

Intra-agency Barriers to Food Stamps

Maximizing Benefits for Elders and
Persons with Disabilities in Massachusetts

A report by David Pope,
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Introduction

In 2004, the United States Department of Agriculture spent upwards of \$27 billion on the Food Stamp Program, serving 24 million hungry people.ⁱ Considered the first line of defense against hunger, food stamps are available to a wide range of Americans, from elders in need of grocery money to parents in need of healthy baby food. But, significant barriers to food stamps still exist for many American households, especially elders.

Elders have traditionally exhibited low national rates of food stamp participation. In a 2004 study, USDA found that only 28% of eligible elderly individuals participated in the Food Stamp program, compared with 93% of eligible single-parent families.ⁱⁱ In fact, some estimate that, of 5.4 million eligible households with elderly members, only 1.5 million households participated in the program, leaving 4.5 million eligible elderly individuals without food assistance.ⁱⁱⁱ A portion of these elders may not participate because of stigma or perceived low benefit levels, but many advocates in Massachusetts maintain that the most significant barrier to food stamps is the application process at state agencies.

Because of special health care and dietary needs, low participation rates are especially dangerous for elders. Recent figures indicate that more than two-thirds of American elders have multiple health problems like heart disease and diabetes that worsen with insufficient diet.^{iv} In a 2001-2002 government study, half of a sample population over 65 reported having hypertension, a condition exacerbated by inadequate nutrition.^v It should be no surprise that low-income elders who do not have the necessary financial assistance to buy nutritious foods face increased health complications.

Many Massachusetts elders face these diet-related health problems because of lack of awareness and information on government programs and food service options. A recent study of elders living in the Greater Plymouth area found that one in seven frequently go to bed hungry, while one in four had to make trade-offs between paying for food and paying for utilities or heating fuel. Over half of the elders surveyed said they were interested in receiving food stamps, but, because of lack of awareness and information, only a small percentage actually received benefits. In fact, of the elders surveyed who

were not receiving food stamps, nine out of ten indicated that they could be interested in benefits but were unaware of how to apply or whether they qualified.^{vi}

And still, elders who receive food stamps do not receive a sufficient enough benefit to purchase nutritious diets. In a November 2004 study of a Boston, Massachusetts neighborhood, Brigham and Women's Hospital found that low-income elders of color who received the maximum food stamp benefits would need an additional \$103 to purchase appropriate diets: those low in fat and high in fruits, vegetables, and whole grain products.^{vii} Indeed, of the elders living in the Greater Plymouth area mentioned above, those who did receive food stamps responded that their monthly food stamp benefits lasted an average of only three weeks.^{viii} For elders who rely solely on food stamps to purchase a nutritional diet, the Food Stamp Program's benefit levels are insufficient.

Perhaps more than any other state, Massachusetts and its troubles with food stamp participation can best illustrate management and implementation problems at various state agencies that administer the Food Stamp Program. In 2002, the United States Department of Agriculture reported that only 39% of eligible elders in Massachusetts received food stamps.^{ix} In fact, from 2001 to 2003, Massachusetts' food stamp participation rates were the worst in the nation.^x

This report was written with legal service providers, social workers, and advocates in mind and reviews recent problems with Massachusetts food stamp application process. The suggestions herein are a summary of mainly legal service providers' feedback and ideas during meetings, coalitions, presentations, and conferences across Massachusetts in late 2005 and early 2006. The first two sections trace intra-agency barriers to elders and persons with disabilities applying for food stamp benefits at the Social Security Administration and the Department of Transitional Assistance. The third section explores how to recommend policy changes to state agencies through a case study of the medical expense deduction in Massachusetts.

Nationwide, elders who receive Supplemental Security Income (SSI) are categorically eligible for food stamps.^{xi} The Social Security Administration (SSA) maintains updated records of its payees, and SSI recipients who apply for food stamps have a simpler application process. But, many legal service providers have reported that Massachusetts Social Security Offices fail to assist SSI recipients in applying for food stamps.

SSA policy mandates that their employees, called Claims Representatives, take food stamp applications from households where all members apply for or receive SSI. Laws also require that SSA offices encourage application and assist SSI recipients in completing and understanding the application process.^{xii} Legal service providers report that Massachusetts SSA offices consistently disregard their obligations to take food stamp applications and assist SSI recipients in applying for food stamps.

Instead of assisting clients in applying, some SSA offices simply refer clients to the food stamp office. Others maintain that their obligation to take a food stamp application from an SSI recipient pertains only to particular times, like during application for SSI or redetermination of continuing eligibility of SSI benefits. Advocates in Boston have shadowed clients and discovered that Claims Representatives are not informing SSI recipients of their legal right to apply at any time for food stamps at the SSA office. These offices violate the Food Stamp Act of 1977 and *Manchaca, et al., v. Chater*, a ruling in which the court maintained that SSA Offices have an obligation to offer food stamp applications “at any time” from households where all members receive SSI.

Since 2000, legal service and anti-hunger providers in Massachusetts have ramped up a campaign to get SSA to improve assistance to SSI applicants and recipients in applying for food stamps, including:

1. Negotiating with the food stamp office (the Department of Transitional Assistance) and SSA in 2005 to create a one-page application form. This form asks all pertinent questions, including those relating to receipt of fuel assistance or air conditioning fees, which may increase food stamp benefits.
2. Encouraging SSA to issue guidance in 2004 to Claims Representatives on the obligation to take food stamp applications from pure SSI households.
3. Monitoring food stamp enrollment rates at SSA offices through the Freedom of Information Act and informal surveys completed in 2003.

Even with encouragement from these anti-hunger advocates, some Massachusetts SSA offices still do not take food stamp applications from pure SSI households.

In response to dwindling food stamp participation rates among SSI recipients, the Food and Nutrition Service (FNS) has allowed certain states to create a combined application that automatically enrolls an SSI applicant and/or recipient in food stamps. Historically, elders and persons with disabilities have received low food stamp benefits because they earn fixed incomes, pay fewer shelter costs if they live in subsidized housing, and are rarely screened for medical expenses. A “combined application,” like Massachusetts’ “Bay State CAP” program, allows SSI applicants or those receiving SSI to automatically enroll in food stamps. Massachusetts also uses a simplified calculation to increase food stamp benefits for SSI recipients, ensuring that a fixed income and subsidized housing do not preclude low-income elders from receiving more food stamp benefits to purchase nutritious foods.

Because SSA is the agency that initially enrolls SSI recipients on the combined application and then sends information electronically through the state data exchange to be processed, a combined application’s success depends upon coordination between SSA and the food stamp agency. Enrollment in a combined application is easy: During application for SSI or a reassessment of continuing eligibility for SSI benefits (called a “redetermination”), SSA Claims Representatives are required to ask eligible SSI recipients a few questions that would easily enroll them in the combined application. However, anti-hunger advocates and agencies that serve elders and persons with disabilities report that, because of confusing questions and lack of encouragement during application or redetermination, many SSI recipients in Massachusetts are not being enrolled in “Bay State CAP.”

Anti-hunger advocates have identified the first significant barrier to the combined application as the types of questions asked during SSI application or redetermination.

During application or redetermination, Claims Representatives ask SSI recipients many questions about personal and financial status. The question which was formulated to enroll SSI recipients on the combined application—“May I take your food stamp application today?” –has not been working. One troublesome scenario is that elders or persons with disabilities who are asked this question and already receive regular food stamps may not realize that a new combined application exists. During their SSI application or redetermination, they may answer that they are already on food stamps and do not want to submit another food stamp application. In the other scenario, an SSI recipient who is not on food stamps but hesitant to apply because of stigma or perceived difficulty of application may not realize that the combined application is an easy process that requires no verifications or additional interviews.

