SNAP Webinar Q&A Follow-up

OVERVIEW

Below are responses to attendees’ questions that were not answered during the webinar, Toward Better Integration of Health and Human Services: Linkages between Food Insecurity, SNAP and Health Care, held on Monday, April 9, 2018.

You can view the webinar, and access related resources, on the IMPAQ International Website: www.impaqint.com/oasdoh.

QUESTIONS & ANSWERS

How can we increase public awareness of public assistance programs outside of the clinical setting?

Using data to effectively target individuals eligible for public benefits and services is the most cost-effective and efficient way to increase public awareness for likely eligible participants. Medicaid enrollment files can and should be utilized to target other social service supports that improve health and lower healthcare costs. Campaigns across the country are showing that targeted efforts to increase awareness, coupled with systems change efforts to simplify the application process, are essential to tackle participation gaps. See findings from the USDA Evaluation of pilot strategies aimed at facilitating access to SNAP among the elderly and the working poor - https://www.fns.usda.gov/snap/reaching-underserved-elderly-and-working-poor-snap-evaluation-findings-fiscal-year-2009-pilots).

For closing the senior SNAP gap, are there any estimates (from other research) on cost of advocacy/communication/programs, since getting SNAP is usually a high-contact activity that may be difficult for seniors?

Leveraging available policy options and system change levers is an effective method in reducing the costs associated with closing the SNAP participation gap for seniors. For example, the Elderly Simplified Application Project (ESAP) is a state waiver that simplifies verification requirements, extends certification periods to 36 months and waives the recertification for senior-only households. The Standard Medical Deduction (SMD) allows for senior household applicants to attain the maximum SNAP benefit amount by verifying at least $35 in medical

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expenses. Targeted streamlining and express lane efforts through partnerships between health and human services at the state-level is also an efficient tactic. For instance, auto-enrolling seniors on Medicaid to SNAP would be low-cost and efficient. See the Benefits Data Trust (BDT) Health Outcomes Brief - http://www.bdtrust.org/what-we-do/senior-snap-research/.

BDT has used data-driven streamlining strategies in a Philadelphia pilot that generated a 46:1 Return on Investment. BDT was able to increase senior SNAP participation in the BenePhilly pilot by 23.2% while significantly reducing case worker processing time by at least 30 minutes per case. See findings from the USDA Evaluation of pilot strategies aimed at facilitating access to SNAP among the elderly and the working poor - https://www.fns.usda.gov/snap/reaching-underserved-elderly-and-working-poor-snap-evaluation-findings-fiscal-year-2009-pilots.

Across the states you serve, what is the typical percentage of seniors who are eligible but not enrolled in SNAP and LEAP/Medicaid? Relatedly, how do you get access to Medicaid enrollee lists? Finally, knowing that BDT focused on seniors in Maryland, what demographic do you feel has the next biggest opportunity for intervention?

This NCOA link is a great interactive resource to view senior SNAP participation trends across the country - https://www.ncoa.org/economic-security/benefits/visualizations/senior-snap-participation/.

Regarding access to Medicaid enrollee lists, BDT works closely with state agencies to develop partnerships to engage in data sharing agreements in order to effectively identify, target and enroll eligible individuals in the benefits and services they are eligible to receive. BDT maintains high-level data security parameters in order to attain these data sets and abides by specified permissions of use in leveraging this data.

Finally, there is a huge opportunity to leverage Medicaid data and coordinate health and human services to improve health, support people on their pathway to economic stability and when possible, help them gain financial independence while driving down health care costs in the process. See this Center for Health Care Strategies, Inc. (CHCS) brief on Social Determinants of Health Interventions for Medicaid Beneficiaries - https://www.chcs.org/resource/measuring-social-determinants-health-among-medicaid-beneficiaries-early-state-lessons/?platform=hootsuite
Do individuals that qualify for Medicaid automatically qualify for SNAP?

