



**United States
Department of
Agriculture**

Food and
Nutrition
Service

Northeast Region

10 Causeway St.
Room 501
Boston, MA 02222

Courtney Hawkins
Director
Department of Human Services
57 Howard Avenue, LP Bldg. #57
Cranston, RI 02920

AUG 07 2017

AUG 03 2017

AUG 07 2017

Dear Ms. Hawkins:

The review team at the Northeast Regional Office Food and Nutrition Service (FNS) is scheduling the Management Evaluation (ME) for Fiscal Year 2017 that covers Supplemental Nutrition Assistance Program (SNAP) Electronic Benefits Transfer (EBT). We will be visiting the State and local agency during the week of September 11-15, 2017.

The purpose of the review is to assess the State agency's (SA) compliance with Federal Regulations, instructions, and policies pertaining to EBT and provide technical assistance. The review is intended to identify areas of compliance, as well as areas that may need improvement. The final report resulting from the review will be the outcome of the on-going exchange between FNS staff and SA personnel as well as on-site review of files.

The ME will include an evaluation of SNAP EBT, including: timely benefit availability, adjustments, issuance and replacement cards/PINs, system security, household training, expungement, and reporting. The review will also revisit any findings and validate corrective action requirements from the previous FNS EBT review.

The review will be conducted by Jheanell West and Alison Krovitz. We have informed Susan DeStefanis from the EBT unit of our plans and will continue to work with her to discuss the logistics and any EBT administrative reports necessary to accomplish our review. We will make arrangements for an Exit Conference, during which we will discuss preliminary findings of the ME. We request that adequate workspace for two or more FNS staff members be made available during that week.

Enclosed you will find a documentation request form indicating a data request to be provided in advance of the ME. Requested information must also be available for review during the on-site review week. We request documents be electronically sent to Jheanell West at Jheanell.West@fns.usda.gov no later than September 5, 2017.

We have identified Susan as the primary point of contact; please provide any additional names of the staff in your Agency that oversees the areas outlined in the enclosed EBT ME Data Request. Our staff will reach out to the State coordinator to

discuss and schedule logistics for the review. Please provide this information to Jheanell West no later than August 23, 2017.

We look forward to working with the State agency during this review process and appreciate your cooperation. If you have any questions, please contact Jheanell West via email or telephone at 617-565-6173.

Sincerely,

A handwritten signature in black ink, appearing to read "Bonnie Brathwaite". The signature is fluid and cursive, with a large loop at the end.

Bonnie Brathwaite, Director
Supplemental Nutrition Assistance Program
Northeast Region

Enclosure

cc: Iwona Ramian, SNAP Administrator
Susan DeStefanis, RI DHS

5. Please provide information regarding excessive card replacement requests that comes from the State's EBT processor.
6. Please provide 6 examples where trafficking violation is suspected prior to the fourth card request and a referral was for the client to be investigated and the results of that investigation.
7. Please provide procedure on how erroneous posting of issuances to household accounts is handled.

D. Expungement

1. Please provide the policy and system documentation for how SNAP benefits are expunged from the EBT account.
2. Please provide a report showing all benefits expunged during the time period requested, include an indicator that will flag accounts that expunged prior to 365 days due to death of recipient.
3. Please include in the expungement report for the time period requested information on any benefits that went towards settling a SNAP claim.

E. Household Training

1. Please provide the materials that households are given for their SNAP training.
2. Please provide written materials or other information for bi-lingual households and for households with disabilities.
3. Please provide the EBT vendors SIVR script for cardholder customer service call center.

F. Benefit Availability

1. Provide documentation of the State's policies and procedures for card issuance and production.
2. Issue an EBT card that is in the name of Jheanell West, with date of birth 1/1/1970, and mail it to NERO. This should be an active card, and there will be no need to add benefits to this card.

G. System Security

1. Please provide written procedures describing how local offices receive cards.
2. Please provide the State's system security plan.
3. What job titles/functions have access to the State's EBT system?
4. Provide the State's written card security and inventory review process that describes what is reviewed and what happens if there is a discrepancy.
5. How are returned cards handled? Please provide procedures on how returned cards are handled, where they are returned and who is responsible for ensuring card security.

6. Please provide a log that shows when cards are returned and when they are destroyed (including inventoried cards).
7. Please provide procedures on how erroneous posting of issuances to household accounts is handled.

H. Management Reports

1. Provide a list of all standard reports that the State received from the EBT processor. Please provide a list of all custom reports the State receives from the EBT processor.
2. Please provide complete documentation that supports the most recent 6 months of FNS-46 reports filed with FNS pertaining to D-SNAP, FNS investigator accounts and benefit replacements.
3. Please provide a report of all benefit codes and their definitions.
4. Please provide reports from your processor and/or from State Systems that are used to complete the EBT reconciliation.
5. Please provide reconciliation policies and procedures.