



Oregon

Kate Brown, Governor

Department of Human Services

Office of Self-Sufficiency Programs

500 Summer St. NE

Salem, OR 97301



March 20, 2020

Charles Tobin, Director

Supplemental Nutrition Assistance Program (SNAP)

Food & Nutrition Services (FNS)

Western Regional Office

90 Seventh St, Suite 10-100

San Francisco, CA 94103

Dear Mr. Tobin,

The Oregon Department of Human Services (DHS) is seeking multiple waivers allowing for the needed flexibility to respond to the COVID-19 pandemic while maintaining essential services. Additional flexibilities are required to adequately protect customers, staff, communities and vulnerable populations and support the guidance for social distancing.

The approval and implementation of these waivers will streamline workflow and provide reasonable and needed flexibility to respond to the increased volume of new applications and ongoing need for current SNAP customers caused by COVID-19.

In addition, Oregon recognizes the imminent need to rapidly operate a Disaster Supplemental Nutrition Assistance Programming (D-SNAP). To this effect, please also find attached a proposal for implementation of D-SNAP in Oregon. The waivers and the implementation of D-SNAP are crucial for ongoing services to SNAP households, allowing staff to focus on meeting timeliness and reporting requirements during the D-SNAP application period.

If you have any questions about the attached you can contact me at heather.j.miles@state.or.us or by phone at 503-302-1063.

Sincerely,

Heather Miles

SNAP, CSFP & TEFAP Program Manager

Oregon Department of Human Services

Self-Sufficiency Programs, 500 Summer St. NE, E48

Salem, OR 97301-1066

Desk: 503-945-6092 Cell: 503-302-1063

cc: Dan Haun (Oregon, SSP Director); Claire Seguin (Oregon, SSP Deputy Director); Shahdy Monemzadeh (FNS-WRO); Elizabeth Albert (FNS-WRO)

"Assisting People to Become Independent, Healthy and Safe"

Oregon is seeking the approval to immediately implement the following short-term waivers in response to the President’s COVID-19 emergency declaration:

Description of Waiver Request	Regulation being waived
<p>Allows the State Agency to waive the restriction of purchasing prepared foods to specific households and would allow households in areas declared as a public health emergency due to COVID-19 pandemic to use their EBT benefits to purchase hot or prepared foods.</p>	<p>7 CFR 274.7 (a) and 7 CFR 274.7 (g)</p>
<p>Allows the State agency to extend the certification period for 2 months beyond the maximum 12/24-month certification period(s) without requiring a new application for households residing in an area affected by the COVID-19 pandemic. Households certified for an additional 2 months will be advised to apply to continue receiving SNAP after their additional 2 months of eligibility.</p>	<p>7 CFR 273.10(f)(5)</p>
<p>Allows the State Agency to waive the requirement to conduct an interview prior to approving SNAP benefits for individuals eligible for expedited service or who meet the SNAP definition of disabled or elderly.</p>	<p>7 CFR 273.14(b)(3) and 273.2 (e)(2)</p>
<p>Allows the state agency to process periodic reports without requiring contact with the household. The State Agency will review IEVS screens and update without requiring contact with the household, unless questionable information is identified. Households are not required to file a periodic report in order to continue with the remainder of their certification.</p>	<p>7 CFR 273.12(a)</p>
<p>Allows the individual to regain eligibility if, at the time they reapply, they are not able to complete activities due to COVID-19.</p>	<p>7 CFR 273.24(d)</p>
<p>Allows the State agency to accept the client statement regarding their gross nonexempt income when the income verification is not readily available and can’t be verified electronically or by phone.</p>	<p>7 CFR 273.2(f)(1)</p>

STATE WAIVER REQUEST

1. **Type of request:** Initial
2. **Regulatory citation:** 7 CFR 273.10(f)(5)
3. **State:** Oregon
4. **Region:** Western
5. **Regulatory requirements:** Supplemental Nutrition Assistance Program regulations at 7 CFR 273.10 (f)(5) require that the state agency must certify each eligible household for a definite period of time. The certification period cannot exceed 12 months except to accommodate a household's transitional period.
6. **Description of alternative procedures:** Oregon is requesting to extend the maximum certification period from 12 months to 18 months and 24 months to 36 months for households affected by the COVID-19 pandemic.
7. **State specific alternative procedures, if applicable:** None
8. **Justification for request:** In accordance with CDC guidelines this waiver intends to reduce opportunities for COVID-19 community spread by reducing the need for clients to have physical contact with potentially infected employers, co-workers and others to meet SNAP verification requirements. By requiring verification to only those sources which are readily available or can be verified by phone or electronic sources we will avoid additional pending and delays. This additional efficiency will afford our staff time to serve a greater number of new applicants and process reported changes from current recipients while providing nutritional benefits to households affected by the COVID-19 pandemic.
9. **Anticipated impact on households and State agency operations:** Oregon anticipates that implementation of this waiver will result in time savings for eligibility and administrative workers. This process will improve timeliness of benefits while reducing the risk of transmission of the virus due to the decreased contact an applicant will be required to have with the agency.

