



Food and Nutrition
Service

1320 Braddock Place
Alexandria, VA
22314

August 14, 2020

Dawn M. Sweeney
State Administrator
Economic Stability Administration
Department of Health & Human Services
235 S Grand Ave
Suite 1402
Lansing, MI 48909

RE: Supplemental Nutrition Assistance Program (SNAP) – Michigan Request for
Core Verification and Interview Adjustment Due to Novel Coronavirus
(COVID-19) –Approval

Dear Ms. Sweeney:

This letter transmits the approval of the Michigan Department of Health and Human Services (DHSS) request to adjust SNAP regulations at 7 CFR 273.14(b)(2) and (3), which require that State agencies develop an application to be used by households when applying for recertification and that State agencies interview households as part of the recertification process.

Under this adjustment (COV-183), the State agency will continue to complete all routine data matches conducted at recertification, including mandatory matches related to possible changes in income, as well as other matches normally completed at recertification. The State agency will process every application for recertification and conduct streamlined recertification interviews for at least 50 percent of non-elderly or disabled households. FNS expects the total percentage of cases interviewed to increase gradually over the length of the approval period until the State reaches 100 percent.

The State may only use this process for recertifying households and may not apply this adjustment to initial applicants. The State agency may continue to use the State's current application for recertification form developed under 273.14(b)(2), or a periodic report in lieu of the application for recertification to establish a new certification period for households, whichever is most beneficial to the State's process.

The Food and Nutrition Service (FNS) is approving this adjustment under authorization of the Families First Coronavirus Response Act (P.L. 116-127) for a period of 4 months, effective September 1, 2020, through December 31, 2020. FNS has determined this adjustment to be consistent with what is practicable under actual conditions in areas affected by the COVID-19 Public Health Emergency.

This approval is contingent upon the State agency's compliance with the conditions and data reporting components in item 10 of Enclosure 1 and are due 45 days after expiration. The detailed waiver response is enclosed.

In addition, the public health emergency declaration by the Secretary of Health and Human Services under section 319 of the Public Health Service Act and a state emergency order must be in place for this adjustment. The State agency will be able to maintain this adjustment through the expiration date of this approval or the end of the subsequent month following the expiration of the state emergency declaration if the State declaration expires before the end of the approval period (whichever comes sooner).

FNS is providing multiple waivers and flexibilities in its programs in its continued response to the COVID-19 pandemic. The Families First Coronavirus Response Act requires FNS to collect specific data elements from States. The CARES Act (P.L. 116-136) provides funding, which FNS will use to collect information in order to distribute funding. Please prepare the necessary data elements to collect and submit this data as described in this document. The public will be given the opportunity to comment on this data collection, including legislatively-mandated data collection through a future information collection process being submitted to the Office of Management and Budget.

Please note that this approval may differ from the State's request. FNS is ready to provide technical assistance to State agencies as they seek to maintain operations and serve clients during the current Public Health Emergency. If you have any questions or need additional information, please contact your respective Regional Office representative.

Sincerely,

Sasha Gersten-Paal
Director
Program Development Division
Supplemental Nutrition Assistance Program

Enclosure

Enclosure 1

CORE VERIFICATION AND INTERVIEW ADJUSTMENT RESPONSE

1. **Adjustment serial number:** COV-183
2. **Type of request:** Initial
3. **Regulatory citation:** 7 CFR 273.14(b)(2) and (3)
4. **State:** Michigan
5. **Region:** Midwest
6. **Regulatory requirements:** Regulations at 7 CFR 273.14(b)(2) require that State agencies develop an application to be used by households when applying for recertification.

Regulations at 7 CFR 273.14(b)(3) require that State agencies interview households as part of the recertification process.

7. **Description of alternative procedures:** Under this adjustment, the State agency will continue to complete all routine data matches conducted at recertification, including mandatory matches related to possible changes in income, as well as other matches normally completed at recertification. The State agency will process every application for recertification and conduct streamlined recertification interviews for at least 50 percent of non-elderly or disabled households. FNS expects the total percentage of cases interviewed to increase gradually over the length of the approval period until the State reaches 100 percent.

The State may only use this process for households due for recertification. All initial applicants will continue to be interviewed. The State agency may continue to use the State's current application for recertification form developed under 273.14(b)(2), or a periodic report in lieu of an application for recertification to establish a new certification period for households, whichever is most beneficial to the State's process.

8. **Action and reason for approval or denial:** FNS' approval of this adjustment is based on the determination that the adjustment is consistent with what is practicable under actual conditions in areas affected by the COVID-19 Public Health Emergency, as authorized by the Families First Coronavirus Response Act (P. L. 116-127). FNS is approving the State's request for a period of 4 months, effective September 1, 2020, through December 31, 2020.

9. **Conditions and reasons:** Approval of this adjustment is subject to the following conditions:

- The adjustment is applied only to those households for which mandatory verifications have been completed and the applicant's identity has been verified;
- Sufficient controls in the State agency's policy and automation are in place to implement the terms of this adjustment correctly;
- Households with questionable information that cannot be verified through data match are contacted;
- The State agency can provide the required evaluation ; and
- The public health emergency declaration by the Secretary of Health and Human Services under section 319 of the Public Health Service Act must be in place, and the State must have emergency order to operate under this adjustment. States will be able to maintain this adjustment through the expiration date of this approval or the end of the subsequent month following the expiration of the state emergency declaration if the State declaration expires before the end of the approval period (whichever comes sooner).

10. **Evaluation Data Requirements:**

The State agency must provide to FNS the data and analysis listed below required for evaluation of this adjustment.

- Estimated number of households affected by this adjustment;
- A narrative on the effect of program access and client satisfaction, including an analysis of any client or advocate complaints received related to the adjustment procedure; A narrative on the effect of providing timely and accurate benefits; and
- A narrative on the effect of any other aspects of the eligibility process including the ability to manage staff caseload growth and the impact on administrative efficiency.

11. **Expiration Date:** December 31, 2020 (subject to paragraph 9)

12. **Quality control procedures:** No special Quality Control (QC) procedures are required for cases subject to the provisions of this waiver. Cases should be reviewed using standard review procedures contained in the FNS Handbook 310.

13. **Anticipated implementation date (*notify FNS if actual date differs*):** Upon receipt of approval.