



**Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance**

MAURA T. HEALEY
GOVERNOR

KATHLEEN E. WALSH
SECRETARY

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

JEFF McCUE
COMMISSIONER

**Online Guide Transmittal 2023-64
September 19, 2023**

To: Department of Transitional Assistance Staff
From: Sarah Stuart, Associate Commissioner for Change Management
Re: SNAP: Annual Cost-of-Living Adjustments (COLA) and Standard Utility Allowances Change

Overview

At the beginning of each Federal fiscal year, the USDA Food and Nutrition Service (FNS) adjusts SNAP income standards, deduction amounts, and maximum benefit levels to reflect changes in the cost of living. This is known as the "SNAP COLA."

The Department also recalculates the Standard Utility Allowances (SUAs) every year, per federal rules, and includes the recalculated SUAs with the SNAP COLA. This combined calculation minimizes the frequency of benefit changes communicated to the client and the number of associated notices that a separate recalculation would generate.

The SNAP COLA was processed over the weekend of September 17, 2023.

Purpose

The purpose of this Online Guide Transmittal is to advise staff of:

- COLA and SUA changes;
 - clients impacted by the COLA; and
 - related updates to the Online Guide.
-

COLA-related Changes

The 2023 COLA is expected to increase SNAP benefit levels. This includes increases in the:

- standard deduction;
 - homeless shelter deduction;
 - maximum shelter deduction;
 - maximum benefit level for all household sizes;
 - gross income thresholds; and
 - net income thresholds.
-

Revised Online Guide Pages

Topic:	Cross Programs
Page:	Helpful Charts and Figures
Topic:	Scheduled Mailings/Projects
Book:	SNAP COLA
Page:	SNAP Annual Cost-of-Living Adjustment (COLA)
Topic:	COVID-19
Page:	Standard Medical Deduction Waiver

Questions

If you have any policy or procedural questions, after conferring with the appropriate TAO personnel, please have your Systems Information Specialists or TAO management email them to DTA.Procedural Issues.

Systems issues should be directed to the Systems Support Help Desk.

Helpful Charts and Figures

To facilitate the process of locating common DTA charts and figures, you can use this [Job Aid](#).

This job aid provides a quick reference to DTA program information such as income limits, asset limits, cyclical periods, deduction amounts, and so on.

Last Update: September 19, 2023

SNAP Annual Cost-of-Living Adjustment (COLA)

At the beginning of every federal fiscal year, the United States Department of Agriculture's Food and Nutrition Service (USDA FNS) adjusts maximum SNAP benefits, deductions, and income eligibility standards. These adjustments are known as the "SNAP COLA." The SNAP COLA is based on changes in the cost of living and takes effect on October 1st of each year.

The standard utility allowances (SUAs) are updated annually to coincide with the COLA.

The annual SNAP COLA was processed during the weekend of September 17, 2023. The new COLA figures will be applied to the entire SNAP caseload. This recalculation will impact benefits beginning in October.

Effective October 1, 2023, the COLA will be as follows:

Gross, Net, and 165 Percent Income Eligibility Standards - The gross, net and 165 percent income eligibility standards will increase.

Shelter Deduction - The maximum shelter deduction (for households without a member who is elderly and/or disabled) will increase from \$624 to \$672.

Standard Deduction - The standard deduction will increase all households:

AU Size	Old Standard Deduction	New Standard Deduction
1	\$193	\$198
2	\$193	\$198
3	\$193	\$198
4	\$193	\$208
5	\$225	\$244
6 or more	\$258	\$279

Maximum Benefit Levels - The maximum SNAP benefit levels for all household sizes will increase. To reference these changes, please refer to the COLA Standard Amounts link found at the bottom of this page.

Homeless Shelter Deduction - The Homeless Shelter/Utility Deduction will increase to \$179.66 (which BEACON will round to \$180).

Bay State CAP High Shelter – The Bay State CAP High Shelter value will remain the same at \$481.

Minimum Benefit Level - The minimum SNAP benefit level for eligible one- and two-person households will remain \$23.

Standard Utility Allowances (SUAs)

- Heating/Cooling SUA will decrease to \$852
- Non-heating SUA will decrease to \$520
- Phone SUA will decrease to \$59
- Bay State CAP SUA will decrease to \$852

Asset Limit - The maximum asset limit for non-categorically eligible households with an elderly and/or disabled member will remain \$4,250. The maximum asset limit for all other households will remain \$2,750.

Reporting Requirement Threshold – The income reporting threshold for Simplified Reporting households at Interim Report and Change Reporting households during case maintenance will remain at \$125.

Impact of COLA Change on SNAP Benefits

Recalculation results indicate that most SNAP households will see an increase in SNAP benefits.

Automatic Update of Active SNAP Households

During the weekend of September 16, 2023, active SNAP households, including Bay State CAP households, will be automatically recalculated using the new COLA standards.

When to Use New Standards

SNAP cases authorized after the close of business on Friday, September 15, 2023 will be recalculated using the new COLA standards. Effective Monday, September 18, 2023, the new COLA standards will be used in all automated SNAP calculations. You must use these standards in any necessary manual calculations.

Eligibility Charts and Issuance Tables

SNAP eligibility charts, issuance tables, standard utility allowance amounts, maximum and minimum benefit amounts, shelter deduction and standard deduction amounts will be updated and posted on the www.mass.gov/dta website for October 1, 2023.

You can also view the new figures by referring to the [Helpful Charts and Figures](#).

Last Updated: September 19, 2023

Standard Medical Deduction Waiver

Overview

The Standard Medical Deduction (SMD) is a \$155 deduction that is credited to SNAP clients who are elderly and/or disabled who incur medical expenses greater than \$35 and less than (or equal to) \$190 per month (this is known as "the SMD range"). SNAP clients who are elderly and/or disabled and incur medical expenses above \$190 are credited with the actual cost of the medical expenses minus \$35. These deductions usually result in a higher SNAP benefit level.

