



Rhode Island Department of Human Services  
Supplemental Nutrition Assistance Program  
57 Howard Avenue, Louis Pasteur Building, Cranston, RI 02920

October 19, 2018

Bonnie Brathwaite, Director  
U.S. Department of Agriculture  
Supplemental Nutrition Assistance Program  
Northeast Region  
10 Causeway Street  
Boston, MA 02222

**RE: Corrective Action Response (CAR) to RI FFY 2018 LPAR and SPAR**

Dear Director Brathwaite,

Below please find the Corrective Action Response (CAR) to the August 8, 2018 FNS report issued to the RI FFY 2018 Local Program Access Review (LPAR) and State Program Access Review (SPAR) conducted in March 2018.

If you have any questions or concerns, please do not hesitate to contact me or my staff.

Sincerely,

A handwritten signature in blue ink that reads "Iwona Ramian".

Iwona Ramian  
SNAP Administrator, RI DHS

cc: Courtney Hawkins, Director, RI DHS  
Deborah Barclay, General Counsel, RI DHS  
Kimberly Brito, Deputy Director, RI DHS  
Yvette Mendez, Deputy Director, RI DHS  
Maureen Donnelly, Associate Director, Operations, RI DHS  
Iwona Ramian, SNAP Administrator, RI DHS  
Matthew Henschel, Policy Team Lead, USDA, FNS  
Maria Volpe, RI State Desk, USDA, FNS

Finding Name:	Finding LPAR18.1 (New)	
Finding Language:	<b>The State failed to issue a notice of match results for prisoner matches. Citation: 7 CFR 273.12(c)(3)(iii)</b>	
Finding Evaluation:	RI DHS implemented a new worker portal/ worker in-box this summer. The worker in-box receives the prisoner interface. When a worker chooses this task, they review the data and perform a secondary verification by contacting the Adult Correctional Institute to verify the current status of the reported incarceration. The worker then updates the case accordingly. If the client is currently incarcerated, the client is removed from the household and a Benefit Decision Notice is issued.	
Root Cause Analysis:	1. The worker in-box was not fully functional when this review was conducted. The prisoner interface was not fully functional. The resolution was a high priority and the solution was included in the updated Worker portal/ worker in-box.	
CA steps & timeline:	1. Completed. The staff receive and act on the prisoner interfaces; conduct secondary verification through direct contact with the state correctional system and update the case accordingly.	
Expected Date of Completion	1. Completed during the summer, 2018 when the new, updated worker portal/ worker in-box was rolled out.	
Monitor & Point of Contact	1. Maureen Donnelly, Associate Director; Denise Tatro, Administrator; Betty Perez, Administrator	
Documentation		

Finding Name:	Finding LPAR18.2 (New)	
Finding Language:	<b>Known system issues prevent workers from accurately processing cases involving foster care.</b>	
Finding Evaluation:	The RIBridges system was not correctly processing Foster care children in foster homes. The children were being treated as mandatory members in some cases and the foster board was being included in the benefit calculations when the children were not included in the household.	
Root Cause Analysis:	1. The Bridges system functioning with regards to foster parents choosing to include or exclude foster children and the related foster board was not correctly functioning in the RIBridges system.	
CA steps & timeline:	1. Corrected. The functionality regarding foster children has been corrected. Currently they may be included with the foster board income or excluded and the foster board income excluded as requested by the foster parent SNAP applicants	
Expected Date of Completion	1. The ticket RIB-59324 related to the foster children have been resolved. The related update was deployed with Release 7.20 in April 2018	
Monitor & Point of Contact	1. Iwona Ramian, Administrator	
Documentation	1. RIB-59324	

