

“JUST THE FACTS”

A Monthly Assistance Update from the
Illinois Department of Human Services

November 2015

Summary

Total cases receiving Public Assistance in Illinois fell by 5,499 cases (10,172 persons) in November 2015. Non-Assistance SNAP cases were primarily responsible for the decrease. Aided cases numbered 2,030,643 (3,403,184 persons), down 0.3 percent from year-earlier totals.

Temporary Assistance to Needy Families (TANF)

Benefits

- **Total TANF Benefits:** A 1,066 case (3,053 persons) decrease resulted in a total of 39,715 families (106,578 persons) receiving TANF benefits in November. The caseload was 16.6 percent lower than the November 2014 total.
- **“0” Grant Cases:** There were 4,688 “0” grant cases (13,137 persons) included this month, down 147 cases and 556 persons from October 2015.
- **TANF-Basic:** TANF-Basic (primarily single-parent) families fell by 1,024 (2,905 persons) in November to 38,090 cases (99,304 persons).
- **Two-Parent Cases:** Two-parent cases fell by 42 to a 1,625 total in November 2015. The number of persons fell by 148 to a 7,274 total in November 2015.

TANF Program Detail

- **Applications:** The number of TANF applications received in November fell by 941 to a total of 8,356. Both new applications and re-applications decreased. Receipts included 7,126 applications for the Basic sector and 1,230 applications for the two-parent sector. There were 2,429 applications pending for the combined program this month, an increase of 32 from October levels.
- **Approvals:** There were 2,037 assistance approvals this month, including 1,243 new grants (down 170 from October 2015) and 794 reinstatements (down 118). A reinstatement is defined as approval of any case that was active within the previous 24 months.

Reasons for Case Openings

There were 2,426 November 2015 TANF openings for which reasons were available, up 267 from the October level. This total includes 2,316 cases from the Basic sector and 110 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	77.8
Loss of employment	0.3
Loss of other benefits	5.2
Parent leaving home	0.1
Increased medical needs	4.7
Loss of unemployment benefits	0.2
All other reasons	8.2

Reasons for Case Closings

Reasons were available for 3,116 November 2015 TANF case closings – up by 73 cases from October. This total includes 2,933 cases from the Basic sector and 183 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	2.9
Non-compliance*	39.6
Non-financial	24.4

*83 cases canceled in October 2015 for non-compliance related reasons were reinstated by November after complying. These cases had no break in assistance.

Assistance to the Aged, Blind or Disabled (AABD)

The total number of November 2015 AABD cases was down 2,502 or 9.3 percent from the number of cases a year earlier. The decrease was largely attributable to Disability Assistance, where the number of cases fell 1,988 or 9.0 percent from November 2014 levels.

- **One-Person AABD Cases:** One-person cases receiving grants through AABD fell by 304 in November to a total of 24,446. This total includes 4,356 persons who qualified for Old Age Assistance; 87 persons who qualified for Blind Assistance; and 20,003 persons who qualified for Disability Assistance.
- **“0” Grant Status:** The number of persons in “0” grant status fell by 25 to 1,216.
- **State Supplemental Payments:** The number of individuals receiving State Supplemental Payments dropped by 279 to 23,230.

Medical Assistance – No Grant

Disability Assistance customers were responsible for a monthly increase of 486 cases receiving Medical Assistance in November 2015. Persons increased by 2,002. This resulted in a program total of 1,810,572 cases (3,068,817 persons). Of the total, 60,918 MANG cases and 91,356 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 12,427. Additional FHP cases totaled 48,491. Additional FHP persons totaled 78,929.

- **MANG:** MANG recipients represent 89 percent of total cases and 90 percent of total persons. MANG cases increased 4.0 percent from their November 2014 levels, when they represented 85 percent of all cases.
- **Family Health Plans:** Families increased by 156 to 1,315,559 from October to November 2015. Persons increased by 1,672 to 2,573,804. These totals include two groups newly-eligible under the Affordable Care Act. 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 rose by 428 to 455,133 one-person cases. AABD Group Care clients totaled 60,649.
- **Foster Care:** Foster Care Assistance aided 39,880 children during this time period.

