



**Executive Office of Elder Affairs &  
Department of Transitional Assistance**



**Informational  
Webinar on the End  
of SNAP Emergency  
Allotments**

**Tuesday, January 31  
12:00 – 1:00 PM**

# Welcome

## Executive Office of Elder Affairs (EOEA)



**Robin Lipson**  
Deputy Secretary



**Adriene Worthington**  
Director of Nutrition  
Services



**Amanda Bernardo**  
Chief of Staff

## Department of Transitional Assistance (DTA)



**Mary Loughlin**  
SNAP Outreach Coordinator



**Lorraine Ward**  
Director of Food Access and  
Nutrition



# Agenda

- Welcome
- Background on SNAP Emergency Allotment Program
- Maximizing SNAP Benefit Information
- Standard Medical Deduction
- Other Financial and Food Assistance Resources
- Request for Aging Services Network Support
- Questions & Answers

# SNAP Emergency Allotments

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- The extra COVID-19 SNAP benefits are the difference between the approved benefit amount and the maximum amount for a household size, with a minimum amount of \$95 a month. These benefits are known as SNAP Emergency Allotments.
- These extra payments have been added to the EBT cards at the beginning of each month.
- Since March 2020, Massachusetts has elected to utilize this temporary benefit program that was made available under the Families First Coronavirus Relief Act.



# Why are they ending?

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Recent action by the federal government (through the Congressional Consolidated Appropriations Act 2023) ends the extra COVID SNAP benefits as of February 2023.

This means that **households will receive their last payment on March 2, 2023.**



# Key Messages

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- 1 The last extra COVID SNAP payment is March 2, 2023.
- 2 **Reminder:** Unused SNAP benefits roll over month to month. Change the PIN on your EBT card frequently to protect against skimming.
- 3 There are certain expenses households can share with DTA to potentially increase their normal monthly SNAP benefit amount.
- 4 Other resources are available to help households, including food pantries, Healthy Incentives Program (HIP) and tax deductions.
- 5 Encourage households to visit [Mass.gov/ExtraCOVIDSNAP](https://www.mass.gov/ExtraCOVIDSNAP) to learn how they can get the most out of their SNAP benefits, save some of it to help after March 2, and be connected with other resources.

# Mass.gov/ExtraCOVIDSNAP

## Federal Extra COVID SNAP Benefits to End

Recent action by the federal government ends the extra COVID SNAP benefits, known as SNAP Emergency Allotments, as of February 2023.

You will get your last COVID SNAP payment on March 2, 2023.



## Information & Resources

### Get the Most SNAP →

Tell DTA about changes that may increase your SNAP!

Your SNAP may go up if you tell DTA about:

- Medical costs over \$35 a month for anyone in your SNAP household who is 60 or older or has a disability
- Increase to your housing costs (rent/mortgage)
- Child or disabled adult care costs



### Frequently Asked Questions (FAQs) →



Learn more about the extra COVID SNAP benefits ending from answers to these frequently asked questions.

### Get Other Help →



Find food and other resources

## Outreach Materials

Download flyers, social media text/graphics and sample robo call/text/email to help spread the word.

[DOWNLOAD MATERIALS](#)


# Outreach Materials in 15 Languages!

Resources: <https://www.mass.gov/info-details/federal-snap-emergency-allotment-ending-toolkit>

- ✓ Flyers
- ✓ Text, email, and robocall templates
- ✓ Social media posts and graphics
- ✓ Video

**Federal Extra COVID SNAP Ending**

**What is COVID SNAP?**  
During COVID, Massachusetts households have been getting extra SNAP at the beginning of each month to buy food.



**Due to federal action, the last COVID SNAP payment is March 2, 2023.**




**How will this impact my SNAP benefits?**  
Starting in April, you will get only 1 monthly payment. That is your normal benefit. Find the amount on DTA Connect or by calling 877-382-2363.

Reminder: Unused SNAP benefits roll over each month. Change the PIN on your EBT card regularly to protect your benefits.


**You may be able to increase your normal SNAP benefits by telling DTA about:**

- Medical costs over \$35 a month for anyone in your SNAP household who is 60 or older or has a disability,
- If your housing costs have gone up (rent/mortgage), and
- Child or disabled adult care costs.



