



Medicaid Food Security Network Quarterly Meeting

March 12, 2026



Welcome!

Share the following with us in the chat:



Name / Pronouns



Organization & Title / Role



What questions or thoughts are you bringing to the meeting today? Give a rose and a thorn!

Housekeeping



Zoom Recording: This meeting will be recorded and available on the Network website.



Use the chat feature: Feel free to submit questions through the chat. We also will have time for Q&A near the end of the meeting.



Make sure you are muted: Please stay muted while others are presenting. Feel free to use the chat and/or hand raising features.

MFSN Meeting Objectives



Increase awareness of new resources in the field available to support partnering with Medicaid to address food and nutrition security, with a focus on talking about FIM's multi-pronged cost-effectiveness



Articulate innovative strategies and inspirational case studies related to program and policy opportunities to address food security, focusing on Medicaid managed care regulations and flexibilities to support food security and Food is Medicine



Foster collaboration and engagement among attendees through breakout discussions, Q&A, and sharing of insights, aiming to generate actionable ideas and commitments for ongoing engagement with MFSN initiatives

Refresher: The Network's **Mission & Vision**



Support anti-hunger advocates to **engage, influence, and partner** with state Medicaid programs and Medicaid-serving systems **in adopting and implementing effective strategies** to support the full spectrum of food needs of **children and families** enrolled in Medicaid with an emphasis on **increasing Food is Medicine access, including closing the enrollment gap in SNAP and WIC.**



MFSN provides state and national anti-hunger and healthcare advocates, and other stakeholders with **infrastructure for collaboration, technical assistance, and tools for policy and advocacy.** MFSN participants will be able to successfully **identify, advocate for, and implement** effective, **state-specific policies and programs** for every state Medicaid program.

MFSN Policy Dashboard + legislative tracker

Users can filter by state and policy strategy and navigate to individual policy summaries

Follow link bit.ly/MFSNdash or QR code →



Also check out our new Medicaid food security/SNAP/WIC and FIM legislation tracker:

medicaidfoodsecuritynetwork.org/tracking-state-medicaid-legislation/

MFSN Resources Survey

We value your opinion of MFSN resources and would appreciate your feedback.

Responses will be kept anonymous; we will only use the **email addresses of the first 20 people to complete this survey to send a \$10 gift card.**



Meeting Flow

1. Welcome & Introductions (8 min)
2. SNAP Updates (7 min)
3. RHTP (7 min)
4. BICC & CHWs (6 min)
5. CHW Survey Learnings (13 min)
6. Roadrunner Food Bank NM Pilot (13 min)
7. MFS Partners Program RFP 3.0 (4 min)
8. Breakout Room Discussions (30 min)
9. Closing Remarks (2 min)

Today's Speakers



Gina Plata-Nino



Sam Hoeffler

Gina Plata-Nino, J.D., is the Supplemental Nutrition Assistance Program (SNAP) director at The Food Research and Action Center (FRAC). In this role, she wields her expertise to raise awareness about the importance of SNAP in helping tens of millions of families put food on the table while also stimulating local economies. She joined FRAC in 2022 as deputy director of SNAP. In 2023, she served as a senior policy advisor for Nutrition and Agriculture in the Biden-Harris administration's Domestic Policy Council.

Before joining FRAC, she drove major advocacy efforts across Massachusetts at the Massachusetts Law Reform Institute and served as a lead attorney at the Central West Justice Center.

Sam Hoeffler is an experienced advocate committed to aligning anti-poverty interventions with values of dignity, care, and connection. She is the Director of the National Produce Prescription Collaborative. In this role, she works to embed produce prescriptions in healthcare; manages a coalition of more than 90 members; shapes federal and state policy working groups; and casts a vision for reconceptualizing healthcare in the United States. Prior to joining NPPC, she spent six years at Reinvestment Partners as the Co-Director of Food Programs.

Today's Speakers



Neena Schultz



Jessica Osenbrügge

Neena Schultz is the Director of Programs and Impact at the National Association of Community Health Workers, where she leads national initiatives that strengthen the recognition, resourcing, and leadership of CHWs. A public health social worker and CHW ally, she brings deep experience in organizational development, community based research, and direct service. Her leadership in applied research has advanced community driven approaches and elevated CHW expertise and voices across the country.

Jessica Osenbrügge, Senior Director of Community Health and Engagement, has been serving since 2018 at Roadrunner Food Bank of New Mexico. In her role, Jessica leads strategic partnerships and collaborations between Roadrunner and healthcare systems throughout the state of New Mexico and advances systems change with food and nutrition security, food is medicine, health equity, and drivers of health.

Additionally, Jessica honorably serves as a council member to the NM Primary Care Council, the NM Rural Health Task Force, and as a steering committee member to the NM Social Determinants of Health Collaborative, a burgeoning collaboration begun in 2022.

Today's Speakers



Maya Stefanovic

Maya Stefanovic, MPH, PMP, is the Executive Director for Health Equity at NM United Healthcare and has 20+ years aspiring to improve health outcomes for populations at risk. She has a background in public health and population health and loves to work on initiatives that make data more accessible and useful. For fun, Maya loves music concerts and doing election observation in other countries.



SNAP Policy Changes: Gina Plata-Nino



SNAP & HR 1 Fall Out

Who We Are

The Food Research & Action Center (FRAC) works to improve the nutrition, health, and well-being of people struggling against poverty-related hunger in the United States through advocacy, partnerships, and by advancing bold and equitable policy solutions. For more information about FRAC, or to [sign up](#) for FRAC's e-newsletter, go to www.frac.org.



What We Do

- Conduct research to document the extent of hunger and identify effective solutions
- Advocate for federal, state and local public policies that protect and strengthen the federal nutrition programs
- Provide coordination, training, technical assistance, and support on hunger-related issues



SNAP Matters

Nation's first line of
defense against hunger

Helped 42 million
individuals with low
incomes put food on the
table in an average
month in 2023

SNAP STRENGTHS

FRAC
Food Research & Action Center



SNAP reduces hunger
by providing low-income people
necessary food money



SNAP bolsters local economies
by increasing money spent for food at
local retailers



SNAP delivers assistance
quickly & effectively to people recovering
from disasters and economic crises

FRAC
Food Research & Action Center

SNAP by the Numbers \$\$\$



Scale of SNAP

The charitable sector
can't solve hunger alone.



1 in 9 For every one meal that Feeding America provides, SNAP provides 9 meals.

The Feeding America network of 200 food banks provides over 4 billion meals a year to help the more than 37 million food insecure people in the United States. Alone this won't solve food insecurity. SNAP is a critical piece in assuring families have enough resources to put food on the table. It takes a partnership with federal nutrition programs like SNAP to ensure families are able to put nutritious food on the table.



The charitable sector can't solve hunger alone.

For every one meal that a food bank provides, SNAP provides 9 meals.

