

STATE WAIVER REQUEST- Vermont

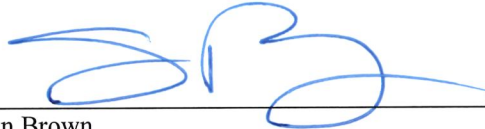
1. **Waiver Serial Number (if applicable):**
2. **Type of request:** Initial
3. **Regulatory citation:** 7 C.F.R. § 275.3(b) and 7 C.F.R. § 275.5
4. **State:** Vermont
5. **Region:** Northeast
6. **Regulatory requirements:** States must complete an annual Management Evaluation based on the plan the State submits to Food and Nutrition Services.
7. **Proposed alternative procedures:** Vermont requests to waive the annual Management Evaluation for Federal Fiscal Year 2020 due to the COVID-19 pandemic.
8. **Justification for request:** During the outbreak of COVID-19, the state is unable to complete many of the necessary tasks associated with the Management Evaluation (ME). The tasks associated with completing ME include both the Food & Nutrition Team and our field staff. Vermont's Food & Nutrition Team has been tasked to other COVID-19 related waivers, plans and assistance necessary to keep the SNAP program running efficiently and effectively during this period of crisis. Our field staff in the district offices also play an integral piece in this process and their workload has increased, more complex cases, changing policies with the approval of waivers, etc. Adding the ME workload to the field will take away valuable and necessary resources within the district offices. We know once COVID-19 is resolved there will still be additional workload for months to come. Currently our ME work has been paused during this time to assist in other more critical areas. Vermont would like to revisit our annual review for FFY21 when the necessary tasks related to MEs can adequately and safely be accomplished.
9. **Caseload information, including percent of caseload and description of population expected to be affected by this waiver:** Less than 400 cases, less than 1% of total population.
10. **Anticipated impact on households and State agency operations:** There would be no impact to households. This waiver would allow the Food & Nutrition Team to focus its efforts in other areas during the ongoing and post-period of the COVID-19 pandemic.
11. **Anticipated implementation date and time period for which waiver is needed (please indicate if the waiver approval is needed to make system adjustments):**

We would like to waive FFY20 Management Evaluations and resume for FFY21.

12. Proposed quality control review procedures: This section is non-applicable.

13. Date of request: April 16, 2020

14. State agency staff contact:



Sean Brown

Title: Deputy Commissioner DCF ESD

Email for transmission of response: sean.brown@vermont.gov

15. Regional Office contact person (to be completed by FNS regional office):