Finding Name:	Finding LPAR 18.3 (New)
Finding Language:	<b>The State does not have procedures in place to detect and refer potential overpayments or trafficking violations</b>
Finding Evaluation:	The RI DHS rolled out RIBridges without a fully functioning overpayment referral nor with a functioning claims management process in the system. Since that time, the Department has been actively working with the vendor, Deloitte, with the guidance of FNS, to develop and employ the required overpayment referral and claims management process. The release of this portion of the system was scheduled for release in December 2018. However, the release has been delayed in order to modify and improve the currently scheduled programming. The current Claims Management Plan will be modified once the system processes are finalized as appropriate. The Claims Management Plan in its current form reflects the <i>process</i> of claims management, the steps that the Department will follow. It does not describe the technical steps that will be taken within the electronic system. The plan is sound, regardless of the system. The Department's plan is for the system to function as designed, which will follow the process in the Claims Management Plan. Once the final steps are ready for production in the system, the final training model will be developed, and the field staff will be engaged in the process.
Root Cause Analysis:	<ol style="list-style-type: none"> <li>1. When the RIBridges system was rolled out, The Claims Management portion of the system had been previously developed in the preplanning sessions with Deloitte. However, when the rollout occurred, that portion of the system function was not ready for production. The Department has been in the process, with FNS guidance, in refining the system functioning towards the goal of having a fully functioning Claims Management operation.</li> <li>2. The Department has not had a functioning claims management portion of the RIBridges system since rollout in 2016. Since there were no active claims referrals taking place, the emphasis of that portion of training was absent.</li> </ol>
CA steps & timeline:	<ol style="list-style-type: none"> <li>1. The original schedule for the roll out of the Claims Management portion of the RIBridges system is scheduled for December 2018.</li> <li>2. Once the system is ready to deploy into production the Claims Management process, the appropriate staff will be trained. The training unit, in concert with the Deloitte training staff, will develop and present the appropriate training to the Department's field staff to recognize and refer potential overpayments, etc. to the Claims Unit. The Claims Unit staff has been involved in the planning and testing of the software as it has been through the development process. They will receive a final training on the relevant portion of the collections and claims functionality.</li> </ol>
Expected Date of Completion	<ol style="list-style-type: none"> <li>1. The claims management programming is currently scheduled for December 2018.</li> <li>2. As the information for the final technical process is available, the training unit in conjunction with Deloitte training staff will train the field staff for identifying and referring claims to the claims unit. The Claims unit staff have been involved in the development and testing of the claims software during its development. The unit will receive additional training on the system functionality as appropriate when the claims management functionality is rolled out.</li> </ol>
Monitor & Point	1. Robin Barradas, CCRU Supervisor; Iwona Ramian, Administrator

of Contact	2. Zulma Garcia, Training Unit Manager
Documentation	1. RIB-73490

## Observations and Suggestions

### Local Program Access Observations

Observation Name/ number:	1. FNS observed extremely long wait times for clients visiting the Providence Office. In addition, DHS only tracks wait times from when the customer is checked in by the greeters, even though clients often experience significant wait times prior to reaching the greeters.
Observation suggestion:	The SA should develop a method to track clients' actual wait times from the time they arrive at the office. FNS acknowledges that the SA has begun an engagement with a vendor to look at lobby operations using reinvestment dollars. FNS is available to provide technical assistance to the SA as needed.
Observation Evaluation:	The lines in the Providence office have been long, daily, since go-live. However, within the last 2 months, the lines have been increasingly shorter on a daily basis. Analysis conducted by a vendor indicated that clients now wait an average of 20 minutes or less.
Root Cause Analysis:	1. Due to the original configuration of the layout of the Providence office and the system issues that caused delays in the processing of cases, the lines in the providence office and the corresponding wait times were very long.
CA steps & timeline:	1. Completed/ ongoing. The Providence office waiting area was redesigned in the Summer of 2018. The reception desk was moved to a corner of the room for ease of flow and for additional confidentiality of the clients. The observed changes in the wait times has significantly decreased 2. The Department has made significant improvements to the processing times of reported changes, intake and recertifications. Changes have also been made to the scanning and document management process. FNS is already aware of both of these changes. As a result, case actions are being made much quicker and the clients have a higher confidence in the Department's accountability of their cases. The result is a lower volume of walk-in traffic. The result of the lower volume and the change in the layout of the waiting room has resulted in shorter wait time for the clients. The Department continues to observe the lobby lines and the wait times and will make additional changes to the layout as/if needed within the constraints of the physical layout of the building. Much of this work is being tracked through the Business Process Redesign work assigned to our vendor.
Expected Date of Completion	1. Completed
Monitor & Point of Contact	1. Betty Perez, Administrator; Maureen Donnelly, Associate Director
Documentation	

