



**SNAP'S EXCESS MEDICAL EXPENSE
DEDUCTION:
TARGETING FOOD ASSISTANCE TO
LOW-INCOME SENIORS AND
INDIVIDUALS WITH DISABILITIES**

By Ty Jones

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The Center on Budget and Policy Priorities, located in Washington, D.C., is a non-profit research and policy institute that conducts research and analysis of government policies and the programs and public policy issues that affect low- and middle-income households. The Center is supported by foundations, individual contributors, and publications sales.

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EXECUTIVE SUMMARY

The Supplemental Nutrition Assistance Program (SNAP) provides over 8 million struggling elderly individuals and individuals with disabilities (as well as millions of other low-income households) with benefits that they can use to purchase food. Many low-income households with elderly and disabled members pay high out-of-pocket expenses for health care that create additional barriers to affording an adequate diet. SNAP allows households to deduct unreimbursed medical expenses over \$35 per month from their income in calculating their net income for SNAP purposes to more realistically reflect the income they have available to purchase food. This, in turn, could potentially qualify them for higher SNAP benefits.

While the medical expense deduction plays an important role in ensuring that households with high medical costs receive adequate benefits, it is underutilized. Only about 12 percent of households with elderly or disabled members claim it, and available data show that the share of these households with eligible expenses is likely much higher. This paper explains the deduction, current barriers that keep eligible households from claiming the deduction (or the full amount), and actions that state officials and advocates can take to address this problem.

The medical expense deduction can have a significant impact on SNAP benefits. For a typical senior living alone, claiming \$50-\$200 in medical expenses can result in an additional \$7-\$69 in SNAP benefits a month.

A wide range of medical and related expenses may be deducted, including many that health insurance does not cover and that SNAP participants may overlook. Deductible expenses include transportation costs to a doctor or pharmacy, over-the-counter drugs, medical supplies, and home renovations to increase accessibility. It is important to inform eligible households of the range of deductible expenses so they can fully leverage the deduction.

Federal SNAP rules require verification of medical expenses. States have flexibility in how to meet this requirement, and some state practices create obstacles that may discourage eligible households from claiming full expenses, such as:

- **Relying solely on documentation to verify expenses.** While federal regulations state that documentation is the primary source of verification, state agencies can also attempt to verify on the phone or in person and can offer assistance to households that require it.
- **Requiring verification of unnecessary factors.** Clear state guidance can help prevent caseworkers from placing an unnecessarily high verification burden on participants. Under federal regulations, for example, caseworkers do not need to require verification that a medical procedure was medically necessary unless they find it questionable.
- **Requiring re-verification of unchanged expenses at recertification.** When households renew their eligibility at recertification, the state agency may choose not to require re-verification of medical expenses that have changed by \$25 or less unless the information is incomplete, inaccurate, inconsistent, or outdated. This can reduce the burden imposed, for example, by requiring a household to provide the original prescription for a medication that it was prescribed many months ago for a chronic or lifetime illness.

State agencies and advocates can help ensure that eligible households are aware of the deduction and make full use of it. They can, for example:

- **Encourage a linkage between Medicaid and SNAP databases.** Properly sharing data between state health and SNAP agencies can help caseworkers obtain and verify medical information.
- **In the application and SNAP interview, inform recipients of the deduction and full range of deductible expenses.** Some SNAP applicants may not list expenses because they are not aware of the deduction or eligible expenses. State agencies can ask applicants about specific expenses on the application and can train caseworkers to identify participants and ask about these expenses during the interview.
- **Adopt a standard medical deduction.** Fifteen states have received U.S. Department of Agriculture (USDA) waivers to implement standard medical deduction demonstration projects, under which they deduct a standard amount (representing the average medical expenses for senior or disabled SNAP households) from all eligible households that demonstrate medical expenses of over \$35 a month. A standard medical deduction can benefit both participants and state agencies, as it simplifies the process for both parties, and may encourage participants to provide evidence of expenses.
- **Create outreach materials to inform eligible households.** Advocacy groups, state agencies, and agencies and advocates working with seniors and people with disabilities can create and disseminate resources that inform eligible households of the deduction and encourage them to list eligible expenses when applying for benefits. Collaborating with organizations working with seniors and people with disabilities can help advocates and state groups reach these populations.
- **Conduct trainings with caseworkers and advocates.** Training can help ensure that caseworkers and advocates working with eligible households fully understand the deduction and eligibility rules, such as eligible expenses and required verification. Trainings can also help sensitize caseworkers and advocates to the stigma some people may experience in claiming medical expenses.

I. INTRODUCTION

An important part of SNAP's benefits structure, the excess medical expense deduction helps seniors and disabled individuals with out-of-pocket medical expenses afford a nutritious diet.

Many Americans struggle to put food on the table, especially in the wake of the Great Recession and slow recovery. Rising healthcare costs and out-of-pocket medical expenses place an additional burden on these households. In particular, individuals aged 60 and over and disabled individuals, even those eligible for Medicare and/or Medicaid, spend a substantial share of their budget on medical costs. These households should not have to choose between paying for a prescription and buying food.

The excess medical expense deduction allows elderly or disabled individuals to deduct unreimbursed medical expenses over \$35 per month from their income in calculating their household's net income for SNAP purposes. This, in turn, may qualify them for higher SNAP benefits.

Unfortunately, the deduction is underutilized. There are various reasons why, ranging from confusion or lack of awareness on the part of participants and caseworkers to state procedures and policies that can make claiming the deduction unnecessarily cumbersome. This paper seeks to address this problem by explaining who is eligible for the deduction, what medical expenses they may claim, and actions that states and advocates can take to improve knowledge and utilization of the deduction.

II. BACKGROUND

SNAP targets benefits according to need by limiting eligibility to low-income households and basing benefit amounts on individual households' ability to purchase food. The benefit formula assumes that families will spend 30 percent of their net income for food.¹ In calculating their net income, households may deduct certain expenses that limit their available funds for food.

Realizing that seniors and individuals with disabilities may have above-average health care costs that would consume money otherwise available for food, Congress created the excess medical expense deduction,² which enables them to deduct unreimbursed, out-of-pocket medical expenses over \$35 per month when calculating their net income.

This deduction can play a critical role for vulnerable households with seniors and people with disabilities. These households face high health care costs that insurance does not cover. The average Medicare household devotes 13.9 percent of its budget to health care, compared to 5.2 percent for non-Medicare households.³ Also, individuals aged 50 to 64 face rising out-of-pocket costs for healthcare and declining access to employer-sponsored health coverage: 1 in 3 adults aged 50-64 live in families that spend at least 10 percent of their after-tax income on healthcare.⁴

One study found that health spending was 168 percent higher, and out-of-pocket expenditures were 65 percent higher, for individuals with disabilities than for individuals without disabilities.⁵ Another study found that a person with work-limiting disabilities would have to receive about 2.6 times as much income as an adult without these disabilities to have the same likelihood of affording adequate food.⁶

High medical costs can place these households in the difficult position of choosing between needed medical care and food. Millions of seniors face the threat of hunger. In 2012, 9.3 million seniors, or 15.3 percent of all seniors, experienced or were at risk of experiencing food insecurity, meaning difficulty affording adequate food. Of these, 2.1 million seniors reported taking steps such

¹ See Center on Budget and Policy Priorities, Policy Basics: Introduction to the Supplemental Nutrition Assistance Program (SNAP), updated June 4, 2014, <http://www.cbpp.org/cms/index.cfm?fa=view&id=2226>.

² Pub. L. No. 96-58. Elderly and disabled persons may have “disproportionately high medical and shelter costs and few...options for reducing them.” S.Rep.NO.236, 96th Cong., 1st Sess., at 17, reprinted in 1979 U.S. CODE CONG. & ADMIN. NEWS 939, 955.

³ Henry J. Kaiser Family Foundation, “Health Care on a Budget: The Financial Burden of Health Spending by Medicare Households,” January 2014, <http://kff.org/medicare/issue-brief/health-care-on-a-budget-the-financial-burden-of-health-spending-by-medicare-households/>.

⁴ AARP Public Policy Institute, “Health Insurance Coverage for 50- to 64-Year-Olds,” February 2012, http://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/Health-Insurance-Coverage-for-50-64-year-olds-insight-AARP-ppi-health.pdf.

⁵ Sophie Mitra, Patricia A. Findley, and Usha Sambamoorthi, “Health Care Expenditures of Living with a Disability: Total Expenditures, Out-of-Pocket Expenses, and Burden, 1996 to 2004,” Archives of Physical Medicine and Rehabilitation, September 2009, 90(9):1532-1540.

⁶ Peiyun She and Gina A. Livermore, “Material Hardship, Poverty, and Disability among Working-Age Adults,” Social Science Quarterly, December 2007, 88(4):970-989.

as reducing food intake or skipping meals due to inability to afford enough food.⁷ A recent study found that about one-quarter to one-third of households with a disabled member experienced food insecurity; households with more severely disabled members faced higher rates.⁸

As the senior population grows rapidly over the next few decades, the number who are food insecure will likely grow significantly, with potentially serious health consequences. Seniors and people with disabilities in food-insecure households are more likely than those in non-food-insecure households to be in poor or fair health and to have limitations in activities of daily living. The effects are so strong that food insecurity is roughly equivalent to being 21 years older.⁹ SNAP's excess medical expense deduction is an important tool to fight hunger among these households.

How Does the Deduction Work?

The medical expense deduction works much like other SNAP deductions,¹⁰ which are taken from the entire SNAP household's gross income. The deduction applies only to the medical costs of the individual senior and/or disabled household member, not to those of other household members (unless they, too, are seniors or have disabilities).¹¹ There is no cap on the amount of medical expenses above the \$35-a-month threshold that a household can deduct.

