

Alabama Aging and Disability Network Addressing Social Determinants of Health: Nutrition and Food Insecurity

*An ADRC and Community Care Hub Innovation Brief
June 2023*

This brief is part of a series of case studies of aging and disability network organizations addressing the nutrition and food insecurity needs in their communities by braiding funding streams and forming partnerships with other organizations. These case studies provide examples of how high-performing organizations use a variety of funding streams to address nutrition, food insecurity, and other health and social needs.

Overview of the Program

This case study describes how aging and disability network agencies, grounded in the No Wrong Door (NWD) System policy and practice, evolved over time to build organizational capacity to effectively screen for Alabamians' unmet social determinants of health (SDOH) needs including nutrition through strategic partnerships and creative braiding of funding streams.

Alabama's No Wrong Door System

The Central Alabama Recipient Eligibility System is the foundation of the Alabama NWD infrastructure, addressing both streamlined access to long-term services and supports (LTSS) and statewide governance and administration. A gubernatorial executive order designated the state agencies and entities involved in the state's NWD System—including Alabama's Medicaid Agency, Department of Public Health, Department of Human Resources, Department of Mental Health, and the Department of Senior Services—to participate in the development, design, planning, implementation, management, and continued operation of a joint eligibility and enrollment system for public benefits among these agencies.

The Alabama NWD System is made up of 13 local Aging and Disability Resource Centers (ADRC) with all except one co-located within an Area Agency on Aging (AAA). Each of the 13 AAAs are accredited by the National Committee for Quality Assurance (NCQA) for Case Management (CM)-LTSS, standardizing statewide policies and procedures. In addition to investments in the ADRC network and support for the AAA NCQA accreditation for their case management program, the state Medicaid agency has invested in person-centered planning training for ADRC staff, state agency staff, and waiver case managers.



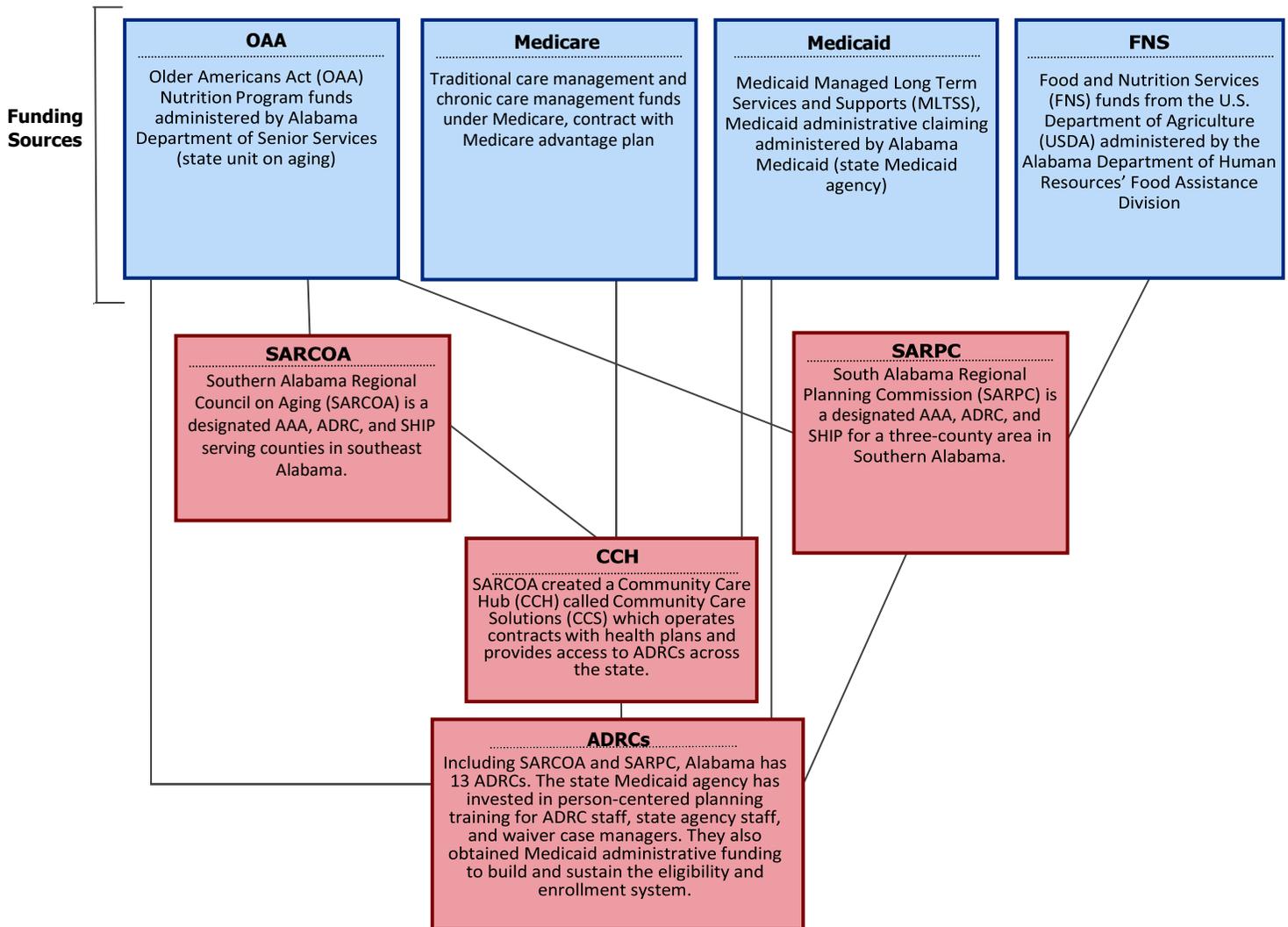
The Alabama NWD System is made up of 13 local ADRCs with all except one co-located within a AAA.