The second major barrier relates to assistance, as many Claims Representatives are not fully explaining the combined application to SSI recipients. The Massachusetts SSA’s policy manual requires Claims Representatives to explain the “Bay State CAP” combined application and encourage enrollment.^{xiii} Many SSI recipients are still not being enrolled in “Bay State CAP” during application for or redetermination of SSI benefits because Claims Representatives fail to honor their obligations under federal law and their own policy manual.

Anti-hunger advocates identify a number of steps that SSA should consider¹ to help elders and persons with disabilities maximize their food stamp benefits including:

1. **Seek permission from national SSA to rephrase the questions to ask for correct information from SSI applicants and recipients who already receive food stamps.** The questions that are asked at SSI application and redetermination must be corrected. Instead posing the questions “May I take your food stamp application today?” to an SSI elder who already receives food stamps, Claims Representatives should explain the advantages of the SSI/food stamp combined application, mainly the higher benefit level and the ease of application. If the SSI applicant/recipient is not on food stamps, SSA should ask, “May I take your

¹ See Attachment A.

application for food stamps or a new program called Bay State CAP?” If the SSI applicant/recipient already receives food stamps but would benefit from Bay State CAP, SSA should ask, “Would you like to enroll for a better nutritional benefit called Bay State CAP?”

2. **Fully describe the Bay State CAP program or reinforce the right to apply for regular food stamps.** Instead of accepting negative responses that may arise because from the confusion or stigma associated with food assistance, Claims Representatives should ensure that SSI recipients understand Bay State CAP is automatic, with no interview, proofs, or application. They should also advise SSI applicants/recipients that it may provide higher benefits than regular food stamps. Claims Representatives should also ensure that all SSI recipients, whether eligible for a combined application or not, know that they have the right to apply for regular food stamps at the SSA office at any time under the *Manhaca* law.
3. **Ask the right shelter standard questions that maximize food stamp benefits.** In Massachusetts, the combined application uses only two standard amounts for shelter costs. If a household pays less than \$450 in shelter costs, they receive a \$220 flat shelter deduction from their SSI income. If the household pays more than \$450, they receive a flat \$450 shelter deduction. The low expense standard is the default for most applicants, so SSI applicants and recipients who have higher shelter costs but are not asked for correct information by Claims Representatives cannot get a higher deduction. To get the higher shelter standard that extends more benefits, SSI recipients must self-declare that they pay more than \$450 dollars in rent a month. SSI recipients who pay higher shelter costs and are not asked the correct questions are trapped with a low standard shelter standard and lower food stamp benefits.

Nationwide, elders and person with disabilities can deduct many non-reimbursed medical expenses in excess of \$35 a month from their countable income to increase their food stamp allotment. In Massachusetts, AU managers at the DTA are required to help elders and persons with disabilities deduct allowable non-reimbursed medical expenses.

Unfortunately, many AU managers overlook or completely ignore the medical expense deduction. In fact, the medical expense deduction is the most under-utilized deduction in the Food Stamp Program. In 2004, less than 15% of households with elderly members and less than 9% of households with persons with disabilities deducted medical expenses to increase their food stamp benefits.^{xiv} Of that small percentage, the average medical expense deduction for households with elders was more than \$130—an amount that can substantially raise food stamp benefits.

When AU Managers correctly apply the medical expense deduction, food stamp benefits can increase by more than \$60 a month. For example, a Massachusetts elderly woman living alone who pays \$400 a month in rent and collects \$700 in Social Security benefits only receives \$17 a month in food stamps. If her AU manager screens for medical costs and extends a \$130 deduction, her food stamp benefits increase to \$75 a month.

Elders and persons with disabilities can deduct many different types of medical costs, from over-the-counter aspirin to the \$1 bus fare to get to the dentist's office. In addition, the required forms of verification range from collateral contact to a drug store receipt. Even with a large range of possible deductible costs and diverse verification procedures, AU Managers fail to screen for medical expenses.

There is no coherent guidance from DTA on the scope of allowable medical expenses or the types of necessary verification in Massachusetts. Unlike many states which have updated their requirements, Massachusetts state regulations on the medical expense deduction align with the federal regulations first promulgated in the Food Stamp Act. DTA has neither updated these regulations to include twenty-first century procedures nor revised the verification requirements and procedures. DTA newsletters have included question and answer discussions of medical expenses, but many DTA AU Managers are not properly trained on the medical expenses deduction for elders and persons with disabilities.

The following medical expense case study demonstrates how to encourage policy change within a state agency. Because many AU Managers are not aware of updates to DTA's formal regulations and policies, Mass Law Reform Institute and their 2005 Emerson National Hunger Fellow asked DTA Managerial staff to provide guidance to AU managers in the form of a Field Operations Memo, DTA's monthly newsletter.

What follows here is a combination of research, correspondence, and recommendations that encourage DTA to clarify and expand the medical expense deduction for elders and persons with disabilities in Massachusetts.

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January 20, 2006

Phuoc Cao
Director, Food Stamp Policy
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Dear Mr. Cao:

I am writing to begin a discussion about ways the Department can maximize the use of the medical expense deduction for elders and persons with disabilities seeking food stamps. As Commissioner Wagner noted in his October 28, 2005 testimony to USDA, only a fraction of Massachusetts food stamp AUs with an elder or person with disabilities take advantage of the medical expense deduction. Extensive research has documented how critical good nutrition is for this population, and the importance of increased benefits to address special dietary needs.²

In my capacity as a Congressional Hunger Fellow, I have conducted numerous workshops with elder service organizations and personally spoken with dozens of low-income elders and persons with disabilities about food stamps and Bay State CAP. I have found that a significant number of elders and persons with disabilities receive benefits at a lower level than the amount to which they are entitled if medical expenses are identified and calculated. While many benefit greatly from Bay State CAP, there is a large population of elders and persons with disabilities who either do not receive SSI or who would be substantially better off getting regular food stamps. Many clients who contacted Mass Law Reform Institute voiced concern and confusion over allowable medical expenses and clearly needed help securing necessary verifications. Few clients remember being asked about medical expenses. One agency reported that an AU Manager claimed only uninsured AUs could claim medical expenses and disallowed the portion of non-reimbursed medical costs her clients incurred. Few clients understood that transportation to medical services and over the counter medications were allowed.

² See Cody, Scott and James Ohls. *Reaching Out: Nutrition Assistance for the Elderly*. Evaluation of USDA Elder Demonstration Models. Vol. 1. Mathematica Policy Research, Inc. March 2005. See also *Older Americans 2004: Key Indicators of Well-Being*. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: U.S. Government Printing Office.

I am writing to ask the Department to consider a number of steps to improve use of the food stamp medical deduction, including:

- Issuance of a *field operations memo* detailing the scope of the medical expense deduction, ways in which AU managers can offer assistance and the verification requirements. Especially important is highlighting the alternative health care and ancillary services (such as transportation, postage, and communicate costs) that AU managers and clients may not readily assume as countable. Toward that end, I have drafted a sample memo which is annotated with the food stamp guidance issued throughout the country. I have also included a chart highlighting the same information by state.
- Issuance of a *client oriented screening form* that can be given to AUs that contain an elder or person with disabilities. I have drafted a sample form for your consideration. FNS has endorsed a similar screening tool developed in Vermont as a promising practice. (Available at www.fns.usda.gov/fsp/government/promising-practices/prescreening.htm) I recommend AU Managers include the form in the AU's file to serve as a future reminder of medical costs and that a BEACON enhancement be scheduled to incorporate this form into the application process. I also recommend this form be available on the DTA website.
- Issuance of a *client brochure* that describes the medical deduction similar to the recent Bay State CAP brochure. Attached is an example flyer I prepared for legal services clients.
- A *direct client mailing* of the screening form and brochure to eligible AUs receiving regular food stamps at an amount under the maximum allotment for their AU.
- A *direct mailing* to the state and local organizations that serve elders and persons with disabilities including the Council on Aging and Independent Living centers.