Deductible medical expenses may include health insurance premiums, transportation costs to obtain medical treatment, over-the-counter medication, medical equipment, and dental expenses. Deductible medical expenses includes both those that an individual has already paid and those that have been incurred but not yet paid. Past-due medical bills, however, are not deductible unless they are still being paid or a payment agreement plan has been developed, and credit-card interest charges resulting from medical expenses are not deductible. Households may not deduct any portion of a medical expense that has been or will be reimbursed by an insurance company, Medicare, or Medicaid.¹²

Claiming medical expenses not only reduces a household's net income directly, but also can enable it to claim a larger deduction for shelter expenses, thereby reducing its net income further. This is because a household takes the medical expense deduction after the earned income, standard, and

⁷ James P. Ziliak and Craig Gundersen, "State of Senior Hunger in America 2012: An Annual Report and Supplement," National Foundation to End Senior Hunger, May 2014, <http://www.nfesh.org/wp-content/uploads/2014/05/State-of-Senior-Hunger-in-America-2012.pdf> and http://www.nfesh.org/wp-content/uploads/2013/03/NFESH-2014-Report-Supplement_013114.pdf.

⁸ Alisha Coleman-Jensen and Mark Nord, "Food Insecurity Among Households With Working-Age Adults With Disabilities," USDA Economic Research Service, Report Number 144, January 2013, http://www.ers.usda.gov/publications/err-economic-research-report/err144.aspx#.U8f_a_lXwo.

⁹ Craig Gundersen and Jack Zilizk, "Food Insecurity Among Older Adults," AARP Foundation, August 2011, http://www.aarp.org/content/dam/aarp/aarp_foundation/pdf_2011/AARPFoundation_HungerReport_2011.pdf.

¹⁰ For a more complete discussion of SNAP calculations, see Center on Budget and Policy Priorities, A Quick Guide to SNAP Eligibility and Benefits, revised August 30, 2013, <http://www.cbpp.org/cms/index.cfm?fa=view&id=1269>.

¹¹ However, a spouse or parent of a disabled household member can deduct any dependent care costs incurred for the disabled family member if necessary for the parent or spouse to work or attend school or job training.

¹² 7 C.F.R. §273.2(f)(1)(iv). The reimbursement amount must be verified prior to approval of the deduction at initial application.

dependent care deductions but *before* the shelter expense deduction (see Table 1).¹³ Households with lower net incomes can claim higher shelter deductions, all other things being equal.

Table 1 Calculating SNAP Benefits	
Step 1	Count household's gross income
Step 2	Subtract earned income deduction (20% of household earnings)
Step 3	Subtract standard deduction ¹⁴ for household size
Step 4	Subtract dependent care expenses, if any
Step 5	Subtract medical expenses
Step 6	Determine household shelter costs
Step 7	Subtract half of net income (gross income minus deductions) from shelter costs to determine shelter deduction
Step 8	Subtract shelter deduction from net income
Step 9	Calculate 30% of household's net income to determine household's contribution to food costs
Step 10	SNAP benefit amount = maximum SNAP benefit amount for household size minus 30% household contribution

Table 2 shows the medical expense deduction's impact on SNAP benefits for a typical senior with monthly income of \$721 from Supplemental Security Income and monthly shelter costs of \$626. An additional \$7-\$69 a month, or \$84-\$828 a year, in SNAP benefits from the deduction could provide significant support to these vulnerable households.

Table 2 Impact of the Excess Medical Expense Deduction on Monthly SNAP Benefits (Based on a household of one with SSI income of \$721/month)				
Medical expenses	SNAP benefit, without medical deduction	SNAP benefit, with medical deduction	Additional monthly benefits from claiming deduction	Additional annual benefits from claiming deduction
\$ 50	\$120	\$127	\$ 7	\$ 84
\$100	\$120	\$150	\$30	\$360
\$150	\$120	\$172	\$52	\$624
\$200	\$120	\$189	\$69	\$828

The Deduction Is Underutilized

Unfortunately, the medical expense deduction is one of SNAP's most underutilized deductions.¹⁵ In 2012 only 12 percent (roughly 970,000) of the 8 million households with senior or disabled

¹³ Unlike all other SNAP deductions, the shelter deduction is limited to the amount of shelter costs that exceed 50 percent of the household's net income (and is not capped for households with elderly or disabled members).

¹⁴ To find standard deduction for household size, see U.S. Department of Agriculture, Food and Nutrition Service website with updated eligibility information: <http://www.fns.usda.gov/snap/eligibility>.

¹⁵ See U.S. Department of Agriculture, Food and Nutrition Service Memorandum, Supplemental Nutrition Assistance Program (SNAP): Applications' Statements about Unreported and Unverified Expenses, November 18, 2009, <http://www.fns.usda.gov/snap/rules/Memo/2010/111809.pdf>.

members claimed it.¹⁶ While not all 8 million households would have had qualifying medical expenses under SNAP rules, many of these individuals not claiming the deduction likely had medical expenses over \$35 per month and therefore could have benefited from it. Some 88 percent of SNAP households with people aged 60 or over reported medical expenses in 2012, analysis of Current Population Survey (CPS) data shows, and for those who did, the typical amount was \$550 for the year, equivalent to \$46 a month.¹⁷ Some 43 percent of households containing people aged 60 or over reported at least \$600 in medical expenses, equivalent to \$50 a month or more. The large gap between the households claiming the medical expense deduction and the households that may be eligible for it merits consideration.

The under-usage of the medical expense deduction likely stems from various factors, ranging from confusion or lack of awareness on the part of participants and caseworkers to state verification procedures and policies that can make claiming the deduction unnecessarily cumbersome. Also, some state SNAP applications do not appear to seek sufficient information from applicants to ensure that eligible households receive the full deduction.

¹⁶ Based on unpublished CBPP analysis of USDA 2012 Quality Control data.

¹⁷ Based on unpublished CBPP analysis of March 2013 Current Population Survey (CPS). The CPS survey asks an open-ended question about medical expenses that may not capture all deductible medical expenses under SNAP.

III. WHO IS ELIGIBLE FOR THE DEDUCTION?

To receive the medical expense deduction, a household member must be elderly or disabled. The Food and Nutrition Act defines *elderly* as someone 60 years of age or older¹⁸ and *disabled* as someone receiving one of the following forms of disability benefits:¹⁹

- Supplement Security Income (SSI).
- Social Security disability or blindness benefits.
- Disability-related Medicaid.²⁰
- Disability retirement benefits from a government agency because of a disability considered permanent under section 221(i) of the Social Security Act.
- Interim assistance pending receipt of SSI.
- Disability-related state-funded General Assistance, if eligibility is based on criteria as stringent as SSI.
- A state SSI supplement (regardless of whether the individual receives federal SSI).
- Public disability retirement pensions (if the individual has the kind of disability that Social Security considers permanent).
- Railroad Retirement disability payments.
- Veterans' disability benefits for service-connected disabilities or non-service-connected disabilities rated or paid as total.
- Veterans' disability benefits or disability benefits for the spouse of a veteran, if the Department of Veterans Affairs (VA) has determined that the veteran or spouse is permanently housebound or needs regular care.
- Veterans' benefits for surviving children of veterans whom the VA has determined can never support themselves.
- Veterans' pensions for surviving spouses and children of veterans, if the spouse or child has a disability that Social Security considers permanent.²¹

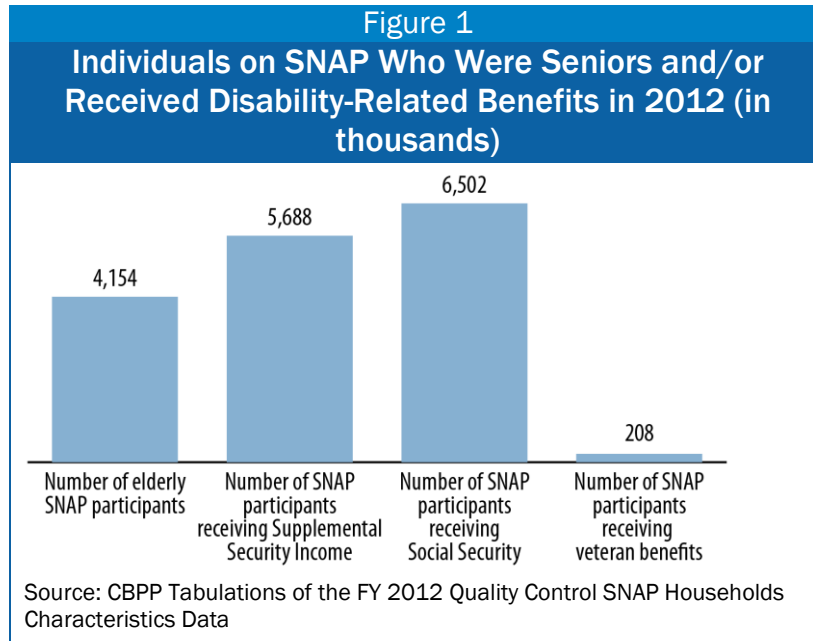
Figure 1 shows the numbers of individuals on SNAP who are seniors and/or receive disability-related benefits in 2012.

¹⁸ 7 U.S.C. §2012(j)(1).

¹⁹ 7 C.F.R. §271.2.

²⁰ Eve Shapiro and David Super, "The Right of the Disabled in the Food Stamp Program," *Clearinghouse Review*, June 1991.

²¹ 7 U.S.C. §2012(j)(2) & 7 C.F.R. §271.2.



SNAP’s definition of disability, for purposes of receiving special consideration within the program, does not cover all individuals who may have disabilities. It excludes:

- Individuals with temporary disabilities who are not receiving disability-related benefits but are unable to work.
- Individuals with disabilities who have not yet received an SSI/SSDI determination and are not receiving any interim assistance.
- Individuals with disabilities that are serious but not severe enough to be considered permanent or do not qualify for a disability determination.
- Children who do not qualify for SSI due to the income or assets of their parents yet are otherwise severely disabled in accordance with the SSI severity standard.

These individuals also have trouble affording an adequate diet and would benefit from the medical expense deduction. Unfortunately, if an individual is not considered disabled as defined in SNAP regulations, the state agency cannot provide him or her with an excess medical deduction.

Although SNAP’s definition of disability differs from that of the Americans with Disabilities Act (ADA),²² state agencies remain responsible for ensuring that all individuals living with disabilities receive additional assistance when applying for the program. This additional assistance can include help with application, telephone interviews, and other reasonable accommodations that may be needed.

