

Welcome everybody to our webinar today. My name is Nanette and I manage the National Information and Referral Support Center at NASUAD and I'd like to welcome all of our participants to our January webinar. We get a lot of questions each webinar about the slides and audio recording so let me just start off by saying that the slides and audio recording and the transcript from today's webinar will be posted to the website in the next several days. My coworker and presenter today, Linda, is very fast so I would guess by the end of the week all of these materials will be available on the website. Please visit the I&R center webpage where you will find this archive and all of our recent archives. Linda has also posted in the chat box the link to the webpage where you will be able to find all the materials from today's webinar. So that link is now available in the chat box. I want to review just a couple of housekeeping items before we get started. All listeners are on mute to reduce background noise. But we welcome your questions and comments through the Q&A function that is available to you on your screen. Please feel free to submit your questions at any time during today's presentation. And we will address questions following the presentation. We also have real-time captioning for today's webinar. On your screen, you should see a media viewer panel on the bottom right. This is where you can also find the Q&A and the chat functions. You can minimize this panel, or you can have it open if you would like to read the captioning. It will not interrupt the slide presentation. Bringing people and services together. Helping connect individuals to benefits is truly at the heart of information and referral. So today's webinar is a great topic for us. Our presenters are going to focus on a couple of aspects of connecting older adults, people with disabilities, and caregivers to needed benefits. Including understanding and addressing stigma that may surround some of these benefits. The newly redesigned benefits checkup tool that I'm guessing some of our listeners are already using, and reaching individuals for assistance with their Medicare costs. We have two presenters with us today. Brandy Bauer, who is communications manager at the Center for Benefits Access, the National Council on Aging. And my coworker, Linda Nakagawa is a policy analyst here at NASUAD. With that, I am going to turn it over to Brandy, who is going to get us started.

Thank you Nanette. And I'm going to start by laying some groundwork around who I am in the Center for Benefits Access, as well as just a brief overview of what I mean when we talk about core benefits. Before talking a little bit about some research that we've done on stigma and effective outreach messaging. For those of you who may not be familiar with the National Council on Aging, we are a national nonprofit service and advocacy organization. And within NCOA is the Center for Benefits Access. Which is funded by the US Administration for Community Living, to help community-based organizations find and enroll low-income seniors, as well as younger adults with disabilities into the benefits that they are eligible for? Where also the resource center for the Medicare Improvements for Patients and Providers Act or MIPPA. MIPPA funding is given to state aging agencies and enables them to do outreach for low income seniors and younger adults with disabilities into the programs that make Medicare affordable. What do we mean by some of these benefits? I like to just provide a very brief overview of the five programs that I refer to as the core benefits for this population. This low-income population with Medicare. The Supplemental Nutrition Assistance Program

or SNAP, which many of you may know as food stamps. This helps people to pay for groceries at the grocery store. The Part D Low-Income Subsidy also known as Extra Help, Extra Help helps individuals with Part D to reduce their drug and Part D plan costs. The Medicare Savings Program covers the part B premium and sometimes cost sharing in parts A and B. Medicaid provides wraparound coverage for people with Medicare. And then the low income home energy assistance program helps to pay for heating and/or cooling costs to the utility company. About two or three years ago, at NCOA, we started hearing a common thread from benefits counselors. We heard from them that stigma is a major reason why older adults and younger adults with disabilities do not apply for benefits. And so we decided to do a little more research into this issue. We did an extensive literature review and comprehensive interviews with 40 counselors, and last year we published this report, An End to Stigma. One of the key findings from this stigma research is that stigma takes two forms. Internal and external. Internal stigma really reflects the feelings that a person has about enrolling in programs. We hear a lot of common concerns, and I have included a few quotes on this slide. For example, I don't want to be one of those people with the card and by that they mean the electronic benefits transfer card or EBT card. Other people need these benefits more than me. My neighbors might find out I am on food stamps or Medicaid. Or welfare isn't for me; it is it is for young moms who pop out kids. And finally, I don't need a handout. There is also external stigma, which is really about the negative experiences that people have, or the perceptions they have of the benefit itself or the agency that administers that benefit. For example, a lot of people when they are applying for Medicaid or the Medicare Savings Programs will say they are going to take my house away. There is this very strong fear of what is called estate recovery. Which for Medicare Savings Programs, it is not in effect any more. Another one we hear often related to SNAP is that it is not worth the effort to only get \$15, which is the minimum benefit. And finally, I don't want to deal with the department that handles these applications. A lot of these agencies have long wait times, you may have to go very early in the morning, provide a lot of documentation, and people don't feel like it is worth the effort.