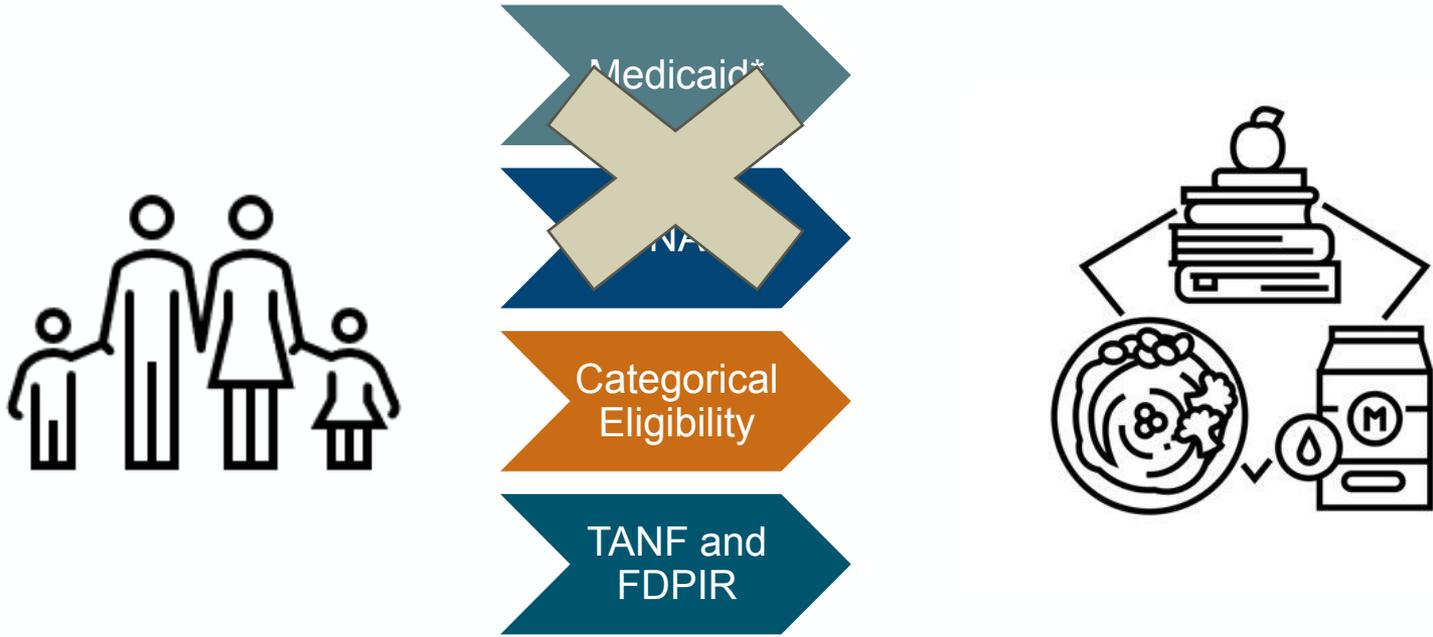
New SNAP Cuts

SNAP-Ed Defunding	FY 2026 [Oct. 1, 2025]
Expanded Time Limits	July 4, 2025
Internet Cost Exclusion	July 4, 2025
Utility Deduction Limits	July 4, 2025
Noncitizen Eligibility Cuts	July 4, 2025
Thrifty Food Plan Limits	July 4, 2025
Administrative Cost-Sharing	Starting FY 2027 [Oct. 1, 2026]
Cost-Sharing Shift	Effective Date: FY 2028 [Oct. 1, 2027]

Increases administrative costs =

-  **Funding:** More funds required
-  **Time:** Greater staff time
-  **Staff:** Increased staffing needs time, more need for funds

Direct Certification & Automatic Eligibility for Free School Meals



*Currently 44 states use Medicaid and income data to certify children for free and reduced-price school meals.

H.R. 1 and School Meals

SNAP Cut	Effective	Impact on CNPs
Administrative & Benefit Cost Sharing	FY 2027 & FY 2028*	Attempts to control state costs will result in fewer children on SNAP, which negatively affects direct certification and CEP
		<ul style="list-style-type: none">• OMB estimates that 96,000 children would lose Child Nutrition subsidies in an average month
		<ul style="list-style-type: none">• States may cut BBCE to control costs
		<ul style="list-style-type: none">• Previous analysis of cutting BBCE nationwide estimated that 1 million children would lose direct access to free school meals

H.R. 1: Summer, Afterschool, and CACFP

Data on the percentage of children eligible for free and reduced-price meals help to establish area eligibility for Summer Food and Afterschool Meals and to determine reimbursement tiers for CACFP.



H.R. 1 and Summer EBT

- **Streamline Certification**

- Fewer children on SNAP, fewer children directly certified more applications that will need to be completed
 - Increase administrative burden for states
 - Increase burden on families

- Children who lose access to SNAP who are homeschooled or not at NSLP schools will lose access completely.

- **Thrifty Food Plan**

- Freezes the TFP, inflation increases
- Benefit inadequacy over the years

WIC & HR 1

Adjunctive eligibility allows families to meet the income requirement for WIC through participation in SNAP, Medicaid, or TANF. This means that if a household meets the income requirements for one of those programs, they do not have to prove their eligibility for WIC again.

According to a U.S. Department of Agriculture (USDA) report, **80.4 percent of WIC participants** reported participating in SNAP, Medicaid, and/or TANF in 2022.

With cuts to Medicaid and SNAP families who also participate in WIC could lose that adjunctive eligibility making it more difficult for them to certify or recertify for WIC.



Cuts to Retail

Table 3 - Estimated Changes to SNAP Sales through 2024
 The impact of cuts to SNAP enrollment and food assistance program changes. The changes in the table are based on SNAP losses, total increases in SNAP benefits, and the impact of program changes.

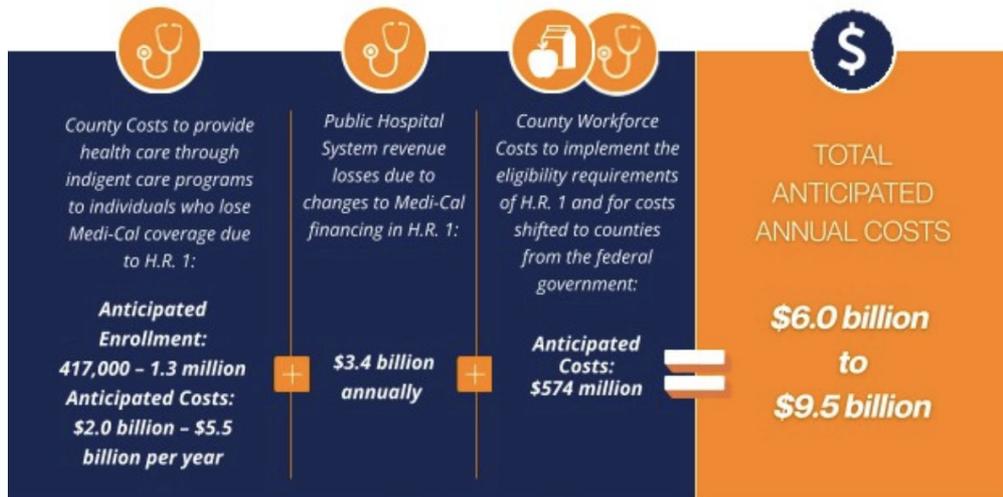
Billions	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	Total
SNAP Enrollment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SNAP Benefits	0.4	0.3	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.9
Program Changes	-0.2	-0.2	-0.2	-0.2	-0.2	-0.2	-0.2	-0.2	-0.2	-0.2	-1.8
SNAP Sales	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9

Over the next five years, SNAP sales are expected to decrease on average by 8.7% from the current spending levels.¹¹

Over the next five years, SNAP sales are expected to decrease on average by 8.7% from the current spending levels.¹¹ Our estimates are based on the economic impact of SNAP reductions; the impact on your state(s) may vary depending on the location of your business and the timing of the cuts to your state(s).