Finally, I would like to extend my appreciation for the policy outlined in Field Operations Memo 2006-03 of allowing Medicare Part D participants to claim the \$50 or \$250 deductible automatically if they are a partial extra help MPDDP participant. There was one correction I wanted to raise for your consideration. Pages 4 and 5 of the memo incorrectly state that the AU must submit paid bills for out-of-pocket medical expense verification. The food stamp regulations do not require a medical bill to be paid but rather instruct staff to deduct an expense “the month it is billed or otherwise becomes due, regardless of when the assistance unit intends to pay the expense.” (emphasis added) 106 CMR 364.430. It would be helpful if the Department could issue a Hotline Focus Q and A clarifying this policy so that AU managers are not insisting on proof of payment.

I would very much appreciate the opportunity to discuss the above proposal with you and your staff at your convenience. As my MLRI fellowship will be ending by mid February, I am available in the next three weeks. Thank you for your consideration of this proposal.

Sincerely,

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cc. Lauren Arms, DTA
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Food Stamp Improvement Coalition

January 20, 2006

Proposed Field Operations Memo: Expanding the Use of Medical Expense Deductions for Elderly and Persons with Disabilities

I. Introduction

The medical expense deduction for elders and persons with disabilities is one of the most under-utilized deductions in the Food Stamp program.³ Massachusetts elders and persons with disabilities fail to utilize the medical deduction because of confusion about allowable deductions and necessary verifications.

II. Purpose of Memo

The purpose of this memo is to clarify the scope of allowable medical expense deductions and verifications, the AU manager's obligation to assist and screen for deductions, and the options for calculation. The memo highlights the scope of medically-related expenses that many elders and persons with disabilities incur but are not typically covered by MassHealth, Medicare and/or private insurance and reviews the verification requirements for these expenses.

III. Important Tips for the Medical Expense Deductions

A wide range of medical and health care related expenses not otherwise covered by medical insurance can be claimed for the food stamp medical deduction including:

- Alternative therapies provided by a licensed practitioner including acupuncture, chiropractic, faith based healing, therapeutic massage.
- Dental services, dentures, dental adhesives.
- Insulin and over-the-counter medications such as aspirin, antacids, prescribed herbal remedies and treatments.
- Private transportation at the federal mileage rate (currently 48 cents per mile)—as well as public transportation—for trips to all health care providers and services. This includes transportation for alternative or rehabilitative therapy as well as trips to the pharmacy to pick up prescriptions and health supplies.
- Costs of postage and handling fees for mail order prescriptions as well as long-distance phone calls and special phone and communication equipment for the deaf and hard of hearing.
- Health related supplies including adult diapers and/or incontinence pads.
- Purchase of durable medical equipment, renovations at home for accessibility, renovations of vehicles, and prescribed non-medical equipment such as air conditioners and dehumidifiers.

³ USDA, *Characteristics of a Food Stamp Household FY 2004*. In his testimony to the USDA on Oct. 28, 2005 at the Farm Bill Nutrition Forum, Commissioner Wagner stated, "analysis of our caseload indicates that only a fraction of households with elderly or disabled members actually take advantage of this [medical] deduction."

- All Medicare, MassHealth, and private insurance co-pays, deductibles and premiums as recently described in Field Operations Memo 2006-03.

Medical expenses should be evaluated to maximize the deduction and increase the result of food stamp benefit available to the AU. In addition to ongoing monthly expenses, AU Managers should be sure to inquire about:

- Unpaid medical expenses for services incurred prior to the certification period but not claimed for the food stamp deduction.
- One time medical expenses that can be either claimed in one month or averaged over the remaining certification period.
- Anticipated or future expenses that can be estimated based on current medical expenses and/or information from a medical practitioner.

IV. Important Medical Related Expenses to Screen For:

a. Transportation Related Medical Expenses

Elders and persons with disabilities may claim a deduction for public and private transportation to obtain medical treatment and services, including trips to all health care providers as well as the pharmacy, dental appointments or medical supply business.⁴ This can include, but is not limited to:

- the actual cost for public transportation in a bus, train or subway,
- the actual cost of a rental car, payment to a private individual or a private taxi cab driver, or the cost of using a vehicle privately owned by a member of the food stamp AU.⁵ The AU may use either the federal mileage rate (currently 48 cents per mile) or, if higher, the actual cost for private transportation.⁶
- The cost of retrofitting a vehicle for accessibility for persons with disabilities.⁷

Remember: Verification of transportation is required only if actual costs exceed the federal mileage rate or the rate normally charged for public transportation.⁸

Example: Mary Smith drives her own car to the pharmacy once a week to pick up her prescription drugs. The round trip drive from her home to the pharmacy is 10 miles. She also drives once a week to a physical therapist, 35 miles round trip. The AU manager can deduct the cost of Ms. Smith's private transportation at the federal mileage rate as follows: 45 weekly miles x .48 cents x 4.333 weeks equals \$94/month transportation costs. If questionable, the worker can verify the

⁴ Deductible transportation costs in Kentucky include trips to fill prescriptions for medicine, dentures, hearing aides, eye glasses, sickroom equipment, and other medically-related expenses. OMTL-164 MS 5430(K).

⁵ Indiana regulations 3440.45.00(A)(9) state that the actual cost of private transportation is deductible. If the person has driven a private car and cannot prove the actual cost, a flat mileage rate is deductible.

⁶ See DTA *Transitions*, vol. 17, no. 5, May 2002. See also DTA *Transitions*, vol. 20, no. 6, June 2005.

⁷ Washington State regulations WAC 388-450-0200 state that medical equipment and medically needed modifications to assist a person with limited mobility are allowable deductions. Indiana regulations 3440.45.00(B)(7) state that repairs and remodeling costs for people with limited mobility such as ramps, handrails, or other modifications are deductible medical expenses.

⁸ See Ohio Food Stamp Certification Handbook and Ohio regulations, 5101:4-4-23(10).

distance from Ms. Smith's home address to the location of the pharmacist and therapist with maps or online map databases such as Mapquest.

Example: Tom Jones' neighbor drives him to the doctor's office every week for diabetes treatments. Mr. Jones gives his neighbor \$10 a week for transportation costs and provides his AU manager with a written statement from his neighbor that details the payment he makes. The AU manager can deduct the actual cost of private transportation, in this case \$43/month (\$10 x 4.333).

b. Communication/Postage Costs

Many AUs incur medically-related costs that can add up to significant expenses. The deaf and hard of hearing and the blind and people with vision loss may also need special communication equipment. The food stamp program permits communication costs including but not limited to the following:

- Incidental communication costs like
 - Long-distance phone calls to a medical practitioner and⁹
 - Postage, handling, and shipping costs required for prescription drugs or other prescribed remedies.¹⁰
- Ongoing communication costs like
 - Special telephones with amplifiers and warning signals for the deaf and hard of hearing, including repair and replacement of equipment,
 - TTY (typewriter) costs for the deaf and hard of hearing, including repairs,¹¹
 - Special communication devices for the blind and persons with vision loss.

