

“JUST THE FACTS”

A Monthly Assistance Update from the
Illinois Department of Human Services

January 2017

Summary

Total cases receiving Public Assistance in Illinois fell by 30,485 cases (53,845 persons) in January 2017 from January 2016. Non-Assistance SNAP cases were primarily responsible for the decrease. Aided cases numbered 1,981,144 (3,308,783 persons), down 1.5 percent from year-earlier totals.

Temporary Assistance to Needy Families (TANF)

Benefits

- **Total TANF Benefits:** There were 29,793 TANF cases (79,340 persons) in January 2017, down 633 cases and 1,839 persons from December 2016. The caseload was 24.4 percent lower than the January 2016 total.
- **“0” Grant Cases:** There were 3,096 “0” Grant cases (8,925 persons) in January 2017, up 83 cases and up 132 persons from December 2016.
- **TANF-Basic:** TANF-Basic (primarily single-parent) families fell by 624 cases (1,779 persons) in January 2017 from December 2016 to 28,511 cases (73,511 persons).
- **Two-Parent Cases:** Two-parent cases decreased by 9 (decreased 60 persons) in January 2017 from December 2016 to 1,282 cases (5,829 persons).

TANF Program Detail

- **Applications:** The number of TANF applications received in January 2017 increased by 807 from December 2016 to a total of 8,724. New applications and re-applications increased. Receipts included 7,441 applications for the Basic sector and 1,283 applications for the two-parent sector. There were 2,590 applications pending for the combined program this month, an increase of 441 from December 2016 levels.
- **Approvals:** There were 1,519 assistance approvals this month, including 894 new grants (down 131 from December 2016) and 625 reinstatements (down 98 from December 2016). A reinstatement is defined as approval of any case that was active within the previous 24 months.

Reasons for Case Openings

There were 1,973 January 2017 TANF openings for which reasons were available, up 97 from the December 2016 level. This total includes 1,845 cases from the Basic sector and 128 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	1.5
Living below agency standards	83.9
Loss of employment	0.4
Loss of other benefits	5.3
Parent leaving home	0.0
Increased medical needs	2.6
Loss of unemployment benefits	0.7
All other reasons	5.5

Reasons for Case Closings

Reasons were available for 2,209 January 2017 TANF case closings – up 76 cases from December 2016. This total includes 2,092 cases from the Basic sector and 117 cases from the two-parent sector. Reasons for closing cases included the following:

REASONS FOR CASE CLOSINGS	% OF TOTAL CASE CLOSINGS
Earned income	35.9
Other financial	3.0
Non-compliance*	39.5
Non-financial	21.6

*29 cases canceled in December 2016 for non-compliance related reasons were reinstated by January 2017 after complying. These cases had no break in assistance.

Assistance to the Aged, Blind or Disabled (AABD)

The total number of January 2017 AABD cases was down 839 or 3.5 percent from the number of cases a year earlier. The decrease was largely attributable to Disability Assistance, where the number of cases fell 576 or 2.9 percent from January 2016 levels.

- **One-Person AABD Cases:** One-person cases receiving grants through AABD increased by 1,208 in January 2017 from December 2016 to a total of 23,469. This total includes 4,035 persons who qualified for Old Age Assistance; 89 persons who qualified for Blind Assistance; and 19,345 persons who qualified for Disability Assistance.
- **“0” Grant Status:** The number of persons in “0” grant status increased by 38 to 1,069 in January 2017 from December 2016.
- **State Supplemental Payments:** The number of individuals receiving State Supplemental Payments increased by 1,170 to 22,400 in January 2017 from December 2016.

Medical Assistance – No Grant

Disability Assistance customers were mainly responsible for a monthly increase of 1,208 cases receiving Medical Assistance in January 2017. Persons decreased by 6,055. This resulted in a program total of 1,812,884 cases (3,053,269 persons). Of the total, 52,131 MANG cases and 79,393 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 10,427. Additional FHP cases totaled 41,643. Additional FHP persons totaled 68,905.

- **MANG:** MANG recipients represent 91.5 percent of total cases and 92.3 percent of total persons in January 2017. MANG cases increased 0.12 percent from their January 2016 levels, when they represented 90 percent of all cases.
- **Family Health Plans:** Families increased by 27,680 to 1,334,115 from December 2016 to January 2017. Persons decreased by 5,466 to 2,574,500. 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 decreased by 651 in January 2017 from December 2016 to 440,861 one-person cases. AABD Group Care clients totaled 59,450 in January 2017.
- **Foster Care:** Foster Care Assistance aided 37,908 children in January 2017.