The state Medicaid agency also obtained Medicaid administrative funding at the 90/10 (development) and 75/25 (maintenance) matching rates to build and sustain the eligibility and enrollment system. This means the Centers for Medicare & Medicaid Services (CMS) contributes 90 percent of the funding for new eligibility and enrollment systems with the state matching 10 percent from non-federal funds, while CMS contributes 75 percent for maintaining those systems.

Local ADRCs take a whole-person approach when screening clients for benefits. This includes food assistance, Medicare savings programs that help pay premiums and reduce out of pocket costs, and other public benefits or discounts.¹ ADRCs are also co-located with the State Health Insurance Program (SHIP).

Key Players



¹ <https://agingsouthalabama.org/directory-of-senior-resources/>



Nutrition Support

Two ADRCs in Alabama's NWD System facilitate the statewide support of nutrition access.

- SARPC, one of 12 regional planning and development commissions and councils of government in Alabama, is a locally controlled and organized instrument of local government in Southwestern Alabama. SARPC serves the three counties of Mobile, Baldwin, and Escambia, as well as 29 municipalities through the provision of programs and services in community development, employment and economic development, grant administration, senior and social services, and transportation planning. SARPC helps administer federal funds to facilitate access to the Supplemental Nutrition Assistance Program (SNAP).
- SARCOA, one of three independent AAAs in Alabama, serves the Wiregrass Area comprising the Barbour, Coffee, Covington, Dale, Geneva, Henry, and Houston counties. To support current and future contracting needs, SARCOA created the CCS CCH, which facilitates contracts between health plans and providers and provides access to information and assistance with other ADRCs across the state. CCS primarily focuses on providing care transitions and improving social SDOH. In addition to their work through CCS, SARCOA also provides a centralized case management solution, through a shared services agreement, to all 13 AAAs statewide. This case management solution is one component of a multi-layered information technology (IT) statewide system designed to support the ADRCs, SDOH focused programs, and case management delivery systems.

