STATE WAIVER REQUEST

1. Waiver Serial Number (if applicable):

2. Type of request: Initial

3. Regulatory citation: 273.10(f)(3); 273.12(a)(5); 273.14; 275.12(d)(2)(vii)

4. State: Michigan

5. Region: MWRO

6. Regulatory requirements: The State agency must certify each eligible household for a definite period of time. State agencies must assign the longest certification period possible based on the predictability of the household's circumstances. The first month of the certification period will be the first month for which the household is eligible to participate. The certification period cannot exceed 12 months except to accommodate a household's transitional benefit period.

SNAP simplified reporting households certified for four months or more are subject to periodic reporting requirements. Elderly blind or disabled households with no earned income are exempt from the periodic report requirements.

SNAP quality control reviews are a subsample of the SNAP caseload. All elements are subject to review.

7. Description of alternative procedures: Michigan proposes to extend all Food Assistance Program (FAP) certification periods by three months (3) beginning with re-certifications due by the end of March. Michigan also proposes to extend all periodic report form (Semi-Annual Contact Report and Mid-Certification Contact Notice) due dates by three months, starting with those due in March.

8. Justification for request: This request is justified pursuant to 7 CFR 272.3(c)(1)(ii) which permits FNS to authorize waivers that result in a more efficient and effective administration of the program. The approval of this waiver would allow for the administrative flexibility needed for Michigan to protect the public health and the health of our staff and members, while ensuring households continue to receive their FAP benefits during this health crisis. This waiver would also allow us to align with our health care, child care, and TANF programs to ensure continuity of services across programs.

Extending all FAP certification periods and the Semi-Annual Contact Report and the Mid-Certification Contact Notice forms by three (3) months will be beneficial to administrative staff as well as customers. Extending all certifications and six month report forms will also allow for the workload following the end of the
Approval of this waiver will assist to reduce the spread of the Coronavirus disease (COVID-19) and avoid putting customer's health at risk by eliminating the need for customers to complete FAP redetermination applications, Semi-Annual Contact report and Mid-Certification Contact Notice forms, office visits, and scheduling interviews. Containing and reducing the transmission of COVID-19 is a priority of the United States and Michigan.

In addition, administrative staff will be able to concentrate on initial FAP applications and customers will be spared application completion and scheduled interviews. FAP households in simplified reporting will continue to adhere to reporting requirements requiring income exceeding 130% FPL still be reported by the tenth (10th) of the month following the change. Simplified reporting household with a periodic report form requirement will have the due date extended by three months.

9. **Anticipated impact on households and State agency operations:** Customers will continue receiving FAP benefits without interruptions. Administratively, the certification, Semi-Annual Contact report and Mid-Certification Contact Notice forms extensions will assist in timely application processing of initial applications for new households.

10. **Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):** Current FAP caseload is 628,909 households statewide. All FAP households would be subject to the extended due dates.

11. **Anticipated implementation date and time period for which waiver is needed:** March 20, 2020

12. **Proposed quality control review procedures:** Quality Control (QC) is requesting to apply a held harmless period, exclusion of variance, for all cases pulled in the monthly sample in which the three month extension for re-certifications and six month reports was applied 275.12(d)(2)(vii).

13. **State agency submitting waiver request and State contact person:**
   Dawn M. Sweeney sweeneyd1@michigan.gov

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

   Name:  Dawn M. Sweeney
   Title:  SNAP State Administrator, Economic Stability Administration, MI Department of Health and Human Services
   Sweeneyd1@michigan.gov
15. Date of request: 03/21/2020

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

17. Regional office contact person (to be completed by FNS regional office): Richard Uthoff, Richard.uthoff@usda.gov

cc: Erica Kain, FNS MWRO
    Dana Bax, FNS MWRO
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