

## **CONNECTICUT REQUEST FOR RECORDING OF TELEPHONIC SIGNATURE ADJUSTMENT DURING COVID-19 STATE OF EMERGENCY**

- 1. Type of Request:** Initial
- 2. Regulatory citation:** 7 CFR 273.2(c)(7)(viii)(A), 7 CFR 273.2(c)(7)(viii)(B), 7 CFR 273.2(e)(7)(viii)(C)

**3. State [specify]:** Connecticut

**4. Region:** NERO

**5. Proposed Alternative Procedures:**

Supplemental Nutrition Assistance Program (SNAP) regulations at 7 CFR 273.2(c)(7)(viii)(A) require State agencies that choose the option to accept telephonic signatures to specify in their State plans of operation that they have taken the option.

Regulations at 7 CFR 273.2(c)(7)(viii)(B) require that to constitute a valid telephonic signature, the State agency's telephonic signature system must make an audio recording of the household's verbal assent and a summary of the information to which the household assents. An example of a telephonic signature is a recording of "Yes" or "No", "I agree" or "I do not agree", or otherwise clearly indicating agreement or disagreement during an interview over the telephone.

Regulations at 7 CFR 273.2(c)(7)(viii)(C) require that a telephonic signature system must provide for linkage from the audio file of the recorded verbal assent to the application so that the State agency (Department of Social Services) has ready access to the household's entire case file.

**Justification for Request:** Coronavirus COVID-19, as provided by the Families First Coronavirus Response Act.

**6. Description of alternative procedures:**

Connecticut is requesting to waive the requirement to create an audio recording of client attestations and to link that recording to the client case file. Instead, the State will summarize the information to which the household attests and allows this verbal signature to be documented in the client's case file. The documentation will consist of

a case note in the Department's ImpaCT eligibility system that verifies that the client has verbally attested to the information in the application. The information documented in the case file will include the client's name, date and time of application, a summary of the information to which the client verbally attests, and the client's responses of agreement or disagreement. If a client submits a paper application without a signature and subsequently the Department is able to connect with the client over the phone, verbal attestation of the signature will be noted as described above. In addition, Connecticut is requesting not to have to amend its State Plan of Operation to indicate it is taking the telephonic signature option.

## **7. Reason for Request**

This adjustment request is in accordance with the Families First Coronavirus Response Act (P.L. 116-127) due to the conditions that currently exist within Connecticut. The COVID-19 Public Health Emergency's impact on a broad section of the state's economy continues unabated. This impact has stressed the Department's capacity to respond to increases in the volume of the SNAP workload.

Since the Governor's State of Emergency Declaration, economic disruption related to the COVID-19 health crisis continues. In addition, Connecticut is currently suffering from the effects of Tropical Storm Isaias that has left over 700,000 households without power. This represents one of the highest number of outages the state has ever incurred.

There is significant staff impact as well. In addition to the reduced staffing due to the COVID-19 Public Health Emergency, numerous staff throughout the state have been left without power at their homes, and two regional offices have no power. This is problematic because the teleworkers in those offices use remote desktop technology to telework – due to the need for social distancing and safety because of the COVID-19 Public Health Emergency – and consequently are unable to work without power. A third office has power, but has water damage and is unsafe for the office to open at this time. We have already been seeing extremely high call volumes and spikes in SNAP applications this week due to the end of the federal pandemic unemployment compensation and as a result we expect phone volume and wait times to continue to be high. Unfortunately, due to the widespread power outages, directing individuals to

our online portal for further assistance is of limited benefit.

In consideration of these factors, the Department feels this waiver would strengthen our ability to provide streamlined access and application assistance to this essential nutrition resource and reduce the burden of families who are trying to apply for benefits and/or are without power to apply online. Additionally, this will equip the Department with the capacity to do proactive outreach to those who lose their Unemployment payments and are now potentially eligible for SNAP.

**8. Conditions for Request: In requesting this adjustment, Connecticut acknowledges and agrees that:**

- The adjustment is limited to those households who submit an application over the phone or who have submitted a paper application without a signature;
- Households will still be permitted to submit an application over the telephone with only name, address and signature to establish a filing date;
- The Department will continue to accept paper applications with signatures and online applications with electronic signatures;
- The Department will ensure that sufficient controls in their policy and automation are in place to implement the terms of this waiver correctly, including technological support to accept calls and any necessary staffing changes to accept applications through the telephone;
- The Department will continue to comply with all other applicable interview and signature requirements;
- The Department will not accept an application without a signature, in accordance with 7 CFR 273.2(c)(7)(i);
- The State will consult with their legal counsel to determine if this alternate approach constitutes a valid legal signature in their State; and
- The Department has the capacity to provide to FNS the data required for evaluation of the caseload.

**9. Evaluation Data Requirements**

Within 45 days of the closure of this adjustment, Connecticut will provide FNS the data and analysis listed below required for evaluation.

- Estimated number of households affected by this adjustment;

- A narrative on the effect of program access and client satisfaction, including an analysis of any client or advocate complaints received related to the adjustment procedure;

**10. Date of Request:** August 6, 2020

**11. Name and Title of Requesting Official:**

Daniel Giacomi  
SNAP Program Administration Manager