

**From:**

**Subject:**

FW: SNAP Adjustment Extensions Process for July and Beyond - Arizona DES

**Date:**

Tuesday, June 9, 2020 8:50:52 PM

**Attachments:**

[Criteria to Extend COVID Related Adjustments and Waivers.pdf](#)  
[A1 - 03.11.20 Declaration of Public Health Emergency.pdf](#)  
[A2 - 05.21.20 Executive Order.pdf](#)  
[A3 - A.R.S. 26-303 - Emergency powers of governor; termination; authorization for adjutant general; limitation.pdf](#)  
[A4 - COVID-19 Cases in Arizona - 06.08.20.pdf](#)  
[A5 - Attendance Trends - June 5.pdf](#)  
[A6 -Inbound Call Volume.xlsx](#)  
[A7 - Weekly SNAP Applications.xlsx](#)  
[A8 - Initial SNAP Average Processing Days.xlsx](#)

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Hello, please see the attached request from Arizona.

Arizona is requesting to continue the following for July 2020:

- a) to continue to extend certification periods and waive periodic reports;
- b) eliminate the interview at certification, and
- c) to postpone expedited service interviews
  - As Arizona experiences an increase in COVID-19 cases (see A4 attached), social distancing is still in effect for all offices. Field Offices have approximately 320 staff Teleworking from home in order to make social distancing more feasible. Arizona has closed 3 local offices to the public based on COVID-19 concerns in the area (Tuba City, Chinle, and San Luis). All other local offices are operating under the Limited Services “Virtual” model. This means that the lobbies are open to the public but only vulnerable clients, such as homeless, elderly, or those who do not have access to services by phone or internet are assisted in-office. All others are provided direction on how to access services via phone or internet. Although this Limited Services model does not deter a client from dropping off or mailing in a paper application, should the client fail to sign the application, we would want to limit the client’s exposure and promote safety by not requiring them to come into a local office for a signature.
  - Arizona has experienced a high absenteeism rate for our staff as they are also affected by the COVID-19 crisis. The absenteeism rate from 03/06/2020 – 06/05/2020 has averaged around 23.41% (see A5 attached). This reduced staffing can result in decreased productivity and customer service.
  - Arizona has experienced an increase in call volume by clients wanting to apply for the first time, calling on the status of their case, inquiring COVID-19 program changes, and most recently, inquiring on the PEBT program (see A6 attached).
  - Although the overall weekly number of applications looks to be decreasing (see A7 attached), as of mid-March 2020, these are all initial applications as opposed to a combination of initial and renewal applications. The processing time for an initial application is much longer than a renewal due to the need to verify permanent verification and in many of these cases, attempt to verify income in uncertain employer situations.
  - Arizona has made great strides to keep the processing time frames as short as possible, knowing that many clients are in dire need of food at this time. Due to the current adjustments/waivers in place, along with staff working overtime hours to process cases, we have been able to maintain an acceptable processing time of 16 days for the past 5 weeks (see A8 attached). The reinstatement of policies that are currently being waived would have a significant effect on our timeliness numbers.

# DECLARATION OF EMERGENCY

## *\*COVID-19\**

**WHEREAS**, the World Health Organization declared a Public Health Emergency of International Concern on January 30, 2020, the United States Department of Health and Human Services declared a Public Health Emergency related to the COVID-19 outbreak on January 31, 2020, and the World Health Organization officially declared a pandemic due to COVID-19 on March 11, 2020; and

**WHEREAS**, globally there are 124,908 total confirmed cases and 4,591 total deaths to-date related to COVID-19, and the situation is rapidly evolving with person-to-person transmission and continued community transmission; and

**WHEREAS**, COVID-19 was first discovered in Wuhan, China, and is known to cause respiratory illness, which can result in severe disease complications and death; and

**WHEREAS**, Arizona is proactively leading on the COVID-19 response in the United States, as the third of 39 states that have confirmed cases of COVID-19; and

