

Food Access Nutrition Education Outreach (FANOut) Committee Webinar

Senior Healthy Food Access and Nutrition Education Information and Innovative Practices Webinar

Hosted by: California Department of Social Services
Moderated by: Public Health Institute Center for Wellness and Nutrition

December 7, 2016

A RECORDING OF THIS WEBINAR CAN BE ACCESSED AT:

<https://publichealthinstitute.webex.com/publichealthinstitute/lsr.php?RCID=66ebbe9e05734c4daac04a201757367d>



Closing the CalFresh Senior Participation Gap

Alexis Fernandez

Chief,
Policy Section, CalFresh Branch



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California Department of Social Services
FANOut Webinar
Wednesday, December 7, 2016

Department of
SOCIAL SERVICES



CalFresh 101

- CalFresh, known Federally as the Supplemental Nutrition Assistance Program (SNAP), provides low-income households with monthly benefits to purchase food.
- SNAP is administered by USDA. At the state level, CalFresh is administered by CDSS and California's 58 counties have local administrative authority.
- CalFresh benefits are 100% federally funded and benefits are a federal entitlement.
- Currently, CalFresh serves nearly 4.5 million individuals providing more than \$ 7.5 billion in CalFresh benefits annually.

Why CalFresh?

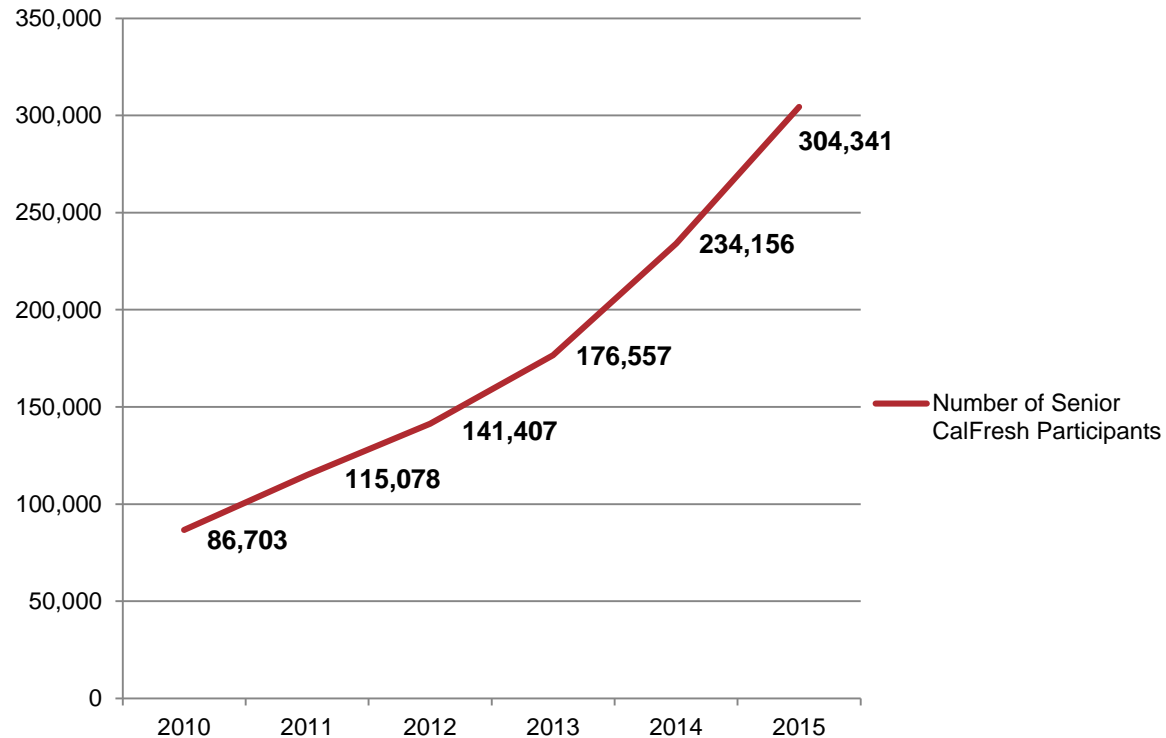
- Seniors often rely on fixed incomes and have substantial medical expenses that heavily impact monthly budgets.
- There are consequences to food hardship among seniors, including poorer diet quality and increased hospitalization and mortality.
- As the senior population continues to grow, ensuring adequate nutrition becomes a growing challenge.
- Unlike other senior nutrition programs which may be subject to budget constraints, CalFresh, as an entitlement program, has the potential to support all seniors in need.
- In combination with other benefits, CalFresh can support the economic security, overall health and well-being of California Seniors.

CalFresh Senior Participation

- Following national trends, California's senior participation has increased significantly since 2008.
 - Between 2008 and 2013 California was one of six states in which senior participation increased by more than 150%.
- By 2015, we more than tripled our 2008 caseload.
- Regardless of these significant caseload increases, California's average percentage of senior participants continues to be one of the the lowest in the country.
- California's FY 2012 participation rate among eligible Seniors was 18%; nearly 7 percentage points lower than the next lowest state.

Reference: <https://www.mathematica-mpr.com/our-publications-and-findings/publications/state-trends-in-supplemental-nutrition-assistance-program-eligibility-and-participation-among>

CalFresh Senior Participation



CalFresh Senior Characteristics

Participating Seniors

- 66% live in one person households
- 68% live in households with gross income at or below 100% FPL
- 46% receive Social Security averaging \$984 per month

Eligible Seniors

- 65% live in one person households
- 44% live in households in poverty
- 76% live in households with Social Security averaging \$959 per month

CalFresh Senior Benefit Amounts

Participating Seniors

- 10% of Seniors received the minimum benefit
- 32% of Seniors received the maximum benefit
- \$158 average monthly benefit

Eligible Seniors

- 37% of Seniors would receive the minimum benefit
- 20% of Seniors would receive the maximum benefit
- \$114 average monthly benefit

Barriers to Participation

- Stigma
- Program myths & misinformation
- Isolation
- Mobility & transportation
- Technology
- Limited English proficiency
- A burdensome application process
- Others?

Strategies

Senior Waiver Package

Federal ESAP waivers for elderly/disabled HHs with no earned income:

- Extend the certification period from 24 months to 36 months;
- Waive the recertification interview requirement; and
- Make use of data matched to reduce client-provided verification.

Additionally, CA will request for elderly/disabled HHs with earned income:

- Extend the certification period from 24 months to 36 months.

Strategies

Standard Medical Deduction (SMD)

- CDSS is considering the option; currently estimating impact and costs.
- SMD demonstration projects allow elderly/disabled households to deduct a standard amount (representing average medical expenses) from all eligible HHs that demonstrate expenses over \$35 a month.
- A SMD can benefit both participants and administrators, as it simplifies the process for both and may encourage households to provide evidence of expenses.
- A SMD tends to increase utilization of the deduction and boosts monthly benefits for eligible households.
- **Trade-offs:** significant benefit increase and administrative simplification for some, small benefit cut for others.

Strategies

End SSI Cash-Out

- CDSS is reconsidering this policy option; currently estimating impact and costs.
- California is the only state with a “cash-out” policy which prevents SSI recipients, who may be otherwise eligible, from receiving CalFresh.
- **Trade-offs:** many households would experience a positive benefit increase, while a smaller number would be negatively impacted.
 - Significant influx of federally-funded benefits for low-income elderly/disabled households; likely SSI-only households with no earned income.
 - Loss of eligibility or benefit decrease for some low-income households with a mix of SSI and non-SSI members.
- Maximize participation and mitigate harm.

Strategies

Senior Marketing/Outreach Efforts

Examples:

- Senior focused messages and outreach efforts
- Senior focused eligibility unit
- Senior focused application
- Engaging trusted community partners as messengers
- Others?

Questions?

Contact:

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California Department of Social Services

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Innovative Practices for Seniors and Food Insecurity and Access to Nutritious Food



Diana Markley

Director of Programs,
San Francisco – Marin Food Bank

Innovative Practices for Seniors and Food Insecurity and access to Nutritious Food

Senior Healthy Food Access and Nutrition Education
Information and Innovative Practices Webinar 12.7.16



Diana Markley
Director of Programs
SF-Marin Food Bank
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Participants will gain a more thorough understanding of:

- how food insecurity negatively impacts seniors
- the services Food Banks offer to seniors
- the opportunity to develop new partnerships in order to address food insecurity within this vulnerable population
- how the Home Delivered Grocery program was able to expand
- lessons learned

Presentation Outcomes



Faces of Hunger



- San Francisco has over 161,177 seniors 60+ and 35,145 adults living with disabilities between the ages of 18-59
- Seniors are one of the most food insecure populations
- High cost of food and housing in the region
- CalFresh is inaccessible to many low-income seniors and adults living with disabilities

San Francisco, Seniors and Hunger

Seniors who are food insecure are:

- 50% more likely to be diabetic
- Twice as likely to report fair to poor general health
- Twice as likely to have gum disease or asthma
- Three times more likely to suffer from depression
- 14% more likely to have high blood pressure
- 60% more likely to have congestive heart failure or experienced a heart attack



High Cost of Food Insecurity

Increase funding for successful programs:

- Congregate meals
\$5.9 M, serve 3,000 meals daily
- Home-Delivered Meals
\$6.6M, serve 4,050 meals daily
- Home-Delivered Groceries
\$830K, serve 1400 clients weekly



**Food Security Task Force
Recommendations**

The Food Bank offers a variety of services:

- Extensive pantry network of 246 pantries serving 225,000 people every year
 - 48 of the 246 pantries are specifically for seniors
 - Option to identify proxy to pick up on behalf of a senior that is unable to attend themselves
- Commodity Supplemental Food Program serves over 11,500 low income seniors each month with a box of non-perishable supplemental groceries
- CalFresh outreach and application assistance
- Home Delivered Grocery program

Programming for seniors

- Who is serving potentially food insecure populations and what services are already being provided?
- How does In-Home Supportive Services fit into the equation?
- What connections need to be made?
 - Office on Aging
 - IHSS
 - The Food Bank



Do other opportunities exist?