²² Under the Americans with Disabilities Act, “disability means, with respect to an individual—
(A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
(B) a record of such an impairment; or
(C) being regarded as having such an impairment (as described in paragraph (3)).” 42 U.S.C. §12102.

IV. WHICH EXPENSES MAY BE DEDUCTED?

The average household claiming the medical expense deduction in fiscal year 2012 claimed \$154 in medical expenses. The figure varied widely among states, from \$58 in Oklahoma to \$348 in Illinois. (See Appendix A.) This variation reflects many factors, including regional differences in the cost of medical care. While state SNAP programs have little control over some factors, states can help eligible households deduct the full range of expenses that count toward the deduction.

Federal SNAP rules provide an extensive list of deductible medical expenses.²³ Except for special diets and any nutritional supplements (such as “Ensure” and “Boost”²⁴), almost all unreimbursed medical costs may be deducted, many of which typically do not require a prescription and/or may not be covered by health insurance. Deductible expenses include:

- Medical and dental care, including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by state law or other qualified health professional.²⁵
- Hospitalization or outpatient treatment, nursing care, and nursing home care, including payments for an individual who was a household member immediately before entering a hospital or nursing home recognized by the state.²⁶
- Prescription drugs prescribed by a licensed practitioner authorized under state law.
- Over-the-counter medication (including insulin) and health care supplies, when approved by a licensed practitioner or other qualified health professional.
- Medical supplies, sick-room equipment (including rentals), or other prescribed equipment.
- Health and hospitalization insurance policy premiums.²⁷
- Medicare premiums.
- Dentures, hearing aids, and prosthetics.
- Securing and maintaining a trained seeing or hearing dog, including the cost of dog food and veterinarian bills.

²³ 7 C.F.R. §273.9(d)(3).

²⁴ Nutritional supplements, even if recommended by a medical professional, cannot be considered medical expenses since they can be purchased with SNAP benefits, Massachusetts Department of Transitional Assistance Field Ops Memo 2009-10, February 20, 2009, http://www.masslegalservices.org/system/files/library/FO_2009-10.pdf.

²⁵ The health care expense need only be prescribed or recommended by a “licensed” health care provider, which includes any person licensed in the state as a practitioner such as nurse practitioners, chiropractors, etc.; it is not limited to a medical doctor.

²⁶ Medical expenses paid by individuals residing in an institution or group home for the aged, blind, and disabled will be allowed as a medical expense if they can be separately identified. Florida Department of Children and Families Program Policy Manual 2410.0354, Medical Expenses-Group Home Residents, <http://www.dcf.state.fl.us/programs/access/docs/esspolicymanual/2400.pdf>.

²⁷ A pro rata share of an insurance premium will be deducted for eligible participants if the policy also covers household members not eligible for the medical deduction. Even when the policy holder is not eligible for the medical deduction, a pro rata share can still be deducted for coverage of disabled or elderly household members. USDA Policy Memo 80-55, July 17, 1980.

- Eyeglasses prescribed by a physician skilled in eye disease or by an optometrist.
- Reasonable costs for transportation and lodging to obtain medical treatment or services.
- Maintaining an attendant, homemaker, home health aide, or child care services necessary due to age, infirmity or illness.²⁸

Many state agencies have clarified and expanded the list of allowable deductions to make sure that families receive all deductions that represent their actual costs. A few examples that state policy manuals highlight as allowable expenses are:

- Alternative therapies provided by a licensed practitioner, including acupuncture, chiropractic, faith-based healing, and therapeutic massage.²⁹
- Over-the-counter pain relief and allergy medications.
- Postage and handling fees for mail order prescriptions³⁰ as well as long-distance phone calls and special phone and communication equipment for the deaf and hard of hearing.³¹
- Health-related supplies, including adult diapers and/or incontinence pads.³²
- Durable medical equipment, renovations at home to improve accessibility, vehicle renovations, and prescribed non-medical equipment, such as dehumidifiers.³³

States and advocates may want to pay special attention to the medical-related expenses discussed below, which health insurance does not cover and SNAP participants often overlook.

Transportation

Transportation costs that senior or disabled household members incur when taking care of medical needs are an allowable expense under the medical expense deduction. Many states, however, appear not to allow or encourage participants to deduct these expenses. A 2009 examination by the U.S. Department of Agriculture's Food and Nutrition Service (FNS) of a sample of SNAP quality control (QC) data found that *no* households had reported transportation expenses.³⁴

²⁸ When attendant care costs can qualify under both the medical deduction and the dependent care deduction, the state agency shall treat the cost as a medical expense. 7 C.F.R. §273.9(d)(3).

²⁹ Washington State Department of Social and Health Services EAZ Manual WAC 388-450-0200, <http://www.dshs.wa.gov/manuals/wac/388-450-0200.shtml>.

³⁰ Missouri Income Maintenance Manual Section 1115.-35.15.10, http://www.dss.mo.gov/fsd/iman/fstamps/1115-035-15_1115-035-15-25.html.

³¹ Iowa Department of Human Services Employees Manual, Title 7 Food Assistance Chapter E Income, <http://dhs.iowa.gov/sites/default/files/7-e.pdf>.

³² Arkansas Department of Human Services SNAP Certification Manual Section 6511 Allowable Medical Deductions, <https://ardhs.sharepoint.com/sites/DHSPolicy/DCOPublishedPolicy/SNAP6000.pdf>.

³³ Indiana Family and Social Services Administration Program Policy Manual Section 344.45.00, <http://www.in.gov/fssa/files/3400.pdf>.

³⁴ See U.S. Department of Agriculture, Food and Nutrition Service Memorandum, Supplemental Nutrition Assistance Program (SNAP): Applications' Statements about Unreported and Unverified Expenses, November 18, 2009, <http://www.fns.usda.gov/sites/default/files/111809.pdf>.

FNS made clear that senior and disabled SNAP participants may claim a deduction for public and private transportation to obtain medical treatment and services, including trips to health care providers as well as trips to pharmacies to fill prescriptions or purchase over-the-counter medications, health supplies, dentures, hearing aids, eyeglasses, and sickroom equipment.³⁵

Several state policy manuals state that households can claim transportation costs and provide examples, highlighting the fact that trips to the pharmacy are included. For example, Missouri specifically directs caseworkers to allow deductions for transportation to the pharmacy.³⁶ This is useful for both caseworkers and participants, who may not realize that the cost of getting to the pharmacy — not just the prescription itself — is a medical expense.

Federal regulations and guidance give states options to determine what travel costs are reasonable. States may allow households to use the federal,³⁷ state, or a default mileage reimbursement rate for simplicity and program uniformity. For example, Kentucky uses the current business IRS mileage rate as reasonable transportation cost.³⁸ Arkansas uses the reimbursement rate used by state employees and provides information about how to calculate each form of transportation for SNAP. (See Box 1.) The mileage rate is often separate from toll and parking costs.

Box 1: State Policy Example – Arkansas

Transportation costs are based upon the type of transportation used. If the aged or disabled member uses his or her own vehicle, the current State employee reimbursement rate will be allowed. If the member used public transportation, the actual cost of the transportation will be allowed. If the member pays a non-household member for transportation, the amount charged by the individual will be allowed.

Arkansas SNAP Certification Manual, Section 6500 Medical Deduction,
<https://ardhs.sharepointsite.net/DHSPolicy/DCOPublishedPolicy/SNAP6000.pdf>.

Some states create their own mileage reimbursement rate. For example, Indiana gives households that use their own vehicle but cannot prove actual transportation costs a standard rate of 40 cents per mile.³⁹

In calculating the deduction for transportation costs, states must determine the number of visits and the distance between the participant's home and the destination. For the former, states can often use pharmacy printouts or co-payment receipts. States may allow households to determine the distance between their residence and the doctor's office or pharmacy using free web-based mileage

³⁵ USDA Policy Memo 1991-09, "Transportation to Obtain Medical Treatment or Services" May 29, 1991.

³⁶ Missouri Income Maintenance Manual Section 1115.-35.15, http://www.dss.mo.gov/fsd/iman/fstamps/1115-035-15_1115-035-15-25.html.

³⁷ The General Services Administration publishes mileage reimbursement rates each year for federal employees: <http://www.gsa.gov/portal/content/100715>. Effective January 1, 2014, the federal mileage reimbursement rate is 56 cents per mile.

³⁸ Kentucky SNAP Operation Manual, http://manuals.chfs.ky.gov/dcbs_manuals/DFS/VOLII/OMVOLII.pdf.

³⁹ Indiana Food Supplement Program Manual, <http://www.in.gov/fssa/files/3400.pdf>.

calculators such as MapQuest or Google Maps. Whatever method states use to determine transportation costs must be clear and uniform.

Over-the-Counter Drugs and Medical Supplies

Many senior and disabled SNAP participants use over-the-counter drugs recommended by their health care provider. All recommended over-the-counter drugs and supplies are deductible, including:

- Medications like aspirin, antacids, and allergy medicine.
- Herbal supplements and vitamins.
- Supplies related to routine foot care, including creams and powders, shoe inserts, and other supplies.⁴⁰
- Supplies to treat skin disease, including creams and ointments.

Senior and disabled SNAP participants may also purchase, without reimbursement from the insurance company, medical supplies to address various conditions. These supplies, which are deductible, include:

- Diapers, liners, and incontinence pads.
- Lancet devices for diabetics.
- Bandages and bandage tape.
- Portable oxygen tanks.
- Magnetic or massage therapy supplies or other prescribed pain relief equipment.
- Batteries for hearing aids, mobility devices, or other medically related equipment.
- Walkers, canes, wheelchairs, and other mobility devices.

Participants may not know that medical supplies they purchase on their own are medical expenses since they do not require a prescription, even though a health care provider recommended them to address an illness, disability, or frailty. These types of expenses can quickly add up and make it harder for a household to purchase a nutritious diet.

Informing senior and disabled SNAP participants that they can deduct over-the-counter drug expenses and medical supplies can help many households better leverage their income to purchase other much-needed items.