Estimated Expenses

State	State Administrative Costs at 50%	Estimated 75% Increase in FY 27	FY 2024 Payment Error Rate	Cost-Share Based on FY 24	Projected SNAP Issuance Shift to State	Estimated FY 28 Total Cost (new admin and cost-share)
California+	\$1,323,591,408	\$1,945,561,710	10.98	15%	\$1,827,462,833	\$4,434,024,543

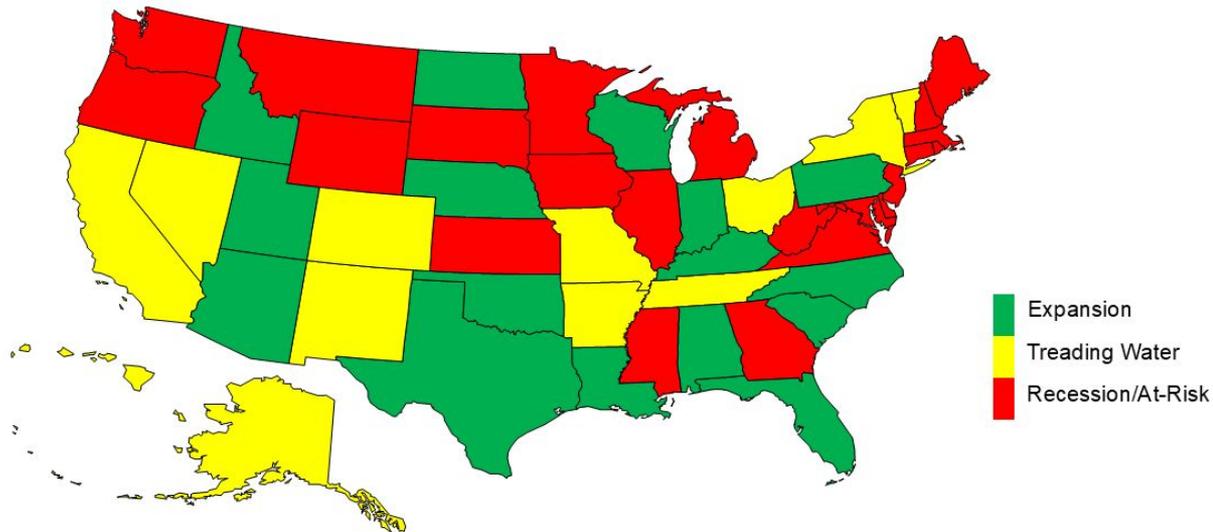


Growing Concern over Recession

Moody's Analytics, October 2025

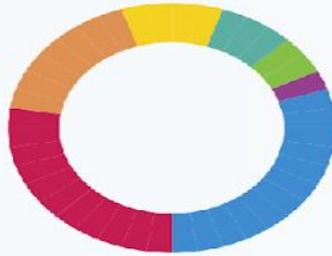
Many States In or Near Recession, Signaling National Recession Risk

Business cycle status, October 2025



State Budgets

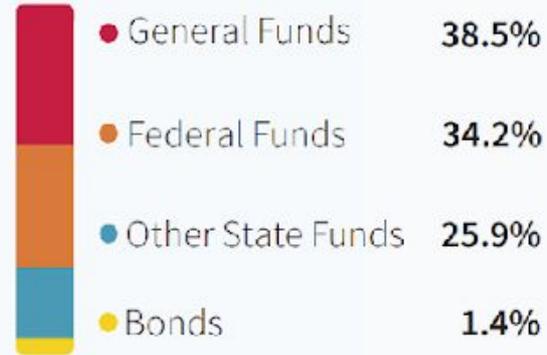
Total State Expenditures by Function, FY 2024



\$3,064 Billion

Medicaid	29.8%
K-12	18.9%
Higher Education	8.7%
Transportation	8.0%
Corrections	2.7%
Public Assistance	1.0%
All Other	30.8%

Total State Expenditures by Fund Source, FY 2024



New provision

- The new policy includes:
 - adults up to age 65
 - parents, grandparents, or caregivers of children ages 14 or older
 - veterans
 - adults experiencing homelessness, including homeless families with teenage children
 - youth aging out of foster care
 - The law does provide an exemption from time limits for certain Native American adults.

Exemptions

Lives with a child under age 14.

Takes care of a child aged 6 or younger outside the home, such as caregiving for a grandchild, a neighbor's child, etc.

Takes care of a disabled adult or a disabled child (of any age).

Has an impairment or disability - physical, mental, cognitive - that impacts the ability of the adult to work.

Is pregnant, at any stage.

Has earned income (before taxes) of \$217.50 per week (\$870/month), regardless of hours.

Applied for or is receiving Unemployment Insurance.

Is in an education or training program.

Is a member of a federally recognized Indian Tribe or nation

Is participating in a substance use disorder treatment program.



Gina Plata-Nino, JD
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Connect With Us!

Food Research & Action Center

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Rural Health Transformation Program (RHTP): Sam Hoeffler



NATIONAL
PRODUCE
PRESCRIPTION
COLLABORATIVE

Overview of Rural Health Transformation Program (RHTP)

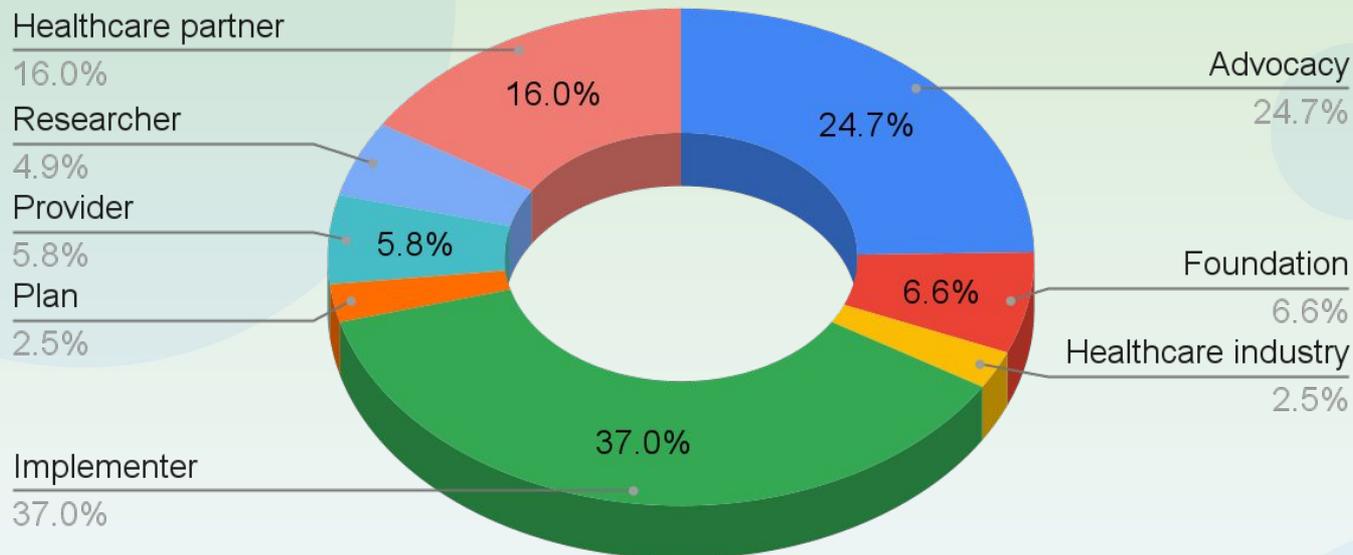


NPPC

Our **goal** is to embed Produce Prescriptions (PRx) as a covered benefit for members of all government-sponsored health plans as a way to address chronic illness and food insecurity. This includes Medicaid and the Children's Health Insurance Plan (CHIP), Medicare and Medicare Advantage, as well as Indian Health Services, Veterans Health Administration, and TRICARE.



