

# Best Practices for Improving Access to SNAP for People With Disabilities

**SCOPE** | State, County, Local

**PROGRAM** | Supplemental Nutrition Assistance Program (SNAP)

**PRACTICE** | Advocates and state Supplemental Nutrition Assistance Program (SNAP) agencies can improve access to SNAP for people with disabilities by disseminating accurate information about the program, opting for program practices that best serve people with disabilities, and partnering with people with disabilities and the organizations that support them.

**WHY** | Advocates and state SNAP agencies can do even more to serve eligible people with disabilities and close the SNAP participation gap for households with members who have disabilities by working to:

- provide tailored materials and assistance;
- streamline processes to connect Supplemental Security Income (SSI) recipients with SNAP;
- encourage states to use special rules and options, such as the Standard Medical Deduction (SMD);
- lengthen certification periods;
- reduce reporting requirements; and
- provide greater access to prepared foods.

**BACKGROUND** | People with disabilities experience food insecurity rates that are well above the overall national food insecurity rate of 14.3 percent. Recent research indicates that one-third of households with a working-age adult who is out of the labor force due to a disability are food insecure; and one-fourth of households with a working-age adult who has a disability and has remained in the workforce are food insecure.<sup>1</sup> Research also shows that children and adults with disabilities are at higher risk for obesity and other diet-

related diseases.<sup>2</sup> Medical and specialized diet costs can quickly add up for people with disabilities, making programs, such as SNAP, a particularly valuable asset to this population.

In an average month in fiscal year (FY) 2015, SNAP served an estimated 4.5 million households that included a working-age adult with a disability. This means that 1 in 5 SNAP households included an adult with disabilities.<sup>3</sup>

**KEY STEPS** | *Provide information and application assistance to help close participation gaps*

- For many people, including those with disabilities, the SNAP application process can seem overwhelming and confusing, due to the application's length and the documentation requirements. SNAP application assistants can help address these barriers by helping clients in person, online, or by phone, with tasks such as gathering client information and filling out the SNAP application for the client to sign and submit. SNAP application assistants should be knowledgeable about SNAP's eligibility rules, including what out-of-pocket costs, such as excess medical expenses, can be claimed to ensure that people with disabilities receive the full amount of monthly SNAP benefits to which they are entitled. In 2014, the National Council on Aging issued 37 one-year grants to community-based organizations that helped over 31,000 people — many of whom were living with a disability — apply for SNAP. The applications were estimated to have delivered \$43.7 million in benefits and \$75.8 million in economic activity.<sup>4</sup>
- Low participation in SNAP often results from a lack of information or confusion about the program and perceived stigma associated with accessing public

benefits. AARP Foundation and the Food Research & Action Center have collected [model practices and lessons learned in educating potential elderly SNAP clients](#), a group for which SNAP rules are similar to those for persons with disabilities and a group which also includes many people with disabilities.

### **Streamline SNAP Enrollment for Supplemental Security Income Recipients**

- Despite being eligible for SNAP, only 68 percent of Supplemental Security Income (SSI) households also received SNAP benefits in 2013.<sup>5</sup> Combined Application Projects (CAP) streamline the application processes for both programs, which helps states close the SSI/SNAP gap.
- By using information about SSI clients already available in the Social Security Administration (SSA) system, CAPs help states enroll SSI clients into SNAP with minimal paperwork or fewer steps. Under a “standard” CAP model, after a data match, the state SNAP agency sends a letter and an electronic benefits transfer (EBT) card to the SSI client; participation in SNAP begins when the client uses the EBT card. Under an alternative CAP model available to more states, state SNAP agencies can take information gleaned from the SSA data match and reach out to recipients with information about SNAP enrollment.
- For more on CAPs, see [A Guide to the Supplemental Security Income/Supplemental Nutrition Assistance Program Combined Application Projects](#).

### **Help people with disabilities receive more adequate SNAP benefits through a Standard Medical Deduction**

- Special SNAP rules allow individuals who have disabilities, or who are 60 or older, to deduct out-of-pocket medical expenses in excess of \$35 from their countable income. This deduction results in a lower amount of countable income, which typically leads to the recipient qualifying for a higher SNAP benefit amount. This excess medical deduction, however, is vastly underutilized. In FY 2015, only 9 percent of households with disabled, non-elderly members claimed the deduction. The verification process for the medical expense deductions can be cumbersome. Many households have a difficult time tracking all of their medical receipts as well as presenting them in a way that makes sense to the state agency.
- There are two major strategies to address underutilization of the SNAP excess medical expenses

deduction: state agencies and advocates can partner with organizations that serve people with disabilities to let clients know about the deduction; and the state can implement a Standard Medical Deduction (SMD). The latter strategy is a more systemic approach. A number of states already have SMD waivers from the U.S. Department of Agriculture, Food and Nutrition Service (USDA-FNS) to use SMDs that reduce red tape and administrative burdens for clients and caseworkers by allowing eligible clients to verify medical expenses above \$35 a month to receive a standardized expense deduction. The benefit amounts are set on a state-by-state basis. For example, Massachusetts allows for an SMD of \$155 per month. Advocates can work with state agencies to help them apply to USDA-FNS for an SMD waiver.

