"JUST THE FACTS"

A Monthly Assistance Update from the
Illinois Department of Human Services

March 2016

Summary

Total cases receiving Public Assistance in Illinois fell by 95,064 cases (165,812 persons) in March 2016 from March 2015. Non- Assistance SNAP cases were primarily responsible for the decrease. Aided cases numbered 2,004,082 (3,347,943 persons), down 4.5 percent from year-earlier totals.

Temporary Assistance to Needy Families (TANF)

Benefits

- **Total TANF Benefits**: There were 35,909 TANF cases (96,134 persons) in March 2016, down 1003 cases and 3,014 persons from February 2016. The caseload was 22.6 percent lower than the March 2015 total.
- **"0" Grant Cases:** There were 4,239 "0" Grant cases (12,368 persons) in March 2016, down 48 cases and 121 persons from February 2016.
- **TANF-Basic:** TANF-Basic (primarily single-parent) families fell by 965 (2,826 persons) in March 2016 from February 2016 to 34,426 cases (89,476 persons).
- **Two-Parent Cases:** Two-parent cases fell by 38 (188 persons) in March 2016 from February 2016 to 1,483 cases (6,658 persons).

TANF Program Detail

- **Applications:** The number of TANF applications received in March 2016 increased by 185 from February 2016 to a total of 8,164. New applications decreased and re-applications increased. Receipts included 7,043 applications for the Basic sector and 1,121 applications for the two-parent sector. There were 2,132 applications pending for the combined program this month, a decrease of 514 from February 2016 levels.
- **Approvals:** There were 1,660 assistance approvals this month, including 991 new grants (down 52 from February 2016) and 669 reinstatements (up 46 from February 2016). A reinstatement is defined as approval of any case that was active within the previous 24 months.

Reasons for Case Openings

There were 1,530 March 2016 TANF openings for which reasons were available, down 389 from the February 2016 level. This total includes 1,439 cases from the Basic sector and 91 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	80.3
Loss of employment	0.5
Loss of other benefits	5.2
Parent leaving home	0.3
Increased medical needs	3.9
Loss of unemployment benefits	0.5
All other reasons	7.8

Reasons for Case Closings

Reasons were available for 2,653 March 2016 TANF case closings – down by 140 cases from February 2016. This total includes 2,492 cases from the Basic sector and 161 cases from the two-parent sector. Reasons for closing cases included the following:

REASONS FOR CASE CLOSINGS	% OF TOTAL CASE CLOSINGS
Earned income	29.7
Other financial	3.7
Non-compliance*	45.1
Non-financial	21.6

*25 cases canceled in February 2016 for non-compliance related reasons were reinstated by March 2016 after complying. These cases had no break in assistance.

Assistance to the Aged, Blind or Disabled (AABD)

The total number of March 2016 AABD cases was down 2,372 or 8.9 percent from the number of cases a year earlier. The decrease was largely attributable to Disability Assistance, where the number of cases fell 1,842 or 8.5 percent from March 2015 levels.

- **One-Person AABD Cases:** One-person cases receiving grants through AABD fell by 4 in March 2016 from February 2016 to a total of 24,150. This total includes 4,253 persons who qualified for Old Age Assistance; 90 persons who qualified for Blind Assistance; and 19,807 persons who qualified for Disability Assistance.
- **"0" Grant Status:** The number of persons in "0" grant status fell by 14 to 1,167 in March 2016 from February 2016.
- **State Supplemental Payments:** The number of individuals receiving State Supplemental Payments rose by 10 to 22,983 in March 2016 from February 2016.

Medical Assistance – No Grant

Family Health Plans customers were mainly responsible for a monthly increase of 4,479 cases receiving Medical Assistance in March 2016. Persons increased by 6,544. This resulted in a program total of 1,816,222 cases (3,060,549 persons). Of the total, 59,236 MANG cases and 88,825 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 12,424. Additional FHP cases totaled 46,812. Additional FHP persons totaled 76,401.

- **MANG:** MANG recipients represent 91 percent of total cases and 91 percent of total persons in March 2016. MANG cases increased 4.5 percent from their March 2015 levels, when they represented 86.2 percent of all cases.
- **Family Health Plans:** Families increased by 5,008 to 1,325,682 from February 2016 to March 2016. Persons increased by 7,073 to 2,570,009. 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 720 in March 2016 from February 2016 to 450,515 one-person cases. AABD Group Care clients totaled 60,214 in March 2016.
- **Foster Care:** Foster Care Assistance aided 40,025 children in March 2016.

Applications – All Programs

In March 2016, application receipts for all programs excluding SNAP decreased by 14,897 from February 2016 to a total of 107,302. This count includes: 98,216 applications for Medical Assistance, 8,164 for TANF, and 922 for AABD grants. SNAP applications received through Intake and Income Maintenance increased by 5,887 from February 2016 to 199,770.

Supplemental Nutrition Assistance Program (SNAP)

- SNAP Assistance was given to 973,616 Illinois households (1,870,177 persons) in March 2016. This is a decrease of 8.9 percent (95,696 households) from March 2015 levels.
- Of this total, 846,383 households (1,703,648 persons) also received cash or medical benefits through other public assistance programs. This is a decrease of 0.8 percent (6,939 households) from March 2015 levels.
- A total of 127,233 households (166,529 persons) received Non-Assistance SNAP in March 2016. This is a 41.1 percent (88,757 household) decrease from March 2015 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 March 1, 2016 a total of 110,703 TANF-Medical Only persons were enrolled in All Kids Phase I due to this expansion of eligibility. Included in this total are 7,038 in the Moms and Babies program and 103,665 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 21,076 Share and 37,423 Premium persons had enrolled by March 1, 2016.

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

PROGRAM	CASES	PERSONS
TANF (payment cases)	31,670	83,766
AABD Cash (st supp payments)	22,983	22,983
Zero Grants TANF	4,239	12,368
Zero Grants AABD	1,167	1,167
Family Health Plans	1,325,682	2,570,009
AABD MANG	450,515	450,515
Non-Assistance SNAP	127,233	166,529
Foster Care	40,025	40,025
Refugees Cash & Medical	427	439
Refugees Medical Only	141	142
Total	**2,004,082**	**3,347,943**

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 March 2016, an estimated 113,732 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 March 2016, an estimated 6,790 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 5,590 households in shelters during October-December 2015. Of those 894 were households with children.
- **The Emergency Food Program** served 843,598 households from October-December 2015.
- **The Homeless Prevention Program** helps families in existing homes and helps others secure affordable housing. During October-December 2015, 173 households were served. Of those, 77 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 2015, 540,725 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**, 328 entered employment, and 272 retained jobs 90 days from October-December 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 358 customers during the October-December 2015 quarter.
- **The Estimated Donated Funds Initiative** aided 12,749 customers with 70,415 rides provided for Seniors during the October-December 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