In-Home Supportive Services Consumers

- IHSS and Home-Delivered Meals

Assets of IHSS

- Established relationship and trust with consumers
- Providers already receive hours for shopping, meal prep and clean up services

Benefits to IHSS and the community

- Feasible to inquire about food security during annual visit
- Creation of a powerful food security data set

**Leveraging IHSS and the Home
Delivered Grocery Model**



Funding



- Screening Tool
- Process Development
- Staffing



Program Structure

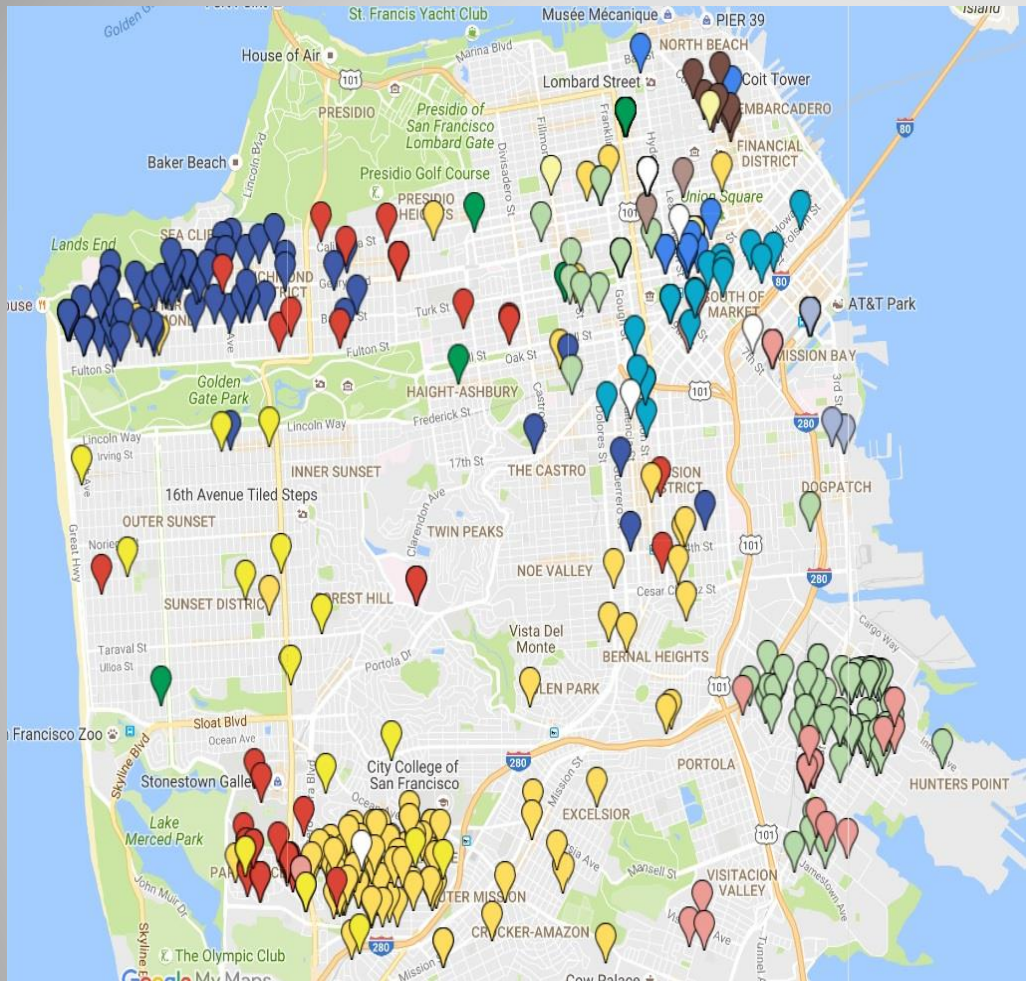
- The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.
- I/we couldn't afford to eat balanced meals.
- Did (you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?
 - If YES, how often did this happen?
 - Almost every month
 - Some months but not every month
 - Only 1 or 2 months
- Did you ever eat less than you felt you should because there wasn't enough money for food?
- Were you ever hungry but didn't eat because there wasn't enough money for food?

Screening tool



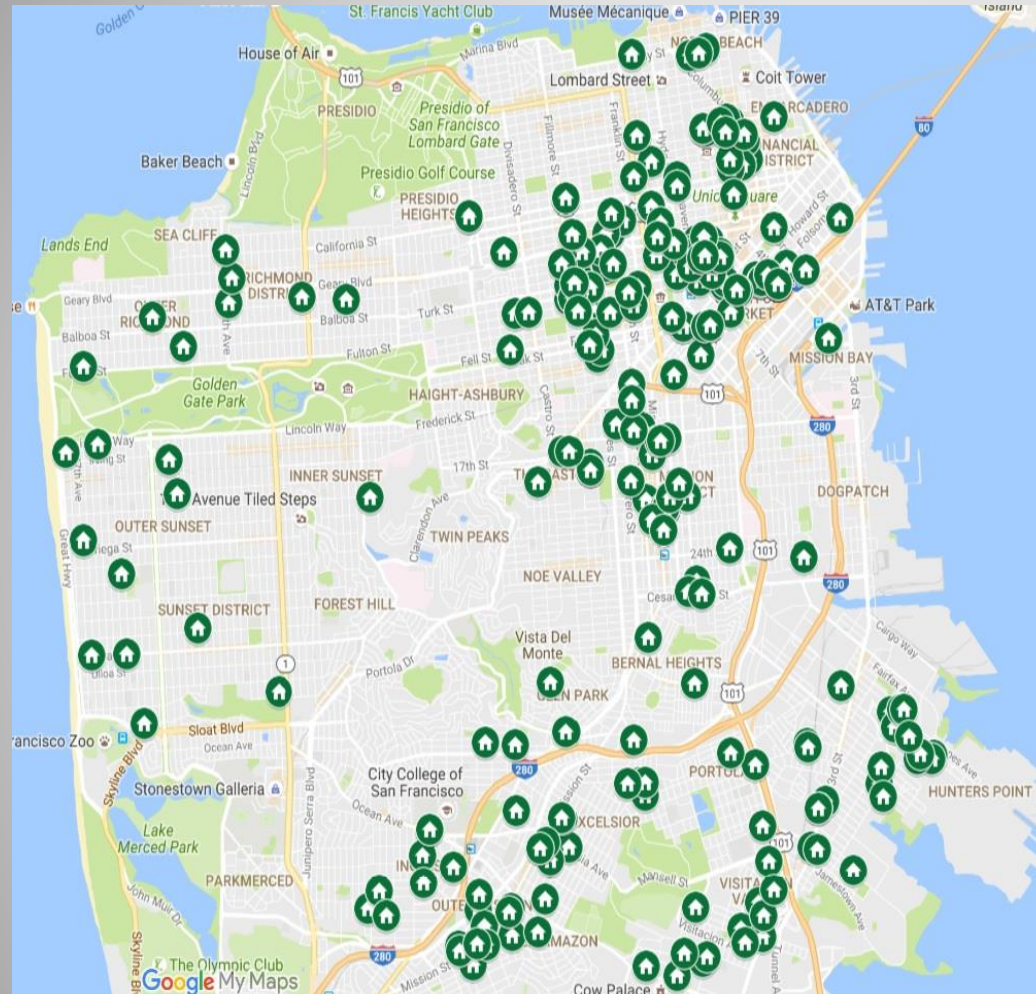
- Unknown need
- Food Insecurity Survey
- Capacity within the pantry network of 200+ distributions
- IHSS Program capacity

Implementation Challenges



- More & improved data for better resource allocation
- Capacity Building

Plans for the Future



- Develop outcome measures
- Consumer feedback loop
- Continued expansion

Plans for the Future

Questions?

Diana Markley

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SF-Marin Food Bank

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Contact Information

Innovative Practices in the North State Enrollment Benefits Center, CSU Chico

Jenny Breed

Program Director,
Center for Healthy Communities,
CSU Chico



North State Benefits Enrollment Center (NSBEC)

FANOut Conference Call

December 7, 2016



Jenny Breed, MA
Program Director



**Center for
Healthy Communities**

CALIFORNIA STATE UNIVERSITY, CHICO



What is NSBEC?



- Funded by National Council on Aging
- Partnership between the Center for Healthy Communities (CHC) and Passages/AAA agency
- Creating a “one-stop shop” for enrollment in 5 core benefits and more
- Serving low-income adults over 60 OR disabled
- Assistance with food (CalFresh mostly), utilities and medical expenses



The 5 Core Enrollment Benefits

CHC

- CalFresh
- LIHEAP (utilities)
- Medi-Cal
- Links w Yuba MSP/LIS

Passages

- MSP
- LIS



Center for
Healthy Communities

CALIFORNIA STATE UNIVERSITY, CHICO



Purpose of NSBEC

“To find and enroll seniors and younger adults with disabilities with limited means into benefits programs for which they are eligible, so they can remain healthy, secure, and independent.”


– National Council On Aging



Over 60 or Disabled with Limited Income?



Need help paying for:

- Food? 
- Utilities?
- Medicare?
 - Prescription drugs
- Help with medical costs?

Contact the North State Benefits Enrollment Center to see if you are eligible for assistance!

Drop-in Assistance every Monday 10:00 AM to 4:00 PM
Walk-in or call to schedule an appointment!

We can help you:

- Screen for multiple programs
- Schedule appointments
- Apply for benefits

530-345-9749

25 Main St. Suite 201 (Upstairs)
Chico, CA

Now serving Butte, Colusa, Glenn, Plumas, Tehama and Yuba Counties!



Center for
Healthy Communities
Community Health Improvement Center

This flyer has been produced in part from a grant awarded by the National Council on Aging (NCOA). All opinions expressed herein are those of the Center for Healthy Communities and Passages and not NCOA. Additional funding provided by USDA SNAP, known in California as CalFresh, an equal opportunity provider and employer, and the California Department of Social Services.

Messaging



- We personalize our approach
- We know older adult communication best practices; speaking slowly, listening, being patient, etc.
- We know why older adults may or may not be applying for money saving programs and practice key messages to counteract those reasons
- We point out all the things they can do with additional money in their pocket



Successful Partnerships

- Typical senior meals, senior housing
- Passages/AAA
- Home delivered meals
- Social Security Administration
- LIHEAP
- Farmers' Market
- Pharmacies
- SNAP-Ed through CDA



Referral Form

North State Benefits Enrollment Center – Intake



Date: _____ Time: _____

Walk-in / Call / Appointment / Outreach: _____

Referring Agency: CHC / Passages

Income source: _____

Name: _____

Do you have Medicare? Yes / No

Phone number: _____ Zip code: _____

Medi-Cal? Y or N (If yes)—Share of Cost

Single or Married?: _____ DOB: _____

w/ Medi-Cal? Y or N

Monthly / Annual Income: \$ _____

OK to share contact info? Yes / No

Am I Eligible?

	CalFresh	LIHEAP	Medi-Cal	MSP	LIS
Already has it					
Applied today					
Needs to apply					
Not Eligible					
Not sure if eligible					
Doesn't want it					

Notes:

Staff Initials: _____



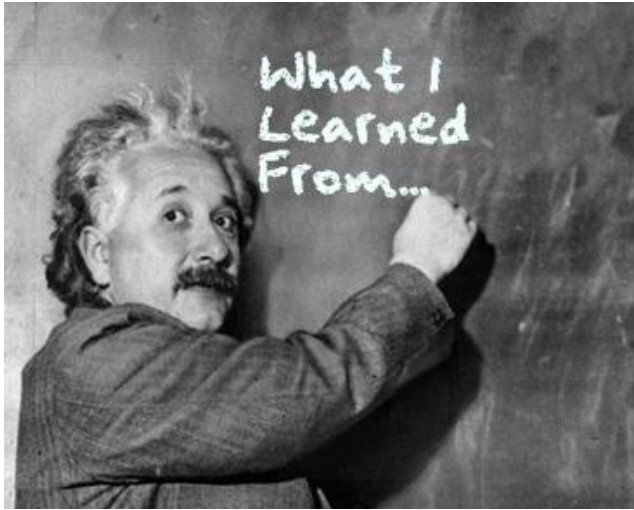
Before and After NSBEC, CalFresh Enrollment

- Before NSBEC, we occasionally assisted an older adult in applying for CalFresh
- Now we are promoting and partnering further
- Each month the number of older adults we help apply for CalFresh and other programs increases
- Now we are starting to take our success to our surrounding counties



Learnings

- Every county has a slightly different application --- process ---and type of agency
- Outreach to where older adults are
- Older adults like the face-to-face and relaxed time
- Older adult volunteers are invested in helping their clients



Successes



- Promoting multiple “money saving” benefits seems to work better than just promoting CalFresh...and they usually end up applying for CalFresh
- Community partners love the concept
- Using our CalFresh follow- up model





Next Steps for Us

- Continue to provide more cross training, cross promotion, cross enrollment
- Find more funding to support “single point of entry” for “**enrollment**” in multiple programs
- Find transportation voucher resources
- Outreach through Facebook



What can you do?

- Spread the word about what you heard today
- Think, increase enrollment-decrease referrals
- Support funding for community based enrollment in multiple programs
- Think, increase integration-decrease silos
- Support simplification of enrollment and verification of money saving benefits for older adults that support health





Questions?