Observation Name/ number:	2. FNS reviewers noted that the Providence Office lobby entrance does not have an automatic door opener to assist individuals with wheelchairs, walkers, crutches and other mobility aids to get through the door.
Observation suggestion:	The SA should consider modifications to the office's front lobby to accommodate individuals with these specific needs.

Observation Evaluation:	The Department is aware of this observation for this issue. The issue has been reported to FNS through the Civil Rights reviews conducted by State staff as well as by FNS Civil Rights staff. The issue has been raised up to the contracting office for resolution with the building's owner
Root Cause Analysis:	1. The building is not state owned and was not designed to include an automatic door. The issue has been reported by the RI DHS Civil Rights Officer up through the Department's administration previously.
CA steps & timeline:	1. The Department will continue to work with the Department of Administration's building contract managers until this issue is resolved.
Expected Date of Completion	1. TBD
Monitor & Point of Contact	1. Maritza Perez, RI DHS Civil Right Compliance Officer and Community Liaison
Documentation	1. "Field office Check List" – completed by RIDHS Civil Rights compliance office and previously submitted to the FNS Civil Rights officer Note, the issue on the form is referred to as "Wheelhair (sic) access to DHS buildings"

Observation Name/ number:	3. FNS reviewers observed that the greeter station located in the center of the front lobby (Providence) was not set up in a way to accommodate client privacy.
Observation suggestion:	The SA should ensure that confidentiality is considered a priority in this work area and make necessary modifications to ensure privacy while checking in clients using their social security numbers and or other personally identifiable information.
Observation Evaluation:	The Department has completed a reorganization of the Providence office lobby. The check in station has been moved to a side of the lobby which increases traffic flow, smoothly directs the clients to the appropriate line for their needs and provides a higher level of privacy for the client's PII. The current configuration reduces the time to check in significantly. The clients are called by workers by an assigned check in number and not by name or any other PII.
Root Cause Analysis:	1. The office flow configuration has been dynamic and is altered as required by observation and feedback.
CA steps & timeline:	1. The office lobby reorganization has been completed in the Late Spring/ Early summer of 2018.
Expected Date of Completion	1. Completed in the Late Spring/ Early summer of 2018.
Monitor & Point of Contact	1. Betty Perez, Administrator Providence Office
Documentation	1. n/a – visual observation

Observation Name/ number:	4. The review team noted that when eligibility is re-run subsequent to an initial eligibility determination, the "Authorized By" field on the Eligibility Determination Results page will be updated to reflect the most recent action. As a result, the "Authorized By" information for prior actions is overwritten, sometimes with a user profile that reflects a batch process (such as MUBEDBCDLY). This gives the appearance that batch processes are determining initial eligibility, as opposed to simply re-running eligibility as a result of automated changes (such as changes in SSA payment information). FNS is concerned about the traceability of specific case actions back to unique user profiles associated with eligibility workers.
---------------------------	--

