

Waiver Request

1. Waiver serial number: TBD

2. Type of request: Waiver request to accept self-attestation for income verification.

3. Primary regulation citation: 7 CFR §273.2(f)(1)(i) and §273.2(f)(8)(i)

4. State: Maine

5. Region: NERO

6. Regulatory requirements: The Supplemental Nutrition Assistance Program (SNAP) regulations at 7 CFR §273.2(f)(1)(i) and §273.2(f)(8)(i) require the verification of gross non-exempt income.

7. Proposed alternative procedures: Maine proposes to accept self-attestation in the event that neither the client nor the department are able to easily verify new income or changes in income, including terminations.

8. Justification for request: Due to the rapid spread of COVID-19, the Maine Department of Health and Human Services requests this waiver in order to limit the spread of the virus, maximize efficiencies and reduce administrative burden. It is our priority to ensure that our most vulnerable residents maintain benefits during this pandemic while we take every reasonable step possible to limit the spread of COVID-19. Allowing for the self-attestation of income will be necessary for an increasing number of applicants and recipients as businesses, daycares, schools and other institutions close. It is vital that we do not require recipients to have unnecessary social contact. Creating administrative efficiencies now will leave us in a more manageable position in the event that offices are closed to the public and/or we are operating below capacity due to expected temporary staff shortages. The justification for this request is that any actions we take to reduce administrative burden will help us to better serve our clients and reduce the spread of COVID-19.

9. Anticipated impact on households and State agency operations: Households will maintain eligibility for Food Supplement and access to healthy foods. Maine's Eligibility Specialists will have a reduced workload and will be able to focus on timely processing. There will be fewer recipients visiting regional offices which will help to slow the spread of COVID-19.

10. Caseload information, including percent, characteristics, and quality control error rate for affected portion: This proposed waiver is for Maine's entire Food Supplement population (100%). 17.83% PER

11. Anticipated implementation date and time period: If approved, this waiver will be implemented effective March 19, 2020. We request this waiver be approved for a period of four months from the effective date.

12. Proposed quality control review procedures: There will be no changes to quality control review procedures due to this waiver. Quality control reviews will continue to be conducted in accordance with the FNS Handbook 310.

13. Signature and Date:



Anthony Pelotte, Director, Office for Family Independence
Department of Health and Human Services

3/19/20

Date

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



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Bonnie Brathwaite
Regional Division Director
Supplemental Nutrition Assistance Program
Northeast Regional Office, FNS/USDA

Director Brathwaite:

Enclosed, please find Maine's request to accept self-attestation for income verification. Please contact Ian Miller, Senior Food Supplement Program Manager, at ian.miller@maine.gov or (207) 624-4138 if you have any questions. Thank you for considering this request.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Anthony Pelotte'.

Anthony Pelotte, Director
Office for Family Independence

Cc: Dan Cohen, Chief Operating Officer, OFI
Liz Ray, Associate Director of Policy and Programs, OFI
Jeff Farnsworth, Associate Director of Regional Operations, OFI
Jamie Pruett, Associate Director of Business Technology, OFI
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