Special Equipment, Accessibility Renovations, and Communication Costs

Some senior and disabled SNAP participants make medically needed changes to their homes so that they can live independently; these are deductible medical costs. They may involve monthly

⁴⁰ North Carolina state regulations include routine foot care as an allowable medical expense.

rental payments, such wheelchairs and hospital beds, or one-time costs that households may average out over a longer period of time (see Box 2). Examples include:

- Shower seats.
- Grab bars.
- Hospital beds.
- Elevated toilet seats.
- Wheelchair ramps.
- Chair lifts.

Other non-medical equipment and supplies not traditionally viewed as medical (and not requiring a prescription) are deductible as well, as long as a qualified health professional recommended them.⁴¹ Examples include air purifiers and dehumidifiers. A receipt or invoice indicating the cost of the equipment is acceptable verification of the cost of the equipment or supply.

In addition, people who are deaf or hard of hearing, blind, or have vision loss may need special communication equipment. Deductible communication costs include:

- A medical alert or lifeline system.
- Special telephones with amplifiers and warning signals, including costs for repair and replacement.⁴²
- TTY (typewriter) costs for the deaf and hard of hearing, including repairs.⁴³
- Special communication devices for the blind and persons with vision loss.

⁴¹ See Indiana state regulations, 3440.45.00(B)(1), which allow the cost of renting or purchasing an air conditioner and other supplies that are not considered medical supplies or durable medical equipment but are prescribed by a qualified health professional.

⁴² USDA Policy Memo 82-5-09, "Transportation to Obtain Medical Treatment or Services," May 29, 1991.

⁴³ North Carolina, Washington State, Virginia, Kentucky, and Indiana include special costs and repairs of special telephones and typewriters for persons with disabilities as medical expense deductions.

Box 2: One-Time Medical Expenses

Households with large or one-time medical expenses can either count the expense for one month in the certification period in which it was incurred or average the expense over all of the certification period. State agencies must fully explain both options to the household, including the impact on the household's SNAP benefits and the fact that one-time expenses may be considered only once. For households certified for 24 months that have one-time expenses, the state agency can give the household the option of deducting the expense for one month, averaging the expense over the rest of the first 12 months of the certification period, or averaging the expense over the remaining months of the certification period. (7 C.F.R. §273.10(d)(3))

Examples of one-time expenses include; hospital bills, doctor's bills for one-time visits, laboratory fees, eyeglasses, hearing aids, and the purchase or rental of medical equipment such as wheelchairs, crutches, or hospital beds.

State Policy Example – Tennessee

One-Time Deduction vs Proration of a One-Time Expense

Fully explain to the household the following, to assist it with making a decision:

1. the difference in benefits, based on the various options available;
2. that a one-time expense may be considered only once, even if it remains unpaid or there is a balance still owing at a later date; and
3. that if a repayment plan already exists, it may be counted the entire length of the agreement. However, if the household establishes a repayment plan after the one-time expense has been counted, it cannot be considered again.

Tennessee Department of Human Services Food Stamp Online Policy Manual, Section II Treatment of Medical Expenses, http://tn.gov/humanserv/adfam/fs_olm/25.6%20One-time%20Expenses.htm/

Senior and disabled households may overlook such costs as medical expenses, so state agencies need to provide caseworkers and participants with the necessary information to claim them.

Budgeting Medical Expenses

In determining medical expenses, the caseworker must determine how often the expense is incurred and then whether to count it on a monthly, periodic, or one-time basis. Monthly expenses occur once per month, such as rental payments on medical equipment; periodic expenses are regular or reasonably anticipated but not monthly, such as a prescription for a three-month supply of medication. For one-time medical expenses, SNAP participants can choose to have the expense counted all in one month or averaged over the certification period. The frequency of the expense is important to the SNAP benefit calculation because it determines how the caseworker will count the expense in the household's budget. Arkansas's state policy manual sets out clear policy on how to budget medical expenses billed monthly and periodically (see Box 3).

Box 3: Budgeting Medical Expenses: Best Practices - Arkansas

6521 Factor One: How Often Is the Expense Incurred?

6521.1 Expenses Incurred Each Month

Monthly rental payments on medical equipment, visits to a physician made at least once per month, and Medicare premiums are all types of monthly medical expenses. (Any medical expense the household expects to incur at least once per month is classified as a monthly medical expense.)

EXAMPLE: Mrs. Casey, age 61, declares the following medical expenses:

1. A prescription drug filled twice per month at \$22.40 per bottle.
2. A monthly visit to the doctor at \$20.00 per visit and taxi fare of \$10.00 for the round trip.
3. A blood test done once per month at \$25.00 per test.
4. Hospitalization insurance premium paid once per month at \$47.50 per month.

Mrs. Casey provided receipts indicating that she has incurred these expenses for the last six months and stated that she expects to continue paying these expenses each month.

6521.2 Expenses Incurred Periodically

Medical expenses not incurred every month may be allowed in the SNAP budget if they are:

- a. Regularly recurring (expenses such as medication purchased every other month or insurance paid quarterly); and
- b. Reasonably anticipated (the customer expects to continue incurring these costs on a basis less often than once per month).

The household may choose to average these expenses or to have them deducted in the month the household is billed for the cost.

EXAMPLE 1: Mr. Smith pays a premium for hospital insurance once every six months. The total premium is \$146. He chooses to have this cost averaged. $\$146 \text{ premium} / 6 \text{ months} = \24.33 cost per month.

Arkansas SNAP Certification Manual, Section 6500 Medical Deduction,
<https://ardhs.sharepoint.com/sites/DHSPolicy/DCOPublishedPolicy/SNAP6000.pdf>.

After determining how often the medical expense occurs, the caseworker calculates the monthly deduction amount. This amount is based on the information that the household has reported and verified, as well as the household's private insurance coverage and any anticipated changes in the household's medical expenses that can be reasonably expected to occur during the certification period.⁴⁴

⁴⁴ 7 C.F.R. §273.10(d)(4).

V. VERIFICATION

Federal SNAP rules require that “the amount of any medical expenses (including the amount of reimbursements) deductible shall be verified prior to initial certification. Verification of other factors, such as allowability of services provided or the eligibility of the person incurring the cost, shall be required if questionable.”⁴⁵ To claim the medical expense deduction, a household must inform the state agency whether the medical expense will be reimbursed, but the state agency need not ask the household to prove (through documentation or other means) that it will *not* be reimbursed unless the statement is questionable.⁴⁶ Arkansas’s certification manual provides an example of a questionable reimbursement statement: “if a 67 year old household member states that no reimbursement would be received on a hospital bill, this would be questionable since most people age 65 and older are covered by Medicare and/or Medicaid.”⁴⁷

It is important that the mandatory verification requirement not prevent seniors and individuals with disabilities from receiving the full SNAP benefits for which they qualify. State agencies have flexibility in how and when to verify medical expenses. This section reviews best practices in these categories.

Sources of Verification

Federal regulations state that documentation should be the primary source of verification for medical expenses but that “state agencies shall not limit the verification to any single type of document, for example a bill from the provider, and verification may be obtained through the household or other source.”⁴⁸ Acceptable documentation can include (but is not limited to) current medical bills, statements from medical providers, receipts, pharmacy printouts for prescriptions, and insurance statements. A SNAP household need not verify that it *paid* the bill, only that it *incurred* the cost.

Many state agencies rely solely on documentation and do not allow households to use other sources to verify medical expenses. This approach can create barriers for seniors and individuals with disabilities if they are unable to keep up with all of the documents that show their medical expenses. Whenever documentation cannot be obtained, caseworkers can and should use “collateral contacts”⁴⁹ — that is, seek to verify the expense on the phone or in person. State agencies may need to review their collateral contact forms to determine if they comply with the privacy protections in the Health Insurance Portability Act of 1996 (HIPAA).⁵⁰ In addition, while protecting privacy and confidentiality, states that administer Medicaid jointly with SNAP may be able to confirm certain

⁴⁵ 7 C.F.R. § 273.2(f)(1)(v).

⁴⁶ See U.S. Department of Agriculture, USDA Policy Memo 80-63 “Medical/Shelter Deductions – Averaging and Verification, August 13, 1980.

⁴⁷ Arkansas SNAP Certification Manual, Section 6522 Medical Deduction Factor Two: Will the Expense be Reimbursed, <https://ardhs.sharepointsite.net/DHSPolicy/DCOPublishedPolicy/SNAP6000.pdf>.

⁴⁸ 7 C.F.R. § 273.2(f)(4)(i).

⁴⁹ 7 C.F.R. § 273.2(f)(4)(i).

⁵⁰ The HIPAA Privacy Rule provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. See <http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>.

costs by obtaining Medicaid beneficiary information on co-payments and number of visits to providers or pharmacies.

State agencies also have a duty to help participants obtain verification. While SNAP rules place the primary responsibility for obtaining verification on the participant, they require state agencies to offer assistance to people who are unable to provide verification or who request assistance.⁵¹ The Americans with Disabilities Act also places a duty on states to assist participants.⁵² The duty to assist is especially important given that households seeking the medical expense deduction are, by definition, elderly or disabled.

Verification Obstacles

Participants' obstacles to verify their medical expenses can include excessive verification demands, lost documentation, and required re-verification of unchanged expenses at recertification. Some seniors and people with disabilities are also concerned about revealing private health care information to SNAP workers, such as the types of drugs taken or mental health issues. Massachusetts' Department of Transitional Assistance sets our instructions to caseworkers dealing with these concerns. (See Box 4.)

States can advise households that they can submit pharmacy printouts that redact the names of the medications taken and include only the cost or co-pay amount and dates. Further, a household only has to verify one month of recurrent expenses, not the full year.

Box 4: State Policy Example – Massachusetts

Case managers must remember to request only sufficient verification to allow the medical expense, and must be careful not to burden the client or violate the client's privacy by requesting unnecessary verifications. For example, if a client submits receipts for prescriptions purchased in a given month, it is not necessary that the client also submit a printout from the pharmacy showing all of the client's prescriptions for the past year. If there is a question as to whether the prescription amounts are for a particular month or for a longer period of time, the case manager can request a statement from the client to determine the correct amount of the medical deduction.

Case managers are also reminded that a self-declaration related to a medical expense may be an acceptable alternative to physical documentation. For example, if a client presents receipts for over-the-counter items purchased such as antacids, pain relievers, or adult diapers, it is not required that the client also obtain a letter from a medical practitioner stating that the eligible over-the-counter items have been prescribed or recommended.