Contact Information

CSU, Chico - Center for Healthy Communities (CHC)

<http://www.csuchico.edu/chc/>

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Addressing Food Insecurity Among Seniors



Wendy Shigenaga RDN
Nutrition Consultant,
County of San Diego,
Aging & Independence Services



ADDRESSING FOOD INSECURITY AMONG SENIORS

Wendy Shigenaga, RDN

Nutrition Consultant

County of San Diego, Aging & Independence Services



HUNGER IN SAN DIEGO



LIVE WELL
SAN DIEGO

FOOD INSECURE NUMBERS

- Food insecure adults <200% FPL (315,000)
 - 9% are older adults
 - 9% are veterans
- **78% of congregate and home delivered meal recipients are <100% FPL**
- 57% are at high nutritional risk



SURVEYS FROM SENIOR MEAL PARTICIPANTS - 2016



LIVE WELL
SAN DIEGO

CONGREGATE

HOME DELIVERED

- In the last six months, have you worried that you would not have enough food to eat?
 - Yes-28.04% Yes-33.22%
- In the last six months, have you run out of food before the end of the month?
 - Yes-23.65% Yes 27.71%
- In the last 6 months, have you had to eat fewer or smaller meals to make it through the end of the month?
 - Yes: 28.78% Yes: 31.00%



ADDRESSING OLDER ADULT FOOD INSECURITY



LIVE WELL
SAN DIEGO

- Nearly 1.1 million meals provided annually to over 11,000 unduplicated congregate and homebound clients funded through OAA Title III and the California Department of Aging.
- Meals are provided 5 to 7 days per week depending on the need
 - One program provides congregate breakfast and lunch meals 365 days per week in downtown San Diego.
- All meals are available at a suggested donation.
 - No eligible senior is denied a meal if he/she is not able to donate.
- An online web interface with HHSA for CalFresh and Medi-Cal applications and interviews was established at a Senior Center in Escondido in 2015. Result from SNAP-Ed PSE project.



cal  fresh
BETTER FOOD FOR BETTER LIVING

ADDRESSING OLDER ADULT FOOD INSECURITY



- **More on the Menu** (MOM) – weekly fresh fruits and vegetables for Home Delivered Meal recipients who cannot grocery shop or have access to Farmer's Markets.
- **CalFresh outreach** – targeted for seniors
 - Partnering with SD Hunger Coalition to reach senior nutrition meal providers and their clients.
- **Senior Farmers' Market Nutrition Program** vouchers distributed once per year.



ADDRESSING OLDER ADULT FOOD INSECURITY



LIVE WELL
SAN DIEGO

- Partnerships with Feeding San Diego – **initiating new food distribution sites at senior centers** and identifying existing sites close to senior centers
- Work to facilitate **partnerships between senior nutrition providers, senior volunteers and local food banks**
- **Mapping low income areas** with existing Senior Meal locations to evaluate how to increase participation in these areas.
- **Joining “Hunger Free San Diego”** to develop plan to end hunger by 2030



WHAT ELSE CAN WE DO?



- **Share local food resources** with senior meal participants within specific areas considering transportation challenges
- Explore creative use of ongoing and/or one time only money to **purchase pantry food** appropriate for frail, homebound seniors
- **Promote Senior Nutrition procurement** far and wide to ensure high food insecurity areas have nutrition sites



CONTACT INFORMATION



LIVE WELL
SAN DIEGO

Wendy Shigenaga, RDN

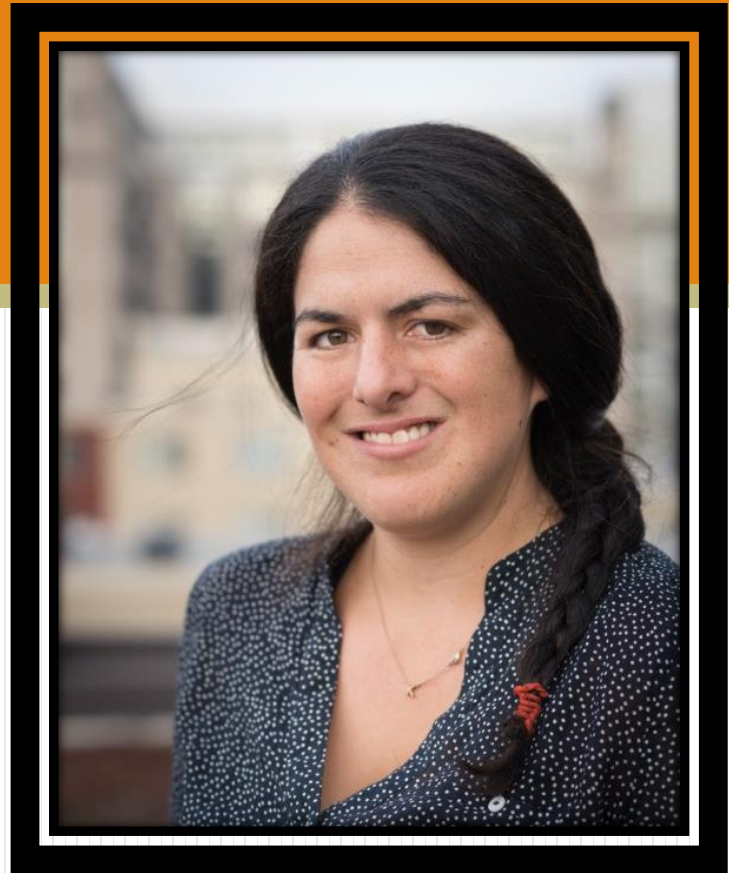
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USDA Updates

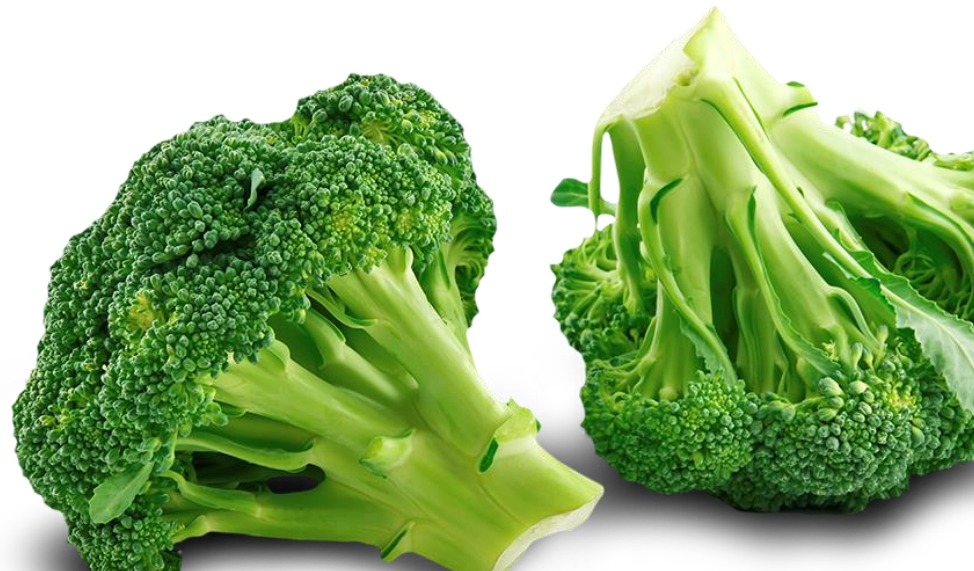
Kacie O'Brien

Regional Lead,
United States Department of Agriculture,
Food and Nutrition Service Western
Regional Office



USDA FNS Update Overview

- 2017 SNAP-Ed Priorities
- SNAP-Ed Interventions Interactive Toolkit
- Local School Wellness Policy Outreach Toolkit
- Grant Reminders
- SNAP Policy Update



SNAP-Ed Priorities 2017

- Strengthen and update program monitoring
- Support evidence-based programs and evaluation
- Support State and local agriculture
- Expand program reach to priority populations
 - Indian reservations, older adults, teenagers, parents
- Grow external partnerships and internal collaboration



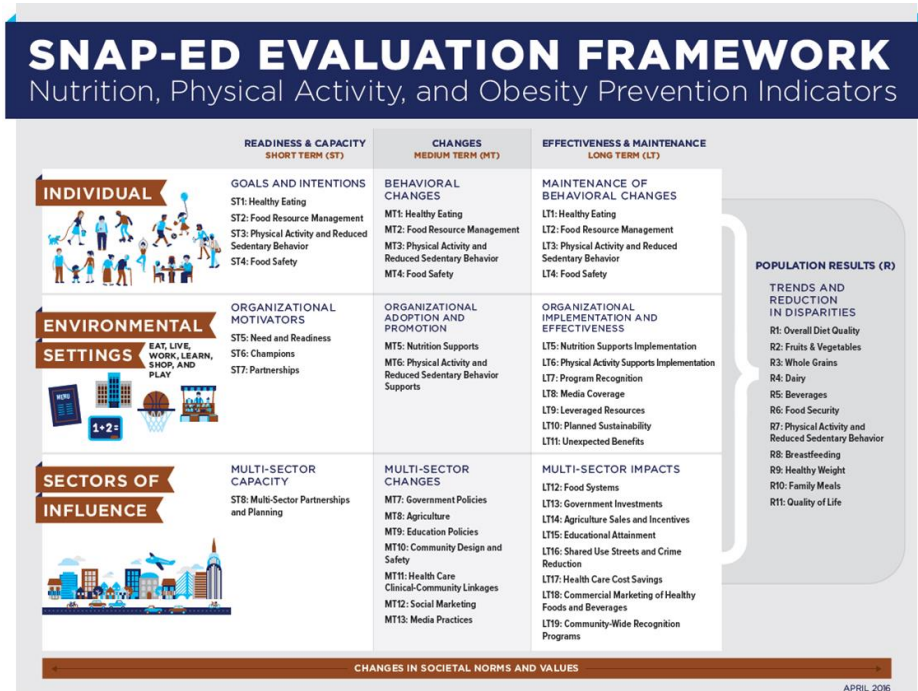
SNAP-Ed Priorities 2017, Specifics

- Release interactive SNAP-Ed Toolkit
- Build upon partnerships with health care organizations
- Strengthen cross-program activities with other FNS programs
- Develop state SNAP-Ed profiles
- Celebrate 25 year SNAP-Ed anniversary



SNAP-Ed TOOLKIT

Interactive SNAP-Ed Toolkit and Framework



SNAP-ED STRATEGIES & INTERVENTIONS:

An Obesity Prevention Toolkit for States

Featuring Evidence-based Policy, Systems, and Environmental Changes that Support Direct Education and Social Marketing and Ways to Evaluate Them Across Various Settings.

APRIL 2016 UPDATE

SNAP-Ed TOOLKIT

Interventions Section



Features

- Advanced searches using various criteria
- Browse all interventions in one interactive list
- Info on interventions provided in same format
- Links to associated outcome indicators from the framework

SNAP-Ed TOOLKIT



Find Interventions

Select program attributes and click the “Submit” button at the bottom of the page.
Multiple selections will narrow your results.