The AU manager should accept as verification any proof of the communications costs including, but not limited to, long-distance bills, repair receipts, and listed postage costs on a package or mailing.

Example: Jane Doe calls her prescription drug supplier in Washington State to confirm the shipment of her medication. Later that week, she calls back to request a different method of postage. Ms. Doe shows her AU manager the listed postage sticker on medical supplier's box she received in the mail and a copy of her itemized long-distance telephone bill. The AU manager can deduct both the cost of the calls and the shipping and handling fees for her prescription drugs.

c. Over-the-Counter Medications and Health Care Supplies

Many elders and person with disabilities need over-the-counter drugs and medical supplies in addition to prescription drugs. All prescribed over-the-counter drugs and supplies are deductible, including:

- Insulin and medications like aspirin and antacids¹²

⁹ Washington State regulations WAC 388-450-0200

¹⁰ See USDA Food Stamp Regional Letter 03-35, Medical Expense Deduction—Postage for Prescription Drugs, August 22, 2003. Postage for prescriptions drugs is an incidental expense similar to transportation and lodging to obtain medical treatment or services. 7 CFR 273.9(d)(3)(ix).

¹¹ 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. See North Carolina State Regulations, 280.14(B)(6).

- Herbal supplements
- Supplies related to routine foot care including creams and powders, shoe inserts, and other supplies¹³
- Supplies related to treatment of skin disease including creams and ointments
- Diapers, liners, and incontinence pads¹⁴
- Lancet and lancet devices for diabetics
- Magnetic or massage therapy supplies or other prescribed pain relief equipment
- Batteries for hearing aides, mobility devices, or other medically-related equipment

Example: Henry Jones' doctor prescribes ibuprofen and magnetic therapy bracelets for wrist and arm pain. Mr. Jones spends \$40 a month on disposable magnetic bracelets, extra-strength ibuprofen and other pain relief supplies and services. He brings an itemized drug store receipt to verify. The AU manager can deduct \$40/month for Mr. Jones' prescribed pain relief drugs and supplies.

d. Alternative Health Practitioners and Treatments

Elders and persons with disabilities frequently use alternative medical practitioners to receive health care treatment and services. Examples of alternative medical practitioners include:

- Acupuncturists,
- Naturopaths,
- Massage therapists,
- Christian Science healers, and
- Other non-traditional healers.

All costs associated with alternative therapies, including prescriptions for herbs and special medication are deductible medical expenses.¹⁵ The only requirement is that the practitioner be licensed. If there is a question regarding the licensure of a practitioner, the AU Manager should contact the practitioner to inquire about their licensure or make a collateral contact.

Example: Jason Brown's licensed acupuncturist prescribes massage and special herbs to alleviate back pain. Because acupuncture and its associated costs and prescriptions are deductible medical costs, Mr. Brown can deduct the acupuncture costs, the prescribed herbal treatments as well as

¹² Virginia Regulations, Volume 5, Part 10, Page 7, include insulin, aspirin, antacids, etc. as deductible over-the-counter medical costs in accordance with 7 CFR 273.9(d)(3).

¹³ North Carolina state regulations include routine foot care as allowable medical expenses. 280.18(C)(6).

¹⁴ See Texas state regulations, 1428.1.

¹⁵ Federal law states that over-the-counter medication *approved* by a licensed practitioner or other qualified health professional is a deductible medical expense. 7 CFR 273.9(3)(iii). See Washington State regulations, WAC 388-450-0200(2)(b), which allow alternative therapies such as acupuncture and massage. See also Washington State regulations, WAC 388-450-0200, which allow *services*, supplies, medication or other medically-needed items *prescribed by a state-licensed practitioner or other state-certified, qualified health professional*. See also Wisconsin state regulations, 4.6.4.1(1), which allows chiropractors and acupuncturists.

massage therapy sessions. He can also claim the public or provide transportation costs to travel to the health care appointments as well as to pick up the herbal remedies.

e. Special Equipment and Accessibility Renovations

Some elders and persons with disabilities make medically needed changes to their home. All medically needed alterations to homes and other living spaces are deductible medical costs.¹⁶ Examples of home alterations include:

- Lowered countertops,
- Grab bars,
- Wheelchair ramps,
- Chair lifts,
- Shower seats, and
- Transfer benches and boards.

Many elders and persons with disabilities need special non-medical equipment and supplies due to medical conditions. Examples of non-medical supplies include:

- air conditioners,
- air purifiers, and
- de-humidifiers.

Non-medical equipment and supplies prescribed by a qualified health professional are deductible.¹⁷ A receipt or invoice indicating the cost of the equipment is acceptable verification. The AU need not make a payment for a medical expense.

Example: Fred Bowman is elderly and needs to monitor his home environment due to a chronic heart condition. Because Mr. Bowman lives in housing that does not provide a cooling system, Fred's doctor prescribes an air conditioner during the summer months. The AU manager can give Mr. Bowman a medical expense deduction for the cost of purchasing the air conditioner. Note: Mr. Bowman is also eligible for the Heating SUA if he incurs electricity costs for running the air conditioner.

VI. AU Manager Assistance

Although the AU has the primary responsibility for providing verification, the AU manager shall offer assistance to any AU that is unable to provide verification or requests assistance. 106 CMR 361.650. The Department has obligations under Title II of the Americans for Disability Act (ADA) to ensure that no person is denied the benefits of service provided by the Department, including participation in the food stamp program.

¹⁶ Washington State regulations WAC 388-450-0200 states that medical equipment and medically needed changes to the home are allowable deductions. Indiana regulations 3440.45.00(B)(7) state that home repairs and remodeling costs such as ramps or handrails that accommodate a person with a disability are deductible medical expenses.

¹⁷ See Indiana state regulations, 3440.45.00(B)(1), which allow the cost of renting or purchasing an air conditioner and other supplies which are not considered medical supplies or durable medical equipment but are prescribed by a qualified health professional. See also Washington State regulations, WAC 388-450-0200, which allow *services*, supplies, medication or other medically-needed items prescribed by a qualified health professional.

106 CMR 360.250. By definition, the AUs that are eligible to claim medical expense deductions may also need assistance to secure the verifications necessary to claim this deduction.

AU managers are reminded to affirmatively screen for medical expenses and other deductions at application and/or recertification. Enclosed with this memo is a screening form which AU managers may use to elicit information on non-reimbursed medical expenses. AU members with Medicare Part D, MassHealth, or other health insurance may have many non-reimbursed medical costs. AU managers should affirmatively screen all AUs with elders and persons with disabilities if they have non-reimbursed medical costs, even if the AU members have health insurance.¹⁸

AU managers should offer additional assistance if the AU member requests assistance or if it is apparent that the AU member is unable to provide the information or verifications required to prove the deduction. Examples of assistance include:

- Offering to make a collateral contact to the health care provider to verify a one time or ongoing expense
- Allowing the individual extra time to collect verifications,
- Allowing self-declarations where appropriate, and
- Providing interpreters in American Sign Language, telecommunication devices, or other communication assistance devices.

VI. Verification of Medical Expenses:

Again, AU managers are reminded that an AU may claim a non-reimbursed medical expense it has incurred even if it is unpaid. If the bill will be reimbursed by MassHealth, Medicare, private insurance or other third party, it is not countable. AU managers should accept an AU's statement that a medical expense is non-reimbursed, unless questionable. AU managers should not delay or deny a medical deduction if reimbursement of the expenses is uncertainly or unlikely.¹⁹

An AU claiming medical expenses is required to verify only the amount of the medical expense at application and recertification in accordance with 106 CMR 361.610(D) and 106 CMR 450(C). An AU is NOT required to verify the type of service provided or the eligibility of the person incurring the cost unless questionable. An AU need not verify that they paid the medical bill or have a payment plan, only that it was incurred by the AU. If a medical expense has not changed since the last certification period, it need not

¹⁸ See Washington State regulations, WAC 388-450-0200, under "Worker Responsibilities." The Americans with Disabilities Act requires AU managers to provide reasonable accommodation and assistance to AUs with persons with disabilities. 28 CFR 35.130(b)(1)(ii). See also 106 CMR 361.650.