**WHEREAS**, the Arizona Department of Health Services and local public health departments have identified 9 cases of COVID-19, including cases spreading in the community, and have additional patients under investigation linked to the global outbreak; and

**WHEREAS**, COVID-19 poses a serious public health threat for infectious disease spread to Arizona residents and visitors if proper precautions recommended by public health are not followed; and

**WHEREAS**, the Arizona Department of Health Services in partnership with the Centers for Disease Control and Prevention (CDC) and local public health departments have implemented disease surveillance and testing for confirmed COVID-19 case(s) and patients under investigation; and

**WHEREAS**, in Arizona, public health and health care systems have identified precautions and interventions that can mitigate the spread of COVID-19; and

**WHEREAS**, the Arizona Department of Health Services requires a more robust and integrated response to successfully combat the COVID-19 outbreak; and

**WHEREAS**, the Governor and the Director of the Arizona Department of Health Services have reasonable cause to believe the spread of COVID-19 can lead to severe respiratory illness, disease complications, and death for Arizona residents, particularly those with underlying medical conditions or the elderly; and

**WHEREAS**, it is necessary and appropriate to take action to ensure the spread of COVID-19 is controlled and that the residents of Arizona remain safe and healthy; and

**WHEREAS**, the Governor is authorized to declare an emergency pursuant to A.R.S. § 26-303(D) and in accordance with A.R.S. § 26-301(15).

**WHEREAS**, pursuant to A.R.S. § 26-307(A), a state agency, when designated by the Governor, may make, amend and rescind orders, rules and regulations necessary for emergency functions;

**WHEREAS**, pursuant to A.R.S. § 36-787(A), during a state of emergency declared by the Governor as a result of an occurrence or imminent threat of illness or health condition caused by an epidemic that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability, the Arizona Department of Health Services shall coordinate all matters pertaining to the public health emergency response of the State; and

**WHEREAS**, pursuant to A.R.S. § 36-787(B) and (C), during a state of emergency declared by the Governor, the Governor, in consultation with the Director of the Arizona Department of Health Services, may issue orders pertaining to the public health emergency response of the State; and

**WHEREAS**, pursuant A.R.S. § § 36-788 and 36-789, during a state of emergency declared by the Governor, the Arizona Department of Health Services, to protect the public health, may establish and maintain places of isolation and quarantine and require the isolation or quarantine of any person who has contracted or been exposed to a highly contagious and fatal disease;

**WHEREAS**, the Legislature has authorized the expenditure of funds in an event of an emergency pursuant to A.R.S. § 35-192; and

**WHEREAS**, Executive Order 2017-06 establishes the Arizona Emergency Response and Recovery Plan to assist in responding to emergencies including public health emergencies; and

**NOW, THEREFORE I**, Douglas A. Ducey, Governor of the State of Arizona, by virtue of the authority vested in me by the Constitution and Laws of the State, do hereby determine that the *COVID-19* outbreak presents conditions in Arizona, which are or are likely to be beyond the control of the services, personnel, equipment, and facilities of any single county, city or town, and which require the combined efforts of the State and the political subdivision, and thus justifies a declaration of a State of Emergency; accordingly, pursuant to A.R.S. §§ 26-303(D) and 36-787, I do hereby:

- a. Declare that a State of Emergency exists in Arizona due to the *COVID-19* outbreak, effective March 11, 2020; and
- b. Direct that the State of Arizona Emergency Response and Recovery Plan be used, and the Division of Emergency Management to be engaged, as necessary or requested, to assist the Arizona Department of Health Services' coordination of the public health emergency response and authorize the use of state assets as necessary; and

- c. Authorize the Director of the Arizona Department of Health Services to coordinate all matters pertaining to the public health emergency response of the State in accordance with A.R.S. Title 36, Chapter 6, Article 9;

This Emergency Declaration will be eligible for termination upon the resolution of the outbreak as determined by the Arizona Department of Health Services.

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.