Open field

Target Behavior

- ☐ Breastfeeding
- ☐ Healthy Eating
- ☐ Physical Activity and Reducing Screen Time
- ☐ Food Insecurity/Food Assistance

Intervention Type

- ☐ Direct Education
- ☐ PSE Change
- ☐ Social Marketing

Setting

- ☐ Child care (Learn)
- ☐ Community (Learn)

Age/population group

- ☐ Preschool (<5 years old)
- ☐ Elementary School
- ☐ Middle School
- ☐ High School
- ☐ Pregnant/Breastfeeding Women
- ☐ Parents/Mothers/Fathers
- ☐ Adults
- ☐ Older Adults
- ☐ Homeless/Food Pantry Clients

Race/ethnicity

- ☐ Native Americans/American Eskimos
- ☐ Asian Americans/Pacific Islanders
- ☐ African Americans
- ☐ Hispanic/Latino Americans
- ☐ White, not of Hispanic or Latino origin

Classification

- ☐ Research-tested
- ☐ Practice-tested
- ☐ Emerging
- ☐ Evidence-based

Evaluation Indicators

Readiness & Capacity – Short Term (ST)

- ☐ Individual
- ☐ Environmental Settings
- ☐ Sectors of Influence

Changes – Medium Term (MT)

- ☐ Individual
- ☐ Environmental Settings
- ☐ Sectors of Influence

Effectiveness & Maintenance – Long Term (LT)

- ☐ Individual

SNAP-Ed TOOLKIT



[About](#) [Interventions](#) [Evaluation Framework](#) [Glossary](#)

Search ...

Search

Champions for Change

California Department of Public Health

[Overview](#)

[Intervention Reach and Adoption](#)

[Intervention Components](#)

[Intervention Materials](#)

[Evidence Summary](#)

[Evaluation Indicators](#)

[Evaluation Materials](#)

[Additional Information](#)

Overview

Champions for Change is a social marketing campaign designed promote fruit and vegetable consumption, physical activity, and food security. The goal of Champions for Change is prevent obesity and other chronic diseases. This campaign is a recreation of the former *California 5 a Day Campaign*, and now reflects the new federal guidelines for health.

Target Behavior: Healthy Eating, Physical Activity, Food Insecurity/Food Assistance

Intervention Type: Social Marketing

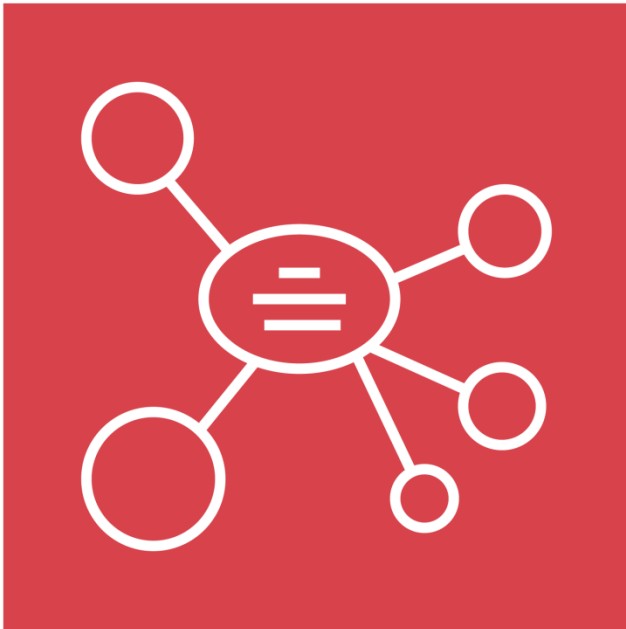
Download PDF

Intervention Reach and Adoption

The Champions for Change website encourages healthy eating and active living in families and communities. It targets low-income mothers because mothers play a key role in their families' health. It also focuses on Hispanic and Latino Americans, but the campaign is applicable to other

SNAP-Ed TOOLKIT

Evaluation Framework



Features

- Browse all indicators
- Learn more about each indicator's
 - Background & context
 - Outcome measures
 - Surveys and data collection tools
- Search for specific terms within the framework
- Find info on how to use the framework

SNAP-Ed TOOLKIT

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Search ...

Search

SNAP-Ed Evaluation Framework

* SNAP-Ed Priority Outcome Indicator

[Click here to download a PDF of the SNAP-Ed Evaluation Framework.](#)

	Readiness & Capacity Short Term (ST)	Changes Medium Term (MT)	Effectiveness & Maintenance Long Term (LT)	Population Results (R)
Individual 	GOALS AND INTENTIONS ST1: Healthy Eating ST2: Food Resource Management ST3: Physical Activity and Reduced Sedentary Behavior	BEHAVIORAL CHANGES MT1: Healthy Eating* MT2: Food Resource Management* MT3: Physical Activity and Reduced Sedentary Behavior*	MAINTENANCE OF BEHAVIORAL CHANGES LT1: Healthy Eating LT2: Food Resource Management LT3: Physical Activity and Reduced Sedentary Behavior	TRENDS AND REDUCTION IN DISPARITIES R1: Overall Diet Quality R2: Fruits & Vegetables* R3: Whole Grains

SNAP-Ed TOOLKIT



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R2: Fruits & Vegetables*

[Framework Component](#)

[Indicator Description](#)

[Background and Context](#)

[Outcome Measures](#)

[What to Measure](#)

[Population](#)

[Surveys and Data Collection Tools](#)

[Key Glossary Terms](#)

[Additional Resources or Supporting Citations](#)

Framework Component

Population Results – Trends and Reductions in Disparities

Indicator Description

This indicator represents changes in fruit and vegetable consumption, including subgroups of under-consumed vegetables, over time, from year to year, among the low-income population of the state. Unlike MT1 and LT1 (Healthy Eating Behaviors), which measure increases in fruit and vegetable intake attributed to SNAP-Ed series-based programs, R2 is intended to measure the proportion of the SNAP-Ed eligible population that is achieving the *Dietary Guidelines for Americans, 2015* recommendations. Thus, R2 measures fruit and vegetable consumption status for low-income households surveyed within the state or area of focus. R2 is a population-level surveillance measure.

*SNAP-Ed Priority Outcome Indicator

SNAP-Ed TOOLKIT

The logo for SNAP-Ed Toolkit features a blue bicycle frame with a shopping basket on the back. The basket is filled with various colorful fruits and vegetables, including apples, bananas, and leafy greens. The bicycle is positioned over the word 'TOOLKIT' in the title.

- Glossary of terms
- Details on process for updating content soon!
 - new evidence-based interventions
 - new survey and data collection tools
- [Check it out at snapedtoolkit.org](https://snapedtoolkit.org)

Local School Wellness Policy Outreach Toolkit

[Print](#)

Engage school staff and parents in school wellness using these ready-to-go communication tools. Sharing news about your Local School Wellness Policy is easy with these flyers, presentations, newsletter articles, and social media posts. Your school can personalize them to make them specific to your Local School Wellness Policy activities.

<http://www.fns.usda.gov/tn/local-school-wellness-policy-outreach-toolkit>

USDA Grant Reminders

- Food Insecurity Nutrition Incentive Grant
 - \$16.3 million for FFY 2017
 - Government agencies and nonprofits
 - Due: December 12
- Farm to School Grant
 - \$5 million for FFY 2017
 - Due: December 8
 - Priorities: State agencies, school-based farm to childcare and farm to summer



USDA SNAP Policy Update

- AN 17-01: Clarifications regarding the Workforce Innovation and Opportunity Act (Public Law 113-128)
- AN 17-02: Clarification of Final Rule on Eligibility of Fleeing Felons



Legislative Updates

Matthew Marsom

Vice-President Public Policy and Programs,
Public Health Institute – Oakland, CA

Legislative Updates

Tracey Patterson

Director of Legislation

California Food Policy Advocates



Additional Handouts

Seniors and CalFresh

State Strategies to Increase Participation and Benefits



Contact: Jared Call | 213.482.8200 ext. 201 or jared@cfpa.net

SENIOR HUNGER IS A GROWING PROBLEM IN CALIFORNIA

The number of food insecure, low-income seniors in California nearly doubled from 2001 to 2014.¹ In 2014, nearly 31%, or 644,000, low-income seniors in California were food insecure.² But according to the most recently available data, only 18 percent of our state's eligible seniors participate in CalFresh, the state's largest and most impactful nutrition assistance program.³

REASONS FOR LOW CALFRESH PARTICIPATION AMONG SENIORS

Seniors face many barriers to successfully applying for and maintaining CalFresh benefits. The challenges listed below can and should be addressed by state policymakers to increase senior CalFresh participation and reduce food insecurity

- **Misinformation and Stigma:** Many seniors are misinformed about eligibility requirements regarding immigration status, owning a car or house, or the entitlement nature of the program. Although seniors commonly utilize government assistance in the form of Social Security benefits and Medicaid, they may distinguish CalFresh as a form of welfare or public assistance, separate from other government programs. This distinction may deter them from applying.
- **Complicated and Burdensome Application Process:** Many seniors live alone and may need outside assistance to complete the CalFresh application. CalFresh has improved its online interfaces and resources, but technological barriers may prevent seniors from starting and completing the online application process.
- **California's SSI Cash-out Policy:** One factor complicating California seniors' access to CalFresh is the state's "Cash-out" policy for Supplemental Security Income/State Supplementary Payment (SSI/SSP) recipients who are aged, blind or disabled. Under cash-out the value of CalFresh benefits are included within recipients' SSI grant, which makes SSI/SSP recipients ineligible for CalFresh. The state can end the policy at any time, but several factors have combined to keep the policy in place over the last several decades:⁴
 - ◆ The ongoing challenge of low benefits to comparatively higher administrative costs;
 - ◆ The challenge of immediately enrolling the large number of newly-eligible households, especially those that would only qualify for the minimum benefit;
 - ◆ The lack of increased benefits among some SSI households who would remain ineligible for CalFresh;
 - ◆ The loss of eligibility and benefits among households with disabled children.

¹ Low-income seniors refers to adults age 60 or older whose incomes are less than 200% of FPL

² UCLA Center for Health Policy Research. AskCHIS 2014. Food security (California). Available at <http://ask.chis.ucla.edu>. Exported on August 21, 2015.

³ *State Trends in Supplemental Nutrition Assistance Program Eligibility and Participation Among Elderly Individuals, Fiscal Year 2008 to Fiscal Year 2013*. Mathematica Policy Research 2015.

⁴ <http://cfpa.net/CalFresh/CFPAPublications/CalFresh-Cash-out101-2015.pdf>

Seniors and CalFresh

State Strategies to Increase Participation and Benefits



Contact: Jared Call | 213.482.8200 ext. 201 or jared@cfpa.net

OPPORTUNITIES TO INCREASE SENIOR PARTICIPATION IN CALFRESH

To reduce the high prevalence of food insecurity among low-income California seniors, the state should support the following actions to simplify the CalFresh enrollment and verification process and help increase the monthly benefit amount for many seniors:

- **Simplify the Application and Verification Process:** Support the implementation of applicant data sharing between Social Security and CalFresh as authorized by the 2011 passage of AB 69 (Beall).⁵ The state should also target other means-tested programs with high rates of senior participation for similar data sharing projects.
- **Continue to Seek Federal Waivers to Streamline Application and Recertification:** The state should continue to pursue federal waivers which provide ways to make it easier for seniors to get and maintain CalFresh benefits, such as those that eliminate the interview requirement after initial certification and extend certification periods for up to 36 months.
- **Increase the Uptake of the Medical Deduction:** CalFresh households with a senior or disabled member are allowed to deduct certain out-of-pocket medical expenses from their income. This can increase the monthly benefit amount the household receives. The state should take the following actions to increase the use of the medical deduction:
 - ◆ **Consider Adopting a Standard Medical Deduction (SMD):** Instead of calculating and needing to verify all actual expenses, the SMD provides applicants with the higher standard deduction as long as they can verify expenses over \$35. This reduces the paperwork burden for applicants and the time that eligibility workers must spend verifying every expense.
 - ◆ **Improve Eligibility Worker Training on Deductions:** Seniors may be more likely than younger applicants to rely on in-person application assistance. The state and county should provide comprehensive and consistent training on the medical deduction to eligibility workers. Education and training on what types of expenses are allowed and what level of verification is required will help seniors to maximize their deductions and increase monthly benefits.
- **Meet Conditions to End Cash-out without Harm:** By working to meet the following four conditions, the state can support ending cash-out while ensuring it does not result in a loss of eligibility or reduction in benefits for vulnerable food-insecure Californians:
 - ◆ Reduce CalFresh administrative costs in relation to benefits;
 - ◆ Establish processes to automatically enroll newly-eligible households into CalFresh;
 - ◆ Ensure no loss of benefits for households remaining ineligible for CalFresh;
 - ◆ Mitigate or eliminate the loss of benefits for households made newly ineligible for CalFresh (households with disabled children).