**Tell DTA About These Costs:**

-  Upload a written note on DTA Connect
-  Call the DTA Assistance Line at 877-382-2363
-  Visit a DTA office or work with a community SNAP outreach partner: [Mass.gov/ContactDTA](https://www.mass.gov/ContactDTA)

If you get SNAP, you can automatically participate in HIP!



HIP puts money back on your EBT card when you use SNAP to buy fruits and vegetables from HIP farm vendors. Depending on household size, you can get \$40 to \$80 a month.

 [Mass.gov/ExtraCOVIDSNAP](https://www.mass.gov/ExtraCOVIDSNAP) 

**Los beneficios de COVID SNAP extra finalizarán el 2 de marzo de 2023**



Más información  
[Mass.gov/ExtraCOVIDSNAP](https://www.mass.gov/ExtraCOVIDSNAP)

**马萨诸塞州新冠疫情额外 SNAP 补助金将于 2023 年 3 月 2 日终止**



了解详情  
[Mass.gov/ExtraCOVIDSNAP](https://www.mass.gov/ExtraCOVIDSNAP)



# Publicly Available Data

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In support of government transparency and with a focus on equity and inclusion, DTA has made data publicly available on the impact of the end of the emergency allotments in Massachusetts by demographic characteristics and city/town.

- You can find the report here: <https://www.mass.gov/lists/data-on-impact-of-federal-snap-emergency-allotments-ending-on-massachusetts-households>

# Maximizing Client's Benefits

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# Get the Most Out of SNAP

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Due to the receipt of the Emergency Allotments, your client may not have reported changes to their case regarding:

- Out of pocket medical expenses over \$35 for anyone in their household over 60 or has a disability
- Rent or mortgage increase
- Child or disabled adult care costs

# Shelter & Child/Adult Care Expenses

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## Shelter Expenses Include:

- Rent
- Mortgage
- Property Taxes
- Homeowner's Insurance
- Condo Fees
- Mobile Home Park Rent
- Utilities

## Dependent Care Deduction:

Are the actual costs of the care of a child or elder necessary for a household member to:

- Search for, accept or continue employment
- Comply with SNAP Path to Work
- Attend training or education preparatory to employment

Allowable expenses include, but are not limited to:

- Transportation to and from program site, child & adult care costs, before school, after school &/or extended day programs, mileage, etc.

# Medical Expense Deduction

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## Health Insurance:

- Health insurance and hospitalization policy premiums.
- Medicare premiums or monthly subsidy.
- Medicaid spend-down or cost-sharing.

## Transportation/Lodging to Obtain Medical Treatment or Services:

- Mileage for use of private car, friend or family member driving you to pharmacy or medical appointment.
- Actual cost of bus, subway, the RIDE, shuttle or taxi

## Medical Care:

- Doctor /clinic visits
- Psychotherapy
- Hospital /outpatient care
- Prescribed alternative therapies
- Dental care
- Rehabilitation services
- Nursing care/home nursing care
- Service animal expenses



# Medical Expense Deduction

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## Over the Counter Medications:

***DO NOT*** need to be approved by a licensed medical practitioner or a qualified health professional.

### Examples:

- Pain relievers
- Skin care ointments
- Foot care supplies
- Vitamins
- Herbal supplements
- Dietary supplements
- Antacids
- Insulin

## Health Related Supplies:

- Foot care
- Dentures
- Hearing Aid Batteries
- Incontinence supplies
- Heating pads
- Hearing aids
- Contact lenses
- Eyeglasses



# Medical Expense Deduction

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## Prescription Medications:

- Direct payments
- Co-pays
- Postage and handling costs for receiving medications by mail



## Medical Equipment:

- Sickroom equipment (including rental)
- Purchase / repair of wheelchairs or mobility aids
- Prosthetics
- Personal emergency response systems (Lifeline)
- Communication equipment for the hearing or visually impaired

# Standard Medical Deduction

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# Standard Medical Deduction (SMD) Waiver

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Older adults (60+) and/or clients with disabilities can now self-declare medical expenses, provided that these expenses are in the SMD range\*

**Example:** If the client has a hospital bill for \$55, copay for \$38, prescriptions for \$42, and over-the-counter medication for \$37, the client can self-declare all of them because their total (\$172) is within the SMD range.

