

STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):**
2. **Type of request:** Initial
3. **Statutory citation:** Section 6(o) of the Food and Nutrition Act of 2008
4. **Regulatory citation:** 7 CFR 273.24, January 17, 2001 rule (66 FR 4438)
5. **State:** Massachusetts
6. **Region:** Northeast
7. **Regulatory requirements:** Section 6(o) of the Food and Nutrition Act of 2008, as amended, provides that no able-bodied adult without dependents (ABAWD) shall be eligible to participate in the Supplemental Nutrition Assistance Program (SNAP) as a member of any household if the individual received program benefits for more than 3 months during any 3-year period in which the individual was subject to but did not comply with the ABAWD work requirement. Section 6(o) also provides that, upon the request of the State agency, the Secretary of Agriculture may waive the applicability of the 3-month ABAWD time limit for any group of individuals in the State if the Secretary 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.
8. **Description of alternative procedures:** The State of Massachusetts is requesting a six month extension of the existing statewide waiver exempting its residents from the SNAP time limit pursuant to 7 CFR 273.24.
9. **Justification for request:**

To provide stability to both individuals and agency operations, Massachusetts intends to utilize SNAP regulation 7 CFR 273.24(f)(2), which allows the State to pursue a statewide waiver of the ABAWD time limit based on the presence of extended unemployment benefits within the past 12 months.

26 USC 3304 (Public Law 102-318) allows States to use a trigger for the extended benefits program, based on the State's not seasonally adjusted insured unemployment rate (IUR) for the most recent 13 weeks reaching at least:

- (1) 5 percent; **and**
- (2) 120 percent of such IUR for the corresponding 13-week periods ending in each of the two preceding calendar years; **or**
- (3) 6 percent regardless of the preceding calendar years.

As explained below, Massachusetts meets the Extended Unemployment Insurance (EB) Trigger Criteria necessary to support a statewide waiver of the ABAWD time limit.

According to FNS' [Guide to Supporting Requests to Waive the Time Limit for Able-Bodied Adults without Dependents \(ABAWD\)](#):

Extended Unemployment Benefits (also referred to as "Extended Benefits" or "EB") are for individuals who have exhausted regular unemployment insurance benefits during periods of high unemployment. If the State meets the criteria needed to offer EB (i.e., "trigger" for EB) it is eligible for a statewide ABAWD waiver, regardless of whether the State takes the option to offer EB. The State can qualify for a 12-month statewide waiver as long as the waiver is implemented within 12 months of the Trigger Notice effective date (i.e., the date on which the Trigger Notice was published). The State need only meet one of these EB criteria, including those that are optional, to qualify for a waiver.

Extended Unemployment Insurance Benefits (EB) Trigger Criteria	
13 Weeks Insured Unemployment Rate (IUR)	▪ "13 Weeks Insured Unemployment Rate" greater than or equal to 5% and "Percent of Prior Years" greater than or equal to 120% (mandatory all States) - OR - ▪ "13 Weeks Insured Unemployment Rate" greater than or equal to 6%, regardless of prior years (optional)
3 Months S.A. Total Unemployment Rate (TUR)	▪ "3 Months S.A. TUR" greater than or equal to 6.5% and "Percent of Prior" greater than or equal to 110%, either "Year" or "Second Year" can be used (optional)

The Department of Labor's Trigger Notice No. 2021-23² which went into effect on June 20, 2021 shows the State's "3 Months S.A. Total Unemployment Rate (TUR)" at 6.7% and with a "Percent of Prior" at 216% in the Second Year. As such, Massachusetts qualifies for a 12-month statewide waiver of the ABAWD time limit.

10. Anticipated impact on households and State agency operations:

This waiver will provide stability for households and State agency operations.

11. Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):

This waiver affects the entire state.

12. Anticipated implementation date and time period for which waiver is needed:

The State is requesting a six month waiver from June 1, 2022 through December 1, 2022.

¹ [Guide to Supporting Requests to Waive the Time Limit for Able-Bodied Adults without Dependents \(ABAWD\)](#)

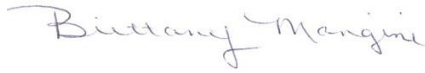
² Extended Benefits [Trigger Notice Report \(doleta.gov\)](#) Effective June 20, 2021

13. Proposed quality control review procedures:

There are no special quality control procedures needed in conjunction with this waiver.

14. State agency submitting waiver request and State contact person:

15. Signature and title of requesting official:



Title: Brittany Mangini, Associate Commissioner for Food Security and Nutrition Programs

Email for transmission of response: Brittany.mangini@mass.gov

16. Date of request: 5/20/2022

17. State agency staff contact (name/email/telephone):

Frances Ransom Canning

Frances.ransom-canning@mass.gov

617-780-9313

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