Have Questions? Please contact Jared Call at jared@cfpa.net or 213.482.8200 ext. 201

⁵ http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120AB69

In Counties Across California, a Small Proportion of Seniors Receive Food Assistance

Percentage of Individuals Age 65 or Higher Receiving CalFresh Benefits

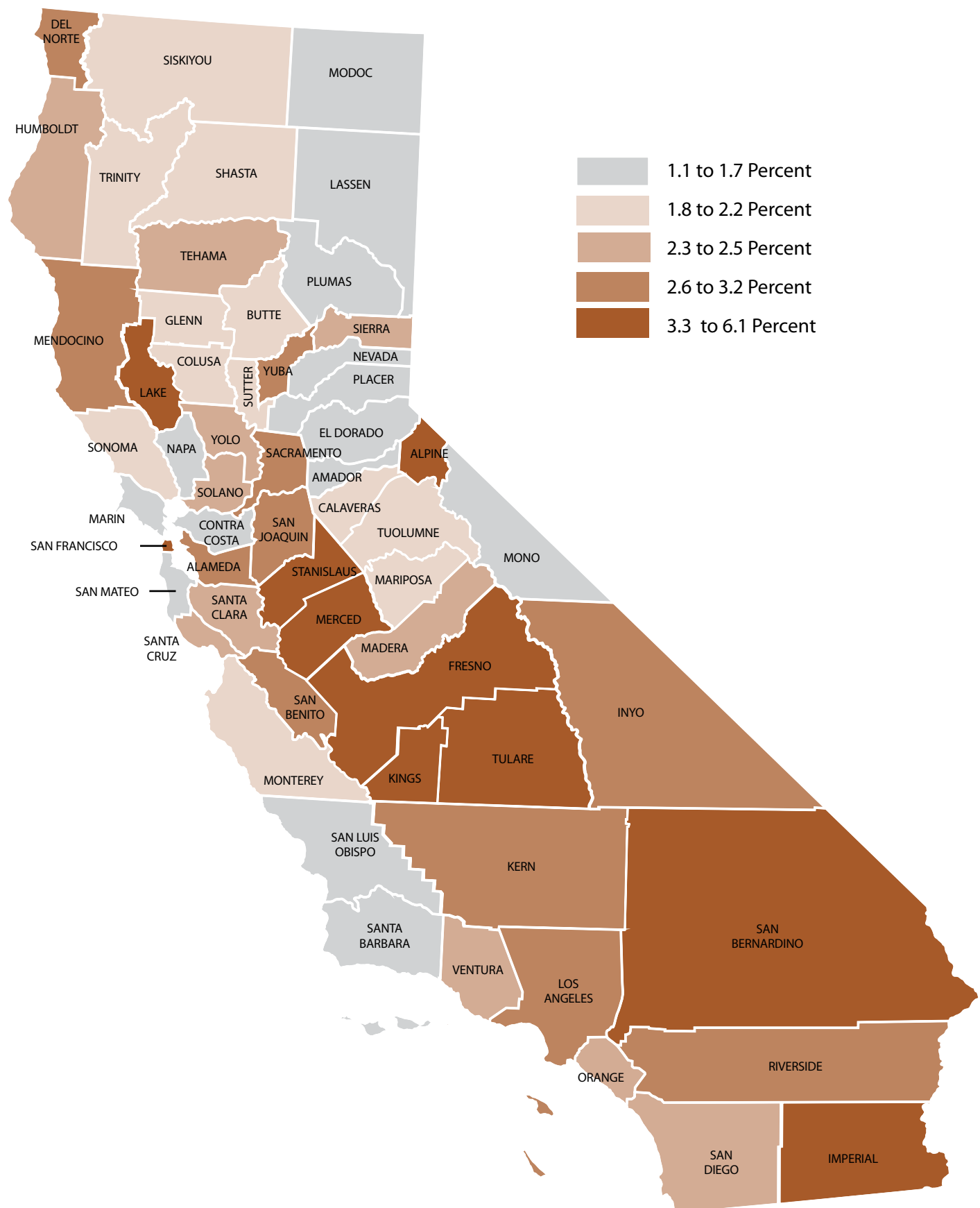
In 2013, only 2.6 percent of seniors statewide participated in CalFresh, a share that is one-fourth the proportion of California seniors who were living in poverty the same year (10.4 percent). At the county level, the rate of seniors' CalFresh participation in 2013 ranged from a low of 1.1 percent in Napa County to as high as 5.2 percent in Tulare County and 6.1 percent in Imperial County. The following table shows the percentage of seniors participating in CalFresh in California's 58 counties, for each year from 2011 through 2013.

PERCENT SHARE OF SENIOR POPULATION				PERCENT SHARE OF SENIOR POPULATION			
COUNTY	2011	2012	2013	COUNTY	2011	2012	2013
Alameda	1.9%	2.2%	2.6%	Orange	1.5%	1.9%	2.4%
Alpine	4.7%	3.1%	3.5%	Placer	0.8%	1.0%	1.3%
Amador	1.2%	1.6%	1.6%	Plumas	0.7%	0.8%	1.2%
Butte	1.4%	1.7%	2.2%	Riverside	1.8%	2.2%	2.6%
Calaveras	1.6%	1.9%	2.2%	Sacramento	1.7%	2.1%	2.6%
Colusa	1.2%	1.0%	1.8%	San Benito	2.5%	2.5%	2.7%
Contra Costa	1.0%	1.2%	1.4%	San Bernardino	2.9%	3.4%	4.1%
Del Norte	2.1%	2.7%	3.2%	San Diego	1.7%	2.1%	2.5%
El Dorado	1.2%	1.4%	1.6%	San Francisco	2.7%	3.0%	3.3%
Fresno	2.8%	3.2%	3.6%	San Joaquin	2.0%	2.3%	3.1%
Glenn	1.2%	1.6%	2.0%	San Luis Obispo	1.2%	1.4%	1.7%
Humboldt	1.5%	1.7%	2.3%	San Mateo	1.0%	1.3%	1.7%
Imperial	4.7%	5.3%	6.1%	Santa Barbara	0.9%	1.1%	1.4%
Inyo	1.8%	2.1%	2.6%	Santa Clara	1.6%	1.8%	2.3%
Kern	2.4%	2.8%	3.2%	Santa Cruz	1.6%	1.8%	2.5%
Kings	2.5%	3.0%	3.3%	Shasta	1.6%	1.8%	2.2%
Lake	2.3%	2.7%	3.3%	Sierra	1.4%	2.2%	2.4%
Lassen	1.1%	1.4%	1.7%	Siskiyou	1.4%	1.6%	2.0%
Los Angeles	1.9%	2.3%	2.8%	Solano	1.7%	1.9%	2.3%
Madera	1.9%	2.1%	2.4%	Sonoma	1.5%	1.7%	2.1%
Marin	1.0%	1.2%	1.3%	Stanislaus	2.6%	2.9%	3.3%
Mariposa	1.4%	1.5%	2.0%	Sutter	1.5%	1.7%	2.0%
Mendocino	2.3%	2.7%	3.0%	Tehama	1.6%	1.7%	2.4%
Merced	0.9%	3.0%	3.5%	Trinity	1.5%	1.7%	2.0%
Modoc	2.6%	0.9%	1.2%	Tulare	4.0%	4.6%	5.2%
Mono	1.4%	1.3%	1.7%	Tuolumne	1.3%	1.6%	1.8%
Monterey	0.7%	1.7%	2.2%	Ventura	1.6%	1.9%	2.3%
Napa	0.8%	1.0%	1.1%	Yolo	1.9%	2.0%	2.4%
Nevada	0.9%	1.1%	1.5%	Yuba	2.2%	2.6%	2.8%

Note: Enrollment data are from July of each year.
Source: California Department of Social Services

In Counties Across California, a Small Proportion of Seniors Receive Food Assistance

Percentage of Individuals Age 65 or Higher Receiving CalFresh Benefits, 2013



Seniors and the CalFresh Medical Expense Deduction

*Policy Opportunities to Increase Nutrition Benefits
for Low-Income Seniors in California*

Anna Fischer Colby

Jared Call

November 2016



California Food Policy Advocates

California Food Policy Advocates (CFPA) is a statewide public policy and advocacy organization dedicated to improving the health and well being of low-income Californians by increasing their access to nutritious, affordable food.

For more information about this report or other aspects of CFPA's work on CalFresh, please contact Jared Call at jared@cfpa.net or 213.482.8200 ext. 201. For more information about CFPA, please visit www.cfpa.net.

Support CFPA

If you would like to support CFPA's work, please contact George Manalo-LeClair, CFPA's executive director, at 510.433.1122 ext. 103 or george@cfpa.net -- or consider making a donation at cfpa.net/donate.

Acknowledgments

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Introduction

CalFresh deductions, including the excess medical expense deduction, can help increase the amount of federal nutrition assistance benefits for seniors, thereby improving their ability to maintain an adequate and nutritious diet. In this report we examine the current uptake of the excess medical deduction among senior and/or disabled CalFresh participants. We also estimate the impact that a higher rate of uptake would have on a typical household's average monthly benefit. This report recommends state- and county-level strategies to increase use of the medical deduction among eligible CalFresh households.

Overview: CalFresh Deductions

The Supplemental Nutrition Assistance Program (SNAP), known as CalFresh in California, is a federally funded nutrition assistance program for households and individuals in need. Simply put, CalFresh provides low-income Californians with benefits that can be used to purchase food. By providing better access to a nutritious, affordable diet, CalFresh benefits support productivity, promote health, and help prevent hunger.

In order to qualify for CalFresh, households must have an income level that falls below a certain threshold. Typically, households are required to meet both gross and net income limits. **Gross income** is a household's total income before deductions, while **net income** is total income minus allowable deductions. The household gross income limit is 200% of the federal poverty level (FPL) and the net income limit is 100% FPL. In 2016, this equates to \$2,656 per month (gross limit) and \$1,328 (net limit) for a household of two.ⁱ

Households with expenses such as medical costs, child care, or high housing costs may have less income available to purchase food than households with comparable incomes but lower expenses. To account for the impact of such costs on the ability to afford food, CalFresh rules allow for deductions of certain expenses including dependent care, child support, and "excess" shelter and medical. There is also a standard deduction for all applicants and an earned income deduction that can be taken.

