

“JUST THE FACTS”

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

May 2014

Summary

Total cases receiving Public Assistance in Illinois rose by 10,400 (5,596 persons) in May 2014. Family Health Plan cases were primarily responsible for the increase. Aided cases numbered 1,693,829 (3,002,575 persons), down 1.8 percent from year-earlier totals.

Temporary Assistance to Needy Families (TANF)

Benefits

- *Total TANF Benefits:* A 372 case (1,195 person) decrease left a total 48,786 families (128,162 persons) receiving TANF benefits in May. The caseload was 1.9 percent lower than the May 2013 total.
- *“0” Grant Cases:* There were 4,656 “0” grant cases (12,923 persons) included this month, down 234 cases and 803 persons from April 2014.
- *TANF-Basic:* TANF-Basic (primarily single-parent) families decreased by 327 cases (1,053 persons) to 47,156 cases (121,155 persons).
- *Two-Parent Cases:* Two-parent cases fell by 45 to a 1,630 total in May 2014. The number of persons decreased by 142 to 7,007.

TANF Program Detail

- *Applications:* The number of TANF applications received in May fell by 770 to a total of 11,560. Both new applications and re-applications decreased. Receipts included 10,269 applications for the Basic sector and 1,291 applications for the two-parent sector. There were 8,970 applications pending for the combined program this month, a decrease of 1,504 from April levels.
- *Approvals:* There were 2,781 assistance approvals this month, including 1,992 new grants (up 164 from April 2014) and 789 reinstatements (up 26). A reinstatement is defined as approval of any case that was active within the previous 24 months.

Reasons for Case Openings

There were 2,279 May 2014 TANF openings for which reasons were available, down 15 from the April level. This total includes 2,147 cases from the Basic sector and 132 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	2.4
Living below agency standards	79.0
Loss of employment	0.6
Loss of other benefits	5.7
Parent leaving home	0.0
Increased medical needs	5.3
Loss of unemployment benefits	0.4
All other reasons	6.6

Reasons for Case Closings

Reasons were available for 2,854 May 2014 TANF case closings – up by 174 cases from April. This total includes 2,692 cases from the Basic sector and 162 cases from the two-parent sector. Reasons for closing cases included the following:

REASONS FOR CASE CLOSINGS	% OF TOTAL CASE CLOSINGS
Earned Income	27.4
Other Financial	3.9
Non-compliance*	41.4
Non-financial	27.3

* 54 cases canceled in April 2014 for non-compliance related reasons were reinstated by May 2014 after complying. These cases had no break in assistance.

Assistance to the Aged, Blind or Disabled (AABD)

The total number of May 2014 AABD cases was down 796 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 582 or 2.6 percent from May 2013 levels.

- *One-Person AABD Cases:* One-person cases receiving grants through AABD fell by 55 in May to a total of 27,208. This total includes 4,898 persons who qualified for Old Age Assistance; 101 persons who qualified for Blind Assistance; and 22,209 persons who qualified for Disability Assistance.
- *“0” Grant Status:* The number of persons in “0” grant status fell by 15 to 1,580.
- *State Supplemental Payments:* The number of individuals receiving State Supplemental Payments dropped by 40 to 25,628.

Medical Assistance – No Grant

Family Health Plan clients were responsible for a monthly increase of 19,689 cases receiving Medical Assistance in May 2014. Persons increased by 15,989. This resulted in a program total of 1,348,275 cases (2,501,873 persons).

- *MANG:* MANG recipients represent 80 percent of total cases and 83 percent of total persons. MANG cases increased 5.0 percent from their May 2013 levels, when they represented 74 percent of all cases.
- *Family Health Plans:* Families increased by 33,430 to 843,845 from April to May 2014.
- *AABD Clients:* AABD clients who were categorically qualified for Medical Only dropped by 13,816 to 462,335 one-person cases. This total includes 146,194 cases for which Qualified Medical Beneficiary (QMB) payments were made. AABD Group Care clients totaled 61,168.
- *Foster Care:* Foster Care Assistance aided 42,095 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 8 P3 cases were aided in May.