¹⁹ North Carolina regulations 280.14(A) state that no AU manager will delay or deny a medical deduction if the AU has medical insurance and reimbursement is uncertain. See Tennessee Food Stamp Manual, vol. 1, p. 73, which instructs AU managers to accept the household's statement that no reimbursement will be received, unless questionable. Under 106 CFR 361.620, information is questionable only when statements made by the AU are inconsistent with information known to the Department, information on the application, or the AU's previous statements.

be re-verified.²⁰ They do not need to verify they have paid an expense or any payment plan. Nor does the AU need to verify that a medical expense is allowable or that the practitioner is licensed.

Allowable types of verification may include:

- Statement from qualified health professional or other source regarding the treatment provided or prescribed,
- Statement from a collateral contact and self declaration,
- Medicine/pills bottle with cost on the label,²¹
- Itemized receipt from pharmacy or health store,
- Insurance statements showing premiums and co-pays.

VII: Calculation of Medical Expenses

Medical expenses can be calculated in a number of ways to maximize the deduction for the AU.

a. One-time expenses

An AU has the option of requesting a one-time medical expense deduction in the month the medical expense is incurred or having the medical expense averaged over the remaining months in the certification period.²² 106 CMR 364.430.

AU managers should fully explain both options to the AU, including:

- The difference in allotment of each option, and
- That a one-time expense may be considered only once, even if it remains unpaid or there is a balance.²³

Examples of one-time expenses include:

- Hospital bill,
- Doctor's bill for a one time visit,
- Laboratory fees,
- Bills for the purchase/rental of prescription eyeglasses,
- Hearing aides, or
- Other equipment.

b. Past-due expenses:

²⁰ South Dakota and North Carolina require verification at recertification only if expenses have changed by more \$25 or are from a new source. See South Dakota state regulations, 41.22.3.

²¹ Ohio regulations allow medicine/pill bottles with costs on label and statements from doctors, nurses, homemakers, home health aides as allowable verification. Ohio Food Stamp Certification Handbook, 5101.54:4-4-23.

²² New Hampshire, Texas, North Carolina, Oregon, Indiana, Tennessee, and most other states allow AU members to select a one-month deduction or an average deduction for the remaining months of the certification period.

²³ See Tennessee Food Stamp Manual, vol. 1, p. 167, Medical Deduction Supplement.

Any outstanding non-reimbursable medical bills and expenses are allowable medical deductions.²⁴ If the AU provides you with a medical bill or notice of collection for medical or health related services, this bill may be used in calculating the food stamp medical deduction. It may only be used once. If the other medical expenses result in the AU getting the maximum food stamp allotment, this bill may be used at a future certification period. The AU does NOT need to show regular payments of the bill to be considered.

c. Anticipated Expenses:

At application and recertification, the AU manager must make a reasonable prediction of what the AU expects to be billed during the certification period. The AU manager will base this prediction on current medical expenses, information about medical condition from qualified health professions and/or AU members, and extent of private medical insurance coverage. 106 CMR 364.420.

d. Expenses reported during the certification period

If a medical expense is reported during a certification period and would increase the AU's allotment, the AU manager should budget the deduction prospectively for the remainder of the certification period.²⁵

If an AU chooses not to report new medical expenses during their certification period, they should be advised they have the option to report these expenses at recertification. The AU manager should consider these reported medical expenses when determining the deduction for the new certification period.²⁶

²⁴ See USDA Regional Letter 02-06, Dec. 12, 2001 which states that the provision at 7 CFR 273.10(d)(4) does allow consideration of past due and unpaid medical bills to determine an AU's medical deduction. See also Indiana regulations, 3440.40.00(B)(6).

²⁵ See South Dakota state regulations, 4122.3.

²⁶ See USDA Regional Letter 02-06, Dec. 12, 2001.

A Look at the Medical Expense Deduction in Other States

STATE	SCOPE	VERIFICATIONS & CALCULATION	CITATION
Indiana	<ul style="list-style-type: none"> - Allows cost of postage for prescription drugs, <i>repairs</i> to dentures, hearing aides, prosthetics, and eyeglasses, telephone equipment and home repairs, and cost of purchasing/renting an air conditioner and other equipment which are not considered medical supplies or durable medical equipment, but are prescribed by a qualified health professional - Also allows costs associated with securing and maintaining any animal specially trained to serve the needs of disabled persons such as seeing eye dogs, hearing guide dogs, and housekeeper monkeys trained to assist quadriplegics 	<ul style="list-style-type: none"> - Allows collateral contact via telephone to any medical provider as verification 	Family and Social Services Administration. Individual Client Eligibility System Program Policy Manual, Ch. 3400.45.00. Available at http://www.in.gov/fssa/families/pdf/3400.pdf
Kentucky	<ul style="list-style-type: none"> - Allows deduction for “the 25 cents revenue tax that pharmacies are allowed to charge per prescription,” the cost of repairs necessary to keep the medical equipment in working condition, telephone charges for telephonic aids, such as amplifiers and warning signals, for disabled persons and cost of teletypewriter equipment for the deaf - Allows trips to a doctor, dentist, etc. as well as trips to fill prescriptions for medicine, dentures, hearing aide, eye glasses, sickroom equipment, etc. as transportation expenses 	<ul style="list-style-type: none"> -Emphasis on timely reporting of expenses 	Cabinet for Health and Family Services. Food Stamp Program Operational Manual, Vol. II, OMTL-262. Available at http://manuals.chfs.ky.gov/dcb_s_manuals/DFS/volii/voliitoc.doc
New Hampshire	<ul style="list-style-type: none"> - Allows chiropractor, Christian Science spiritual practitioner, doctor, sex therapist, clinical social worker, acupuncturist, clinical pastoral counselor, clinical psychologist as medical practitioners. 	<ul style="list-style-type: none"> - AU can deduct expenses in that month or average it out over all months 	Department of Health and Human Services. Food Stamp Manual, Sec. SR 03-42. Available at http://www.dhhs.state.nh.us/FSM_htm/NEWFSM.HTM
North Carolina	<ul style="list-style-type: none"> - Allows monthly telephone fees for amplifies and warning signals for handicapped persons and cost of typewriter equipment for the deaf, rental and purchase of medical equipment and supplies, care for feet and artificial limbs 	<ul style="list-style-type: none"> - Requires verification at recertification only if the type or source of expense has changed and the total of medical expense has changed by more than \$25 - Allows current bills of receipts, statements from 	Department of Health and Human Services. Food Stamp Program Policy, Sec. 280.14. Available at http://info.dhhs.state.nc.us/olm/manuals/dss/ei-30/man/FSs280.htm#P12_65