CalFresh allows households with a senior or disabled member to deduct unreimbursed medical expenses that are greater than \$35 per month.¹ A wide variety of out-of-pocket medical expenses are eligible to be deducted, including some expenses that are not covered by health insurance and may not be obvious to a CalFresh participant or even a caseworker, such as cost of transportation to a medical appointment, meals for a paid caretaker, or veterinary care for a service animal. Other medical expenses that may be deducted include, but are not limited to, costs of rehabilitation services, psychotherapy, prescription eyeglasses and contact lenses, medical and dental care, prescription medication, and hospitalization or nursing care.ⁱⁱ

Why Deductions Matter to Seniors

Deductions, including medical deductions, are especially impactful for households with senior members. Households with a senior member are only required to meet the net income limit (gross income minus deductions) of 100% FPL.ⁱⁱⁱ Therefore, for seniors with higher gross incomes, claiming deductions may mean the difference between being eligible or ineligible for CalFresh benefits. For seniors already participating in CalFresh,

¹ For more information on allowable deductions from income: <http://www.fns.usda.gov/snap/deductions>

lowering net income by claiming deductions can increase the amount of CalFresh benefits received (See Figure 1.1)^{iv} Applying allowable deductions often results in a lower net income for a household – which increases the likely benefit amount. In general, for every three dollars less in net income, there is roughly a one dollar increase in benefits, up to the maximum benefit allowed per household. This is based on the CalFresh benefit formula, which assumes that 30 percent of a household's net income goes toward food purchases.²

Figure 1.1

Calculating CalFresh Benefits: No Deductions (Two-Person Household, No Deductions)

Gross Monthly Income \$1,200	—	Deductions \$0	=	Net Income \$1,200
Maximum CalFresh Benefit for Household Size \$357	—	30% of Net Income ($\$1,200 \times .30$) = \$360	=	Monthly CalFresh Benefit $\$357 - \$360 =$ <u>Not Eligible</u>

Calculating CalFresh Benefits: With Deductions (\$300/mo) (Two-Person Household, \$300 Deductions)

Gross Monthly Income \$1,200	—	Deductions \$300	=	Net Income \$900
Maximum CalFresh Benefit for Household Size \$357	—	30% of Net Income ($\$900 \times .30$) = \$270	=	Monthly CalFresh Benefit $\$357 - \$270 =$ <u>\$87</u>

² For more information on how benefits are calculated, *A Quick Guide to SNAP Eligibility and Benefits*, Center on Budget and Policy Priorities, <http://www.cbpp.org/research/a-quick-guide-to-snap-eligibility-and-benefits>

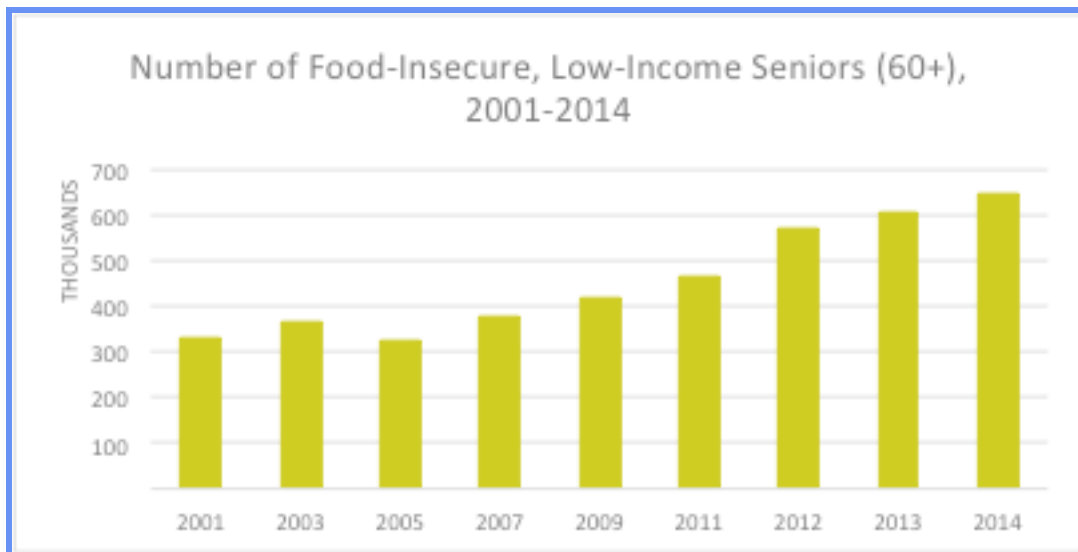
Now is the Time to Address Nutrition Assistance for Seniors

With an increase in food insecurity among low-income seniors and a growing senior population, now is the time to address senior hunger and ensure that all seniors are receiving the nutrition assistance they need. The positive effects of increasing CalFresh benefits for seniors may extend beyond supporting a nutritious diet. Applying CalFresh benefits to household food costs may allow money that was previously spent on food to be used for other essential expenses such as medical care. Cost is a factor in the decision to get or delay medical care; an estimated 89,000 low-income seniors in California delayed needed health care due to cost or lack of health insurance.^v

Food Insecurity is Increasing Among Low-income Seniors

In 2014, more than 30 percent, or 644,000, of California's low-income seniors were food insecure, meaning they could not consistently afford enough food.^{vi} (See Figure 1.2.) The share of low-income seniors in California unable to afford enough food nearly doubled from 2001 to 2014.³ (See Figure 1.3)

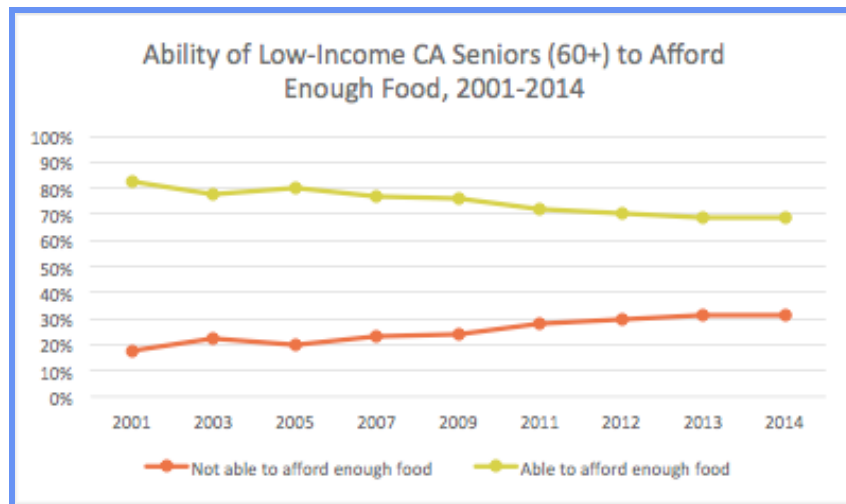
Figure 1.2



Source: California Health Interview Survey: CHIS 2001-2014 Adult Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research, August 2015.

³ Low-income seniors refers to adults age 60 or older whose gross incomes are less than 200% of FPL

Figure 1.3



Source: California Health Interview Survey: CHIS 2014 Adult Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research, August 2015.

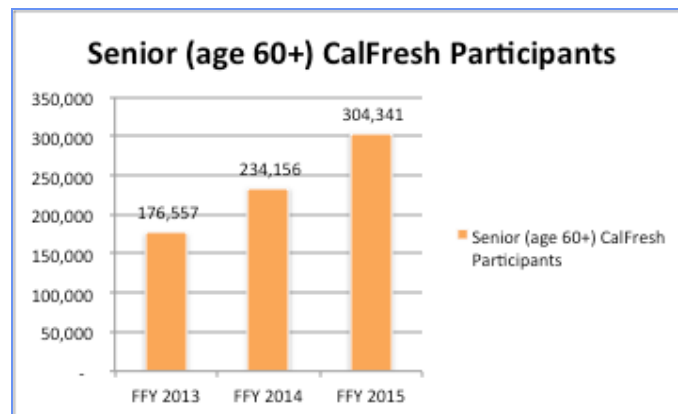
If current trends continue, the need for nutrition assistance among low-income seniors will grow over the coming years.

The Senior Population and CalFresh Caseload is Growing

The California Department of Finance projects that the state's senior population (individuals 65 and older) will more than double between 2010 and 2040. This major growth can be attributed to an aging baby boomer population and increases in life expectancy.^{vii}

The growth of the senior CalFresh caseload reflects these demographic trends. From federal fiscal year (FFY) 2013 to 2015, California saw a 72 percent increase in the number of seniors participating in CalFresh. (See Figure 1.4.) If the current trend continues, the number of senior CalFresh participants will grow over time.

Figure 1.4



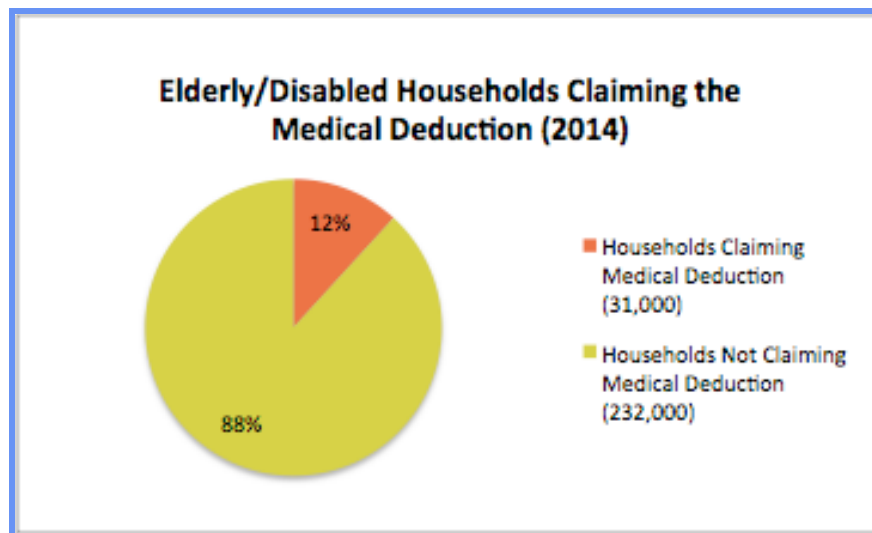
Source: California Department of Social Services CalFresh Data Dashboard available at <http://www.cdss.ca.gov/research/PG3575.htm>

California has more seniors ages 65 and older living in poverty than any other state.^{viii} However, as of 2012, only an estimated 18 percent of seniors who are eligible for CalFresh were participating in the program.^{ix} Of those that do participate, 15 percent of CalFresh households with a senior member receive the minimum monthly benefit of \$16 and one-third receive less than \$100 per month.^x Maximizing the use of the medical deduction can increase monthly CalFresh benefits received by seniors. A higher monthly benefit may also indirectly lead to increased participation among seniors who may then be more inclined to spend the time and effort to apply for nutrition assistance.

Medical Deductions: An Opportunity to Increase Nutrition Benefits

During FFY 2014, more than two million California households (more than four million individuals) participated in CalFresh.^{xi} Of these households, more than 263,000 included a senior and/or disabled member.^{xii} Among households with senior or disabled members, only 12 percent received the medical expense deduction (the vast majority of households with a senior or disabled member, more than 232,000 statewide, did not receive the medical expense deduction). (See Figure 1.5.)

Figure 1.5



Source: CFPA analysis of FFY 2008-2014 CDSS RADEP CalFresh Caseload data, provided by CDSS Research and Data Division.

National data and research suggest that California has room to grow in the share of seniors receiving the medical expense deduction. Across the country, more than 96% of seniors ages 65 and older were found to have health care expenses in 2011.^{xiii} These seniors are more likely to have higher out-of-pocket expenses than younger individuals. Seniors covered by Medicare and other public coverage paid, on average, \$605 in out-

of-pocket medical expenses annually – well above the \$35 per month threshold required to claim the excess medical expense deduction.^{xiv}

National data⁴ show that California ranks below the national average and median with respect to the share of seniors receiving the SNAP/CalFresh medical expense deduction. According to the national estimates, California, at 14 percent, is four percentage points below the national average (18 percent) and two percentage points below the median (16 percent). The share of households with a senior member receiving the medical expense deduction ranges by state from 2 to 45 percent.^{xv} With respect to the share of households with a senior or disabled member receiving the medical expense deduction, California ranks 27th among the 50 states and the District of Columbia.

