"JUST THE FACTS"

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

May 2015

Summary

Total cases receiving Public Assistance in Illinois rose by 89 in May 2015. Family Health Plan cases were responsible for the increase. The number of persons rose by 54. Aided cases numbered 2,119,169 (3,527,583 persons), up 25.1 percent from year-earlier totals.

Temporary Assistance to Needy Families (TANF)

Benefits

- *Total TANF Benefits:* A 962 case (2,455 person) decrease resulted in a total 44,704 families (119,245 persons) receiving TANF benefits in May. The caseload was 8.4 percent lower than the May 2014 total.
- *"0" Grant Cases:* There were 4,576 "0" grant cases (12,800 persons) included this month, up 452 cases and 1,211 persons from April 2015.
- *TANF–Basic:* TANF-Basic (primarily single-parent) families fell by 952 (2,423 persons) in May to 42,982 cases (111,675 persons).
- *Two-Parent Cases:* Two-parent cases fell by 10 to a 1,722 total in May 2015. The number of persons decreased by 32 to 7,570.

TANF Program Detail

- *Applications:* The number of TANF applications received in May fell by 705 to a total of 7,981. Both new applications and re-applications decreased. Receipts included 6,994 applications for the Basic sector and 987 applications for the two-parent sector. There were 1,868 applications pending for the combined program this month, a decrease of 220 from April levels.
- *Approvals:* There were 2,194 assistance approvals this month, including 1,400 new grants (up 90 from April 2015) and 794 reinstatements (down 37). A reinstatement is defined as approval of any case that was active within the previous 24 months.

Reasons for Case Openings

There were 1,820 May 2015 TANF openings for which reasons were available, up 8 from the April level. This total includes 1,739 cases from the Basic sector and 81 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	3.4
Living below agency standards	76.4
Loss of employment	0.3
Loss of other benefits	6.4
Parent leaving home	0.1
Increased medical needs	4.5
Loss of unemployment benefits	1.0
All other reasons	7.9

Reasons for Case Closings

Reasons were available for 2,453 May 2015 TANF case closings – down by 285 cases from April. This total includes 2,320 cases from the Basic sector and 133 cases from the two-parent sector. Reasons for closing cases included the following:

REASONS FOR CASE CLOSINGS	% OF TOTAL CASE CLOSINGS
Earned Income	24.3
Other Financial	4.2
Non-compliance*	39.7
Non-financial	31.8

* 62 cases canceled in April 2015 for non-compliance related reasons were reinstated by May after complying. These cases had no break in assistance.

Assistance to the Aged, Blind or Disabled (AABD)

The total number of May 2015 AABD cases was down 1,139 or 4.2 percent from the number of cases a year earlier. The decrease was largely attributable to Disability Assistance, where the number of cases fell 898 or 4.0 percent from May 2014 levels.

- *One-Person AABD Cases:* One-person cases receiving grants through AABD fell by 234 in May to a total of 26,069. This total includes 4,658 persons who qualified for Old Age Assistance; 100 persons who qualified for Blind Assistance; and 21,311 persons who qualified for Disability Assistance.
- *"0" Grant Status:* The number of persons in "0" grant status fell by 44 to 1,499.
- *State Supplemental Payments:* The number of individuals receiving State Supplemental Payments fell by 190 to 24,570.

Medical Assistance – No Grant

Family Health Plan customers were primarily responsible for a monthly increase of 7,366 cases receiving Medical Assistance in May 2015. Persons increased by 9,788. This resulted in a program total of 1,844,653 cases (3,114,620 persons). Of the total, 67,970 MANG cases and 101,983 MANG persons were in Kid Care, Disabled Worker, Breast and Cervical Cancer, and Department of Correction programs first included in July 2014. AABD MANG cases in these offices totaled 12,383. Additional FHP cases totaled 55,587. Additional FHP persons totaled 89,600.

- *MANG:* MANG recipients represent 87 percent of total cases and 88 percent of total persons. MANG cases increased 36.8 percent from their May 2014 levels, when they represented 80 percent of all cases.
- *Family Health Plans:* Families increased by 9,190 to 1,343,881 from April to May 2015. Persons increased by 11,112 to 2,613,348. 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 1,410 to 460,207 one-person cases. AABD Group Care clients totaled 60,281.
- *Foster Care:* Foster Care Assistance aided 41,065 children during this time period.