What are the consequences of these two types of stigma? The major consequence is that people are not enrolled in programs that can help them to save money. As an example, we know that three out of five older adults who potentially qualify for SNAP are not enrolled in the program. Older adults especially are the population group that is least likely to get SNAP. We also know that younger adults with disabilities miss out on many subsidies that can help them to live independently. We probed a little bit further into this stigma research to understand whether there were specific factors, both individual and related to the agencies that affect whether or not somebody carries the stigma. From an individual standpoint, we found that age is a strong predictor of stigma. Older older adults, that are those who live through or remember the Great Depression, are far less likely to seek help than their younger peers. Where people live also affects stigma. We found that individuals who live in more affluent communities are less likely to apply. We think it's because they both fear being known in their community for being on a program, but also not knowing about those programs, which I will talk about in just a few minutes. They don't see their neighbors benefiting or

enrolled in these programs. Therefore they don't know about them. With disability, it's a little more complicated. The experience of stigma may depend on many factors, including the age of the onset of disability, the type of disability, and the connection to peers with disabilities. For example, someone who was born with a disability may experience less stigma because that young adult is familiar with navigating the system to get the services and supports that he or she needs. Some of the characteristics related to administering agencies that we find affects stigma. One key finding is that those benefits associated with Social Security and Medicare have very little stigma attached to them. That is because we think these programs are so embedded into the fabric of American life and so many people are touched by Social Security and Medicare that program such as SSI or Extra Help, which is administered by Social Security, people are not ashamed to apply for those. They feel like they have paid into that system throughout their years. Also, the method for receiving benefits helps to destigmatize them. With the Medicare Savings Program, recipients get the part B premiums automatically back in their Social Security check. They don't have to do anything or have a special card. With energy assistance, it is paid directly to the utility company. Again, they don't have to do anything or show anything. It's just an automatic discount. However, we found that SNAP and Medicaid are highly stigmatized. There are very strong negative perceptions about local offices that administer these programs. The complexity of applications turns people off, as well as the burden of applying. Having to produce many documents, having to having to go in for interviews, having to recertify frequently. Here is an example of what this administrative burden looks like. This is the Texas SNAP application. Many of you may know that there is a medical expense deduction for elderly and disabled households who are applying for SNAP. Which means that if they can prove they have medical expenses over \$35 a month, they can get a special deduction and get a higher benefit? The Texas SNAP application is 18 pages long. And you will see on left there that they have a very detailed section which asks about dependent care costs, which is another deduction. They ask about the type of cost, the frequency, how much, what it's for. You will see at the very bottom of that slide, the section on medical costs for seniors and individuals with disabilities is just a small question. Do you have cost? No detail. So what happens is people check off the box and then they go in for their interview and the agent who is helping to determine the benefits asks them where your documentation is? Where is all your paperwork to prove your medical expenses? And of course the person doesn't have it because if you look at this application, there is no further explanation. That is just one example of that type of burden.

