Standard Medical Deduction Reporting Template

Template Instructions

About

This template should be completed by States approved to operate a Standard Medical Deduction (SMD) demonstration project cost neutrality reporting requirements.

This template includes a data glossary and two tabs to be completed by the State. This instructions tab includes an explanatio complete each tab.

Cells that require input by the State are shaded light green.

Cells that are automatically populated or calculated are shaded light gray.

Questions about this template or the State's evaluation and cost neutrality reporting requirements should be directed to the F

Data Glossary

The data glossary tab defines terms used in this template and data elements the State must report. This information may be he responsible for pulling and compiling the requested data.

View the Data Glossary tab

State Annual Report

The State Annual Report tab can be used to meet the Summary Data report requirements. This tab should be completed ever accordance with the reporting schedule in the State's current demonstration project approval letter unless otherwise directed

View the State Annual Report tab

Directions to complete State Annual Report tab

Prep work: Work with the State's eligibility system or data analytics team to run a report (or reports) that includes the require month of the reporting period. Your State's current demonstration project approval letter includes the reporting periods unless the monthly data elements are listed in the State Annual Report tab and further defined in the Data Glossary tab.

It is recommended the report(s) is pulled at least 1 month before the report due date.

Review the data in the report to ensure they accurately reflect the data being requested.

After reviewing the data for accuracy, enter the following data elements in the tab:

- State
- Reporting Period Months (Month-Year)
- SNAP Households
- Elderly/Disabled SNAP Households
- SNAP Households Receiving Excess Medical Deduction (not SMD)
- SNAP Households Receiving SMD
- SMD Amount
- Offset Amount

As you enter data for each month in the reporting period, the following will be automatically calculated:

- Total SNAP Households Receiving Excess Medical Deduction (not SMD) or SMD
- Monthly Average

Cost Neutrality Sampling Data

The Cost Neutrality Sampling Data tab is used to meet the Cost Neutrality report requirements. This tab should be completed FNS in accordance with the reporting schedule in the State's current demonstration project approval letter unless otherwise described by the complete of the cost Neutrality report requirements.

View the Cost Neutrality Sampling Data tab

Directions to complete Cost Neutrality Sampling Data tab

Prep work: This tab collects four data points from each of the randomly sampled cases (minimum of 200) of active SNAP hous 200 cases can be sampled from 1 or more months within the reporting period. The data points should reflect the household in following two data points should be available from the case file:

- Household Case Number
- SNAP Benefit Amount Issued

The values for the following two data points will require the State to collect additional information or perform a calculation:

- Actual Medical Expenses
- SNAP Benefit Amount with Excess Medical Deduction (not SMD)

Once the four data points have been determined for a sample case, the following data points can be entered into the tab:

- Sample Month(s)
- SMD Amount
- Sample Source(s)
- State Rounding Procedures

For each of the 200 sample cases (at minimum), enter the following four data points:

- Household Case Number
- Actual Medical Expenses (verified by reviewer)
- SNAP Benefit Amount Issued
- SNAP Benefit Amount with Excess Medical Deduction (not SMD)

The following data elements are automatically calculated or populated:

- Excess Medical Deduction (not SMD)
- SMD Received

Data Glossary: Standard Medical Deduction Reporting Template

FNS	U.S. Department of Agriculture Food and Nutrition Service
PII	Personally Identifiable Information
QC	Quality Control
SMD	Standard Medical Deduction
SNAP	Supplemental Nutrition Assistance Program
SSN	Social Security number
SUA	Standard Utility Allowance
General Terms	
Cost Neutrality Sampling Data Report	States with approved SMD demonstration projects must submit data from a random sample of at least 200 cases receiving the SMD. This report must be submitted every 2 years in accordance with the reporting periods in the State's current project approval letter unless otherwise directed by FNS.
State Annual Report	States with approved SMD demonstration projects must submit summary data every year in accordance with the reporting periods in the State's current project approval letter unless otherwise directed by FNS.
State Annual Report Active	The term "active" means the SNAP household was eligible to receive and did receive SNAP benefits in the associated reporting period month. For this report, "eligible to receive" means the household had an active or equivalent status in the State's system in the associated reporting period month.
Elderly/Disabled SNAP Households	The total number of active SNAP households with at least one member who is 60 years or older or has a disability in the associated reporting period month.
Offset Amount	The FNS-approved offset from a State's SUA, such as the Heating and Cooling Standard Utility Allowance, or the Standard Deduction in effect for the associated reporting period month. The offset amount can be found in the State's most recent approval or modification letter.
Reporting Period Months	Each month (with the month's year) represented by data in the worksheet. The reporting period is defined in the State current demonstration project approval letter unless otherwise directed by FNS.
SMD Amount	The FNS-approved SMD amount in effect for the associated reporting period month. This amount can be found in the State's most recent approval or modification letter. The SMD amount should be the same every month. Please notify your FNS Regional Office <i>before</i> completing the report if the SMD is different for any month.
SNAP Households	The total number of active SNAP households in the associated reporting period month.
SNAP Households Receiving Excess Medical Deduction (not SMD)	The total number of active SNAP households receiving the traditional Excess Medical Deduction (not SMD) in the associated reporting period month. This number should not include households receiving the SMD because households cannot receive both the SMD and the traditional excess medical deduction.