**\* The SMD range** = Medical expenses greater than \$35 and less than (or equal to) \$190 per month

# Standard Medical Deduction (SMD) Waiver

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## Medical Expenses Above \$190

**Example:** Client has a hospital bill for \$75, copay for \$50, prescriptions for \$50, and over-the-counter medications for \$30 (\$205 total)

- Client can self-declare any three out of the four items to get into the SMD range
- However, the client must submit verification of all four items to receive the actual medical expense deduction



# Medical Deductions Self Declaration Form

## Out-of-Pocket Medical Expenses Form

Massachusetts Department of Transitional Assistance



**Instructions:** Anyone who is 60 or older or gets benefits for a disability can submit out-of-pocket medical expenses to DTA. Please complete the entire form. Only write down information you have. We will tell you if we need more information. Please use a new form for each person in your SNAP case who qualifies. If you need more space, attach a sheet of paper.

The information I am giving is true and complete to the best of my knowledge.

Name of person age 60+ or disabled

DTA Agency ID

Your signature

Date

You may give this information to DTA in any of the following ways:

- **Online:** DTAConnect.com or DTA Connect Mobile App
- **Phone:** DTA Assistance Line at 877-382-2363
- **Mail:** DTA Processing Center, P.O. Box 4406, Taunton, MA 02780
- **Fax:** (617) 887-8765
- **In person:** Scan at a local DTA office

### Repeating Medical Expenses

Co-payments	Cost	How often? (select one)
<input type="checkbox"/> Doctor, hospital	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Dentist	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Physical therapy	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Chiropractor	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Mental health services	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually

Pharmacy costs	Cost	How often? (select one)
<input type="checkbox"/> Prescriptions	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Over-the-counter drugs/supplies	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Wound care supplies	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Adult diapers	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Vitamins and herbal health remedies	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually

(Form continues on the other side.)

SNAP-Med-Exp  
09-372-1022-05

Medical supply costs	Cost	How often? (select one)
<input type="checkbox"/> Hearing aids/batteries	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Contact lenses	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Diabetes supplies	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Adhesives	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually

Other health costs	Cost	How often? (select one)
<input type="checkbox"/> Home health or adult day care	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Gym membership	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Acupuncture or alternative medicine	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Service animal costs	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Housekeeping	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually

Insurance Premiums: Provider Name	Cost	How often? (select one)
<input type="checkbox"/> Health: _____	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Drug: _____	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually

Travel (Non-driving)	Cost	How often? (select one)
<input type="checkbox"/> Taxis, rideshare (Uber, Lyft, etc.)	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Public transportation/The Ride	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
<input type="checkbox"/> Parking, tolls	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually

**Travel by car:** For any medical appointments or pharmacy. There and back is 2 trips.

Provider name and address (street, city)	Number of trips	How often? (select one)
Name: _____	_____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
Address: _____		
Name: _____	_____	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
Address: _____		

### Other One-Time Medical Expenses

One-Time Costs	Cost	One-Time Costs (cont.)	Cost
<input type="checkbox"/> Glasses	\$ _____	<input type="checkbox"/> Communication equipment	\$ _____
<input type="checkbox"/> Wheelchair	\$ _____	<input type="checkbox"/> Medical procedure	\$ _____
<input type="checkbox"/> Walker	\$ _____	<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> Prosthetics	\$ _____	<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> Crutches	\$ _____		
<input type="checkbox"/> Dentures	\$ _____		

SNAP-Med-Exp  
09-372-1022-05

# Working with DTA

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To speak with a DTA worker about a client's case:

- Can conduct a conference call with the client and DTA:
  - 877-382-2363 Main #, or
  - If client is 60+, call Senior Assistance Office 833-712-8027

If the client is not present, submit a release to DTA granting permission to discuss their case:

- VARI-01 form or,
- Note from client granting permission

# Submitting Documents to DTA Mass.gov/DTAConnectHelp

Follow these steps below to send your documents to DTA via the DTA Connect mobile app.

- Open the DTA Connect mobile app on your phone
- Click on the upload button at the bottom of the screen. It looks like a camera.
- Read the upload instructions and click confirm.
- Next, it will ask you what kind of documents you are uploading.
  - Submit Verification
  - Voluntary Request to Stop Benefits
  - Request for authorized representative
  - Request for replacement Due to Household Misfortune
- Click on whichever document type you are uploading
- Now you can select which household member the document is for by clicking person and selecting the household member
- Then click the gray box that says photo instructions to read tips on taking a photo of the document
- Now click on the photo icon on the page. You can choose to upload a photo from your photo library or take a photo.
  - If you click take photo, your camera will open up and you can click the circle button to take the photo. You then can click use photo or retake. If you are all set, click use photo.
- If you need to select multiple pages, you can click the photo icon again to add more.
- Finally, click Submit in the top right-hand corner of the screen. Click submit again. And then click confirm at the bottom of the page. A message will pop up saying your document has been submitted.