Applications – All Programs

- In May 2014, application receipts for all programs excluding SNAP increased by 8,020 to a total of 187,286. This count includes: 175,092 applications for Medical Assistance, 11,560 for TANF, and 634 for AABD grants. SNAP applications received through Intake and Income Maintenance decreased by 1,526 to 138,829.

Supplemental Nutrition Assistance Program (SNAP)

- SNAP Assistance was given to 1,025,636 Illinois households (2,020,820 persons) in May 2014. This is an increase of less than 0.1 percent (61 households) from May 2013 levels.
- Of this total, 756,084 households (1,675,496 persons) also received cash or medical benefits through other public assistance programs. This is an increase of 14.1 percent (93,707 households) from May 2013 levels.
- A total of 269,552 households (345,324 persons) received Non-Assistance SNAP in May 2014. This is a 25.8 percent (93,646 household) decrease from May 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 May 1, 2014 a total of 78,385 TANF-Medical Only persons were enrolled in All Kids Phase I due to this expansion of eligibility. Included in this total are 4,520 in the Moms and Babies program and 73,865 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 29,472 Share and 32,685 Premium persons had enrolled by May 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 MAY 2014**

<u>Program</u>		<u>Cases</u>	<u>Persons</u>
TANF (PAYMENT CASES)		44,130	115,239
AABD CASH (ST SUPP PAYMENTS)		25,628	25,628
P3		8	8
ZERO GRANTS:			
	TANF	4,656	12,923
	AABD	1,580	1,580
FAMILY HEALTH PLANS		843,845	1,997,443
AABD MANG		462,335	462,335
NON-ASSISTANCE SNAP		269,552	345,324
FOSTER CARE		42,095	42,095
REFUGEES			
	CASH & MEDICAL	539	545
	MEDICAL ONLY	126	130
TOTAL		<u>1,694,494</u>	<u>3,003,250</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 May 2014, an estimated 187,869 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 May 2014 an estimated 6,446 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 5,720 households in shelters during January-March 2014. Of those 941 were households with children.
- **The Emergency Food Program** served 1,121,782 households from January-March 2014.
- **The Homeless Prevention Program** helps families in existing homes and helps others secure affordable housing. During January-March 2014, 942 households were served. Of those, 511 were families (Households with children under age 18).
- **The Supportive Housing Program** funds governments and agencies which serve families and transitional facility residents. In January-March 2014, 556,056 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 refugees received health benefits 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, 3,009 received interpreter service, and 5,723 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 528 customers during the January-March 2014 quarter.
- **The Estimated Donated Funds Initiative** aided 13,052 customers with 62,214 rides provided for Seniors during the January-March 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	April 2014	SFY 2013 Average	SFY 2012 Average	SFY 2011 Average
Referrals	3,230	2,612	2,592	2,763
Active IFSP's	20,705	19,999	19,662	18,723
0-3 Participation Rate	4.06%	3.71%	3.96%	3.42%
Under 1 Participation Rate	1.29%	1.19%	1.07%	1.10%
% With Medicaid	60.50%	63.70%	48.90%	49.60%
% With Insurance	35.30%	34.40%	36.70%	36.90%
% With Fees	28.20%	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 April 2014
Pregnant Women	29,672
Breastfeeding Women	16,773
Postpartum Women	16,705
Infants	70,924
Children	132,169

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 April 2014			
Location	Category	Medicaid	Non-Medicaid
Cook County	Children	7,340	1,230
	Infants	22,850	2,662
	Pregnant	11,376	1,815
Downstate	Children	9,683	938
	Infants	35,162	3,560
	Pregnant	17,197	2,353
Statewide	Children	17,023	2,168
	Infants	58,032	6,222
	Pregnant	28,573	4,168

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