Observation suggestion:	The SA should ensure that the system is accurately tracking the user profile associated with a specific action taken at a specific time even when subsequent actions taken by other users or batch processes re-run eligibility at a later date.
Observation Evaluation:	When reviewing the Eligibility Determination results, the worker should select “show History” and should select the “over-ride” option. This will display all previous versions of eligibility and manual issuances for each time period.
Root Cause Analysis:	1. Not all staff were not aware of the “history” and “over-ride” options that existed in the system functionality.
CA steps & timeline:	1. All staff have been instructed, via morning huddles, about the options to choose when looking for more details on the Eligibility Determination page. 2. Staff Training unit has been notified and will address this topic in future systems training for new staff
Expected Date of Completion	1. No programming changes are necessary. Field Staff have been informed via morning huddles 2. Staff Training unit has been made aware of the topic and will add it to future trainings for new staff
Monitor & Point of Contact	1. Denise Tatro and Betty Perez, Administrators 2. Zulma Garcia, Training Unit Manager
Documentation	

Observation Name/ number:	5. FNS reviewers interviewed several clients in the lobby area of the Providence Local Office during the review. Clients indicated that they felt the need to come into the office in order to have their case processed because they were unable to reach anyone by phone in their local office and faced long wait times when contacting the call center.
Observation suggestion:	The SA should implement a process that not only monitors the amount of time people wait but the reasons that brought them in to the office in the first place. This information should help the State better address the root causes contributing to the high volume of lobby traffic. FNS also notes that addressing the findings with regard to timely service both in the offices and through the customer portal will reduce unnecessary visits to the offices.
Observation Evaluation:	The Department has decreased the time it takes to process cases. The timeliness of applications is currently reported as over 90% and it continues to improve as enhancements are made to the system and the staff become more familiar with the new portal. The result has been noticeably shorter lines and wait times at the offices.
Root Cause Analysis:	1. As system issues are addressed and the system functionality improves, the timeliness of case actions- applications, recertifications, and changes has improved. This has resulted in the decrease of foot traffic in each office during the month. With the rollout and subsequent corrections to the worker portal and in-box, as well as improvements to the scanning process, all previously reported to FNS, the ability of the staff to access and process case work has increased. These actions have also contributed to the increase in confidence of the Department and in the decrease in the timeliness of processing case actions. 2. Call Center improvements have contributed to decreased wait times for calls to the call center. Prior to go-live, the Department decided to move forward with a call center model and eventually with a single call in number for the clients to reach the Department. The goal being to move towards a more telephone-based operation v. an in-office based operation. The Department has had challenges with meeting the call center call

	volume due to many of the processing issues since go-live that FNS is aware of. As the processing issues are reduced and processing times are reduced, the total volume of contacts, both in person and at the call center have also reduced. The Department remains committed to continuing the call center model and will continue to adjust the process and make improvements as we move forward.
CA steps & timeline:	<p>1. The process of improving the processing times and processing accuracy is of high importance to the Department. As FNS is aware, the Department has an ongoing process for identifying, prioritizing and managing problems/ tickets identified with the system processes. This process has the highest priority from the Department leadership.</p> <p>2. The call center process is monitored and adjusted as needed on a daily basis. The leadership meets weekly to review the data and statistics and to develop short term and long-term plans to address any issues that are identified.</p>
Expected Date of Completion	<p>1. The process is on going</p> <p>2. The process is on going</p>
Monitor & Point of Contact	<p>1. Maureen Donnelly, Associate Director, Betty Perez and Denise Tatro, Administrators</p> <p>2. Katherine Herbst, Chief Implementation Aide</p>
Documentation	

### State Program Access Observations

Observation Name/ number:	<p>1. Advocacy organizations are concerned about long wait times in the offices, difficulties reaching staff in the call center, and inability to reach anyone at any of the six field offices. In interviews with FNS, advocacy organizations identified a number of issues adversely impacting clients in addition to long wait times in the field offices and call center.</p> <p>Their concerns included:</p> <ul style="list-style-type: none"> <li>• confusing notices;</li> <li>• missing applications and paperwork submitted by clients that workers are unable to locate because they have not been scanned and indexed;</li> <li>• online applications that are not user friendly; and</li> <li>• failure to send recertification applications and interim report forms to clients.</li> </ul>
Observation suggestion:	The SA should continue to engage advocacy organizations and community partners to identify and address program access issues impacting applicants and clients. In particular, we encourage the SA to continue to attend the monthly SNAP Advisory Meetings.
Observation Evaluation:	<p>The Department continues to attend the SNAP Advisory Group meetings. The Department reports updates and information to the group in both a formal presentation with re-occurring topics and their associated updates as well as with an open forum discussions with the group participants.</p> <p>The Department has and continues to welcome all questions and concerns from advocacy groups as they arise. The Department leadership remains available to respond to questions, comments, inquiries and suggestions throughout the month.</p>
Root Cause Analysis:	1. The Department's commitment to attend monthly meetings was reduced to bi-monthly for the majority of the Department representation. Although, as stated above, the Department remains open for and responded to the needs to of the advocates. Some Department staff have continued to attend meetings and were available to