Types of Member Organizations





NATIONAL
PRODUCE
PRESCRIPTION
COLLABORATIVE



Reinvestment
PARTNERS
PEOPLE · PLACES · POLICY



Roots of Change AF About Fresh

CHLPI CENTER for HEALTH LAW and POLICY INNOVATION HARVARD LAW SCHOOL



COPE
Community Outreach & Patient Empowerment



SHARE OUR
STRENGTH

dcgreens

The FOOD TRUST



instacart

INTERNATIONAL
FRESH PRODUCE ASSOCIATION™



BuffaloGoGreen

Tufts UNIVERSITY Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy

houston foodbank MEMBER OF FEEDING AMERICA

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healthy made easy
454.231.3601
sales@dnoproduce.com
3650 E. Fifth Avenue
Columbus, OH 43219



blueberries
U.S. Highbush Blueberry Council



CENTER FOR
Nutrition & Health Impact



www.kellyn.org



MICHIGAN FARMERS MARKET ASSOCIATION

Children's National



FOOD IS MEDICINE
— SOUTH CAROLINA —

wholesome wave georgia

ALAMEDA COUNTY RECIPE4HEALTH

living hungry

AMERICAN COLLEGE OF Lifestyle Medicine

AFFI AMERICAN FROZEN FOOD INSTITUTE



DOORDASH

Asap
Local Food Strong Farms Healthy Communities

FRESH Rx OKLAHOMA

ProHealthConnect
THE INDEPENDENT RETAILER NETWORK FOR GOVERNMENT AND HEALTHCARE

Arkansas HUNGER relief ALLIANCE



Children's Hospital of Philadelphia

ADELANTE MUJERES

good measures



BUILDERS INITIATIVE

attanehealth™
PERSONALIZED FOOD & NUTRITION CARE



Healthiest State INITIATIVE

Hungry Harvest



SEASON



Background

- The RHTP is a five-year (2026–2030), \$50 billion program created by H.R. 1 to award funds to states to invest in rural health.
- \$10 billion will be allocated each year, with 50% of the funds to be divided equally among approved states, and the other 50% to be allotted based on a number of factors.
- CMS set forth five strategic goals for the program— (1) make rural America healthy again, (2) sustainable access, (3) workforce development, (4) innovative care, and (5) tech innovation.

Award Announcement

- On December 29, 2025 CMS announced the first-year award amounts for 2026. All 50 states received funds, with awards ranging from \$147 million to \$281 million, with Texas and Alaska receiving the most funding (\$281 million and \$272 million, respectively) and Connecticut and New Jersey receiving the least (\$147 million and \$154 million, respectively).
- CMS will recalculate each state's workload funding amount for each subsequent fiscal year based on the information the state provides in required annual reporting.

State Applications with FIM Initiatives

Arkansas, Colorado, Delaware, Indiana, Kansas, Kentucky, Louisiana, Maine, Minnesota, N. Carolina, Pennsylvania, Virginia, W. Virginia all included FIM initiatives in their applications. Additional states included nutrition education and other food assistance services.

It is unclear whether RHTP funds can be used for the direct purchasing of food. Most states have proposed to fund infrastructure/capacity building for FIM/nutrition initiatives, while others have remained silent on whether the proposed initiatives will use funds to purchase food.

Three State Examples

- Delaware– Office of the Governor is working closely with their state healthcare advisors to develop a Food is Medicine plan that secures funds for food from an outside funding source.
- Indiana– IN Department of Health is funding a feasibility study and looking to private funders to develop a ‘food fund.’
- Maryland– The MD Department of Health is leveraging DOH funds for produce prescriptions and healthy meals, but using RHTP funds to pay for the infrastructure necessary to launch those programs.

Closing Out

We will continue to track RHTP and monitor progress, and will be sharing out anything we learn about creative ways states are paying for food. We're especially interested in how states are developing networks that can be used to integrate healthy food into healthcare long term.

👋 Please let me know if your organization is interested in joining NPPC, we have resources like an in-depth RHTP tracker, 1115 Waiver Resource Library, monthly meetings on federal and state policy, and a monthly newsletter that gets you the timely information you need on PRx policy.



Benefits Integration in Care Coordination (BICC): Julie Garcia & Sarah Mills

OVERVIEW



This initiative strengthens care coordination by streamlining enrollment support for patients seeking SNAP and WIC benefits.



The funding supports **current staff capacity, enhanced training and infrastructure** along with implementing **technology enhancements** that will improve the existing workflow and/or reporting process.

PARTNERS

The logo for OCHIN, featuring the word "OCHIN" in a dark blue, serif font. A horizontal yellow line is positioned below the text. The entire logo is set against a light blue rectangular background.

OCHIN

OCHIN, a nonprofit leader in health care innovation and a trusted partner to a growing national provider network, provide critical support in strategic leadership, partnership development and program evaluation.

The logo for NACHW, featuring the word "NACHW" in a large, sans-serif font. The letters "N", "A", and "C" are blue, while "H", "W", and "W" are green. Below this, the full name "NATIONAL ASSOCIATION OF COMMUNITY HEALTH WORKERS" is written in a smaller, blue, sans-serif font.

NACHW
NATIONAL ASSOCIATION OF
COMMUNITY HEALTH WORKERS

NACHW, a membership-based organization, unites Community Health Workers across diverse backgrounds to support communities to achieve health, equity, and social justice.

**MEDICAID FOOD
SECURITY NETWORK**

GRANTEES



Children's National Hospital is expanding its Family Lifestyle Program (FLiP), a whole-child wellness initiative that streamlines access to care and essential resources like SNAP. By integrating services and reducing barriers, FLiP strengthens children's health and empowers families to build healthier lives.



Link Health partners with clinics to streamline referrals and help families navigate systems like Medicaid and SNAP. Their person-centered approach offers clarity and respect, and their growing use of AI is expanding their ability to connect families with essential support.



As a leader in whole-person health, **NYC H+H** advances community wellness by reducing inequities in access to nutritious food. By strengthening support for SNAP, WIC, and emergency food enrollment—backed by a dedicated Community Health Worker program—they are deepening impact and helping ensure healthier futures for the communities they serve.