10. Caseload information, including percent, characteristics, and quality control error rate for affection portion:

Caseload Information:

Oregon's total SNAP caseload for December of 2019 was 348,294 or 586,789 individuals.

Quality Control Information:

Oregon doesn't anticipate that this waiver request will result in an increase in Quality Control errors.

11. Anticipated implementation date and time period for which waiver is needed:

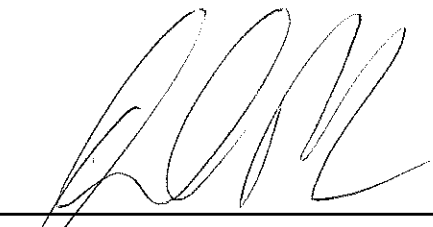
This waiver will be implemented upon approval and will be effective during the entire month in which COVID-19 virus remains a declared pandemic.

12. Proposed quality control review procedures: There will be no special quality control procedures needed in conjunction with this waiver request. However, State Quality Control will be tracking this error element for evaluation purposes.

13. State agency submitting waiver request and State contact person:

Oregon Department of Human Services
Self-Sufficiency Programs
Supplemental Nutrition Assistance Program
Contact: Heather Miles, SSP Design Program Manager

14. Signature and title of requesting official:



**Dan Haun, Self Sufficiency Program Director
Self-Sufficiency Programs
Oregon Department of Human Services**

15. Date of request:

March 20, 2020

16. Regional office contact person (*to be completed by FNS regional office*):

STATE WAIVER REQUEST

1. **Type of request:** Initial
2. **Regulatory citation:** 7 CFR 273.12(a)
3. **State:** Oregon
4. **Region:** Western
5. **Regulatory requirements:** Supplemental Nutrition Assistance Program regulations at 7 CFR 273.12 (a) require that a periodic report be submitted for households that are certified for longer than 6 months, except those households described in 7 CFR 273.12 (a)(5)(iii)(A), must file a periodic report between 4 months and 6 months. Households in which all adult members are elderly or disabled with no earned income and are certified for periods lasting between 13 months and 24 months must file a periodic report once a year.
6. **Description of alternative procedures:** Oregon is requesting to waive this requirements during the COVID-19 pandemic. Households are not required to file a periodic report in order to continue with the remainder of their certification.
7. **State specific alternative procedures, if applicable:** None
8. **Justification for request:** In accordance with CDC guidelines this waiver intends to reduce opportunities for COVID-19 community spread by reducing the need for clients to have physical contact with potentially infected employers, co-workers and others to meet SNAP requirements. This additional efficiency will afford our staff time to serve a greater number of new applicants and process reported changes from current recipients while providing nutritional benefits to households affected by the COVID-19 pandemic.
9. **Anticipated impact on households and State agency operations:** Oregon anticipates that implementation of this waiver will allow for greater administrative efficiencies and timeliness of benefits in response to this emergency.
10. **Caseload information, including percent, characteristics, and quality control error rate for affection portion:**

Caseload Information:

Oregon's total SNAP caseload for December of 2019 was 348,294 or 586,789 individuals.

Quality Control Information:

Oregon doesn't anticipate that this waiver request will result in an increase in Quality Control errors.

11. Anticipated implementation date and time period for which waiver is needed:

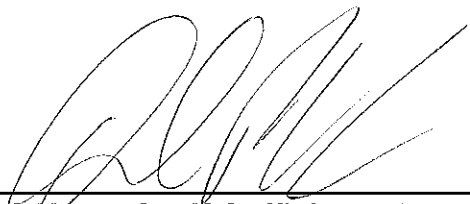
This waiver will be implemented upon approval and will be effective during the entire month, discontinuing the last day of the month the COVID-19 pandemic is declassified as a pandemic ended.

12. Proposed quality control review procedures: There will be no special quality control procedures needed in conjunction with this waiver request. However, State Quality Control will be tracking this error element for evaluation purposes.

13. State agency submitting waiver request and State contact person:

Oregon Department of Human Services
Self-Sufficiency Programs
Supplemental Nutrition Assistance Program
Contact: Heather Miles, SSP Design Program Manager

14. Signature and title of requesting official:



**Dan Haun, Self-Sufficiency Program Director
Self-Sufficiency Programs
Oregon Department of Human Services**

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