Increasing Uptake of Deductions is a Win for California

By claiming the medical expense deduction, eligible California households with a senior or disabled member could see an average increase of nearly \$46 per month in CalFresh benefits, or \$551 per year to be spent on food.⁵ As shown in Figure 1.1 above, claiming deductions often results in a lower net income for a household – which increases the likely benefit amount and provides households with more money for food.

If **all** households currently missing out on the medical expense deduction began to claim the deduction:

- More than 136,000 senior or disabled CalFresh households in California would see an estimated average increase of nearly \$46 per month, or \$551 per year, to be spent on food; and
- Nearly \$75 million in additional CalFresh benefits would be provided to California's senior and disabled population annually.

These estimates take into account that not all households with a senior or disabled member would be eligible for an increase in benefits. For example, some households

⁴ The average and median were calculated by the author from data available for the 50 states and D.C.

⁵ Based on receiving a monthly medical expense deduction of \$153, which was the average medical expense deduction received monthly for households with senior or disabled members in California in 2014. This assumes that the average medical expense deduction would stay constant as additional households claimed the deduction. With the data and information available, it is unclear whether the average medical expense deduction would change by increasing the share of households receiving the medical expense deduction. Differences in out-of-pocket medical expenses between those currently receiving and those not receiving the medical expense deduction may result in changes to the average medical expense deduction, resulting in lower or higher benefits than estimated. Both households with senior or disabled members were included in the calculation because both populations are eligible for the medical deduction.

may already be receiving the maximum benefit allowed. These estimates do not take into account that a number of households with a senior or disabled member may be ineligible for the medical expense deduction, for example, if they do not have \$35/month or more in qualifying healthcare expenses.

Regardless of whether 100% of households with a senior or disabled member claiming the medical deduction is attainable, there is still much to be gained by increasing the uptake of the medical expense deduction. If **only 2%** of households with a senior or disabled member currently missing out on the medical expense deduction began to claim the deduction

- More than 2,700 senior or disabled households in California would see an estimated increase of \$46 per month, or \$551 per year, to be spent on food; and
- Nearly \$1.5 million in additional nutrition assistance would be provided to California's senior and disabled population annually.

CalFresh Households with Senior or Disabled Members, FFY 2014

Total	263,685
Receiving the medical expense deduction	30,806
% Receiving the medical expense deduction	12%
NOT receiving the medical expense deduction	232,879
% NOT receiving the medical expense deduction	88%
NOT receiving the medical expense deduction and potentially eligible for an increase in benefits*	136,136
% NOT receiving the medical expense deduction and potentially eligible for an increase in benefits*	58%
Average medical expense deduction received	\$153

* It is estimated that 42% of households with a senior or disabled member NOT receiving the medical expense deduction would be ineligible for an increase in benefits due to already receiving the maximum benefit allowed per household. This estimate assumes that all households that are not ineligible due to already receiving the maximum benefit are potentially eligible for an increase in benefits by claiming the medical expense deduction. However, it is likely that additional households would be ineligible for an increase in benefits due to their income. Other households likely do not qualify for the medical expense deduction because they do not have over \$35/month in qualifying out-of-pocket medical expenses. The share of households with a senior or disabled member not receiving the medical deduction and receiving the maximum benefit (42%) was calculated by CBPP using Quality Control data.

Estimated Average Increase in Benefits Received by Claiming the Medical Expense Deduction, FFY 2014

Average monthly increase in benefits to eligible households* by claiming the medical expense deduction	\$46
Average annual increase in benefits to eligible households* by claiming the medical expense deduction	\$551
Total annual increase in benefits if all households with a senior or disabled member claimed the medical expense deduction	\$ 74,983,562
Total annual increase in benefits if 2% of households with a senior or disabled member currently missing out on the medical expense deduction began claiming the deduction	\$ 1,499,671

* Eligible households are those that qualify for the medical expense deduction and for an increase in benefits. Estimates assume that the average deduction amount during FFY 2014 would remain constant as uptake of the medical expense deduction increased. Due to data limitations, it is unclear how the average benefit amount would change as more households with a senior or disabled member began to claim the deduction.

CalFresh benefits support seniors by increasing their ability to purchase nutritious food. In addition to helping households meet their nutritional needs, CalFresh benefits exert a multiplier effect that stimulates the economy at large. More specifically, every five dollars in CalFresh expenditures generates as much as \$9 in economic activity.^{xvi} Also, by applying CalFresh benefits to their household food costs, CalFresh households may have more dollars to spend on taxable goods, which would result in additional sales tax revenue for the state General Fund.^{6 xvii xviii}

The Challenges Seniors Face Accessing CalFresh

Seniors face many barriers to successfully applying for and maintaining CalFresh benefits. One factor complicating California seniors' access to CalFresh is the state's "cash-out" policy for Supplemental Security Income/State Supplementary Payment (SSI/SSP) recipients who are aged, blind, or disabled. Under cash-out, a \$10 nutrition benefit is included within recipients' SSI grant, which makes SSI/SSP recipients ineligible for CalFresh. According to a 2015 analysis, nearly 500,000 senior, disabled, and/or blind SSI/SSP recipients are currently not eligible for a separate CalFresh benefit due to cash-out.^{xix} The state can end the policy at any time, but several factors have combined to keep the policy in place over the last several decades.^{xx}

⁶ For more information, see CFPA's 2015 *Lost Dollars Empty Plates Report*, available at <http://cfpa.net/lost-dollars-empty-plates-2015>

- The ongoing challenge of low benefits to comparatively higher administrative costs;
- The challenge of immediately enrolling the large number of newly-eligible households, especially those that would only qualify for the minimum benefit;
- The lack of increased benefits among some SSI households who would remain ineligible for CalFresh;
- The loss of eligibility and benefits among households with disabled children.

Due to these challenges, any plan to end cash-out must meet the following four conditions to ensure it does not result in a loss of eligibility or reduction in benefits for vulnerable food-insecure Californians:

- Reduce CalFresh administrative costs in relation to benefits;
- Establish processes to automatically enroll newly-eligible households into CalFresh;
- Mitigate the loss of benefits for households remaining ineligible for CalFresh;
- Mitigate or eliminate the loss of benefits for households made newly ineligible for CalFresh (households with disabled children).

Cash-out aside, CalFresh utilization among eligible seniors is negatively impacted by multiple factors. Misinformation about program eligibility rules, stigma associated with some public benefit programs, and the often complicated and burdensome application process are all significant barriers to enrollment.

Unfortunately, the work of identifying and claiming all allowable medical deductions can make this already difficult enrollment process even harder for seniors. Confusion or lack of awareness among participants and caseworkers about the medical deduction makes claiming and verifying deductions a challenge. California's system of county-level administration means that all 58 counties may have different policies or practices, which makes it difficult to standardize best practices across the state.

Low uptake of the medical expense deduction, exacerbated by low senior utilization of CalFresh, means less for all Californians – less nutrition assistance for eligible households and less economic activity for the state. These losses can be mitigated by eliminating unnecessary barriers to CalFresh enrollment and by maximizing uptake of the medical expense deduction. Higher uptake of the medical deduction could also positively impact CalFresh participation. As the monthly benefit amount rises, the “cost-benefit” equation of time and energy spent applying vs. benefits received becomes more favorable for the applicant.

Policy Opportunities to Increase Participation and Benefits

Below, we have identified three major opportunities the state should seize to increase both CalFresh participation and benefit levels for seniors through greater uptake of the medical expense deduction.

Opportunity 1: Optimize Use of a Standard Medical Deduction

One proven way to increase uptake of the medical deduction is through the adoption of a Standard Medical Deduction (SMD). USDA offers demonstration waivers which allow states to use an SMD for any senior or disabled applicant who is able to show proof of more than \$35 in out-of-pocket medical expenses. Instead of calculating and needing to verify all actual expenses, the SMD provides applicants with the higher standard deduction as long as they can verify expenses over the \$35 threshold.^{xxi} The SMD simplifies the application process for CalFresh participants by reducing the paperwork burden and reduces time that eligibility workers must spend verifying every expense.

USDA requires that the demonstration project be cost neutral—that is, any additional benefits provided through the SMD must be offset by benefit reductions elsewhere. When analyzing the potential impact of adopting a SMD, California needs to carefully weigh the impact of reducing benefits to a great number of households and increasing benefits to a much smaller, though very vulnerable, group of seniors and disabled participants.

Opportunity 2: Simplify the Application and Recertification Processes

Seniors often find the CalFresh application process to be overly complicated and time consuming, especially when considering the sometimes small benefit amount they may receive. Efforts to simplify the application itself and use data from other means-tested programs in which seniors may already be enrolled can help reduce these barriers and provide more time during the application process to identify and verify medical expenses for deduction. Below are examples of policy options the state should prioritize to simplify and streamline the application and recertification processes, allowing eligibility workers to focus more on maximizing allowable deductions including medical expenses.

- **Federal waivers designed to reduce the burden seniors face when applying** for and maintaining nutrition benefits. Most of these waivers are limited to senior households with no earned income, where factors affecting eligibility and benefit amounts are unlikely to change much over time. Such waivers include:
 - Waiver of the recertification interview requirement;
 - Use of data matches to reduce the amount of client-provided verification, and;
 - Extension of the certification period to 36 months.^{xxii}

Combined, these program changes could lead to an increased uptake of the medical deduction by freeing up eligibility workers' time to help clients identify deductible medical expenses.

- **Data sharing between other means-tested programs** (e.g., Medi-Cal or Social Security) and CalFresh can reduce the amount of paperwork required for a CalFresh application because a recipient's information from one agency can be used to inform the application for benefits from another agency.
 - **Medi-Cal and CalFresh:** The State should work to improve referral and dual enrollment systems in order to increase program participation among seniors, and free up workers to more effectively screen for deductions.
 - **Social Security and CalFresh:** The State should support data sharing between county Social Security Agencies and CalFresh as a means of simplifying enrollment.^{xxiii} Other programs with high rates of senior participation and eligibility requirements that overlap with CalFresh should be targeted for similar data-sharing projects.

Opportunity 3: Improve Eligibility Worker Training and Outreach

Since seniors may be more likely than younger applicants to rely on in-person application assistance, it is important that the State and counties provide eligibility workers with comprehensive, consistent training on the medical deduction. Education and training about what types of expenses are allowed (including ancillary expenses such as acupuncture and massage) and what level of verification is required will help seniors to maximize their deductions and increase monthly benefits.

Effective outreach techniques can help overcome the stigma and misinformation sometimes associated with CalFresh. Outreach recommendations from the National Council on Aging include:

- Avoid using the term “welfare.” Use messaging emphasizing “saving money” instead of receiving benefits or assistance.^{xxiv}
- Use a different program name (for example Alabama uses the simple name “Food Assistance Program” to refer to SNAP for seniors).
- Explain the entitlement nature of CalFresh and that seniors won't be “taking” resources from others.
- Conduct outreach at congregate meal sites, senior living facilities, and senior housing – places where seniors are comfortable and somewhere close enough to home that they can go retrieve documents if necessary. “Go to seniors, don't make them come to you.”^{xxv}

Outreach conducted by trusted organizations can help seniors better understand the nutrition benefits for which they may qualify. Senior-focused organizations, such as the

state Department of Aging, Area Agencies on Aging, and AARP should partner with each other and with institutions frequented by seniors (e.g., public libraries, medical offices/pharmacies, senior centers, post offices, public transit) to help seniors learn about the benefits of CalFresh and how deductions can increase benefits.