In preparation for the end of the public health emergency and the expiration of the associated waivers, the USDA Food and Nutrition Service has approved DTA's request to allow clients who are elderly and/or disabled to self-declare medical expenses, provided that these expenses are in the SMD range. This flexibility will not only allow clients to access the SMD deduction without the undue burden of collecting multiple receipts and documents, but it will also maximize their SNAP benefits.

Important Considerations for Elderly/Disabled Households

If you are processing a case with a client who is elderly and/or disabled, it is important to screen for medical expenses. You must explain to the client that reporting medical expenses may result in more SNAP benefits.

When asking clients about medical expenses, you must ask questions in general terms. For example, instead of asking "What prescription medications do you pay for?", ask "Do you pay for any prescription medications?" Similarly, instead of asking "What did you go to the hospital for?", ask "Do you have any hospital bills?" For more information, refer to the [How to Discuss Medical Expenses with Clients](#) page.

During the course of this conversation, you must determine what medical expenses the client has, and whether they are eligible for the SMD or an actual medical expense deduction.

Acceptable Verification of Medical Expenses

If a client who is elderly and/or disabled declares that they incur medical expenses in the SMD range, they can verify these expenses by **telephonic or written** self-declaration.

If a client who is elderly and/or disabled indicates that they incur medical expenses above \$190 per month, they must submit documentary evidence to receive credit. **A self-declaration is no longer acceptable.** Examples of acceptable verifications include receipts, bills, invoices, etc. However, if they subsequently fail to provide the verification, you must credit them with the SMD of \$155.

Important Considerations Regarding the SMD Waiver

Although DTA is allowed to accept a self-declaration of medical expenses within the SMD range, you must continue using SVES and BENDEX to verify medical expenses if the information is available through these data sources. For example, if the client at application provides a self-declaration that includes the monthly cost of Medicare Part B, SVES is still to be used to validate the Part B information (in accordance with the guidance in SSA Data).

When calculating total medical expenses to determine whether the household is within the SMD range, **medical expenses available through data sources must be factored into the total medical expense amount.** Although you can usually verify them without the client's self-declaration, you cannot omit them from this total.

Example: A client who is elderly at application self-declares that their monthly medical expenses include Medicare Part B (\$164.90) and prescriptions (\$30). Because the total amount is above \$190 ($\$164.90 + \$30 = \194.90), staff must send a VC-1 for medical expenses. Even though staff will no longer need the client to verify Part B once it is verified through BENDEX, the VC-1 must be sent because the initial calculation of total medical expenses is above \$190.

Collecting Medical Information During Application Interview

If you are doing a SNAP application interview with a household with at least one member is elderly and/or disabled, you must ask about medical expenses. Even if the application indicates no medical expenses, you must explore this information to ensure that the client did not make a mistake. For example, the client may have indicated no medical expenses because they incorrectly believed their expenses were non-countable.

Collecting Medical Information When Recertification Interview is Waived

If you receive an Action to work on a SNAP recertification for a household with at least one member who is elderly and/or disabled, you must call the client to ask about medical expenses if the household:

- is not already receiving the maximum SNAP benefit level for their household size, and there are no medical expenses on file; or
- indicates on the form that they have new medical expenses or that the medical expenses on file have changed.

If one or both conditions are met, you must cold call the household two times. If one of the cold calls is successful, you must ask about medical expenses. If both calls are unsuccessful, you must send an optional VC-1 for medical expenses.

If the client is not already receiving the maximum SNAP benefit level for their household size, and they indicate on the recertification form that they have no medical expenses, you must attempt to courtesy call them to ensure that they did not make a mistake (e.g., the client said no because they incorrectly believed their expenses were non-countable). However, if the call is unsuccessful, you must not send an optional VC-1 for medical expenses.

Reminder	<p>For COVID-19 recertifications, you must update the Phone page by checking the Performed box. If a cold call is successful, you must indicate Yes in the Client Answered field. No changes to the Interview page are to be made.</p> <p>For non-COVID-19 recertifications, if a cold call to discuss an optional item is successful, you must code the Interview as Held.</p> <p>For more information, see COVID-19 Streamlined SNAP Recertification.</p>
-----------------	--

Important	<p>Staff must remember that, like the Interim Report, the COVID-19 recertification form does not ask about medical expenses. Therefore, if a client indicates no change on a COVID-19 recertification form, staff must not remove any medical expenses on file.</p>
------------------	---

The Medical Expense Tracker

To facilitate the implementation of the SMD waiver, staff can utilize the new [Medical Expense Tracker](#) to gather medical expense information from a household. The Medical Expense Tracker is a Microsoft Excel spreadsheet that aims to streamline the process of recording medical deductions, differentiating between recurring and non-recurring expenses, and determining whether a household must verify the medical expenses via self-declaration or documentary evidence. However, **this tool is optional.**

The first portion of the Medical Expense Tracker is used to document the medical expense information, both recurring and non-recurring, that the household is reporting to determine whether the total medical expenses will fall into the SMD range.

The second portion of the Medical Expense Tracker is used to record the household information that is needed to determine the benefit amount based on the number of months over which the non-recurring medical expenses are prorated. The non-recurring medical expenses are entered under question 2A in the Medical Expense Tracker.