		<p>providers, pharmacy computer printouts, insurance policies or statements from insurance companies, and Medicare Explanation of Benefits (EOB) as forms of verification.</p> <ul style="list-style-type: none"> - The medical expense is a required field on the AU manager's computer screen (field 56 of the DSS-8590). The AU manager must enter "0000" if there are no medical expenses. - States that, "if individuals have medical insurance, Medicare, Medicaid, or pending lawsuits, do not delay or deny the medical deduction if reimbursement of expenses is uncertain or unlikely" 	
Ohio		<ul style="list-style-type: none"> - Requires verification at recertification only if the type or source of expense has changed and the total of medical expense has changed by more than \$25 - Allows medicine/pill bottles with costs on label or statement from collateral contact as verifications 	<p>Office of Family Stability. Food Stamp Certification Handbook 5101:4-4-23. Available at http://jfs.ohio.gov/OFam/pdf/food-programs-manual.pdf</p>
South Dakota	<ul style="list-style-type: none"> - Allows licensed practitioner authorized by State law or other qualified health professional, such as midwife, and all costs associated with eyeglasses prescribed by a physician skilled in eye disease or by an optometrist 	<ul style="list-style-type: none"> - Requires verification at recertification only if the type or source of expense has changed and the total of medical expense has changed by more than \$25 	<p>Department of Social Services. Food Stamp Certification Policy Manual 4122.3. Available at www.state.sd.us/social/FoodStamps/Manual/index.htm</p>
Tennessee	<ul style="list-style-type: none"> - Allows telephone and typewriter costs, AND "special diets that require a prescription and must be obtained from a pharmacist (do not count other special diets)" 	<ul style="list-style-type: none"> - Allows credit card receipts as verification of medical expenses - Instructs AU managers to accept the AU's statement that no reimbursement will be received, unless questionable 	<p>Department of Human Services. Food Stamp Manual, Vol. I, Medical Deductions Supplement. Available at http://www.state.tn.us/humanserv/fs-man-1.pdf</p>
Texas	<ul style="list-style-type: none"> - Allows diapers for disabled children or incontinence pads for elderly or disabled adults 	<ul style="list-style-type: none"> - Bills can be paid or unpaid - AU can deduct expenses in that month or average it out over all months 	<p>Health and Human Services. Texas Works Handbook, 05-2, A-1428. Available at http://www.dads.state.tx.us/Handbooks/Archives/TexasWorks/tw04-1/PartA/A1400/tw-a1420.asp#1428</p>
Virginia	<ul style="list-style-type: none"> - Allows over-the-counter medication prescribed by licensed practitioner including insulin, aspirin, antacids, etc. - Allows actual verified amounts for all transportation costs. If specific amounts cannot be verified, then the 		<p>Department of Social Services. Food Stamp Manual, Vol. V, Part X. Available at http://www.dss.virginia.gov/files/division/bp/fs/policy/manual/p10.pdf</p>

	<p>prevailing rate in the community or the state mileage allowance is used</p> <ul style="list-style-type: none"> - Allows telephone fees for amplifiers and warning signals for disabled persons and costs of typewriter equipment for the hearing impaired 		
Washington	<ul style="list-style-type: none"> - Allows prescribed alternative therapies such as massage or acupuncture, medical equipment or medically needed changes to your home, shipping and handling charges for an allowable medical item, long distance calls to a medical provider, naturopathic physician services and other non-standard providers - Also covers services, supplies, medication, or other medically needed items prescribed by a state-licensed practitioner or other state-certified, qualified, health professional - Allows medical equipment such as: wheelchairs, walkers, and modifications to the person's home such as: grab bars, wheelchair ramps, and lowered countertops 		<p>Department of Social and Health Services. Washington Administrative Code, Ch. 388-450-0200. Available at http://apps.leg.wa.gov/wac/default.aspx?cite=388-450&full=true#388-450-0200</p>
West Virginia	<ul style="list-style-type: none"> - Allows postage and handling for prescription drugs 		<p>Department of Health and Human Resources. Income Maintenance Manual, Ch. 10.4.6. Available at http://www.wvdhhr.org/bcf/policy/imm/new_manual/IMManual/Manual_PDF_Files/Chapter_10/ch10_4.pdf</p>
Wisconsin	<ul style="list-style-type: none"> - Allows chiropractors and acupuncturists, the cost of postage for mail-order prescription drugs, and payments made on a loan's principal if it was used to pay a one-time medical expense 	<ul style="list-style-type: none"> - Allows AU to deduct over 1 month, enter into payment plan with provider and deduct the monthly payment obligation, or average the expense over remaining certification period 	<p>Department of Health and Family Services. FoodShare Wisconsin Handbook, Ch. 4.6.4. Available at http://www.emhandbooks.wisconsin.gov/fsh/Policy_Files/4/46/4-6-4.htm</p>

Proposed Screening Form: Expanding the Use of the Medical Expense Deductions
MEDICAL DEDUCTIONS SCREENING FORM
For elders and persons with disabilities
 (TO BE COMPLETED BY THE AU MANAGER)

Name: _____
 SSN: _____

The AU incurs the following medical expenses:

A. TRANSPORTATION FOR MEDICALLY-RELATED TRIPS

(USE THE FOLLOWING LIST TO RECORD MILEAGE)

Public Transportation Fee/week= _____ Private Transportation Fee/week= _____
 Trips/week on: Bus....._____ Subway....._____ Miles/week of: Private Car...._____ miles/week
 Train....._____ Shuttle....._____ Private Taxi...._____ fee/week
 Private Taxi....._____

Reimbursed at 48 cents per mile/week

 Other....._____

B. COMMUNICATION AND/OR POSTAGE COSTS

(USE THE FOLLOWING CHECKLISTS TO SCREEN FOR POSSIBLE MEDICAL DEDUCTIONS)

- Telephone Long-Distance Charges
- Special Telephone Equipment (Purchase and Repair)
- Typewriter Equipment for the Hearing Impaired (Purchase or Repair)
- Special Communication Equipment for the Visually Impaired (Purchase or Repair)
- Postage, Shipping, Handling for Medication or Medically-related Supplies
- Other: _____

C. OVER-THE-COUNTER MEDICATIONS

- Aspirin/Ibuprofen
- Insulin
- Antacids
- Vitamins
- Herbs and Herbal supplements
- Other: _____

D. HEALTH-RELATED SUPPLIES

- Foot Care and Skin Products (Creams, Powders, etc.)
- Diapers, liners, and/or incontinence pads
- Magnetic or Massage Therapy supplies
- Batteries for hearing aides or other medically-related devices
- Other: _____

E. ALTERNATIVE HEALTH PRACTITIONERS AND/OR TREATMENTS

- Acupuncturist
- Physical Therapy and/or Rehabilitation
- Massage Therapist
- Chiropractor
- Christian Science Healer
- Other Alternative Healer: _____

F. SPECIAL EQUIPMENT

- Home Repairs
- Automobile Repairs
- Wheelchair or Mobility Aide (Purchase and Repair)
- Other: _____



Medical Deductions and Food Stamps for People over 60 and the Disabled

Medical expenses more than \$35 per month of any household member who is over 60 or disabled may increase food stamps!

