"JUST THE FACTS"

A Monthly Assistance Update from the
Illinois Department of Human Services

January 2016

Summary

Total cases receiving Public Assistance in Illinois fell by 57,387 cases (119,694 persons) in January 2016 from January 2015. Non- Assistance SNAP cases were primarily responsible for the decrease. Aided cases numbered 2,011,629 (3,362,628 persons), down 2.8 percent from year-earlier totals.

Temporary Assistance to Needy Families (TANF)

Benefits

- **Total TANF Benefits**: There were 37,857 TANF cases (101,815 persons) in January 2016, down 1,558 cases and 4,204 persons from December 2015. The caseload was 18.8 percent lower than the January 2015 total.
- **"0" Grant Cases:** There were 4,435 "0" Grant cases (12,733 persons) in January 2016, down 201 cases and 383 persons from December 2015.
- **TANF-Basic:** TANF-Basic (primarily single-parent) families fell by 1,495 (3,939 persons) in January 2016 from December 2015 to 36,310 cases (94,831 persons).
- **Two-Parent Cases:** Two-parent cases fell by 63 (265 persons) in January 2016 from December 2015 to 1,547 cases (6,984 persons).

TANF Program Detail

- **Applications:** The number of TANF applications received in January 2016 rose by 202 from December 2015 to a total of 9,342. New applications increased and re-applications decreased. Receipts included 7,941 applications for the Basic sector and 1,401 applications for the two-parent sector. There were 3,041 applications pending for the combined program this month, an increase of 714 from December 2015 levels.
- **Approvals:** There were 1,671 assistance approvals this month, including 1,054 new grants (down 319 from December 2015) and 617 reinstatements (down 239 from December 2015). A reinstatement is defined as approval of any case that was active within the previous 24 months.

Reasons for Case Openings

There were 2,124 January 2016 TANF openings for which reasons were available, down 253 from the December 2015 level. This total includes 2,008 cases from the Basic sector and 116 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	1.6
Living below agency standards	80.5
Loss of employment	0.1
Loss of other benefits	4.1
Parent leaving home	0.1
Increased medical needs	4.4
Loss of unemployment benefits	0.3
All other reasons	8.9

Reasons for Case Closings

Reasons were available for 2,909 January 2016 TANF case closings – down by 278 cases from December 2015. This total includes 2,736 cases from the Basic sector and 173 cases from the two-parent sector. Reasons for closing cases included the following:

REASONS FOR CASE CLOSINGS	% OF TOTAL CASE CLOSINGS
Earned income	36.3
Other financial	3.5
Non-compliance*	38.5
Non-financial	21.7

*33 cases canceled in December 2015 for non-compliance related reasons were reinstated by January 2016 after complying. These cases had no break in assistance.

Assistance to the Aged, Blind or Disabled (AABD)

The total number of January 2016 AABD cases was down 2,475 or 9.2 percent from the number of cases a year earlier. The decrease was largely attributable to Disability Assistance, where the number of cases fell 1,940 or 8.9 percent from January 2015 levels.

- **One-Person AABD Cases:** One-person cases receiving grants through AABD fell by 118 in January 2016 from December 2015 to a total of 24,308. This total includes 4,296 persons who qualified for Old Age Assistance; 91 persons who qualified for Blind Assistance; and 19,921 persons who qualified for Disability Assistance.
- **"0" Grant Status:** The number of persons in "0" grant status fell by 13 to 1,182 in January 2016 from December 2015.
- **State Supplemental Payments:** The number of individuals receiving State Supplemental Payments fell by 105 to 23,126 in January 2016 from December 2015.

Medical Assistance – No Grant

Family Health Plans customers were mainly responsible for a monthly increase of 3,363 cases receiving Medical Assistance in January 2016. Persons decreased by 2,344. This resulted in a program total of 1,810,724 cases (3,055,699 persons). Of the total, 60,780 MANG cases and 91,108 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 12,397. Additional FHP cases totaled 48,383. Additional FHP persons totaled 78,711.

