

WAIVER REQUEST

1. Waiver serial number:

970050

2. Type of request:

Extension

3. Regulation citation:

Section 6 (o) of the Food Stamp Act, as amended by Section 824 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, P.L. 104-193. Secondary regulation 7 CFR 273.24 (f)(2)(ii).

4. State:

Montana

5. Region:

MPRO

6. Regulatory requirements:

Under 7 CFR 273.24(b) individuals are not eligible to participate in the Supplemental Nutrition Assistance Program (SNAP) as a member of any household if, during the preceding 36-month period, the individual received SNAP benefits for not less than 3 months (consecutive or otherwise), during which the individual did not work 20 hours or more per week, averaged monthly; participate in and comply with the requirements of a work program for 20 hours or more per week; or participate in and comply with requirements of a program under Section 20 or a comparable program established by the State.

Under 7 CFR 273.24(f), upon the request of a State agency, the Food and Nutrition Service (FNS) may waive the applicability of the above provision for any group of individuals in the State if the FNS makes a determination that the area in which the individuals reside has an unemployment rate of over 10 percent, or does not have a sufficient number of jobs to provide employment for the individuals.

7. Description of alternative procedures:

Under SNAP regulations at 7 CFR 273.24(f)(2), a State can qualify for a 12-month statewide ABAWD waiver if the Department of Labor (DOL)'s Unemployment Insurance Service determines it meets the criteria for extended unemployment benefits (EB) as evidence of insufficient jobs. The Unemployment Compensation Extension Act of 2008 (P.L. 110-449), which was signed into law on November 21, 2008, introduced new criteria used by DOL for the EB program.

As a result, some States qualify for extended unemployment benefits based on the criteria of the Emergency Unemployment Compensation (EUC) program, rather than the traditional EB criteria. States may be eligible for statewide waivers if the state is listed on the DOL Extended Benefits Trigger Notice as being "ON" extended

benefits, regardless of whether the State qualified based on the traditional EB criteria or the revised EUC criteria.¹ States can qualify for a 12-month waiver up to 12 months after the trigger date².

The DOL began determining and publishing which states were eligible for the different levels of EUC in November 2008 on the EUC Trigger Notice. The criteria for EUC have been modified several times³, but in March 2012, to qualify for the third tier of benefits⁴, states needed a 3-month average Total Unemployment Rate (TUR) of 6 percent or more. States continue to be triggered “ON” for three weeks after their TUR drops below the threshold.

The Department of Labor’s EUC Trigger Notice No. 2012 – 52 on January 13, 2013 lists the State as triggering “ON” to the second tier of EUC, making the State eligible for the second tier of emergency unemployment compensation benefits⁵. This trigger notice is attached.

8. Justification for request:

As stated in number 7 above, this request to exempt residents residing in the entire State from the work requirements of 7 CFR 273.24 due to having insufficient jobs is based on the State qualifying for extended unemployment benefits within the past 12 months. States are eligible for a waiver if they qualified for extended benefits at any time in the last 12 months. Hawaii is therefore eligible for a 12-month waiver starting up through January 2014, lasting until January 2014. The requested timeframe of October 1, 2014 through January 13, 2015 falls within this time period.

9. Anticipated impact on households and State agency operations:

This waiver will provide consistency for households and State agency operations in areas where unemployment remains higher than the national average.

¹ SNAP-ABAWD Statewide Waivers-New Criteria for Unemployment Insurance Extended Benefits Trigger guidance issued by FNS on January 8, 2009: <http://www.fns.usda.gov/sites/default/files/010809.pdf>

² Various FNS memos have provided guidance that explains that states are eligible for a 12-month waiver up to 12 months from the trigger notice date. The 2006 guidance (attached) states, “If a State is eligible for extended unemployment benefits anytime during the past 12 months, a waiver will be approved based on a State’s eligibility for extended employment benefits.” In addition, more recent memos in which FNS has indicated states’ eligibility based on EUC trigger notices, it has stated that “States that meet the EB criteria can qualify for a 12-month statewide ABAWD waiver, up to 12 months after the trigger date.” One such memo is the “Supplemental Nutrition Assistance Program (SNAP)-Able Bodied Adults Without Dependents Waivers for Fiscal Year 2014”, attached.

³ <http://www.ows.doleta.gov/unemploy/pdf/euc08.pdf> lists the different modifications to the program. The most recent, the American Taxpayer Relief Act of 2012 (P.L. 112-240), extended the expiration date of the EUC program to January 1, 2014.

⁴ From January-May 2012, all states were eligible for the first and second tier of benefits; Tier 3 required a 4% 13-week Insured Unemployment Rate (IUR) or a 6% TUR, and Tier 4 required a 6% IUR or an 8.5% TUR. Beginning in June 2012, all states became eligible for Tier 1 of EUC; Tier 2 requires a 6% TUR, Tier 3 requires a 4% 13-week Insured Unemployment Rate (IUR) or a 7% TUR, and Tier 4 requires a 6% IUR or a 9% TUR.

⁵ The January 13, 2013 trigger notice is located here: https://ows.doleta.gov/unemploy/euc_trigger/2013/euc_011313.html.

10. Anticipated implementation date and time period for which waiver is needed:
The State is requesting a one-year waiver from October 1, 2014 through January 13, 2015.

11. Proposed quality control review procedures:
There are no special quality control procedures needed in conjunction with this waiver.

12. State agency submitting waiver request and State contact person:
Montana Department of Public Health and Human Services
Melinda Cummings, SNAP Program Manager

13. Signature and title of requesting official:

A handwritten signature in black ink that reads "Melinda Cummings". The signature is written in a cursive style and is positioned above a horizontal line.

Title: SNAP Program Manager

Email for transmission of response: mcummings@mt.gov

14. Date of request:

1/23/2014

15. State agency staff contact (name/email/telephone):
Melinda Cummings, SNAP Program Manager
mcummings@mt.gov
406-444-5685

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