NCOA really understands what concepts and messages really work best when talking to low-income Medicare recipients. We hired a marketing and research firm called M+R/Perry Udem to conduct this research for us. And what they did is they started first with interviewing people like you. People who are working with clients out in the field. And then they did a series of focus groups with older adults and caregivers, and finally a national telephone survey of over 1000 adults with incomes below 250% of the federal poverty level. In this, they asked people whether they knew about these benefits programs, what their interest was in these programs, and programs, and they also tested messages. What would make you want to

click on something or call somebody to talk about these? They also analyzed this information looking at different geographical and demographic characteristics. One of the key findings as to why people do not apply for benefits. First was simple lack of awareness about the programs. This is especially the case for programs like the Medicare Savings Programs, which don't get a lot of publicity. But there is also a lack of awareness about who the programs are for. For example, a lot of older adults believe that SNAP is not for them, but for families with young children. Another key barrier was the assumption and this is perhaps rightfully so, that there is a lot of paperwork involved in applying for these programs. People don't know where to begin, and when they think about these programs, they often weigh it with other people need more help than me. M+R/Perry Udem also tested some key messages as to what would make you want to learn more and see if you qualified for these benefits? And the number one message that resonated across all of the focus groups and the telephonic survey was that help for people on fixed incomes is important but the cost of living goes up but our incomes do not. They also found a couple other key messages. That worked with this population. One was that money for groceries can make it easier to eat healthy food and therefore prevent getting sick. That help with prescription drugs through the Extra Help Program, can help save up to \$4000 a year. And finally that financial help from benefits can mean less worry and stress about making ends meet. So what do these mean to you? When you're talking with either on the phone or working one-on-one with clients, you can apply a lot of these lessons. Emphasize the fact that it is not a personal failing that somebody needs to apply for a benefit. That many people are living on fixed incomes, and the cost of living is rising. And we all know that the Social Security benefit is not rising to match the cost of living. Therefore benefits can help to alleviate some of that stress and worry around the budget. It's also important to proactively address concerns about the application process. Explaining how a person applies, what sort of documentation is needed, and where they can go for further assistance.

Also, we found that people want to be very clear what the eligibility guidelines are before they apply. So the more that you can tell somebody, the income limit for a program, the better they are able to weigh that decision of applying for that program. They don't want to apply, waste their time applying for something for which they are not eligible. So I want to talk briefly about two resources that can help identify a person's eligibility. Now many of you may be familiar with BenefitsCheckUp. It's a tool that NCOA has had online for over 15 years. But you may not realize that last month, we completely redesigned the site, and made it a lot more user-friendly and easier for people like you, who are very busy, to find something quickly. BenefitsCheckUp screens for over 2000 public and private programs, and they are based on locality. So down to the ZIP Code level. One of the key brand-new features is that now you can go into BenefitsCheckUp and select the category of program you want, and only answer questions related to that category of program. You do not have to do a full screening, like you used to.

One of the key new features of BenefitsCheckUp is that you can screen only for those programs you are interested in, and do a shortened

screening based on those types of programs. Another new feature of the site is a resource library. You don't have to do a screening to access the resource library. You can go into the resource library and look up what types of programs are available in your state. For example, if you live in Missouri, and you are only interested in knowing what sort of prescription assistance is available, you can easily find your state from the drop-down menu, click on medications, and get a list and a brief fact sheet on all of those programs. How can this be helpful for assisting younger adults with disabilities and caregivers? Linda is going to talk in just a few moments about some work that NASUAD is doing for targeting this population. We have found that it is a really key tool for reaching these populations, because more and more of them are online. In 2015, we found that 28% of total users for BenefitsCheckUp indicated that they had a disability. And a little less than half were under age 65. And roughly a third of all users were caregivers working on behalf of a loved one. A lot of times, these individuals will indicate in their screening that they are already having certain benefits such as Medicaid or Medicare Savings. But they will screen eligible for programs that they may either be unaware of, or unlikely to have. And here just a few examples of those, weatherization assistance, which can help make your home adapted for the climate and the seasons. Lifeline, which is a free cell phone, chronic disease self-management program, and energy assistance are just some examples of the programs that we have found a lot of the caregivers and younger adults with disabilities identify that they are possibly missing. Another resource that you can use to connect individuals with individualized assistance in applying for benefits are the benefits enrollment centers. NCOA funds 59 organizations, either nonprofits or state aging agencies that are serving individuals in 31 states. And a benefits enrollment center provides comprehensive screening, assistance, and follow-up for all of the programs for which a person might be eligible. Our BECs as we call them really welcome community partnerships and referrals. And so if you're interested in connecting with one in your community, we encourage you to go to our website there, and see where they are and we would be happy to facilitate that connection for you. And finally, more information about the center for benefits is available on our website. I encourage you to check out the brand-new BenefitsCheckUp and to approach me with any questions that you may have about any of the things that I presented, or to get copies of the stigma report. With that I will turn it over to Linda.