Massachusetts Department of Transitional Assistance FYI on Medical Deductions 106 C.M.R. 364.400,
http://www.masslegalservices.org/system/files/library/fyi_jan10_pg10%20highlighted.pdf

⁵¹ 7 C.F.R. § 273.2(f)(5).

⁵² Title II of the Americans with Disabilities Act applies to programs, services, and activities of state and local governments. The ADA requires public entities to make reasonable accommodations to individuals with disabilities. See http://www.ada.gov/2010_regs.htm.

In some cases, caseworkers may require more verification than is necessary to make an eligibility determination or more than program rules stipulate. For example, caseworkers may require verification that a procedure was medically necessary or that the individual should be prescribed a particular medication. Federal regulations state that such information should be verified only if the caseworker finds it questionable.⁵³ State agencies must establish guidelines for determining what constitutes questionable information so that they apply the standard equally to the entire caseload and not place undue barriers on vulnerable participants. Wisconsin's FoodShare policy manual gives caseworkers examples of what may be considered questionable (see Box 5). A clear policy can alleviate confusion and misunderstanding for caseworkers — who, it is important to remember, are not medical professionals — and participants.

Box 5: State Policy Example – Wisconsin

Examples of applicant/member statements that may be considered questionable include:

Applicant or member has private health insurance or is covered by Medicaid or BadgerCare Plus and is claiming unusually high out of pocket expenses for a time period when s/he had coverage.

Claimed monthly medical expenses exceed monthly income.

If questionable request verification, which includes: date of service, billing date, amount owed, and date amount is due.

FoodShare Wisconsin Handbook, Financial Verification Section 1.2.4, <http://www.emhandbooks.wisconsin.gov/fsh/fsh.htm>.

Verification at Recertification

A household initially applying for SNAP must verify its medical expenses through documentation or other means, or the state agency must do collateral contacts, in order to receive the deduction. Medical expenses are budgeted prospectively, so these households need not verify recurrent medical expenses each month during the certification period.⁵⁴

When households renew their eligibility at recertification, the state agency may choose not to require re-verification of medical expenses that have changed by \$25 or less unless the information is incomplete, inaccurate, inconsistent, or outdated.⁵⁵ Many households that are eligible for the medical expense deduction have certification periods of 12 months or longer because their circumstances seldom change; therefore, it is unnecessarily burdensome to require them to verify continuing, unchanged medical expenses at each recertification period. Massachusetts expressly instructs SNAP workers not to re-verify medical expenses.⁵⁶

Some households that receive the medical expense deduction for prescriptions could run into barriers when they have to re-confirm that they are still taking a medication that they were prescribed 12-24 months ago for an ongoing or lifetime illness. The caseworker can ask the household if anything has changed with the individual's prescriptions or medications. If not, the

⁵³ 7 C.F.R. § 273.2(f)(v).

⁵⁴ 7 U.S.C. §2014(e)(6)(B), 7 C.F.R. §273.10(d)(4).

⁵⁵ 7 C.F.R. §273.2(f)(8)(iii).

⁵⁶ Massachusetts state regulations and Massachusetts Department of Transitional Assistance Field Ops Memo 2014-16m, February 20, 2014, <http://www.masslegalservices.org/system/files/library/OM%202014-16.pdf>.

individual can continue to receive the deduction for that expense without having to reproduce the actual prescription.

In contrast, requiring households to re-verify all information increases caseworkers' workload and places burdens on households that federal rules do not demand. For example, Arizona requires caseworkers to “request verification of all medical expenses at every application.”⁵⁷

⁵⁷ Arizona FAA Policy Manual, Medical Verification Section, https://extranet.azdes.gov/faapolicymanual/wwhelp/wwhimpl/js/html/wwhelp.htm#href=FAA4/4.L_EXNS_EXPC.13.079.html.

VI. MAKING FULL USE OF THE DEDUCTION

As Appendix A shows, the share of elderly or disabled households claiming the medical expense deduction ranges from 32 percent in Vermont to 3 percent in Maine and the District of Columbia, with a national average of 11 percent. (Because some states' sample sizes are very small, the state-specific figures should be viewed as illustrative; analysis of individual state administrative data would likely result in a more reliable assessment of the share of eligible households claiming the deduction.)

Some seniors eligible for SNAP choose not to apply for it in the mistaken belief that seniors can only receive the minimum benefit of \$15 per month. In reality, only 10 percent of SNAP households with elderly or disabled members received the minimum benefit in 2012,⁵⁸ and senior SNAP households with significant shelter, medical, or other deductible expenses can qualify for benefits substantially above the minimum. The average monthly benefit in 2012 was \$139 for households with a senior and \$213 for households with a disabled member⁵⁹ — much more than the minimum benefit.

Caseworkers who are proactive and help participants identify eligible expenses can be instrumental in ensuring that more participants claim the deduction. Below are other steps that state agencies can take to support caseworkers in this effort.

Database Matching

Some seniors and individuals with disabilities also receive Medicare and/or Medicaid. Caseworkers could obtain information on Medicare premiums and co-payments through a link between the SNAP agency and Social Security databases, without asking the household to verify this information. Many states have imposed or increased co-payments for drugs and other services in Medicaid as well; states should examine whether Medicaid data would be available with a proper HIPAA release.

Further, Medicare and Medicaid payment data may be useful to corroborate travel-related expenses to providers and pharmacies, as the payment dates would show a visit to the provider and the household could self-declare the mileage using Mapquest or other mapping program.

If the state's SNAP and Medicaid systems are already linked, caseworkers may already have access to this data. If they are not linked, the state may want to consider bringing the systems together and looking for ways to share data between agencies.

⁵⁸ Based on unpublished CBPP analysis of USDA 2012 Quality Control data.

⁵⁹ Based on unpublished CBPP analysis of USDA 2012 Quality Control data.

Box 6: Best Practices – Georgia

Georgia Department of Human Services has a multi-pronged approach to increase the usage of the medical expense deduction. The agency:

1. Is working with the University of Georgia's School of Pharmacy to find out the different types of non-prescription medical items that seniors may use and not know that they can claim.
2. Is a member of a SNAP workgroup that includes a cross-section of organization in the government, non-profit, legal, and aging communities. One committee within the workgroup focuses on issues involving seniors and the agency along with partner organizations work on policies to increase senior participation in SNAP.
3. Developed an outreach flier that is sent out with applications.
4. Has dedicated staff that works specifically on the applications coming from senior households and these staff make sure to ask questions about all medical expenses, especially those overlooked expenses including transportation.

Interview with Georgia SNAP director, June 20, 2014

Applications and Interview Questions

One of the best ways to ensure that eligible households claim allowed medical expenses is to engage them during the interview, asking them about their medical expenses and outlining the range of allowable costs (which is not always feasible on the application form itself). FNS has noted that if a state does not bring the medical expense deduction to a participant's attention, it cannot assume that the participant did not want to claim the deduction.⁶⁰

FNS acknowledges that asking about all deductible expenses on all applications would be administratively infeasible and would interfere with the goal of creating short, accessible SNAP applications. It may be possible, however, to highlight some key expenses that applicants overlook, such as transportation costs, over-the-counter medicine, and personal care items to participants likely to have those expenses. USDA suggests a "tiered approach" as an effective way to ask households about deductible expenses: "For example, a household with an elderly or disabled member could receive a brief addendum that asks general questions about medical expenses. If the household then reported owning a service animal, the state agency could then ask more detailed questions about food and medical care for the animal as part of the interview or send a follow-up form with more detailed information."⁶¹

Something similar can occur in online applications. For example, if an applicant indicates that the household includes a senior or disabled member, a pop-up message might appear that says:

You have not entered medical expenses. You may claim all out-of-pocket medical expenses that are not covered by your insurance. Your costs might include: health insurance premiums,

⁶⁰ See U.S. Department of Agriculture, Food and Nutrition Service Memorandum, Supplemental Nutrition Assistance Program (SNAP): Applications' Statements about Unreported and Unverified Expenses, November 18, 2009, <http://www.fns.usda.gov/sites/default/files/111809.pdf>.

⁶¹ Ibid.

costs for over-the-counter drugs, costs for personal care items, or transportation costs to get to the doctor or pharmacy. If you need help or want more information you can look here.

States' print applications ask about medical expenses in various ways. Figures 2 and 3 show two examples.

Figure 2
Sample Policy Example – Pennsylvania

Medical expenses: This section is for SNAP applicants.

You may get more SNAP benefits if someone in your home is 60 years old or older, or disabled, and you can give proof of medical expenses.

Check any medical expense that you or someone in your home pays:

<input type="checkbox"/> Dental bills	<input type="checkbox"/> Any costs to get to medical appointments, medical treatment, or to pick up prescriptions. These can be costs such as taxis and public transportation.
<input type="checkbox"/> Doctor bills	
<input type="checkbox"/> Hospital bills	<input type="checkbox"/> Health aides (people in your home to help with medical treatments).
<input type="checkbox"/> Health insurance or Medicare premiums	<input type="checkbox"/> Health related supplies (such as eyeglasses, hearing aids, adult diapers).
<input type="checkbox"/> Medical equipment	<input type="checkbox"/> Prescription medicines
<input type="checkbox"/> Other:	

Alternatively, caseworkers can be trained to recognize participants who may qualify for the medical expense deduction and then address issues about medical expenses during the interview, at application, and at recertification. Caseworkers could ask all households with seniors or persons with disabilities if they have non-reimbursed medical costs, even if the household members have health insurance. Households have numerous medical costs that health insurance does not cover. States can assist caseworkers by creating a one- or two-sentence script to repeat to all households with seniors or disabled members. Also, Massachusetts provides a brochure on medical expenses to both staff and participants.

At recertification, households that didn't claim medical expenses upon applying can be asked if they have any new medical expenses not covered by insurance.

Figure 3

State Policy Example – Louisiana Application

Medical Transportation Expense is money spent for trips to the doctor, hospital, drug store, etc. This includes miles driven in your own vehicle.

4. Does any elderly or disabled person listed on previous page have medical transportation costs? Yes No

a. Does this person use their own vehicle or a household member's vehicle? Yes No

b. **If yes**, complete the following information.