Applications – All Programs

- In May 2015, application receipts for all programs excluding SNAP decreased by 6,618 to a total of 92,589. This count includes: 83,428 applications for Medical Assistance, 7,981 for TANF, and 1,180 for AABD grants. SNAP applications received through Intake and Income Maintenance decreased by 901 to 128,811.

Supplemental Nutrition Assistance Program (SNAP)

- SNAP Assistance was given to 1,064,622 Illinois households (2,044,847 persons) in May 2015. This is an increase of 3.8 percent (38,986 households) from May 2014 levels.
- Of this total, 861,468 households (1,777,799 persons) also received cash or medical benefits through other public assistance programs. This is an increase of 13.9 percent (105,384 households) from May 2014 levels.
- A total of 203,154 households (267,048 persons) received Non-Assistance SNAP in May 2015. This is a 24.6 percent (66,398 household) decrease from May 2014 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, 2015 a total of 100,256 TANF-Medical Only persons were enrolled in All Kids Phase I due to this expansion of eligibility. Included in this total are 6,925 in the Moms and Babies program and 93,331 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 19,284 Share and 32,658 Premium persons had enrolled by May 1.

FISCAL YEAR 2015
SUMMARY OF CASES AND PERSONS
AS OF MAY 2015

Program		**Cases**	**Persons**
TANF (PAYMENT CASES)		40,128	106,445
AABD CASH (ST SUPP PAYMENTS)		24,570	24,570
ZERO GRANTS:			
	TANF	4,576	12,800
	AABD	1,499	1,499
FAMILY HEALTH PLANS		1,343,381	2,613,348
AABD MANG		460,207	460,207
NON-ASSISTANCE SNAP		203,154	267,048
FOSTER CARE		41,065	41,065
REFUGEES			
	CASH & MEDICAL	461	473
	MEDICAL ONLY	128	128
TOTAL		**2,119,169**	**3,527,583**

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 2015, an estimated 154,549 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 2015, an estimated 7,194 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 5,790 households in shelters during January-March 2015. Of those 896 were households with children.

- **The Emergency Food Program** served 736,562 households from January-March 2015.

- **The Homeless Prevention Program** helps families in existing homes and helps others secure affordable housing. During January-March 2015, 856 households were served. Of those, 488 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 2015, 503,631 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 2014, 1,272 clients had received instruction. In the January-March 2015 quarter, 1,039 were assisted with their citizenship applications.

- **Of the refugees served,** 358 entered employment, and 331 retained jobs 90 days.

- **The Outreach and Interpretation project** assures access to IDHS benefits. In the January-March 2015 quarter, 17,835 clients received case management, 3,123 received interpreter service, and 1,884 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 385 customers during the January-March 2015 quarter.

- **The Estimated Donated Funds Initiative** aided 10,677 customers with 67,092 rides provided for Seniors during the January-March 2015 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 21,000 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	March 2015	SFY 2015 Average	SFY 2014 Average	SFY 2013 Average
Referrals	3,205	2,754	2,839	2,592
Active IFSP's	21,405	20,925	20,342	19,662
0-3 Participation Rate	4.20%	4.10%	3.99%	3.96%
Under 1 Participation Rate	1.35%	1.25%	1.24%	1.07%
% With Medicaid	59.4%	60.3%	61.1%	48.90%
% With Insurance	35.9%	35.5%	34.5%	36.70%
% With Fees	27.1%	28.2%	27.7%	27.40%

What's New in EI

Illinois submitted the first State Systemic Improvement Plan (SSIP) this spring. 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

Eligibility Category	Clients in January 2015
Pregnant Women	26,372
Breastfeeding Women	16,746
Postpartum Women	17,600
Infants	69,599
Children	123,487

What's New in WIC

In preparation for WIC Electronic Benefit Transfer (EBT), which USDA has mandated by 2020, readiness activities are underway. Training is being provided to all WIC local agency providers on MIS changes which will allow grouping of WIC participants in the same family and synchronization of base dates. Both of these changes will facilitate readiness for EBT. Procurement for an EBT developer is in process.

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 March 2014			
Location	**Category**	**Medicaid**	**Non-Medicaid**
Cook County	Children	7,218	1,123
	Infants	20,264	2,614
	Pregnant	10,443	1,244
Downstate	Children	9,346	1,198
	Infants	34,883	3,403
	Pregnant	16,554	1,665
Statewide	Children	16,564	2,321
	Infants	55,147	6,017
	Pregnant	26,697	2,909

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