

Tony Evers  
Governor



**DIVISION OF MEDICAID SERVICES**

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Andrea Palm  
Secretary

**State of Wisconsin**  
Department of Health Services

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May 4, 2020

Julie Mikkelson, Regional Director  
Supplemental Nutrition Assistance Program  
Food and Nutrition Service, USDA  
77 West Jackson Blvd, 20<sup>th</sup> Floor  
Chicago, IL 60604-3511

Dear Julie Mikkelson:

Attached is a request in response to the March 13, 2020 national emergency declaration due to the coronavirus (COVID-19) pandemic as well as Governor Evers' Executive Order 72 declaring a health emergency in Wisconsin, signed March 12, 2020.

The Wisconsin Department of Health Services (DHS) requests initial approval to streamline and modify the application filing requirements at 7 CFR § 273.2(c)(1)(iv), 7 CFR § 273.2(c)(7)(i), and 7 CFR § 273.2 (c)(7)(iv)(A) and (B).

Specifically, allowing someone (community partner or assisting organization) other than a household member or authorized representative, with verbal approval from a responsible household member or authorized representative, to sign in their place to establish a filing date. A valid signature from the household or an authorized representative is still required, but the filing date is established.

This request will allow partners and assisting organizations to establish a filing date for individuals and households that may not have the means or capability to complete and submit an application through existing channels, or that first contact those partners or organizations and wish to establish a filing date. Due to the uncertainty around the current state of emergency, we expect to see a continued increase in the number of submitted applications for SNAP, in conjunction with a reduced number of local agency staff. Allowing this flexibility will free up local agency resources for processing, benefit issuance, and other functional duties. Applications (especially new applications for those who have not previously applied for public assistance and are not in our eligibility system) are a time consuming process and a single application can take more than 30 minutes of a workers time.

We look forward to your response. If you have any questions, please contact Courtney Harris by phone at (608) 261-7804 or by email at [courtney.harris@dhs.wisconsin.gov](mailto:courtney.harris@dhs.wisconsin.gov).

Sincerely,

A handwritten signature in black ink, appearing to read 'Rebecca McAtee', with a stylized flourish at the end.

Rebecca McAtee  
FoodShare Director  
Bureau of Enrollment Policy and Systems  
Division of Medicaid Services

cc: Erica Kain, FNS MWRO  
Sulema Olivarez, FNS MWRO  
Dana Bax, FNS MWRO  
Courtney Harris, DHS  
Jayne Wanless, DHS  
Julie Taylor, DHS  
Craig Hayes, DHS

## STATE WAIVER REQUEST

**1. Waiver Serial Number (if applicable):**

**2. Type of request:** Initial due to COVID-19 emergency

**3. Statutory citation:** Families First Coronavirus Response Act

**4. Regulatory citation:** 7 CFR § 273.2(c)(1)(iv), 7 CFR § 273.2(c)(7)(i), 7 CFR § 273.2(c)(7)(iv)(A) and (B)

**5. State:** Wisconsin

**6. Region:** MWRO

**7. Regulatory requirements:**

(c)(1)(iv) *Recording the filing date.* The date of application is the date the application is received by the State agency. State agencies must document the application date on the application. If the application is received outside normal business hours the State agency will consider the date of application the next business day. For online applications, the date of application is the date the application is submitted, or the next business day if it is submitted after business hours. For telephonic applications, the date of application is the date on which the household member provides verbal assent.

(c)(7)(i) *Requirement for a signature.* A form must be signed to establish a filing date and to determine the State agency's deadline for acting on the form. The State agency shall not certify a household without a signed form.

(c)(7)(iv) Who may sign the form. (A) An adult member of the household. (B) An authorized representative, as described in paragraph (n)(1) of this section.

**8. Description of alternative procedures:**

Wisconsin is proposing to collect a signature from a community partner or application assister which would allow for the immediate submission of an internet ACCESS application. When such an application is submitted, a signature from the household or an authorized representative would still be required. However, the original date on which the ACCESS application was submitted with the assister's signature would be honored as the application filing date. If a signature was subsequently collected from a household member or authorized representative and the household is eligible, the original date on which the community partner or application assister would be the filing date for the purposes of determining eligibility and benefit issuance. If no signature were collected, the application would be denied for failing to sign the application. The application date for the denial would be the application submission date.

Although Wisconsin is operating under an additional COVID-19 blanket waiver to waive the interview for initial applications, the state is still able to systematically pend for the signature.

## **9. Justification for request**

This request is justified pursuant to the Families First Coronavirus Response Act and 7 CFR § 272.3(c)(1)(ii) which permits FNS to authorize waivers that result in a more effective and efficient administration of the program.

Individuals seeking medical, food, or financial assistance with a helper agency (vendors, service providers, community-based partners, health care providers, contractors, non-profits, etc.) are often offered assistance in applying for health care and FoodShare benefits. In many instances, households seeking assistance through one of these agencies are the most vulnerable and most in need of benefits.

Wisconsin Governor Tony Evers issued a Safer at Home order on March 24, 2020, which was recently extended until May 26, 2020. To comply with the social distancing requirements outlined in these orders, in most instances this type of application assistance must be provided over the phone at this time. A number of the helper agencies do not have the means to complete a three-way call with the local agency and applicant, and Wisconsin's online ACCESS system does not allow for an application to be submitted without a signature. Additionally, these helper agencies are not in a position to be "sufficiently aware of household circumstances" and are subsequently unable to assume the same responsibilities and liability as an authorized representative. Helper agencies are entering the information directly into the online application based on answers provided by the applicant.

Approval of this request would allow helper agencies to continue to provide application assistance during the extraordinary and temporary circumstances associated with this public health emergency, while ensuring these households maintain their right to same day filing. Additionally, allowing this flexibility will free up local agency resources for processing, benefit issuance, and other functional duties and ensure Wisconsin can continue to respond quickly to the increase in demand for SNAP benefits as a result of this health crisis.

## **10. Anticipated impact on households and State agency operations:**

Individuals that are unable to apply for benefits online will still be able to call local offices and apply via telephone, however, if they first contact a helper agency, they can still complete an application without having to make multiple calls or complete lengthy telephonic application requests with the local agency.

## **11. Caseload information:**

Wisconsin serves 605,764 SNAP household members and 316,519 assistance groups (cases) as of March 2020.

## **12. Anticipated implementation date and time period for which waiver is needed:**

Immediately until the COVID-19 health crisis has passed.

**13. Proposed quality control review procedures:**

There would be no impact to Quality Control provisions as a result of this change.

**14. State agency submitting waiver request and State contact person:**

Wisconsin Department of Health Services, Rebecca McAtee

**15. Signature and title of requesting official:**



**FoodShare Director**

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**16. Date of request:** May 4, 2020

**17. State agency staff contact (name/email/telephone):** Courtney Harris  
[courtney.harris@dhs.wisconsin.gov](mailto:courtney.harris@dhs.wisconsin.gov) 608-261-7804

**18. Regional office contact person:**