STATE WAIVER REQUEST

1. Waiver Serial Number (if applicable): NA

2. Type of request: Initial


4. State: Michigan

5. Region: MWRO

6. Regulatory requirements: Regulation at 7 CFR 273.13 provides that states must complete an adverse action to terminate a SNAP case when the individual is found to no longer be eligible.

7. Description of alternative procedures: The Michigan Department of Health & Human Services (MDHHS) is requesting to waive all closing or benefit reduction adverse actions for through June 2020. The proposal will affect all active cases during this time period, due to the COVID 19 crisis. The exception to the waiver will be death notifications of single person households, which would close immediately.

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 effective and efficient administration of the program. The approval of the waiver would allow participants to remain active so that households can continue to receive SNAP benefits during the COVID 19 crisis.

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.

9. Anticipated impact on households and State agency operations: This waiver will allow participants to continue receiving SNAP benefits during the COVID 19 pandemic. Reporting, processing and verification requirements will resume after the end of the waiver period. Changes reported during the reporting period that were not
acted upon will be completed during the next semi-annual contact, mid-certification or case redetermination.

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. 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:** Immediately upon approval until the month following the month the state of emergency ends.

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:** 3/24/20

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):** Rick Uthoff