# Submitting Documents to DTA Mass.gov/DTAConnectHelp

Follow these instructions below to send your documents to DTA via DTAConnect.com.

- Log in to DTAConnect.com
- Click Documents at the top of the screen
- Click on the blue box that says Send Documents to DTA
- Read the upload instructions and click continue to step 2
- Next, it will ask you what kind of documents you are uploading.
  - Submit Verification
  - Voluntary Request to Stop Benefits
  - Request for authorized representative
  - Request for replacement Due to Household Misfortune
- Click on whichever document type you are uploading. The box will turn blue
- Now click continue to step 3
- Next select which household member the document is for
- Click photo instructions to read tips on how to take a photo of documents
- Click on choose a file to send
- Find the document you want to upload from your computer and click open
- If you want to send more than one document, click add another file
- When you are done, click send to DTA at the bottom of the page. A pop-up message will appear saying your document(s) have been submitted.



# Submitting Documents to DTA

You can also fax or mail your client's documents to DTA:




Fax: (617) 887-8765





**DTA Document Processing Center**  
**PO Box 4406**  
**Taunton, MA 02780- 0420**

Use the mail/fax cover sheet when submitting

  
DEPARTMENT OF TRANSITIONAL ASSISTANCE

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**Department of Transitional Assistance (DTA) Electronic Document Management (EDM) Mail/Fax Cover Sheet**

Please print clearly. Use this cover sheet when mailing or faxing documents to DTA.

<b>Head of Household Information</b>	<b>Sender</b>
Name: _____	Name: _____
Last 4 digits of Soc. Sec. No: _____	Phone No: _____
Date of birth: _____	Name of Agency (if applicable): _____
AP ID (if applicable): _____	
No. of pages (including cover sheet): _____	
Date: _____	

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**Important Message**

Do NOT photocopy cover sheets. Cover sheets must be originals, not copies. Use one cover sheet for each household. Do NOT use the same cover sheet to send items for more than one household.

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**Fax or Mail Information**

Documents should be sent to the address below (mail or fax) to avoid a delay in processing.

**DTA Document Processing Center**  
PO Box 4406  
Taunton, MA 02780-0420  
Fax: 617-887-8765

This facsimile transmittal may contain information that is privileged, confidential, or exempt from disclosure under applicable law is intended for the use of only the individual or department to which it is addressed. If you are not the recipient, or the employee or the agent responsible for the delivery of this transmittal to the intended recipient, please notify the sender by telephone at the above number and destroy the attached documents. Anyone other than the intended recipient is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.



# EBT Card Security

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- Due to an increase in the theft (“skimming”) of benefits on EBT cards, DTA is instructing clients to re-PIN their EBT card prior to each benefit issuance
- Direct deposit is also available as a safe way to receive TAFDC and EAEDC benefits
- More information: [Mass.gov/ProtectYourEBT](https://www.mass.gov/ProtectYourEBT)



## How to Re-PIN:

1. Call the number on the back of the EBT card: 800-997-2555.
2. Choose the preferred language.
3. Enter the number on the front of the card.
4. Press 2 to PIN the EBT card.
5. Enter the last 4 digits of the Social Security Number (SSN). If a client does not have an SSN, they enter the last 4 digits of the 99 number assigned by DTA.
6. Enter the Date of Birth, for example: 12 01 1989 for December 1, 1989.
7. Enter a NEW 4-digit PIN; then enter it again. Choose a different PIN from any previous PINs.

