STATE WAIVER REQUEST

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

2. **Type of request:** Initial

3. **Regulatory citation:** 7 CFR 273.18(e)(1), 7 CFR 273.18(e)(5)

4. **State:** Michigan

5. **Region:** MWRO

6. **Regulatory requirements:** 7 CFR 273.18(e)(1) indicates that state agencies must begin collection action on all claims unless they are not cost-effective. 7 CFR 273.18(e)(5) requires that claims become delinquent if not paid by the due date and a satisfactory arrangement has not been made.

7. **Description of alternative procedures:** The Michigan Department of Health & Human Services (MDHHS) is requesting to suspend all collection of active recoupment of SNAP overpayments and delay the collection action on new recoupments to allow SNAP recipients to temporarily receive their full benefit amount for a period of 60 days during this time of uncertainty. Households will still be liable for their outstanding debts; however, they will not be required to repay during this temporary waiver period and will not be considered delinquent for lack of payment by payment due dates already established via the repayment agreement. Households with newly identified overpayments will also be liable, but their collection will be postponed until after the 60-day waiver period.

8. **Justification for request:** On January 31, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak of COVID-19 a public health emergency of international concern as well as Health and Human Services Secretary, Alex M. Azar II, declared a public health emergency for the United States. The Governor of Michigan, Governor Gretchen Whitmer, declared a state of emergency of the entire state of Michigan on March 10, 2020, (Executive Order 2020-04) to protect the well-being of the citizens of Michigan from the dangerous effects of COVID-19. In addition to the state-declared state of emergency, on March 13, 2020, President Trump declared a national state of emergency over the COVID-19 pandemic.

Michigan is experiencing unique and unprecedented circumstances with the onset of the COVID 19 crisis. MDHHS wants to ensure that our clients affected by COVID 19 can maintain their SNAP benefits without undue burden and wants to ensure as few barriers as possible to food access during this period of uncertainty. By suspending claim activities for a 60-day period, MDHHS will ensure that households have access to their full SNAP benefit during a period of economic uncertainty and

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particular need for food access. Exposure to COVID 19 is expected to perpetuate for ongoing months and households have been advised to prepare two-week’s worth of food on site. Reducing SNAP benefits due to claims collection places an undue burden on households to obtain adequate access to food during this unexpected time. By suspending household claims collections for 60 days, households subject to recoveries will have adequate

9. **Anticipated impact on households and State agency operations:** Cases currently active for SNAP will temporarily receive their full benefit amount instead of having a reduced SNAP benefit due to overpayment recoupment. Cases that are closed from SNAP but still liable for overpayments will not be penalized or considered delinquent for missed payments. MDHHS will work with our technology team to implement a plan to suspend all overpayment collections in Bridges for a period of 60 days.

10. **Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):** This waiver will apply to all SNAP applicant and recipient households involved in recoupment or collection of payments. The number of SNAP recipients as of February 9, 2020 was 1,175,901.

11. **Anticipated implementation date and time period for which waiver is needed:** This waiver will be implemented upon approval from FNS and will be valid for 60 days from date of approval.

12. **Proposed quality control review procedures:** Cases will be reviewed in accordance with this waiver approval.

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

   ___________
   Dawn M. Sweeney
   Title: SNAP State Administrator
   Email for transmission of response: Sweeneyd1@michigan.gov

14. **Date of request:** 03/23/20

15. **State agency staff contact (name/email/telephone):** Dawn M. Sweeney, 517-243-5560  
    Sweeneyd1@michigan.gov

16. **Regional office contact person (to be completed by FNS regional office):**