**ATTEST:**



**GOVERNOR**

**DONE** at the Capitol in Phoenix on this 11<sup>th</sup> day of March in the Year Two Thousand Twenty and of the Independence of the United States of America the Year Two Hundred and Forty-Four.

**ATTEST:**



**Secretary of State**



GOVERNOR DOUGLAS A. DUCEY

STATE OF ARIZONA  
★  
EXECUTIVE ORDER

Executive Order 2020-37

**Enhanced Surveillance Advisory  
Continuing to monitor responsiveness to COVID-19**

**WHEREAS**, COVID-19 represents a serious threat to public health. COVID-19 is known to cause respiratory illness, which can result in severe disease complications and death; and

**WHEREAS**, the World Health Organization officially declared a pandemic due to COVID-19 on March 11, 2020; and

**WHEREAS**, the Governor of Arizona, in response to the COVID-19 pandemic issued a Declaration of Emergency on March 11, 2020; and

**WHEREAS**, as of May 21, 2020, in Arizona there were 15,315 total confirmed cases and 763 total deaths related to COVID-19, and the situation is rapidly evolving with person-to-person transmission and continued transmission in the community; and

**WHEREAS**, COVID-19 may affect a greater percentage of the population than for example seasonal influenza because of the novel nature of the disease and the lack of immunity to the disease within the population. Therefore, a larger number of individuals may require testing, medical treatment or hospitalization as a result of COVID-19; and

**WHEREAS**, to mitigate the spread of COVID-19, it is necessary that all Arizonans who need to be tested or treated for COVID-19 have access to testing and treatment; and

**WHEREAS**, prompt detection of cases and their close contacts, followed by rapid implementation of infection control measures, is necessary to control the spread of COVID-19; and

**WHEREAS**, the Arizona Department of Health Services requires more robust and accurate data and more resources to successfully combat the COVID-19 pandemic through specimen testing; and

**WHEREAS**, pursuant to Arizona Revised Statutes ("A.R.S") § 36-664, communicable disease-related information is confidential; and

**WHEREAS**, A.R.S. § 36-664 prohibits the release of communicable disease-related information but also provides for specific circumstances when such information can be released, such as when authorized by state or federal law; and

**WHEREAS**, pursuant to A.R.S. § 36-782(A), the Governor, in consultation with the Director of the Arizona Department of Health Services, has the authority to issue an Enhanced Surveillance

Advisory, if the Governor has reasonable cause to believe that an illness or health condition caused by a pandemic disease has or may occur; and

**WHEREAS**, pursuant to A.R.S. § 36-782(B), as determined by the Governor after considering the least restrictive measures necessary that are consistent with public health and safety, an Enhanced Surveillance Advisory shall direct the following:

- (1) Those persons and entities required to report;
- (2) The clinical syndromes, any illness or health condition that may be associated with a specific illness or health care conditions to be reported;
- (3) Patient tracking;
- (4) Information sharing; and
- (5) Specimen testing coordination; and

**WHEREAS**, pursuant to A.R.S. § 36-782(C), the Director of the Arizona Department of Health Services has notified local health authorities about the Governor's intent to issue this Enhanced Surveillance Advisory; and

**WHEREAS**, pursuant to A.R.S. § 36-782(D), if because of an immediate threat to public health the Arizona Department of Health Services and local health authorities are not able to hold a meeting with representatives of persons and institutions who will be affected by an Enhanced Surveillance Advisory before the Governor issues the Enhanced Surveillance Advisory, the meeting must take place within seventy-two hours after the Governor issues the Enhanced Surveillance Advisory, and such meeting may be held by any means feasible given the circumstances; and

**WHEREAS**, pursuant to A.R.S. § 36-782(E), to the extent possible, the Arizona Department of Health Services and local health authorities shall share Department and local health authority personnel, equipment, materials, supplies and other resources to assist persons and institutions affected to implement the terms of the Enhanced Surveillance Advisory; and