Before Linda gets started, I will jump in quickly to remind our listeners, if you have any questions, please feel free to submit those through the Q&A. I know Brandy covered a lot of really interesting material and we will get to the questions following Linda's presentation.

Good afternoon. As Nanette said my name is Linda Nakagawa. I am a policy analyst here at NASUAD. I am going to speak about outreach specifically targeting individuals with disabilities and caregivers. I want to lay out what my slides are going to show. First we will look at results from the Information and Referral Network Survey. Then I'm going to talk about the media campaign that we did for the 2016 MIPPA grant and then I will speak about resources targeting people with disabilities. Finally, I am

going to talk about a few different promising practices for outreach that you can use in your jobs. Every other year, NASUAD conducts a national field survey of information and referral specialists in aging and disability. In 2015, we gave the web-based survey instrument and from March to April 2015. We had 358 respondents from state agencies, area agencies on aging, aging and disability resource centers, and centers for independent living, nonprofit human service organizations, and different national organizations. We were able to include questions about information and referral specialist's experience with Medicare Low-income Benefits, screening, outreach and enrollment. So first we asked respondents what type of agency they worked in. And we found about 50%, the majority, was from AAAs, 20 came from ADRCs. And the other 10% respectively came from state agencies and other nonprofits. Then we wanted to know how many agencies actually screened for eligibility. And we found that 70% do, and about 30% don't. Of the agencies that do screen, we found that 91% target older adults, which is a really great start. But of the 70% that screen for eligibility, only half target younger individuals with disabilities. And this reveals a clear need to enhance eligibility screening by broadening the focus to include people with disabilities. We then asked about training that is given to I&R specialists and 70% did provide training on subsidies. So the data we got from the survey showed some clear trends. Namely that a large percentage of organizations don't screen for the potential eligibility of subsidies. For the organizations that do screen for eligibility, they often neglect to younger individuals with disabilities and their screening processes. About a quarter of agencies don't provide their staff with training about Medicare subsidies. And these trends emphasize the importance of improving MIPPA screening and outreach. The data on the slide shows another reason why the population of Medicare recipients with disabilities is so important for outreach. About 17% of Medicare population consists of younger individuals, primarily living with permanent disabilities that have qualified for Medicare coverage. They comprise a large and diverse population with many different needs. And providing proper structural and financial support for them to meet those needs has posed a great challenge. With this information, showing people the critical need to target people with disabilities, NASUAD created a MIPPA outreach campaign designed specifically for Medicare beneficiaries with disabilities. We were cognizant of the aforementioned issues, the subsection of the Medicare population so NASUAD set out to increase consumer awareness of what the programs are, how they can help people, the general qualification criteria, and different key referral sources.

We created a call for collaboration that included a media campaign. We started by identifying potential partners, we created this master list of organizations that work directly with consumers. Mainly focusing on national disability organization and we also surveyed the NASUAD members to find out different state organizations that we wouldn't necessarily know about. Then we created a media campaign targeting adults with disabilities and for that we had a fact sheet with media information and instructions. The fact sheet included our three posters that are targeted specifically for consumers, a tip sheet for our staff, and sample tweets, Facebook posts, newsletter blurbs and website links. We created the samples to fit into the format of 140 characters for tweets, and for everything to be very short and concise for Facebook.

