

ARKANSAS REGISTER

Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State

Mark Martin

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For Office

Use Only:

Effective Date _____ Code Number _____

Name of Agency Department of Human Services

Department Division of County Operations

Contact Larry Crutchfield E-mail larry.crutchfield@dhs.arkansas.gov Phone 501-682-8257

Statutory Authority for Promulgating Rules Food & Nutrition Act of 2008 (P.L. 110-246)

Rule Title: SNAP 3500 -SNAP Requirement to Work

Intended Effective Date

(Check One)

☐ Emergency (ACA 25-15-204)

☐ 10 Days After Filing (ACA 25-15-204)

☒ Other 01-01-18
(Must be more than 10 days after filing date.)

Legal Notice Published

Final Date for Public Comment

Reviewed by Legislative Council

Adopted by State Agency

Date

09-14-17

10-13-17

11-17-17

01-01-18

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Renita Whitley

renita.whitley@dhs.arkansas.gov

11-17-17

Contact Person

E-mail Address

Date

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Mary Franklin
Signature

(501)682-8375

Phone Number

mary.franklin@dhs.arkansas.gov

E-mail Address

Director

Title

11/15/17

Date

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas Department of Human Services

DIVISION County Operations

PERSON COMPLETING THIS STATEMENT _____

TELEPHONE _____ FAX _____ EMAIL: _____

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE SNAP 3500 The SNAP Requirement to Work

1. Does this proposed, amended, or repealed rule have a financial impact? Yes ☐ No ☒
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes ☒ No ☐
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes AR No ☐

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;

- (b) The reason for adoption of the more costly rule;

- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

- (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

- (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue	<u>\$0</u>
Federal Funds	<u>\$0</u>
Cash Funds	<u>\$0</u>
Special Revenue	<u>\$0</u>
Other (Identify)	<u>\$0</u>
Total	<u>\$0</u>

Next Fiscal Year

General Revenue	<u>\$0</u>
Federal Funds	<u>\$0</u>
Cash Funds	<u>\$0</u>
Special Revenue	<u>\$0</u>
Other (Identify)	<u>\$0</u>
Total	<u>\$0</u>

(b) What is the additional cost of the state rule?

Current Fiscal Year

General Revenue	\$0
Federal Funds	\$0
Cash Funds	\$0
Special Revenue	\$0
Other (Identify)	\$0
Total	\$0

Next Fiscal Year

General Revenue	\$0
Federal Funds	\$0
Cash Funds	\$0
Special Revenue	\$0
Other (Identify)	\$0
Total	\$0

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

\$ 0

Next Fiscal Year

\$ 0

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

\$ 0

Next Fiscal Year

\$ 0

There are no additional Financial Impact other than what's reflected in Medical Service rule MS B-270, E-110, E-260, E-269, F-200, F-201, G-190, I-600, I-610 and Appendix F.

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes ☐ No ☐

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

MANUAL TRANSMITTAL

Arkansas Department of Human Services
Division of County Operations

Policy

Issuance Number: SNAP 17-11

SNAP Certification Manual

Issuance Date: 01-01-2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: SNAP Requirement to Work

Summary of Changes: Participants in an Employment and Training Program, other than a job search training program, operated or supervised by the State or Political subdivision of the State that meets standards approved by the Governor are exempt from Requirement to Work.

Inquiries to:

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SNAP CERTIFICATION MANUAL – SECTION 3000

3500 The SNAP Requirement to Work (RTW)

Voluntary Quit

3500 The SNAP Requirement to Work (RTW)

SNAP Manual XX/XX/XX

Unless exempt, Able Bodied Adults Without Dependents, or able bodied adults, are ineligible to receive SNAP benefits if, during a designated 3 year period, they received SNAP benefits for at least three months (consecutive or otherwise) while they did not:

- Work at least 20 hours per week (or an average of 80 hours a month); or
- Participate in and comply with a Workforce Investment Opportunities Act (WIOA) Program (see Note 1 below); or
- Participate in a SNAP Employment and Training (E&T) Program 20 hours per week (or an average of 80 hours a month unless the individual is assigned to Work Experience (see Note 2 below); or
- Participate in an Employment and Training Program, other than a job search or job search training program, operated or supervised by the State or political subdivision of the State that meets standards approved by the Governor. The program may contain job search or job search training as a subsidiary component as long as such component is less than half the requirement; or
- Participate in and comply with a Workfare Program (see Note 2 below); or
- Participate at least half-time (as defined by the program) in a recognized refugee training program approved, funded, or operated by the Office of Refugee Resettlement (ORR) under section 236 of the Trade Adjustment Act of 1974.

NOTE 1: WIOA is a qualifying component for an Able Bodied Adult, therefore if the individual is participating in any WIOA component, he or she is considered to meet the RTW.

NOTE 2: For E&T Work Experience and Workfare Programs, the household's obligation of work hours required to meet the RTW will be calculated by dividing the household's authorized monthly SNAP benefit amount (before recoupment) by the current state or federal minimum wage, whichever is greater. Fractions are rounded down

EXAMPLE: The household receives \$194 monthly SNAP benefits.

$194 \div \$8.50(\text{2017 State Minimum Wage}) = 22.82$

The individual needs 23 hours per month to meet the RTW rather than 80.

An individual who is self-employed and actually works at this enterprise for an average of 80 hours per month or more, meets the RTW. There is no requirement that the self-employment