

## INTERPRETIVE MEMO

Rule Interpretation

Food Stamp Procedural Instruction

This memo remains effective statewide until it is specifically superseded – either by a subsequent memo or by a contradictory rule with a later date.

Please file in your manual facing the page indicated below.

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This memo:  is new  Replaces one dated \_\_\_\_\_

### A. \$138 Standard Deduction – FMED panel

Applicant households with elderly (age 60) or disabled members (271.2 P.3) who have medical expenses in excess of \$35 (\$35.01 and up) get a standard medical expense deduction of \$138.

**You must verify and document (P-2510 E10) only the first \$35.01 of expenses.**

**ACCESS:** When a worker enters any amount between \$35.01 and \$173 (\$138+\$35) into the FMED panel, and enters a Y in the “COUNTABLE AS FS DEDUCT?” field, ACCESS will automatically enter \$138 in the FS budget as the medical deduction amount.

### B. Claiming Actual Amounts – over \$173

Households with more than \$173 (\$138 + \$35) in monthly medical expenses may choose to claim actual expenses. **You must then verify and document (P-2510 E10) all claimed expenses.**

**ACCESS:** When a worker enters an amount over \$173, ACCESS will automatically subtract the \$35 baseline and enter the difference into the FS budget as the medical expense deduction amount.

**For example:** FMED expenses of \$200. Enter the \$200 on the FMED panel. ACCESS will deduct \$35 and count \$165 as a medical deduction in the Food Stamp budget

### C. Paying Medicare Premium – MEDI panel

If the household is paying their own Medicare premium (Part A \$443; Part B \$96.40), they are automatically entitled to the \$138 standard if paying Part B, or, if paying Part A, to their actual expenses (\$443 - \$35) even if they have no other medical expenses.

**ACCESS:** For existing cases, the MEDI panel will indicate “SELF” or “RRB” as the Payor. If no other medical expenses are entered on FMED, or if the amount entered on FMED plus the self-paid premium on MEDI totals \$173 or less, ACCESS will enter \$138 in the FS budget, as in A, above.

If other verified and documented medical expenses entered on FMED added to the self-paid Medicare premium on MEDI total more than \$173, ACCESS will subtract \$35 and enter the difference, as in B, above.

If “470” is in the Payor field of MEDI, it means the state pays the Medicare premium and it cannot be counted as an excess medical deduction.

At recertification, households only have to declare that their medical expenses continue to exceed \$35 to continue getting the standard \$138. You do not have to verify any expenses unless you question the validity of the declaration.

Households do not have to report any changes to medical expenses between certifications. They may report new medical expenses that would make them eligible for the standard deduction.