Data Glossary: Standard Medical Deduction Reporting Template

SNAP Households Receiving SMD	The total number of active SNAP households receiving the SMD in the associated reporting period month. This number
SIVAF Households Receiving SIVID	should not include households that receive the traditional excess medical deduction (not SMD) because households cannot receive both the SMD and traditional excess medical deduction.
State	The name of the State, District, or Territory completing the template.
Total SNAP Households Receiving Excess Medical Deduction (not SMD) or SMD	The total number of active SNAP households receiving the traditional excess medical deduction or SMD in the associated reporting period month. This amount is automatically calculated by adding together the monthly values entered for SNAP Households Receiving Excess Medical Deduction (not SMD) and SNAP Households Receiving SMD.
ost Neutrality Sampling Data	
Actual Medical Expenses	The total amount of allowable medical expenses for each household member who is aged 60 or older or has a disability. This amount includes the first \$35 of their expenses. The total should include all allowable medical expenses (e.g., medical and dental expenses, dentures, prescription drugs and over-the-counter medication approved by a licensed practitioner) the household incurred in the sample month. These sample month's expenses should be verified by QC, if using QC cases for the sample, or by a State employee who has verified the actual expenses with the household. If using QC cases, ensure the total you enter includes the first \$35.
Excess Medical Deduction (not SMD)	The deduction amount for allowable medical expenses in excess of \$35 the household would have received in place of the SMD. This amount is automatically calculated based on the figure entered in the Actual Medical Expenses. The result is rounded based on the selection for State Rounding Procedures. If no rounding selection was made, the result is rounded up or down to the nearest whole number. The amount may be \$0 if the household did not have allowable medical expenses in excess of \$35 in the sample month.
Household Case Number	The case number of the sampled household's case. If the case number contains PII (e.g., SSN), use a case reference number instead.
Sample Month(s)	The month or months (with the year) from which the State sampled its 200 or more active SNAP cases receiving the SMD.
Sample Source(s)	The source or sources of the sample of cases. For example, if all 200 cases were sampled from the State's eligibility system, select "Eligibility System Only." If all 200 cases were sampled from the State's regular QC sample, select "QC Sample Only." If some of your sampled cases came from QC and the rest came from the eligibility system, select "Eligibility System & QC Sample." If cases were sampled from a source not listed, select "Other" and indicate the source(s) used.
SMD Amount	The FNS-approved SMD amount in effect for the associated sample month(s).
SMD Received	The SMD amount the household received in the sample month. The amount is automatically populated based on the SMD amount entered in the worksheet.
SNAP Benefit Amount Issued	The SNAP benefit amount issued to the household in the sample month.

Data Glossary: Standard Medical Deduction Reporting Template

SNAP Benefit with Excess Medical Deduction (not SMD)	The SNAP benefit amount the household would have received if it were not receiving the SMD and instead received the traditional excess medical deduction (see the term "Excess Medical Deduction (not SMD)"). The State will need to calculate this benefit amount by replacing the SMD with the Excess Medical Deduction (not SMD) amount.
State Rounding Procedures	The rounding procedures the State uses to determine income and allotment calculations per 7 CFR 273.10(e)(1)(ii). By default, a calculation that ends in 1 through 49 cents is rounded down, and a calculation ending in 50 through 99 cents is rounded up. States can choose to use their Temporary Assistance for Needy Families rounding procedures, which may mean the calculation result is always rounded up or down. The selection will be applied when auto calculating each case's Excess Medical Deduction (not SMD).

Annual Report Template: Standard Medical Deduction

State:	

	Annual Reporting Period												
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Monthly Average
Reporting Period Months (Month-Year):													
For each month, enter the total number of active													
SNAP Households:													-
Elderly/Disabled SNAP Households:													-
SNAP Households Receiving Excess Medical Deduction (not SMD):													-
SNAP Households Receiving SMD:													-
Total SNAP Households Receiving Excess Medical Deduction (not SMD) or SMD:	-	-	-	-	-	-	-	-	-	-	-	_	_
Enter the FNS-approved SMD and offset amount in effect for each month:													_
SMD Amount:													
Offset Amount:													

Cost Neutrality Report Template: Standard Medical Deduction

Sample Month(s):		
'	List the month(s) the cases were sampled from	n.
SMD Amount:		
	Enter the FNS-approved SMD amount in effect	t for the sample months.
Sample Source(s):		
	Select the source(s) for the cases sampled.	
State Rounding Procedures:		
	Select your State's rounding procedures used	in calculating net monthly income

Household Case Number	Actual Medical Expenses	Excess Medical Deduction (not SMD)	SMD Received	SNAP Benefit Amount Issued	SNAP Benefit with Excess Medical Expense Deduction (not SMD)
Enter the case number or reference number for each sampled household. Do not enter an SSN or other PII.	Enter the total amount of allowable medical expenses the household had in the sample month, verified by the reviewer (including the first \$35).	Automatically calculated: Actual Medical Expenses (column B) - \$35	Automatically updated based on SMD amount entered above. This number represents the SMD amount the household received in the sample month.	Enter the SNAP benefit amount the household received in the sample month.	Recalculate the household's SNAP benefit for the sample month using the Excess Medical Deduction (column C) instead of the SMD. Enter the amount.
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Household Case Number	Actual Medical Expenses	Excess Medical Deduction (not SMD)	SMD Received	Si	NAP Benefit Amount Issued	SNAP Benefit with Excess Medical Expense Deduction (not SMD)
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