Once completed, this spreadsheet must be attached to the BEACON narrative. Below is a screenshot:

Total Monthly Medical Expenses		Countable Monthly Medical Expenses		SMD	Above SMD?	Benefit Level
\$0.00		\$0.00		No	No	

Elderly/Disabled Household Member 1:			Elderly/Disabled Household Member 2:		
(1) Do you have any medical expenses that you have to pay on a regular basis?			(1) Do you have any medical expenses that you have to pay on a regular basis?		
(1A) What are the medical expenses that you regularly pay for, what are the costs, and how often do you pay?			(1A) What are the medical expenses that you regularly pay for, what are the costs, and how often do you pay?		
	Total Cost	Frequency		Total Cost	Frequency
Health Insurance Costs:		Monthly	Health Insurance Costs:		Monthly
Dentures, Hearing, Prosthetics:		Monthly	Dentures, Hearing, Prosthetics:		Monthly
Hospitalization:		Monthly	Hospitalization:		Monthly
Maintaining an Attendant:		Monthly	Maintaining an Attendant:		Monthly
Medical Supplies:		Monthly	Medical Supplies:		Monthly
Medical and Dental Care:		Monthly	Medical and Dental Care:		Monthly
Prescription Eye Glasses:		Monthly	Prescription Eye Glasses:		Monthly
Prescriptions/Medication:		Monthly	Prescriptions/Medication:		Monthly
Seeing Eye Dog/Hearing Dog:		Monthly	Seeing Eye Dog/Hearing Dog:		Monthly
Transportation/Lodging:		Monthly	Transportation/Lodging:		Monthly
Other:		Monthly	Other:		Monthly
Total Monthly Cost:		\$ -	Total Monthly Cost:		\$ -
(2) Do you have any one-time medical expenses from the last 12 months that you recently paid off or that you have yet to pay off?			(2) Do you have any one-time medical expenses from the last 12 months that you recently paid off or that you have yet to pay off?		
(2A) If yes, what are your one-time medical expenses and what were their total costs?			(2A) If yes, what are your one-time medical expenses and what were their total costs?		
	Total Cost			Total Cost	
Health Insurance Costs:			Health Insurance Costs:		
Dentures, Hearing, Prosthetics:			Dentures, Hearing, Prosthetics:		
Hospitalization:			Hospitalization:		
Maintaining an Attendant:			Maintaining an Attendant:		
Medical Supplies:			Medical Supplies:		
Medical and Dental Care:			Medical and Dental Care:		
Prescription Eye Glasses:			Prescription Eye Glasses:		
Prescriptions/Medication:			Prescriptions/Medication:		
Seeing Eye Dog/Hearing Dog:			Seeing Eye Dog/Hearing Dog:		
Transportation/Lodging:			Transportation/Lodging:		
Other:			Other:		
Number of Months to Divide One-Time Medical Expenses By:	1		Number of Months to Divide One-Time Medical Expenses By:	1	
Total Monthly Cost:		\$ -	Total Monthly Cost:		\$ -

Enter the Household's Information to Determine the Best Proration Option for One-Time Medical Expenses	
Household Size	
Earned Income	
Unearned Income	
Dependent Care	
Child Support	
Shelter Costs	
Standard Utility Allowance	

- Displays the sum total of the medical expenses entered into the spreadsheet.
- Displays the total medical deduction (Total Monthly Medical Expenses - \$35) based on the information entered into the spreadsheet.
- Displays whether the household qualifies for the standard medical deduction of \$155 based on the medical expense figures entered under each Total Cost column. If yes, the indicator will change from "No" to "Yes," which entails that the household can verify the medical expenses via telephonic self-declaration.
- Displays whether the household's total medical expenses exceed \$190 based on the medical expense figures entered under each Total Cost column. If yes, the indicator will change from "No" to "Yes," which entails that the household must submit documentary evidence of the medical expenses to be credited with a medical deduction higher than \$155.
- Displays the household's potential benefit level based on the medical expense figures entered under each Total Cost column and the information entered in the household table at the bottom of the spreadsheet.

- F. Used to record the name of the elderly/disabled individual to whom the spreadsheet information applies.
- G. Yes/No dropdown for indicating whether the individual named in the Elderly/Disabled Household Member cell has recurring medical expenses.
- H. Displays the various categories of medical expenses based on the available dropdown options in the Medical Expense and Health Insurance pages in BEACON.
- I. Used to record the total cost of each medical expenses.
- J. Used to record the frequency of the recurring medical expenses. Clicking the cell opens a dropdown menu with the following options: Weekly, Monthly, Quarterly, Annually.
- K. Used to indicate the number of months by which to divide non-recurring medical expenses. Entering a number of months in this field will change the Total Monthly Cost of the non-recurring medical expenses.
- L. Household information table for entering the information that the spreadsheet needs to determine the household's benefit level based on the medical expense information entered throughout the spreadsheet.

Using the Medical Expense Tracker

To complete the Medical Expense Tracker for each elderly/disabled member of a SNAP household, follow these steps:

1. Open the Medical Expense Tracker. In the cell underneath the heading "Elderly/Disabled Household Member 1," enter the name of the household member to whom the medical expenses apply.

Elderly/Disabled Household Member 1:
John Doe

2. Ask Question 1: Select Yes or No based on the response.

(1) Does John Doe have any medical expenses that they have to pay on a regular basis?	
	Yes
	No

3. If yes, ask Question 1A. Based on the response, fill in the total cost and frequency in each appropriate category.

4. Ask Question 2. Select Yes or No based on the response.

(2) Does John Doe have any one-time medical expenses from the last 12 months that they recently paid off or have yet to pay off?	No
	Yes No

5. If yes, ask Question 2A. Based on the response, fill in the total cost in the appropriate category.

(2A) If yes, what were John Doe's one-time medical expenses and what were their total costs?	
	Total Cost
Health Insurance Costs:	
Dentures, Hearing, Prosthetics:	
Hospitalization:	
Maintaining an Attendant:	
Medical Supplies:	
Medical and Dental Care:	\$ 150.00
Prescription Eye Glasses:	
Prescriptions/Medication:	
Seeing Eye Dog/Hearing Dog:	
Transportation/Lodging:	
Other:	

6. Determine the number of months by which to divide the one-time medical expenses following the procedures in [Non-recurring Medical Expenses](#). Enter the appropriate number of months in the "Number of Months to Divide One-Time Medical Expenses By" field:

(2A) If yes, what were John Doe's one-time medical expenses and what were their total costs?		
	Total Cost	
Health Insurance Costs:		
Dentures, Hearing, Prosthetics:		
Hospitalization:		
Maintaining an Attendant:		
Medical Supplies:		
Medical and Dental Care:	\$	150.00
Prescription Eye Glasses:		
Prescriptions/Medication:		
Seeing Eye Dog/Hearing Dog:		
Transportation/Lodging:		
Other:		
Number of Months to Divide One-Time Medical Expenses By:		3
Total Monthly Cost:	\$	50.00



7. If there is another elderly/disabled member in the household, enter their name in the cell underneath the heading "Elderly/Disabled Household Member 2" and repeat steps 2 through 6.