All seniors receiving Medicaid could be automatically enrolled in SNAP since beneficiaries are adjunctively eligible. Doing so would eliminate burdensome application requirements that individuals may find challenging.

Is Medicaid reimbursing for screen and refer activities? Would BDT consider having "benefit clinics" to register income eligible participants for needed benefits such as SNAP?

The Centers for Medicare & Medicaid Services (CMS) has recently released a set of rules around the inclusion of health-related supplemental benefits for Medicare Advantage plans that would allow for more flexible benefit supports around social determinants such as access to food. This is aimed at ensuring that individuals and families are able to get the benefits they need to meet their basic needs and improve their health. See the CMS Rule - https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf.


BDT works with health plans and providers to engage in targeted outreach and enrollment campaigns. BDT also partners with over ten in-person Community Based Organization (CBO) sites around Philadelphia using our custom-built software platform allowing all the CBO’s and in-person entities to engage in benefits access screening and application assistance using one integrated system. We are always willing to explore partnerships with a focus on building efficient and effective programs. Our aim is to provide complimentary supports to what is in the community already to effectively scale our impact.
What is the outlook for SNAP in the new farm bill? Do you find that state policy makers/federal policy makers are open to this information and the cost savings logic? Is the impact of food insecurity on healthcare costs part of lawmakers’ discussions, or are other issues taking precedent?

Looking at the recent proposal from the House Agriculture committee, the focus for SNAP is not on the benefits of SNAP or its link to reduced healthcare costs. SNAP is a huge entitlement program that provides food to millions of people and as a result it is also a target for cuts. There are a number of SNAP proposals in the upcoming farm bill that will restrict eligibility, including: (1) severely limiting the amount of time able-bodied adults without dependent children are able to receive benefits if they are not working, (2) drug testing, (3) expanding work requirements, and (4) ending the “broad based categorical eligibility” which allows anyone with an income below 130% of the Federal Poverty Line to qualify for benefits.

Although there are many federal and state policy makers on both sides for whom the cost savings logic (through the link between SNAP and health) resonates, this argument alone does not seem as if it is going to be potent enough to substantially change the SNAP debate in this farm bill cycle. Nonetheless, while there are other issues taking precedence at this time, it is hard to ignore the cost savings that SNAP can bring on the healthcare side and as a result there are organizations working to push this message with policymakers. This will be a message that can resonate even when there are discussion about cuts.

What could be the role of investing in food access solutions that utilize local agriculture? All your research makes a clear case for paying for food/SNAP for individuals, but how might we make the jump to the argument that it’s worthwhile for governments, healthcare systems, and insurance companies to also put resources towards say, opening farmers markets, grocery stores, food hub, CSA programs, etc?

Access to healthy food requires both financial and geographic access. SNAP increases financial access to healthy food, but if those dollars cannot be easily spent on healthy foods then they will be spent on unhealthy food. Farmers markets, full service grocery stores, food hubs, CSA programs, etc, all increase geographic access. Along with SNAP benefits, they can help make healthy intake easier.

Programs such as Double Up Food Bucks provides a valued incentive for low-income SNAP participants to purchase fruits and vegetables while also benefiting local growers. Healthcare systems such as Geisinger instituted a Fresh Food Farmacy that offers food insecure patients prescriptions for free food aimed at yielding improved health outcomes and reducing the cost of
Investing in food supports upstream is an effective population health strategy and more robust research is needed to further demonstrate the association between access to food supports and outcomes.

**What about addressing hunger and health simultaneously by modeling SNAP after WIC, so that in addition to addressing food insecurity, the program addresses health too?**


**Are there any CEUs available for this webinar?**

Unfortunately, there are no CEUs for attending this webinar.

**THANK YOU**

For more information about the webinar, including a recording and other resources related to older adults and social determinants, visit [www.impaqint.com/oasdoh](http://www.impaqint.com/oasdoh).