Conclusion

California lags behind the rest of the nation in uptake of the CalFresh medical deduction among low-income seniors and people with disabilities. The State should pursue policy and outreach tools to improve the deduction uptake rate. Adoption of a standard medical deduction; simplifying the application, verification, and reporting processes; and conducting targeted outreach through trusted messengers should be all prioritized by state and county administrators as we work to improve CalFresh participation and increase benefit amounts for low-income seniors and disabled Californians at risk of food insecurity.

Appendix

The tables below present the author's calculations from statewide estimates of the CalFresh senior and disabled population provided by the California Department of Social Services (CDSS), Federal Data Reporting and Analysis Bureau. The CDSS statewide estimates were generated from a sample of approximately 5,600 cases to reflect the entire universe of CalFresh recipients (two million households made up of 4.5 million individuals statewide).

Table 2.1: Estimated average number and annual percent change of CalFresh households with a senior and/or disabled member receiving the medical expense deduction, FFY 2008-14

	CalFresh households		Senior or Disabled CalFresh households		Senior or Disabled CalFresh households receiving medical deduction	
	Number	Percent change	Number	Percent change	Number	Percent change
FFY 2008	905,511	n/a	94,705	n/a	4,686	n/a
FFY 2009	1,110,956	23%	74,873	-21%	7,268	55%
FFY 2010	1,377,230	24%	121,162	62%	15,641	115%
FFY 2011	1,597,506	16%	139,401	15%	15,640	0%
FFY 2012	1,763,302	10%	150,070	8%	15,884	2%
FFY 2013	1,890,101	7%	196,510	31%	29,885	88%
FFY 2014	2,002,282	6%	263,685	34%	30,806	3%

Table 2.2: Estimated average monthly medical deduction received by CalFresh households with a senior and/or disabled member, FFY 2008-14

	Average Monthly Medical Deduction Received by Households with a Senior or Disabled Member
FFY 2008	\$157
FFY 2009	\$107
FFY 2010	\$89
FFY 2011	\$183
FFY 2012	\$131
FFY 2013	\$96
FFY 2014	\$153

Table 2.3: Estimated percent of CalFresh households with senior and/or disabled member receiving the medical expense deduction, FFY 2008-14

	% Households with a Senior or Disabled Member Receiving the Medical Expense Deduction
FFY 2008	5%
FFY 2009	10%
FFY 2010	13%
FFY 2011	11%
FFY 2012	11%
FFY 2013	15%
FFY 2014	12%

Technical Appendix

The following is a description of the data sources and calculations used to complete the *Seniors and the CalFresh Medical Deduction* report analysis.

Data Sources

Except otherwise noted, statistics on CalFresh, including tables presented in Appendix, were calculated from data provided by the California Department of Social Services (CDSS), Federal Data Reporting and Analysis Bureau. This data was derived from a weighted sample of 5,645 households cases and includes federal cases only. The data was provided for federal fiscal year (FFY) (October 1st - September 30th) 2008-2014.

Data on food insecurity in California was obtained from AskCHIS, an online health query system for health statistics in California. AskCHIS is a product of [The California Health Interview Survey \(CHIS\)](#) and the UCLA Center for Health Policy Research.

Methodology

This report estimates the impact if **all** households with a senior or disabled member currently missing out on the medical expense deduction began to claim the deduction. Additionally, this report estimates the impact if two percent of households with a senior or disabled member currently missing out on the medical expense deduction began to claim the deduction.

Eligibility for an Increase in CalFresh Benefits

These estimates take into account that not all households would be eligible for an increase in benefits. For example, households already receiving the maximum benefit would not be eligible for increased benefits due to claiming the medical deduction.

Analysis from the Center on Budget and Policy Priorities (CBPP) of FFY 2014 QC data found that 42 percent of households with senior or disabled member(s) that were not receiving the medical deduction were receiving the maximum benefit.

The number of households not receiving the medical expense deduction and potentially eligible for an increase in benefits was calculated using the following equation:

$$\text{Number of CalFresh Senior/Disabled Households NOT receiving the medical expense deduction} \times (1-.42) = \text{Number of CalFresh Senior/Disabled Households Not Receiving the Medical Expense Deduction and Potentially Eligible for an Increase in Benefits}$$

This estimate categorizes all households that are not ineligible due to already receiving the maximum benefit as potentially eligible for an increase in benefits by claiming the medical expense deduction. However, it is likely that other households would be ineligible for an increase in benefits due to their income. Due to limitations with the data, it is unclear the exact share of households not receiving the medical expense deduction that would be eligible for an increase in benefits.

Eligibility for the CalFresh Medical Expense Deduction

The estimated impact if all households with a senior or disabled member not claiming the medical expense deduction began to claim the deduction assumes that all households would be eligible for the deduction. However, it is likely that a number of households with a senior or disabled member would not qualify, for example, if they do not have over \$35/month in qualifying out-of-pocket medical expenses. Due to data limitations, it is unclear how many CalFresh households with a senior or disabled member would qualify. National research suggests that a high percentage of seniors have significant out of pocket medical expenses. However, those receiving Medicare may have lower out-of-pocket expenses.

Given the uncertainty around the share of households with a senior or disabled member that would qualify for the medical expense deduction, this report also estimates the impact if a relatively small (two percent) increase in the number of households with a senior or disabled member not currently receiving the deduction began to claim the deduction. These estimates were calculated by multiplying the results of the estimates for all households by two percent.

Average Increase in Benefits per Household

This report estimates the monetary impact of eligible households with a senior or disabled member claiming the medical expense deduction. “Eligible households” are those that are both eligible for an increase in benefits and eligible for the medical expense deduction.

The following calculation was used to estimate the average increase in monthly benefits per eligible household by claiming the medical expense deduction:

$$\begin{aligned} &\text{Average monthly benefit for seniors and disabled individuals in 2014 (\$153)} \times \\ &30\% = \text{Average Monthly increase in Benefits per Household.} \end{aligned}$$

In order to calculate annual benefit, the monthly benefit was multiplied by 12.

This calculation was based on the CalFresh benefit formula, which assumes that 30 percent of a household's net income is spent on food.⁷ Therefore, for every three dollars less countable net income (increase in deductions received), there is roughly an increase of one dollar in benefits, up to the maximum benefit allowed per household.⁸

However, from household to household, the amount of benefit received could be higher or lower than this three-to-one rule of thumb. This ratio is dependent on total income and amount of deductions claimed (medical and other). For example, claiming the medical deductions may allow for the household to claim a larger shelter deduction, therefore reducing net income even further. This could potentially result in an even greater increase in benefits.

The estimates of the average per household benefits are based on receiving a monthly medical expense deduction of \$153, which was the average medical expense deduction received monthly for households with senior or disabled members in California in 2014. This assumes that the average medical expense deduction would stay constant as additional households claimed the deduction. Due to data limitations, it is unclear whether the average medical expense deduction would change by increasing the share of households receiving the medical expense deduction. Differences in out-of-pocket medical expenses between those currently receiving and those not receiving the medical expense deduction may result in changes to the average medical expense deduction.

Total Increase in Benefits for Senior and Disabled Population

In addition to per household benefits, this report estimates the total (collective) increase in benefits for senior and disabled households. The total benefit is calculated by multiplying the per household benefit by the number of households that are not receiving benefits and are potentially eligible for an increase in benefits.

⁷ For more information on how benefits are calculated, *A Quick Guide to SNAP Eligibility and Benefits*, Center on Budget and Policy Priorities, <http://www.cbpp.org/research/a-quick-guide-to-snap-eligibility-and-benefits>

⁸ Ibid.

- ⁱ California Department of Social Services, CalFresh Eligibility and Issuance Requirements – Income, available at <http://www.cdss.ca.gov/foodstamps/PG3628.htm>
- ⁱⁱ California Department of Social Services, CalFresh Regulations, <http://www.dss.cahwnet.gov/foodstamps/PG845.htm>
- ⁱⁱⁱ USDA Food and Nutrition Service, SNAP Fact Sheet, available at <http://www.fns.usda.gov/snap/fact-sheet-resources-income-and-benefits>
- ^{iv} USDA Food and Nutrition Service, SNAP Eligibility Guidelines available at <http://www.fns.usda.gov/snap/eligibility>
- ^v Source: 2014 California Health Interview Survey, *Delayed care due to cost or lack of insurance*. Asked of respondents who delayed/did not get other needed medical care in past 12 months. Federal Poverty Level - Continuous (0% - 200%), Age in years (60+)
- ^{vi} UCLA Center for Health Policy Research. AskCHIS 2014. Food security (California). Available at <http://ask.chis.ucla.edu>. Exported on August 21, 2015.
- ^{vii} California Health Care Foundation, <http://www.chcf.org/publications/2015/08/beds-for-boomers>
- ^{viii} Source: U.S. Census Bureau, 2014. American Community Survey 1-year Estimates. B17001: POVERTY STATUS IN THE PAST 12 MONTHS BY SEX BY AGE - Universe: Population for whom poverty status is determined. Accessed on 7/26/2016
- ^{ix} State Trends in Supplemental Nutrition Assistance Program Eligibility and Participation Among senior Individuals, Fiscal Year 2008 to Fiscal Year 2013, July 2015, Mathematica Policy Research.
- ^x Source: CBPP analysis of U.S. Department of Agriculture SNAP Quality Control data.
- ^{xi} Source: California Department of Social Services CalFresh Data Dashboard available at <http://www.cdss.ca.gov/research/PG3575.htm>
- ^{xii} Source: CFPa analysis of FFY 2008-2014 CDSS RADEP CalFresh Caseload data, provided by CDSS Research and Data Division.
- ^{xiii} Machlin, S. and Carper, K. *Out-of-Pocket Health Care Expenses by Age and Insurance Coverage, United States, 2011*. Statistical Brief #441. June 2014. Agency for Healthcare Research and Quality. Rockville, MD. http://meps.ahrq.gov/mepsweb/data_files/publications/st441/stat441.shtml
- ^{xiv} Ibid.
- ^{xv} Source: CBPP analysis of U.S. Department of Agriculture SNAP Quality Control data. (Does not include Guam and the Virgin Islands)
- ^{xvi} Hanson, Kenneth. United States Department of Agriculture Economic Research Service, Economic Research Report Number 103, The Food Assistance National Input-Output Multiplier (FANIOM) Model and Stimulus Effects of SNAP, October 2010. Available at: <http://www.ers.usda.gov/Publications/ERR103/ERR103.pdf>
- ^{xvii} Legislative Analyst's Office, Analysis of the 2004-05 Budget Bill- Food Stamps Program, February 2004. Available at: http://www.lao.ca.gov/analysis_2004/health_ss/hss_20_foodstamps_anl04.htm
- ^{xviii} Zandi, Mark. Assessing the Macro Economic Impact of Fiscal Stimulus 2008, Moody's Analytics, Inc., January 2008. Available at: <http://www.economy.com/mark-zandi/documents/assising-the-impact-of-the-fiscal-stimulus.pdf>
- ^{xix} Ibid.
- ^{xx} <http://cfpa.net/CalFresh/CFPAPublications/CalFresh-cash-out101-2015.pdf>
- ^{xxi} <http://www.masslegalservices.org/content/food-stamps-snap-and-medical-expense-deduction>
- ^{xxii} USDA Food and Nutrition Service, Elderly Simplified Application Guidance, FFY 2105-16, available at http://www.fns.usda.gov/sites/default/files/snap/ESAP_Guidance.pdf
- ^{xxiii} http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120AB69
- ^{xxiv} National Council on Aging, Seniors and SNAP Best Practices Handbook, July 2015, available at <https://www.ncoa.org/resources/seniors-snap-best-practices-handbook/>
- ^{xxv} Ibid.

*Seniors and the CalFresh Medical Deduction
Policy Opportunities to Increase Nutrition Benefits for Low-Income Seniors in California*

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