no break in assistance.

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

The total number of March 2014 AABD cases was down 915 or 3.2 percent from the number of cases a year earlier. The decrease was largely attributable to Disability Assistance, where the number of cases fell 672 or 2.9 percent from March 2013 levels.

- *One-Person AABD Cases:* One-person cases receiving grants through AABD fell by 353 in March to a total of 27,283. This total includes 4,919 persons who qualified for Old Age Assistance; 103 persons who qualified for Blind Assistance; and 22,261 persons who qualified for Disability Assistance.
- *“0” Grant Status:* The number of persons in “0” grant status rose by 54 to 1,642.
- *State Supplemental Payments:* The number of individuals receiving State Supplemental Payments dropped by 407 to 25,641.

### **Medical Assistance – No Grant**

Family Health Plan clients were largely responsible for a monthly increase of 25,624 cases receiving Medical Assistance in March 2014. Persons increased by 32,346. This resulted in a program total of 1,301,964 cases (2,455,245 persons).

- *MANG:* MANG recipients represent 78 percent of total cases and 82 percent of total persons. MANG cases increased 1.2 percent from their March 2013 levels, when they represented 75 percent of all cases.
- *Family Health Plans:* Families increased by 27,134 to 783,514 in March 2014.
- *AABD Clients:* AABD clients who were categorically qualified for Medical Only dropped by 1,286 to 476,307 one-person cases. This total includes 148,883 cases for which Qualified Medical Beneficiary (QMB) payments were made, and 37,569 beneficiaries of Specified Low Income Beneficiary (SLIB) payments for Medicare coverage. AABD Group Care clients totaled 63,542.
- *Foster Care:* Foster Care Assistance aided 42,143 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 March.

### **Applications – All Programs**

- In March 2014, application receipts for all programs excluding SNAP increased by 63,879 to a total of 170,289. This count includes: 157,192 applications for Medical Assistance, 12,244 for TANF, and 853 for AABD grants. SNAP applications received through Intake and Income Maintenance increased by 14,701 to 150,204.

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

- SNAP Assistance was given to 1,015,021 Illinois households (2,012,035 persons) in March 2014. This is a decrease of 0.8 percent (8,301 households) from March 2013 levels.
- Of this total, 727,805 households (1,446,774 persons) also received cash or medical benefits through other public assistance programs. This is an increase of 9.9 percent (65,265 households) from March 2013 levels.
- A total of 287,216 households (365,261 persons) received Non-Assistance SNAP in March 2014. This is a 20.4 percent (73,566 household) decrease from March 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 March 1, 2014 a total of 110,073 TANF-Medical Only persons were enrolled in KidCare Phase I due to this expansion of eligibility. Included in this total are 5,227 in the Moms and Babies program and 104,846 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 31,917 Share and 33,936 Premium persons had enrolled by March 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 MARCH 2014**

<u>Program</u>		<u>Cases</u>	<u>Persons</u>
TANF (PAYMENT CASES)		44,615	116,556
AABD CASH (ST SUPP PAYMENTS)		25,641	25,641
P3		48	48
ZERO GRANTS:			
	TANF	4,743	13,219
	AABD	1,642	1,642
FAMILY HEALTH PLANS		783,514	1,936,795
AABD MANG		476,307	476,307
NON-ASSISTANCE SNAP		287,216	365,261
FOSTER CARE		42,143	42,143
REFUGEES			
	CASH & MEDICAL	590	590
	MEDICAL ONLY	148	152
<b>TOTAL</b>		<b><u>1,666,607</u></b>	<b><u>2,978,354</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 March 2014, an estimated 133,220 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 March 2014 an estimated 5,995 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**

<b>Eligibility Category</b>	<b>Clients in January 2014</b>
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