Equality Health advances value-based care by centering underserved communities and supporting providers and health plans with whole-person, culturally responsive services. Community Health Workers anchor the model, delivering home- and community-based support that engages, stabilizes, and advocates for the highest-risk patients.



Community Health Workers (CHW) Survey: Neena Schultz

NACHW
NATIONAL ASSOCIATION OF
COMMUNITY HEALTH WORKERS



NO KID
HUNGRY®
by SHARE OUR STRENGTH

National CHW Food Access Survey

5 Key Learnings

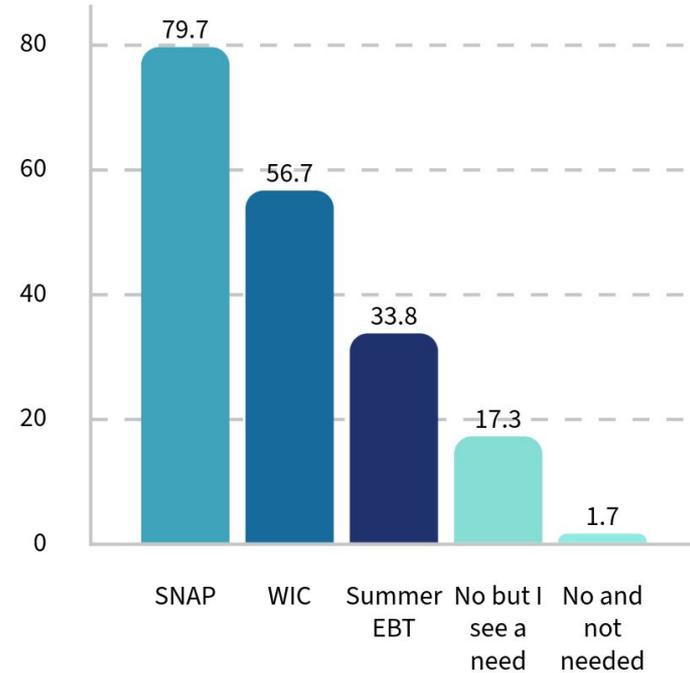
National CHW Food Access Survey: Background and Purpose

- *We know anecdotally that CHWs are helping with access to food and nutrition benefits and food resources, but we lacked data on how CHWs are helping (CHW roles), scope, barriers, impact, needs, and more.*
- *Share our Strength's No Kid Hungry and the National Association of Community Health Workers (NACHW) launched a **national survey to: learn more about CHWs' roles and experiences helping clients access food and nutrition benefits.***

National CHW Food Access Survey Participants

Participants	
CHWs (including CHRs, promotoras)	231
CHW employers	50
States represented	45

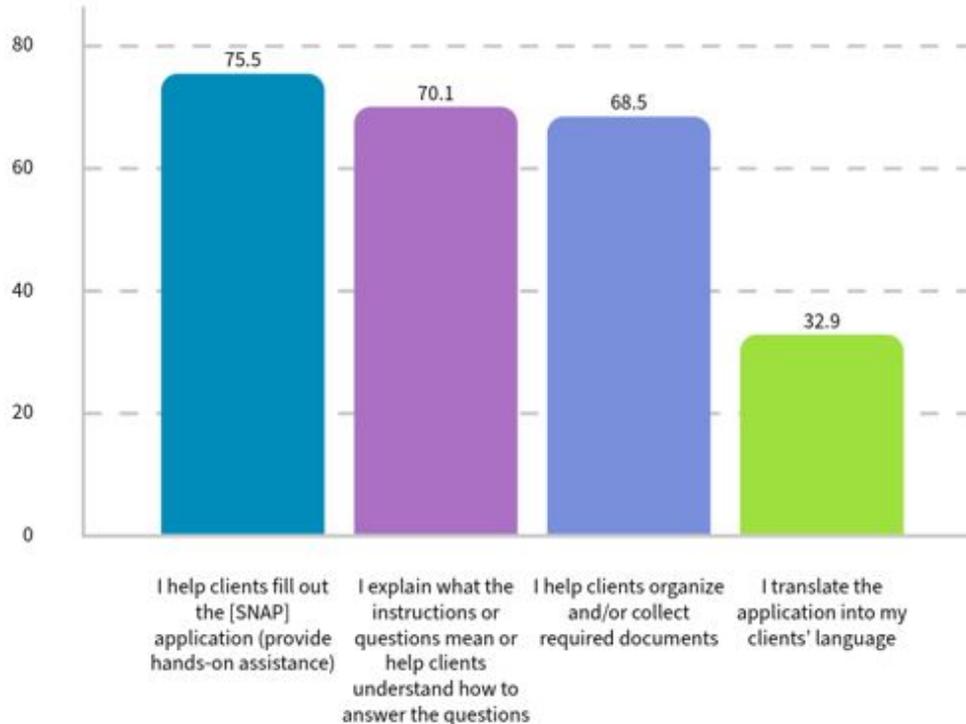
I help my clients access the following benefits:



National CHW Food Access Survey

1. CHWs are actively addressing food insecurity by improving access to food and nutrition benefits and connecting people with emergency food supplies.

Type of SNAP application assistance provided by % of CHW respondents who assist with SNAP.