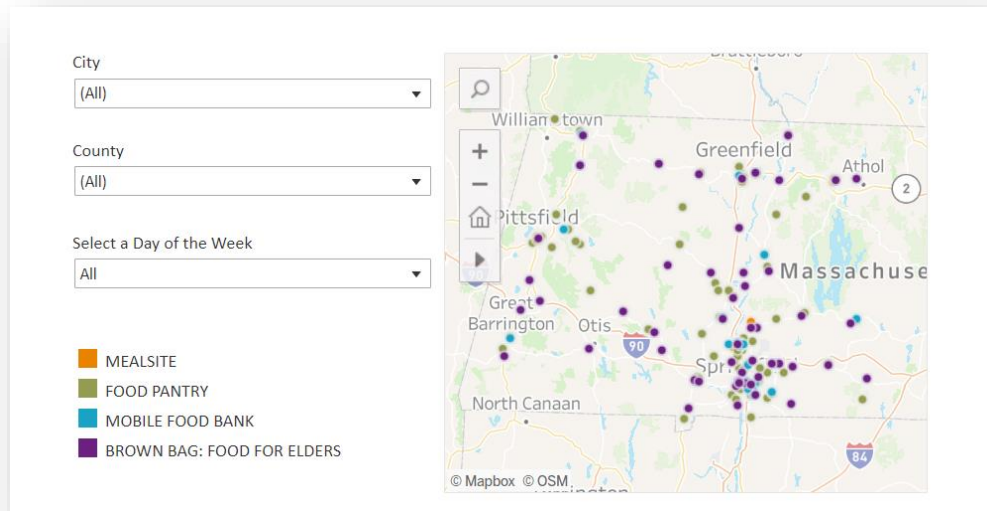
## Additional Resources

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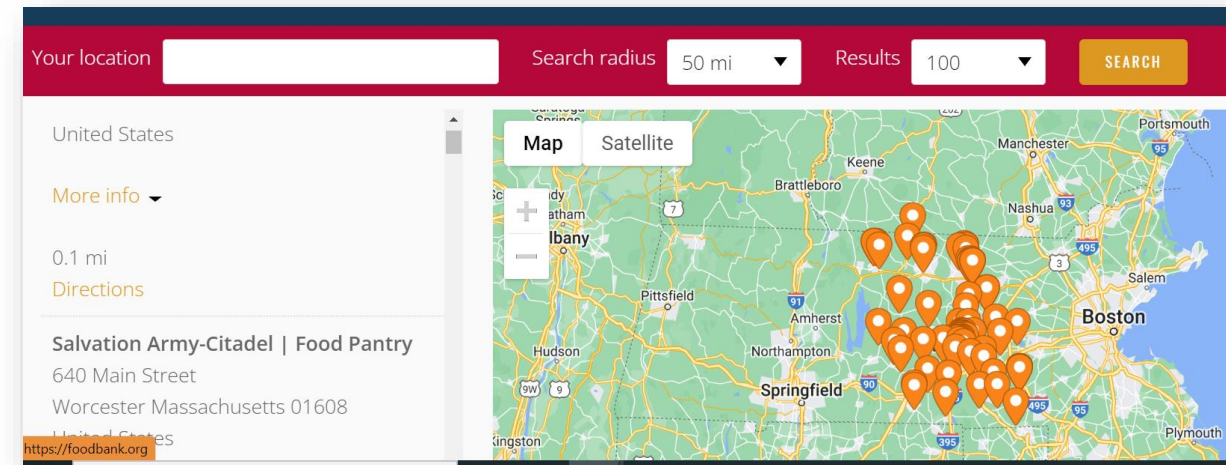


## Information on Food Pantries

## Western MA Agency Locator



## Worcester County Agency Locator



## Merrimack Valley Schedule

### *Pantry Schedule & Resources*

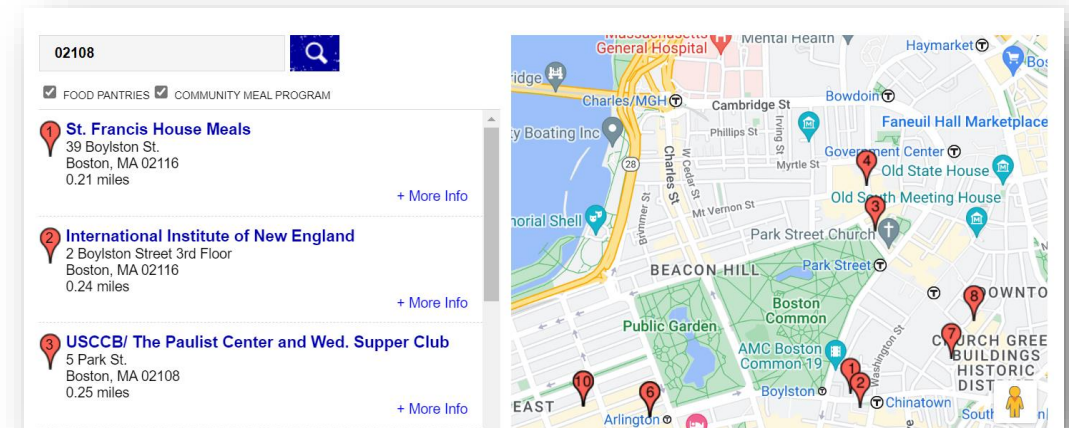
If you, a family member or friend are in need of food please refer to the appropriate links below for a food pantry and meal program near you.