	present the available information to the group.
CA steps & timeline:	<p>1. Since reducing the Department's attendance at the monthly meetings, the Department has been absent from 2 meetings. All others have been attended by at least some DHS Staff representatives.</p> <p>The Department will maintain its attendance at the formal meetings. The Department remains available to receive and respond to any questions, comments, inquiries and suggestions throughout the month.</p> <p>The Department also reaches out to the Advocate group as needed when changes are planned or if situations arise that would affect our mutual interests through the Department's communications office.</p>
Expected Date of Completion	1. Completed and ongoing
Monitor & Point of Contact	<p>1. DHS Director Courtney Hawkins; Deputy Director Yvette Mendez; SNAP Administrator Iwona Ramian</p> <p>2.</p>
Documentation	

## Open Findings

Finding Name:	<b>Finding LPAR 15.1 (*formerly finding #L.1 in the FFY 2017 review): Notice of Adverse Action does not comply with Federal regulations</b> <b>Citation: 7 CFR 273.13(a)(2)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>LPAR 17.1 (formerly finding #A.1 in FFY 2017 review): Failure to follow appropriate interview scheduling procedures</b> <b>Citation: 7 CFR 273.2(e)(3)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding LPAR17.2 (formerly #A.2 in FFY 2017 review): Failure to appropriately issue the Notice of Missed Interview (NOMI)</b> <b>Citation: 7 CFR 273.2(e)(3)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding LPAR17.3 (formerly #A.3 in FFY 2017 review): Case file documentation does not support eligibility decisions and benefit-level determinations</b> <b>Citation: 7 CFR 273.2(f)(6)</b>
Required	This finding is closed per FNS letter

Corrective Action:	
--------------------	--

Finding Name:	<b>Finding LPAR17.4 (formerly finding #A.4 in FFY 2017 review): Applications are not processed within 30 days Citation: 7 CFR 273.2(g)(1)</b>
Required Corrective Action:	The SA must ensure that all applications are processed within 30 days as required. Eligible applicants have the right to receive benefits within 30 days under normal processing standards. Additionally, ineligible applicants must be notified of their ineligibility no later than 30 days after the date of application in accordance with 273.2(g)(3). According to weekly data reports that FNS receives from DHS, the SA has made progress over the last year in addressing the backlog of unprocessed initial applications; however, the timeliness of initial application processing remains below acceptable thresholds.
Finding Evaluation:	As mentioned above, the Department has implemented the new worker portal/ worker inbox and has made improvements to the scanning and application registration process. The current timeliness rate is just above 90% and is expected to continue to improve as enhancements are made to the system and the staff become more familiar with the system enhancements.
Root Cause Analysis:	1. The RIBridges worker portal was not functioning as required. A re-programming was required and was executed. The previous method of tracking intakes and recertification was paper report based. Processing issues also contributed to the poor timeliness performance of the Department.
CA steps & timeline:	1. The worker portal was deployed during the summer of 2018. After some enhancements were made, the worker portal functions and the staff are able to identify and execute required tasks in a timely fashion. In addition to the worker inbox update, changes were made to the scanning process. Documents are scanned into the ECF when the client arrives in the office. The scanning staff also index the documents by printing a bar code for each case document, enabling the document to be automatically scanned into the correct case and into the correct queue. This avoids delays in scanning documents brought to the office. They are no longer needed to be sent to the scanning center for scanning action. They are in the ECF when the staff work on the case.
Expected Date of Completion	1. Completed. The updated worker inbox has been released and enhanced, the scanning changes have been enacted and the Department's current timeliness is an indicator of the progress that has been made.
Monitor & Point of Contact	1. Director Courtney Hawkins; Associate Director Maureen Donnelly
Documentation	