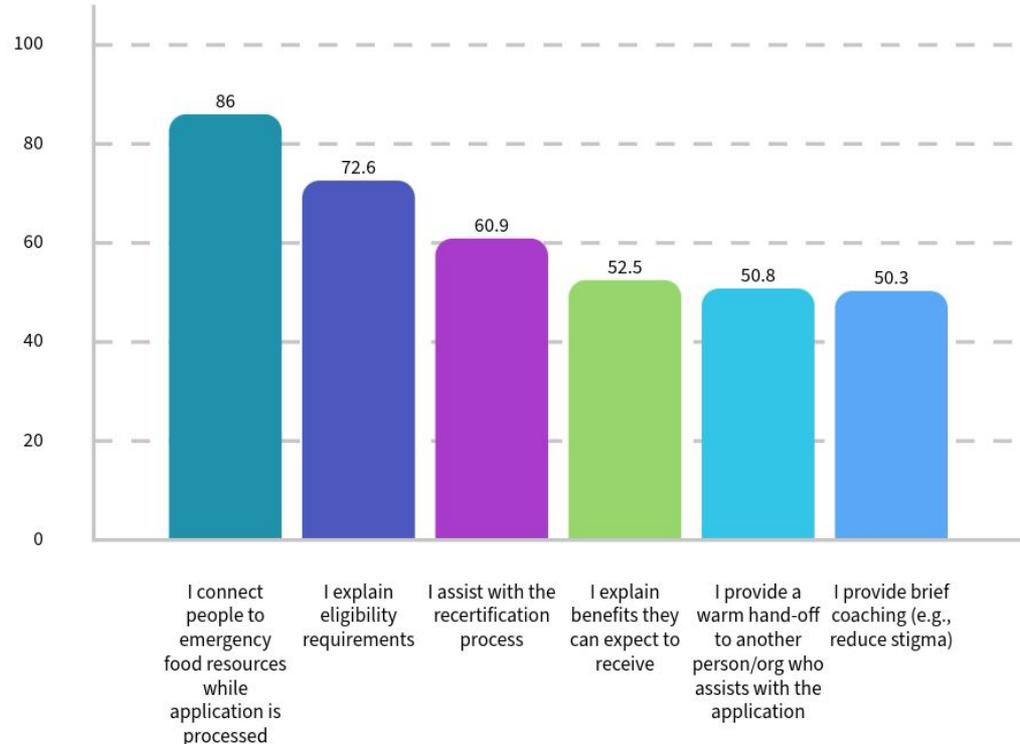


National CHW Food Access Survey

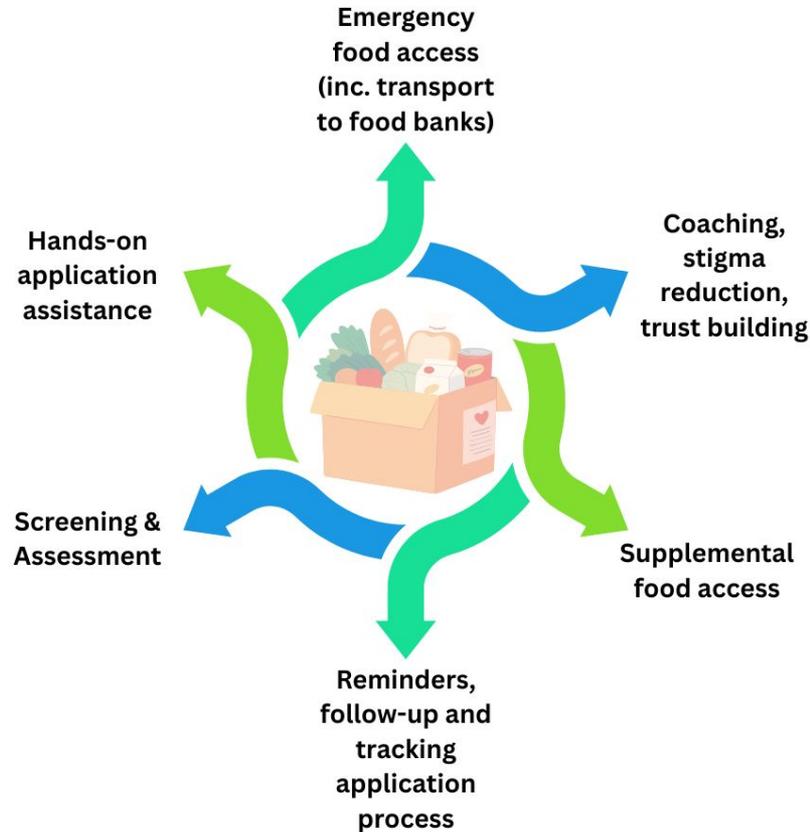
“My patients are so appreciative having someone walk with them step by step.” CHW, Washington

“...trust really matters. When clients feel supported and not judged, they're more likely to ask questions, follow through, and come back when something changes. Sometimes just being a steady, calm guide through a frustrating system makes the biggest difference.” (CHW, Texas)

Additional types of SNAP access assistance provided by % of CHW respondents who assist with SNAP



2. Food benefits navigation as an ongoing process: examples of core CHW roles in food access



"I'm helping clients navigate recertification, connecting them to food pantries and other local resources, and providing reassurance and guidance when benefits are delayed or reduced." CHW, Texas

National CHW Food Access Survey

3. CHWs reported common barriers to food access experienced by their clients/patients.

Over 175 (n=177) CHWs described fears or barriers facing their clients around being able to feed themselves or their families. This included **barriers to accessing adequate benefits** such as:

- Complicated, daunting and time consuming application processes
- Frequent denials, late notices, and long processing times
- Benefit qualification gaps (e.g., earning just enough money to be denied benefits but not enough to afford food)
- Very low amounts of benefits especially for seniors (e.g., around \$20/month was commonly reported)
- Overwhelming burden of food insecurity in communities due to high food costs and barriers to accessing adequate benefits (i.e., not enough resources to address the need)

“Patients are very concerned, stressed, wondering how they will be able to feed themselves and their families. Having to choose between food and medication or food and gas or transportation needs” CHW, Michigan

3: CHWs reported common barriers to addressing hunger and building food security.

CHWs also described fears or barriers facing their clients around being able to feed themselves or their families. This included **social, political and economic** challenges such as:

- Worry and confusion around policy changes affecting eligibility and benefit amounts (e.g., due to H.R.1)
- Fear of repercussions from accessing public benefits (fear of being targeted, public charge)
- Misinformation and misunderstandings about benefits and eligibility
- Unique barriers facing specific populations including elders, immigrants, people in rural areas, and people with disabilities.
- Widespread fear of being unable to feed themselves

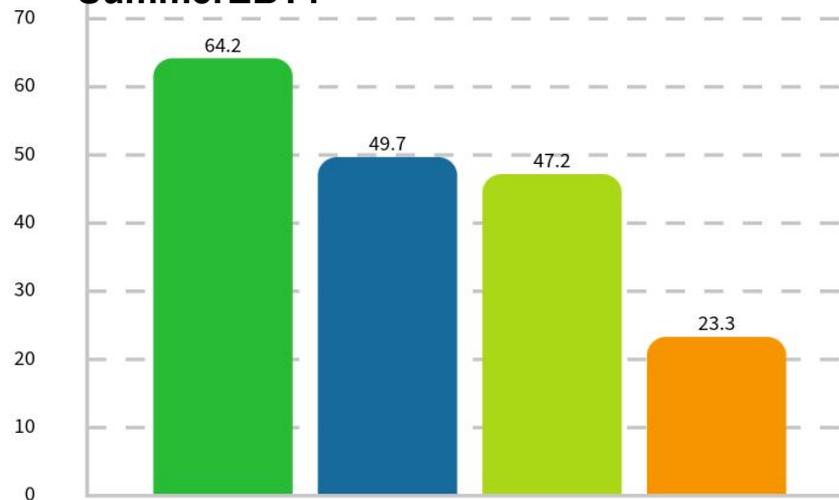
“I’ve seen more stress and instability around food access. Clients are stretching benefits earlier in the month, relying more on pantries, and feeling the impact when benefits are delayed or reduced. Confusion around changes and recertification is adding to the strain.” CHW, Texas

4: CHWs advocate and innovate to address barriers with needed support

CHW reported barriers to assisting with food and nutrition assistance applications:

Barrier	% CHWs
I don't know enough about eligibility changes	32
I need more training or experience	30.9
Nothing gets in the way	26.8
I don't have enough time	23.2
It's outside my role / employer doesn't allow me to	15.5
Other, including external factors (e.g., no resources available)	15.5

What has been helpful for you in assisting your clients with access to SNAP, WIC or SummerEBT?



I have time to help clients with food access in other ways (e.g., making referrals, emergency food access),

Time to help with applications is built into my workload, workflows, or scope of work

I have personal experience completing or helping others with applications

I received training to assist clients with applications

5: More support for CHWs enables them to better assist clients facing food insecurity.

- Survey results indicated a need for tailored training to increase CHW knowledge of changes and confidence in providing application assistance and understanding recent policy changes
- CHWs often face extremely high caseloads and/or competing priorities. Building time into workloads to allow for application assistance can help ensure they have enough time to provide this essential service.
- CHWs are often facing the same food insecurity and pressures as their clients, and this creates additional barriers and strain - CHWs must be protected and supported to do this work.