Name Of Person	List All Places Visited For Medical Purposes (Ex. Doctors, Drug Store, Hospital, Etc.)	# Of Miles Traveled Round Trip	Number Of Visits Per Month

c. Does this person pay someone other than a household member for medical transportation? Yes No

d. **If yes**, complete the following information.

Name Of Person	Who Is Paid	Where Does This Person Go	How Much Does This Person Pay Per Trip	How Many Trips Does This Person Pay For Each Month

If you need more space, you can write the information on plain paper.

5. Will you or anyone in your household be reimbursed for any of the medical expenses listed above? Yes No

6. Does anyone help pay the medical expenses? Yes No

Adopting a Standard Medical Deduction

Fifteen states⁶² have received USDA waivers to implement standard medical deduction demonstration projects, under which they deduct a standard amount (representing the average medical expenses for senior or disabled SNAP households) from all eligible households that demonstrate medical expenses of over \$35 a month. (See Appendix B.) For example, in a state with a \$140 standard medical deduction, a senior or disabled household member with medical expenses of \$75 can receive a \$140 medical expense deduction instead of the \$40 deduction he or she would get under regular SNAP rules. Households with monthly expenses above the standard medical deduction plus the \$35 threshold (greater than \$175 a month in a state with a standard deduction of \$140, for example) can claim actual expenses instead of the standard amount.

At recertification, households showing that they still have expenses over \$35 can continue to receive the standard deduction. This helps households that may have trouble keeping up with documenting their medical expenses.

A standard medical deduction can benefit both participants and state agencies. Some households will receive a higher monthly SNAP allotment because the deduction exceeds their actual expenses. A standard medical deduction also encourages more households to claim medical expenses because the deduction is larger and they need only verify at least \$35.01 in monthly costs to trigger it. A standard medical deduction helps state agencies because caseworkers do not have to document all of a household's medical expenses, only verify that they exceed \$35. This can be a valuable option for strained state agencies.

One potential concern with a standard medical deduction is that while it may help clients with lower medical expenses to claim those expenses, households with significant medical expenses may find it harder to claim them because caseworkers may not fully explore whether households have costs above the standard. States and advocates can address this by tracking the number of households with significant costs that continue to claim at that level after the state adopts a standard.

Another area of concern for some states is that they must show that the waiver will not increase federal costs. FNS has worked with states to calculate the required savings to ensure cost neutrality. Most states offset the waiver's cost by reducing their standard utility allowance⁶³ (SUA) or forgoing a small cost-of-living increase in the SUA. This is an important policy decision, as it means cutting benefits to some SNAP recipients (individuals with out-of-pocket utility costs) to benefit others (individuals with medical expenses).

The requirement that states evaluate their demonstration projects for cost neutrality also gives states an opportunity to determine if the project is affecting the target audience as desired. States have also measured the unclaimed medical costs that many households incur but have difficulty verifying, which can help states assess the barriers that prevent seniors and people with disabilities from claiming all of their medical expenses.

⁶² Arkansas, Idaho, Illinois, Iowa, Kansas, Massachusetts, Missouri, New Hampshire, North Dakota, Rhode Island, South Dakota, Texas, Vermont, Virginia, and Wyoming.

⁶³ SUA is a standardized utility expense figure used by state SNAP agencies in place of actual utility costs to calculate a household's total shelter costs. SNAP rules require states to update their SUAs annually to reflect changes in actual utility costs.

Outreach Materials

States and advocacy groups may want to create outreach materials to inform households about the medical expense deduction. The Vermont Department of Children and Families created a form for individuals applying for SNAP that may have medical expenses, which lists different types of medical expenses and gives applicants space to fill in information so they can return the form to the agency.⁶⁴ The National Council on Aging created a “SNAPshot” fact sheet for advocates and state agencies that discusses eligible medical expenses and provides links to additional resources.⁶⁵ (See Appendix E.)

In addition to providing these materials to potentially eligible families, state agency officials and advocates may use them to train agencies and providers that work with seniors and individuals with disabilities to ensure that they refer low-income families to the SNAP agency. State agencies also may consider working with the state agency that administers the Adult Care Food Program to conduct outreach. Adult care providers participating in this federal program work with low-income families and may be willing to distribute materials about SNAP and the medical expense deduction. Doing so may be in providers’ best interest, particularly if they serve families that struggle to pay for food or medical expenses.

Collaboration With Organizations Working With Seniors and Individuals with Disabilities

State agencies may want to tap into the growing network of advocacy agencies and groups working on senior hunger, such as food banks, Meals on Wheels, and congregate meal sites that serve meals to seniors or individuals with disabilities. Many AARPs across the country are focusing on senior hunger and creating outreach materials for their networks. (See Appendix E.)

For example, the Vermont Department of Children and Families created a “Medical Expenses Job Aid for Advocates” with information about verifying medical expenses and general tips for advocates assisting people applying for SNAP.⁶⁶ These tools not only help advocates give applicants needed assistance but also help ensure that state agencies receive applications and verifications with all the information they need.

Trainings

Conducting training for caseworkers and advocates is another way to promote effective use of the medical expense deduction. The Oregon Department of Human Services’ online trainings for staff on specific aspects of SNAP include a training on the deduction, which outlines eligibility rules and allowable expenses and ends with a quick quiz.⁶⁷ Although developed for state workers, it can also be used by advocates. With state agencies facing training budget crunches, short but effective training materials like this can promote the deduction without using too many state resources.

⁶⁴ Available at http://www.vermontfoodhelp.com/outreach_tools/medical_expenses.pdf.

⁶⁵ See National Council on Aging, “SNAP shots: Maximizing the SNAP Medical Expense Deduction for Older Adults,” <http://www.ncoa.org/assets/files/pdf/center-for-benefits/SNAPshots-medical-deduction.pdf>.

⁶⁶ Available at http://www.vermontfoodhelp.com/outreach_tools/DCF_Medical_Expenses_Desk_Aid.pdf.

⁶⁷ Available at <http://www.dhs.state.or.us/training/foodstamps/training/TT-Medical-Deductions.pdf>.

Advocacy groups that provide trainings can also help to disseminate information about the deduction. When Massachusetts raised its standard medical deduction, for example, the Center on Budget and Policy Priorities, Massachusetts Law Reform Institute, and AARP of Massachusetts conducted a webinar for Massachusetts advocates to spread the news.

Key Policies

It is important for states, caseworkers, participants, and advocates to understand several key policies about the medical expense deduction. Box 7 lists them. If state policy contradicts or does not clearly articulate these points, states may consider revising policies in order to simplify the process for claiming and administering the deduction, thereby enabling more SNAP households to benefit.

Box 7: Key Policies to Ensure Full Utilization of the SNAP Medical Expense Deduction

1. Conduct outreach to households potentially eligible for the deduction, as well as to organizations and agencies that work with seniors and individuals with disabilities.
2. Use the application and interview as opportunities for applicants and caseworkers to identify and claim deductible medical expenses.
3. Ask households about their transportation expenses. They may claim transportation expenses relating to trips to the doctor or pharmacy using mileage determined through web mapping sites and multiplied by the federal or state mileage reimbursement rate.
4. At recertification, ask to verify only new medical expenses or those that have changed by more than \$25.
5. Require participants to verify whether a medical expense was incurred but ask for verification of other factors only if questionable.
6. Allow households to verify medical expenses through documents or other means.

VII. CONCLUSION

Recognizing that money needed for medical expenses is not available for food, SNAP's medical expense deduction helps senior and disabled SNAP participants avoid having to choose between these two basic necessities.

Many seniors and individuals with disabilities have not only significant out-of-pocket medical costs, but also special needs for a nutritious diet and may have more difficulty than others in obtaining it. They also are more vulnerable to the ravages of poverty. The special preference that the medical expense deduction accords them can help ensure that they have access to an adequate diet.

VIII. APPENDIX

Appendix A					
SNAP Households With Elderly or Disabled Members Claiming the Medical Expense Deduction, Fiscal Year 2012					
Rank	State	Percent claiming	Average medical deduction over FY 2012 ^a	Number of elderly or disabled households	Number of elderly or disabled households claiming medical deductions ^a
	United States ^b	12%	\$154	8,089,000	970,000
1	Vermont	32%	\$205	23,000	7,000
2	North Dakota	24%	\$174	10,714	2,590
3	Missouri	24%	\$201	156,000	37,000
4	Oregon	22%	\$133	137,000	30,000
5	Alabama	21%	\$101	160,000	33,000
6	Kansas	20%	\$190	52,000	10,000
7	South Dakota	20%	\$209	17,000	3,000
8	Michigan	18%	\$206	382,000	71,000
9	Montana	18%	\$159	22,000	4,000
10	Wisconsin	17%	\$161	142,000	25,000
11	Georgia	16%	\$126	285,000	45,000
12	Iowa	15%	\$138	64,000	10,000
13	New York	15%	\$120	849,000	123,000
14	Rhode Island	14%	\$147	46,000	7,000
15	North Carolina	13%	\$159	275,000	35,000
16	Texas	13%	\$153	590,000	75,000
17	Nebraska	12%	\$123	29,000	4,000
18	Arizona	12%	\$161	123,000	15,000
19	Massachusetts	12%	\$153	255,000	31,000
20	New Hampshire	12%	\$163	27,000	3,000
21	Washington	12%	\$159	194,000	23,000
22	Delaware	11%	\$111	20,000	2,000
23	Idaho	11%	\$85	33,000	4,000
24	New Jersey	11%	\$143	175,000	20,000
25	Virginia	11%	\$162	162,000	18,000
26	Maryland	11%	\$122	135,000	15,000
27	California*	11%	\$162	153,000	17,000
28	Wyoming*	11%	\$108	5,000	600
29	Louisiana	10%	\$94	163,000	17,000
30	Ohio	10%	\$129	377,000	39,000
31	Illinois*	10%	\$348	345,000	36,000
32	South Carolina	10%	\$111	128,000	13,000
33	Tennessee	10%	\$194	235,000	23,000
34	Oklahoma	10%	\$58	101,000	10,000
35	Nevada	10%	\$196	55,000	5,000

Appendix A (continued)

SNAP Households With Elderly or Disabled Members Claiming the Medical Expense Deduction, Fiscal Year 2012

Rank	State	Percent claiming	Average medical deduction over FY 2012 ^a	Number of elderly or disabled households	Number of elderly or disabled households claiming medical deductions ^a
36	Pennsylvania	10%	\$116	425,000	41,000
37	Connecticut	9%	\$113	89,000	8,000
38	Indiana	9%	\$96	140,000	12,000
39	Colorado	9%	\$89	74,000	7,000
40	West Virginia	9%	\$92	78,000	7,000
41	Mississippi	9%	\$106	115,000	10,000
42	Kentucky	8%	\$133	164,000	13,000
43	Arkansas	8%	\$112	84,000	6,000
44	Utah*	6%	\$115	30,000	2,000
45	Minnesota*	6%	\$183	102,000	6,000
46	Alaska*	5%	\$68	11,000	500
47	Hawaii*	5%	\$160	34,000	2,000
48	New Mexico*	4%	\$114	60,000	2,000
49	Florida*	4%	\$253	665,000	25,000
50	Maine*	3%	\$153	63,000	2,000
51	District of Columbia*	3%	\$72	28,000	800

^aExcludes households in Minnesota's TANF program and households in the Supplemental Security Income Combined Application Project, whose medical deductions are not used in calculating SNAP benefits.

