

WAIVER REQUEST OUTLINE

1. **Waiver serial number (if request is extension):** N/A
2. **Type of request:** Initial
3. **Primary regulation citation:** 7 CFR 273.18
4. **Secondary regulation citation, if any:**
5. **State:** PA
6. **Region:** MARO
7. **Regulatory requirements:** Must post payments to SNAP claims as soon as agency receives check and/or money order.
8. **Proposed alternative procedures:** Checks and money orders received for SNAP claims during agency shutdown will be posted as soon as possible upon Claim Accounting staffs' return to the office.
9. **Justification for request:** Claim Accounting staff is unable to post or process payments to SNAP claims while agency is in a mandatory shutdown due to the COVID-19 pandemic.
10. **Anticipated impact on households and State agency operations:** If we are unable to process payments timely to clients' SNAP OP claims, the system will erroneously update their delinquency status and there is the potential for the client to be certified in TOP.
11. **Caseload information, including percent, characteristics, and quality control error rate for affected portion:** Unable to determine during agency shut down.
12. **Anticipated implementation date and time period for which waiver is needed:** Implemented 3/16/20. Time period: 3/16/20 through 4/10/20, barring no extensions to the agency shutdown from Governor Wolf.
13. **Proposed quality control review procedures:** OSIG staff will monitor data upon payments being posted and ensure that payment due dates are posted correctly and balances are appropriately updated.
14. **Signature and title of requesting official:**



Melissa K. Yerges
Director, Bureau of Administration, Policy and Training

15. Date of request: 3/16/20