

# Get more CalFresh with the Medical Deduction!

## What is the CalFresh Medical Deduction?

- It's a CalFresh rule that allows older adults or people with disabilities (including all SSI recipients) to deduct out-of-pocket medical expenses in their CalFresh benefit calculation.
- If you can provide proof of **medical expenses between \$35.01 and \$155 per month**, you can get the Standard Medical Deduction (SMD), which is a \$120 income deduction. On average, the **SMD can increase someone's CalFresh benefits by \$20-30 per month!**

## Why is the Medical Deduction important?

- Deducting medical expenses can result in an increased CalFresh benefit. Only **people who are aged 60+ or are receiving a federal disability benefit** (including SSI/SSP) are eligible to deduct medical expenses – but, the increased CalFresh allotment will benefit the whole household.

## What if my monthly medical expenses are over \$155 per month?

- Eligible individuals who can provide proof of out-of-pocket medical **expenses above \$155 per month can always deduct actual expenses in excess of \$35 per month** to receive a higher deduction.

## What types of medical expenses count?

- Many types of out-of-pocket expenses can count towards the medical deduction – below are some examples. They can be **one-time or recurring costs** that are pro-rated:

<b>Medical Care:</b> <ul style="list-style-type: none"><li>▪ Medical and dental care (including acupuncture, chiropractic, etc.)</li><li>▪ Copayments for visits</li><li>▪ Hospital stays</li><li>▪ Nursing care</li></ul>	<b>Medications:</b> <ul style="list-style-type: none"><li>▪ Prescription medication</li><li>▪ Copayments for medication</li><li>▪ Over the counter medicines or personal hygiene products recommended by a health professional (do not need to show prescription to claim these)</li></ul>
<b>Home Health Services and Service Animal Costs:</b> <ul style="list-style-type: none"><li>▪ Attendant services, including meals for paid caretakers</li><li>▪ Psychotherapy</li><li>▪ Food/veterinarian costs for service animals</li><li>▪ Nursing home care</li><li>▪ Lifeline services</li></ul>	<b>Health and Medical Supplies:</b> <ul style="list-style-type: none"><li>▪ Prescription eyewear, dentures, hearing aids, prosthetics</li><li>▪ Wheelchairs or walkers (or wheelchair ramps or other mobility assistance installations)</li><li>▪ Special bandages</li><li>▪ Diapers and linens</li><li>▪ Hospital beds</li><li>▪ Portable oxygen</li></ul>
<b>Insurance Payments:</b> <ul style="list-style-type: none"><li>▪ Medicare payments</li><li>▪ Medi-Cal share of cost (out-of-pocket)</li><li>▪ Health and hospitalization premiums</li></ul>	<b>Transportation and Lodging:</b> <ul style="list-style-type: none"><li>▪ Public or private transportation (or car mileage) to get treatment or services. (Using IRS Standard Business Mileage, currently \$0.625 per mile: <a href="https://bit.ly/2fLGzff">https://bit.ly/2fLGzff</a>)</li><li>▪ Lodging expenses needed to get treatment or services</li></ul>



Submit a CalFresh application online: [www.GetCalFresh.org](http://www.GetCalFresh.org)

CalFresh Statewide Hotline: 1-877-847-3663

For CDSS policy updates and guidance: [www.cdss.ca.gov/CalFreshSSI](http://www.cdss.ca.gov/CalFreshSSI)

Find contact information for a county office: [www.cdss.ca.gov/County-Offices](http://www.cdss.ca.gov/County-Offices)

## What if I'm already on CalFresh and I didn't report my medical expenses when I applied?

- That's okay! **You can update your case at any time, and your benefit amount will be adjusted.** Contact your county and tell them about your \$35.01 or more in monthly medical expenses.

## Do I have to provide receipts or proof of my medical expenses?

- Yes, **you will be asked to provide receipts, medical bills or other forms of documentation** that shows you paid for the out-of-pocket cost. If the cost is anticipated (e.g. you know you will need to pay for a pair of glasses in 3 months) you can tell the county about this cost now, and verify it once you have paid the expense.
- If your medical expenses haven't changed, you do not need to resubmit** receipts or proof at your next CalFresh recertification period. If they have increased, you will need to tell the county and submit any additional documents.

**For Example:** Shirley is 65 years old (she receives \$1,500 in Social Security per month), and lives with her adult son (he earns \$500 per month from a part-time job). They pay \$1,150 in rent. They are already receiving CalFresh, but recently learned about medical deductions. Shirley found out she can deduct her monthly medical expenses above \$35 because she has more than \$155 per month in medical expenses. This raises their household's CalFresh benefit from to \$41 to \$97 per month:

Eyeglasses (new pair every two years at \$125)	$\$125 / 24 \text{ months} = \$5.20 \text{ per month}$
Medicare premium (\$135.50 monthly, deducted from Social Security payments)	\$135.50 per month
Over the counter medicines recommended by doctor (\$31 every 3 months for inhalers, aspirin, etc.)	$\$31 / 3 \text{ months} = \$10.33 \text{ per month}$
Mileage to doctor's visits and pharmacy (15 miles per month)	$15 \text{ miles} \times \$0.625 \text{ per mile} = \$9.38 \text{ per month}$
<b>Shirley's Total Monthly Medical Expenses = \$160.41 per month</b>	

**For Example:** Hector is a 52 year old SSI recipient with a disability, and he is currently living in his car (\$931.72 in SSI per month). He is applying for CalFresh for the first time, and wants to make sure he gets the maximum CalFresh benefit he is entitled to. Hector qualifies for the SMD because he has more than \$35 per month in medical expenses (but under \$155). His benefit would have been \$37 per month without the SMD, but increases to \$89 per month with the SMD:

Service dog (\$25 per month in pet food, \$60 per year in vet bills)	$\$25 + (\$60 / 12 \text{ months}) = \$30.00 \text{ per month}$
Personal hygiene products (\$8 per month)	\$8.00 per month
Transportation to bi-weekly medical appointments in his car	$32 \text{ miles round trip} \times 2 \text{ times per month} \times \$0.625 \text{ per mile} = \$40$
<b>Hector's Total Monthly Medical Expenses = \$78.00 per month</b>	

**More Info:** CDSS All County Letter: <https://bit.ly/3sGPgy1>  
 USDA Guide to Medical Expenses: <https://bit.ly/3urc8Sy>  
 The optional CF-31 form can be used to summarize expenses, in addition to providing receipts: <https://bit.ly/2NAfyNd>



Submit a CalFresh application online: [www.GetCalFresh.org](http://www.GetCalFresh.org)  
 CalFresh Statewide Hotline: 1-877-847-3663  
 For CDSS policy updates and guidance: [www.cdss.ca.gov/CalFreshSSI](http://www.cdss.ca.gov/CalFreshSSI)  
 Find contact information for a county office: [www.cdss.ca.gov/County-Offices](http://www.cdss.ca.gov/County-Offices)