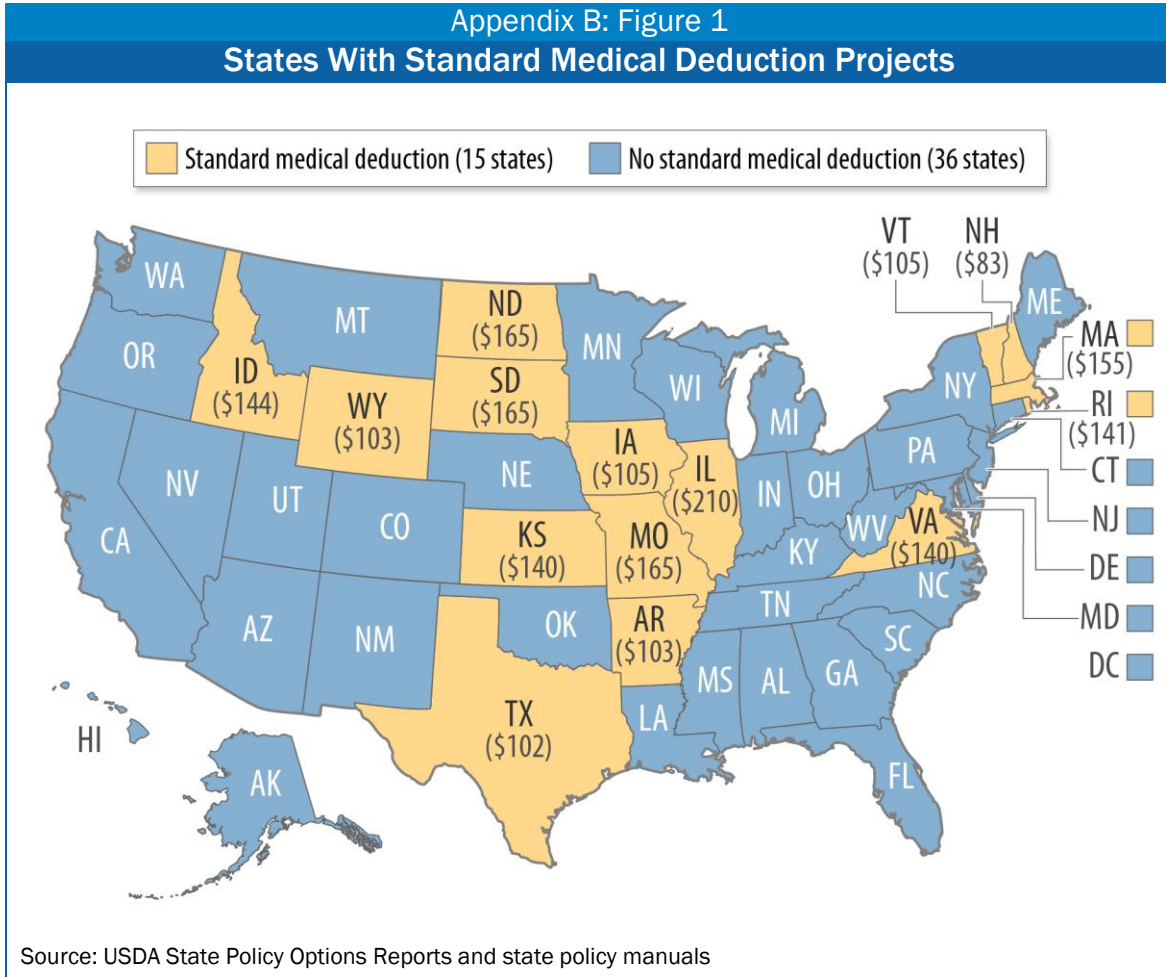
^bIndividual state totals do not add up to the U.S. total because the latter does not reflect the four-year averages for individual states with low sample sizes (those shown with asterisks).

States in italics have standard medical deduction waivers.

*Indicates that unweighted sample size in 2012 is fewer than 30 households. Table reports averages from fiscal years 2009, 2010, 2011, and 2012.

Source: CBPP Tabulations of the FY 2012 Quality Control SNAP Household Characteristics Data

Appendix B:



Appendix C:

Sample State Training Materials (Oregon)

<http://www.dhs.state.or.us/training/foodstamps/training/TT-Medical-Deductions.pdf>

February 2014

SNAP Tiny Training: *Medical Deductions*

The Who and What

SNAP policy receives many questions about medical deductions each month. Here is a basic breakdown of who can receive this deduction and what is allowable.

WHO—The Who is simple: people who meet the SNAP definition of elderly or disabled.

The SNAP definition of elderly is anyone who is aged 60 years or older. The SNAP definition of disabled (regardless of age) is a bit more complex. Here are some of the most common ways we identify disability for SNAP:

A person receiving

- ⇒ OSIPM (including Presumptive Medical)
- ⇒ SSI, SSD, SSB based on blindness
- ⇒ railroad or governmental benefits based on disability

⇒ VA disability rated at 100% (this can be service or non-service) related.

⇒ Veteran receiving Aid and Attendance benefits by the VA

There are other ways to meet the definition of disabled for SNAP. See [461-001-0015](#) for more.

WHAT— If you are wondering what types of things are allowable as medical costs, here is a rule that I am sure will make things clear:

“461-160-0055 (2) Medical costs are deductible to the extent a deduction is authorized in OAR 461-160-0415 and 461-160-0430 and in this rule.”

Super helpful—Right? We think so too. Basically what this is saying is that two things need to happen, the client needs to be eligible (the Who's) and the cost needs to be allowable. This rule (461-160-0055) gives you very generalized lists of the types of things that would be eligible for deductions. We will cover this more in depth on page 3 of this training.



Inside this issue

- Verification of Costs ...2
- Anticipated VS. Unanticipated2
- Allowable Deductions.3
- Accuracy Activity3
- Assistance and Service Animals4

Points of interest

- Tiny Tidbits and Tool Tips P2
- Did You Know P3
- Policy References are given on P4.
- Contacts for SNAP Policy P6.

Have a Question?

E-mail SNAP Policy at: SNAP.Policy@state.or.us

Appendix D:

Sample Medicaid Out-of-Pocket Medical Expense Form (Massachusetts)

<http://www.masslegalservices.org/system/files/library/DTA%20Medical%20Expense%20Deduction%20Brochure%20-%202012%20FSOP-MEB.pdf>



Health Insurance Costs

You can claim and prove your health insurance premiums and any deductibles you have paid.



Medical Costs Not Reimbursed by Insurance

You can claim and verify your costs for doctor/clinic visits, dental care, physical therapy, emergency room, hospitalization or outpatient care.



Prescription Drugs

You can claim and prove direct payments or co-pays for prescription drugs, as well as postal fees for prescription drugs.



Over-the-Counter Medicines Prescribed by a Health Care Provider

You can claim and submit receipts for prescribed medications, such as pain relievers, antacids, vitamins, insulin, and herbal supplements.



Health Related Supplies Prescribed by a Health Care Provider

You can claim and provide proof of prescribed health care supplies such as adult diapers, dentures, eyeglasses, contacts, foot care supplies, and hearing aids/batteries.

Health Equipment

You can claim and prove costs for sick room equipment, wheelchair or mobility aids, prosthetics, personal emergency response system, and communication equipment for the hearing or visually impaired.



Car Mileage and Public Transportation Costs

You can claim and document mileage for use of your car or cost of bus, subway, or taxi to a medical appointment or to a pharmacy.



Home Health Care Costs

You can claim and prove costs for home health care or housekeeping services due to your age or illness.



Alternative Medical Treatments

You can claim and submit bills for prescribed treatments such as chiropractic, acupuncture, or massage.



Service Animal Expenses

You can claim and prove the cost for service animals, including veterinary bills and food supplies.

Frequently Asked Questions

Who can claim medical expenses?

Anyone in your household who is age 60 or older *OR* disabled and pays medical expenses greater than \$35.00 per month.

What type of proofs are needed?

You give us receipts or bills to show a household member has incurred an allowable medical expense.

Which medical expenses can be claimed?

Certain medical costs are allowed as a deduction from income when calculating food stamp benefits. This brochure details medical expenses that you can claim.

Do I have to verify medical expenses each time I recertify for food stamp benefits?

If your regular *monthly* medical expenses have remained the same since you initially verified them, you will not have to submit medical bills and receipts at your recertification. However, if your medical expenses have increased or decreased you should tell your DTA caseworker at recertification about the change. Your DTA caseworker will tell you if the change must be verified.

Food Stamp Program rules give you the right to claim allowable medical expenses. Verified medical costs (*over \$35.00*) will be deducted from your countable income so you may get more food stamps.

Under a new rule, you may be eligible to receive a Standard Medical Deduction. If your regular *monthly* medical costs are greater than \$35.00, you may show your DTA caseworker your bills or receipts to get higher food stamp benefits using the \$90.00 Standard Medical Deduction. Based on a household size of one this deduction could add up to \$30 per month to your food stamp benefits.

