June 28, 2020

Barbara C. Guinn
Executive Deputy Commissioner
Office of Temporary and Disability Assistance
40 North Pearl Street, 3rd Floor
Albany, New York 1224-0001

RE: SNAP – New York Adjustment Request for Initial Certification and Recertification Interviews – Extension – Approval

Dear Ms. Guinn:

This letter transmits the approval of the New York Office of Temporary and Disability Assistance request for New York City to continue to adjust Supplemental Nutrition Assistance Program (SNAP) regulations at 7 CFR 273.2(a)(2), 273.2(e), and 273.14(b)(3), which require an interview at initial application and recertification. Under this adjustment (COV-030), the New York City Department of Social Services/Human Resources Administration can adjust the requirement for households to complete an interview prior to approval for benefits provided the applicant’s identity can be verified and all other mandatory verifications have taken place. The Food and Nutrition Service (FNS) is approving this adjustment in response to the COVID-19 pandemic, under authorization of the Families First Coronavirus Response Act (P.L. 116-127).

FNS is approving this adjustment for a period of 2 months, effective July 1, 2020, through August 31, 2020. The approval is contingent upon the State agency’s compliance with the adjustment’s conditions and data reporting components in item 10 of Enclosure 1. FNS appreciates the significant data the State provided in support of this request demonstrating that a continued adjustment is consistent with what is practicable under actual conditions in the State. The detailed adjustments response is enclosed.

FNS is providing multiple waivers and flexibilities in its programs in its continued response to the COVID-19 pandemic. The Families First Coronavirus Response Act requires the Food and Nutrition Service to collect specific data elements from States. The CARES Act (P.L. 116-136) provides funding, which FNS will use to collect information in order to distribute funding. Please prepare the necessary data elements to collect and submit this data as described in this document. The public will be given the opportunity to comment on this data collection, including legislatively-mandated data collection through a future information collection process being submitted to the Office of Management and Budget.
If you have questions or need additional information regarding this adjustment, please contact your respective Regional office representative.

Sincerely,

SASHA GERSTEN-PAAL

Sasha Gersten-Paal
Program Development Division
Supplemental Nutrition Assistance Program

Enclosure
REQUEST TO ADJUST INITIAL CERTIFICATION AND
RECERTIFICATION INTERVIEW RESPONSE

1. Adjustment serial number: COV-030
2. Type of request: Extension
3. Regulatory citation: 7 CFR 273.2(a)(2), 273.2(e), and 273.14(b)(3)
5. Region: NERO
6. Regulatory requirements: Supplemental Nutrition Assistance Program (SNAP) regulations at 7 CFR 273.2(a)(2) requires that the application process includes an interview.

Regulations at 7 CFR 273.2(e) requires that the State agency interview households for eligibility before certifying.

Regulations at 7 CFR 273.14(b)(3) requires that State agencies interview households as part of the recertification process.

7. Description of alternative procedures: The State will not be required to interview a household at initial application or recertification provided that the applicant’s identity has been verified and all mandatory verifications have taken place. The State will be required to contact the household if any information on the application is questionable and cannot be verified. The State will make every attempt to verify household circumstances through data matching and mailing or uploading verifications to the State system.

8. Action and reason for approval or denial: Food and Nutrition Service’s (FNS) approval of this adjustment is based on the determination that the adjustment is consistent with what is practicable under actual conditions in areas affected by the COVID-19 Public Health Emergency. FNS is approving the State’s request for July 1, 2020 through August 31, 2020.

9. Legislative basis for action: Approval is based on the Families First Coronavirus Response Act (P.L. 116-127), which allows FNS to approve adjustments to issuance methods, application and reporting requirements to be consistent with what is practicable under actual conditions in areas affected by the COVID-19 pandemic.
10. **Conditions and reasons:** FNS is approving this adjustment subject to the following conditions:

- The adjustment is limited to those households who meet all other eligibility criteria and mandatory verifications;
- The State agency will ensure that sufficient controls in their policy and automation are in place to implement the terms of this adjustment correctly;
- The State agency will contact the household if anything in the application is questionable and cannot be verified;
- The State agency has the capacity to provide to FNS the data required for evaluation of the caseload.

**Evaluation Data Requirements**
The State agency must provide to FNS the data and analysis listed below required for evaluation of this adjustment.

- Estimated number of households affected by this adjustment;
- A narrative on the effect of program access and client satisfaction, including an analysis of any client or advocate complaints received related to the adjustment procedure;
- A narrative on the effect of providing timely and accurate benefits; and
- A narrative on the effect of any other aspects of the eligibility process including the ability to manage staff caseload growth and the impact on administrative efficiency.

11. **Expiration date:** August 31, 2020.

12. **Limitation, if any, on approval:** Approval of this adjustment is limited to the State SNAP agency.

13. **Quality control procedures:** No special Quality Control (QC) procedures are required for cases subject to the provisions of this adjustment. Cases should be reviewed using standard review procedures contained in the FNS Handbook 310.

14. **Anticipated implementation date** *(notify FNS if actual date differs):*
   Upon receipt of approval.