**WHEREAS**, pursuant to A.R.S. § 36-783(A), a health care provider or medical examiner shall report to the local health authority all cases of any illness, health condition or clinical syndrome and any additional information specified in an Enhanced Surveillance Advisory; and

**WHEREAS**, pursuant to A.R.S. § 36-783(D), reports required pursuant to an Enhanced Surveillance Advisory must be in writing or by any method directed by the Arizona Department of Health Services or local public health authority, and must be submitted within twenty-four hours after identifying the reportable circumstance; all persons required to report pursuant to an Enhanced Surveillance Advisory must cooperate with the Arizona Department of Health Services and a local health authority in effecting the Enhanced Surveillance Advisory, and failure to report pursuant to an Enhanced Surveillance Advisory is an act of unprofessional conduct; and

**WHEREAS**, pursuant to A.R.S. § 36-783(E), the Arizona Department of Health Services and local public health authority shall maintain as confidential:

- (1) Any information or a particular part of information provided pursuant to the Enhanced Surveillance Advisory that, if made public, would divulge the trade secrets of a person or business; and
- (2) Other information likely to cause substantial harm to the person's or business' competitive position; and

**WHEREAS**, pursuant to A.R.S. § 36-783(F), a local health authority shall immediately notify the Arizona Department of Health Services of any reports received during the period of an Enhanced Surveillance Advisory; and

**WHEREAS**, pursuant to A.R.S. § 36-784(A), during an Enhanced Surveillance Advisory, to identify, treat and track persons who may have been exposed to an illness or health condition identified in the Enhanced Surveillance Advisory, the Arizona Department of Health Services and local health authorities may access confidential patient information, including medical records, wherever and by whomever held and whether or not patient identify is known; and

**WHEREAS**, pursuant to A.R.S. § 36-784(C), any medical information or other information from which a person might be identified that is received by the Arizona Department of Health Services or a local health authority in the course of an Enhanced Surveillance Advisory is confidential and is not available to the public; and

**WHEREAS**, pursuant to A.R.S. § 36-786(A), the Arizona State Laboratory shall coordinate specimen testing related to an Enhanced Surveillance Advisory, and if necessary and at State expense for testing specimens; the Arizona Department of Health Services may designate other laboratories to assist it in testing specimens; and

**WHEREAS**, pursuant to A.R.S. § 36-786(B), the Arizona Department of Health Services shall determine the criteria necessary for private or public laboratories to conduct clinical or environmental testing associated with any illness or health condition subject to an Enhanced Surveillance Advisory; and

**WHEREAS**, pursuant to A.R.S. § 36-786(C) and during an Enhanced Surveillance Advisory, a public safety authority, if requested by the Arizona Department of Health Services, shall coordinate and provide transportation of clinical or environmental samples to the Arizona State Laboratory or other testing laboratory designated by the Arizona Department of Health Services; and

**WHEREAS**, pursuant to A.R.S. § 36-787(A), during a state of emergency declared by the Governor in which there is an occurrence or imminent threat of an illness or health condition caused by a pandemic disease that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability, the Arizona Department of Health Services shall coordinate all matters pertaining to the public health emergency response of the State; and

**WHEREAS**, pursuant to A.R.S. § 36-787(A), during a state of emergency declared by the Governor the Arizona Department of Health Services has primary jurisdiction, responsibility and authority for:

- (1) Planning and executing public health emergency assessment, mitigation, preparedness response and recovery for the State;
- (2) Coordinating public health emergency response among State, local and tribal authorities;
- (3) Collaborating with relevant federal government authorities, elected officials of other states, private organizations and private sector companies;
- (4) Coordinating recovery operations and mitigation initiatives subsequent to public health emergencies; and

(5) Organizing public information activities regarding state public health emergency response operations; and

**WHEREAS**, pursuant to A.R.S. § 36-790(A), the physician patient privilege does not prevent a person or health care provider from complying with the duty to report or provide personal information and medical information to the Arizona Department of Health Services or local health authority in accordance with A.R.S. Title 36, Chapter 6, Article 9; and