### **Help SNAP Persons With Disabilities Maintain Benefits**

- Once a household is approved for SNAP, reporting and recertification requirements risk interrupting the ongoing receipt of SNAP benefits. The occurrence, often called “churn,” typically involves a household that remains eligible for SNAP, but exits the program for procedural reasons and re-enters within four months.
- According to a 2014 Urban Institute study, churn is more likely to occur in households that have members with disabilities. Adopting policies and practices to reduce churn can help promote food security among people with disabilities who depend on SNAP.
- There are two key ways to reduce the number of times people with disabilities need to take the necessary steps to remain a SNAP recipient: lengthen SNAP certification periods; and simplify the reporting system for households with disabilities. While most SNAP households are certified for 12 months, states have the option to set certification periods at 24 months for households whose members all have disabilities or are 60 or older. As to simplified reporting, between application and recertification, SNAP households typically must report on changes in income, household members, and other eligibility factors. If, however, those same households are only required to report on income changes above a threshold level, that reduces churning among these households. For more on such strategies, see [SNAP Matters for People with Disabilities](#).

### **Help Persons With Disabilities Access Prepared Foods**

- Recognizing that persons who are elderly, have disabilities, or are homeless may face particular challenges with purchasing and preparing food at home,

SNAP allows states to implement the Restaurant Meals Program (RMP), by which those three target populations may use their SNAP benefits to purchase meals at approved restaurants whose menus include low-cost offerings. The 2014 Farm Bill made some modest modifications to the RMP as well as expanded the standard definition of SNAP “retail food store” to include governmental or private nonprofit food purchasing and delivery services that purchase and deliver food to the elderly and/or people with disabilities.<sup>7</sup>

- As of 2015, only three states had implemented this program, with California operating the largest RMP (*Rhode Island* and *Arizona* are the other two states). California provides a helpful primer and lessons learned in this [resource](#).<sup>8</sup>

## CHALLENGES

A common challenge in improving SNAP participation involves developing effective partnerships between state and local SNAP agencies and community organizations. For some anti-hunger groups, relationships with groups that represent or serve people with disabilities exist, but in many places they are not robust enough to get appropriate information out effectively or impact SNAP policy and operations.

## LESSON

One of the most effective ways to discern the needs of local people with disabilities is to connect with them directly. Advocates should aim to build relationships with local organizations that serve these communities. This will allow advocates to get a stronger sense of the problems that their community members face. It can also serve as the basis for a broader coalition of SNAP stakeholders, which can more effectively support the state agency’s programmatic innovations and waiver requests.

## SPOTLIGHT

Los Angeles County began its SNAP Restaurant Meal Program (RMP) in 2005 after getting approval from the Los Angeles Board of Supervisors. Local SNAP agency staff ensure that the more than 1,200 participating restaurants meet requirements for health permits, insurance liability, USDA-FNS licensing, and displaying county-designed RMP decals. Annual site visits provide a way for staff to monitor compliance with SNAP regulations.

## MORE RESOURCES

FRAC’s [SNAP Matters for People with Disabilities](#)

### For technical assistance, contact:

Food Research & Action Center (FRAC)  
1200 18th Street, NW  
Suite 400  
Washington, DC 20036  
202.986.2200  
<http://frac.org/>

For more on ending hunger, read FRAC’s [A Plan of Action to End Hunger in America](#).

## ENDNOTES

- <sup>1</sup> Farson Gray, K., Fisher, S., & Lauffer, S. (2016). *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2015*. Available at: <https://fns-prod.azureedge.net/sites/default/files/ops/Characteristics2015.pdf>. Accessed on June 11, 2017.
- <sup>2</sup> Centers for Disease Control and Prevention. (last updated March 30, 2016). *Disability and Health; Disability and Obesity* (webpage). Available at: <https://www.cdc.gov/ncbddd/disabilityandhealth/obesity.html#ref>. Accessed on June 11, 2017.
- <sup>3</sup> Farson Gray, K., Fisher, S., & Lauffer, S. (2016). *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2015*. Available at: <https://fns-prod.azureedge.net/sites/default/files/ops/Characteristics2015.pdf>. Accessed on June 11, 2017.
- <sup>4</sup> National Council on Aging. (2015). *Seniors & SNAP Best Practices Handbook*. Available at: [https://www.ncoa.org/wp-content/uploads/NCOA-SNAP-hdbk\\_0815.pdf](https://www.ncoa.org/wp-content/uploads/NCOA-SNAP-hdbk_0815.pdf). Accessed on June 11, 2017.
- <sup>5</sup> Meisenheimer, Melanie. (2015). *SNAP Matters for People with Disabilities*. Available at: [http://frac.org/wp-content/uploads/snap\\_matters\\_people\\_with\\_disabilities.pdf](http://frac.org/wp-content/uploads/snap_matters_people_with_disabilities.pdf). Accessed on June 11, 2017.
- <sup>6</sup> Dorn, S., Minton, S., & Huber, E. (2014). *Examples of Promising Practices for Integrating and Coordinating Eligibility, Enrollment and Retention: Human Services and Health Programs Under the Affordable Care Act*. Available at: <http://www.urban.org/research/publication/examples-promising-practices-integrating-and-coordinating-eligibility-enrollment-and-retention-human-services-and-health-programs-under-affordable-care-act>. Accessed on June 11, 2017.
- <sup>7</sup> U.S. Department of Agriculture. (2014). *Supplemental Nutrition Assistance Program Provisions of the Agricultural Act of 2014 — Implementing Memorandum*. Available at: <https://fns-prod.azureedge.net/sites/default/files/SNAP%20Provisions%20of%20the%20Agricultural%20Act%20of%202014%20-%20Implementing%20Memo.pdf>. Accessed on June 11, 2017.
- <sup>8</sup> Hodges, S. & Emerson, B. (2012). *A Primer on the Restaurant Meals Program in California*. Available at: <http://wclp.org/wp-content/uploads/2015/06/Primer.pdf>. Accessed on June 11, 2017.