Finding Name:	<b>Finding LPAR 17.5 (formerly finding #A.5 in FFY 2017 review): Untimely expedited issuance Citation: 7 CFR 273.2(i)(3)(i)</b>
Required Corrective Action:	The SA must take immediate corrective action to ensure all households eligible for expedited benefits receive them by the seventh calendar day following the date of application. As noted in Finding #A.4 above, weekly data reports indicate that the SA has made progress over the last year in addressing the backlog of unprocessed initial applications; however, the timeliness of initial application processing remains below acceptable thresholds. In its CAR, the SA must submit a detailed plan of action for

	<p>achieving a timeliness rate of 95% for both expedited and non-expedited applications within six months of receipt of this report.</p> <p>State's Response: The state has created a unit of eligibility technicians to process all expedited SNAP applications and has eliminated the backlog. The work is monitored and tracked by field supervisors as well as the state's data team. Expedited SNAP applications remain a priority for application processing.</p>
Finding Evaluation:	<p>As mentioned above, the Department has implemented the new worker portal/ worker inbox and has made improvements to the scanning and application registration process.</p> <p>The current expedited timeliness rate is just above 90% and is expected to continue to improve as enhancements are made to the system and the staff become more familiar with the system enhancements.</p>
Root Cause Analysis:	<p>1. The RIBridges worker portal was not functioning as required. A re-programming was required and was executed. The previous method of tracking intakes and recertification was paper report based. Processing issues also contributed to the poor timeliness performance of the Department.</p>
CA steps & timeline:	<p>1. The worker portal was deployed during the summer of 2018. After some enhancements were made, the worker portal functions and the staff are able to identify and execute require tasks in a timely fashion.</p> <p>In addition to the worker inbox update, changes were made to the scanning process. Documents are scanned into the ECF when the client arrives in the office. The scanning staff also index the documents by printing a bar code for each case document, enabling the document to be automatically scanned into the correct case and into the correct queue. This avoids delays in scanning documents brought to the office. They are no longer needed to be sent to the scanning center for scanning action. They are in the ECF when the staff work on the case.</p>
Expected Date of Completion	<p>1. Completed. The updated worker inbox has been released and enhanced, the scanning changes have been enacted and the Department's current timeliness is an indicator of the progress that has been made</p>
Monitor & Point of Contact	<p>1. Director Courtney Hawkins; Associate Director Maureen Donnelly</p>
Documentation	

Finding Name:	<p><b>Finding LPAR 17.6 (formerly finding #A.6 in FFY 2017 review): Failure to meet requirements for providing bilingual program materials</b>  <b>Citation: 7 CFR 272.4(b)(1), 7 CFR 272.4(b)(3)(ii)(A)</b></p>
Required Corrective Action:	<p>The SA must ensure that bilingual certification materials are provided to relevant households in accordance with 272.4(b)(1) and that notices provided to households in non-English languages are completely and accurately translated into that language.</p>
Finding Evaluation:	<p>The RIBridges system was producing notices in languages other than English but the dynamic language was only in English on these notices.</p>
Root Cause Analysis:	<p>1. Deloitte conducted a technical feasibility to translate denial reasons. An issue was found in the third-party tool 'Open Text' used to develop notices. The issue in the tool corrupted non-English characters when creating the notice. This issue impacts elements dynamically retrieved from a data base such as Denial Reasons. Deloitte has worked with the software vendor to resolve the issue and successfully completed the technical feasibility.</p>
CA steps &	<p>1. The Department worked with the vendor, Deloitte and has corrected this issue.</p>

timeline:	Notices are now produced in the required languages, including the dynamic sections of the notices.
Expected Date of Completion	1.Completed. The notice implementation to correct the language issues was completed and entered production in late Spring of 2018. The dynamic portions of the notices in other than English are produced in the appropriate language for the notice.
Monitor & Point of Contact	1.Maria Cimini, Associate Director
Documentation	