Elderly/Disabled Household Member 2:		
(1) Do you have any medical expenses that you have to pay on a regular basis?		
(1A) What are the medical expenses that you regularly pay for, what are the costs, and how often do you pay?	Total Cost	Frequency
	Health Insurance Costs:	Monthly
	Dentures, Hearing, Prosthetics:	Monthly
	Hospitalization:	Monthly
	Maintaining an Attendant:	Monthly
	Medical Supplies:	Monthly

Medical Expenses within SMD Range

- 8. If the total medical expenses are **greater than \$35 and less than (or equal to) \$190**, follow the [Telephonic Signature](#) procedures to have the client self-declare that the medical expenses are in the SMD range.

Example A: If the client has a hospital bill for \$55, copay for \$38, prescriptions for \$42, and over-the-counter medication for \$37, you must have the client self-declare all of them because their sum total is within the SMD range.

- 9. Enter the medical expense information into BEACON and mark each item as verified by selecting Other and then typing: "Self-Declaration." Upload a copy of the Medical Expense Tracker to the narrative.

Medical Expenses Above \$190

- 10. **If the total medical expenses are above \$190**, follow the [Telephonic Signature](#) procedures to have the client self-declare the total value of those medical expenses that are in the SMD range (i.e., below \$190).

Example B: If the client has a hospital bill for \$250, copay for \$60, prescriptions for \$50 and over-the-counter medication for \$45, you must have the client self-declare the copay, prescriptions and over-the-counter medications. The client must submit verifications to receive credit for actual medical expenses above \$190.

Example C: If the client has a hospital bill for \$75, copay for \$50, prescriptions for \$50, over-the-counter for \$30, you must have the client self-declare any three out of the four items to get into the SMD range. However, the client must submit verification of all four items to receive the actual medical expense deduction.

Important	Before transferring the client to the IVR line to telephonically self-declare their medical expenses, you must verbally run through each item and amount that the client declared to ensure that the information is correct.
------------------	--

- 11. Enter **all** the medical expenses into BEACON. You must select the appropriate Expense Type in the Health Insurance and/or Medical Expense pages and enter the self-declared amounts.
- 12. Send an optional VC-1 for **all** of the medical expenses (including those that client already telephonically verified, as this will allow for clients to send in verification of actual medical expenses).
- 13. Mark the **self-declared items** of the medical expenses as verified by selecting Other and then typing: "Self-Declaration." **Do NOT mark as verified the portion of medical expenses that need documentary evidence and cannot be verified via telephonic or written self-declaration.** Attach a copy of the Medical Expense Tracker to the narratives.

Note	<p>If a client's claim for medical expenses above \$190 is contingent upon the way they choose to average non-recurring medical expenses, you must clearly advise the client that documentary evidence will not be required if they choose to average the non-recurring expenses over a number of months that results in a medical deduction in the SMD range.</p> <p>However, if the client chooses to average the non-recurring expenses over a number of months that results in the SMD, but this option will not maximize SNAP benefits for the household, you must advise the client of the better option. Be sure to write a detailed narrative.</p>
-------------	---

Medical Expenses > \$190 at Application

14. If the case is at application, you must not process the case until the verifications are received or Day 30, whichever occurs first.

It is crucial that you properly record the medical expenses that were self-declared. Otherwise, if the client subsequently fails to provide verification, the FAW who processes the case on Day 30 will not know which medical expenses were already telephonically verified.

Medical Expenses > \$190 at Recertification

15. If the case is at recertification, you must follow steps 10 through 13 above. If there are no other no other verifications missing, mark the **self-declared** medical expenses as verified by selecting Other and then typing: "Self-Declaration." This will credit the household with the SMD.

However, if not crediting medical expenses above \$190 results in the case getting denied or approved at \$0, the recertification must not be processed at this time. Rather, you must:

- remove the authorization to process the case
- create an Action to process the case on the BEACON Release Date that occurs right before the reevaluation end date
- for more information on creating an Action, see [Creating Follow-up Actions](#)
- if the medical expense verification is received on or before the BEACON Release Date, enter all the medical expenses into BEACON and approve the Recertification. Credit the household with the medical expenses above \$190.
- if the medical expense verification is not received by the BEACON Release Date, process the case without entering the portion of the medical expenses that brings the total medical expenses above \$190. Only credit the household with the SMD.

Client Reports Medical Expenses > \$190 at Case Maintenance

16. If the client calls during the case maintenance to report medical expenses, you must follow steps 10 through 13 above. Be sure to write a detailed narrative.
17. If the client subsequently follows up with the verification, the FAW who receives the Action to review the documents must add them to the BEACON record and recalculate the benefits.
18. If the client does not follow up with verification, the FAW who receives the Verification Due Action on the VC-1 due date is limited to recalculating the SNAP benefits using only the self-declared medical items that bring the household within the SMD range.

Example of New Procedures

Note: This example is current as of October 2023. However, the results will likely be different from year to year due to the COLA and SUA adjustments. For more information, see [SNAP Annual Cost-of-Living Adjustment \(COLA\)](#).

Jane is applying for SNAP benefits with their husband John. Both Jane and John are elderly. John receives an employment related pension of \$3,939 per month, and Jane receives \$821 per month in RSDI. They are responsible to pay a mortgage of \$1,239 per month and their SUA is for heating. Jane pays \$50 per month for prescription medications. John pays \$2,666 per month for a home health aide.