ADRC Capacity Building for Nutrition Support

As an early pilot for the National Council on Aging's (NCOA's) BenefitsCheckUp® tool, SARPC helped integrate the tool statewide across all ADRCs in Alabama. Over 10 years ago, SARPC, in partnership with NCOA, convened a working meeting in Alabama with the state unit on aging (SUA), Alabama Medicaid agency, and the SNAP outreach program of the Alabama Department of Human Resources' Food Assistance Division. Together, they discussed the issue of senior hunger and the large numbers of older adults not yet reached by Alabama's SNAP program. Encouraged by this partnership work, SARPC applied to become a recipient of the state outreach grants for SNAP.

With support from NCOA and philanthropy partners, including Atlantic Philanthropies and the Walmart Foundation, SARPC spread the SNAP enrollment model statewide at each ADRC. Facing a steep learning curve, SARPC first contacted the local Alabama Food Assistance division manager for training on the SNAP application. Each local ADRC established a similar local partnership. When the Elderly Simplified Application Project (ESAP) became available, the Alabama Department of Human Resources' Food Assistance Division established a state contact for the ADRCs and held annual trainings.

Non-Federal Matching Funds

As part of FNS funds, the state outreach SNAP grants require a 50 percent non-federal match. Over the years, the following sources of match funds have been used: NCOA grants, state funds allocated to aging, Auburn University funds, and local funds.

State general revenue is used as the non-federal match for ADRCs to participate in Medicaid administrative claiming for Medicaid outreach and facilitating eligibility functions. To learn more, see the [AARP LTSS Scorecard](#).



SARPC is funded to provide program and grant management for Alabama under the state SNAP grant. This model replaced a prior agreement with the State Food Assistance Division in which ADRCs were given a small amount of money per SNAP application submitted which had poor participation by the ADRCs, as funding was not sufficient to hire dedicated staff. Under the new model, SARPC provides SNAP outreach grants to local ADRCs with an annual budget to allow the ADRCs to put dedicated resources toward SNAP outreach and application assistance to meet goals, which greatly improve participation. SARPC trains staff and provides technical assistance and guidance on best practices on outreach strategies.

Alabama ADRCs leverage their NWD approach to support better access to information and assistance to those in need while addressing SDOH. In addition, by providing a high level of engagement via the NWD process, the AAA network provides an additional layer of support to eligible individuals through their CM-LTSS program, accredited by NCQA. By obtaining and delivering quality NCQA accredited case management service and screening to include health-related social needs (HRSN) for all enrollees, the AAAs demonstrate value to health plans.

Alabama took measures to increase SNAP enrollment including the Alabama ESAP, Broad-based Categorical Eligibility, and Standard Medical Deduction. For more information, see the [AARP SNAP Participation Spotlight](#).

Nutrition and Food Insecurity Support

ADRCs provide a variety of support to individuals around nutrition and food insecurity. As the front door, ADRCs initiate comprehensive assessment, including SDOH needs such as nutrition. In addition to connecting individuals to SNAP benefits, AAA's NCQA accreditation allows them to provide case management to individuals while in the hospital by completing needs assessments, developing person-centered MLTSS plans, and coordinating care upon transition to their homes – including providing medication support, coordinating medical follow-ups, and addressing other social supports like nutrition, housing, and transportation. The ADRCs also leveraged Medicare contracts to fund care transitions activities.² ADRCs provide case management that includes coordinating food assistance and nutrition support for certain individuals enrolled in Medicaid managed care.

SARCOA facilitates nutrition access through various payer agreements with Medicare and Medicaid under which they provide service coordination and access to needed nutrition supports, some of which are described in the box below. They use traditional care management and chronic care management codes under Medicare and also have a Medicare advantage contract. Through MLTSS care management, they provide HRSN assessment for all enrollees and connect them with home-delivered meals and SNAP benefits, as appropriate.