[Greater-Lowell Area Pantry List & Schedule](#)

[Greater-Lowell Area Pantry List & Schedule \(Spanish\)](#)

[Greater-Lowell Area Pantry List & Schedule \(Khmer\)](#)

## Greater Boston Food Finder



# Additional Food Assistance Resources

## EOEA Senior Nutrition Programs

- ✓ 24 programs across the Commonwealth
- ✓ People aged 60 and over
- ✓ Congregate meals in community locations, anyone over 60 + spouse (any age)
- ✓ Home-delivered meals, over 60 and homebound due to illness, disability, or frailty
- ✓ Find your closest agency (800) 243-4636, or [Nutrition Program Sites](#)



**Food Resource Hotline – 1-800-645-8333**



# For More Help

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- HIP puts money back on your EBT card when you use SNAP to buy local fruits and vegetables from HIP farm vendors, up to \$40, \$60 or \$80 a month depending on your household size. Learn more about HIP at [Mass.gov/HIP](https://www.mass.gov/HIP)
- Get help with 2022 taxes and any COVID stimulus or Child Tax Credit money you are owed: [FindYourFunds.org](https://www.findyourfunds.org)
- Rent or mortgage help: [Mass.gov/covidhousinghelp](https://www.mass.gov/covidhousinghelp) or call 2-1-1
- Fuel Assistance help paying for heat: [Toapply.org/MassLIHEAP](https://www.toapply.org/MassLIHEAP) or call 800-632-8175
- Money to help pay for the internet or a computer: [GetInternet.gov](https://www.getinternet.gov), [AccedeAInternet.gov](https://www.accedeinternet.gov)

# For More Help

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- If you have children/are pregnant and have no income or low income, you may be able to get TAFDC cash benefits.
- If you are 65 or older or disabled with no or very low income, you may be able to get EAEDC cash benefits. Learn more and apply: [DTAConnect.com](https://www.dtaconnect.com)
- Community Food Resources: call or text Project Bread's FoodSource Hotline 1-800-645-8333
- If you have children under age 5/are pregnant or breastfeeding, you may be eligible for the WIC nutrition program: [Mass.gov/WIC](https://www.mass.gov/WIC) or call 800-942-1007
- All K-12 students can get free school meals this school year

# Request for Aging Services Network Support

- ☐ **Widely share information** about this change, as well as the options to increase regular monthly SNAP with older adults in your community using the DTA [Outreach Toolkit](#).
- ☐ **Act as a point of contact for older adult households who may need support completing the medical cost form or accessing other financial assistance programs.**
- ☐ **Share this information with other community-based organizations in your area** that are trusted sources of information for SNAP households, such as faith-based organizations, cultural organizations, service-affiliated organizations, and others.
- ☐ **Ensure you have an [updated list of local and statewide resources](#)** that may be able to support families or individuals struggling with food or financial insecurity, such as food pantries, fuel assistance programs, cash assistance programs, and other general support.

**Thank you for your continued partnership and support of older adults across the Commonwealth!**

# Questions?

**Please submit questions anonymously using the Q&A button at the bottom of your screen. Questions will be answered live.**



# Contact Information

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For additional outreach questions, please contact [DTA.SNAPOutreach@mass.gov](mailto:DTA.SNAPOutreach@mass.gov)

## Department of Transitional Assistance

**Lorraine Ward**, Director of Food Access and Nutrition

**Mary Loughlin**, SNAP Outreach Program Coordinator

**Kimberly Badgett**, SNAP Outreach Specialist

**Andrew Neves**, SNAP Outreach Specialist

## Executive Office of Elder Affairs

**Robin Lipson**, Deputy Director of EOEA

**Amanda Bernardo**, Chief of Staff

**Adriene Worthington**, Director of Nutrition Services

**Ellie Romano**, Communications & Outreach Manager

Thank You