



MICHAEL L. PARSON, GOVERNOR • JENNIFER TIDBALL, ACTING DIRECTOR

KIM R. EVANS, DIRECTOR
FAMILY SUPPORT DIVISION
P.O. BOX 2320 • JEFFERSON CITY, MO 65102-2320
WWW.DSS.MO.GOV • 573-751-3221 • 573-751-0507 FAX

March 17, 2020

Dana Platin
Regional Division Director
SNAP
1244 Speer Blvd #903
Denver, CO 80204

Dear Ms. Platin,

Missouri is requesting to waive the following regulation in response to the COVID-19. The requests will prevent negative impact to SNAP households during the crisis period. These regulations are:

- Regulatory citations, 7 CFR 273.10(f) (5) and 7 CFR 273.12(a) (5). They extend certification periods by 12 months.
- Regulatory citation, 7 CFR 273.13. This request will put a hold on all Adverse Actions (AA) on cases during the COVID-19 crisis period. These cases will be reviewed at 90 days or after the crisis has ended. Only the deceased cases will close.
- Regulatory citation, 7 CFR 273.2(e)(1). It allows the initial application interview to be waived.

Missouri is requesting that these waivers remain in place until the COVID-19 crisis is over, with review at 90 days.

If you have any questions, please contact Gwendolyn Beem at (573) 751-3381 or by email at Gwendolyn.J.Beem@dss.mo.gov.

Sincerely,

Kim R Evans
Director
KE/ks/cs

cc: Melissa Wolf
Gwendolyn Beem

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES
TDD / TTY: 800-735-2966
RELAY MISSOURI: 711

STATE WAIVER REQUEST

- 1. Waiver Serial Number (if applicable):**
- 2. Type of request:** Initial
- 3. Regulatory citation:** 7 CFR 273.10(f)(5); 7 CFR 273.12(a)(5)
- 4. State:** Missouri
- 5. Region:** Mountain Plains Region
- 6. Regulatory requirements:**

Regulations at 7CFR 273.10(f) (5) provide that the State must certify eligible household for a definite period of time. Certification periods may not exceed 12 months. Elderly/Disabled households may be certified for up to 36-months.

Regulations at 7 CFR 273.12(a)(5) provide that a household is enrolled in simplified reporting and required to report any changes on their mid-certification forms.

- 7. Proposed alternative procedures:**

Missouri is requesting a onetime occurrence to extend certification periods; 12 months will be added to all household. A 12-month extension will be added to the current 12 -month certifications to regular non-elderly and non-disabled SNAP households.

A 12-month extension will be added to the current 24-month certifications for elderly and disabled households. The certification period will be extended beyond their currently scheduled expiration date by 12-months.

Missouri is requesting this waiver statewide. This waiver will allow an alternative procedure of extending certifications without negative case actions. By extending the certification period, it ensures that SNAP households will receive their benefits timely. The waiver would be in place for all offices in Missouri.

- 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 more effective and efficient administration of the program. The approval of this waiver extension would allow Department of Social Services (DSS), Family Support Division (FSD) to ensure households continue to receive their SNAP benefits during this health crisis.

9. Caseload information, including percent of caseload and description of population expected to be affected by this waiver:

As of January 2020, Missouri currently serves 312,125 SNAP households or 663,517 individuals. All households are intended to be effected by this waiver.

10. Anticipated impact on households and State agency operations:

This waiver will prevent benefits from ending during the COVID 19 health crisis.

11. Anticipated implementation date and time period for which waiver is needed (please indicate if the waiver approval is needed to make system adjustments):

Will be implemented upon waiver approval.

12. Proposed quality control review procedures:

No special QC procedures are required because of the provisions of this waiver.

13. Name, title, and email of requesting official:

Name: Kim Evans

Title: Director

Email: Kim.R.Evans@dss.mo.gov

14. Date of request: 03/18/2020

15. State agency staff contact:

Name: Gwendolyn Beem

Title: SNAP Manager

Email: Gwendolyn.J.Beem@dss.mo.gov

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