² <https://www.ta-community.com/t/83hf6vn/acl-state-examples-of-nwd-funding> and <https://www.ta-community.com/t/x2hld0x/acl-covid-19-care-transitions-spotlight-southern-alabama-regional-council-on-aging>

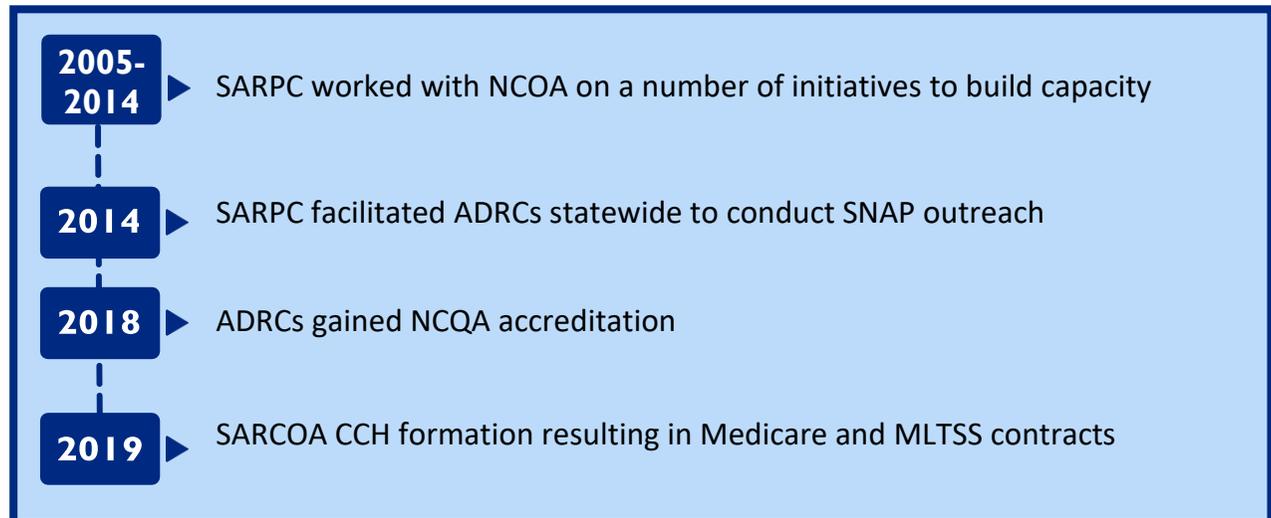


This care management IT system enables ADRCs to implement HRSN screening and assessment, as well as complete interventions across one seamless, interoperable technology platform. The system allows the statewide network to deliver services to Medicaid-eligible and non-Medicaid-eligible beneficiaries and leverage a range of interventions to address needs in a centralized person-centered plan. At the local level, the case manager uses this statewide system to develop a person-centered plan, consistent with the NCQA CM-LTSS accreditation standards, that leverages a mix of federal, state, local, nonprofit, and volunteer assets to meet the needs of the person, regardless of their insurance status. The Alabama Medicaid Agency's investment in the NWD System has benefits to private sector managed care organizations, health systems, and physician practices, because it has the expertise of the network to screen, assess, and implement a range of interventions that address SDOH to meet the needs of Medicaid and non-Medicaid beneficiaries.³

Nutrition Services Provided by ADRCs

- Outreach and Engagement
- Home Delivered Meals (including food shipped to home)
- HRSN Assessment for Medicare/Medicaid members
- Benefits Referral/Screening (SNAP, WIC, Farmer's Market vouchers)
- Food boxes (emergency food)

Timeline



Impact

By using a mix of federal, state, and local funding streams (i.e., OAA, FNS, SHIP, Medicaid/Medicare, state general funds, state education trust fund, local funds, NCOA grants), ADRCs expanded their capacity to serve more people and provide multiple types of