Since Jane's prescription costs are in the SMD range, the case manager asks Jane to provide a telephonic self-declaration of these expenses. However, since the cost of John's home health aide places the total medical expenses above \$190, the case manager must request verification of both Jane's prescriptions and John's home health aide.

After Jane provides the telephonic self-declaration of their prescriptions, the case manager enters Jane's medical expenses into the Medical Expense page in BEACON and then sends the optional VC-1 for both the prescriptions and John's home health aide. After the VC-1 is generated, the case manager only marks Jane's medical expenses as verified by opening the Verification tab, selecting Jane's prescriptions in the verification item list, selecting other and typing "Self-Declaration." The case manager will not mark John's home health aide cost as verified until documentation is received.

The case manager then will attach the Medical Expense Tracker to the case narrative.

Total Monthly Medical Expenses	Countable Monthly Medical Expenses	SMD	Above SMD	Monthly Benefit Level
\$2,716.00	\$2,681.00	No	Yes	\$315

Use this portion of the Tracker to enter the medical expenses that the household reports. This will determine if the medical deduction is in the SMD range or the actual range.

Elderly/Disabled Household Member 1:
Jane Doe

(1) Does Jane Doe have any medical expenses that they have to pay on a regular basis? Yes

(1A) What are the medical expenses that Jane Doe regularly pays for, what are the costs, and how often are they paid?

	Total Cost	Frequency
Health Insurance Costs:		Monthly
Dentures, Hearing, Prosthetics:		Monthly
Hospitalization:		Monthly
Maintaining an Attendant:		Monthly
Medical Supplies:		Monthly
Medical and Dental Care:		Monthly
Prescription Eye Glasses:		Monthly
Prescriptions/Medication:	\$ 50.00	Monthly
Seeing Eye Dog/Hearing Dog:		Monthly
Transportation/Lodging:		Monthly
Other:		Monthly
Total Monthly Cost:	\$ 50.00	

(2) Does Jane Doe have any one-time medical expenses from the last 12 months that they recently paid off or have yet to pay off? No

Elderly/Disabled Household Member 2:
John Doe

(1) Does John Doe have any medical expenses that they have to pay on a regular basis? Yes

(1A) What are the medical expenses that John Doe regularly pays for, what are the costs, and how often are they paid?

	Total Cost	Frequency
Health Insurance Costs:		Monthly
Dentures, Hearing, Prosthetics:		Monthly
Hospitalization:		Monthly
Maintaining an Attendant:	\$ 2,666.00	Monthly
Medical Supplies:		Monthly
Medical and Dental Care:		Monthly
Prescription Eye Glasses:		Monthly
Prescriptions/Medication:		Monthly
Seeing Eye Dog/Hearing Dog:		Monthly
Transportation/Lodging:		Monthly
Other:		Monthly
Total Monthly Cost:	\$ 2,666.00	

(2) Does John Doe have any one-time medical expenses from the last 12 months that they recently paid off or have yet to pay off? No

Household Size	2
Homeless?	
Earned Income	
Unearned Income	\$4,760.00
Dependent Care	
Child Support	
Shelter Costs	\$1,239.00
Standard Utility Allowance	\$852.00

The Out-of-Pocket Medical Expenses Form

The Out-of-Pocket Medical Expenses Form is a fillable PDF file that clients can print and complete by hand, or by telephonic signature. The form includes a checklist of common medical expenses with fields for indicating each one's cost and/or frequency. You can download the form by clicking [here](#).

Providing the Out-of-Pocket Medical Expenses Form to the Client

If an elderly or disabled client communicates to you that they have medical expenses but are unable to provide essential information such as the type, cost, frequency, etc., you must mail them a copy of the Out-of-Pocket Medical Expenses Form or advise them that the form is available for download at <https://www.mass.gov/resource/dta-documents-forms>.

You must advise the client that the form is for them to complete and sign once they obtain the relevant information about their medical expenses. However, you must also tell them that the form is optional, and they may submit their own written/signed self-declaration or call back to provide a telephonic self-declaration.

Clients can submit the Out-of-Pocket Medical Expenses Form by mail, fax, scanning at a local office, or uploading it online through DTA Connect. If you complete the form for the client and they sign it telephonically, you must manually save the document into the ECF by attaching it to the narrative or scanning it to the DPC.

Tool for Determining Best Proration Option for Non-Recurring Medical Costs

The Medical Expense Tracker includes a benefit calculation tool for helping you determine the most beneficial non-recurring medical expense proration option. To utilize this tool, scroll down to the household information table at the bottom of the spreadsheet:

The screenshot shows a spreadsheet interface for tracking medical expenses. At the top, there are summary boxes for 'Total Monthly Medical Expenses', 'Countable Monthly Medical Expenses', 'SMD', 'Above SMD?', and 'Benefit Level'. Below this, there are two columns for 'Elderly/Disabled Household Member 1' and 'Elderly/Disabled Household Member 2'. Each column contains a series of questions (Q1-Q4) about medical expenses, with corresponding tables for recording costs and frequencies. At the bottom of the spreadsheet, there is a section titled 'Enter the Household's Information to Determine the Best Proration Option for One-Time Medical Expenses'. This section includes a table with the following rows: Household Size, Earned Income, Unearned Income, Dependent Care, Child Support, Shelter Costs, and Standard Utility Allowance. The cells for 'Earned Income', 'Unearned Income', 'Dependent Care', 'Child Support', 'Shelter Costs', and 'Standard Utility Allowance' are highlighted in yellow. A large red arrow points from the right towards these yellow cells.