**WHEREAS**, COVID-19 health information is confidential and must be protected, and any dissemination is limited to the minimum necessary for protecting those impacted; and

**WHEREAS**, public release of an individual's personal information gathered by public health including home address can result in a fear of reporting by those potentially infected and decrease the ability of health departments to control outbreaks of communicable diseases; and

**WHEREAS**, it is necessary and appropriate to take action to ensure that the COVID-19 pandemic is stopped to ensure that the residents of Arizona remain safe and healthy.

**NOW, THEREFORE**, I, Douglas A. Ducey, Governor of the State of Arizona, by virtue of the authority vested in me by the Constitution and Laws of the State and after consultation with the Director of the Arizona Department of Health Services, in addition to the data reporting requirements outlined in Executive do hereby order:

1. The COVID-19 pandemic in Arizona justifies the issuance of an Enhanced Surveillance Advisory pursuant to A.R.S. § 36-782(A) and such advisory is issued by this Executive Order.
2. This Enhanced Surveillance Advisory supersedes reporting requirements set forth in Executive Orders 2020-13, 2020-22(4), 2020-23, 2020-30(10) but all other provisions of these orders are renewed and remain in effect for the duration of this order.
3. Pursuant to the Enhanced Surveillance Advisory and A.R.S. § 36-782(B)(4), the Arizona Department of Health Services and local health authorities may access confidential patient information, including medical records, wherever and by whomever held, whether or not patient identity is known, including health information held by Health Current in its capacity as the statewide health information exchange.
4. Pursuant to the Enhanced Surveillance Advisory and A.R.S. §§ 36-782(B)(1) and (4), 36-783(A), (D) and (F), and 36-787(A), a hospital, as defined in Arizona Administrative Code R9-10-101, shall report the following through EMResource or alternative form to the Arizona Department of Health Services every twenty-four hours:
  - Per day staff call out;
  - Number of ventilators in use;
  - Number of ventilators available for use;
  - Number of ECMOs in use;
  - Number of ECMOs available for use;
  - Number of ICU beds in use;
  - Number of ICU beds available for use;

- Number of inpatient beds in use;
- Number of inpatient beds available for use;
- Number of ED beds in use;
- Number of ED beds available for use;
- Medical supply and equipment shortage (medications, fluids, O2 tanks, sanitizer, ECMO circuits, etc.);
- Description of triage process currently established;
- Number of inpatient COVID-19 positive patients or patients with suspected COVID-19;
- Number of ventilators in use by COVID-19 positive patients or patients with suspected COVID-19;
- Number of ICU beds in use by COVID-19 positive patients or patients with suspected COVID-19;
- Number of COVID-19 positive patients or patients with suspected COVID-19 discharged from the facility per day;
- Number of COVID-19 positive patients or patients with suspected COVID-19 seen in the Emergency Department per day;
- Number of intubations performed per day for respiratory distress;
- Estimated number of N95 masks used per day;
- Estimated number of surgical masks used per day;
- Estimated number of face shields used per day;
- Estimated number of surgical gowns used per day;
- Estimated number of goggles used per day;
- Total number of total new admissions per day;
- Total number of new COVID-19 positive or suspect admissions per day;
- Total number of new ICU admissions per day;
- Total number of ICU discharges per day;
- Total number of COVID-19 positive or suspect ICU admissions per day;
- Total number of COVID-19 positive or suspect ICU discharges per day;
- Total number of extubations/individuals weaned off of ventilators per day;
- Total number of direct care staff per day;
- Number of days of PPE inventory on hand in the following categories:
  - 0 days;
  - 1-3 days;
  - 4-14 days;
  - 15-30 days; or
  - 30+ days;
- Total number of all staffed inpatient and outpatient beds in your hospital, including all overflow and surge/expansion beds used for inpatients and for outpatients (includes all ICU beds);
- Number of patients currently hospitalized in an inpatient bed with onset of suspected or confirmed COVID-19 fourteen or more days after hospital admission due to a condition other than COVID-19;
- Number of patients with suspected or confirmed COVID-19 who currently are in the Emergency Department (ED) or any overflow location awaiting an inpatient bed;