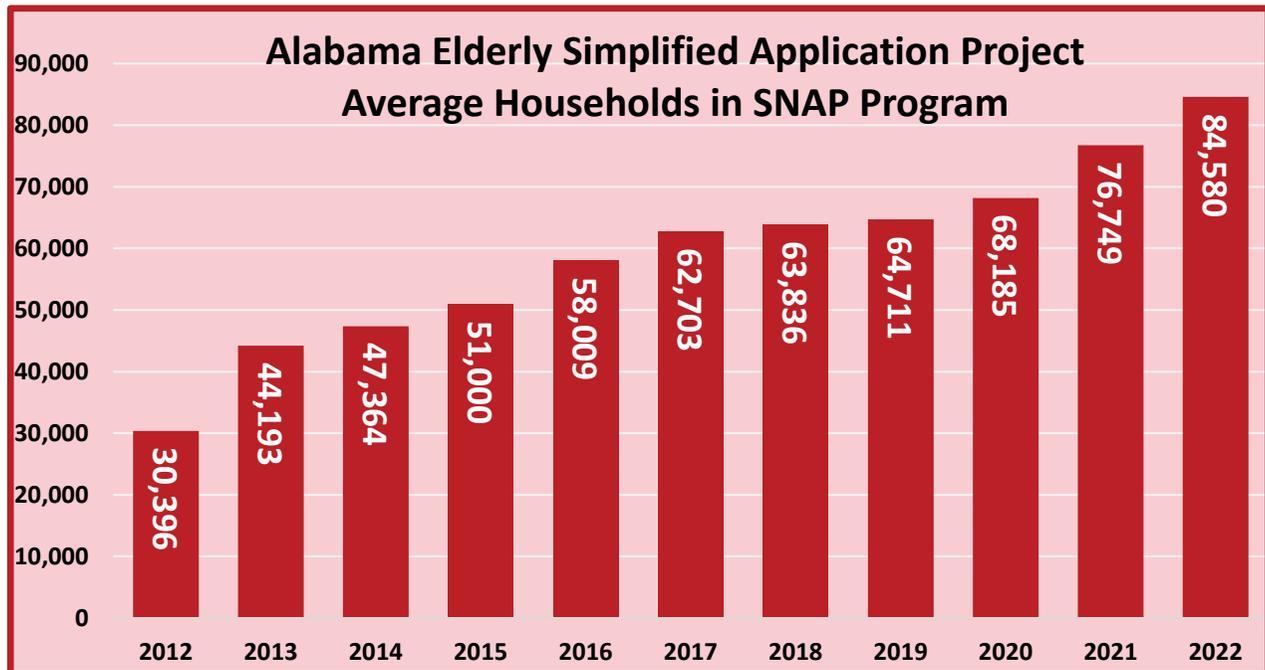
SARPC and its statewide partner AAAs helped connect **10,834 low-income older adults and people with disabilities** with benefits worth over an estimated **\$66.3 million** in 2022.

³ <https://www.longtermscorecard.org/publications/promising-practices/adrc-no-wrong-door-2020-key-takeaways>



nutrition assistance. It has also offered more flexibility in terms of being able to reach rural areas. Further, they have significantly increased SNAP participation as displayed by *Exhibit 1*.

Exhibit 1: SNAP Participation from Fiscal Year 2012 to 2022



Advice for Replication

Lessons learned from the Alabama experience include:

1. Develop a whole-person approach for your state’s NWD System, including screening for HRSN such as nutrition at local ADRC and SHIP sites. Incorporate language into ADRC and SHIP agreements that stipulate the organizations must also do SNAP screening as well as health insurance counseling and information and referral/assistance.
2. Find the state agency that administers FNS funds in your state as a first step towards collaboration. For a list, see [SNAP State Directory of Resources](#).
3. Understand what your state has done to enhance access to SNAP. For a list of state strategies, see [AARP SNAP Participation Spotlight](#).
4. Obtain the ability to conduct SNAP outreach at local ADRCs. To become a grantee under the state’s SNAP Outreach Plan, designate a lead agency (e.g., SARPC in Alabama) and get to know your state Food Assistance Division director (or equivalent) and SNAP Outreach program staff. The NCOA [Center for Benefits Outreach](#) provides resources to help with program development.
5. Consider leveraging a CCH as a means to contracting. See more at the [Aging and Disability Business Institute website](#).