Basically because the more text that exists on a post, the less likely people are to actually read it. We also attached the webinar to attract attention to the post. So it's harder for it to get lost in the newsfeed. I will show you those resources in just a moment. These are some examples of sample posts. So you can see that we have this #Hashtag Medicare Savings, and there is an example of the Facebook post. It's a little bit longer than the Twitter post. That one example is do you want to save on Medicare costs? If you are low-income you may qualify for a Medicare savings program. Very short and to the point, just to get people interested so they can click on the resources we attached. On this slide I'm going to talk about how the resources were created. We were very intentional about the creation. First we designed materials that could be widely distributed, keeping in mind that for wider distribution, the materials needed to appeal to consumers of various ages, lifestyles, and disabilities. Then we keyed in on three specific formats to vary and include engagement of all potential beneficiaries. We added a tip sheet component to further engage professionals like you that are working on the ground with potential applicants. Once we decide upon the goals and basic formats for materials we conducted different focus groups with consumers at local CILs to get feedback from the individuals we had hoped to engage. And the feedback was really invaluable for improving our understanding of the different issues involved in developing outreach efforts for this population and our capacity to improve what we had originally created. After incorporating the consumer feedback we reached out to professional advocates working closely and within the disability community in order to fine-tune the posters and tip sheet and discuss different dissemination strategies. So this is an example of the web banner. As I said before, it is meant to grab attention on the newsfeed on Twitter or on Facebook and can be put into a newsletter or on a website. This is an example of our simplified Medicare Savings Program poster. We have three different posters and they are all editable PDFs, to allow different organizations to choose where they want to direct consumers who are seeking information so they can just put it right under the "for assistance" piece. It's especially helpful for states to send consumers to local AAAs and Social Security offices. Our next poster is our detailed Medicare Savings poster. So it includes income and asset limits, has a blurb about qualified disabled working individuals. Medicare savings program, and this one includes the number for the SHIP National Technical Assistance Center which is where we send most people to if they don't want to customize the poster. This poster is targeted specifically for qualified disabled working individuals and offers information as well about monthly income limits and has that editable portion again to fill in with contact information.

And then here we have our tip sheet. You can see it is a lot more detailed than the other resources we have, because it is targeted for professionals. And it's really meant to be an educational reference tool for providers. It has a comprehensive overview of low income subsidies, and it includes the different income and asset limits, and it shows different places of where you can go to apply on the right-hand side. We sent out the fact sheet to over 50 organizations. So as I said before that included the state disability organizations that were suggested to us as potential partners by NASUAD members and different national organizations that we reached out to. In order to measure outcomes, we

sent out a follow-up survey and we also can review the #Hashtag history if you are familiar with social media. You can go back and look up the #Hashtag Medicare savings and you can see every time that someone tweeted or facebooked about it, shared, or retweeted or if someone commented to see how widely the resources were reached. For the next part of the webinar I'm going to share some different promising practices that we received to raise awareness both internally in organizations and externally in the community to get people enrolled. We got these promising practices through the I&R network survey, respondents that included information about promising practices were reached out to and they provided us with more in-depth explanations for practices that really worked in their organization. The first promising practice is to insert MIPPA into the internal framework of your organization. A theme that is utilized by lots of different respondents that answered our survey. It basically involves weaving MIPPA into the everyday course of business for all staff. And in general it's about getting staff informed about screening. Even if they are not directly involved with it. So you can see here at the Illinois Department of Aging SHIP director sent us these great photos. They have posters in every single cubicle that has information about Medicare Savings Program and the Extra Help Program. And it includes this one is from 2015 but if you see where the red arrow is pointing to, it has information about the income and asset limits for both. So when people answers calls about people that need to fill out applications, they know if they should be directing them toward MSPs. Every single staff member has one at their desk. And the main idea for the SHIP director told us was to get eligibility numbers in front of all of their staff, all of the time. The next promising practice came from the Catawba ADRC in South Carolina. They have this downloadable application that people will use when they are on calls. Or when they're in the field and they have income triggers for LIS. If you look on the bottom of the application to the right. So that enables all staff to be involved in the screening process. And staff don't need to know a lot about the subsidy programs. They just need to know if they need to flag an application because it might be eligible. The second promising practice is to go where the consumer is or where you know the consumer is going to be. So this is a proactive outreach approach to increase accessibility to information about the different programs. This example came from the Northwest Indiana Community Action Corporation. They went to different farmers markets, and they set up where their colleagues were had the booth to hand out vouchers, and after they were done picking up their voucher before they want to go shopping, their colleagues would direct them over to the booth where people were filling out applications for Medicare Savings Programs and Extra Help. After attending farmers markets during one summer they saw an increase from 35 MSP applications to 140. It was a pretty significant jump. It was a very successful practice for them.