- Number of patients with suspected or confirmed COVID-19 who currently are in the ED or any overflow location awaiting an inpatient bed and on a mechanical ventilator; and
  - Number of patients with suspected or confirmed COVID-19 who died in the hospital, ED, or any overflow location on the date for which you are reporting.
5. Nursing Care Institutions, ICF-IID and DD Medical Group Homes shall report through EMResource or alternative form to the Arizona Department of Health Services every twenty-four hours:
- Number of COVID-19 positive residents requiring isolation
  - Current admission criteria related to COVID-19
  - Number of beds available to new admissions with COVID-19
  - Number of days of PPE Inventory on hand in the following categories:
    - 0 days;
    - 1-3 days;
    - 4-14 days;
    - 15-30 days; or
    - 30+ days;
6. Pursuant to the Enhanced Surveillance Advisory and A.R.S. §§ 36-782(B)(1) and (4) and 36-787(A), a laboratory as defined in A.R.S. § 36-451(4) shall report all COVID-19 test results by name (positive and negative) to the Arizona Department of Health Services in an electronic format as follows:
- a. For laboratories reporting to the Arizona Department of Health Services through electronic lab reporting (“ELR”), results of all COVID-19 tests.
  - b. For laboratories not reporting to the Arizona Department of Health Services through ELR, in an Arizona Department of Health Services approved flat file format to a secure FTP site or secure email as outlined in guidance at <https://www.azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-lab-resources>.
  - c. For each specimen the report shall include:
    1. The name and address of the laboratory;
    2. The name and telephone number of the director of the clinical laboratory;
    3. The name and, as available, the address, telephone number, and email address of the subject;
    4. The date of birth of the subject;
    5. The gender of the subject;
    6. The laboratory identification number;
    7. The specimen type;
    8. The date of collection of the specimen;
    9. The date of the result of the test;
    10. The type of test completed on the specimen;
    11. The test result, including quantitative values and reference ranges, if applicable; and
    12. The ordering health care provider's name, address, telephone number, and, if available, email address.

5. Pursuant to the Enhanced Surveillance Advisory and A.R.S. §§ 36-782(B)(5) and (E) and 36-786, the following COVID-19 specimen testing shall be coordinated:
  - a. The Arizona State Public Health Laboratory shall coordinate specimen testing relating to COVID-19;
  - b. The Arizona Department of Health Services shall determine the criteria necessary for private or public laboratories to conduct clinical or environmental testing associated with COVID-19; and
  - c. If requested by the Arizona Department of Health Services or a local health authority, a public safety authority shall coordinate and provide transportation of clinical or environmental samples to the Arizona State Laboratory or other testing laboratory designated by the Arizona Department of Health Services.
  - d. A clinical or commercial lab shall submit an isolate or specimen for sequencing to the Arizona State Public Health Laboratory as applicable, only by request
6. Pursuant to the Enhanced Surveillance Advisory and A.R.S. §§ 36-782(B)(5) and (E) and 36-786, the Arizona Department of Health Services and local health authorities, to the extent possible, shall share personnel, equipment, materials, supplies and other resources to assist in the implementation of this Enhanced Surveillance Advisory.
7. The orders contained herein may be revised at any time by the Director of the Arizona Department of Health Services and shall automatically terminate after sixty (60) days, unless renewed.

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.



*Douglas R. Ducey*

**GOVERNOR**

**DONE** at the Capitol in Phoenix on this twenty- first day of May in the year Two Thousand and Twenty and of the Independence of the United States of America the Two Hundred and Forty-Fourth.