“SNAP applications are long (often 20+ pages) and require repeated follow-up, document collection, phone calls, uploads, and troubleshooting. That is not “simple help.” It is time-intensive benefits navigation work. If CHWs are expected to take on this responsibility without compensation, it creates burnout, turnover, and ultimately harms clients because families lose continuity of support.”

CHW, Louisiana

Contact: Neena Schultz, Nschultz@nachw.org

Upcoming Webinar

Community Health Workers are essential to helping families access food benefits — especially in the summer.

Join the National Association of Community Health Workers and Share Our Strength's No Kid Hungry campaign for a practical, interactive webinar on supporting families' access to Summer EBT (SUN Bucks).

You'll gain:

- Clear guidance on eligibility & implementation
- Proven CHW-led outreach strategies
- Tools for enrollment support & warm handoffs
- Tips for addressing common barriers

Who should attend? Community Health Workers (CHWs), CHW employers, and partners located in states implementing Summer EBT (SUN Bucks). **Does my state participate in Summer EBT?** Find out here:

<https://www.fns.usda.gov/summer/sunbucks>

👉 **Register Here:**

https://strength.zoom.us/webinar/register/WN_-dE8k3zxQsyBys3uj-QuCA





“Keeping Healthy While Waiting for Assistance”: A partnership between Roadrunner Food Bank and United Healthcare New Mexico to support members

Introductions



Maya Stefanovic
Health Equity Director
United Healthcare, New
Mexico (UHC)



Jessica Osenbrügge
Senior Director
Roadrunner Food Bank
(RRFB)

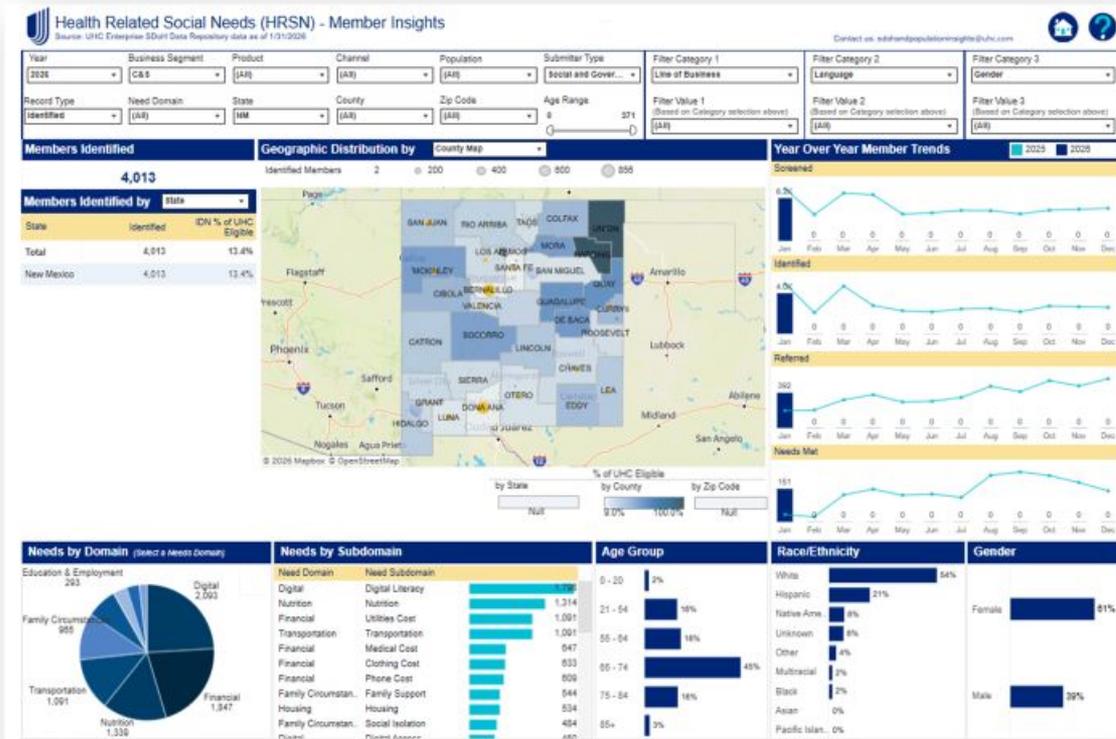
Keeping Healthy While Waiting for Assistance: A Program of UHC New Mexico

- Value-added benefits (VABs) are additional services outside of the Medicaid benefit package, traditionally aimed at improving quality and health outcomes, and/or lowering costs by reducing the need for more expensive care

- VABs are paid for by administrative dollars as enhancing the total benefit package and are provided to members at no cost; they are not included in the capitation rate calculation

- UHCNM partnerships with programs – Rio Grande Food Project (RGFP) and RRFB

- Start Date: Late Fall 2025
- Utilizing Findhelp, a CLRS
- Every member receives \$500 in benefits each calendar year



MEDICAID FOOD SECURITY NETWORK

Basic Service Numbers

Outputs:

- As of February 28th, nearly 150 UHC NM members have been referred to RRFB
 - This generated nearly 600 healthy grocery boxes being delivered in intervals of weekly to monthly
 - This equates to nearly \$44,000 worth of food
 - Food menus include low sugar, low sodium, healthy pantry, gluten free, and ready to eat

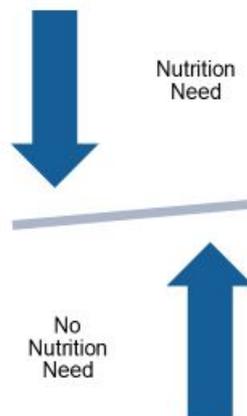
OPTION 6 - PREMIUM HEALTH

fiber, protein-packed options for **OPTIMAL HEART** and **GUT HEALTH**.



Success: a Review of Outcomes!

- **Reduced Costs:** Impacts PM/PM costs by reducing food and nutrition insecurity
- **Use Case of Closed Loop Referral System:** Strengthens bi-directionality referral efforts through a Closed Loop Referral System.
 - ✓ Effective coordination of care between partners to better serve the community members in addition to “closing the loop”
 - ✓ **Discovery:** Allows for discussion with members the need for support and connection to other services such as housing, transportation, and other Health Related Social Needs
 - ✓ UHC and RRFB work together in our plans to support the community members with food and additional needs w or w/o CC
- **Adaptability:** Flexibility of scaling needs and partnership to the environment.
 - ❖ Temporary adjustment to annual benefit in relationship to government shut-down and federal SNAP changes
 - ❖ Introduced a Ready to Eat food box option to help members that don't have access to a kitchen
- **Communications:** UHC and RRFB are in communication nearly daily



- Per Member Per Month Costs
- Average Rate of Admission (Inpatient and ER) per Member per Year

A Good Story

- In serving a community member within a tribal community, we creatively problem-solved logistics of delivery in a remote location
- The member shared much pride in community, in New Mexico to problem solve, and being a member of United Healthcare