Applications – All Programs

In November 2015, application receipts for all programs excluding SNAP increased by 6,773 to a total of 107,280. This count includes: 98,040 applications for Medical Assistance, 8,356 for TANF, and 884 for AABD grants. SNAP applications received through Intake and Income Maintenance increased by 13,461 to 159,538.

Supplemental Nutrition Assistance Program (SNAP)

- SNAP Assistance was given to 1,040,174 Illinois households (1,986,957 persons) in November 2015. This is a decrease of 1.2 percent (13,103 households) from November 2014 levels.
- Of this total, 884,844 households (1,784,199 persons) also received cash or medical benefits through other public assistance programs. This is an increase of 7.8 percent (63,695 households) from November 2014 levels.
- A total of 155,330 households (202,758 persons) received Non-Assistance SNAP in November 2015. This is a 33.1 percent (76,798 household) decrease from November 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 November 1, 2015 a total of 106,036 TANF-Medical Only persons were enrolled in All Kids Phase I due to this expansion of eligibility. Included in this total are 7,302 in the Moms and Babies program and 98,734 in the Assist program.
- Cases ineligible for Medicaid due to excess income may be eligible for All Kids Phase II. November 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 18,126 Share and 33,291 Premium persons had enrolled by November 1.

FISCAL YEAR 2016 SUMMARY OF CASES AND PERSONS AS OF NOVEMBER 2015

PROGRAM	CASES	PERSONS
TANF (payment cases)	35,027	93,441
AABD Cash (st supp payments)	23,230	23,230
Zero Grants TANF	4,688	13,137
Zero Grants AABD	1,216	1,216
Family Health Plans	1,315,559	2,573,804
AABD MANG	455,133	455,133
Non-Assistance SNAP	155,330	202,758
Foster Care	39,880	39,880
Refugees Cash & Medical	442	446
Refugees Medical Only	138	139
Total	2,030,643	3,403,184

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 November 2015, an estimated 107,583 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 November 2015, an estimated 6,829 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.

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 7,298 households in shelters during July-September 2015. Of those 1,780 were households with children.
- **The Emergency Food Program** served 755,455 households from July-September 2015.
- **The Homeless Prevention Program** helps families in existing homes and helps others secure affordable housing. During July-September 2015, 147 households were served. Of those, 80 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 2015, 485,221 nights of Supportive Housing were provided.
- **The Refugee and Immigrant Citizenship Initiative** funds the provision of English language, civics and U.S. history instruction as well as application services. This program has been suspended.
- **Of the refugees served**, 309 entered employment, and 279 retained jobs 90 days.
- **The Outreach and Interpretation** project assures access to IDHS benefits. This program has been suspended.

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 707 customers during the July-September 2015 quarter.
- **The Estimated Donated Funds Initiative** aided 4,279 customers with 68,851 rides provided for Seniors during the July-September 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 one 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 at 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.

Indicator	September 2015	SFY 2015 Average	SFY 2014 Average	SFY 2013 Average
Referrals	2,693	2,873	2,839	2,592
Active IFSP's	20,860	21,183	20,342	19,662
0-3 Participation Rate	4.09%	4.15%	3.99%	3.96%
Under 1 Participation Rate	1.17%	1.29%	1.24%	1.07%
% With Medicaid	58.8%	59.8%	61.1%	48.90%
% With Insurance	36.1%	35.7%	34.5%	36.70%
% With Fees	27.8%	27.8%	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 since 1997. 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 2015
Pregnant Women	24,147
Breastfeeding Women	16,028
Postpartum Women	16,183
Infants	66,145
Children	113,465

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 June 2015

Location	Category	Medicaid	Non-Medicaid
Cook County	Children	7,844	1,332
	Infants	18,305	2,392
	Pregnant	8,828	1,051
Downstate	Children	9,367	1,188
	Infants	33,417	3,130
	Pregnant	15,321	1,352
Statewide	Children	17,211	2,520
	Infants	53,172	5,522
	Pregnant	24,149	2,403

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