If your regular *monthly* medical costs are over \$125.00, you may show your DTA caseworker your bills or receipts to get a medical deduction higher than the \$90.00 Standard Medical Deduction.

Ask your DTA case worker if you have any questions about allowable medical expenses. Your DTA case worker can also help you to get proof of your allowable medical costs.

A one-time medical bill or receipt, *such as a bill for a hospital stay, hearing aid or wheelchair purchase*, could also be verified for higher food stamp benefits. Be sure to talk to your DTA case worker if you have a one-time medical expense.

Claiming and Verifying Medical Expenses May Increase Your Food Budget




A MESSAGE FROM THE
DEPARTMENT OF
TRANSITIONAL ASSISTANCE

FSOP-MEB (1/2008)
09-430-0108-05

Appendix D:

Sample SNAP Out-of-Pocket Medical Expense Form (Vermont)

http://www.vermontfoodhelp.com/outreach_tools/medical_expenses.pdf


<p style="font-size: small;">Vermont Department for Children and Families Economic Services Division</p>	 120							
<p>3SquaresVT and Medicaid Out-of-Pocket Medical Expenses</p>								
<p>Name _____ Date of birth _____ Social Security no. xxx-xx-_____ (Last four digits only)</p>								
<p>For 3SquaresVT applicants – if you or someone in your household is 60 or older or disabled, money spent out-of-pocket every month on medical items every month for the elderly or disabled person(s) may increase your 3SquaresVT benefits. These expenses count as a deduction from household income. Please complete this form and provide proof to have these expenses considered.</p> <p>If you pay monthly medical expenses between \$35.01 and \$173, you only need to document \$35.01 to claim a \$138 standard deduction. If your expenses exceed \$173, you may claim everything that you can document you paid.</p> <p>For Medicaid applicants, we may be able to use some of the same expenses to approve Medicaid eligibility. The rules for use of these expenses differ from 3SquaresVT. That means that some expenses may be used for 3SquaresVT eligibility but not for Medicaid.</p>								
<p>Health Care Insurance Premiums, Co-pays, Deductibles, including those for Medicare and Medicaid that you pay out-of-pocket. Please provide a copy of the premium showing cost and period covered.</p>								
Policy or type of coverage	Premium/Co-pay	Period covered						
<p>Health Care Services – Provide a copy of your bill from the provider. Include current bills, bills you are paying on, and unpaid bills. Medical services would include services from the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Physician</td> <td style="width: 33%;">Mental health professional</td> <td style="width: 33%;">Rehabilitation</td> </tr> <tr> <td>Dentist</td> <td>Hospital care</td> <td>Nursing care</td> </tr> </table>			Physician	Mental health professional	Rehabilitation	Dentist	Hospital care	Nursing care
Physician	Mental health professional	Rehabilitation						
Dentist	Hospital care	Nursing care						
Provider of service	Cost or monthly payment	Balance on bill						
<p>Other Medical Expenses – Out-of-pocket costs related to a service animal, as well as costs for medically necessary services due to age or disability, such as employing a home health aide or personal services attendant.</p>								
Type of service	Cost and frequency (weekly, monthly)							

Revised 2/11

Appendix E:

Sample Advocate Outreach Materials (National Council on Aging)

<http://www.ncoa.org/assets/files/pdf/center-for-benefits/SNAPshots-medical-deduction.pdf>



SNAP *shots*

Maximizing the SNAP Medical Expense Deduction for Older Adults

The Supplemental Nutrition Assistance Program (SNAP) provides Americans struggling to make ends meet with much-needed assistance to purchase food for their families. Each month, SNAP helps 3 million low-income seniors (age 60+) put food on the table, with an average benefit of \$122/month. Unfortunately, only 34% of eligible older adults participate in SNAP, the lowest rate among all demographic groups.

One barrier to SNAP enrollment is the myth that older adults are only eligible for \$16/month in benefits. While it is true that some seniors would only be eligible for that amount, many are missing out on deductions that can help establish eligibility and also increase the value of SNAP benefits dramatically.

Who is eligible and what expenses count?


Households with an older person (60+) or a person with a disability are eligible for the medical expense deduction, which allows the elderly/disabled to deduct monthly medical expenses beyond \$35 from their gross income, as long as they are not paid by insurance or someone else. There is no cap on this deduction up to the maximum benefit amount, making it extremely valuable for those with high medical expenses.

Currently, only about 14% of seniors enrolled in SNAP take the medical deduction, but 55% of SNAP-eligible seniors would qualify to use it. Even seniors enrolled in the Low-Income Subsidy for Medicare Part D (LIS) and Medicare Savings Program (MSP) may have unreimbursed out-of-pocket costs in excess of \$35 that would be eligible. Federal regulations allow many medically recommended procedures and supplies to count toward the medical deduction, including:

From \$16 to \$355 a month in SNAP

Georgia Legal Services Program (GLSP), an NCOA-supported Benefits Enrollment Center, launched a Benefits Hotline in 2012. Not long after, an elderly couple contacted the hotline; the husband was suffering with cancer and the couple had incurred thousands of dollars in medical bills. The couple had been receiving \$16 per month in SNAP benefits. They were frustrated and convinced that the hassle of the recertification process was not worth the \$16.

GLSP collected documentation of the couple's medical expenses and forwarded them to the Georgia Department of Human Services/Food Stamp office. A caseworker immediately increased the food stamps allotment from \$16 to \$355 per month—that's a savings of over \$4,000 a year!



- Medical/dental care
- Hospitalization and nursing home costs
- Costs of health insurance premiums, deductibles, and co-pays (including Medicare)
- Dentures, hearing aids, prosthetics
- Costs associated with owning a service dog
- Eye glasses prescribed by an optometrist or specialist
- Transportation and lodging costs incurred to obtain medical treatment, including mileage (calculated at federal rate = 56.5¢/mile in FY13)
- Attendant, home health aide, homemaker, or child care services
- Over-the-counter and prescription drugs, vitamins, supplies, and equipment

Your state may specifically allow additional deductions, such as for medically prescribed alternative therapies (e.g., acupuncture) or home modifications (like wheelchair ramps and handrails), so be sure to check your local guidance. These allowable expenses are very similar to those for senior HUD housing and for

Medicaid spenddown, so if you are helping an older adult qualify for one of these programs, consider maximizing your efficiency and the consumer's benefit by collecting the relevant verification documents ONCE and using them multiple times.

How does the excess medical expense deduction work?

In order to qualify for SNAP, households with older adults or adults living with disabilities must meet the net income test of 100% of the federal poverty level (\$11,172 for a single person in 2013). Net income means gross income minus allowable deductions. Net income is very important because the deductions from gross income to net income establish both eligibility and amount of benefits.

The medical expense deduction is one way for seniors and adults with disabilities to maximize what counts toward meeting the net income test, and to ensure they are receiving all the benefits for which they are eligible. Other deductions take into account housing and utility costs, and there is also a standard deduction taken for every household.

Resources

To find your local SNAP office for more information or to file an application for SNAP benefits:
<http://www.fns.usda.gov/snap/outreach/map.htm>

To use NCOA's BenefitsCheckUp® SNAP Map:
<http://www.benefitscheckup.org/cf/snap.cfm>

To access NCOA's Nutrition Advocacy Toolkit:
<http://www.ncoa.org/public-policy-action/advocacy-toolkit/advocacy-toolkit-nutrition.html>

To view sample state (MA) medical expense regulations:
<http://www.masslegalservices.org/snap-medical>

State Standard Deductions

The Food and Nutrition Service of the U.S. Department of Agriculture regulates SNAP at the federal level. However, state SNAP agencies have some flexibility in how they manage the program. Some states even choose to use a different name for the program. For example, in California, SNAP is called CalFresh.

In order to decrease the demands on case managers and simplify the application process for older and disabled program participants, some states have requested flexibility from USDA (through the waiver process) to use a standard medical deduction when participants can show unreimbursed medical expenses over \$35.

However, even in these states, participants can still use the regular medical expense deduction process. While this process requires more paperwork, participants with higher healthcare costs may particularly benefit from taking all their out-of-pocket expenditures into account.

States that currently allow a standard medical deduction are: Arkansas, Illinois, Iowa, Kansas, Massachusetts, Missouri, New Hampshire, Rhode Island, South Dakota, Texas, Vermont, Virginia, Washington, and Wyoming.




NATIONAL COUNCIL ON AGING

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Sample Advocate Outreach Materials (AARP — Massachusetts)

http://www.masslegalservices.org/system/files/library/AARP%20SNAP%20Medical%20Deductions%20Flyer_MA%20final%20version%203-2014_0.pdf




Supporting the hunger solutions of AARP Foundation.
DriveToEndHunger.org

About SNAP

Nationally, the program is called SNAP.
In Massachusetts it is also called SNAP.

The U.S. Department of Agriculture (USDA) created the Supplemental Nutrition Assistance Program (SNAP) to provide eligible individuals with monthly benefits to buy food at grocery stores and some farmers' markets.



Be Sure to Count Your Medical Expenses in Your SNAP Application

If you are age 60+ or receiving a disability benefit at any age and applying for food assistance through the Supplemental Nutrition Assistance Program (SNAP), you may qualify for additional benefits by deducting medical expenses from your income. Be sure to alert your case worker and share itemized receipts for medical costs.


What Counts as a Medical Expense?

- Prescription medications
- Over-the-counter medications approved by a medical professional*
- Transportation to and from the doctor or pharmacy
- Medical equipment and healthcare supplies
- Health insurance premiums and co-pays
- Home healthcare or homemaker costs
- Medical and dental care not covered by insurance or Medicaid

How Do I Qualify for the SNAP Medical Expenses Deduction?

- You must be either age 60+ OR receive a disability benefit or Medicaid based on disability (and be of any age)
- You must have medical expenses totaling \$35 a month or more

* This can include items needed to treat specific conditions such as; adult diapers, vitamins, lenses, hearing aids, etc.



How Can I Find Out More?

Call your local SNAP office
OR call 1-866-950-FOOD