Fill in the household information in the yellow spaces:

Household Size	1
Homeless?	
Earned Income	
Unearned Income	\$1,000.00
Dependent Care	
Child Support	
Shelter Costs	\$750.00
Standard Utility Allowance	

Then scroll back up to the top of the spreadsheet to see the results. As you enter the medical expense information, the resulting benefit amount will display in the yellow Benefit Level cell on the top of the sheet:

Total Monthly Medical	Countable	SMD	Above SMD	Benefit Level
\$86.00	\$155.00	Yes	No	\$250.00

Elderly/Disabled Household Member 1: John Doe	Elderly/Disabled Household Member 2:																																																															
John Doe have any medical expenses you have to pay on a regular basis? <input type="checkbox"/> Yes	(1) Do you have any medical expenses that you have to pay on a regular basis? <input type="checkbox"/>																																																															
What are the medical expenses that John Doe regularly pays for, what are the costs, and when are they paid?	(1A) What are the medical expenses that you regularly pay for, what are the costs, and how often do you pay?																																																															
<table border="1"> <thead> <tr> <th></th> <th>Total Cost</th> <th>Frequency</th> </tr> </thead> <tbody> <tr><td>Health Insurance Costs:</td><td></td><td>Monthly</td></tr> <tr><td>Dentures, Hearing, Prosthetics:</td><td></td><td>Monthly</td></tr> <tr><td>Hospitalization:</td><td></td><td>Monthly</td></tr> <tr><td>Maintaining an Attendant:</td><td></td><td>Monthly</td></tr> <tr><td>Medical Supplies: \$</td><td>36.00</td><td>Monthly</td></tr> <tr><td>Medical and Dental Care:</td><td></td><td>Monthly</td></tr> <tr><td>Prescription Eye Glasses:</td><td></td><td>Monthly</td></tr> <tr><td>Prescriptions/Medication:</td><td></td><td>Monthly</td></tr> <tr><td>Seeing Eye Dog/Hearing Dog:</td><td></td><td>Monthly</td></tr> <tr><td>Transportation/Lodging:</td><td></td><td>Monthly</td></tr> <tr><td>Other:</td><td></td><td>Monthly</td></tr> <tr><td>Total Monthly Cost: \$</td><td>36.00</td><td></td></tr> </tbody> </table>		Total Cost	Frequency	Health Insurance Costs:		Monthly	Dentures, Hearing, Prosthetics:		Monthly	Hospitalization:		Monthly	Maintaining an Attendant:		Monthly	Medical Supplies: \$	36.00	Monthly	Medical and Dental Care:		Monthly	Prescription Eye Glasses:		Monthly	Prescriptions/Medication:		Monthly	Seeing Eye Dog/Hearing Dog:		Monthly	Transportation/Lodging:		Monthly	Other:		Monthly	Total Monthly Cost: \$	36.00		<table border="1"> <tbody> <tr><td>Health Insurance Costs:</td><td></td></tr> <tr><td>Dentures, Hearing, Prosthetics:</td><td></td></tr> <tr><td>Hospitalization:</td><td></td></tr> <tr><td>Maintaining an Attendant:</td><td></td></tr> <tr><td>Medical Supplies:</td><td></td></tr> <tr><td>Medical and Dental Care:</td><td></td></tr> <tr><td>Prescription Eye Glasses:</td><td></td></tr> <tr><td>Prescriptions/Medication:</td><td></td></tr> <tr><td>Seeing Eye Dog/Hearing Dog:</td><td></td></tr> <tr><td>Transportation/Lodging:</td><td></td></tr> <tr><td>Other:</td><td></td></tr> <tr><td>Total Monthly Cost: \$</td><td></td></tr> </tbody> </table>	Health Insurance Costs:		Dentures, Hearing, Prosthetics:		Hospitalization:		Maintaining an Attendant:		Medical Supplies:		Medical and Dental Care:		Prescription Eye Glasses:		Prescriptions/Medication:		Seeing Eye Dog/Hearing Dog:		Transportation/Lodging:		Other:		Total Monthly Cost: \$	
	Total Cost	Frequency																																																														
Health Insurance Costs:		Monthly																																																														
Dentures, Hearing, Prosthetics:		Monthly																																																														
Hospitalization:		Monthly																																																														
Maintaining an Attendant:		Monthly																																																														
Medical Supplies: \$	36.00	Monthly																																																														
Medical and Dental Care:		Monthly																																																														
Prescription Eye Glasses:		Monthly																																																														
Prescriptions/Medication:		Monthly																																																														
Seeing Eye Dog/Hearing Dog:		Monthly																																																														
Transportation/Lodging:		Monthly																																																														
Other:		Monthly																																																														
Total Monthly Cost: \$	36.00																																																															
Health Insurance Costs:																																																																
Dentures, Hearing, Prosthetics:																																																																
Hospitalization:																																																																
Maintaining an Attendant:																																																																
Medical Supplies:																																																																
Medical and Dental Care:																																																																
Prescription Eye Glasses:																																																																
Prescriptions/Medication:																																																																
Seeing Eye Dog/Hearing Dog:																																																																
Transportation/Lodging:																																																																
Other:																																																																
Total Monthly Cost: \$																																																																
John Doe have any one-time medical expenses from the last 12 months that they paid off or have yet to pay off? <input type="checkbox"/> Yes	(2) Do you have any one-time medical expenses from the last 12 months that you recently paid off or that you have yet pay <input type="checkbox"/>																																																															
If yes, what were John Doe's one-time medical expenses and what were their total costs?	(2A) If yes, what are your one-time medical expenses and what were their total costs?																																																															
<table border="1"> <thead> <tr> <th></th> <th>Total Cost</th> </tr> </thead> <tbody> <tr><td>Health Insurance Costs:</td><td></td></tr> <tr><td>Dentures, Hearing, Prosthetics:</td><td></td></tr> <tr><td>Hospitalization:</td><td></td></tr> <tr><td>Maintaining an Attendant:</td><td></td></tr> <tr><td>Medical Supplies:</td><td></td></tr> <tr><td>Medical and Dental Care:</td><td></td></tr> <tr><td>Prescription Eye Glasses:</td><td></td></tr> <tr><td>Prescriptions/Medication:</td><td></td></tr> <tr><td>Seeing Eye Dog/Hearing Dog:</td><td></td></tr> <tr><td>Transportation/Lodging:</td><td></td></tr> <tr><td>Other:</td><td></td></tr> <tr><td>Total Cost</td><td></td></tr> </tbody> </table>		Total Cost	Health Insurance Costs:		Dentures, Hearing, Prosthetics:		Hospitalization:		Maintaining an Attendant:		Medical Supplies:		Medical and Dental Care:		Prescription Eye Glasses:		Prescriptions/Medication:		Seeing Eye Dog/Hearing Dog:		Transportation/Lodging:		Other:		Total Cost		<table border="1"> <tbody> <tr><td>Health Insurance Costs:</td><td></td></tr> <tr><td>Dentures, Hearing, Prosthetics:</td><td></td></tr> <tr><td>Hospitalization:</td><td></td></tr> <tr><td>Maintaining an Attendant:</td><td></td></tr> <tr><td>Medical Supplies:</td><td></td></tr> <tr><td>Medical and Dental Care:</td><td></td></tr> <tr><td>Prescription Eye Glasses:</td><td></td></tr> <tr><td>Prescriptions/Medication:</td><td></td></tr> <tr><td>Seeing Eye Dog/Hearing Dog:</td><td></td></tr> <tr><td>Transportation/Lodging:</td><td></td></tr> <tr><td>Other:</td><td></td></tr> <tr><td>Total Cost</td><td></td></tr> </tbody> </table>	Health Insurance Costs:		Dentures, Hearing, Prosthetics:		Hospitalization:		Maintaining an Attendant:		Medical Supplies:		Medical and Dental Care:		Prescription Eye Glasses:		Prescriptions/Medication:		Seeing Eye Dog/Hearing Dog:		Transportation/Lodging:		Other:		Total Cost														
	Total Cost																																																															
Health Insurance Costs:																																																																
Dentures, Hearing, Prosthetics:																																																																
Hospitalization:																																																																
Maintaining an Attendant:																																																																
Medical Supplies:																																																																
Medical and Dental Care:																																																																
Prescription Eye Glasses:																																																																
Prescriptions/Medication:																																																																
Seeing Eye Dog/Hearing Dog:																																																																
Transportation/Lodging:																																																																
Other:																																																																
Total Cost																																																																
Health Insurance Costs:																																																																
Dentures, Hearing, Prosthetics:																																																																
Hospitalization:																																																																
Maintaining an Attendant:																																																																
Medical Supplies:																																																																
Medical and Dental Care:																																																																
Prescription Eye Glasses:																																																																
Prescriptions/Medication:																																																																
Seeing Eye Dog/Hearing Dog:																																																																
Transportation/Lodging:																																																																
Other:																																																																
Total Cost																																																																