**ATTEST:**

*[Signature]*

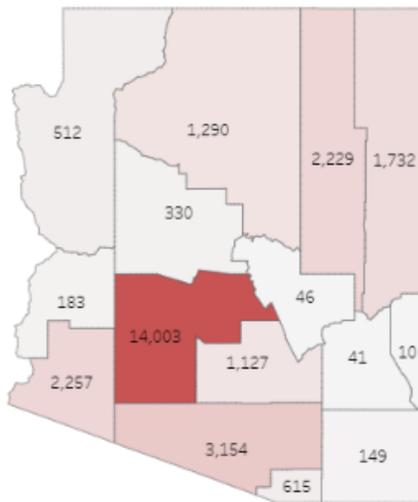
**Secretary of State**

# Confirmed COVID-19 Cases by Day

## COVID-19 Cases by Day

Date of specimen collection is used for day

Select a county to filter the epi curve.

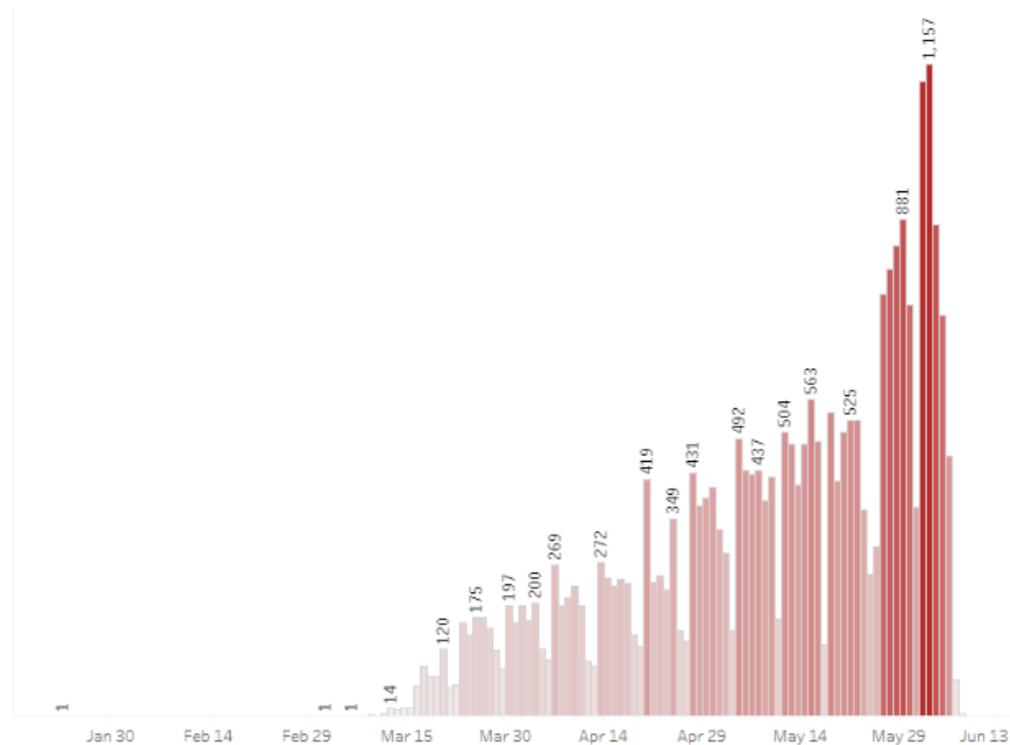


### What is an Epi Curve?

An epi curve is a visual display of cases associated with an outbreak by a specific date. In the graph below, the date of specimen collection is used as the date.

Epi Curves may be used to describe an outbreak's time trend or distribution of cases over time, the general sense of the outbreaks' magnitude, and the most likely time period of exposure.

Hover over the icon to get more information on the data in this dashboard.



\*Illnesses in the last 4-7 days may not be reported yet

Date Updated:

6/8/2020

## Workforce & Leave Activity Trends

Division of Benefits & Medical Eligibility  
Family Assistance Administration  
Trend Data