The third promising practice is to rebrand the subsidies that appeal to the consumer. Brandy talked about this earlier with different stigmas that are associated with getting different benefits. For this situation, the target audience is constant and the product is constant. So it's about rebranding subsidies and information sessions to appeal to consumers. Because it can dramatically increase consumer interest in attending the information session. The Northeast Vermont AAA before they

were having just regular information sessions, where they averaged about eight people. They changed the name to Medicare Boot Camp and they kept everything else the same. Same publicity, posters, and everything. And their attendance increased to about 30 people per session. Essentially because of a perspective shift for the information session. And they also noted that more men were attending sessions than they previously were. So it just showed the power of rebranding, and what tweaking something just a little bit can do.

I think this even ties into Brandy's presentation on stigma a little bit. Using terms that destigmatize the programs like boot camp may be helpful also. And then our last promising practice that we pulled out was to insert the outreach to everyday places that consumers visit. A lot of respondents included this theme in their surveys as well but one example was from the Illinois Department on Aging. They purchased different ads inside of mass transit buses. And the ads were 4 feet long and a foot tall placards inside of the buses. They had ads on the buses and floors at the mall so more consumers using the mall for fitness walking would see them. They also saw an increase in the amount of applications that they were receiving. So really it just depends on looking to see how you can reach Medicare beneficiaries, to let them know that these programs exist. And here you can find different information on the NASUAD website, the MIPPA resources I talked about earlier, and if you have any questions you can send me an e-mail.

Great, this is Nanette again and I want to thank you both. We will see if we have received any questions in our Q&A or our chat box. Again, please feel free to submit questions if they come to you after these presentations. While we are checking to see if we have questions I will make some comments. Brandy, when you were talking about ensuring that people have information, I think this really connects into one of the core functions that we have in I&R when we talk about empowering the inquires of consumers we work with. And a piece of that is ensuring that people have the right information when they are provided with a referral to be able to take action. Letting somebody know if they will need to provide documentation, if they will need to provide information on a personal or family circumstance, essentially empowers them and they will know that they need to do that and that can also, I think, help people to feel maybe a little bit more comfortable, a little bit less intimidated particularly for those who don't have history or experience receiving publicly supported benefits. So I think certainly for I&R specialists even if you are fully engaged in eligibility screening and empowering and that can help to break down maybe some of the stigma or just discomfort that they feel. I love that you have incorporated guided searches. The redesigned BenefitsCheckUp site, we spent a lot of time in the I&R field trying to think about what we really think the best practices are when people go online to search for information. And one of the areas where we are finding some consensus is around the helpfulness of guided searches. Whether someone is going on to a database or a site like yours. Hopefully you will get some really good feedback over time from providing that type of resource. Let me check in with Linda and see if we have received any questions.

I saw a question come in about the posters that Linda showed you, and the income and assets. And just to remind folks, the income and assets for LIS and MSP relate to the release of the federal poverty levels. Which I believe are supposed to come out tomorrow. When the federal government put them out, it's a little bit of a lag time from the day that they are issued by Health and Human Services and their application in applying for LIS and MSP. Especially for MSP because the states take a little bit of time to get their systems up to date with the new numbers. But just know that as soon as we receive confirmation from HHS and CMS on those eligibility thresholds, we will be updating all of our charts and outreach materials with those numbers.

