



Supporting Elderly and Disabled Members of Our Communities by Simplifying SNAP



Senior citizens have the lowest participation rate in the Supplemental Nutrition Assistance Program (SNAP) with only 42% of eligible people above the age of 60 enrolled in the program.¹ If the strength of SNAP is measured by its ability to successfully reach people, enroll those who are eligible, and reduce or eliminate their food and nutrition insecurity, then the current program requirements are failing elderly households. Yet, seniors and people with disabilities are also some of the populations that have the highest risk of malnutrition and have been shown to have significant health benefits when participating in SNAP.^{2,3,4}

There are several reasons why people who are elderly and/or disabled are under-enrolled in SNAP. Some of the most common reasons include the large administrative burdens involved in application and recertification requirements, the minimum SNAP benefit allotted, and the general stigma that is faced around asking for help—especially for those who are elderly.^{5,6} The good news is that SNAP has already been successfully testing ways to improve access to SNAP for people who are elderly and disabled through demonstration projects such as the Standard Medical Deduction and the Elderly Simplified Application Project. The 2023 Farm Bill has the opportunity to help scale these solutions and make them permanent.

Learn more about the current demonstration projects:

Standard Medical Deduction

Target Audience: Households with at least one member who has a disability and/or are 60 or older

Number of States Participating as of 2023: 24

Methods of Impact:

- Permits the allowance of self-attestation for medical costs above \$35/month
- Removes the requirement for people to collect and bring in receipts for all of their medical expenses

Elderly Simplified Application Project

Target Audience: Households where all members are 60 or older and/or have a disability and have no earned income

Number of States Participating as of 2023: 22

Methods of Impact:

- Lengthens certification periods from 24 to 36 months
- Waives required recertification interview
- Uses simplified 2-page applications and requires prior federal data matches to reduce verification requirements

*Based on the 2023 State Options Report ⁷



THE PROBLEM



Challenges with Claiming Medical Deductions: When calculating countable income for SNAP eligibility, households can submit their monthly medical expenses as applicable deductions. This often results in those with the most expenses—often seniors and people with disabilities—showing up to SNAP offices with shoeboxes full of receipts, and full of fear that they may have lost one (which could result in them receiving a lower benefit amount than they qualify for).



Challenges with the Standard Application and Recertification Process: It's no secret that the process to complete application and recertification processes for SNAP are administratively burdensome—but these burdens can often be too much to bear for people who are facing additional struggles, such as people who are elderly and with disabilities. The need to travel or use technology, have attentive support to complete the requirements, and do so each 12 or 24 months can be the final straw for why someone who needs SNAP doesn't receive it. And for those specific populations that also have no earned income and unchanging circumstances, it seems unnecessary to require these regular check-ins.

THE SOLUTION

For over two years, the United States Department of Agriculture (USDA) has authorized demonstration projects to ease enrollment for people who are elderly and disabled, namely the Standard Medical Deduction and the Elderly Simplified Application Project. These solutions have proven to successfully enroll people who are elderly and disabled and help keep them connected to food and nutrition supports.



Standard Medical Deduction allows households to, instead of bringing their shoebox full of receipts, qualify for a standard deduction amount for their state. In many of the existing demonstration projects, states are still required to verify the first \$35 in monthly medical expenses, but some states have been successful in testing full verbal attestation of household's medical expenses based on the reasonable assumption they incur expenses above the \$35 threshold.



Elderly Simplified Application Project allows elderly households with no earned income to have extended certification periods of 36 months and waives their interview and interim reporting requirements to reduce barriers for those households as much as possible, so long as there is no change in their circumstances.



In addition to supporting current and potential SNAP customers, these flexibilities support state SNAP agencies by reducing administrative burden associated with applications and enrollment. However, running demonstration projects continues to place significant burden on staff involved in data collection and evaluation. Here is a quick look at the differences between a demonstration project and a state policy option and why they are important:

Demonstration Project

- Designed to be temporary in nature and requires a state to submit, and be approved for, waiver requests
- Can limit the number of states allowed to participate
- Typically is required to be cost-neutral, which requires burdensome paperwork and potential reduced resources in other places
- Requires additional evaluation measures and reporting, including dedicated Quality Control verification
- Can be authorized by Congress or the USDA

State Policy Option

- Any number of states may elect policy options each year in their state plan without further approval or explanation
- Does not have additional cost neutrality or QC implications
- Can only be authorized by Congress
- Current examples include simplified reporting and simplified homeless housing costs

Recommendations

To support continued and expanded uptake of these solutions to increase SNAP enrollment for seniors and people with disabilities, the Standard Medical Deduction and Elderly Simplified Application Project must be transitioned from demonstration projects to state policy options.

This is critical because:

- 1** Demonstration projects are meant to be temporary research to understand if the idea is successful. These programs have been around for decades and have been proven successful in increased participation, decreased churn, and increased successful use of medical deductions.⁸
- 2** Continuing demonstration projects strips resources from states that could be dedicating staff elsewhere and proves prohibitory to several states because of the cost neutrality and evaluation requirements.
- 3** Enacting state policy options would allow more states to opt-in and ultimately benefit millions more people who are elderly and/or disabled across the country.

In short, establishing these as permanent state options is smart policy. These options both reduce burdens for those who are most in need of support yet often have the least resources to support them and reduce administrative burden and costs for the state and county agencies. Congress should use the 2023 Farm Bill as an opportunity to move these recommendations forward and enhance nutrition and food security for our neighbors who are elderly and disabled.



These policy recommendations were guided by our members leading state and local SNAP agencies across the country. To further discuss these recommendations and how it could be included in the 2023 Farm Bill, please reach out to [Matt Lyons](#), Senior Director of Policy and Practice, or [Chloe Green](#), Senior Policy Associate for Food and Nutrition Services.

Read APHSA's [full list of recommendations for the 2023 Farm Bill](#). To see the latest in our policy brief series, *The Path Forward: State and Local Policy Priorities for the 2023 Farm Bill*, and our blog series, *Making the Sauce: Ingredients for People-Powered Policymaking*, check out our [website](#).

Endnotes

¹ See <https://www.fns.usda.gov/usamap>

² See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4445877/>

³ See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4232244/>

⁴ See <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care>

⁵ See <https://www.ncoa.org/article/lifting-barriers-to-snap-real-stories-from-older-adults>

⁶ See <https://www.aarp.org/content/dam/aarp/ppi/2022/07/participation-who-are-eligible-but-unenrolled.doi.10.26419-2Fppi.00166.001.pdf>

⁷ See <https://fns-prod.azureedge.us/sites/default/files/resource-files/snap-15th-state-options-report-october23.pdf>

⁸ See <https://www.fns.usda.gov/snap/evaluation-alternatives-improve-elderly-access-supplemental-nutrition-assistance-program>