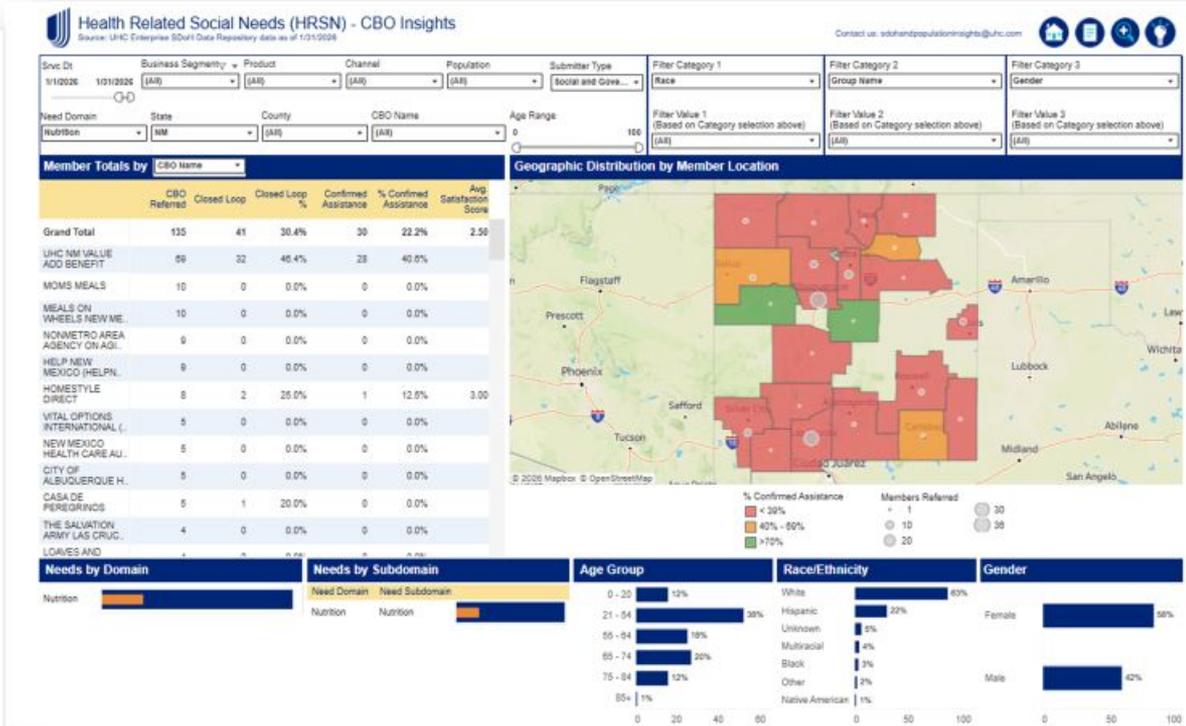


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How this Shapes the Future For United Healthcare New Mexico

Key Insights

- Informs New Mexico's burgeoning state-wide CLRS on effective best practices
- Guides future Value-Added Services decisions
- Supports future decision makers by highlighting:
 - ✓ Efforts to address food and nutrition insecurity
 - ✓ Additional Health-Related Social Needs (HRSN)
 - ✓ The correlation between food insecurity and future healthcare costs
 - ✓ How this work can reduce healthcare utilization



How this Shapes the Future For Roadrunner Food Bank

- Healthcare partnerships are wonderful adaptable, flexible, and collaborative!
- There is a viable pathway in food banks in providing lines of services and programming to support healthcare in having a comprehensive approach to help their patients/members obtain better health outcomes.
- There are a variety of revenue streams for food banks to engage with through healthcare.
- It allows food banks to have a vested stake in supporting community members who are not only food and nutrition insecure, but are managing, often times, more than one BIG health condition in which diet has a role.
- This helps found banks transition from the “pounds” measure of success to a “health outcomes” measure of success. Food banks desire to know their impact on the reduction of healthcare utilization and the reduction of BIG costs such as Emergency Department visits and preventable hospital stays



Join Us In the Break Room!



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Medicaid Food Security Partners Program (MFSP): RFP Release

MFSP: RFP Now Available

Grant Opportunity: Share Our Strength, in collaboration with HealthBegins, is launching a grant funding opportunity

Focus: Funding four state-based organizations or coalitions to support:

- Advocacy or implementation of promising food-security policy initiatives within state Medicaid programs
- Strategies that promote SNAP and WIC enrollment

Award amount: \$100,000 per organization

RFP Submission Deadline: April 17, 2026

- Questions can be found in [RFP](#)
- FAQ on RFP [webpage](#)



MFSP: Application Process



- **Navigate to online form to apply**
 - Visit the No Kid Hungry Grants Portal at <https://nokidhungry.my.site.com/>.
 - To create a new account, click “New User.”
 - Click “Start a New Application”
 - Input the following access code to gain access to the application: **MFSN26**.
- **Submission Deadline**
 - Application responses must be received by **11:59 pm ET on 4/17/26**
- **RFP Questions**
 - Questions can be found in [RFP](#)

Share Our Strength and the No Kid Hungry campaign know that community organizations, educational institutions, and government entities play a key role in ensuring children receive access to nutritious meals and food they need to learn, grow, and thrive to reach their full potential. These flexible grants will allow organizations and government entities to respond to the growing needs and emerging opportunities to provide food and resources to kids and families.

Granting Priorities

Share Our Strength and No Kid Hungry are committed to addressing the systemic and structural inequities disproportionately impacting historically under-resourced communities. Funding will be prioritized to projects in the following communities:

- Communities where at least 60% of students are eligible for free and reduced-price school meals
- Rural and urban communities where schools/school districts face unique challenges in addressing hunger
- Communities experiencing extreme economic hardship and increased rates of poverty
- Communities that have historically lacked access to resources

If applicable, please see the associated Request for Proposals for a list of funding restrictions for this grant opportunity.

Organization Information

1. Organization:
2. How would you like your organization's name listed on public-facing materials?
3. Person Authorized to Sign a Grant Agreement Letter for this Grant
 - First Name
 - Last Name
 - Title
 - Phone Number
 - Email

Community Characteristics



For questions please contact MFSN@strength.org

How to Join a Breakout Room

- Once the host opens the breakout rooms, a pop-up window should appear, inviting you to join a room.
- Select the *Join* button in the pop-up window to move into the room of your choice or your assigned room.
- If the *Join* button does not appear, look for the *Breakout Rooms* button under the *More* menu.
- For an open discussion, remain where you are and do not join a room.

Breakout Rooms by Topic

Breakout Room 1:

CHW Survey:
Neena Schultz

Facilitator:
Sarah Mills

Notetaker:
Cate Hensley

Breakout Room 2:

Roadrunner Food
Bank Pilot with UHC:
Jessica Osenbrugge
& Maya Stefanovic

Facilitator:
Elena Rees

Notetaker:
Madeline Moritsch

Breakout Room 3:

MFSN: RFP 3.0 &
Dashboard

Facilitator:
Julian Xie

Notetaker:
Katrina Scott

Breakout Room 4:

SNAP & RHTP

Facilitator:
Gina Plata-Nino

Notetaker:
Amanda Bank



Share Out

What were highlights
from your breakout
room discussion?



Closing Remarks

Network Events and Next Steps

Contact

For any questions related to the MFSN,
please contact:

Julian Xie Director, Medicaid and Benefits
Integration
Share Our Strength
jxie@strength.org

MFSN@strength.org
<https://medicaidfoodsecuritynetwork.org/>