Thank you, we are just checking to see if we have any additional questions. Linda, I might have to ask you to read it.

Someone asked how does NCOA collect state specific benefits to include in BenefitsCheckUp?

That is a very good question. We have a team of full-time staff who are just researching benefits programs. So they -- obviously a lot of the major programs that have been administered at the state level are included like SNAP, but also local level programs such as transportation benefits. If we hear about it, our team will research it, understand the eligibility criteria, and they are constantly every year updating those eligibility thresholds based on information that they receive from the agencies that administer those benefits. So a screening that you did six months ago may not be the same now, if those numbers have changed. But that's how we do it. We have a team behind the scenes that is maintaining that information.

If we have any participants on the webinar who are with a state agency that may be engaged in some programs on an everyday level and they noticed something that may not seem quite correct for them on BenefitsCheckUp, how can they contact you about providing some different background information?

That would be very helpful and we realize the tool is only as useful as it is correct. And so on the slides my e-mail address is available, and I am happy to connect you with the team that does the background for BenefitsCheckUp. So if you find for example some income or eligibility information that is not correct or needs to be updated, we know changes happen a lot. Some states eliminate asset tests for some of their programs. Or raise the thresholds, so we want to hear about it. Please feel free to write at any time if you notice anything like that.

Another person asks can you elaborate on the interoperability a benefit check up with other resource portals?

I'm not exactly sure. BenefitsCheckUp is a screening tool. It is not a case management tool. And it is de-identified. So while an individual can input their income and assets and information, it is not going to save that information in a way -- that would be against HIPAA regulations for us to collect that data. So unfortunately, at this point, it is not something that you can integrate with a case management system. At this

point it is really just you're only able to get the screening results and to print those results and to save the PDF of those.

A consumer goes onto the site and screens positive for a SNAP benefit. Is there something that happens for them? What is the next step that person would do to get through the screening process?

In the screening process, once a potential benefit has been identified, they click on that benefit, there is information at the bottom of the page of how they apply, what documentation they need, and where to go. So when the individual lives within a service area of one of NCOA benefits enrollment centers, they will receive the contact information for getting in touch with that. We have plans for a phase two redesign, where there will actually be an interface where somebody can directly connect to our benefits enrollment centers. Via the tool. But for right now, it is simple information provided on where the local offices, and phone numbers and how to apply.

I know we had several questions coming in about slides and audio. So again, just a reminder, everything will be available on the NASUAD website. I know Linda has put in the chat box the link to our monthly call page, where you will be able to find all of the webinar materials.

I also included a link just now to the different resources I was referring to for the media campaign. If people would like I can also send them the fact sheet with the pre-worded tweets and Facebook posts. You can just send it to my email that is listed on the screen right now. I know Brandy someone wanted to hear your e-mail again.

Brandy dot Bauer and NCOA.com. The question came in, are there other plans to increase the number of BECs, and is it a goal for all states to have one?

We would love to have a BEC in every state. Obviously, we are dependent on funding right now. We are supporting our BECs thanks to funding from the Administration for Community Living. And as long as MIPPA funding continues and we are able to do so, we definitely want to continue to expand the network.

Another participant asked if they can enter the BenefitsCheckUp logo and link into their agency webpages for folks to direct link to.

Yes, we would love that. And please feel free to contact me and I can certainly help you. We have done that for a few places. I know that there is one of the agencies in Illinois that has a little badge on their Health and Human Services site, linking to BenefitsCheckUp.

Do you actually have a widget? Yes.

While Linda is checking to see if we have had any other questions come in through chat or the Q&A, one thing I will ask about Brandy, the stigma around SNAP is a significant issue for older -- not just for older adults and disabilities but the whole variety of families that may be eligible for SNAP. I know one thing that the food and nutrition service,

I believe they have even launched this demonstration around home delivery of benefits. Thoughts about that and maybe in its context of stigma or access for older adults. There is better access to potential benefits provided through SNAP.