If you need to determine the best way to prorate a one-time medical expense, you can continuously adjust the number of months in the "Number of Months to Divide One-Time Medical Expenses By" field and any impact on the benefit level will be immediately displayed in the Benefit Level cell.

(2A) If yes, what were John Doe's one-time medical expenses and what were their total costs?	
	Total Cost
Health Insurance Costs:	
Dentures, Hearing, Prosthetics:	
Hospitalization:	
Maintaining an Attendant:	
Medical Supplies:	
Medical and Dental Care:	\$ 150.00
Prescription Eye Glasses:	
Prescriptions/Medication:	
Seeing Eye Dog/Hearing Dog:	
Transportation/Lodging:	
Other:	
Number of Months to Divide One-Time Medical Expenses By:	3
Total Monthly Cost:	\$ 50.00

Example

Note: This example is current as of October 2023. However, the results will likely be different from year to year due to the COLA and SUA adjustments. For more information, see [SNAP Annual Cost-of-Living Adjustment \(COLA\)](#).

Household of one. Client is 65 years old. Grantee reports and verifies a one-time medical expense during the 6th month of the 36-month EDSAP certification period. Client receives monthly RSDI in the amount of \$1,289.00, pays \$1,000.00 for rent and is not credited with any SUA. Client has a one-time eyeglass expense of \$300.00.

Description of Procedure	Apply expense for 1 month	Average expense from month 7 - 14 (Divide by 8)	Average expense from month 7 - 15 (Divide by 9)
SNAP Benefit without Medical Expense Deduction	\$100	\$100	\$100
Monthly Medical	\$300.00	\$37.50	\$33.33

Expense Amount Entered into BEACON			
HH's Monthly Medical Expense Deduction	\$265.00 (Actuals)	\$155.00 (SMD)	\$0.00 (None)
SNAP Benefit with Medical Expense Applied	\$219 (for one month)	\$169 (for 8 months)	\$100 (for 9 months)
Total SNAP Benefit During EDSAP Certification Period	\$3,119	\$3,552 Option 2 is the best for the client.	\$3,000

Total Monthly Medical Expenses	Countable Monthly Medical Expenses	SMD	Above SMD	Monthly Benefit Level
\$100.00	\$155.00	Yes	No	\$169

(2) Do you have any one-time medical expenses from the last 12 months that you recently paid off or that you have yet to pay off?	Yes
---	-----

(2A) If yes, what are your one-time medical expenses and what were their total costs?	
	Total Cost
Health Insurance Costs:	
Dentures, Hearing, Prosthetics:	
Hospitalization:	
Maintaining an Attendant:	
Medical Supplies:	
Medical and Dental Care:	
Prescription Eye Glasses:	\$ 300.00
Prescriptions/Medication:	
Seeing Eye Dog/Hearing Dog:	
Transportation/Lodging:	
Other:	
Number of Months to Divide One-Time Medical Expenses By:	3
Total Monthly Cost:	\$ 100.00

Household Size	1
Homeless?	
Earned Income	
Unearned Income	\$1,289.00
Dependent Care	
Child Support	
Shelter Costs	\$1,000.00
Standard Utility Allowance	

For more information, see [Non-recurring Medical Expenses](#).