Applications – All Programs

In January 2017, application receipts for all programs excluding SNAP decreased by 13,819 from December 2016 to a total of 97,875. This count includes: 88,405 applications for Medical Assistance, 8,724 for TANF, and 746 for AABD grants. SNAP applications received through Intake and Income Maintenance increased by 24,403 from December 2016 to 162,686.

Supplemental Nutrition Assistance Program (SNAP)

- SNAP Assistance was given to 973,205 Illinois households (1,867,770 persons) in January 2017. This is a decrease of 2.5 percent (24,932 households) from January 2016 levels.
- Of this total, 858,885 households (1,715,781 persons) also received cash or medical benefits through other public assistance programs. This is a decrease of 0.13 percent (1,107 households) from January 2016 levels.
- A total of 114,320 households (151,989 persons) received Non-Assistance SNAP in January 2017. This is a 17.3 percent (23,825 household) decrease from January 2016 levels.

All Kids (KidCare)

- All Kids, which began in February 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 February 5, 1998 and January 1, 2017, a total of 115,431 TANF-Medical Only persons were enrolled in All Kids Phase I due to this expansion of eligibility. Included in this total are 6,533 in the Moms and Babies program and 108,898 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 19,213 Share and 37,288 Premium persons had enrolled by January 1, 2017.

FISCAL YEAR 2017 SUMMARY OF CASES AND PERSONS AS OF JANUARY 2017

PROGRAM	CASES	PERSONS
TANF (payment cases)	26,697	70,415
AABD Cash (st supp payments)	22,400	22,400
Zero Grants TANF	3,096	8,925
Zero Grants AABD	1,069	1,069
Family Health Plans	1,334,115	2,574,500
AABD MANG	440,861	440,861
Non-Assistance SNAP	114,320	151,989
Foster Care	37,908	37,908
Refugees Cash & Medical	530	542
Refugees Medical Only	148	174
Total	1,981,144	3,308,783

Child Care¹

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 December 2016, an estimated 127,490 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 December 2016, an estimated 4,975 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 5,466 households in shelters during October-December 2016. Of those, 799 were households with children.
- **The Emergency Food Program** served 785,641 households (duplicative) from October-December 2016.
- **The Homeless Prevention Program** helps families in existing homes and helps others secure affordable housing. During October-December 2016, 885 households were served. Of those, 533 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 2016, 502,101 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**, 500 entered employment, and 756 retained jobs 90 days from July–September 2016.
- **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 440 customers during the October-December 2016 quarter.
- **The Estimated Donated Funds Initiative** aided 12,388 customers with 61,970 rides provided for Senior’s during the October-December 2016 quarter.

Early Intervention (EI)¹

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 2016	SFY 2017 Average	SFY 2016 Average
Referrals	2,313	2,726	2,849
Active IFSP's	20,885	20,824	20,689
0-3 Participation Rate	4.47%	4.46%	4.43%
Under 1 Participation Rate	1.30%	1.36%	1.33%
% With Medicaid	58.8%	58.9%	58.6%
% With Insurance	37.2%	37.2%	36.8%
% With Fees	26.7%	27.0%	27.5%

What's New in EI

The Bureau, along with multiple stakeholder representatives, has been working to prepare for implementing the State Systemic Improvement Plan (SSIP) Phase II strategies in the 3 pilot Race to the Top Innovation Zones. An evaluation Team was created to create the necessary tool(s) to measure and report on the implementation. Each of the 3 pilot sites has also received training for their Local Leadership Teams who will be the lead evaluators of the implementation within their own geographic areas. In April 2017, the EI Program will submit Phase III of the SSIP, which will identify implementation steps taken for changes to infrastructure, resources needed, expected outcomes, timeliness showing completion of improvement activities, and an evaluation of the implementation plan.

Women, Infants, and Children (WIC)¹

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 2016
Pregnant Women	19,116
Breastfeeding Women	15,620
Postpartum Women	15,971
Infants	59,997
Children	100,847

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 Management¹

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 2016

Location	Category	Medicaid	Non-Medicaid
Cook County	Children	5,367	914
	Infants	13,224	1,794
	Pregnant	6,387	840
Downstate	Children	7,759	782
	Infants	25,685	2599
	Pregnant	10,934	917
Statewide	Children	13,126	1,696
	Infants	38,909	4,393
	Pregnant	17,321	1,757

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

¹ Current month's Child Care; Early Intervention; Women, Infants, and Children; and Family Case Management data is not released until the end of the following month resulting in a one month lag for this report.