It's interesting you mentioned that. We have heard that there used to be a prohibition against getting groceries delivered and paying for it with the SNAP benefit. And that had to do with the fact that you can't pay for the delivering cost with the SNAP benefit. SNAP is only for food. However, there is a new pilot demonstration program that is experimenting with waiving that transportation cost, and delivering food via home delivered groceries, using SNAP benefits. And I think it has certainly an opportunity to help older adults or younger adults with disabilities that may be homebound. Not only in reducing stigma, but also in being able to access how to set benefits. But I think for a lot of older adults, especially, the stigma around SNAP is we believe mostly related to the perception that it is such a small benefit. Which actually is a misperception, because we hear so often people say I am only going to get \$15? It is not worth it. But when we look nationally, only about one in six older adults get that minimum benefit. The average benefit for a single older adult is about \$108 month. Which is a lot more money than \$15. And with the medical expense deduction, they can actually get even more. So we really encourage people. We know it is sometimes burdensome to apply for SNAP because the applications can be long. But it often is worth their while.

I think I remember at one of my first conferences and it might have been a colleague from NCOA presenting specifically in SNAP and using some messaging that was really interesting. Things like would you leave a \$50 dollars coupon on the table? And it was really using this consumer from the messages to try to make the point that in fact SNAP benefits may be far more significant for older adults.

Exactly. And showing what \$15 worth of groceries actually buys, or the fact that you can accrue your SNAP benefits. You don't have to spend it each month. It doesn't expire within the month. And if you only get \$15, you can have \$45 in three months. And that's a lot more money to work with.

I noticed that someone asked about the posters that were used in Illinois that have the income and asset limits and they asked if they can be customized from a central location. The Department of Aging created those posters on their own. So I think that you would be able to re-create the posters as well if you just put the information about income and asset limits and if there is any specific information for your own state that you wanted to include. Unfortunately we don't have a place where you can order them from.

Is it possible to have an example of that poster? I know sometimes even just having a model or template can be helpful than starting from scratch.

I can reach out to the SHIP director and see if they would be willing to send over what theirs look like so it can be directly modeled off of.

I would like to encourage whoever asked that question to please follow up with Linda directly and she will see if she might be able to get you a copy of that poster is a template.

Someone asked can you please cite that one and six-figure? That that could be helpful for our I&R specialists.

This is off the top of my head. I know that on NCOA.org we have fact sheets about senior hunger. I think it is 17 that get that \$15, but don't quote me on that. I encourage you to go to our site and look for the section on seniors and SNAP, and that we'll have the comprehensive information there.

We also have a question about contacting Linda. And again her email is on the last slide. She is also going to forward that as well. And contact information for all NASUAD staff is on our website. Myself, Linda, and if anyone has any follow-up questions, I welcome you to contact either of us, and we will make sure that you get to the right place for information. Do we have any last questions?

I think --

Last question here.

This was a private message but it may be of interest. Somebody is asking about having heard that seniors have tried to let their SNAP benefits accumulate and they have heard from other seniors that if they don't use the benefit that the Department of Health and Human Services would remove the benefit. That they can't carry over. That is not true. Each state has -- there is a limit to how long you can let the benefit accumulate. In most states it is a minimum of six months. There may be one state that has three months. But in most states you can let the benefit accrue for six months to a year. And so -- they should not remove the benefit after a month. If you are hearing about that, and it is a legitimate concern, definitely report it to us at the National Council on Aging and I can have our hunger team talk to FNS and see if we can troubleshoot that. That should not be happening.

Thank you. It seems that we have addressed all of the questions but again I want to welcome any of our participants to follow up if you have any additional ones. So on behalf of the I&R center I want to thank Brandy and Linda, who also does a lot of work for the center for presenting with us today. And again, please check back on our site in the next couple of days and we will have the slides, the audio, and the transcript from today available. And on that last note I also want to thank our captioner for doing our real-time captioning today. Thank you very much. And thank you to all of our participants for joining us, and we wish you a good rest of the week.

Thank you. [ Event Concluded ]