You have the right to ask DTA to deduct the following medical expenses from your countable income:

Basic Care...	Medical Care, dental care, hospitalization and outpatient care, Nursing care and Nursing home care
Acupuncture and Chiropractic Services...	If by a licensed medical practitioner; including any herbal or holistic medicine prescribed
Medical Equipment...	Dentures, hearing aides, prosthetics, wheelchairs, eyeglasses, contacts, medical supplies, or sickroom equipment (even if you rent it)
Over-the-counter Medication...	Insulin, pain relievers, antacid, hearing aide batteries, vitamins, herbal treatments, and more
Insurance Premiums and Co-payments...	Including premiums and co-payments to Medicare or other private health insurance
Mileage (at \$.48 a mile)...	If you drive yourself to a medical appointment, hospital, or pharmacy
Public Transportation Costs...	If you take a bus, taxi, or subway to medical appointments
Attendant Care...	Including a one-person food stamp allotment (\$152) if you provide a majority of meals to your attendant
Housekeeper expenses...	If you need a housekeeper due to your age, infirmity, or illness; including a one-person food stamp allotment if you provide a majority of meals to your housekeeper
One-time expenses...	Like emergency medical expenses that are not covered by insurance

Know Your Rights
i n M a s s a c h u s e t t s

For more help contact your local legal services program or visit: www.masslegalservices.org

Attachment A

Additional Correspondence to
the Social Security Administration

Massachusetts Law Reform Institute

99 Chauncy Street, Suite 500, Boston, MA 02111-1703

PHONE 617-357-0700 # FAX 617-357-0777 # www.mlri.org

January 11, 2006

Manual Vaz
Regional Commissioner
Social Security Administration
JFK Building
Government Center
Boston, MA 02202

Dear Commissioner Vaz:

We are writing to request a meeting with you and your staff to discuss the progress of the Massachusetts Bay State CAP program and implementation issues that have surfaced over the past few months. MLRI and the Food Stamp Improvement Coalition very much appreciate all the work that DTA and your SSA staff have done to implement the Bay State CAP program for elders and persons with disabilities in the Commonwealth. We are pleased that SSA staff are increasingly screening clients for food stamp benefits. We are also very heartened by the highly successful Bay State CAP Outreach efforts conducted by DTA in July and November of 2005. Of the 60,000 SSI recipients who were sent EBT cards in the mail during these two phases, over 70% accessed their benefits and are now enrolled in Bay State CAP. This has taken a substantial burden off of SSA District Offices and DTA staff to process individual applications. More importantly, the Bay State CAP program will have a profound affect on the ability of SSI recipients to more easily secure nutritious food to meet their dietary needs, returning millions of federal food stamp dollars to low income Massachusetts residents.

Over the past few months, we have been tracking DTA and SSA's implementation of Bay State CAP through calls from individual clients and community advocates, conversations with both local office DTA and SSA District Office staff, and tracking caseload participation data. A number of issues have surfaced which we would like to discuss.

1. A significant number of SSI applicants and recipients who meet the Bay State CAP criteria are incorrectly coded as declining Bay State CAP benefits at SSI application and redetermination.

Based on caseload information we requested from DTA, it appears that over 4,500 SSI cases in SSI Living Arrangement A had pre-effectuation reviews or redeterminations between February 1st and October of 2005 but were never put on Bay State CAP. For reasons that continue to mystify us and our clients, SDX had these individuals coded as saying "NO" to Bay State CAP benefits. During the summer and autumn months, DTA and many community organizations received hundreds of calls from SSI recipients who

were upset that they did not receive the Bay State CAP outreach letters. We learned they were excluded from Bay State CAP because DTA assumed they had declined the benefits during their SSI redetermination or PERC. In light of the 70% Bay State CAP conversion rate from Phase I Outreach efforts, and given the volume of SSI cases coded negatively, DTA included these 4,500 individuals in the Phase II Bay State CAP outreach efforts. All were sent the Bay State CAP information packet and EBT cards in the Phase II Outreach during November of 2005. We have reason to believe that a majority of these SSI recipients - who were coded by SSA as declining benefits - in fact used the Bay State CAP EBT cards and are now receiving regular Bay State CAP. However, they lost out on months of benefits prior to this conversion, and may be receiving lower benefits as a result of not being asked the shelter questions. More importantly, we are very concerned that current SSA District Office practices caused an inappropriately high rate of negative coding for otherwise eligible SSI recipients, and that these practices may be ongoing.

MLRI recently assisted four SSI recipients served by the Malden SSA District Office, all of whom who had gone through a recent SSI redetermination. According to the community agency working with the clients, none of the SSI recipients were asked if they wished to apply for Bay State CAP or for regular food stamps during their SSI redeterminations. All were eligible for Bay State CAP and should have been coded affirmatively for Bay State CAP. MLRI brought these cases to the attention of the Boston Causeway SSA District Office, whose staff kindly corrected the cases and coded them as Bay State CAP eligible. We are working with your staff to explore retroactive benefits. Perhaps investigating these cases will help assess the chronic problems driving these high negative coding numbers.

2. There is substantial discrepancy between SSA and DTA data on food stamp applications taken by SSA District Offices between February and October 2005.

We recently received information from SSA in response to a public records request regarding the number of food stamp applications taken by area District Offices, reflecting a substantial increase in applications since January of 2005. The information provided to MLRI by SSA states close to 7,000 food stamp applications were taken between February 2005 and October 2005. The SSA data does not break this down by regular or Bay State CAP. In response to a similar FOIA inquiry, DTA's food stamp application data indicates a substantially lower number of SSA generated food stamp applications received, closer to 2,000 applications. It is possible there are different tracking mechanisms for this caseload data, but the discrepancy is substantial. We would like to discuss this discrepancy in food stamp applications with SSA to ensure that these cases are not missing critical benefits.

3. SSI recipients are not routinely asked if they wish to apply for regular food stamp benefits during the SSI redeterminations.

Karen Dobak of Greater Boston Legal Services recently wrote a letter regarding an SSI couple she accompanied to the Boston District Office on Causeway Street on December 9, 2005. As Ms. Dobak details in her letter, the SSA Claims Representative made no mention of their right to seek regular food stamps in accordance with SSA procedures. Legal Services advocates and members of the Food Stamp Improvement Coalition have

reported similar experiences with their SSI recipient clients. The most recently updated procedures for Massachusetts, SI BOS01801.302C, instructs SSA District Offices that, “Interviews must tell SSI applicants/recipients they may apply for food assistance benefits at SSA if they are members of a pure SSI household. Interviews must encourage members of a pure SSI household to file for food assistance at SSA.” The instructions clearly do not limit this obligation to Bay State CAP cases.

We would like to clarify the obligations of SSA District Office staff to take food stamp applications, now a one page document, independent of CAP. We would also like to discuss whether it makes sense for each District Office to have a Bay State CAP Liaison who can keep their office staff apprised of changes in coding, policies or procedures, as well as troubleshoot on individual cases.

4. Current SSI procedures and forms do not appear to properly seek information necessary for Bay State CAP, especially for SSI recipients receiving regular food stamp benefits who should be able to switch to Bay State CAP at their redetermination.

Although DTA did an initial “sweep” of the existing SSI food stamp caseload in January of 2005 to convert existing SSI recipients (many receiving only \$10/month) to the higher Bay State CAP benefit, many SSI recipients applied for regular food stamps after January and now are stuck on the lower benefit amount until their next SSI case redetermination. Because they applied for regular food stamps on their own, USDA did not permit DTA to include these SSI recipients to be included in DTA’s two Outreach phases. Given the increased importance of the SSI redetermination, we would like to confirm if these SSI cases are being properly handled by SSA to converted their benefits to Bay State CAP at this juncture.