Tools and Resources

Alabama Resources

[Alabama Department of Senior Services Annual Report, 2022](#)

[SARPC](#)

[SARCOA](#)

[SARPC PowerPoint - SNAP Outreach Presentation – January 2020](#)

[SARPC PowerPoint – Introduction to the SARPC Benefit Enrollment Center](#)

[SARPC-SNAP Healthy Food Flyer \(developed with NCOA\)](#)

[SARPC-SNAP 5 SNAP Benefits Myths Busted Flyer \(developed with NCOA\)](#)

[SARCOA Hospital to Home Slides](#)

[COVID-19 Care Transitions Spotlight: SARCOA](#)

[SARCOA Hospital to Home Program Marketing Video](#)

Federal Websites

[Administration for Community Living \(ACL\) NWD Webpage](#)

[ACL Community Care Hub Webpage](#)

[ACL Advancing Partnerships to Align Health Care and Human Services Webpage](#)

[ACL Nutrition and Aging Resource Center](#)

Glossary of Terms

Accountable Care Organization (ACO): ACOs are groups of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated high-quality care to their Medicare patients.

Aging and Disability Resource Center (ADRC): ADRCs are local NWD System partners designated by a state to provide a coordinated and integrated way for older individuals, individuals with disabilities and their caregivers to access LTSS. ADRCs are defined in the OAA as networks or consortiums of AAAs, Centers for Independent Living (CIL), community-based organizations (CBO), or other entities.⁴

Area Agency on Aging (AAA): These agencies address the needs of older adults at the regional and local level through services and supports (like home-delivered meals and homemaker assistance) to support independent living.⁵

Center for Independent Living (CIL): These centers provide tools, resources, and supports for integrating people with disabilities fully into their communities to promote equal opportunities, self-determination, and respect.⁵

Community-based Organization (CBO): CBOs in the aging and disability network are present in every community across the U.S. and have unmatched expertise in local culture and needs;

⁴ [Older Americans Act](#)

⁵ <https://acl.gov/programs/aging-and-disability-networks>



service coordination and delivery; and securing benefits, services, and supports that maximize independence and functioning.⁶

Community Care Hub (CCH): A CCH is a community-centered entity that organizes and supports a network of CBOs providing services to address health-related social needs. A CCH centralizes administrative functions and operational infrastructure, including, but not limited to, contracting with healthcare organizations, payment operations, management of referrals, service delivery fidelity and compliance, technology, information security, data collection, and reporting. A CCH has trusted relationships with and understands the capacities of local community-based and healthcare organizations and fosters cross-sector collaborations that practice community governance with authentic local voices.

Long-Term Services and Supports (LTSS): LTSS includes a continuum of services provided in the home and community or an institutional setting. These supports help older adults and individuals with disabilities manage tasks that would be difficult or impossible to perform on their own, such as personal care (e.g., bathing, dressing, and toileting); complex care (e.g., medication administration, wound care); home care (e.g., help with housekeeping and meal preparation), and transportation.⁷

No Wrong Door (NWD): A NWD System is a network of state agencies and CBOs promoting access to LTSS through coordinated points of entry. NWD Systems assists individuals navigating health and social care services through outreach, streamlined assessments, person-centered plans, information, and referral to state and community-based resources, and a governance structure that ensures these functions are available and coordinated across the state.

Authors: Christina Neill Bowen (Christina Neill Bowen Consulting, LLC); Charlene Allen and Kelly Cronin (Administration for Community Living); Kristen Vangeloff and Kelly Owczarski (The Lewin Group, Optum Serve)

Acknowledgements: The authors wish to thank Tim McNeill (Freedmen's Health) and the community-based organizations who provided information on their nutrition activities and contracts.

⁶ <https://acl.gov/news-and-events/news/addressing-social-determinants-scaling-partnerships-community-based>

⁷ [AARP LTSS Scorecard](#)