



Illinois Commission to End Hunger: Benefit Access Working Group Work Plan
 Last updated 12/7/2015

Benefit Access Working Group Overview: The Benefits Access Working Group will support policies and practices that increase access to publicly-funded food and nutrition benefits. The work group will build and expand upon the work of the former Vulnerable Adults Working Group which had focused on older adults, people with disabilities, people with chronic illnesses, the homeless and veterans.

Priority is to identify and advance strategies to improve access to government nutrition programs (other than those for children) and maximize the benefits obtained through such programs – i.e., SNAP, Older American Act meal programs, CSFP, etc. In order to do so, the work group will:

- Seek changes in administrative rules and procedures and, as needed, statute, that will simplify and improve access to food and nutrition benefits.
- Elevate nutrition as a critical health issue and increase involvement of the health care delivery sector in securing nutrition benefits.
- Identify and promote innovative ideas for increasing participation in the Older Americans Act programs, the congregate and home-delivered meals programs.
- Develop strategies to promote partnerships that result in increased access to all benefits.

Work Plan for Benefit Access Working Group

Goal: Increase enrollment in and benefits received through publicly-funded food and nutrition benefits.			
OBJECTIVES	ACTIONS	TIMELINE	RESPONSIBLE PARTY(IES)
A. Obtain baseline metrics of enrollment and amount of benefits issued in order to measure progress	<ul style="list-style-type: none"> • Work with DHS to obtain data broken down into specific categories where possible; categories include, but are not limited to: <ul style="list-style-type: none"> ○ County ○ Special populations (veterans, homeless, older adults, persons with disabilities, limited English speaking broken down by specific language, person living with HIV/AIDS) 	By April 2016 – <i>DHS/FNS has already provided point-in-time data with individual, household, age, and gender breakdowns as of September</i>	Dawn, GCFD DHS



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	<ul style="list-style-type: none"> ○ Age ○ Gender 	<i>2014 (age complete)</i>	
B. Compile and share existing resources for outreach and enrollment	<ul style="list-style-type: none"> ● Draft a directory that includes the listing of organizations that provide SNAP and WIC enrollment assistance, including In-Person Counselors and Navigators trained by Get Covered Illinois (Marketplace team) ● Post resources on the Illinois Commission to End Hunger website or on another web platform with a link to the Commission website ● Promote resource page with Commission members and anti-hunger community ● Create a search and map function on the website ● Develop outreach strategies following recent changes to SNAP enrollment 	<p>By January 1, 2016</p> <p>By February 1, 2016</p> <p>By February 1, 2016</p> <p>By July, 2016</p> <p>By November 30, 2015</p>	Dan/MacKenzie, Shriver Center Dawn, GCFD
C. Promote DHS' phone application to targeted populations	<ul style="list-style-type: none"> ● Use baseline metrics to determine target populations ● Ensure hotline capacity at DHS ● Create/revise materials and share with appropriate partners, including, but not limited to partners working in rural Illinois 	<p>By January 31, 2016</p> <p>By March 31, 2016</p> <p>By April 15, 2016</p>	DHS Dawn, GCFD AgeOptions Mary Ellen, Illinois Hunger Coalition
D. Engage and educate health care providers about the connection between food insecurity and health outcomes	<ul style="list-style-type: none"> ● Promote validated two-question food insecurity screening with health care providers ● Create a presentation/toolkit and share best practices on implementing the screening tool and follow up resources ● Work cross sector to help share what works/what does not. 	Ongoing	Kathy, CCHHS Kathleen, Access Community Health Network Dawn, GCFD



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<p>E. Ensure that applicants using Application for Benefits Eligibility (ABE, the state’s online application for Medicaid, SNAP, and cash assistance) complete applications for SNAP, Medicaid, and all other programs they may be eligible</p>	<ul style="list-style-type: none"> • Determine organizations that are assisting with the completion of Medicaid only or SNAP applications • Assess barriers and any opportunities to provide incentives for the completion of combined applications • Create training and educational resources, as well as sample contract language (for third party hospital billing agencies) 	<p>By March 1, 2016</p> <p>By April 4, 2016</p> <p>By May 2, 2016</p>	<p>Kathy, CCHHS Department on Aging, GCFD</p>
<p>F. Enroll those who have been found eligible for “new Medicaid” into SNAP</p>	<ul style="list-style-type: none"> • Determine whether there is a way to “auto-enroll” these individuals, similar to the way that SNAP enrollees were auto-enrolled into Medicaid • If “auto-enrollment” is not an option, determine whether there is a “quick enroll” process that would allow for a simplified application to be completed by someone who has already been determined eligible for Medicaid 	<p>Ongoing</p>	<p>Kathy, CCHHS Dan/MacKenzie, Shriver Center Carrie Chapman, LAF DHS HFS GCFD</p>
<p>G. Ensure that disabled and older adults 60 years and older receive maximum standard medical allowance of \$240 for those with unreimbursed medical expenses exceeding \$35</p>	<ul style="list-style-type: none"> • Work with AgeOptions and other agencies that provide services to these populations to provide training and resources, as well as identify and document challenges related to SNAP application processing • Work with DHS to determine best way to ensure proper training of state caseworker staff and determine current usage 	<p>Ongoing</p> <p>Ongoing</p>	<p>AgeOptions Department on Aging DHS Dawn, GCFD Dan, Shriver Center</p>