Last Update: September 19, 2023

Helpful Charts and Figures—SNAP

Household Size	Standards for Categorically Eligible Households (200% of FPL)		Maximum Monthly Net Income Figures (100% of FPL)		Maximum Monthly Gross Income Levels (130% of FPL)		Maximum Benefit Levels		Minimum Benefit Levels for Eligible Households of One and Two		Standard Deduction (Household of 6 or more has same amount)	
	Current Amounts <i>Effective 2/1/23</i>	Last Year's Amounts	Current Amounts <i>Effective 10/1/23</i>	Last Year's Amounts	Current Amounts <i>Effective 10/1/23</i>	Last Year's Amounts	Current Amounts <i>Effective 10/1/23</i>	Last Year's Amounts	Current Amounts <i>Effective 10/1/23</i>	Last Year's Amounts	Current Amounts <i>Effective 10/1/23</i>	Last Year's Amounts
1	\$2,430	\$2,265	\$1,215	\$1,133	\$1,580	\$1,473	\$291	\$281	\$23	\$23	\$198	\$193
2	\$3,287	\$3,052	\$1,644	\$1,526	\$2,137	\$1,984	\$535	\$516	\$23	\$23	\$198	\$193
3	\$4,143	\$3,838	\$2,072	\$1,920	\$2,694	\$2,495	\$766	\$740	N/A	N/A	\$198	\$193
4	\$5,000	\$4,625	\$2,500	\$2,313	\$3,250	\$3,007	\$973	\$939	N/A	N/A	\$208	\$193
5	\$5,857	\$5,412	\$2,929	\$2,706	\$3,807	\$3,518	\$1,155	\$1,116	N/A	N/A	\$244	\$225
6	\$6,713	\$6,198	\$3,357	\$3,100	\$4,364	\$4,029	\$1,386	\$1,339	N/A	N/A	\$279	\$258
7	\$7,570	\$6,985	\$3,785	\$3,493	\$4,921	\$4,541	\$1,532	\$1,480	N/A	N/A	\$279	\$258
8	\$8,427	\$7,772	\$4,214	\$3,886	\$5,478	\$5,052	\$1,751	\$1,691	N/A	N/A	\$279	\$258
Add	+857	+\$857	+\$429	+\$394	+\$557	+\$512	+\$219	+\$211	N/A	N/A	=\$279	=\$258

Maximum Shelter Deduction	
Current Amount	Last Year's Amount
\$672	\$624

Homeless Shelter Deduction	
Current Amount	Last Year's Amount
\$180	\$167

Bay State CAP High Shelter Deduction	
Current Amount	Last Year's Amount
\$481	\$481

Bay State CAP Low Shelter Deduction	
Current Amount	Last Year's Amount
\$223	\$223

Standard Utility Allowance		
Type	Current Amounts	Last Year's Amounts
Heating/Cooling	\$852	\$860
Non-heating	\$520	\$525
Phone	\$59	\$60
Bay State CAP	\$852	\$860

Asset Limit for Non-Categorically Eligible Households		
Type	Current Amounts	Last Year's Amounts
Households with an Elderly/Disabled Member	\$4,250	\$4,250
Households without an Elderly/Disabled Member	\$2,750	\$2,750

Medicare Deductions		
Type	Current Amounts	Last Year's Amounts
Medicare Part A	State	State
Medicare Part B – Self	\$170.10	\$148.50
Medicare Part D – Standard	\$480	\$445
Medicare Part D - Partial	\$99	\$92

Cyclical Periods										
SSN Last Digit	0	1	2	3	4	5	6	7	8	9
Cyclical Begin Date	1	2	4	5	7	8	10	11	13	14
Cyclical End Date	*	1	3	4	6	7	9	10	12	13

Helpful Charts and Figures—Economic Assistance

Household Size	TAFDC Table of Need Payment Standards (without Rent Allowance)	TAFDC Table of Need Payment Standards (with Rent Allowance)	TAFDC Income Standard for Parent of a Teen Parent Under 18	TAFDC Eligibility for 100% Earned Income Disregard	EAEDC Living Arrangement A Grant Calculation	EAEDC Living Arrangement B Grant Calculation	EAEDC Living Arrangement C Grant Calculation	EAEDC Living Arrangement D Grant Calculation	EAEDC Living Arrangement E Grant Calculation	EAEDC Living Arrangement F Grant Calculation	EAEDC Living Arrangement H Grant Calculation
1	\$513	\$553	\$2,430	\$2,430	\$401	\$121	\$72.80	\$401	\$72.80 + Per Diem*	\$258.80	\$267.30
2	\$648	\$688	\$3,287	\$3,287	\$521.70	\$241.90	N/A	\$521.70	N/A	N/A	\$347.80
3	\$783	\$823	\$4,143	\$4,143	N/A	N/A	N/A	N/A	N/A	N/A	\$428.30
4	\$912	\$952	\$5,000	\$5,000	N/A	N/A	N/A	N/A	N/A	N/A	\$508.90
5	\$1045	\$1085	\$5,857	\$5,857	N/A	N/A	N/A	N/A	N/A	N/A	\$589.60
6	\$1183	\$1223	\$6,713	\$6,713	N/A	N/A	N/A	N/A	N/A	N/A	\$669.80
7	\$1316	\$1356	\$7,570	\$7,570	N/A	N/A	N/A	N/A	N/A	N/A	
8	\$1448	\$1488	\$8,427	\$8,427	N/A	N/A	N/A	N/A	N/A	N/A	
9	\$1580	\$1620	\$9,283	\$9,283	N/A	N/A	N/A	N/A	N/A	N/A	
10	\$1714	\$1754	\$10,140	\$10,140	N/A	N/A	N/A	N/A	N/A	N/A	
Add	+139	+139	+\$857	+\$857	+121	+121	N/A	+\$121	N/A	N/A	+\$80.80

*Per Diem = (rate established by rest home facility) x 4.333 x 7