Despite several efforts elicit more information from Regional staff about the coding features and sequence of food stamp questions asked of SSI recipients during a redetermination, we are making the following observation based on a review of the POMS materials, notably BOS01801.302, as well as SSA’s training materials and conversations with SSI clients. Our reading of the current POMS instructions and paper forms used by SSA for redeterminations indicates that SSA does not properly screen and elicit information from SSI recipients receiving regular food stamps who would benefit from Bay State CAP. The instructions ask Claims Representatives to initially inquire “May I take your food stamp application today?” If the SSI recipient already receives food stamps, s/he might say “No” - because she already has food stamps. The next question asks about the most recent food stamp recertification, which does not appear to trigger any Bay State CAP action. We cannot find in the instructions any text in the materials we have reviewed which advises the Claims Representative to affirmatively explain the Bay State CAP for current food stamp recipients, and how the SDX coding works to upgrade the case to Bay State CAP

We are similarly concerned that a significant number of SSI recipients are unable to enroll in Bay State CAP because they are mailed paper redeterminations that do not seek necessary information or ask the correct enrollment correct. Part 13 of the SSI Redetermination Form, SSA-8202-BK, still asks the basic *Manchaca* question, "May I

take your food stamp application today?” and does not explain Bay State CAP or give the individual the option to elect that benefit. Again, we would like to clarify with SSA the procedures for handling SSI recipients who receive regular food stamp benefits

5. Current SSA procedures do not ensure that Bay State CAP recipients receive the maximum amount they are entitled to receive if they have high shelter costs.

As noted above, DTA received permission from USDA to engage in significant outreach efforts to convert over 60,000 SSI recipients in July and November of 2005, of which 42,000 SSI recipients went on Bay State CAP benefit. Because the SDX data available at the time did not indicate the amount of shelter expenses of the SSI recipients, all the newly created Bay State CAP cases were put on the lower CAP benefit amount. DTA subsequently sent out forms to the SSI recipients with active CAP EBT accounts eliciting this information, but many SSI recipients were confused by the forms or lost them. According to DTA data, only a small number returned them to get a higher benefit.

SSA procedures, SI BOS01801.302D(3), require Claims Reps to indicate whether or not the SSI applicant or recipient’s housing costs exceed \$450/month. As you know, shelter costs in excess of \$450 can substantially increase the benefit amount for Bay State CAP. However, the SSA procedures seem to ask for the shelter amount only as part of an initial Bay State CAP screening and not for cases already on Bay State CAP as a result of earlier DTA outreach efforts. Based on informal surveys of SSA District Offices, it does not appear that DO staff are routinely asking this shelter question if the household is already on Bay State CAP.

We would like to discuss ways SSA can either use shelter information collected elsewhere in the SSI redetermination to trigger correct answer for the Bay State CAP shelter costs and/or a reminder procedure to ensure the question is asked every time an SSI case comes in for redetermination.

We will follow up with your office early next week to explore a mutual time to meet. We appreciate your attention to this letter. We know you share our mutual goal of making Bay State CAP a success in Massachusetts.

Sincerely,

Patricia Baker
Senior Policy Analyst

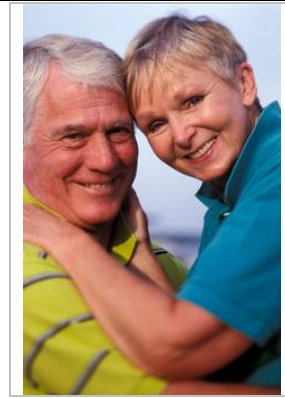
David Pope
Emerson National Hunger Fellow

cc. John Wagner, Commissioner, DTA
Phuoc Cao, DTA
Lauren Arms, DTA
Barbara Barbati, SSA
Hyla Dibb, SSA
Food Stamp Improvement Coalition

Attachment B

Outreach Flyers for Elders and
Persons with Disabilities

Elders and Persons with Disabilities do not use Food Stamps as much as they could.



Did you know that...

- 1. The average food stamp benefit for an individual in Massachusetts is \$82.**
- 2. You can apply for food stamps over the phone, by mail or faxing in an application to the Department of Transitional Assistance (DTA).**
- 3. If you are applying for or receiving SSI, you can apply for food stamps at the Social Security Office. You may also be eligible for Bay State CAP food benefits.**
- 4. You may get higher food stamps if you give DTA information about the medical expenses you pay out of pocket.**
- 5. You may get higher food stamps if you give DTA information about your heating costs, or if you pay to run an air conditioner anytime of year.**
- 6. You do not have to visit or phone the DTA office very often. And if you get Bay State CAP, you never have to visit the DTA office.**
- 7. Getting food stamps is easy! You use a small card like a debit card to buy food!!**



DON'T GO HUNGRY!

If you get SSI, you can probably **GET FOOD STAMPS!**



There is a new food stamp program called BAY STATE CAP

If you receive SSI benefits, you are probably eligible!

To qualify, you must:

live alone or

live with other adults (not your spouse) but purchase and prepare more than half of your meals by yourself and

have no earnings.

With Bay State CAP,



you DO NOT have to:

- visit the Food Stamp office**
- provide proof of your income or other expenses**

**And you might get more benefits
than with regular food stamps!**

When your SSI case is approved or reviewed,
SSA is supposed to ask you if you want Bay State CAP benefits!

Endnotes

ⁱ Office of Management and Budget. Fiscal Year 2006 President's Budget, Historical Tables 8.1, 8.5 and 11.3. Available at [www.whitehouse.gov/omb/budget/fy2006/pdf/hist.pdf]

ⁱⁱ Making America Stronger: A Profile of the Food Stamp Program. Office of Analysis, Nutrition, and Evaluation. Food and Nutrition Service/USDA. September 2005.

ⁱⁱⁱ Cody, Scott and James Ohls. Reaching Out: Nutrition Assistance for the Elderly, Evaluation of USDA Elder Demonstration Models. Vol. 1. Mathematica Policy Research, Inc. March 2005.

^{iv} Cody, Scott and James Ohls. Reaching Out: Nutrition Assistance for the Elderly, Evaluation of USDA Elder Demonstration Models. Vol. 1. Mathematica Policy Research, Inc. March 2005.

^v Federal Interagency Forum on Aging-Related Statistics. Older Americans 2004: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: U.S. Government Printing Office. November 2004.

^{vi} 2005 Elderly Needs Nutrition Assessment. Conducted by South Shore Community Action Council. Available from South Shore Community Action Council, Massachusetts.

^{vii} The Health Heart Initiative: Barriers to Eating a Heart Healthy Diet in a Low Income African American Community. A report by the Mary Horrigan Connors Center for Women's Health and Gender Biology, Brigham and Women's Hospital. November 2004.

^{viii} 2005 Elderly Needs Nutrition Assessment. Conducted by South Shore Community Action Council. Available from South Shore Community Action Council, Massachusetts.

^{ix} Castner, Laura A. and Allen L. Schrim. Reaching Those in Need: Food Stamp Participation Rates in 2002. Report Submitted to USDA, FNS. Washington, DC: Mathematica Policy Research, Inc. March 2005.

^x Castner, Laura A. and Allen L. Schrim. Reaching Those in Need: Food Stamp Participation Rates in 2001. Mathematica Policy Research, Inc. February 2004.

^{xi} See Section 5(a) and 5(j) of the Food Stamp Act. See also 7 CFR 2(j) of the food stamp regulations.

^{xii} See Section 11(i)(1) of the Food Stamp Act. See also 7 CFR 273.2(k) of the food stamp regulations. See also 7 USC 2020(I) *Manchaca v Chater*, 927 F. Supp. 962 (E.D. Tex 1996). See also Social Security Administration Policy Operations Manual, Section SI 01801.005 and SI BOS01801.302C, available at <http://policy.ssa.gov/poms.nsf/lnx/0501801302BOS!opendocument>.

^{xiii} See SI BOS01801.302D2, Application for Food Stamps – Massachusetts (TN 5-252 – 2/2005), Available at <http://policy.ssa.gov/poms.nsf>

^{xiv} U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition and Evaluation, *Characteristics of Food Stamp Households: Fiscal Year 2004*, FSP-05-CHAR, by Anni Poikolainen. Project Officer, Kate Fink. Alexandria, VA 2005.