Finding Name:	<b>Finding LPAR 17.7 (formerly finding #A.7 in FFY 2017 review): Failure to calculate income correctly Citation: 7 CFR 273.10(e)(1)(i)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding LPAR 17.8 (formerly finding #A.8 in FFY 2017 review): Improper assignment of certification periods Citation: 7 CFR 273.10(f)(1)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding LPAR 17.9 (formerly finding #A.9 in FFY 2017): Notice of Eligibility does not conform to Federal regulations Citation: 7 CFR 273.10(g)(1)(i)(A)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding LPAR 17.10 (formerly finding #A.10 in FFY 2017 review): Untimely processing of interim reports resulting in invalid closures Citation: 7 CFR 273.12(a)(5)(iii)(B)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding LPAR 17.11 (formerly finding #A.11 in FFY 2017 review): Failure to appropriately issue a Notice of Adverse Action (NOAA) Citation: 7 CFR 273.13(a)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding LPAR17.12 (formerly finding #A.12 in FFY 2017 review): Failure to properly close households at the end of the certification period Citation: 7 CFR 273.14(a)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding LPAR17.13 (formerly finding #A.13 in FFY 2017 review): Notices of Expiration (NOE) are not sent within the required timeframe Citation: 7 CFR 273.14(b)(1)(i)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding LPAR17.14 (formerly finding #A.14 in FFY 2017 review): Failure to follow appropriate interview procedures at recertification Citation: 7 CFR 273.14(b)(3)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding LPAR17.15 (formerly finding #A.15 in FFY 2017 review): Applications for recertification are not processed timely Citation: 7 CFR 273.14(d)(2)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding LPAR 17.16 (formerly finding #A.16 in FFY 2017 review): Failure to provide a full month's allotment for State-caused delays in processing recertifications Citation: 7 CFR 273.14(e)(1)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding LPAR 17.17 (formerly finding #A.17 in FFY 2017 review): Failure to issue a periodic report form Citation: 7 CFR 273.12(a)(5)(iii)(B)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding SPAR15.1 (formerly finding #S.1) Notice of Required Verification does not conform to Federal regulations Citation: 7 CFR 273.2(c)(5)</b>
Required Corrective Action:	The finding is now closed per FNS

Finding Name:	<b>Finding SPAR15.2 (formerly finding #S.2): Fair Hearings exceed federally mandated time limits Citation: 7 CFR 273.15(c)(1)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding SPAR17.1 (formerly finding #B.1 in FFY 2017 review): Failure to conduct client complaint analysis Citation: 7 CFR 271.6(a)(3)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding SPAR17.2 (formerly finding #B.2 in FFY 2017 review): DHS does not have effective procedures in place to provide timely service to clients Citation: 7 CFR 273.2(a)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding SPAR17.3 (formerly finding #B.3 in FFY 2017 review): RI DHS-2 is missing required language regarding verification of information Citation: 7 CFR 273.2(b)(1)(i)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding SPAR17.4 (formerly finding #B.4 in FFY 2017 review): RI DHS-2 is missing the Income and Eligibility Verification System statement Citation: 7 CFR 273.2(b)(2)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions

Finding Name:	<b>Finding SPAR17.5 (formerly finding #B.5 in FFY 2017 review): Failure to notify households at the time of application of the methods available to request a fair hearing Citation: 7 CFR 273.15(f)</b>
Required Corrective Action:	This finding will be addressed in the November 2018 Semi-annual CAP per FNS instructions