

## CT Waiver Request- Connecticut

**Type of request:** Initial

**Primary regulation citation:** 7 C.F.R. § 273.15 (c); 7 C.F.R. § 273.15(j)(2)

**State:** Connecticut

**Region:** Northeast

### **Regulatory requirements:**

Subsection (c) of 7 CFR 273.15 requires the following: "Within 60 days of receipt of a request for a fair hearing, the State agency shall assure that the hearing is conducted, a decision is reached, and the household and local agency are notified of the decision."

7 CFR 273.15(j)(2) requires the following: "The State agency must provide a written notice to the household within 10 days of the household's request confirming the withdrawal request and providing the household with an opportunity to request a hearing."

### **Description of alternative procedures:**

The Department requests flexibility relating to these timeframes due to office closures or staff reductions relating to COVID-19. The Department will strive to meet these time deadlines, but is seeking a waiver of them if compliance becomes impossible.

### **Justification for request:**

It is possible that Department will close the office at which hearing officers work and they will be unable to conduct hearings and write decisions within the specified timeframes. Similarly, the processing technicians who accept hearing requests, schedule the hearings and are responsible for providing the 10-day notice to households when they withdraw requests may not be able to come to work due to closure of the Department's office or the need to stay home as a result of illness, exposure to COVID-19 or the need to care for children who are unable to attend school due to school closures.

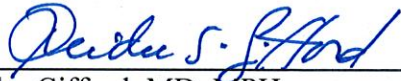
### **Anticipated impact on households and State Agency operations:**

The waiver will allow for households to have adequate time to submit pertinent documentations for the hearing record and the hearing officer will have sufficient time to render a thorough and sound hearing decision.

### **Time Period for which Waiver is needed:**

The Waiver is needed for a period of three months.

**Signature and Title of Requesting Official:**



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Deidre Gifford, MD, MPH  
Commissioner, Connecticut Department of Social Services

**Date of Request: 3/18/2020**