- **MANG:** MANG recipients represent 90 percent of total cases and 91 percent of total persons in January 2016. MANG cases increased 4.5 percent from their January 2015 levels, when they represented 85.5 percent of all cases.
- **Family Health Plans:** Families increased by 3,462 to 1,317,386 from December 2015 to January 2016. Persons decreased by 2,245 to 2,562,361. 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 dropped by 131 in January 2016 from December 2015 to 453,445 one-person cases. AABD Group Care clients totaled 60,208 in January 2016.
- **Foster Care:** Foster Care Assistance aided 39,893 children in January 2016.

Applications – All Programs

In January 2016, application receipts for all programs excluding SNAP decreased by 20,849 from December 2015 to a total of 125,639. This count includes: 115,434 applications for Medical Assistance, 9,342 for TANF, and 863 for AABD grants. SNAP applications received through Intake and Income Maintenance increased by 10,055 from December 2015 to 199,815.

Supplemental Nutrition Assistance Program (SNAP)

- SNAP Assistance was given to 998,137 Illinois households (1,909,279 persons) in January 2016. This is a decrease of 6.5 percent (69,208 households) from January 2015 levels.
- Of this total, 859,992 households (1,729,079 persons) also received cash or medical benefits through other public assistance programs. This is an increase of 2.2 percent (18,172 households) from January 2015 levels.
- A total of 138,145 households (180,200 persons) received Non-Assistance SNAP in January 2016. This is a 38.7 percent (87,380 household) decrease from January 2015 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 January 1, 2016 a total of 107,463 TANF-Medical Only persons were enrolled in All Kids Phase I due to this expansion of eligibility. Included in this total are 7,123 in the Moms and Babies program and 100,340 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 19,805 Share and 35,626 Premium persons had enrolled by January 1 2016.

FISCAL YEAR 2016 SUMMARY OF CASES AND PERSONS AS OF JANUARY 2016

PROGRAM	CASES	PERSONS
TANF (payment cases)	33,422	89,082
AABD Cash (st supp payments)	23,126	23,126
Zero Grants TANF	4,435	12,733
Zero Grants AABD	1,182	1,182
Family Health Plans	1,317,386	2,562,361
AABD MANG	453,445	453,445
Non-Assistance SNAP	138,145	180,200
Foster Care	39,893	39,893
Refugees Cash & Medical	448	457
Refugees Medical Only	147	149
Total	**2,011,629**	**3,362,628**

Child Care

Child Care Services are available to families with income at or below 162 percent of the federal poverty level. 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 January 2016, an estimated 101,726 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 January 2016, an estimated 6,781 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 from July – September 2015.
- **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 13,695 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 other counseling services 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 (i.e., 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	December 2015	SFY 2016 Average	SFY 2015 Average	SFY 2014 Average
Referrals	2,272	2,602	2,873	2,839
Active IFSP's	20,342	20,826	21,183	20,342
0-3 Participation Rate	3.99%	4.08%	4.15%	3.99%
Under 1 Participation Rate	1.14%	1.19%	1.29%	1.24%
% With Medicaid	58.4%	58.7%	59.8%	61.1%
% With Insurance	36.7%	36.2%	35.7%	34.5%
% With Fees	27.4%	27.6%	27.8%	27.7%

What's New in EI

Illinois is preparing for Phase II submission of the State Systemic Improvement Plan (SSIP). 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 April 2016, the EI Program will submit 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 December 2015
Pregnant Women	21,870
Breastfeeding Women	15,601
Postpartum Women	16,127
Infants	64,207
Children	108,224

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 December 2015

Location	Category	Medicaid	Non-Medicaid
Cook County	Children	6,493	1,252
	Infants	17,155	2,102
	Pregnant	7,930	933
Downstate	Children	8,833	1,220
	Infants	30,753	2,730
	Pregnant	13,375	1,175
Statewide	Children	15,326	2,472
	Infants	47,908	4,832
	Pregnant	21,305	2,108

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. The last analysis conducted for SFY 2014 shows:

- The very low birth weight rate is almost 50% lower
- The rate of premature birth is almost 30% lower
- Medicaid expenditures for health care in the first year of life are almost 20% lower
- Over the last 14 years, participation in both WIC and FCM saved Illinois on average over $200 million each year in Medicaid expenses.

Bureau of Program & Performance Management